

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2025  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |   |   |                      |   |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>106126</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>04/10/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKE CITY HEALTHCARE AND REHABILITATION CENTER</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>298 SW PROSPERITY PLACE<br/>LAKE CITY, FL 32024</b>                 |                      |   |
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| F 000   | INITIAL COMMENTS  | F 000   |   |                      |   |
| F 641   | <p>An unannounced recertification survey was conducted on _____ through _____ at Bedrock Rehabilitation and Nursing Center at Lake City (currently known as Lake City Healthcare and Rehabilitation Center). The facility was not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Requirements for Long Term Care Facilities.</p> <p>Accuracy of Assessments<br/>CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments.<br/>The assessment must accurately reflect the resident's status.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, record review, and interview, the facility failed to ensure accuracy of Minimum Data Set (MDS) assessments for 3 of 8 residents reviewed, Residents #2, #18, and #49.</p> <p>Findings include:</p> <p>1) During an interview on _____ at 12:20 PM, Resident #2's Son stated, "[Resident #2's name] sometimes has a hard time seeing and will have a hard time doing things herself. She [Resident #2] needs help with feeding and getting dressed."</p> <p>Review of Resident #2's Quarterly MDS assessment dated _____ read, "Section B-Hearing, Speech and Vision ... B1000. Vision. Ability to see in adequate light (with glasses or other visual appliances). 0. Adequate ... B1200. Corrective Lenses. Corrective lenses (Contacts, glasses, or magnifying glass) used in completing B1000, Vision. 0. No."</p> | F 641   |   |                      |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

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.

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| F 641   | <p>Continued From page 1</p> <p>Review of Resident #2 Optometry Evaluation dated _____ showed the resident used corrective lenses.</p> <p>During an interview on _____ at 11:15 AM, Staff L, Registered Nurse (RN) stated, "[Resident #2's name] has _____ and has trouble with her vision. The staff assist her with feeding, and we try to encourage her [Resident #2] to go to the dining room, but she likes to stay in her room."</p> <p>During an interview on _____ at 11:50 AM, Staff K, MDS Coordinator, stated, "[Resident #2's name] MDS Section B was inaccurate and needs to be corrected. Her vision is not adequate without corrective lens."</p> <p>Review of the facility policy and procedure titled "Nursing- Minimum Data Set (MDS)" with the last review date of _____ read, "Purpose: To ensure that the center conducts initial and periodic standardized, comprehensive and reproducible assessments no less than every three months for each resident including, but not limited to, the collection of data regarding functional status, strengths, _____ and preferences using the federal and/or state required RA) [Resident Assessment Instrument]."</p> <p>2) During an interview on _____ at 10:19 AM, Resident #49 stated that his _____, tube was being used for his medications.</p> <p>Review of Resident #49's MDS assessment dated _____ read, "Section K- Swallowing/Nutritional Status. K0100. Swallowing ... Z. None of the above ... K0520. Nutritional Approaches ... B. _____ (e.g.,</p> | F 641   |   |   |

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| F 641   | Continued From page 2<br>or ( ) [No box checked to indicate the resident having while a resident]."<br><br>During an interview on at 11:50 AM, the MDS Coordinator stated that the documentation of Resident #49 not having a , or any type of was incorrect.<br><br>3) During an observation on at 9:30 AM, Resident #18 was .<br><br>During an interview on at 9:30 AM, Resident #18 stated, "I'm on mechanical soft because my broke a while and they still have not gotten me any. I hate having no and not being able to eat. I've seen dental and they told me it'd be an issue because of my overbite. I don't want any surgery or anything. I just want my ."<br><br>Review of Resident #18's MDS assessment dated showed no broken or resident being under section L- Oral/ Dental Status.<br><br>During an interview on at 12:00 PM, Staff K, MDS Coordinator, stated, "It was marked incorrectly on her annual assessment." | F 641   |   |                      |   |
| F 645   | PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3)<br><br>§483.20(k) Preadmission Screening for individuals with a mental and individuals with intellectual<br><br>§483.20(k)(1) A nursing facility must not admit, on or after , any new residents with:   | F 645   |   |                      |   |

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| F 645   | <p>Continued From page 3</p> <p>(i) Mental as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual , as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual , or authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a</p> | F 645   |   |   |

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| F 645   | <p>Continued From page 4</p> <p>hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental if the individual has a serious mental defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual if the individual has an intellectual , as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure an accurate Level I Preadmission Screening and Resident Review (PASRR) was completed for 1 of 5 residents reviewed for unnecessary medications, Resident #61.</p> <p>Findings include:</p> <p>Review of Resident #61's admission record showed the resident was most recently admitted on with the diagnoses including (onset date of ), major , and</p> <p>Review of Resident #61's Level I PASRR dated showed and listed under mental illness. No</p> | F 645   |   |   |



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| F 645   | Continued From page 6<br>or Internal Admission Staff/Designee will obtain a completed preadmission screen (PASRR Level I) on all individuals being admitted to the Skilled Nursing Facility (SNF) prior to admission."   | F 645   |   |   |
| F 656   | Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and , , needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and , , well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>( ) In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for | F 656   |   |   |

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| F 656   | <p>Continued From page 7</p> <p>future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and -informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive care plan for 2 of 9 residents reviewed, Residents #3 and #114.</p> <p>Findings include:</p> <p>1) Review of Resident #3's transfer/discharge report showed the resident was admitted on _____ with diagnoses including generalized _____ and post- _____ stress _____ ( _____ ).</p> <p>Review of Resident #3's physician order dated _____ read, "Behaviors- Monitor for the following: _____ affect, continuous crying, seems withdrawn, _____ changes, Document: 'N' if none of the above observed. 'Y' if any of the above was observed, select chart code 'Other/See Nurses Notes' and progress note findings every shift."</p> <p>Review of Resident #3's visit note for _____, services dated _____ read, "DX [Diagnosis] ... 1: Generalized _____; Patient is stable.</p> | F 656   |   |   |

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| F 656   | <p>Continued From page 8</p> <p>Staff to monitor, document, and report worsening symptoms of _____, symptoms: excessive worry, not able to control worry, restlessness/agitation, being easily fatigued, poor concentration, irritability, _____ tension, sleep disturbance, _____, _____ 4: Post- _____ stress _____; Patient is stable. Continue to monitor for changes."</p> <p>Review of Resident #3's care plan did not show a focus for generalized _____, or post- _____ stress _____.</p> <p>During an interview on _____ at 11:46 AM, Staff K, Minimum Data Set (MDS) Coordinator, stated, "[Resident #3's name] has a diagnosis of post- _____ stress _____. The _____ or _____, were not included in her care plan and needs to be added."</p> <p>2) Review of Resident #114's physician order dated _____ read, " _____ on T-Th-Sa@ [Tuesdays-Thursdays-Saturdays at] 10:15 AM at [local _____ center's name] every day shift every Tue, Thu, Sat, for _____."</p> <p>Review of Resident #114's skin evaluation dated _____ read, "A. Observations ... Site: 6) Right (front), Description: Suture noted and 2 for _____ present."</p> <p>Review of Resident #114's care plan showed no focus for enhanced barrier precautions.</p> <p>During an interview on _____ at 9:43 AM, Staff E, Licensed Practical Nurse (LPN) Unit Manager, stated, "[Resident #114's name] is a _____ patient and has a _____ on his right _____. He [Resident #114] would need to have</p> | F 656   |   |                      |   |

