

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155265	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER WEDGEWOOD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 POTTERS LN CLARKSVILLE, IN 47129
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey and the investigation of Complaint IN00353380.</p> <p>Complaint IN00353380 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Survey dates: May 24, 25, 26, 27 and 28, 2021</p> <p>Facility number: 000166 Provider number: 155265 AIM number: 100267080</p> <p>Census Bed Type: SNF/NF: 86 Total: 86</p> <p>Census Payor Type: Medicare: 7 Medicaid: 60 Other: 19 Total: 86</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on June 8, 2021.</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the complaint survey conducted on May 24, 25, 26, 27 and 28, 2021. Please accept this plan of correction as the provider's credible allegation of compliance. The facility would like to respectfully request a desk review.</p> <p>Kathy Jones, LNHA</p>	
F 0582 SS=D Bldg. 00	<p>483.10(g)(17)(18)(i)-(v) Medicaid/Medicare Coverage/Liability Notice §483.10(g)(17) The facility must--</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State</p>			

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

TITLE

(X6) DATE

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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	<p>plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or</p>			

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	<p>resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>Based on record review and interview, the facility failed to issue Notice to Medicare Provider Non-coverage (NOMNC) for 3 of 3 residents reviewed for Medicare end of services. (Residents 200, 201, and 202)</p> <p>Findings included:</p> <p>1. Resident 200 was admitted to the facility for rehabilitative services under Medicare Part A on 1/1/21. Her last day of coverage was 1/22/21. No NOMNC letter could be located which indicated the resident was made aware her Medicare coverage was ending.</p> <p>2. Resident 201 was admitted to the facility for rehabilitative services under medicare Part A on 12/31/20. His last day of coverage was 2/26/21. No NOMNC letter could be located which indicated the resident/responsible party was made aware his Medicare coverage was ending.</p> <p>3. Resident 202 was admitted to the facility for rehabilitative services under Medicare Part A on 2/8/21. Her last day of coverage was 3/14/21. No NOMNC letter could be located which indicated the resident was made aware her Medicare coverage was ending.</p> <p>During an interview, on 5/26/21 at 1:45 p.m., the Director of Nursing, Social Worker and MDS (Minimum Data Set) Coordinator, indicated they spoke to the families of each of the residents</p>	F 0582	<p>F582 Medicaid/Medicare Coverage/Liability Notice</p> <p>Corrective action for the residents found to have been affected by the deficient practice:</p> <p>Resident 200 no longer resides in the facility Resident 201 no longer resides in the facility. Resident 202 no longer resides in the facility</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents being discharged at the end of Medicare Services have the potential to be affected by the deficient practice. A 30 day look back of residents discharged from Medicare Services to ensure a Notice to Medicare Provider Non-coverage (NOMNC) was completed. Any identified concerns were immediately addressed.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/designee held an in-service with the MDS</p>	06/21/2021

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F 0684 SS=E Bldg. 00	<p>about Medicare ending and they thought a letter had been signed by them. They indicated although the letters were given to medical records to scan into the computer, they were unable to locate the signed letters. The Social Worker also indicated she did not document her conversations with the families.</p> <p>3.1-4(f)(3)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive</p>		<p>Coordinator, Business Office Manager, Social Service Director, and Director of Nursing regarding the process for residents discharging from Medicare Services and requirement of a Notice to Medicare Provider Non-coverage (NOMNC)</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur: The Administrator/Designee will audit 5 residents who discharged from Medicare Service a week for 4 weeks, then 3 residents who discharged from Medicare Service a week for 4 weeks, then 1 resident who discharged from Medicare Service for no less than 3 months and compliance is maintained. The MDS Coordinator/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>		

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	<p>treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to ensure insulin was administered per the physician's orders in a timely manner for 7 of 10 reviewed for diabetes mellitus. (Resident 53, 6, 10, 135, 78, 80, and 59)</p> <p>Finding includes:</p> <p>1. The clinical record was reviewed for Resident 53, on 5/28/21 at 9:31 a.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus and diabetic neuropathy. The Quarterly MDS (Minimum Data Set) assessment, dated 4/8/21, indicated the resident was cognitively intact.</p> <p>The care plan, dated 11/2/20, indicated the resident was at risk for unstable blood glucose levels related to diabetes mellitus. The interventions included, but were not limited to, administer medications as prescribed, consult dietician, evaluate blood glucose level per ordered frequency, and monitor medication effectiveness for management of blood glucose level.</p> <p>The physician's orders, with a start dated of 5/26/21, indicated staff were to check the resident's accu check (blood sugar level) every morning and at bedtime; administer the Tresiba FlexTouch Solution Pen-injector 100 Unit/ML (Milliliter), inject 55 units subcutaneous in the morning; administer Lantus 100 Unit/ML (Insulin Glargine), inject 30 unit subcutaneous every morning and at bedtime for uncontrolled diabetes mellitus.</p>	F 0684	<p>Quality of Care</p> <p>Corrective action for the residents found to have been affected by the deficient practice:</p> <p>Resident 53 no longer resides in the facility</p> <p>Resident 6 continues to reside in facility.</p> <p>Resident's insulin administration has been reviewed. Any identified concerns immediately addressed.</p> <p>Resident 10 continues to reside in facility</p> <p>Resident's insulin administration has been reviewed. Any identified concerns immediately addressed.</p> <p>Resident 135 continues to reside in facility</p> <p>Resident's insulin administration has been reviewed. Any identified concerns immediately addressed.</p> <p>Resident 78 continues to reside in facility</p> <p>Resident's insulin administration has been reviewed. Any identified concerns immediately addressed.</p> <p>Resident 80 continues to reside in the facility</p> <p>Resident's insulin administration has been reviewed. Any identified concerns immediately</p>	06/21/2021

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	<p>Dated 4/14/21, staff were to administer Humalog Solution 100 Unit/ML (Insulin Lispro), per sliding scale: if blood sugar was 200 to 250 give 4 units. Notify physician if blood sugar was less than 60; if blood sugar was 251 to 300 give 6 units; if blood sugar was 301 to 350 give 8 units; if blood sugar was 351 to 400 give 10 units; if blood sugar was 401 to 450 give 12 units; and If the blood sugar was greater than 450, give 12 units and notify the physician.</p> <p>Dated 3/10/21, staff were to do blood sugar checks with meals and at bedtime.</p> <p>The nurse's note, dated 5/3/21, indicated the resident's glucose levels were consistently greater than 300. Her Hemoglobin A1C, on 3/12/21, was 10.7.</p> <p>The Location of Administration Report, dated 5/1/21 to 5/27/21, indicated the resident's insulins were administered late on the following dates:</p> <p>Breakfast</p> <p>Tresiba insulin</p> <p>- 5/9/21 The scheduled time was for 8:00 a.m. The administered time was at 1:25 p.m. The resident's blood sugar was 349</p> <p>- 5/10/21 The scheduled time was for 8:00 a.m. The administered time was at 7:03 p.m. The resident's blood sugar was 162</p> <p>- 5/17/21 The scheduled time was for 8:00 a.m. The administered time was at 2:30 p.m. The resident's blood sugar was 245</p> <p>- 5/18/21 The scheduled time was for 8:00 a.m. The administered time was at 3:13 p.m. The resident's blood sugar was 162</p>		<p>addressed.</p> <p>Resident 59 continues to reside in the facility</p> <p>Resident's insulin administration has been reviewed. Any identified concerns immediately addressed.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>Residents requiring insulin administration have the potential to be affected by the deficient practice</p> <p>An audit has been completed to review resident's receiving insulin per physician orders and being administered in a timely manner. Any identified concerns were immediately addressed.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/DON/Designee held an in-service for nursing staff to provide education and expectations as it relates to the "Medication Administration Policy" specifically in reference to following the physician order and signing the eMar at the time the medication is administered.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The DON/Unit Manager/Designee will audit 5 residents a week x 4 weeks, then 3 residents a week x</p>				

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	<p>- 5/19/21 The scheduled time was for 8:00 a.m. The administered time was at 1:10 p.m. The resident's blood sugar was 212</p> <p>- 5/20/21 The scheduled time was for 8:00 a.m. The administered time was at 11:03 a.m. The resident's blood sugar was 245</p> <p>- 5/21/21 The scheduled time was for 8:00 a.m. The administered time was at 1:57 p.m. The resident's blood sugar was 264</p> <p>- 5/22/21 The scheduled time was for 8:00 a.m. The administered time was at 10:21 a.m. The resident's blood sugar was 450</p> <p>- 5/24/21 The scheduled time was for 8:00 a.m. The administered time was at 4:25 p.m. The resident's blood sugar was 288</p> <p>- 5/25/21 The scheduled time was for 8:00 a.m. The administered time was at 1:17 p.m. The resident's blood sugar was 216</p> <p>- 5/26/21 The scheduled time was for 8:00 a.m. The administered time was at 1:26 p.m. The resident's blood sugar was 356</p> <p>Bedtime</p> <p>- 5/1/21 The scheduled time was for 8:00 p.m. The administered time was at 11:52 p.m. The resident's blood sugar was 322</p> <p>- 5/2/21 The scheduled time was for 8:00 p.m. The administered time was 5/3/21 at 3:24 a.m. The resident's blood sugar was 266</p> <p>- 5/5/21 The scheduled time was for 8:00 p.m. The administered time was at 11:59 p.m. The resident's blood sugar was 308</p> <p>- 5/7/21 The scheduled time was for 8:00 p.m. The administered time was 5/8/21 at 12:41 a.m. The resident's blood sugar was 277</p> <p>- 5/9/21 The scheduled time was for 8:00 p.m. The administered time was at 10:25 p.m. The resident's blood sugar was 395</p> <p>- 5/10/21 The scheduled time was for 8:00 p.m.</p>		<p>4 weeks, then 1 resident a week for 4 weeks to ensure the physician order is being followed and signing the eMar occurred at the time the medication was administered for no less than 3 months and compliance is maintained.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	

