STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155699	A. BUILDING 00 B. WING	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF HARTFORD CITY	715 N MILL ST HARTFORD CITY, IN 47348

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: February 6, 7, 8, 9 and 10, 2023. Facility number: 000290 Provider number: 155699 AIM number: 100379970 Census Bed Type: SNF/NF: 30 Total: 30 Census Payor Type: Medicare: 2 Other: 28 Total: 30 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed February 14, 2023.	F 0000	=”” span=””> PLAN OF CORRECTION FOR ENVIVE OF HARTFORD CITY F000 INITIAL COMMENTS 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 Statement 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 to respond to the allegation of noncompliance cited during the Annual Recertification survey completed on Feb. 6, 7, 8, 9, 10, 2023. Please accept this Plan of Correction as the provider’s credible allegation of compliance as of March 2, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
F 0558 SS=D Bldg. 00	483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would			

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

Tammy Bledsoe | Executive Director | 02/27/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	endanger the health or safety of the resident or other residents. Based on observation, interview, and record review, the facility failed to follow the grievance process for a resident-reported concern for 1 of 2 residents reviewed for edema. (Resident 27) Finding includes: During an interview, on 2/6/23 at 4:27 p.m., a bariatric wheel chair was in the hallway outside of Resident 27's room. Inside her room was a bed, a television on the wall to the side of the foot of the bed, and a straight-backed, average-sized chair with arm rests. The chair had a fan placed on it at the foot of her bed, in the corner beside the closet. The chair was the width of a regular box fan and not an appropriate size for the resident to sit in. It did not have a method in which one could elevate legs, nor did allow for positioning in a manner that one could elevate their legs. A walkway was between the foot of the bed and the chair to allow entry to the roommates side of the room. The resident was observed with several blankets stacked on the foot of her bed where she laid her head, as she was positioned on her left side with her bare feet barely on the edge of the bed. Her feet and lower legs were edematous. The resident indicated she had trouble with swelling in her feet and it was very uncomfortable to lay in the bed all the time to try to elevate her feet but they became too swollen when she left them down on the floor, or remained up in her wheelchair. Staff discouraged her from staying up in the wheelchair because of the swelling in her feet and legs. She explained she had to lay on her left side while in bed due to a previous injury to her right shoulder years ago, which created significant pain in other positions in bed. She preferred to listen to movies on television that she was familiar with before she	F 0558	**F558 "F**acility failed to follow the grievance process for a resident-reported concern for 1 of 2 residents reviewed for edema. (Resident 27)" **What corrected action will be accomplished for those residents found to have been affected by the deficient practices.** Resident 27 had no negative outcome as a result of the alleged deficient practice. An interview was performed with resident 27 was conducted by the administrator and social worker, during the interview resident was ask about another chair in her room she stated if it was not a recliner, she didn't want one. We explained to her we do not provide a recliner for each resident; however, we will provide a chair of appropriate size. She was reminded of the recliners in the theater that are always available to residents. This would allow her to elevate her feet while she watches tv. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.** All residents have the potential to be affected. **What measures will be put into place and what systemic**	03/03/2023

