

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155222	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/14/2021
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NAME OF PROVIDER OR SUPPLIER KOKOMO HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 429 W LINCOLN RD KOKOMO, IN 46902
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00368712.</p> <p>Complaint IN00368712 - Substantiated. Federal/state deficiencies related to the allegations are cited at F684, F692, F755 and F842.</p> <p>Survey dates: December 13 and 14, 2021</p> <p>Facility number: 000127 Provider number: 155222 AIM number: 100291430</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 4 Medicaid: 58 Other: 10 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on December 22, 2021</p>	F 0000	The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction.	
F 0684 SS=E Bldg. 00	<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>			

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 other safeguards 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 disclosed 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>treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review, the facility failed to complete the weekly skin assessments for 7 of 7 residents reviewed for skin issues (Residents B, C, D, H, E, F, G).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 12/13/21 at 2:17 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, fibromyalgia, lymphedema and history of diabetic foot ulcer.</p> <p>A physician's order, dated 7/29/21, indicated a weekly skin assessment was to be completed.</p> <p>A care plan, revised on 10/12/21, indicated the resident had a history of impaired skin integrity. The interventions included, but were not limited to, complete weekly skin checks.</p> <p>There were no weekly skin assessments completed on 10/29/21, 11/5/21 and 11/19/21.</p> <p>2. The record for Resident C was reviewed on 12/13/21 at 1:17 p.m. Diagnoses included, but were not limited to, venous insufficiency, type 2 diabetes mellitus and non-chronic ulcer of the right calf.</p> <p>A physician's order, dated 10/2/21, indicated a weekly skin assessment was to be completed.</p> <p>A care plan, dated 10/13/21, indicated the resident was at risk for altered skin integrity. The interventions included, but were not limited to,</p>	F 0684	<p>1) Residents B, C, D, H, E, F, G were part of a confidential compliant survey and could not be identified.</p> <p>2) All residents residing in the facility have the potential to be affected. An audit was conducted to ensure all residents residing in the facility have a weekly skin assessment in place and completed. Any resident found to be without a weekly skin assessment had their skin assessed and the weekly skin assessment was completed and initiated for future completion, the physician and family were notified and the plan of care was updated accordingly.</p> <p>3) The DON/Designee has educated all licensed staff on the facilities policy identified as, "Daily Skin Care" with emphasis on initiating and completing weekly skin assessments on each resident residing in the facility.</p> <p>4) The DON/Designee will audit residents' medical record to ensure weekly skin assessments are being completed on the following schedule: 10 residents weekly x 4 weeks, 5 residents weekly x 4 weeks, and 10 residents monthly x 1 month. The DON/Designee will audit all new admissions daily Monday-</p>	01/02/2022

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	<p>complete weekly skin checks.</p> <p>There were no weekly skin assessments completed on 11/20/27 and 11/27/21.</p> <p>3. The record for Resident D was reviewed on 12/13/21 at 2:47 p.m. Diagnoses included, but were not limited to, Parkinson's disease, type 2 diabetes mellitus with diabetic neuropathy, major depressive disorder, anxiety disorder and insomnia.</p> <p>A physician's order, dated 9/13/21, indicated a weekly skin assessment was to be completed.</p> <p>A care plan, dated 10/5/21, indicated the resident was at risk for altered skin integrity. The interventions included, but were not limited to, complete weekly skin checks.</p> <p>There were no weekly skin assessments completed on 10/13/21, 10/20/21, 10/27/21, 11/3/21, 11/10/21, 11/17/21, 11/24/21 and 12/1/21.</p> <p>4. The record for Resident H was reviewed on 12/14/21 at 2:23 p.m. Diagnoses included, but were not limited to, unspecified fracture of the right fibula, fracture of the right tibia, vascular dementia and generalized weakness.</p> <p>A care plan, revised on 11/7/21, indicated the resident was at a risk for further altered skin integrity related to immobility and dementia. The intervention included, but were not limited to, complete weekly skin checks dated 7/27/21.</p> <p>There were no weekly skin checks completed on 11/17/21, 11/24/21, 12/1/21 and 12/8/21.5. The record for Resident E was reviewed on 12/14/21 at 1:30 p.m. Diagnoses included, but were not limited</p>		<p>Friday to ensure a weekly skin assessment was initiated within the first week of admission; this will be an ongoing facility practice.</p> <p>5) The DON/Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 3 months, then randomly thereafter for further recommendations.</p>		