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| F 656   | Continued From page 9<br>enhanced barrier precaution orders and also be care planned."<br><br>During an interview on _____ at 11:29 AM, the Director of Nursing stated, "[Resident #114's name] should be care planned for enhance barrier precautions due to the _____ he has in place for _____."<br><br>During an interview on _____ at 11:51 PM, Staff K, MDS Coordinator, stated, "Currently there are no orders for enhance barrier precautions for [Resident #114's name]. We also go by hospital records. We would expect to see a focus for enhanced barrier precautions as part of his [Resident #114] care plan. Enhance barrier precautions will need to be added to his care plan."<br><br>Review of the facility policy and procedure titled "Nursing- Care Plans- Comprehensive- Person Centered" with the last review date of _____ read, "Purpose: To ensure the development and implementation of a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, _____ and functional needs. Policy ... 9. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process." | F 656   |   |                      |   |
| F 684   | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive  | F 684   |   |                      |   |

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| F 684   | <p>Continued From page 10</p> <p>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:</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received appropriate care for 2 of 4 residents reviewed for skin and care, Residents #23 and #49, and 1 of 8 residents reviewed for medication management, Resident #65.</p> <p>Findings include:</p> <p>1) During an observation on _____ at 10:19 AM, Resident #49 was sitting in a chair, dressed in street clothes. The resident had one _____ on his abdomen with drainage, which was dated _____, one _____ on his _____, of dry gauze, dated _____, one _____ on his upper _____ with no apparent drainage, under an elastic wrap, with no date visible, and one _____ on his lower _____, which could not be fully observed.</p> <p>During an interview on _____ at 10:19 AM, Resident #49 stated that his _____ were last cleaned on Friday, _____, with their _____ changed at that time.</p> <p>Review of Resident #49's Admission Assessment, dated _____, documented the following information in the _____/skin section: a surgical _____ on the right side of the abdomen; a _____ (_____ tube) on the left side of the abdomen; and _____ sites on the left _____, front of right _____, and front of left _____. There was no</p> | F 684   |   |                      |   |

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| F 684   | <p>Continued From page 11</p> <p>information documented regarding a _____ or a _____ on Resident #49's lower _____</p> <p>Review of Resident #49's physician order dated _____ read, "Unwrap right _____ daily and monitor _____ site for any s/s [signs and symptoms] of _____. Do not remove protective _____ that is stapled in place. Place new _____ veil over _____ site, secure with rolled gauze and _____ wrap every day shift for care."</p> <p>Review of Resident #49's physician order dated _____ read, "Apply A&amp;D [ _____ A and D] to healed left _____ site daily every day shift for _____ care."</p> <p>Review of Resident #49's physician order dated _____ read, "Cleanse left _____ with _____ cleanser, apply _____ and non-adherent _____, secure with rolled gauze daily &amp; PRN [and as needed] as needed for soiled or dislodged."</p> <p>Review of Resident #49's physician order dated _____ read, "Cleanse abd [ _____ ] _____ with _____ cleanser, apply _____ to _____ bed, cover with _____ veil and dry _____ daily every day shift for _____ care."</p> <p>Review of Resident 49's Treatment Administration Record for _____ showed staff initials for applying A&amp;D _____, cleansing _____ and left _____, unwrapping right _____ on _____ and _____</p> <p>During an observation on _____ at 4:10 PM, Resident #49 had a large transparent _____ on _____</p> | F 684   |   |                      |   |

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| F 684   | <p>Continued From page 12</p> <p>his lower _____ which had a date of 3/2x/25 (the 2nd _____ of the day could not be clearly observed).</p> <p>During an interview on _____ at 4:15 PM, Staff H, Licensed Practical Nurse (LPN), stated she was not aware of a _____ on Resident #49's _____</p> <p>During an interview on _____ at 4:22 PM, the Director of Nursing (DON) stated that her expectation was that when a resident was admitted, the nurse in the facility would complete a _____-to-_____ assessment of each resident and document all _____ and _____.</p> <p>During an interview on _____ at 10:05 AM, Staff A, LPN, stated, "On Saturdays and Sundays, the nurse from the other hall works 7:00 AM to 3:00 PM and does _____ care for the residents on my hall. The nurse let me know what care was completed, and I documented the _____ care and _____ changes. I did not recall if I checked to see that [Resident #49's name] care had been completed on Saturday or Sunday _____."</p> <p>During an interview on _____ at 10:08 AM, Staff G, Registered Nurse (RN), Unit Manager, stated, "On new admissions, the expectation is that a _____-to-_____ skin assessment is completed, and all _____ and _____ are documented. The _____ on [Resident #49's name] lower _____ should either have been removed or orders should have been obtained. If there are orders for daily _____ care and/or _____ changes, it should be done daily."</p> <p>Review of the facility policy and procedure titled</p> | F 684   |   |   |

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| F 684   | <p>Continued From page 13</p> <p>" Dry/Clean" with an effective date of and the last review date of read, "Purpose: The purpose of this procedure is to provide guidelines for the application of dry/clean . . . General guidelines: 1. Verify that there is a physician's order for this procedure... 3. Check the treatment record... Procedure... 11. Label tape or . . . with date, time and initials. Place on clean field... 19. Apply the ordered . . . Label with date and initials on top of . . ."</p> <p>2) During an observation on . . . at 9:50 AM, Resident #23 was sitting in her wheelchair with a . . . on her left . . . The . . . had dried dark substance, and the . . . had no date or initials.</p> <p>During an interview on . . . at 9:50 AM, Resident #23 stated, "I bumped my . . . that is why I have this . . ."</p> <p>During an observation on . . . at 4:20 PM, Resident #23 was sitting near the nursing station in her electric wheelchair. The . . . on her left . . . had dried dark substance, and the . . . had no date or initials.</p> <p>Review of Resident #63's physician order dated . . . read, " to Left : Cleanse with . . . cleanse of choice , . . dry apply [triple- . . . ] and cover with dry . . . every day shift for TX (treatment)."</p> <p>During an interview on . . . at 4:30 PM, the Director of Nursing stated, "Staff should date and initial all . . ."</p> <p>3) Review of Resident #65's physician order</p> | F 684   |   |   |