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	<p>The administered time was at 11:45 p.m. The resident's blood sugar was 504</p> <p>- 5/16/21 The scheduled time was for 8:00 p.m. The administered time was at 2:27 a.m. The resident's blood sugar was 421</p> <p>- 5/22/21 The scheduled time was for 8:00 p.m. The administered time was 5/23/21 at 1:37 a.m. The resident's blood sugar was 228</p> <p>- 5/23/21 The scheduled time was for 8:00 p.m. The administered time was 5/24/21 at 3:00 a.m. The resident's blood sugar was 228 at 1:37 a.m.</p> <p>- 5/24/21 The scheduled time was for 8:00 p.m. The administered time was 5/25/21 at 12:02 a.m. The resident's blood sugar was 215</p> <p>- 5/26/21 The scheduled time was for 8:00 p.m. The administered time was at 10:08 p.m. The resident's blood sugar was 348</p> <p>- 5/27/21 The scheduled time was for 8:00 p.m. The administered time was at 11:10 p.m.</p> <p>Lantus</p> <p>- 5/3/21 The scheduled time was for 9:00 p.m. The administered time was at 1:44 a.m. The resident's blood sugar was 322 at 23:52 p.m.</p> <p>- 5/5/21 The scheduled time was for 9:00 p.m. The administered time was 5/6/21 at 12:00 a.m. The resident's blood sugar was 308 at 9:59 p.m.</p> <p>- 5/7/21 The scheduled time was for 9:00 p.m. The administered time was 5/8/21 at 12:42 a.m. The resident's blood sugar was 308 at 9:59 p.m.</p> <p>- 5/9/21 The scheduled time was for 9:00 p.m. The administered time was at 10:26 p.m. The resident's blood sugar was 395</p> <p>- 5/10/21 The scheduled time was for 9:00 p.m. The administered time was at 11:39 p.m. The resident's blood sugar was 504</p> <p>- 5/14/21 The scheduled time was for 9:00 p.m. The administered time was at 11:20 p.m. The clinical record indicated no blood sugar was</p>			

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	<p>taken before giving the 11:20 p.m. insulin.</p> <p>- 5/16/21 The scheduled time was for 9:00 p.m. The administered time was 5/17/21 at 2:28 a.m. The resident's blood sugar was 347</p> <p>- 5/17/21 The scheduled time was for 8:00 a.m. The administered time was at 2:30 p.m. The resident's blood sugar was 245</p> <p>- 5/18/21 The scheduled time was for 8:00 a.m. The administered time was at 3:12 p.m. The resident's blood sugar was 212</p> <p>- 5/19/21 The scheduled time was for 8:00 a.m. The administered time was at 1:11 p.m. The resident's blood sugar was 264</p> <p>- 5/20/21 The scheduled time was for 8:00 a.m. The administered time was 5/21/21 at 1:03 a.m. The resident's blood sugar was 245</p> <p>- 5/21/21 The scheduled time was for 8:00 a.m. The administered time was at 1:57 p.m. The resident's blood sugar was 245</p> <p>- 5/22/21 The scheduled time was for 8:00 a.m. The administered time was at 10:21 a.m. The resident's blood sugar was 450</p> <p>- 5/22/21 The scheduled time was for 9:00 p.m. The administered time was 5/23/21 at 1:38 a.m. The resident's blood sugar was 228</p> <p>- 5/23/21 The scheduled time was for 9:00 p.m. The administered time was at 12:38 a.m. The resident's blood sugar was 228</p> <p>- 5/24/21 The scheduled time was for 8:00 a.m. The administered time was at 16:23 p.m. The resident's blood sugar was 162</p> <p>- 5/24/21 The scheduled time was for 9:00 p.m. The administered time was 5/25/21 at 12:03 a.m. The resident's blood sugar was 215</p> <p>- 5/25/21 The scheduled time was for 8:00 a.m. The administered time was at 1:17 p.m. The resident's blood sugar was 216</p> <p>- 5/26/21 The scheduled time was for 8:00 a.m. The administered time was at 1:26 p.m. The resident's blood sugar was 356</p>			

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	<p>- 5/28/21 The scheduled time was for 8:00 a.m. The administered time was at 10:18 a.m. The resident's blood sugar was 356 at 1:26 p.m.</p> <p>Humalog</p> <p>- 5/3/21 The scheduled time was for 12:00 p.m. The administered time was at 6:06 p.m. The resident's blood sugar was 212</p> <p>- 5/4/21 The scheduled time was for 12:00 p.m. The administered time was at 5:23 p.m. The resident's blood sugar was 264</p> <p>- 5/5/21 The scheduled time was for 12:00 p.m. The administered time was at 2:16 p.m. The resident's blood sugar was 300</p> <p>- 5/6/21 The scheduled time was for 12:00 p.m. The administered time was at 5:52 p.m. The resident's blood sugar was 212</p> <p>- 5/7/21 The scheduled time was for 12:00 p.m. The administered time was at 6:31 p.m. The clinical record indicated no blood sugar was taken.</p> <p>- 5/9/21 The scheduled time was for 12:00 p.m. The administered time was at 1:27 p.m. The resident's blood sugar was 310</p> <p>- 5/10/21 The scheduled time was for 5:00 p.m. The administered time was at 7:04 p.m. The resident's blood sugar was 164</p> <p>- 5/11/21 The scheduled time was for 12:00 p.m. The administered time was at 5:04 p.m. The resident's blood sugar was 212</p> <p>- 5/12/21 The scheduled time was for 12:00 p.m. The administered time was at 6:20 p.m. The resident's blood sugar was 222</p> <p>- 5/15/21 The scheduled time was for 5:00 p.m. The administered time was at 9:18 p.m. The resident's blood sugar was 424</p> <p>- 5/17/21 The scheduled time was for 12:00 p.m. The administered time was at 2:35 p.m. The resident's blood sugar was 245</p>			

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NAME OF PROVIDER OR SUPPLIER WEDGEWOOD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 POTTERS LN CLARKSVILLE, IN 47129
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>- 5/18/21 The scheduled time was for 8:00 a.m. The administered time was at 3:11 p.m. The resident's blood sugar was 264</p> <p>- 5/18/21 The scheduled time was for 12:00 p.m. The administered time was at 3:14 p.m. The resident's blood sugar was 212</p> <p>- 5/19/21 The scheduled time was for 8:00 a.m. The administered time was at 3:10 p.m. The resident's blood sugar was 212</p> <p>- 5/20/21 The scheduled time was for 8:00 a.m. The administered time was at 11:02 a.m. The resident's blood sugar was 245</p> <p>- 5/21/21 The scheduled time was for 8:00 a.m. The administered time was at 1:57 p.m. The resident's blood sugar was 264</p> <p>- 5/21/21 The scheduled time was for 12:00 p.m. The administered time was at 2:03 p.m. The resident's blood sugar was 312</p> <p>- 5/22/21 The scheduled time was for 8:00 a.m. The administered time was at 10:21 a.m. The resident's blood sugar was 450</p> <p>- 5/22/21 The scheduled time was for 12:00 p.m. The administered time was at 2:48 p.m. The resident's blood sugar was 403</p> <p>- 5/24/21 The scheduled time was for 12:00 p.m. The administered time was at 4:25 p.m. The resident's blood sugar was 288</p> <p>- 5/25/21 The scheduled time was for 8:00 a.m. The administered time was at 1:16 p.m. The resident's blood sugar was 222</p> <p>- 5/25/21 The scheduled time was for 12:00 p.m. The administered time was at 1:24 p.m. The resident's blood sugar was 216</p> <p>- 5/26/21 The scheduled time was for 8:00 a.m. The administered time was at 1:25 p.m. The resident's blood sugar was 356</p> <p>During an interview, on 5/28/21 at 1:30 p.m., the DON (Director of Nursing) indicated the nursing staff would pass medications and chart at a later</p>			

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	<p>time. She indicated, "It's not the right thing to do."</p> <p>2. The clinical record was reviewed for Resident 6, on 5/25/21 at 9:52 a.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus and diabetic neuropathy. The Quarterly MDS (Minimum Data Set) assessment, dated 1/31/21, indicated the resident was moderately cognitively intact.</p> <p>The care plan, dated 10/6/20, included, but was not limited to, the resident has diabetes mellitus. Interventions included, but was not limited to, administer medications as ordered by the physician and consult the dietician.</p> <p>The physician's order, started on 5/17/21, indicated staff were to check the resident's accu checks every morning and at bedtime; administer Lantus 100 Unit/ML, inject 50 unit subcutaneously every morning and at bedtime. Dated 4/15/21, staff were to administer Humalog Solution 100 Unit/ML, inject as per sliding scale: if blood sugar if blood sugar was 200 to 250 give 4 units. Notify physician if blood sugar was less than 60; if blood sugar was 251 to 300 give 6 units; if blood sugar was 301 to 350 give 8 units; if blood sugar was 351 to 400 give 10 units; if blood sugar was 401 to 450 give 12 units; and If the blood sugar was greater than 450, give 12 units and notify the physician.</p> <p>The Location of Administration Report, dated 5/1/21 to 5/27/21, indicated the resident's insulins were administered late on the following dates:</p> <p>Lantus:</p>			