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	lost her eyesight because she could then visualize the movie in her head. She would like to sit up in a chair and watch television at times. She had asked different staff members, on different occasions, about a recliner or chair in which she could sit up and keep her feet elevated to avoid the excess swelling. She was not made aware of any solution to her reported concern. At times, she sat up on the toilet and left the bathroom door open to listen to the television so she could sit up out of her bed but she could not elevate her feet while on the toilet either. She was unable to afford a leather recliner like the facility required of residents. Resident 27's clinical record was reviewed on 2/8/23 at 9:10 a.m. Diagnoses included legal blindness, obesity, adult body mass index 50.0 - 59.0, unspecified depression, unspecified anxiety disorder, unspecified osteoarthritis, restless leg syndrome and unspecified insomnia. Current medications included, hydrochlorothiazide (diuretic) 25 milligrams (mg) once daily, venlafaxine hydrochloride (depression) 150 mg twice daily, buspirone hydrochloride (anxiety) 5 mg once daily, ropinirole hydrochloride (restless leg syndrome) 0.25 mg once daily at bedtime, hydrocodone-acetaminophen (narcotic pain medication) 5-325 mg twice daily and trazodone hydrochloride (insomnia) 75 mg once daily at bedtime. An 11/23/22, quarterly, Minimum Data Set (MDS) assessment indicated the resident's cognitive status was intact. Rejection of care behaviors were not exhibited. She required extensive assistance from a staff member for bed mobility, transfers, dressing, toileting and personal		**changes will be made to ensure that the deficient practice does not recur.** The facility's policy on Resident Concerns and Grievances process has been reviewed an no changes are indicated at this time. All staff will be reeducated on the Resident Concerns and Grievance policy with a special focus on staff putting concerns on formal Concerns forms. **How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.** The SSD/Designee will be responsible for completing an audit tool asking residents if they have reported any concerns to any staff member. Three residents will be interviewed 5 days a week as followed: daily for 30 days, then monthly thereafter for 6 months. Should a concern be found, immediate corrective action will occur. Results of these audits and any corrective action will be discussed during the facility's monthly QA meetings and the plan adjusted if indicated. Compliance Date: 3/3/23	

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	hygiene. The resident used a wheelchair for mobility. A current care plan for impaired visual function, dated 11/7/22, indicated the resident had glaucoma and was legally blind. A current care plan, dated 11/7/22, indicated the resident had an activity of daily living deficit related to mobility deficits, neuropathy, legally blind, low back pain, incontinence and obesity. A current care plan, dated 11/7/22, indicated the resident exhibited restlessness, nervousness and/or other anxiety symptoms related to anxiety. A current care plan, dated 11/7/22, indicated the resident was at risk for fluid imbalance related to mobility deficits and hypertension. Interventions included, medications as ordered and observe for and notify provider for signs and symptoms of fluid overload such as increased edema, elevated blood pressure or shortness of breath. A current care plan, dated 11/7/22, indicated the resident was at risk for pain related to mobility deficits, arthritis, low back pain and neuropathy. Interventions included, evaluate the effectiveness of pain interventions, review for compliance, alleviating of symptoms, resident satisfaction with results and impact on functional ability and cognition. A current care plan, dated 11/28/22, indicated the resident planned to remain in the nursing facility for long term care. Interventions included, provide comfort and support as needed. A current care plan, dated 11/7/22, indicated the resident has an altered cardiovascular status			

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	related to hypertension. Interventions included, monitor/document/report any changes in lung sounds, edema and dependent edema. During an interview, on 2/9/23 at 11:58 a.m., Certified Nurse's Aide (CNA) 6 indicated the resident laid down a lot and did have trouble with swelling in her feet. The resident had told her the bed was not comfortable to elevate her feet and this had been reported to the Director of Nursing (DON) and the Assistant Director of Nursing (ADON). They were informed of the resident's swollen feet and she was uncomfortable trying to elevate her feet in the bed. This was mentioned to them as recent as the current week. The resident had a recliner in her room when she was on the 100 Unit, during a previous admission, but she did not have a recliner or method to elevate her feet during the current admission, unless she sat up in her bed. During an interview, on 2/9/23 at 12:11 p.m., the resident's bariatric wheelchair was in the 200 unit hallway outside the resident's door. Resident 27 was laying on her left side with her head at the foot of the bed and her feet on the edge, with her television on. Her bare feet were edematous. She indicated she would be sitting up in a chair with her feet elevated if she had a way to do this. She had reported concerns regarding the swelling and the inability to sit up in a chair and recline her feet to two different aides and the Maintenance Manager. She had spoken to the Maintenance Manager a couple of times, soon after she admitted. He told her he had some cloth recliners available, but they were only able to use leather. He did not have a solution for her and had not spoken to her about it any further. Management staff had not spoken to her to follow up on her concerns regarding her swelling and the need for			

