

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2024
NAME OF PROVIDER OR SUPPLIER Lewisburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 979 Rocky Hill Road Ronceverte, WV 24970	

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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>40595</p> <p>Based on record review, staff interview and family interview the facility failed to notify Resident #46's representative in advance of care. The facility did not notify the Medical Power of Attorney (MPOA) prior to administering vaccinations and for resident's change of condition and treatment of the shingles. This failed practice was a random opportunity for discovery and had the potential to affect a limited number of residents. Resident identifier: #46. Facility census: 85.</p> <p>Findings include:</p> <p>a) Resident #46</p> <p>A record review of a physician's determination of capacity showed Resident #46 demonstrated incapacity to make medical decisions as of 4/15/23.</p> <p>Resident #46's record also contained a Resident RSV (Respiratory Syncytial Virus Infections) Consent and Screen form completed on 12/01/23. The form was used to obtain verbal consent from Resident #46's Medical Power of Attorney (MPOA) for of the RSV vaccination. The consent was signed by two (2) nurses and indicated the Resident's Representative was contacted via phone on 12/01/23 and gave permission for the RSV vaccine to be administered. The consent form also indicated the resident's representative was educated on RSV and the possible side effects of the vaccine.</p> <p>Review of the Resident's Medication Audit Report (MAR) showed the RSV vaccine was administered on 12/15/23.</p> <p>During an interview on 01/18/24 at 3:15 PM, Resident #46's MPOA was asked if the facility had contacted her to obtain permission to administer the RSV vaccine? The MPOA stated, No ma'am no one told me about the vaccine. They [facility] called here this morning to tell me about taking her off of PT [physical therapy] and they called a while back to let me know about adjusting her depression medication. The MPOA further stated her mom had shingles a few years back but never has been offered a Shingles vaccine either. The MPOA was asked if she was notified about her mother having shingles recently on 12/12/23? The MPOA replied, What! Not one told me mom had shingles in December. This all really upsets me. Did they treat her for it? The MPOA was told the facility initiated 3 medications to treat the Shingles and her mom was also placed in isolation. The MPOA stated. This is the first time I've ever heard any of this. You [Surveyor] should not be the one telling me.</p> <p>Record Review showed a Nurses Note dated 12/12/2023 at 8:18 PM which stated:</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 515144
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Per LPN floor nurse resident with areas to abdomen and back with shingle rash like area. This nurse assessed and resident with a red cluster like rash from mid lower back around right side to abdomen, to belly button area. New orders for contact precautions-initiated at this time per facility protocol. MD is aware and NP in facility aware and will assess. POA to be made aware.</p> <p>Review of resident's MAR showed the following medications were administered to treat Shingles:</p> <p>Gabapentin Capsule 100 MG Give 1 capsule by mouth three times a day for herpes zoster pain for 2 Weeks with start date of 12/12/2023.</p> <p>Valtrex Oral Tablet 1 GM (Valacyclovir HCl). Give 1 tablet by mouth three times a day for shingles for 7 Days. Start date 12/12/2023.</p> <p>Dermaplast pain relief spray to be applied to affected areas daily & PRN for discomfort of shingles.one time a day for shingles for 14 Days. Start Date 12/13/2023.</p> <p>Record review also showed an order for Resident #46 to be placed in contact Isolation related to Shingles every shift for Shingles for 7 Days with start date 12/12/2023.</p> <p>On 01/18/23 at 3:32 PM a second phone interview was conducted with Resident #46's MPOA in the presence of the Director of Nursing (DON) and Corporate RN #113. The MPOA confirmed to the DON and Corporate RN #113 she was never contacted in December to give consent to administer the RSV vaccine and she had no idea her mother had shingles a few weeks ago in December.