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	<p>- 5/6/21 The scheduled time was for 7:00 a.m. The administered time was at 8:27 a.m. The resident's blood sugar was 215</p> <p>- 5/19/21 The scheduled time was for 7:00 a.m. The administered time was at 10:42 a.m. The resident's blood sugar was 191</p> <p>- 5/19/21 The scheduled time was for 12:00 a.m. The administered time was at 3:19 p.m. The resident's blood sugar was 265</p> <p>- 5/20/21 The scheduled time was for 8:00 a.m. The administered time was at 5:32 p.m. The resident's blood sugar was 156</p> <p>Bedtime</p> <p>- 5/17/21 The scheduled time was for 9:00 p.m. The administered time was at 10:23 p.m. The resident's blood sugar was 185</p> <p>- 5/22/21 The scheduled time was for 9:00 p.m. The administered time was 5/23/21 at 12:55 a.m. The resident's blood sugar was 188</p> <p>- 5/3/21 The scheduled time was for 9:00 p.m. The administered time was 5/4/21 at 3:07 a.m. The resident's blood sugar was 199</p> <p>- 5/10/21 The scheduled time was for 9:00 p.m. The administered time was 5/11/21 at 1:30 a.m. The resident's blood sugar was 246</p> <p>- 5/13/21 The scheduled time was for 9:00 p.m. The administered time was at 11:09 p.m. The resident's blood sugar was 164</p> <p>- 5/15/21 The scheduled time was for 9:00 p.m. The administered time was 5/16/21 at 2:46 a.m. The resident's blood sugar was 182</p> <p>- 5/16/21 The scheduled time was for 9:00 p.m. The administered time was at 11:54 p.m. The resident's blood sugar was 247</p> <p>During an interview, on 5/28/21 at 1:30 p.m., the Regional Director of Clinical Operations indicated it doesn't matter what type of</p>			

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	<p>medication was scheduled to be given. The medications should be given and charted at the time the medication was due.</p> <p>3. The clinical record was reviewed for Resident 10, on 5/28/21 at 9:00 a.m. The diagnosis included, but was not limited to, type 2 diabetes mellitus with hyperglycemia. The Admission MDS (Minimum Data Set) assessment, dated 2/8/21, indicated the resident was cognitively intact.</p> <p>The care plan, dated 2/26/21, indicated the resident has diabetes. The interventions included, but were not limited to, administer insulin injections per orders, observe for signs and symptoms of hyper and hypoglycemia, and obtain blood sugars per orders.</p> <p>The physician's order, with a start dated of 1/28/21, indicated staff were to administer Toujeo SoloStar Solution Pen-injector 300 unit/ML, inject 24 unit subcutaneous one time a day; Novolog FlexPen Solution Pen-injector 100 Unit/ML, inject as per sliding scale: if the blood sugar was 0 to 150 do not administer; if blood sugar less than 60 notify the physician; if blood sugar was 151 to 200 administer 2 units; if blood sugar was 201 to 250 administer 4 units; if blood sugar was 251 to 300 administer 6 units; if blood sugar was 301 to 350 administer 8 units; if blood sugar was 351 to 400 administer 10 units; and if blood sugar was greater than 400 notify the physician.</p> <p>The Location of Administration Report, dated 5/1/21 to 5/27/21, indicated the resident's insulins were administered late on the following dates:</p>			

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	<p>Toujeo Solostar</p> <p>- 5/1/21 The scheduled time was for 4:00 p.m. The administered time was at 6:21 p.m. The resident's blood sugar was 207</p> <p>- 5/3/21 The scheduled time was for 6:00 a.m. The administered time was at 8:28 a.m. The resident's blood sugar was 154</p> <p>- 5/4/21 The scheduled time was for 9:00 p.m. The administered time was at 11:18 p.m. The resident's blood sugar was 280</p> <p>- 5/6/21 The scheduled time was for 9:00 p.m. The administered time was 5/7/21 at 3:29 a.m. The resident's blood sugar was 227</p> <p>- 5/10/21 The scheduled time was for 9:00 p.m. The administered time was 5/11/21 at 1:18 a.m. The resident's blood sugar was 253</p> <p>- 5/18/21 The scheduled time was for 9:00 p.m. The administered time was at 11:34 p.m. The resident's blood sugar was 260</p> <p>- 5/19/21 The scheduled time was for 7:00 a.m. The administered time was at 11:09 a.m. The resident's blood sugar was 201</p> <p>- 5/19/21 The scheduled time was for 12:00 p.m. The administered time was at 3:21 p.m. The resident's blood sugar was 203</p> <p>- 5/19/21 The scheduled time was for 5:00 p.m. The administered time was at 10:30 p.m. The resident's blood sugar was 203</p> <p>- 5/19/21 The scheduled time was for 9:00 p.m. The administered time was at 11:50 p.m. The resident's blood sugar was 203</p> <p>- 5/20/21 The scheduled time was for 12:00 p.m. The administered time was at 5:26 p.m. The resident's blood sugar was 174</p> <p>- 5/22/21 The scheduled time was for 9:00 p.m. The administered time was at 11:41 p.m. The resident's blood sugar was 212</p> <p>- 5/23/21 The scheduled time was for 9:00 p.m. The administered time was 5/24/21 at 12:18 a.m.</p>			

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	<p>The resident's blood sugar was 211</p> <p>During an interview, on 5/27/21 at 12:17 p.m., LPN (Licensed Practical Nurse) 1 indicated the blood sugars should be checked before meals and at bedtime. Insulin would be given at that time. The blood sugar should be checked before giving insulin.</p> <p>4. The clinical record was reviewed for Resident 78, on 5/28/21 at 10:29 a.m. The diagnoses included, but was not limited to type 2 diabetes mellitus with diabetic polyneuropathy.</p> <p>The care plan, dated 10/6/20, indicated the resident had diabetes mellitus. Interventions included, but was not limited to, diabetes medication as ordered by doctor.</p> <p>The physician's order included, but were not limited to, the following: -Basaglar KwikPen Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 20 unit subcutaneously at bedtime for DM type II. End date 5/25/21. A start date of 1/12/21 and discontinued on 5/26/21. -Basaglar KwikPen Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 30 unit subcutaneously at bedtime for DM II. A start date of 5/26/21. -Novolog Solution 100 UNIT/ML (Insulin Aspart) Inject as per sliding scale: if 151 - 200 = 2 Notify MD (Medical Doctor) if BS (blood sugar) less than 60; 201 - 250 = 4; 251 - 300 = 6; 301 - 350 = 8; 351 - 400 = 10; 401 - 450 = 12; 451 - 500 = 14 If BS greater than 500, give 14 units and notify MD., subcutaneously before meals and at bedtime for DM. A start date of 4/12/21 and discontinued on 5/26/21.</p> <p>The Location of Administration Report, dated</p>			

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	<p>5/1/21 to 5/30/21, indicated the resident's Novolog insulin 100 Unit/mL per sliding scale was administered late on the following dates:</p> <p>Breakfast</p> <p>-5/13/21 The scheduled time was for 6:00 a.m. The administered time was at 1:26 p.m. The resident's blood sugar was 175.</p> <p>-5/19/21 The scheduled time was for 7:00 a.m. The administered time was at 2:40 p.m. The resident's blood sugar was 162.</p> <p>-5/20/21 The scheduled time was for 7:00 a.m. The administered time was at 10:52 a.m. The resident's blood sugar was 297.</p> <p>-5/21/21 The scheduled time was for 7:00 a.m. The administered time was at 2:11 p.m. The resident's blood sugar was 162.</p> <p>-5/22/21 The scheduled time was for 7:00 a.m. The administered time was at 1:13 p.m. The resident's blood sugar was 415.</p> <p>-5/25/21 The scheduled time was for 7:00 a.m. The administered time was at 1:43 p.m. The resident's blood sugar was 162.</p> <p>-5/26/21 The scheduled time was for 7:00 a.m. The administered time was at 1:32 p.m. The resident's blood sugar was 162.</p> <p>Lunch</p> <p>-5/1/21 The scheduled time was for 11:00 a.m. The administered time was at 12:54 p.m. The resident's blood sugar was 201.</p> <p>-5/4/21 The scheduled time was for 11:00 a.m., The administered time was at 5:25 p.m. The resident's blood sugar was 222.</p> <p>-5/6/21 The scheduled time was for 11:00 a.m., The administered time was at 5:55 p.m. The resident's blood sugar was 159.</p> <p>-5/9/21 The scheduled time was for 11:00 a.m.,</p>			

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	<p>The administered time was at 12:24 p.m. The resident's blood sugar was 289.</p> <p>-5/10/21 The scheduled time was for 11:00 a.m., The administered time was at 7:09 p.m. The resident's blood sugar was 162.</p> <p>-5/11/21 The scheduled time was for 11:00 a.m. The administered time was at 6:06 p.m. The resident's blood sugar was 162.</p> <p>-5/12/21 The scheduled time was for 11:00 a.m. The administered time was at 6:23 p.m. The resident's blood sugar was 162.</p> <p>-5/13/21 The scheduled time was for 11:00 a.m. The administered time was at 1:29 p.m. The resident's blood sugar was 175.</p> <p>-5/17/21 The scheduled time was for 11:00 a.m. The administered time was at 2:16 p.m. The resident's blood sugar was 175.</p> <p>-5/18/21 The scheduled time was for 11:00 a.m. The administered time was at 3:26 p.m. The resident's blood sugar was 214.</p> <p>-5/24/21 The scheduled time was for 12:00 p.m. The administered time was at 5:40 p.m. The resident's blood sugar was 162.</p> <p>Dinner</p> <p>-5/7/21 The schedule time was for 4:00 p.m. The administered time was at 6:30 p.m. The resident's blood sugar was 476.</p> <p>-5/10/21 The schedule time was for 4:00 p.m. The administered time was at 7:10 p.m. The resident's blood sugar was 162.</p> <p>Bedtime</p> <p>-5/1/21 The schedule time was for 8:00 p.m. The administered time was at 11:42 p.m. The resident's blood sugar was 176.</p> <p>-5/2/21 The schedule time was for 8:00 p.m. The administered time was 5/3/21 at 3:03 a.m. The</p>			