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	a chair/method to elevate her feet, despite many different times she had brought it to staff's attention. Her room set up remained unchanged from the previous observation on 2/6/23. During an interview, on 2/9/23 at 12:26 p.m., the Maintenance Manager indicated he was unable to remember if anyone asked him to get a recliner for the resident, but at times staff reported things to him throughout the day and had not filled out work orders. It was possible the resident mentioned it to him and he forgot about it. He did not have a way to track these requests. Resident 27 had a black leather recliner when she was admitted to the facility previously, on the 100 unit. The recliner remained at the facility when she discharged. It had been in use by another resident until 2/4/23. He was not aware of any plan to move the available recliner to Resident 27's room for her to use, but it remained available. The black leather recliner in room 103 on the 100 unit was the exact recliner the resident previously used and was available for use. (This room was vacant at the time of the observation.) The facility was not required to provide a recliner for the residents, but if they had one available, they would have allowed a resident to utilize it. A review of the Maintenance Requisition forms from 10/27/22 through the date of the survey lacked any work order requisitions regarding a recliner for the resident. During an interview, on 2/9/23 at 1:02 p.m., CNA 7 indicated she was familiar with all of the residents in the building. The resident had swelling in her feet most of the time and had mentioned it was uncomfortable for her to elevate her feet in bed. She wanted a recliner or way to elevate her feet while she sat up and had mentioned this very			

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	frequently since she admitted to the facility in November. Since the resident brought this up on a regular basis, she had reported it to the DON and the ADON verbally on several occasions. Due to obesity, the chair with arms in the corner of the resident's room was not of appropriate size for the resident, and did not have a way to elevate the resident's feet. The resident did not have any devices/furniture in her room on which to elevate her feet except the bed. She had never seen a recliner in the resident's room during the current admission, nor was she aware of any attempts to provide a chair or recliner to allow her to elevate her feet. Recliners had been available for use in vacant rooms on different occasions since the resident had made the requests. Any resident concerns were able to be reported orally or in writing to the DON or ADON. Review of the Grievance Log on 2/9/23 at 1:26 p.m., lacked any record of the above mentioned concerns from the resident. During an interview, on 2/9/23 at 1:26 p.m., the Social Services Director indicated she did not have any additional concerns/grievances in the last year other than those listed on the Grievance Log. Grievances were able to be submitted by staff, residents or family members. Any concerns not immediately resolved were required to be placed on the report of concerns for the grievance process. They had a locked box for grievances or they could be submitted to a department head. Any concerns reported to a staff member should have been documented. She placed them on a report and issued them to the appropriate department head to address for the grievance process. During an interview, on 2/9/23 at 1:51 p.m.,			

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	Registered Nurse 9 indicated at times the resident was noted with edema in her feet. The resident was often laying on her bed and did not have a recliner in her room to sit up and elevate her feet. She had a larger wheelchair and was uncertain if the resident could physically utilize the straight back chair with arm rests, and it lacked a foot rest to elevate her feet. The resident rarely left her room. Any concerns should always be reported to the Administrator. During an interview, on 2/9/23 at 2:12 p.m., the ADON indicated reports of a concern should have a form turned in to the Social Services Director for the grievance process. It was not appropriate for a concern reported to a staff member not being addressed. She denied any knowledge of the resident's concerns. Family members were required to provide recliners, but they have allowed residents to use a recliner from the facility in the past. It was beneficial for a residents with edema to elevate their feet in a recliner. During an interview, on 2/9/23 at 2:25 p.m., the DON, she indicated concerns should be placed on a form, but they could be reported to a department head as well. Concerns reported to a staff member should have been followed up on. She denied any knowledge of the resident's concerns. She indicated the resident did not have a chair to elevate her feet and an ottoman was not appropriate due to a fall hazard. She was unaware if both a bed and recliner would fit in the resident's room. During an interview, on 2/9/23 at 2:50 p.m., the Social Services Director (SSD) indicated the resident had asked about a recliner when she admitted to the facility. She told the resident the facility did not supply a recliner, but she could			