</p> <p>On 01/22/24 at 12:03 PM, the Director of Nursing (DON) stated she spoke with Resident #46's MPOA during the Immunization Audit on 01/18/24. The DON stated Resident #46's MPOA told her he remembered them calling around the 1st of December for the Covid-19 vaccine. Consent for the Covid vaccine was documented on 11/10/23 and given on 11/15/23. When asked about the Shingles, the MPOA once again stated she knew nothing about it. The DON stated she initiated a grievance for these issues on 01/18/24.</p> <p>A record review showed a concern/grievance form dated 01/18/24 completed by the DON. Nature of the concern was that the Resident Representative verbalized she did not consent to the RSV vaccine and had only consented to the Covid vaccine on 12/01/23. MPOA stated she did want her mother to receive a vaccine for RSV and was okay with Administration. Verbalized she was unaware Resident had shingles on 12/12/23. MPOA was contacted on 01/19/24 at 3:52PM to review the information and verbalized she would be in the center next week for signature.</p> <p>During an interview, on 01/22/24 at 9:53 AM, the Administrator stated they [the DON and Corporate RN #113] had done an audit on 01/18/24 and 01/19/24 regarding verbal consents for the RSV vaccination. The Administrator stated, It was very alarming to us we were giving vaccines to people that did not consent. We did reach out to [Resident #46's MPOA name] and spoke with her again and she stuck to her story that we never called her prior to administration of the RSV vaccine.</p> <p>On 01/22/24 at 12:30 PM the DON stated she did not have any other explanation as to why the MPOA was not notified but should have been.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>40595</p> <p>Based on record review and staff interview the facility failed to maintain accurate documentation for administration and dispensing of narcotic medication for three (3) of three (3) medication carts reviewed. This failed practice had the potential to affect more than a limited number of residents. Facility census: 85.</p> <p>Findings include:</p> <p>a) Medication Controlled Drugs Policy</p> <p>Record review of the facility's undated policy titled, Medication Controlled Drugs and Security, found:</p> <p>Controlled drugs as well as controlled drug count sheets and cards are counted every shift change by the nurse reporting on duty with the nurse reporting off duty.</p> <p>The inventory of the controlled drugs, count sheets, and number of cards must be recorded on the narcotic records and signed for correctness of count.</p> <p>The controlled drug record must be signed by the nurse coming on duty and going off duty to verify that the count of all controlled drugs is correct after the count has been completed.</p> <p>b) Shift Change Controlled Substance Inventory Tracker</p> <p>Record review showed the facility used a logbook with forms labeled Shift Change Controlled Substance Inventory Tracker for documentation and inventory of narcotics and controlled substances. The document required the following information to be completed: Date, Shift time/key exchange, Nurse signature (nurse coming on duty, nurse going off duty) Total number of cards, Total number of count sheets.</p> <p>On 01/18/24 at 2:00 PM the Director of Nursing (DON) verified each medication cart has its own specific Controlled Substance Inventory log book with the expectation the logbook is completed at each shift change by both the oncoming nurse and off going nurse to ensure accuracy.