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	<p>resident's blood sugar was 163.</p> <p>-5/5/21 The schedule time was for 8:00 p.m. The administered time was at 11:52 p.m. The resident's blood sugar was 203.</p> <p>-5/7/21 The schedule time was for 8:00 p.m. The administered time was at 11:29 p.m. The resident's blood sugar was 184.</p> <p>-5/9/21 The schedule time was for 8:00 p.m. The administered time was at 11:09 p.m. The resident's blood sugar was 189.</p> <p>-5/10/21 The schedule time was for 8:00 p.m. The administered time was at 11:05 p.m. The resident's blood sugar was 298.</p> <p>-5/16/21 The schedule time was for 8:00 p.m. The administered time was 5/17/21 at 3:03 a.m. The resident's blood sugar was 177.</p> <p>-5/23/21 The schedule time was for 9:00 p.m. The administered time was 5/24/21 at 12:32 a.m. The resident's blood sugar was 233.</p> <p>-5/24/21 The schedule time was for 9:00 p.m. The administered time was 5/25/21 at 12:06 a.m. The resident's blood sugar was 160.</p> <p>The Location of Administration Report, dated 5/1/21 to 5/30/21, indicated the resident's Basaglar 20 Unit/mL was administered late on the following dates:</p> <p>Bedtime</p> <p>-5/1/21 The schedule time was for 8:00 p.m. the administered time was at 11:41 p.m. The resident's blood sugar was 176.</p> <p>-5/2/21 The schedule time was for 8:00 p.m. the administered time was 5/3/21 at 3:02 a.m. The resident's blood sugar was 163.</p> <p>-5/5/21 The schedule time was for 8:00 p.m. the administered time was at 11:49 p.m. The resident's blood sugar was 203.</p> <p>-5/7/21 The schedule time was for 8:00 p.m. the</p>			

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	<p>administered time was at 11:30 p.m. The resident's blood sugar was 184.</p> <p>-5/9/21 The schedule time was for 8:00 p.m. the administered time was at 11:09 p.m. The resident's blood sugar was 189.</p> <p>-5/10/21 The schedule time was for 8:00 p.m. the administered time was at 11:13 p.m. The resident's blood sugar was 298.</p> <p>-5/14/21 The schedule time was for 8:00 p.m. the administered time was at 11:17 p.m. The resident's blood sugar was 147.</p> <p>-5/16/21 The schedule time was for 8:00 p.m. the administered time was 5/17/21 at 3:04 a.m. The resident's blood sugar was 177.</p> <p>-5/22/21 The schedule time was for 8:00 p.m. the administered time was 5/23/21 at 1:25 a.m. The resident's blood sugar was 155.</p> <p>-5/23/21 The schedule time was for 8:00 p.m. the administered time was 5/24/21 at 12:05 a.m. The resident's blood sugar was 233.</p> <p>5. The clinical record was reviewed for Resident 80, on 5/26/21 at 2:41 p.m. The diagnoses included, but were not limited to, type 1 diabetes mellitus with other specific complications, end stage renal disease, and dependence on renal dialysis.</p> <p>The care plan, dated 12/8/20, indicated the resident had diabetes type 1. Interventions included, but was not limited to, administer insulin injections per orders.</p> <p>The physician's order included, but were not limited to, the following: - Insulin Glargine Solution 100 UNIT/ML Inject 18 unit subcutaneously at bedtime for DM, Hyperglycemia. The start date was 4/9/21 and was discontinued on 5/2/21. -Insulin Glargine Solution 100 UNIT/ML Inject</p>			

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	<p>18 unit subcutaneously every morning and at bedtime for DM. Hyperglycemia. The start date was 5/3/21.</p> <p>-Insulin Lispro Solution 100 UNIT/ML Inject 6 unit subcutaneously with meals for diabetes. The start date was 4/15/21.</p> <p>The Location of Administration Report, dated 5/1/21 to 5/30/21, indicated the resident's Glargine insulin 100 Unit/mL 18 units was administered late on the following dates:</p> <p>Breakfast</p> <p>-5/04/21 The scheduled time was for 6:30 a.m. The administered time was at 8:41 a.m. The resident's blood sugar was not obtained.</p> <p>-5/06/21 The scheduled time was for 6:30 a.m. The administered time was at 8:44 a.m. The resident's blood sugar was not obtained.</p> <p>-5/09/21 The scheduled time was for 6:30 a.m. The administered time was at 7:55 a.m. The resident's blood sugar was 333.</p> <p>-5/11/21 The scheduled time was for 6:30 a.m. The administered time was at 12:07 p.m. The resident's blood sugar was 162.</p> <p>-5/12/21 The scheduled time was for 6:30 a.m. The administered time was at 3:20 p.m. The resident's blood sugar was 112.</p> <p>-5/14/21 The scheduled time was for 6:30 a.m. The administered time was at 10:37 a.m. The resident's blood sugar was 164.</p> <p>-5/17/21 The scheduled time was for 6:30 a.m. The administered time was at 4:33 p.m. The resident's blood sugar was 162.</p> <p>-5/18/21 The scheduled time was for 6:30 a.m. The administered time was at 8:21 a.m. The resident's blood sugar was not obtained.</p> <p>-5/19/21 The scheduled time was for 6:30 a.m. The administered time was at 2:48 p.m. The</p>			

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	<p>resident's blood sugar was 162.</p> <p>-5/20/21 The scheduled time was for 6:30 a.m. The administered time was at 10:28 a.m. The resident's blood sugar was 329.</p> <p>-5/21/21 The scheduled time was for 6:30 a.m. The administered time was at 6:06 p.m. The resident's blood sugar was 162.</p> <p>-5/22/21 The scheduled time was for 6:30 a.m. The administered time was at 11:13 a.m. The resident's blood sugar was 300.</p> <p>-5/23/21 The scheduled time was for 6:30 a.m. The administered time was at 8:58 a.m. The resident's blood sugar was 107.</p> <p>-5/25/21 The scheduled time was for 6:30 a.m. The administered time was at 5:05 p.m. The resident's blood sugar was 162.</p> <p>-5/27/21 The scheduled time was for 6:30 a.m. The administered time was at 6:05 p.m. The resident's blood sugar was 162.</p> <p>Breakfast</p> <p>-5/10/21 The scheduled time was for 8:00 a.m. The administered time was at 3:58 p.m. The resident's blood sugar was 264.</p> <p>-5/11/21 The scheduled time was for 8:00 a.m. The administered time was at 12:08 p.m. The resident's blood sugar was 162.</p> <p>-5/12/21 The scheduled time was for 8:00 a.m. The administered time was at 3:21 p.m. The resident's blood sugar was 112.</p> <p>-5/13/21 The scheduled time was for 8:00 a.m. The administered time was at 6:43 p.m. The resident's blood sugar was 162.</p> <p>-5/14/21 The scheduled time was for 8:00 a.m. The administered time was at 10:38 a.m. The resident's blood sugar was 164.</p> <p>-5/15/21 The scheduled time was for 8:00 a.m. The administered time was at 12:35 p.m. The resident's blood sugar was not obtained.</p>			

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	<p>-5/17/21 The scheduled time was for 8:00 a.m. The administered time was at 4:34 p.m. The resident's blood sugar was 162.</p> <p>-5/18/21 The scheduled time was for 8:00 a.m. The administered time was at 5:15 p.m. The resident's blood sugar was 212.</p> <p>-5/19/21 The scheduled time was for 8:00 a.m. The administered time was at 2:51 p.m. The resident's blood sugar was 162.</p> <p>-5/21/21 The scheduled time was for 8:00 a.m. The administered time was at 6:08 p.m. The resident's blood sugar was 162.</p> <p>-5/22/21 The scheduled time was for 8:00 a.m. The administered time was at 11:13 a.m. The resident's blood sugar was 300.</p> <p>-5/25/21 The scheduled time was for 8:00 a.m. The administered time was at 5:06 p.m. The resident's blood sugar was 162.</p> <p>-5/27/21 The scheduled time was for 8:00 a.m. The administered time was at 6:06 p.m. The resident's blood sugar was 162.</p> <p>Bedtime</p> <p>-5/1/21 The scheduled time was for 8:00 p.m. The administered time was at 11:27 p.m. The resident's blood sugar was 267.</p> <p>-5/2/21 The scheduled time was for 8:00 p.m. The administered time was 5/3/21 at 2:00 a.m. The resident's blood sugar was 308.</p> <p>-5/5/21 The scheduled time was for 8:00 p.m. The administered time was at 11:25 p.m. The resident's blood sugar was 473.</p> <p>-5/7/21 The scheduled time was for 8:00 p.m. The administered time was 5/8/21 at 12:18 a.m. The resident's blood sugar was 120.</p> <p>-5/09/21 The scheduled time was for 8:00 p.m. The administered time was at 11:01 p.m. The resident's blood sugar was 281.</p> <p>-5/10/21 The scheduled time was for 8:00 p.m.</p>			