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	bring in her own leather recliner. The resident told her she did not have the money, but she could pay 50 dollars for a recliner. She asked the SSD to keep an eye out for one and let her know. The SSD indicated she would let her know if she heard of any, but no one attempted to follow up when a recliner became available since the facility was not required to provide recliners. Recliners were often in the rehab to home rooms, but they could be moved to other rooms. She had not made this a concern for the grievance process. A current facility policy, dated 8/23/22, titled "Resident Concerns and Grievances," provided by the Social Services Director on 2/9/23 at 2:03 p.m., indicated the following: "POLICY... Resident, representative or family concerns/grievances occurring during the resident's stay shall be responded to promptly and without fear of reprisal or discrimination. Each resident has the right to: file grievances orally or in writing; file a grievance anonymously, and to obtain a written decision regarding his or her grievance...." An undated document, titled, "INDIANA RESIDENT RIGHTS & FACILITY RESPONSIBILITIES," provided by the Social Services Director on 2/10/23 at 5:36 p.m., indicated the following: "...It is the facility's policy to abide by all resident rights, and to communicate these rights to residents and their designated representatives in a language that they can understand.... Residents' rights.... (l) When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families and report back at a later time in accordance with facility policy....(v) A resident has the right to the following: (1) Reside and receive services in the			

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	facility with reasonable accommodations of the individual's needs and preferences, except when the health or safety of the individual or other residents would be endangered.... Grievances (a) A resident has the right to the following: (1) Voice a grievance without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished. (2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents...." 3.1-3(v)(1) 3.1-7(a)(1) 3.1-7(a)(2)			
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to prevent the development and progression of pressure injuries for 1 of 5 resident reviewed for pressure injuries (Resident 25).	F 0686	**F686 -** Treatment/Svcs to Prevent/Heal Pressure Ulcer "The facility failed to prevent the development and progression of pressure injuries for 1 of 5 resident	03/02/2023

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	Findings include: During a random observation, on 2/6/23 at 3:32 p.m., Resident 25 was sitting in her recliner and crocheting. She was wearing slippers. During a random observation, on 2/8/23 at 2:11 p.m., the resident was sitting in her recliner with her eyes closed. A heel boot was on her right foot. Her left foot was bare, with a heel boot on the floor beside it. During a random observation, on 2/9/23 at 8:21 a.m., the resident was sitting in her recliner with her eyes closed. She was wearing slippers. Resident 25's clinical record was reviewed on 2/9/23 at 11:19 a.m. Diagnoses included anxiety, dementia with mood disturbance, dementia with agitation, restless leg syndrome, pressure-induced deep tissue damage of left heel, and pressure-induced deep tissue damage of right heel. Physician's orders included apply sure prep (barrier film wipe) to heels every shift (initiated 1/18/23), float heels while in bed as tolerated every shift (initiated 1/5/23), pressure reducing cushion to wheelchair (initiated 12/5/22), and pressure relieving mattress to bed (initiated 12/5/22). A current care plan, initiated on 12/5/22 and revised on 12/8/22, indicated the resident had an activities of daily living (ADL) self-care performance deficit related to mobility deficits, dementia, arthritis, chronic pain, and edema. An intervention (initiated 12/5/22) was to assist with bed mobility as needed/indicated.		reviewed for pressure injuries (Resident 25)." **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.** Resident 25 was assessed by the NP and wound nurse on 2/22/23, R heel has healed, L heel is improving greatly. A new treatment order was placed for L heel and will continue to be monitored. Her care plan was reviewed an updated as needed. Resident continue to be non-compliant with wearing the boots or floating heels. **How other resident having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.** All residents with high risk for breakdowns have the potential to be affected. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.** The facility's policy on Pressure Prevention has been reviewed an no changes are indicated at this time. All nursing staff will be re educated on the Pressure	