</p> <p>c) Hall 100 Medication Cart</p> <p>During observation of the 100 Hall Mediation Cart on 01/18/24 at 11:15 AM, the Shift Change Controlled Substance Inventory Tractor Log was noted to be incomplete for the following dates for December 2023 - present :</p> <p>-12/05/23 at 1:30 PM - Off Duty Nurse signature missing</p> <p>-12/05/23 at 6:00 PM - Off Duty Nurse signature missing and total number of cards missing</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-12/07/23 at 6:00 AM - Off Duty Nurse signature missing with total number of cards incorrect</p> <p>-12/10/23 at 6:00 PM - Off Duty Nurse signature missing</p> <p>-12/11/23 at 6:00 PM - Off Duty Nurse signature missing</p> <p>-12/25/23 at 10:00 AM - Off Duty Nurse signature missing</p> <p>-12/29/23 at 6:00AM and 6:00 PM - Off Duty Nurse signature missing and total number of cards missing</p> <p>-01/13/24 at 6:00 PM - Total Number of Card count not entered correctly (illegible)</p> <p>-01/14/24 at 6:00 AM - Total Number of Card count not entered correctly (illegible)</p> <p>At 11:20 AM on 01/18/24 Licensed Practical Nurse (LPN) #68 verified the records were incomplete for 100 medication cart and stated that is process used to verify the narcotic count to be correct at the end of each shift. LPN #68 stated this should be done each time a new nurse accepts keys to the mediation cart for use. LPN #68 stated both nurses are to count the number of cards (controlled substance medication cards) in the locked drawer and then count each pill within the cards for accuracy. LPN #68 stated, I don't like to take the keys unless we know its right.</p> <p>d) Hall 500 Medication Cart</p> <p>During observation of 500 Hall Mediation Cart on 01/18/24 at 11:35 AM, the Shift Change Controlled Substance Inventory Tractor Log was noted to be incomplete for the following dates for December 2023 - present:</p> <p>12/08/23 at 6:00 AM - Total Number of Card count not entered correctly (illegible)</p> <p>12/09/23 - No shift change time entered.</p> <p>12/014/23 at 6:00 AM - total number of count sheets missing</p> <p>12/19/23 at 10:00 PM- Off Duty Nurse signature missing</p> <p>12/24/23 at 6:00 AM - Two(2) entries made for 6:00 AM with (2) different counts</p> <p>12/29/23 at 10:00 PM - Off Duty Nurse signature missing</p> <p>12/30/23 at 10:00 AM - On Duty Nurse signature missing</p> <p>12/30/23 at 2:00 PM - Off Duty Nurse signature missing</p> <p>01/08/24 at 6:00 PM - On Duty Nurse signature missing</p> <p>01/13/24 at 6:00 PM - On Duty Nurse signature missing</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>01/14/24 at 6:00 AM - On Duty Nurse signature missing</p> <p>01/14/24 at 10:00 PM - Off Duty Nurse signature missing</p> <p>At 11:40 AM on 01/18/24 Licensed Practical Nurse (LPN) #75 verified the records were incomplete for 500 Hall medication cart and stated, We verify the count at the end of each shift when we hand the keys over. LPN #75 stated both nurses are supposed to sign the count sheets in the logbook.</p> <p>e) Hall 600 Odd Medication Cart</p> <p>During observation of 600 Hall odd Mediation Cart on 01/18/24 at 11:45 AM, the Shift Change Controlled Substance Inventory Tractor Log was noted to be incomplete for the following dates for December 2023 - present:</p> <p>-12/01/23 at 6:00 AM - Off Duty Nurse Signature missing</p> <p>-12/05/23 at 3:30 PM- Off Duty Nurse signature missing</p> <p>-12/05/23 at 6:00 PM- Off Duty Nurse signature missing</p> <p>-12/07/23 at 6:00 AM- Off Duty Nurse signature missing</p> <p>-12/08/23 at 6:00 PM- Off Duty Nurse signature missing</p> <p>-12/09/23 at 6:00 PM- Off Duty Nurse signature missing</p> <p>-12/11/23 at 6:00 PM- Off Duty Nurse signature missing</p> <p>-12/13/23 at 6:00 PM- Off Duty Nurse signature missing</p> <p>-12/14/23 at 6:00 PM- Off Duty Nurse signature missing</p> <p>-12/28/23 at 6:00 AM- Off Duty Nurse signature missing</p> <p>-01/13/24 at 6:00 PM- On Duty Nurse signature missing</p> <p>At 11:50 AM on 01/18/24 Licensed Practical Nurse (LPN) #75 verified the records were incomplete for 600 Hall Odd medication cart and stated, I have the odd number rooms for 600 halls also and it has its own separate narcotic book. They are separated between even and odd room numbers. Looks like its [Controlled Substance Logbook] is wrong too with lots of holes in it. I hope none of those are mine.</p> <p>f) Staff Interview</p> <p>On 01/22/24 at 2:00 PM the Director of Nursing (DON) verified the Shift Change Controlled Substance records were incomplete and not accurate. The DON stated, We pulled all the logbooks from every cart and are working on it. We need to get that under control.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 01/22/24 at 10:00 AM Regional Director of Operations stated, We have an audit going on from last week when you all were here for the narcotic book issues. They are working on that right now. That needs to be addressed so moving forward we have accuracy.