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	<p>The administered time was at 10:22 p.m. The resident's blood sugar was not obtained.</p> <p>-5/11/21 The scheduled time was for 8:00 p.m. The administered time was at 7:41 p.m. The resident's blood sugar was not obtained.</p> <p>-5/22/21 The scheduled time was for 8:00 p.m. The administered time was at 05/23/21 2:03 a.m. The resident's blood sugar was not obtained.</p> <p>-5/23/21 The scheduled time was for 8:00 p.m. The administered time was at 11:35 p.m. The resident's blood sugar was 107.</p> <p>The Location of Administration Report, dated 5/1/21 to 5/30/21, indicated the resident's Lispro insulin 100 Unit/mL 6 units was administered late on the following dates:</p> <p>Breakfast</p> <p>-5/10/21 The scheduled time was for 7:30 a.m. The administered time was at 3:57 p.m. The resident's blood sugar was 212.</p> <p>-5/11/21 The scheduled time was for 7:30 a.m. The administered time was at 12:08 p.m. The resident's blood sugar was 162.</p> <p>-5/12/21 The scheduled time was for 7:30 a.m. The administered time was at 3:20 p.m. The resident's blood sugar was 112.</p> <p>-5/14/21 The scheduled time was for 7:30 a.m. The administered time was at 10:37 a.m. The resident's blood sugar was 164.</p> <p>-5/17/21 The scheduled time was for 7:30 a.m. The administered time was at 4:34 p.m. The resident's blood sugar was 162.</p> <p>-5/18/21 The scheduled time was for 7:30 a.m. The administered time was at 5:14 p.m. The resident's blood sugar was 264.</p> <p>-5/19/21 The scheduled time was for 7:30 a.m. The administered time was at 2:50 p.m. The resident's blood sugar was 264.</p>			

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	<p>-5/20/21 The scheduled time was for 7:30 a.m. The administered time was at 10:29 a.m. The resident's blood sugar was not obtained.</p> <p>-5/21/21 The scheduled time was for 7:30 a.m. The administered time was at 6:08 p.m. The resident's blood sugar was 162.</p> <p>-5/22/21 The scheduled time was for 7:30 a.m. The administered time was at 11:13 a.m. The resident's blood sugar was 300.</p> <p>-5/23/21 The scheduled time was for 7:30 a.m. The administered time was at 9:56 a.m. The resident's blood sugar was 107.</p> <p>-5/27/21 The scheduled time was for 7:30 a.m. The administered time was at 6:06 p.m. The resident's blood sugar was 162.Lunch</p> <p>-5/3/21 The scheduled time was for 11:30 a.m. The administered time was at 4:09 p.m. The resident's blood sugar was 349.</p> <p>-5/4/21 The scheduled time was for 11:30 a.m. The administered time was at 4:59 p.m. The resident's blood sugar was 264.</p> <p>-5/10/21 The scheduled time was for 11:30 a.m. The administered time was at 4:58 p.m. The resident's blood sugar was 264.-5/12/21 The scheduled time was for 11:30 a.m. The administered time was at 3:22 p.m. The resident's blood sugar was 112.-5/13/21 The scheduled time was for 11:30 a.m. The administered time was at 6:44 p.m. The resident's blood sugar was 162.-5/17/21 The scheduled time was for 11:30 a.m. The administered time was at 4:35 p.m. The resident's blood sugar was 98.-5/18/21 The scheduled time was for 11:30 a.m. The administered time was at 5:15 p.m. The resident's blood sugar was</p>			

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	<p>264.-5/19/21 The scheduled time was for 11:30 a.m. The administered time was at 2:51 p.m. The resident's blood sugar was 264.-5/21/21 The scheduled time was for 11:30 a.m. The administered time was at 6:08 p.m. The resident's blood sugar was 162.-5/24/21 The scheduled time was for 11:30 a.m. The administered time was at 6:45 p.m. The resident's blood sugar was 264.-5/25/21 The scheduled time was for 11:30 a.m. The administered time was at 5:06 p.m. The resident's blood sugar was 162.-5/26/21 The scheduled time was for 11:30 a.m. The administered time was at 2:44 p.m. The resident's blood sugar was 212.-5/27/21 The scheduled time was for 11:30 a.m. The administered time was at 6:07 p.m. The resident's blood sugar was 162.Dinner -5/19/21 The scheduled time was for 4:30 a.m. The administered time was at 7:08 p.m. The resident's blood sugar was not obtained.During an interview on 5/28/21 at 11:14 a.m., LPN 2 indicated she obtained blood sugars and administered insulin before meals. Most sliding scales are AC/HS (with meals and at bedtime). 6. The clinical record was reviewed for Resident 133, on 5/27/21 at 2:43 p.m. The diagnoses included, but were not limited to, Type 2 Diabetes with hypoglycemia and end stage renal disease with renal dialysis.The care plan, dated 5/21/21, included, but was not limited to, the resident had diabetes. The interventions included, but were not</p>			

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	<p>limited to, administer insulin injections per order; obtain blood sugars per orders, and observe for signs and symptoms of hypo/hyperglycemia. The physician's order, included, but was not limited to, Admelog 100 unit/ML (milliliters) solution - inject per sliding scale: if 151-200 = 2; If BS less than 60 notify MD; 201 - 250 = 4; 251-300 = 6; 300 - 350 = 8; 351 - 400 = 110. If BS greater than 400 given 10 units and notify MD, subcutaneously two times a day for DM with a start date of 5/21/21. Semglee 100 unit/ML solution per-injector - inject 10 unit subcutaneously two times a day for DM. The start date was 5/21/21. The Location of Administration Report, dated 5/21/21 to 5/28/21, indicated the resident's insulins were administered late on the following days: Breakfast Admelog insulin:- 5/21/21 - The scheduled time was for 6:30 a.m. The administered time was 10:58 a.m. The resident's blood sugar was 215.- 5/22/21 - The scheduled time was for 6:30 a.m. The administered time was 9:12 a.m. The resident's blood sugar was 333.- 5/23/21 - The scheduled time was for 6:30 a.m. The administered time was 8:57 a.m. The resident's blood sugar was 240. Semglee Insulin:- 5/21/21 - The scheduled time was for 6:30 a.m. The administered time was 11:01 a.m., The resident's blood sugar was 215.- 5/22/21 - The scheduled time was for 6:30 a.m. The administered time was 9:13 a.m. The</p>			

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	<p>resident's blood sugar was 333.- 5/23/21 - The scheduled time was for 6:30 a.m. The administered time was 8:59 a.m. The resident's blood sugar was 240.- 5/25/21 - The scheduled time was for 6:30 a.m. The administered time was 8:04 a.m. The resident's blood sugar was 343. 7. The clinical record was reviewed for Resident 59, on 5/27/21 at 9:15 a.m. The diagnoses included, but were not limited to, diabetes mellitus with diabetic neuropathy, end stage renal disease and multiple sclerosis. The care plan, dated 10/6/20, included, but was not limited to, the resident had diabetes mellitus. the interventions included, but were not limited to, diabetes medications as ordered by the doctor; monitor/document for side effects and effectiveness, monitor/document/report to MD PRN, s/sx (signs/symptoms) of hypo/hyperglycemia. The physician order indicated, Fasting Accu check Q (every) AM in the morning for diabetes with a start date of 3/5/21. Humalog Solution 100 unit/ML (Insulin Lispro). Inject as per sliding scale: If 0 - 69 = 0 Follow Hypoglycemic Protocol; 70 -150 = 0; 151-200 =3; 201-250 =6; 251-300 = 8; 301-350 = 12; 351- 400 = 16; 401+ call Prescriber, subcutaneously before meals and at bedtime for Uncontrolled DM Correction dose for level 3 - Give in addition to scheduled insulin for glucose over 250 mg/dL (milligrams/deciliter) for</p>			

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	two or more readings over 24 hours, call provider with a start date of 5/2/21. Insulin Glargine Solution - inject 35 unit subcutaneously at bedtime for DM2. The start date was 5/9/21. The Location of Administration report, dated 5/1/21 to 5/26/21, were administered late on the following days: Humalog per Sliding Scale Breakfast- 5/6/21 - The scheduled time was for 7:30 a.m. The administered time was 10:29 a.m. The resident's blood sugar was 178.- 5/7/21 - The scheduled time was for 7:30 a.m. The time administered was 12:44 p.m. The resident's blood sugar was 285.- 5/8/21 - The scheduled time was for 7:30 a.m. The administered time was 12:19 p.m. The resident's blood sugar was 278.- 5/21/21 - The scheduled time was for 7:00 a.m. The administered time was 12:10 p.m. The resident's blood sugar was 211- 5/24/21 - The scheduled time was for 7:30 a.m. The administered time was 10:45 a.m. The resident's blood sugar was 158- 5/25/21 - The scheduled time was for 7:30 a.m. The administered time was 10:15 a.m. The resident's blood sugar was 265.- 5/26/21 - The scheduled time was for 7:30 a.m. The administered time was 10:33 a.m. The resident's blood sugar was 151.- 5/28/21 - The scheduled time was for 7:30 a.m. The administered time was 9:01 a.m. The resident's blood sugar was 242. The eMar (Electronic Medication Administration Record) nurse's note, dated 5/23/21,			