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| F 684   | <p>Continued From page 14</p> <p>dated _____ read, " _____ Oral Tablet 3.125 MG [Milligram] ( _____ ), Give 1 tablet by _____ two times a day related to essential (primary) _____ ."</p> <p>Review of Resident #65's Medication Administration Record (MAR) for _____ for administration of _____ showed staff documented code 11 on _____ and _____ at 9:00 AM, and documented code 11 on _____ at 5:00 PM. Code 11 stands for held per parameters.</p> <p>Review of Resident #65's MAR for _____ for administration of _____ showed staff documented code 11 on _____ at 9:00 AM and on _____ at 5:00 PM.</p> <p>During an interview on _____ at 1:10 PM, the DON stated, "[Resident #65's name] _____ did not have parameters in place and the nurses were holding the medication. The nurses should follow the doctors' orders when giving medication or call the provider to clarify any questions."</p> <p>During an interview on _____ at 4:16 PM, the Advance Practice Registered Nurse #2 stated, "Staff always call me and notify me when they will be holding a medication for [Resident #65's name]."</p> <p>Review of the facility policy and procedure titled "Administering Medications" with the last review date of _____ read, "General Guidelines: 3. Medications are administered in accordance with prescriber orders, and current standards of</p> | F 684   |   |                      |   |

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| F 684   | Continued From page 15 practice.*   | F 684   |   |   |
| F 756   | <p>Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)</p> <p>§483.45(c) Drug Regimen Review.<br/>§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.<br/>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.<br/>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.<br/>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in</p> | F 756   |   |   |

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| F 756   | <p>Continued From page 16</p> <p>the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the medication regimen recommendations agreed by the physician were followed for 1 of 5 residents reviewed for unnecessary medications, Resident #8.</p> <p>Findings include:</p> <p>Review of Resident #8's medication regimen review showed the consultant pharmacist's recommendation dated _____ that read, "Per clinical record resident with recent _____. A daily intake of 800-1,000 IU of _____ D is currently recommended in the elderly to maintain bone health and reduce the risk of _____ and _____. Please evaluate. Consider adding _____ D3, 1000 IU once daily, if appropriate." The physician's response was documented as, "Agree; will do."</p> <p>Review of Resident #8's medication regimen review showed the consultant pharmacist's recommendation dated _____ that read, "Per clinical record resident with recent _____. A daily intake of 800-1,000 IU of _____ D is currently recommended in the elderly to maintain bone health and reduce the risk of _____ and _____. Please evaluate. Consider adding _____ D3, 1000 IU once daily, if appropriate." The physician's response was documented as, "Agree; will do."</p> <p>Review of Resident #8's current physician orders showed no order for _____ D3.</p> | F 756   |   |                      |   |

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| F 756   | Continued From page 17<br><br>During an interview on _____ at 2:51 PM, the Director of Nursing (DON) stated, "The monthly recommendations [from the Consultant Pharmacist] are divided between the unit managers and the ADON [Assistant Director of Nursing]. The expectation is whoever gets an order from a provider should address it in the computer [electronic medical record]."<br><br>During an interview on _____ at 3:49 PM, the Nurse Practitioner 1 stated, "The expectation for the medication regimen reviews is that if we fill out those papers, they [the facility staff] are supposed to update the orders. We cannot write the information in 3 or 4 different places. That is why we write the responses on the pharmacy reviews."<br><br>Review of the facility policy and procedure titled "Pharmacy Services - Drug Regimen Review" with an effective date of _____, and the last review date of _____, read, "Purpose: The facility shall maintain the resident's highest practicable level of physical, mental and _____ well-being and prevents or minimizes adverse consequences related to medication _____, to the extent possible, by providing oversight by a licensed pharmacist, attending physician, medical director, and the director of nursing. Procedure: 1. The drug regimen of each resident should be reviewed at least monthly by a licensed pharmacist and the pharmacist should report any irregularities to the attending physician, the facility's medical director and the director of nursing and these reports should be acted upon." | F 756   |   |   |
| F 757   | Drug Regimen is Free from Unnecessary Drugs  | F 757   |   |   |

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| F 757   | <p>Continued From page 18<br/>CFR(s): 483.45(d)(1)-(6)</p> <p>§483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug . . .); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure residents' medication regimen was free from unnecessary drugs, for 1 of 5 residents reviewed for unnecessary medications, Resident #8.</p> <p>Findings include:</p> <p>Review of Resident #8's medication regimen review showed the consultant pharmacist's recommendation dated that read, "Currently receiving LA [long acting] tabs ( ) without a stop date. Please</p> | F 757   |   |                      |   |

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| F 757   | <p>Continued From page 19</p> <p>evaluate current need. Consider add stop date, if appropriate." The physician's response was documented as, "Agree; will do. DC [Discontinue]."</p> <p>Review of Resident #8's medication regimen review showed the consultant pharmacist's recommendation dated            that read, "Currently receiving            LA tabs (            ) without a stop date. Please evaluate current need. Consider add stop date, if appropriate." The physician's response was documented as, "Disagree; State Reason: PRN [as needed]." The physician signed the recommendation on            .</p> <p>Review of Resident #8's physician order dated            read, "            ER [extended release] Oral Tablet Extended Release 12 Hour 600 MG [milligram] (            ), Give 600 mg by            two times a day for            . Order Status: Active."</p> <p>Review of Resident #8's Medication Administration Records (MARs) for administration of            showed the resident received the medication from            through            , from            through            , from            through            , from            through            at 9:00 AM and 9:00 PM.</p> <p>During an interview on            at 2:51 PM, the Director of Nursing (DON) stated, "The monthly recommendations [from the Consultant Pharmacist] are divided between the unit managers and the ADON [Assistant Director of Nursing]. The expectation is whoever gets an order from a provider should address it in the computer [electronic medical record]."</p> | F 757   |   |                      |   |

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| F 757   | Continued From page 20<br><br>During an interview on _____ at 3:49 PM, the Nurse Practitioner 1 stated, "The expectation for the medication regimen reviews is that if we fill out those papers, they [the facility staff] are supposed to update the orders. We cannot write the information in 3 or 4 different places. That is why we write the responses on the pharmacy reviews."<br><br>Review of the facility policy and procedure titled "Pharmacy Services - Drug Regimen Review" with an effective date of _____, and the last review date of _____, read, "Purpose: The facility shall maintain the resident's highest practicable level of physical, mental and _____ well-being and prevents or minimizes adverse consequences related to medication _____, to the extent possible, by providing oversight by a licensed pharmacist, attending physician, medical director, and the director of nursing. Procedure: 1. The drug regimen of each resident should be reviewed at least monthly by a licensed pharmacist and the pharmacist should report any irregularities to the attending physician, the facility's medical director and the director of nursing and these reports should be acted upon. 2. Irregularities include, but are not limited to, any drug that meets the following criteria... b. Excessive duration, or c. Without adequate monitoring; or d. Without adequate indications for its use... 5. The attending physician shall document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it." | F 757   |   |                      |   |
| F 761   | Label/Store Drugs and Biologicals<br>CFR(s): 483.45(g)(h)(1)(2)   | F 761   |   |                      |   |

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| F 761   | <p>Continued From page 21</p> <p>§483.45(g) Labeling of Drugs and Biologicals<br/>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.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§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.</p> <p>§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 Prevention and Control Act of 1976 and other drugs subject to . . . , 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.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review, the facility failed to ensure the drugs and biologicals used in the facility were stored in accordance with currently accepted professional principle in 1 of 4 hallways.</p> <p>Findings include:</p> <p>1) During an observation on _____ at 10:11 AM, Resident #95 was lying in bed. There was one bottle of _____ spray on top of the</p> | F 761   |   |   |