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	A current care plan, initiated on 12/5/22 and revised on 12/8/22, indicated the resident was at risk for impaired skin integrity related to mobility deficits, fragile skin, and edema. An intervention (initiated on 12/5/22) was to observe skin with daily cares and notify nurse of any new or worsening areas. A current care plan, initiated on 1/9/23 and revised on 1/30/23, indicated the resident had deep tissue injuries to the right and left heels, related to mobility deficits. Interventions included educate the resident/family/caregivers as to causes of skin breakdown (initiated 1/9/23), encourage and assist the resident to change position frequently (initiated 1/9/23), and float heels while in bed as tolerated (initiated on 2/7/23). A 12/11/22, admission Minimum Data Set (MDS) assessment indicated the resident was severely cognitively impaired. She required extensive assistance of two persons for bed mobility, transfers, and toileting. An Interdisciplinary Team (IDT) note, dated 12/6/22 at 11:34 p.m., indicated the resident was admitted on 12/5/22. She was at low risk for pressure related skin injuries. She was admitted with redness to her buttocks, with a treatment in place and the wound nurse to follow. A Skin/Wound note, dated 12/10/22 at 10:00 p.m., indicated the certified nurse aides (CNAs) reported bruising to the back of the resident's heels during the resident's shower. The left heel had a blood blister approximately 4 centimeters (cm) in diameter. The right heel had a blister approximately 2 cm in diameter. An IDT note, dated 12/15/22 at 11:00 a.m.,		Prevention policy. **How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e.., what quality assurance program will be put into place.** The facility will perform a skin sweep, then the DON/Designee will be responsible to audit three residents at high risk for skin break downs five days a week as followed using an audit tool: Three residents 5 days a week for 30 days then monthly thereafter for a duration of 6 months. All new admission will have a skin assessment done each day for 3 days for 6 months, an audit tool will be used to monitor. Should a concern be found, immediate corrective action will occur. Results of these audits and any corrective action will be discussed during the facility's monthly QA meetings and the plan adjusted if indicated.	

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	indicated the resident had blisters to both heels. The resident was somewhat stationary after going to bed and did not reposition herself or feet once she was settled in bed. The physician ordered heel boots and skin barrier film to her heels when in bed. An IDT note, dated 12/21/22 at 11:47 a.m., indicated the right and left heel blisters remained intact. The blisters had increased in size, but were flattening out. An IDT note, dated 12/28/22 at 2:13 p.m., indicated the right heel blister measured 3.0 cm by 2.5 cm with less than 0.1 cm depth and was improving. The left heel blister measured 4.0 cm by 4.5 cm with less than 0.1 cm depth and was improving. An IDT note, dated 1/4/23 at 1:31 p.m., indicated the intact blister to the right heel was discovered to be a stage 2 pressure injury (partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough or bruising. May also present as an intact or open/ruptured blister). The area was firm to touch, with purple/blue discoloration to the wound bed. The intact blister to the left heel was discovered to be a stage 2 pressure injury. The area was mushy/boggy to touch with purple/blue discoloration to the wound bed. A left heel wound evaluation by the wound Nurse Practitioner (NP), dated 1/11/23 at 10:29 a.m., indicated the left heel area previously classified as a stage 2 pressure injury was an unstageable pressure injury (full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar) with a length of 3.60 cm by a width of 3.81 cm. The wound bed was 100 %			