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	<p>indicated the fasting accucheck in the morning for diabetes and the 7:30 a.m. Humalog insulin were not administered due to time constraints.Lunch- 5/18/21 - The scheduled time was for 11:30 a.m. The administered time was 1:50 p.m. The resident's blood sugar was 211.Bedtime- 5/2/21 - The scheduled time was for 9:00 p.m. The administered time was 5/3/21 at 2:41 a.m. The resident's blood sugar was 201.- 5/5/21 - The scheduled time was for 9:00 p.m. The administered time was 11:37 p.m. The resident's blood sugar was 211.- 5/10/21 - The scheduled time was for 9:00 p.m. The administered time was 11:26 p.m. The resident's blood sugar was 208.- 5/11/21 - The scheduled time was for 9:00 p.m. The administered time was 5/12/21 at 2:13 a.m. The resident's blood sugar was 340.- 5/12/21 - The scheduled time was for 9:00 p.m. The administered time was 5/13/21 at 12:26 a.m. The resident's blood sugar was 208.- 5/15/21 - The scheduled time was for 9:00 p.m. The administered time was 5/16/21 at 1:37 a.m. The resident's blood sugar was 213.- 5/16/21 - The scheduled time was for 9:00 p.m. The administered time was 5/17/21 at 1:10 a.m. The resident's blood sugar was 228.Insulin GlargineBedtime- 5/1/21 - The scheduled time was for 8:00 p.m. The administered time was 5/2/21 at 5:18 a.m. The resident's blood sugar was not taken.- 5/5/21 - The scheduled time was for 8:00 p.m. The administered time</p>			

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	<p>was 11:36 p.m. The resident's blood sugar was 211.- 5/7/21 - The scheduled time was for 8:00 p.m. The administered time was 10:48 p.m. The resident's blood sugar was 296.- 5/10/21 - The scheduled time was for 8:00 p.m. The administered time was 11:32 p.m. The resident's blood sugar was 208.- 5/11/21 - The scheduled time was for 8:00 p.m. The administered time was 5/12/21 at 2:12 a.m. The resident's blood sugar was 340.- 5/12/21 - The scheduled time was for 8:00 p.m. The administered time was 5/13/21 at 12:25 a.m. The resident's blood sugar was 208.- 5/14/21 - The scheduled time was for 8:00 p.m. The administered time was 11:07 p.m. The resident's blood sugar was 282.- 5/15/21 - The scheduled time was for 8:00 p.m. The administered time was 5/16/21 at 1:35 a.m. The resident's blood sugar was 213.- 5/16/21 - The scheduled time was for 8:00 p.m. The administered time was 5/17/21 at 1:09 a.m. The resident's blood sugar was 228.- 5/20/21 - The scheduled time was for 8:00 p.m. The administered time was 5/21/21 at 6:12 a.m. The resident's blood sugar was 313.- 5/22/21 - The scheduled time was for 8:00 p.m. The administered time was 11:03 p.m. The resident's blood sugar was 228. On 5/4/21 at 1:20 p.m., the DON provided a current copy of the document titled, Medication Administration policy, dated 8/3/10 and revised on 12/14/17, which included, but was not limited to, "..</p>			

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F 0685 SS=D Bldg. 00	<p>Medications will be administered within the time frame of one hour before up to one hour after time ordered i. For medications to be taken around meals: 1. Before Meals: Provide medications 30 minutes (30) minutes before meal time 2. After Meals: Provide medications thirty (30) minutes after meal time. IV. Documentation: a. Documentation of medication will be current for medication administration b. Documentation of medication will follow accepted standards of nursing practice."3.1-37(a) 483.25(a)(1)(2) Treatment/Devices to Maintain Hearing/Vision §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident-</p> <p>§483.25(a)(1) In making appointments, and</p> <p>§483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. Based on record review and interview, the facility failed to provide optometry services to meet the physical, mental, and psychosocial needs of residents with visual issues for 2 of 18 residents reviewed for vision care. (Residents 80 and 78)</p> <p>Findings include:</p>	F 0685	<p>F685 Treatment/Devices to Maintain Hearing/Vision Corrective action for the residents found to have been affected by the deficient practice: Resident 80 continues to reside in</p>	06/21/2021

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	<p>1. During an interview with Resident 80 on 5/25/21 at 8:48 a.m., he indicated he was legally blind and requested an eye appointment a couple of weeks ago to try to save what vision he had left or to improve his vision.</p> <p>The clinical record was reviewed for the resident, on 5/26/21 at 1:34 p.m. The diagnoses included, but were not limited to, type 1 Diabetes Mellitus, end stage renal disease, dentofacial functional abnormalities, muscle weakness, anxiety disorder, and chronic pain syndrome.</p> <p>The admission MDS (Minimum Data Set assessment, dated 12/21/20, indicated the resident was cognitively intact.</p> <p>The care plan, dated 1/15/21, indicated the resident had impaired visual function. The interventions were to arrange consultation with an eye care practitioner as needed, Observe, document, and report to a medical provider any acute eye problems.</p> <p>The Social Service notes, dated 2/1/21 at 6:01 p.m., indicated the resident had very poor eye sight and he could only see shadows.</p> <p>During an interview, on 5/27/21 at 9:17 a.m., the DON (Director of Nursing) indicated this was the first time she heard about the resident wanting an eye appointment. The Social Service Director was supposed to obtain the appointments for the residents.</p> <p>During an interview, on 5/27/21 at 9:18 a.m., the Social Service Director indicated this was the first time she heard about the resident wanting an eye appointment.</p>		<p>facility.</p> <p>The Residents need for optometry services reviewed and addressed to meet the physical, mental, and psychosocial needs of the resident</p> <p>Resident 78 continues to reside in facility</p> <p>The Residents need for optometry services reviewed and addressed to meet the physical, mental, and psychosocial needs of the resident</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>Residents with visual impairments have the potential to be affected by the deficient practice.</p> <p>An audit has been completed for residents with visual impairments to ensure optometry services have been provided to meet the physical, mental, and psychosocial needs of the residents.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/Designee met with the Social Service Director (SSD) to review the Social Service job description and expectations related to implementation of services to enhance each resident's social and psychosocial wellbeing and assurance that care standards are</p>	

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	<p>During an interview, on 5/27/21 at 9:28 a.m., LPN (Licensed Practical Nurse) 3 indicated if she had known the resident wanted an eye appointment, she would have called the military hospital to arrange the appointment.</p> <p>2. During an interview, on 5/24/21 at 11:38 a.m., Resident 78 indicated she needed an eye appointment. She told an unknown staff member she needed an eye appointment in August. They told her, the optometrist comes around and they would put her name on a list.</p> <p>The clinical record lacked documentation of the resident being added to the optometry list or receiving an optometry visit.</p> <p>The clinical record was reviewed for Resident 78, on 5/27/21 at 9:44 a.m. The diagnosis included, but was not limited to, type 2 Diabetes Mellitus with diabetic polyneuropathy.</p> <p>The quarterly MDS (Minimum Data Set) assessment, dated 4/20/21, indicated the resident was cognitively intact.</p> <p>The Social Service note, dated 9/11/20 at 12:57 p.m., indicated the resident wore glasses for reading only.</p> <p>During an interview, on 5/27/21 at 9:17 a.m., the DON indicated Social Services made vision appointments for residents.</p> <p>During an interview, on 5/27/21 at 9:19 a.m., the Social Service Director indicated this was the first she had heard of the need for a vision appointment for the resident.</p>		<p>met.</p> <p>The Administrator/DON/Designees held an in-service for nursing staff to provide education and expectations as it relates to resident's needing optometry services and meeting the resident's physical, mental, and psychosocial needs.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The Social Service Director/Designee will audit 5 residents a week x 4 weeks, then 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks to ensure residents requiring Optometry Services are having their physical, mental and psychosocial needs met for no less than 3 months and compliance is maintained...</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	

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F 0697 SS=D Bldg. 00	<p>The review, on 5/28/21 at 10:46 a.m., of the Social Service Director Position Description, revised June 2019, included, but was not limited to, "... The position of Social Services Director provides planning, assessing, coordinating and implementation of services to enhance each resident's social and psychosocial well being and assure that care standards are met and the highest degree of quality resident care is provided at all times...the position must also manage the resources within their control and assist others in managing resources... Serves as the resident's advocate at all times working in harmony with all direct care giving staff to assure that the resident's needs are being met at all times..."</p> <p>3.1-39(a)(1)</p> <p>483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on observation, record review, and interview, the facility failed to provide appropriate care and services related to pain management for 2 of 8 residents reviewed for pain management. (Residents 10 and 73)</p> <p>Findings include:</p> <p>1. During an observation, on 5/25/21 at 9:30 a.m., the resident was rubbing his left hand and arm. He indicated his pain level was a nine. His pain went from his hand up through his arm. The resident's left hand was contracted.</p>	F 0697	<p>F697 Pain Management Corrective action for the residents found to have been affected by the deficient practice: Resident 10 continues to reside in the facility Resident's pain has been assessed. Resident's pain management has been reviewed to ensure appropriate care and</p>	06/21/2021

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	<p>The clinical record was reviewed for Resident 10, on 5/25/21 at 10:09 a.m. The diagnoses included, but were not limited to, cerebral infarction and a history of dementia. The admission MDS (Minimum Data Set) assessment, dated 2/8/21, indicated the resident was cognitively intact.</p> <p>The physician's orders, dated 5/3/21, indicated the resident received pregabalin 100 mg (milligrams) three times a day for chronic pain and Tylenol 650 mg, 1 tablet every 6 hours, as needed for pain.</p> <p>The care plan, dated 1/28/21 and revised on 5/20/21, indicated the resident was at risk for pain related to decreased mobility, osteoporosis, cardiac compromise, and chronic pain. Interventions included, but were not limited to, administer non-pharmacological interventions, complete pain assessment, notify medical provider, current complaint was a significant change from resident's past experience of pain, provide medications as ordered, and observe for pain every shift.</p> <p>The nurse's note, dated 4/22/21 at 8:02 p.m., indicated the resident wore a small splint due to contractures with edema and hands post splint application.</p> <p>The (ROS) Review of Systems, dated 4/30/21, indicated the resident complained of left arm pain, and requested a neurological appointment to be made. He indicated the left arm pain was connected to the stroke he suffered.</p> <p>The Convergence Narrative Situation note, dated 4/22/21 at 2:00 p.m., indicated a change in</p>		<p>services are being provided.</p> <p>Resident 73 continues to reside in the facility</p> <p>Resident's pain has been assessed. Resident's pain management has been reviewed to ensure appropriate care and services are being provided.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>Residents requiring pain management have the potential to be affected by the deficient practice</p> <p>Interviews of residents with a BIMs of 8 and above have been completed to ensure appropriate care and services are being provided related to pain management.</p> <p>Pain Observations have been completed for residents with a BIMs 7 and below to ensure appropriate care and services are being provided related to pain management.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/DON/Designees held an in-service for nursing staff to provide education and expectations as it relates to "Medication Administration" and the appropriate care and services related to pain management.</p> <p>Corrective actions to be</p>	