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| F 761   | <p>Continued From page 22 nightstand.</p> <p>During an interview on _____ at 10:11 AM, Resident #95 stated, "I have used the spray for years. I will use the _____ spray at night if I feel clogged."</p> <p>During an interview on _____ at 12:48 PM, Staff E, Licensed Practical Nurse (LPN), Unit Manager, stated, "[Resident #95's name] should not have medication at bedside. We do not really have any resident that self-administers medication. If they do, we would have to evaluate the resident and care plan them. We would also have to put an order in place."</p> <p>2) During an observation on _____ at 10:56 AM, Resident #45 was lying in bed. There was one bottle of lubricant _____ on top of the bedside table and one bottle of _____ powder on top of the wall air conditioning unit.</p> <p>During an interview on _____ at 10:56 AM, Resident #45 stated, "The _____ are mine. I use them when I need them. I will have the nurses assist with applying them, and the _____ powder, the nurses will apply for me."</p> <p>3) During an observation on _____ at 12:45 PM, Resident #64 was lying in bed. There was one tube of _____ on the side of the resident's bed.</p> <p>During an interview on _____ at 12:45 PM, Resident #64 stated, "I forgot I had the _____ My family brought it for me."</p> <p>During an interview on _____ at 12:48 PM, Staff D, LPN, stated, "[Resident #64's name] has</p> | F 761   |   |                      |   |

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| F 761   | <p>Continued From page 23</p> <p>no orders for . I do not know what she uses it for. Normally they bring meds, and we will provide it for them and get an order."</p> <p>During an interview on at 2:33 PM, Staff E, LPN, Unit Manager, stated, "[Resident #64's name] cannot self-administer medication. I spoke to the family and they do not know how she got the ."</p> <p>4) During an observation on at 8:30 AM, Resident #6 was sitting up in bed. There was a medication cup containing one white circular pill.</p> <p>During an interview on at 8:30 AM, Resident #6 stated, "I do not know what that medication is for. Can you call the nurse so she can tell us what it is?"</p> <p>During an interview on at 8:32 AM, Staff D, LPN, stated, "The medication in the medication cup is . I thought she had taken all her medications while I was here earlier."</p> <p>During an interview on at 4:04 PM, the Director of Nursing (DON) stated, "If a resident has a high [ score] and they are , they would be able to self-administer and we would evaluate. We did not have any resident in the building that would self-administer medication. Medication should not be left unattended in a resident's room."</p> <p>Review of the facility policy and procedure titled "Administering Medications" with the last review date of read, "General Guidelines ... 25. Residents may self-administer their own</p> | F 761   |   |                      |   |

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| F 761   | Continued From page 24<br>medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have decision-making capacity to do so safely."<br><br>Review of the facility policy and procedure titled "Medication Storage" with the last review date of read, "Policy: Medications will be stored in a manner that maintains the integrity of the product and ensures the safety of the residents and is in accordance with FL Department of Health Guidelines."   | F 761   |   |   |
| F 791   | Routine/Emergency Dental Svcs in NFs<br>CFR(s): 483.55(b)(1)-(5)<br><br>§483.55 Dental Services<br>The facility must assist residents in obtaining routine and 24-hour emergency dental care.<br><br>§483.55(b) Nursing Facilities.<br>The facility-<br><br>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(f) of this part, the following dental services to meet the needs of each resident:<br>(i) Routine dental services (to the extent covered under the State plan); and<br>(ii) Emergency dental services;<br><br>§483.55(b)(2) Must, if necessary or if requested, assist the resident-<br>(i) In making . . . ; and<br>(ii) By arranging for transportation to and from the dental services locations;<br><br>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged for | F 791   |   |   |

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| F 791   | <p>Continued From page 25</p> <p>dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of is the facility's responsibility and may not charge a resident for the loss or damage of determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review, the facility failed to ensure residents received dental services for 1 of 2 residents reviewed for dental services, Resident #18.</p> <p>Findings include:</p> <p>During an observation on _____ at 9:30 AM, Resident #18 was _____</p> <p>During an interview on _____ at 9:30 AM, Resident #18 stated, "I'm on mechanical soft because my _____ broke a while and they still have not gotten me any. I hate having no _____ and not being able to eat. I've seen dental and they told me it'd be an issue because of my overbite. I don't want any surgery or anything. I just want my _____."</p> | F 791   |   |                      |   |

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| F 791   | <p>Continued From page 26</p> <p>During an interview on _____ at 11:10 AM, Registered Dietician (RD) stated, "I don't believe there is an issue with her swallowing. The only reason she's on mechanical soft is because of her having no _____."</p> <p>During an interview on _____ at 11:45 AM, Social Services Assistant (SSA) stated, "I know [Staff E, Unit Manager's name] and [previous Social Services Director's name] were working on something about her _____, but I'm not sure exactly what it was about."</p> <p>During an interview on _____ at 12:00 PM, Staff E, Licensed Practical Nurse (LPN), Unit Manager, stated, "The problem is with her insurance. She is required to go to her primary office at [name of the primary office] and they have to do a referral to dental at [name of the dental clinic]. That's a whole process that takes time. I have received an email from the dental clinic in _____ notifying the facility that in-house dental provider did not take the resident's insurance."</p> <p>Review of Resident #18's medical record showed a note that read, " _____ 11:45: dental referral sent to SS [Social Services] for replacement or repair _____."</p> <p>Review of Resident #18's medical record showed notes that read, " _____ : Patient presents for screening. Upper and Lower _____ . Soft tissue is healthy. Patient is eating well. Patient is not in _____ . _____ not located to evaluate. No upper _____ or lower _____ located. Attempts should be made to locate _____ for evaluation. Next visit: follow up on locating upper lower _____ for evaluation. _____ : Patient</p> | F 791   |   |                      |   |

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| F 791   | Continued From page 27<br>presents for consult. not located.<br>Patient interested in new set of treatment. Patient is not in . Patient is currently able to obtain adequate nutrition.<br>: Per facility, patient is not experiencing any , or discomfort and has no issues eating. . . . are not clinically needed at this time. Will monitor and treat<br>" . . ."<br><br>Review of the facility policy and procedure titled "Dental Services" with an effective date of and the last review date of read, "Procedure ... 10. If are damaged or lost, residents shall be referred for dental services within 3 days. If the referral is not made within 3 days, documentation shall be provided regarding what is being done to ensure that the resident is able to eat and drink adequately while awaiting the dental services; and the reason for the delay." | F 791   |   |   |
| F 812   | Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents   | F 812   |   |   |

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| F 812   | <p>Continued From page 28</p> <p>from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was safely stored in the areas of the nutrition room and kitchen walk-in freezer.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen on _____ at 9:10 AM with the Dietary Manager, there was one plastic see through bag containing food items with no identifying label or date in the walk-in freezer.</p> <p>During an interview on _____ at 9:20 AM, the Dietary Manger stated, "I don't know what it is. It should have a label and be dated."</p> <p>Review of the facility policy and procedure titled "Food Storage" revised on _____ read, "Policy: Sufficient storage facilities are provided to keep foods safe, wholesome and appetizing. Food is stored in an area that is clean, dry and free from contaminants. Food is stored, prepared, and transported at appropriate temperatures and by methods designed to prevent contamination or cross contamination. Procedure ... 15. Frozen Foods ... d. All foods should be covered, labeled and dated. All foods will be checked to ensure that foods will be consumed by their safe use by dates or discarded. All foods should be checked so as to show no negative outcome (e.g. freezer _____, foods dried out, foods with a change of</p> | F 812   |   |                      |   |