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>45174</p> <p>Based on record review, family interview and staff interview, the facility failed to maintain an accurate medical record. This is true for two (2) of three (3) residents reviewed for the Respiratory Syncytial Virus (RSV) Consent during the complaint survey. Resident Identifiers: #32 and #80. Facility census: 85.</p> <p>Findings included:</p> <p>a) Resident #32</p> <p>During a record review on 01/17/24 at 11:15 AM, Resident #32's medical record revealed a immunization record of RSV vaccine received on 12/29/23 in the left deltoid.</p> <p>Further record review revealed a verbal consent was obtained from the resident's representative, consent was witnessed by two (2) staff members, and contained no date.</p> <p>During an interview on 01/18/24 at 3:34 PM, Resident #32's representative stated They call me about everything. They called me today for consent for the RSV Vaccine. I told them I thought he already had it a few weeks ago, but they never responded. I went ahead and gave my consent for the vaccine again.</p> <p>During an interview on 01/22/24 at 12:08 PM the Director of Nursing acknowledged the RSV Consent forms did not contain a date as to when they were completed.</p> <p>b) Resident #80</p> <p>During a record review on 01/17/24 at 12:00 PM, Resident #80's medical records revealed a immunization record of RSV vaccine received on 12/29/23 in the right deltoid.</p> <p>Further record review revealed that a verbal consent was obtained from the resident's representative, consent was witnessed by two (2) staff members, and contained no date.</p> <p>During an interview on 01/22/24 at 12:08 PM the Director of Nursing acknowledged the RSV Consent forms did not contain a date.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45174</p> <p>Based on observation and staff interview, the facility failed to provide and maintain infection prevention and control programs designed to provide a safe sanitary environment to help prevent the development and transmission of communicable diseases and infections in the facility. This facility failed to provide medication barriers during medication administration for one (1) resident. Resident identifiers: #26. Facility Census: 85.</p> <p>Findings included:</p> <p>a) Resident #26</p> <p>During a tour of the facility, on 01/18/24 at 9:20 AM, Licensed Practical Nurse (LPN) #75 was administering medication to Resident #26. LPN #75 did not place a barrier on the over the bed table prior to placing the following medications directly on the over the bed table:</p> <ul style="list-style-type: none"> -Refresh Tear Solution -Trelegy Inhaler -Ipratropium Bromide Nasal Solution <p>During an immediate interview, LPN #75 stated, I used the activity sheet for the barrier, I should have used the wax paper barrier that is on my medication cart.</p> <p>During a record review, on 01/18/24 at 10:00 AM, Resident #26's medical records revealed the following physician orders:</p> <ul style="list-style-type: none"> -Refresh Tear Solution 0.5 % Instill two (2) drops in both eyes two (2) times a day for dry eyes. -Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH (microgram/inhalation) one (1) puff inhale orally one time a day for COPD rinse mouth after use. -Ipratropium Bromide Nasal Solution one (1) spray in both nostrils two (2) times a day for Rhinorrhea <p>During an interview, on 01/18/24 at 10:54 AM, the Director of Nursing (DON) and Corporate Registered Nurse #113 acknowledged the above medication should have been placed on a barrier for Resident #26's medication prior to administration. The DON stated the nurses should be using the wax tissue paper barriers provided on the medication cart.</p> <p>During an interview, on 01/18/23 at 11:30 AM, the Corporate Registered Nurse #113 stated there was no facility policy about using barriers during medication administration. It is just common sense and a given that a barrier is to be used.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 01/22/23 at 10:32 AM Corporate Regional Director #114 stated we completed a Medication Barrier Audit over the weekend. It looked good.</p>