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	<p>condition. The nurse reported that immediately following placement of the new splint to the left hand and wrist in therapy yesterday, the resident started to complain of discomfort to the left hand and wrist. The pain had increased to 9 or 10 and he had 2 plus edema to the fingers. The resident continued to guard the wrist and flinch when the nurse tried to touch it to assess the area.</p> <p>The Convergence Narrative Situation note, dated 1/29/21 at 2:50 p.m., indicated the resident complained of pain to his left arm and hand on his stroke affected side. The nurse reported the resident had been complaining of pain all week and the Tylenol ordered, did not work.</p> <p>During an interview, on 5/27/21 at 11:35 a.m., the resident indicated he asked for an appointment to be made with the neurologist because of the pain in his arm and hand. He had not heard anything about the appointment being made. The resident indicated he really needed an appointment with the neurologist because of the pain.</p> <p>During an interview, on 5/27/21 at 11:45 a.m., LPN 1 (Licensed Practical Nurse) indicated the nurses made the appointments for the residents. The LPN was observed checking 2 different calendars to see if an appointment had been made for the resident. She indicated she could not find where an appointment was made for the resident.</p> <p>2. During an interview, on 5/24/21 at 11:21 a.m., Resident 73 indicated she had leg pain, especially when she was performing physical therapy.</p> <p>The clinical record was reviewed for Resident 73, on 5/25/21 at 2:15 p.m. The diagnoses</p>		<p>monitored to ensure the deficient practice will not recur:</p> <p>The Director of Nursing/Unit Manager/Designee will audit 5 residents a week x 4 weeks, then 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks to ensure the appropriate care and services are provided for residents related to pain management for no less than 3 months and compliance is maintained.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	

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	<p>included, but were not limited to, Parkinson's disease, benign neoplasm of meninges (brain tumor of the membranes surrounding the brain), Wernicke's encephalopathy, hydrocephalus, major depressive disorder, and anxiety disorder.</p> <p>The care plan, dated 10/6/20, indicated the resident had chronic pain related to Parkinson's disease. The interventions included, but were not limited to, administer medications as ordered. Anticipate the need for pain relief and respond immediately to any complaint of pain.</p> <p>The April 2021 Medication Administration Record, included, but was not limited to, monitor for pain every shift. The resident indicated she had pain on 4/23/21, 4/25/21, 4/26/21, 4/28/21, and 4/29/21. The tramadol hydrochloride (Ultram) tablet 50 milligrams every 6 hours as needed for pain was not administered in April.</p> <p>The May 2021 Medication Administration Record, included, but was not limited to, monitor for pain every shift. The resident indicated she had pain on 5/3/21, 5/4/21, 5/6/21, 5/10/21, 5/11/21, 5/12/21, 5/13/21, 5/17/21, 5/18/21, 5/19/21, 5/21/21, and 5/24/21. The tramadol hydrochloride tablet, 50 milligrams every 6 hours, as needed for pain, was only administered on 5/7/21 at 9:39 p.m. and was documented as effective.</p> <p>The May 2021 Order Report included, but was not limited to, tramadol hydrochloride tablet 50 milligrams. Give 50 milligrams by mouth every 6 hours as needed for pain. The start dated was 4/11/21.</p> <p>The Pain Observation Tool, conducted on 2/4/21, indicated the resident had verbalized and</p>			

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	<p>non-verbalized symptoms of pain of the right leg. The resident indicated a pain scale of 4 (Hurts a Little More/Significant Pain) and described it as a dull pain. She described the PRN (as needed) pain medication as effective when she received it.</p> <p>The Restorative Notes included the following: -12/1/20 at 7:28 a.m., the resident complained her knee hurts, so the exercises were stopped and they informed the nurse. The Restorative Aide was to speak with the nurse to see when resident was due for pain medicine. They would coordinate the exercise for after the pain medicine, to see if that helped with the knee pain during exercise.</p> <p>-1/14/21 at 8:01 a.m., the resident was still complaining about knee pain. She took the Tylenol, but still complained of pain. They notified the nurse each time.</p> <p>-1/28/21 at 7:39 a.m., the resident continued to complain of pain, so they tried to wait until after pain medicine was given to her. It helped sometimes, but not others.</p> <p>-2/23/21 at 12:53 p.m., the resident did not like the exercises for her legs. The resident continued to complain about her legs and feet hurting more.</p> <p>-3/3/21 at 1:26 p.m., the resident participated with the restorative program to the best of her ability. The resident was complaining about her legs hurting when they moved them. They tried to tell her the more she exercised these legs, the better they would move.</p> <p>The Nurse Practitioner note, dated 5/3/21 at</p>			

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F 0698 SS=D Bldg. 00	<p>6:22 p.m., indicated the resident had reported pain in her right upper leg for 2 weeks.</p> <p>During an interview with the resident, on 5/27/21 at 11:20 a.m., she indicated her knee hurt every day. They gave her Tylenol. Ultram was available, but they didn't give it. The Ultram helped her 2 hours after taking it and she needed it twice daily. Her pain level was at a 9 when she moved.</p> <p>During an interview, on 5/28/21 at 11:14 a.m., LPN 2 indicated if a resident had pain and a prn medication was available, she would assess the resident for respiratory issues and obtain their vitals, then administer the prn pain medication if it was available.</p> <p>The review, on 5/27/21 at 4:52 p.m., of the Medication Administration policy, last reviewed on 5/29/19, included, but was not limited to, "...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents..."</p> <p>3.1-37(a) 483.25(l) Dialysis §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on record review and interview, the facility failed to develop a baseline care plan to address the care needs of a dialysis resident. This deficient practice affected 1 of 3 dialysis</p>	F 0698	F698 Dialysis Corrective action for the residents found to have been affected by the deficient	06/21/2021

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	<p>residents reviewed. (Resident 133)</p> <p>Findings include:</p> <p>The clinical record was reviewed for Resident 133, on 5/27/21 at 2:43 p.m. The diagnoses included, but were not limited to, type 2 diabetes with hypoglycemia and end stage renal disease with renal dialysis.</p> <p>The May 2021 Physician's order indicated: - 5/21/21 - Dialysis Log Vital Signs and Weight. - 5/20/21 - Daily Dialysis Access Site Care every shift for dialysis monitoring. - 5/20/21 - Check dialysis site for signs and symptoms of infection every shift. - 5/20/21 - Dialysis days Monday-Wednesday-Friday - Must be at facility by 11: 45 a.m. Transportation to pick up between 10:45 - 11:15 a.m.</p> <p>The baseline care plans lacked documentation to address the needs of the dialysis resident.</p> <p>During an interview with the Director of Nursing, on 5/28/21 at 10:00 a.m., she indicated care plans began when a resident was admitted.</p> <p>On 5/28/21 at 1:55 p.m., the Regional Director of Clinical Operations presented a copy of the facility's current policy titled, Baseline Care Plan/48 Hour Care plan. The policy, included, but was not limited to, "...Procedure: I. Baseline or 48 hour care plan: a. The purpose of the 48 hour care plan is to provide a baseline of care to promote continuity of care and communication among nursing staff and other departments, increase safety and safeguard against adverse events most likely to occur immediately after admission...c. the baseline or 48 hour Care Plan</p>		<p>practice: Resident 133 continues to reside in the facility. Residents care plan reviewed and updated as appropriate to address the care needs as it relates to Dialysis. Corrective action taken for those residents having the potential to be affected by the same deficient practice: Residents requiring dialysis have the potential to be affected by the deficient practice An audit of admissions for 30 days has been completed for a Baseline Care Plan/48 Hour Care Plan related to care needs for residents requiring Dialysis services. Measures/systemic changes put into place to ensure the deficient practice does not recur: The Administrator/DON/Designees held an in-service for nursing staff to provide education and expectations as it relates to "Baseline Care Plan/48 Hour Care Plan" in reference to care needs for Dialysis residents. Corrective actions to be monitored to ensure the deficient practice will not recur: The Director of Nursing/Unit Manager/Designee will audit 5 newly admitted residents a week x 4 weeks, then 3 newly admitted residents a week x 4 weeks, then 1 newly admitted resident a week</p>	

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F 9999 Bldg. 00	<p>will include at a minimum: i. Healthcare information necessary to properly care for each resident immediately upon their admission. 1. To address safety concerns. 2. To address resident-specific health needs...v. provide for the resident's immediate health and safety needs. vi. Address the Physician and dietary orders...e. Risk Factors for...other knowable risk factors should be included on the baseline/48 hour care plan..."</p> <p>3.1-37(a)</p> <p>State Rule 3.1-14(t)(1) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and non paid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin;in skin test during the preceding twelve (12) months, the</p>	F 9999	<p>for 4 weeks to ensure the appropriate care needs are on the Baseline Care Plan/48 Hour Care Plan for no less than 3 months and compliance is maintained. The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p> <p>F9999 Final Observations Corrective action for the residents found to have been affected by the deficient practice: Employees #1 through #53 of 83 employee records reviewed have been affected by the deficient practice. Tuberculosis Risk Assessments and Annual Tuberculin testing were immediately initiated at the time of the survey. Corrective action taken for those residents having the potential to be affected by the same deficient practice: All employees have the potential to be affected by the deficient practice. A 100% audit for staff has been completed for Tuberculosis Risk</p>	06/22/2021