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	slough/eschar (dead tissue) and black in color. A right heel wound evaluation by the wound NP, dated 1/11/23 at 10:30 a.m., indicated the right heel area previously classified as a stage 2 pressure injury was an unstageable pressure injury, with a length of 2.32 cm by a width of 2.85 cm. The wound bed was 100 % slough/eschar and black and red in color. A left heel wound evaluation by the wound NP, dated 1/25/2023 at 8:40 a.m., indicated the pressure injury was now classified as a suspected deep tissue injury (purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear). The wound had worsened. A right heel wound evaluation by the wound NP, dated 1/25/23 at 8:41 a.m., indicated the pressure ulcer was now classified as a suspected deep tissue injury. The wound had worsened. A left heel wound evaluation by the wound NP, dated 2/8/23 at 6:38 a.m., indicated the pressure ulcer remained a suspected deep tissue injury with a wound bed of 70% slough/eschar and 30 % epithelialization (wound healing process). A right heel wound evaluation by the wound NP, dated 2/8/23 at 6:38 a.m., indicated the pressure ulcer remained a suspected deep tissue injury with a wound bed of 60% slough/eschar and 40% epithelialization. During an observation, on 2/10/23 at 10:21 a.m., LPN 4 removed the resident's heel boots and applied sure prep. The left heel had a blackened area the size of a half dollar. The right heel had a reddened area the size of a quarter. The resident			

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	indicated both her heels were sore. During an interview, on 2/10/23 at 10:55 a.m., CNA 12 indicated she tried to encourage the resident to wear heel boots, but the resident did not like them and often removed them. During an interview, on 2/10/23 at 12:42 p.m., CNA 6 indicated she encouraged the resident to elevate her feet and keep her heel boots on. The resident frequently removed her heel boots. During an interview, on 2/10/23 at 1:18 p.m., LPN 4 indicated she believed the pressure injuries to the resident were probably present on admission. She was unable to locate documentation of the existence of the pressure injuries prior to 12/10/22. A current facility policy, dated 9/1/2022, provided by the Corporate Consultant, and titled "Pressure Prevention," indicated the following: " ... Purpose to maintain good skin integrity and avoid development of pressure ulcers ...." 3.1-40(a)			
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including			

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	procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Based on interview and record review, the facility failed to administer ordered medications for 1 of 5 residents reviewed for unnecessary medications (Resident 3). Findings include: Resident 3's record was reviewed on 2/9/23 at 8:39 a.m. Diagnoses included hypertensive heart disease with heart failure, chronic systolic and diastolic congestive heart failure, coronary artery disease, paroxysmal atrial fibrillation, peripheral vascular disease and bradycardia. Physician's orders included sacubitril-valsartan (used for chronic heart failure) 49-51 mg (milligrams) two times a day ordered on 6/17/22, and discontinued on 8/5/22.	F 0755	**F755 -** Pharmacy Srvcs/Procedures/Pharmacist/Records **"T**he facility failed to administer ordered medications for 1 of 5 residents reviewed for unnecessary medications (Resident 3)." **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.** Resident 3 had no negative outcome as a result of the alleged deficient practice. All medication is currently being administered as ordered.	03/02/2023