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| F 812   | Continued From page 29 color)."<br><br>During an observation on _____ at 9:35 AM, there was one bag containing wrapped crackers and bowl of covered food in the nourishment room refrigerator on Desota Hall that was not dated.<br><br>During an interview on _____ at 9:33 AM, the Dietary Manger stated, "The food should have been dated."<br><br>Review of the facility policy and procedure titled "Guidelines for Foods Brought from the outside by Family and Visitors" revised on _____ read, "Policy: Family members may bring food into Residents. Staff must be aware of and approve of food brought to a resident by family/visitors. Procedure ... 6. Perishable foods must be stored in a re-sealable containers with tight fitting lids in the refrigerator. Containers will be labeled with the resident's name, the items name and the "use by" date. The use by date should be 5 days after food is brought in. 7. Nursing staff is responsible for discarding perishable foods on or before the "use by" date." | F 812   |   |   |
| F 825   | Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2)<br><br>§483.65 Specialized rehabilitative services.<br>§483.65(a) Provision of services.<br>If specialized rehabilitative services such as but not limited to _____, speech-language _____, and rehabilitative services for mental illness and intellectual _____, or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of  | F 825   |   |   |

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| F 825   | <p>Continued From page 30<br/>care, the facility must-</p> <p>§483.65(a)(1) Provide the required services; or</p> <p>§483.65(a)(2) In accordance with §483.70(f), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide , , evaluation and services for 1 of 3 residents reviewed for rehabilitation, Resident #27.</p> <p>Findings include:</p> <p>During an interview on at 10:40 AM, Resident #27 stated, "I used to have , , and then I was participating in the restorative program. I was walking with a walker and they were providing different trainings. It all stopped and they never came and got me again. The facility got rid of the restorative program. I would like to have , , again."</p> <p>Review of Resident #27's physician order dated read, " [ , , ] to eval [evaluate] and treat as indicated ... Order Status: Active."</p> <p>Review of Resident #27's physician order dated read, " [ , , ] to eval and treat as indicated ... Order Status: Active."</p> | F 825   |   |                      |   |

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| F 825   | <p>Continued From page 31</p> <p>Review of Resident #27's care plan initiated on _____ showed the resident had activity of daily living self-care performance _____ related to _____ and _____ following infraction affecting left dominant side, with the intervention including functional maintenance program.</p> <p>Review of Resident #27's _____ Evaluation and Plan of Treatment dated _____ showed the resident was on restorative nursing program and no further _____ interventions indicated.</p> <p>During an interview on _____ at 2:29 PM, the Functional Maintenance Coordinator stated, "The functional maintenance program is to monitor patients who are off of _____. We will monitor the progress and use the strategies that were given in _____. We mostly communicate with the certified nursing assistants for _____. [Resident #27's name] has been off _____. Before the new company, we had restorative, but they cut that out and she [Resident #27] was no longer a _____. They have to participate in _____ first. After _____ releases them, they become part of the functional maintenance program. If [Resident #27's name] had a problem and is not to where she is now, she would have to go to _____. Nothing was implemented for the residents that were on restorative. In my opinion, I don't think they were evaluated."</p> <p>During an interview on _____ at 2:53 PM, the Director of Nursing (DON) stated, "The restorative program was discontinued, and _____ was going to evaluate them and pick them up as the program warranted. The restorative program ended in _____ or _____</p> | F 825   |   |   |

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| F 825   | <p>Continued From page 32</p> <p>2025. I do not know the exact date. We should have something in place before it was completely dropped."</p> <p>During an interview on _____ at 3:14 PM, the Rehabilitation Director stated, "The restorative program was discontinued and the functional maintenance program was established. [Resident #27's name] does not have a current functional maintenance program. The goal is to do quarterly evaluations. The last one they did for [Resident #27's name] was in [2024]. It was probably an oversight or human error."</p> <p>During an interview on _____ at 3:51 PM, the DON stated, "We should do quarterly assessments on residents to determine if there is a decline. I would expect the assessment to be done within a week of when it is due."</p> <p>During an interview on _____ at 4:34 PM, the Rehabilitation Director stated, "At least one _____, disciple should have seen [Resident #27's name] for her quarterly evaluation."</p> <p>Review of the facility policy and procedure titled "Provide/Obtain Specialized Rehab Services with the last review date of _____ read, "Purpose: The facility shall provide or obtain services from an outside resource for specialized rehabilitative services if required by the resident's comprehensive assessment and care plan to assist them to attain, maintain or restore their highest practicable level of physical mental functional and psycho-social well-being, as well as ensure that residents with Mental (MD), Intellectual _____, (ID) or related conditions receive services as determined by their Preadmission Screening and Resident</p> | F 825   |   |                      |   |

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| F 825   | Continued From page 33<br>Review (PASARR).*  | F 825   |   |                      |   |
| F 842   | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is resident-identifiable to the public.<br>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>§483.70(h) Medical records.<br>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br>(i) Complete;<br>(ii) Accurately documented;<br>(iii) Readily accessible; and<br>( ) Systematically organized<br><br>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-<br>(i) To the individual, or their resident representative where permitted by applicable law;<br>(ii) Required by Law;<br>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;<br>( ) For public health activities, reporting of neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation | F 842   |   |                      |   |

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| F 842   | <p>Continued From page 34</p> <p>purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>( ) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, _____, and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain complete and accurate medical records for 1 of 2 residents reviewed for behaviors (Resident #3), for 2 of 8 residents reviewed for medication management (Residents #54 and #72), and for 1 of 3 residents reviewed for skin and _____ care (Resident #49).</p> | F 842   |   |   |

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| F 842   | <p>Continued From page 35</p> <p>Findings include:</p> <p>1) Review of Resident #3's physician order dated read, "Behaviors- Monitor for the following: . . . affect, continuous crying, seems withdrawn, . . . changes, Document: 'N' if none of the above observed. 'Y' if any of the above was observed, select chart code 'Other/See Nurses Notes' and progress note findings every shift."</p> <p>Review of Resident #3's Treatment Administration Record (TAR) for . . . for monitoring behaviors showed staff documented "X" from . . . through . . . at 7:00 AM and 7:00 PM.</p> <p>Review of Resident #3's physician order dated read, " . . . Medication- Monitor for . . . drowsiness, dry . . . blurred vision, . . . retention, . . . tremor, agitation, . . . skin . . . photosensitivity (skin) excess . . . gain, Document: 'N' if none of the above observed. 'Y' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and progress note findings every shift."</p> <p>Review of Resident #3's TAR for . . . for medication monitoring showed staff documented "X" from . . . through . . . at 7:00 AM and 7:00 PM.</p> <p>During an interview on . . . at 8:54 AM, the Director of Nursing (DON) stated, "When writing the order, they didn't click box for yes or no. I didn't see any behaviors in the notes for [Resident #3's name]. It was not clicked off to populate yes or no."</p> | F 842   |   |                      |   |