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	<p>baseline tuberculin skin test should employ the two step method. If the first step is negative, a second step should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure staff were administered a tuberculin skin test or tuberculosis risk assessment after hire or annually. This deficient practice affected 53 of 83 employee records reviewed. (Employee 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14,15,16,17,18,19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42,43,44, 45,46, 47,48, 49, 50, 51, 52, 53)</p> <p>Findings included:</p> <p>Review of the employee files on 5/26/21 at 9:30 a.m., the following employees had not received a initial or annual tuberculin test or a Tuberculosis Risk Assessment:</p> <ol style="list-style-type: none"> Employee 1 was hired into the Nursing department on 12/3/20. No initial tuberculin test or Risk assessment had been administered. Employee 2 was hired into the Social Services department on 9/3/19. No annual tuberculin test or risk assessment had been administered. Employee 3 was hired into the Business Office department on 6/9/20. No initial tuberculin test or risk assessment had been administered. 		<p>Assessment or Tuberculin test upon hire or annually.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/DON/Designees held an in-service for nursing staff to provide education and expectations as it relates to "Baseline Care Plan/48 hour care plan" to address the care needs of a dialysis resident.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The Director of Nursing/Unit Manager/Designee will audit 5 employees a week x 4 weeks, then 3 employees a week x 4 weeks, then 1 employee a week for 4 weeks to ensure the Tuberculin Risk Assessment or Tuberculin skin test were administered upon hire or annually. This will continue for no less than 3 months and compliance is maintained.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	

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	<p>4. Employee 4 was hired into the Business Office department on 8/28/18. No annual tuberculin test or risk assessment had been administered.</p> <p>5. Employee 5 was hired into the MDS (Minimum Data Set) Nursing department on 10/1/18. No annual tuberculin test or risk assessment was administered.</p> <p>6. Employee 6 was hired into the Maintenance department on 5/15/17. No annual tuberculin test or risk assessment was administered.</p> <p>7. Employee 7 was hired into the Housekeeping department on 1/1/19. No annual tuberculin test or risk assessment had been administered.</p> <p>8. Employee 8 was hired into the Rehab department on 10/27/10. No annual tuberculosis test or risk assessment had been administered.</p> <p>9. Employee 9 was hired into the Nursing department on 1/17/21. No initial tuberculin test or risk assessment had been administered.</p> <p>10. Employee 10 was hired into the Nursing department on 8/12/20. No initial tuberculin test or risk assessment had been administered.</p> <p>11. Employee 11 was hired into the Nursing department on 9/2/20. No initial tuberculin test or risk assessment had been administered.</p> <p>12. Employee 12 was hired into the Nursing department on 1/28/21. No initial tuberculin test or risk assessment had been administered.</p> <p>13. Employee 13 was hired into the Therapy department on 5/21/08. No annual tuberculin test</p>			

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	<p>or risk assessment had been administered.</p> <p>14. Employee 14 was hired into the Therapy department on 9/28/16. No annual tuberculin test or risk assessment had been administered.</p> <p>15. Employee 15 was hired into the Nursing department on 9/29/20. No initial tuberculin test or risk assessment had been administered.</p> <p>16. Employee 16 was hired into the Dietary department on 9/1/17. No annual tuberculin test or risk assessment had been administered.</p> <p>17. Employee 17 was hired into the Nursing department on 10/13/20. No initial tuberculin test or risk assessment had been admonitions.</p> <p>18. Employee 18 was hired into the Nursing department on 4/13/05. No annual tuberculin test or risk assessment had been administered.</p> <p>19. Employee 19 was hired into the Nursing department on 9/20/18. No annual tuberculin test or risk assessment had been administered.</p> <p>20. Employee 20 was hired into the Dietary department on 7/9/20. No initial tuberculin test or risk assessment had been administered.</p> <p>21. Employee 21 was hired into the Dietary department on 6/5/20. No initial tuberculin test or risk assessment had been administered.</p> <p>22. Employee 22 was hired into the Therapy department on 8/13/12. No annual tuberculin test or risk assessment had been administered.</p> <p>23. Employee 23 was hired into the Therapy department on 8/26/19. No annual tuberculin</p>			

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	test or risk assessment had been administered.			
	24. Employee 24 was hired into the Therapy department on 4/20/12. No annual tuberculin test or risk assessment had been administered.			
	25. Employee 25 was hired into the Therapy department on 7/22/15. No annual tuberculin test or risk assessment had ben administered.			
	26. Employee 26 was hired into the Nursing department on 12/2/15. No annual tuberculin test or risk assessment had been administered.			
	27. Employee 27 was hired into the Therapy department on 3/14/11. No annual tuberculin test or risk assessment had been administered.			
	28. Employee 28 was hired into the Nursing department on 1/28/91. No annual tuberculin test or risk assessment had been administered.			
	29. Employee 29 was hired into the Nursing department on 6/8/11. No annual tuberculin test or risk assessment had been administered.			
	30. Employee 30 was hired into the Nursing department on 9/2/20. No initial tuberculin test or risk assessment had been administered.			
	31. Employee 31 was hired into the Nursing department on 12/30/20. No initial tuberculin test or risk assessment had been administered.			
	32. Employee 32 was hired into the Therapy department on 12/22/97. No annual tuberculin test or risk assessment had been administered.			
	33. Employee 33 was hired into the Dietary department on 9/1/17. No annual tuberculin test			

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	or risk assessment had been administered.			
	34. Employee 34 was hired into the Nursing department on 1/5/21. No initial tuberculin test or risk assessment had been administered.			
	35. Employee 35 was hired into the Therapy department on 7/27/18. No annual tuberculin test or risk assessment had been administered.			
	36. Employee 36 was hired into the Therapy department on 2/7/01. No annual tuberculin test or risk assessment had been administered.			
	37. Employee 37 was hired into the Nursing department on 8/5/08. No annual tuberculin test or risk assessment had been administered.			
	38. Employee 38 was hired into the Therapy department on 7/11/96. No annual tuberculin test or risk assessment had been administered.			
	39. Employee 39 was hired into the Dietary department on 9/1/17. No annual tuberculin test or risk assessment had been administered.			
	40. Employee 40 was hired into the Therapy department on 3/9/10. No annual tuberculin test or risk assessment had been administered.			
	41. Employee 41 was hired into the Therapy department on 9/28/20. No initial tuberculin test or risk assessment had been administered.			
	42. Employee 42 was hired into the Nursing department on 12/9/20. No initial tuberculin test or risk assessment had been administered.			
	43. Employee 43 was hired into the Nursing department on 5/13/08. No annual tuberculin test			

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	<p>or risk assessment had been administered.</p> <p>44. Employee 44 was hired into the Nursing department on 4/8/08. No annual tuberculin test or risk assessment had been administered.</p> <p>45. Employee 45 was hired into the Maintenance department on 5/2/19. No annual tuberculin test or risk assessment had been administered.</p> <p>46. Employee 46 was hired into the Therapy department on 4/2/07. No annual tuberculin test or risk assessment had been administered.</p> <p>47. Employee 47 was hired into the Housekeeping department on 7/13/20. No initial tuberculin or risk assessment had been administered.</p> <p>48. Employee 48 was hired into the Housekeeping department on 11/18/16. No annual tuberculin test or risk assessment had been administered.</p> <p>49. Employee 49 was hired into the Housekeeping department on 6/26/18. No annual tuberculin test or risk assessment had been administered.</p> <p>50. employee 50 was hired into the Housekeeping department on 6/6/11. No annual tuberculin test or risk assessment had been administered.</p> <p>51. Employee 51 was hired into the Housekeeping department on 7/26/17. No annual tuberculin test or risk assessment had been administered.</p> <p>52. Employee 52 was hired into the</p>			

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	<p>Housekeeping department on 3/13/19. No annual tuberculin test or risk assessment had been administered.</p> <p>53. Employee 53 was hired into the Therapy department on 9/1/12. No annual tuberculin test or risk assessment had been administered.</p> <p>During an interview on 5/26/21 at 11:30 a.m., the Director of Nursing and the Regional Director of Clinical Operations both indicated initial and annual tuberculin tests had not been administered since COVID. They also indicated Risk Assessments for Tuberculosis had not been completed either.</p> <p>On 5/28/21 at 10:41 a.m., the Regional Director of Clinical Operations presented a copy of the facility's current policy titled Tuberculosis (TB) Skin Test Health Care Worker with a review date of 10/31/18. Review of this policy included, but was not limited to, "It is the policy of this facility to promote a healthy and safe environment for...healthcare worker. This facility does not knowingly...employee workers with active TB. This facility follows the CDC recommendations using the health-care settings for risk assessments, management and prevention,....Procedure: For healthcare personnel who require TB testing (upon hire or annually) at the same time they are to receive an mRNA Covid-19 Vaccine should follow these guidelines: Perform TB Symptom Screening on employee (Do not administer TB testing)...TB testing may be performed on healthcare personnel 4 weeks after COVID-19 two dose series is completed. For healthcare personnel who will NOT receive the mRNA Covid-19 vaccine will follow the procedure below: 1. At hire and before the employee begins working in</p>			

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	the facility, a 2-step TST will be performed unless the employee has a positive history for TST...2. Complete a Mantoux (TB) skin test - TST using the two step method upon hire of new employee. A. A two-step TST is required of HCWs in the facility..."				