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	A care plan initiated on 2/11/22 and revised on 9/26/22, indicated the resident had altered cardiovascular status related to congestive heart failure, coronary artery disease, peripheral vascular disease, hypertension, atrial fibrillation and bradycardia. An intervention, initiated on 2/11/22, indicated to give medications as ordered. The resident's medication administration record (MAR) from 6/1/22 through 6/30/22 indicated sacubitril-valsartan 49-51 mg was unavailable on 6/19/22, 6/20/22, 6/22/22, 6/24/22, 6/25/22, 6/28/22 and 6/30/22. The MAR from 7/1/22 through 7/31/22 indicated the medication was unavailable on 7/2/22 morning and evening doses, 7/3/22 morning and evening doses, 7/4/22, 7/5/22, 7/6/22, 7/10/22, 7/11/22 and 7/14/22. An Orders Administration Note, on 6/28/22 at 9:00 p.m., indicated sacubitril-valsartan 49-51 mg was not administered. The medication was held as it was not available at the time of administration. The nurse was notified and aware of the medication not being available. An Orders Administration Note, on 7/2/22 at 8:07 p.m., indicated sacubitril-valsartan 49-51 mg was not administered. The medication was held as it was not available at the time of administration. The nurse was notified and aware of the medication not being available. An Orders Administration Note, on 7/3/22 at 8:00 a.m., indicated sacubitril-valsartan 49-51 mg was not administered. The medication was held as it was not available at the time of administration. The nurse was notified and aware of the		**How other resident having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.** All residents have the potential to be affected. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.** The facility's policy on Medication Administration has been reviewed an no changes are indicated at this time. All nurses and Qma's will be reeducated on the Medication administration policy. **How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e.., what quality assurance program will be put into place.** DON/Designee will run a medication administration report 5 days a week using an audit tool to ensure all residents are receiving medication an order. A report on 3 different residents will be ran daily time five days for 30 days, then three residents weekly for two months then monthly thereafter for a duration of 6 months. Results of these audits and any corrective	

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	medication not being available. An Orders Administration Note, on 7/3/22 at 8:17 p.m., indicated sacubitril-valsartan 49-51 mg was not administered. The medication was held as it was not available at the time of administration. The nurse was notified and aware of the medication not being available. An Orders Administration Note, on 7/4/22 at 8:04 p.m., indicated pharmacy would be delivering sacubitril-valsartan 49-51 mg. An Orders Administration Note, on 7/10/22 at 8:08 p.m., indicated sacubitril-valsartan 49-51 mg was not administered. The medication was held as it was not available at the time of administration. The nurse was notified and aware of the medication not being available. An Orders Administration Note, on 7/11/22 at 8:00 p.m., indicated sacubitril-valsartan 49-51 mg was not administered. The medication was held as it was not available at the time of administration. The nurse was notified and aware of the medication not being available. An Orders Administration Note, on 7/14/22 at 9:38 p.m., indicated sacubitril-valsartan 49-51 mg was not administered. The medication was held as it was not available at the time of administration. The nurse was notified and aware of the medication not being available. During an interview, on 2/10/23 at 1:14 p.m., Licensed Practical Nurse (LPN) 2 indicated when a medication was unavailable, she checked if the medication had been reordered. Then, she would look in the Pyxis (an automated medication dispensing system) for the medication. If the		action will be discussed during the facility's monthly QA meetings and the plan adjusted if indicated.	

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	medication was not available, the pharmacy would be notified. She would notify the physician and see if she could an order to hold the medication one time until it arrived from the pharmacy. The unavailability of the medication would also be passed on in report. During an interview, on 2/10/23 at 1:29 p.m., LPN 3 indicated if a medication was not in the resident's medication section, she would check to ensure it had not been placed in another area. She would check the Pyxis for availability of the medication. Next, if not in Pyxis, she would notify the physician about the lack of the medication to get an order to hold the medication. She would notify the pharmacy to get the medication and pass it on in report. If the medication was not sent, then pharmacy would have to be notified again. She would speak with someone to find out why medication was not sent. During an interview, on 2/10/23 at 3:25 p.m., the Director of Nursing (DON) and Assistant Director of Nursing (ADON) reviewed the 6/2022 and 7/2022 MARs and indicated they had each marked the medication unavailable one time. Both indicated they would have notified the pharmacy to order the medication but did not remember the circumstances. The DON indicated she believed the medication may have been available, but was not administered, as the medication order was listed in the generic name and the medication container may have listed the brand name. A current facility policy, dated 12/1/22, provided by the Administrator on 2/10/23 at 3:47 p.m., and titled "Medication Administration," indicated the following: "...Medication will be administered in a safe and effective manner ...if unfamiliar with the medication, consult a drug reference,			

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	manufacturer package inserts, or pharmacist for more information ...." 3.1-25(a)			