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| F 842   | <p>Continued From page 36</p> <p>During an interview on _____ at 9:33 AM, Staff E, Licensed Practical Nurse (LPN), Unit Manager, stated, "The staff are supposed to answer yes or no to the monitoring of behaviors in the treatment record. If they document yes, they must also write a progress note about the behaviors."</p> <p>2) Review of Resident #72's physician order dated _____ read, " _____ Oral Tablet 25 MG [milligram] ( _____ ). Give 0.5 tablet via _____ tube two times a day related to essential (primary) _____ hold if _____ &gt;110 or _____ &gt; _____ greater than 110 or _____ rate greater than 60]."</p> <p>During an interview on _____ at 1:08 PM, the DON stated, "[Resident #72's name] order was transposed incorrectly. It should be less than a symbol. I normally like to write out the words to avoid _____."</p> <p>During an interview on _____ at 4:16 PM, the Advance Practice Registered Nurse #2 stated, "[Resident #72's name] order was written incorrectly. It was a mistake. It was written greater than, but it should have been less than."</p> <p>3) Review of Resident #54's Medication Administration Record (MAR) for _____ for the order for _____ Suspension Pen-Injector (70-30) 100 unit/milliliter- Inject 30 units two times a day related to type 2 without complications revealed the medication was held on _____ at 4:30 PM for the _____ documented as 97, and on _____ at 4:30 PM for the _____ documented as 108.</p> | F 842   |   |   |

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| F 842   | <p>Continued From page 37</p> <p>During an interview on _____ at 3:20 PM, Staff E, LPN, Unit Manager, stated, "I wonder if her sugar was low and then she didn't eat."</p> <p>During an interview on _____ at 10:45 AM, Staff I, LPN, stated, "It's hard to remember all the way to _____, but if her _____ was only 97, I probably didn't feel comfortable giving it to her, since she has a tendency to drop. If I held it, I must have talked to the doctor. I just forgot to put it in my nurses' note."</p> <p>During an interview on _____ at 10:55 AM, Staff J, LPN, stated, "I think her _____ was in the low 100s, and she told me she didn't feel good and wasn't going to eat dinner, so I called the doctor and held it. I must have just forgotten to enter the nurses' notes."</p> <p>During an interview on _____ at 11:30 AM, the DON stated, "I would expect them to document contacting the provider and that he said it was okay to hold the injection."</p> <p>4) During an observation on _____ at 10:19 AM, Resident #49 was sitting in a chair, dressed in street clothes. The resident had one _____ on his abdomen with drainage, which was dated _____, and one _____ on his _____, of dry gauze, dated _____.</p> <p>During an interview on _____ at 10:19 AM, Resident #49 stated that his _____ were last cleaned on Friday, _____, with their _____ changed at that time.</p> <p>Review of Resident #49's physician order dated _____ read, "Cleanse left _____ with _____"</p> | F 842   |   |                      |   |

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| F 842   | <p>Continued From page 38</p> <p>cleanser, apply and non-adherent, secure with rolled gauze daily &amp; PRN [and as needed] as needed for soiled or dislodged."</p> <p>Review of Resident #49's physician order dated read, "Cleanse abd [ ] with cleanser, apply to bed, cover with veil and dry daily every day shift for care.</p> <p>Review of Resident 49's TAR for showed staff initials for cleansing and left on and</p> <p>During an interview on at 10:05 AM, Staff A, LPN, stated, "On Saturdays and Sundays, the nurse from the other hall works 7:00 AM to 3:00 PM and does care for the residents on my hall. The nurse let me know what care was completed, and I documented the care and changes. I did not recall if I checked to see that [Resident #49's name] care had been completed on Saturday or Sunday."</p> <p>During an interview on at 10:08 AM, Staff G, Registered Nurse (RN), Unit Manager, stated, "If there are orders for daily care and/or changes, it should be done daily. If a nurse did not complete care or treatment but documented it, it would be false documenting."</p> <p>Review of the facility policy and procedure titled "Dry/Clean" with an effective date of and the last review date of read, "Purpose: The purpose of this procedure is to provide guidelines for the application of</p> | F 842   |   |                      |   |

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| F 842   | Continued From page 39<br>dry/clean ... Documentation: The following information should be recorded in the resident's medical record, treatment sheet or designated form: 1. The date and time the was changed. 2. appearance, including bed, edges, presence of drainage. 3.The name and title (or initials) of the individual changing the "  | F 842   |   |                      |   |
| F 865   | QAPI Prgm/Plan, Disclosure/Good Faith Atmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)<br><br>§483.75(a) Quality assurance and performance improvement (QAPI) program.<br>Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must:<br><br>§483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;<br><br>§483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation;<br><br>§483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request | F 865   |   |                      |   |

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| F 865   | <p>Continued From page 40 during any other survey and to CMS upon request; and</p> <p>§483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.</p> <p>§483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:</p> <p>§483.75(b)(1) Address all systems of care and management practices;</p> <p>§483.75(b)(2) Include clinical care, quality of life, and resident choice;</p> <p>§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.</p> <p>§483.75(b) (4) Reflect the , unique care, and services that the facility provides.</p> <p>§483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:</p> | F 865   |   |                      |   |

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| F 865   | <p>Continued From page 41</p> <p>§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.</p> <p>§483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing;</p> <p>§483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;</p> <p>§483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.</p> <p>§483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and</p> <p>§483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.</p> <p>§483.75(h) Disclosure of information.<br/>A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>§483.75(i) Sanctions.<br/>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and interview, the facility failed to maintain an effective, data driven Quality Assurance and Performance Improvement</p> | F 865   |   |                      |   |

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| F 865   | <p>Continued From page 42</p> <p>(QAP) program related to      loss and obtaining      for 1 of 3 current performance improvement plans.</p> <p>Findings include:</p> <p>Review of      Loss Performance Improvement Plan initiated on      read, "Action Steps: Quality Review initiated for residents who have lost significant      in a time of 5% (30 days); 7.5% (90 days), and 10% (180 days). Appropriate MD [Medical Doctor]/Representative notification RD [Registered Dietitian] Consult, Interventions in place. Residents to be reviewed weekly in risk meeting until      loss and stable X [times] 4 weeks. Care plan in place and appropriate. Nursing staff educated on      loss with emphasis on: Making sure the correct documentation for meal consumption. Resident preferences. Interventions in place. Make sure weighing is consistent (same lift      and      rest, etc.) RD consult. Care plans in place with interventions. Menus posted daily. Residents to be reviewed weekly in risk meeting until      loss resolved and stable X 4 weeks. Monitoring: Quality review to be conducted by DON/designee with residents that had significant      loss have adequate monitoring in place including      loss monitoring weekly X 4 weeks, and then every 2 weeks X 2 months."</p> <p>During an interview on      at 12:15 PM, the Director of Nursing (DON) stated, "I started the      loss PIP [Performance Improvement Plan] because restorative was ending and we were switching to Functional Maintenance Program and we didn't have a set plan for getting the      . We want to ideally have the same</p> | F 865   |   |   |

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| F 865   | Continued From page 43<br>people, weigh around the same dates, ensure they are making allowances for rest, tanks, using the same method and so on."<br><br>Review of Resident #51's record revealed the resident was weekly on and . . . Resident #51 was not again until<br><br>Review of Resident #97's record revealed the resident was weekly on and was not again until<br><br>During an interview on at 12:30 PM, the DON stated, "We identified [Resident #51 and Resident #97's names] as ones to monitor." When asked where the proof of weekly meetings were, the DON was unable to provide documentation.<br><br>Review of the facility's Quality Assurance and Performance Improvement (QAPI) policy and procedure with the last review date of read, "3.a. Identifying issues with respect to quality assessment and assurance activities including performance improvement projects. b. Developing and implementing appropriate plans of action to correct any identified deficiencies. Reviewing and analyzing data collected as part of the QAPI program and acting on data as appropriate. d. Review of all plans of corrections." | F 865   |   |                      |   |
| F 880   | Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Control<br>The facility must establish and maintain an  | F 880   |   |                      |   |

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| F 880   | <p>Continued From page 44</p> <p>prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable and</p> <p>§483.80(a) prevention and control program.</p> <p>The facility must establish an prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable or before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable or should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of ;<br/>( )When and how isolation should be used for a resident; including but not limited to:<br/>(A) The type and duration of the isolation, depending upon the agent or organism involved, and</p> | F 880   |   |   |

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| F 880   | <p>Continued From page 45</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the ; and</p> <p>(vi) The hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.<br/>Personnel must handle, store, process, and transport linens so as to prevent the spread of .</p> <p>§483.80(f) Annual review.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review, the facility failed to ensure staff followed control standards for storing . . . equipment for 3 of 4 residents reviewed for . . . services (Residents #45, #51, and #87), for 3 of 6 residents reviewed for enhanced barrier precautions (Residents #6, #93, #114), for 1 of 4 residents reviewed for skin conditions (Resident #2), for 4 of 5 residents reviewed for medication administration (Residents #61, #116, #321 and #324) to help prevent the possible spread of and communicable . . .</p> <p>Findings include:</p> | F 880   |   |                      |   |

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| F 880   | <p>Continued From page 46</p> <p>1) During an observation on _____ at 10:56 AM, Resident #45 was lying in bed. There was a passive _____ mask and mouthpiece on top of the resident's desk across from his bed, which was not bagged (Photographic evidence obtained).</p> <p>Review of Resident #45's physician order dated _____ read, " _____ Solution 0. _____ .5 (3) MG/3 ML (milligrams per 3 milliliters). Directions: 3 ml inhale orally via _____ every 6 hours as needed for [ _____ ] or _____ via _____."</p> <p>During an interview on _____ at 4:06 PM, the Director of Nursing (DON) stated, "The mouthpiece mask of a _____ and tubing should be bagged when not in use."</p> <p>2) During an observation on _____ at 4:47 PM, Staff C, Certified Nursing Assistant (CNA), was in Resident #93's bathroom assisting the resident with toileting. Staff C had gloves, but no gown.</p> <p>During an interview on _____ at 4:51 PM, Staff C, CNA, stated, "I was helping [Resident #93's name] transfer to the toilet and helped her lift her brief."</p> <p>Review of Resident #93's physician order dated _____ read, "Enhanced Barrier Precautions- _____ every shift."</p> <p>3) During an observation on _____ at 11:47 AM, Staff C, CNA, was assisting Resident #6 to get dressed while in her bed. Staff C had gloves on, but did not have a gown.</p> | F 880   |   |                      |   |

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| F 880   | <p>Continued From page 47</p> <p>Review of Resident #6's physician order dated read, "Enhanced Barrier Precaution in place (i.e. precautions for door handle. Stop sign, PPE [personal protective equipment] every shift. Open every shift for _____."</p> <p>During an interview on _____ at 1:57 PM, Staff E, Licensed Practical Nurse (LPN), Unit Manager, stated, "Staff are expected to wear gloves and gown when a resident is under enhanced barrier precautions and they are going to provide direct care to them. [Resident #6 and Resident #93's names] are both under enhanced barrier precautions."</p> <p>During an interview on _____ at 2:00 PM, Staff C, CNA, stated, "I was not aware that [Resident #93 and Resident #6's names] had _____ and were on enhanced barrier precautions. Residents that have enhance barrier precautions, you should wear a gown and gloves when providing care. I was assisting [Resident #6's name] to get dressed. I did not gown because I did not know they [Resident #6 and Resident #93] were on enhanced barrier precautions."</p> <p>During an interview on _____ at 4:08 PM, the DON stated, "Staff should wear a gown and gloves when going into an enhance barrier room to provide direct care to the resident."</p> <p>4) During an observation _____ at 11:04 AM, Staff L, Registered Nurse (RN), entered Resident #2's room to provide _____ care. Staff L donned gloves and a gown. Staff L adjusted Resident #2's _____ tubing. Staff L removed gloves, and without performing _____ hygiene, donned a new pair of gloves and removed the _____ on Resident #2's left _____. Staff L removed her</p> | F 880   |   |                      |   |

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| F 880   | <p>Continued From page 48</p> <p>gloves, and without performing hygiene, donned a new pair of gloves. Staff L cleaned the right side of the left that had a . Without changing gloves or performing hygiene, Staff L cleaned another on the left side of the . Staff L removed her gloves, and without performing hygiene, donned new pair of gloves and applied treatment and new to Resident #2's left . Staff L removed her gloves and gown and performed hygiene.</p> <p>During an interview on at 11:14 AM, Staff L, RN, stated, "I should have done hygiene in between changing gloves."</p> <p>During an interview on at 11:31 AM, the DON stated, "Staff should perform hygiene when removing gloves. It is two different . I would expect staff to change gloves and perform hygiene in between Changing gloves does not substitute hygiene."</p> <p>5) Review of Resident #114's skin evaluation dated read, "A. Observations ... Site: 6. Right (front) suture noted and 2 for present."</p> <p>During an interview on at 11:29 AM, the DON confirmed that Resident #114 was not on enhanced barrier precautions and stated, "[Resident #114's name] should have orders in place for enhanced barrier precautions."</p> <p>Review of the facility policy and procedure titled "Enhanced Barrier Precautions" with an effective date of and the last review date of read, "Policy: It will be the policy of this</p> | F 880   |   |                      |   |

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| F 880   | <p>Continued From page 49</p> <p>facility to implement enhanced barrier precautions for preventing transmission of novel or targeted multidrug-resistant organism ... Procedure ... 2. Initiation of Enhanced Barrier Precautions ... b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. and/or medical devices (e.g., central line, etc.) regardless of MDRO [multidrug resistant organisms] colonization status ... 4. For residents for whom EBP [Enhanced Barrier Precautions] are indicated, EBP is employed when performing the following High-Contact care activities- a. b. Bathing, c. Transferring, d. Providing hygiene, e. Changing linens, f. Changing briefs or assisting with toileting, g. Device care or use; central line, h. care: any skin opening requiring a</p> <p>6) During an observation on at 9:57 AM, there was a tubing connected to an concentrator, which was placed unbagged in the drawer of the bedside table in Resident #87's room (Photographic evidence obtained).</p> <p>During an observation on at 10:16 AM, there was a tubing connected to an concentrator laying directly on the floor unbagged in Resident #51's room (Photographic evidence obtained).</p> <p>During an interview on at 1:30 PM, Staff E, LPN, Unit Manager, stated, " tubing should be bagged when it is not in use."</p> <p>During an interview on at 12:30 PM, the</p> | F 880   |   |   |

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| F 880   | <p>Continued From page 50</p> <p>DON, stated, "All tubing should be bagged when not in use."</p> <p>Review of the facility policy and procedure titled "Administration" with an effective date of and last review date of read, "General Guidelines ... 5. All disposable equipment labeled with the resident's name, the date it was opened or provided, and should be changed a minimum of every 7 days."</p> <p>7) During an observation on at 8:57 AM, Staff A, LPN, obtained a reading and a oximetry reading from Resident #321. Staff A did not clean the cuff or the . Staff A used the same equipment on Resident #324 to obtain a oximetry reading and to attempt to obtain reading. Staff A used a second cuff to obtain a reading from Resident #321 at 9:25 AM. Staff A did not clean the cuff after using it and before returning it to a drawer.</p> <p>During an interview on at 10:05 AM, Staff A, LPN, stated, "I should have cleaned the cuff and ox [ ] between patients."</p> <p>During an observation on at 9:49 AM, Staff A, LPN, removed two tablets for Resident #61 from the packs directly into his and then placed them in the resident's medication cup. While preparing oral medications for administration for Resident #61, three pills dropped onto the top of the medication cart. Staff A placed two pills into the medicine cup for administration to the resident and discarded one pill into the drug disposal system.</p> | F 880   |   |                      |   |

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| F 880   | <p>Continued From page 51</p> <p>During an interview on _____ at 10:05 AM, Staff A, LPN, stated that he was unaware that he needed to avoid touching medications.</p> <p>During an interview on _____ at 12:50 PM, the DON stated that the expectation was for nurses to clean equipment between residents and that they should not touch medications with their _____.</p> <p>During an observation on _____ at 8:45 AM, Staff A, LPN, administered three medications to Resident #116 via _____ ( ) tube after donning gloves. Staff A did not don a gown.</p> <p>Review of Resident #116's physician order _____ read, "Enhanced Barrier Precautions for _____ every shift."</p> <p>During an interview on _____ at 8:55 AM, Staff A, LPN, stated that EBP meant he needed a barrier on the surface used during medication preparation and administration. Staff A then stated he should have worn gown while administering medications through a _____.</p> <p>During an interview on _____ at 11:30 AM, the DON stated, "If residents are admitted with a _____ line, or _____ they were placed on EBP. A nurse is expected to wear a gown and gloves while administering medication through a _____."</p> <p>Review of the facility policy and procedure titled "Administering Medications" with an effective date of _____ and the last review date of _____ read, "Purpose: To ensure that medications are _____"</p> | F 880   |   |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>106126</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>04/10/2025</b> |
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| F 880   | Continued From page 52<br>administered in a safe and timely manner, and as prescribed. General Guidelines... 23. Staff follows established facility control procedures (e.g. handwashing, technique, gloves, isolation precautions, etc.) for the administration of medication as applicable."<br><br>Review of the facility policy and procedure titled " Hygiene" with an effective date of and the last review date of read, "Purpose: To prevent the spread of to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Procedure: 1. All staff should perform hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Reference the table below for conditions and indications where hygiene is required. Note this may not be an all-inclusive list. Indication ... Between resident contacts ... Before applying and after removing personal protective equipment (PPE), including gloves ... Before preparing or handling medications ... Before and after handling clean or soiled , linens, etc." | F 880   |   |   |
| F 881   | Stewardship Program<br>CFR(s): 483.80(a)(3)<br><br>§483.80(a) prevention and control program.<br>The facility must establish an prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(3) An stewardship program that includes use protocols and a system to monitor use.<br>THIS REQUIREMENT is not met as evidenced   | F 881   |   |   |

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| F 881   | <p>Continued From page 53</p> <p>by:<br/>Based on observation, interview and record review, the facility failed to establish stewardship program to monitor use for 2 of 5 residents reviewed, Residents #30 and #39.</p> <p>Findings include:</p> <p>1) Review of Resident #39's records showed a physician order dated for 1 gram (1 tablet by two times daily for . . . ).</p> <p>During an interview on at 10:30 AM, the Advanced Practice Registered Nurse 2 (APRN 2) stated, "She [Resident #39's name] is so susceptible to 's [ ] that she seems to do better on preventative." When asked if he had ever considered an time out, the APRN 2 stated, "If it's something that's required, we can, but I haven't thought about it."</p> <p>During an interview on at 10:40 AM, the APRN 2 stated, "I was in talking to my residents and when I saw [Resident #39's name], she just looked and sounded awful. I listened to her and her were yuck sounding and she had a bad , so I ordered her ." When asked where the documentation for this assessment was, the APRN 2 stated, "We've been transitioning and I guess they haven't transcribed my notes yet."</p> <p>During an interview on at 12:30 PM, the Assistant Director of Nursing (ADON) stated, "We've tried to talk to the providers, but they don't always listen." The ADON was not able to provide documentation of provider discussions.</p> | F 881   |   |                      |   |

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| F 881   | <p>Continued From page 54</p> <p>2) Review of Resident #30's physician order dated read, " -Pot Tablet 875-12 MG [milligram], Give 1 tablet by every 12 hours for for 7 days."</p> <p>Review of Resident #30's physician order dated read, " -Pot Tablet 875-125 MG, Give 1 tablet by every 12 hours for [ , , , , ] until 19:59 [7:59 PM]."</p> <p>Review of Resident #30's medical record did not show diagnostic testing for an , , , , , .</p> <p>During an interview on at 9:02 AM, the Director of Nursing (DON) stated, "No test was ordered for [Resident #30's name]. The provider just ordered the . We have spoken to him about not just ordering without testing."</p> <p>During an interview on at 9:45 AM, Staff E, Licensed Practical Nurse (LPN), Unit Manager, stated, "The facility would like to get a , but we have a doctor who usually comes at meal times and puts the residents on and if the person coughs, he does not get test order and will order a 2-pack. He will write orders for and . I would not be able to get a resident to agree to discontinue the because the provider has already spoken to them."</p> <p>Review of the facility policy and procedure titled " Stewardship Program" with an effective date of and the last review date of</p> | F 881   |   |                      |   |

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| F 881   | Continued From page 55<br><br>... read, "Procedure ... 3.<br>Stewardship activities shall include but not be limited to: a. Regular review of ... utilization patterns and sensitivity patterns at the committee meetings ... b. Reports from the Laboratory on sensitivity and resistance patterns over time (quarter, year, past years)." | F 881   |   |                      |   |