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	<p>to, cerebral infarction, respiratory failure with hypoxia, hypertension, depressive disorder, aphasia, anxiety disorder, hemiplegia and hemiparesis.</p> <p>A physician's order, dated 3/2/21, indicated a weekly skin assessment was to be completed.</p> <p>A care plan, revised on 2/3/21, indicated the resident had a history of impaired skin integrity. The interventions included, but were not limited to, complete weekly skin checks.</p> <p>There were no weekly skin assessments completed on 11/4/21, 11/25/21, 12/2/21 and 12/9/21.</p> <p>6. The record for Resident F was reviewed on 12/13/21 at 2:04 p.m. Diagnoses included, but were not limited to, hypertension, adjustment disorder, weakness and dysphasia.</p> <p>A physician's order, dated 3/23/20, indicated a weekly skin assessment was to be completed.</p> <p>A care plan, revised on 12/1/21, indicated the resident had a history of impaired skin integrity. The interventions included, but were not limited to, complete weekly skin checks.</p> <p>There were no weekly skin assessments completed on 11/6/21, 11/7/21, 11/13/21, 11/14/21, 11/20/21, 11/21/21, 11/27/21, 11/28/21, 12/4/21 and 12/11/21.</p> <p>7. The record for Resident G was reviewed on 12/13/21 at 2:49 p.m. Diagnoses included, but were not limited to, hypertension, chronic kidney disease stage 3, morbid obesity, peripheral vascular disease, depressive disorder and bipolar</p>			

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	<p>disorder.</p> <p>A physician's order, dated 9/29/21, indicated a weekly skin assessment was to be completed.</p> <p>A care plan, revised on 10/7/20, indicated the resident had a history of impaired skin integrity. The interventions included, but were not limited to, complete weekly skin checks,</p> <p>There were no weekly skin assessments completed on 11/6/21, 11/13/21, 11/19/21, 11/27/21, 12/4/21 and 12/11/21.</p> <p>During an interview, on 12/14/21 at 1:27 p.m., the Director of Nursing (DON) indicated the nurse marked the weekly skin assessments off on the Medication Administration Record (MAR) when they do the weekly skin assessment. The nurse also must complete the weekly skin observation assessment before the weekly skin assessment was considered completed. She indicated both the MAR and assessment must be completed. Resident B, C, D, E, F and G's skin assessments were considered uncompleted.</p> <p>A current facility policy, titled "Skin Care & Wound Management Overview," dated 10/5/21 and received from the Executive Director on 12/14/21 at 11:40 a.m., indicated "...The facility staff strives to prevent resident/patient skin impairment and to promote the healing of existing wounds. The interdisciplinary team works with the resident/patient and/or family/responsible party to identify and implement interventions to prevent and treat potential skin integrity issues. The interdisciplinary team evaluates and documents identified skin impairments and pre-existing signs to determine the type of impairment...Each resident/patient is evaluated upon admission and</p>			

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F 0692 SS=G Bldg. 00	<p>weekly thereafter for changes in skin conditions...."</p> <p>This Federal tag relates to Complaint IN00368712</p> <p>3.1-37(a)</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review, the facility failed to identify a significant weight loss, notify the physician of the weight loss and implement interventions to prevent further weight loss for 1 of 3 residents reviewed for nutrition (Resident D). Resident D had a 12.73% weight loss in less than 80 days.</p> <p>Finding includes:</p>	F 0692	<p>1) Resident D was part of a confidential complaint survey and could not be identified.</p> <p>2) All resident residing in the facility have the potential to be affected. An audit was conducted on the last 30 days of weights to ensure no other residents have had a significant weight loss. Any</p>	01/02/2022

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	<p>During an interview, while on the initial tour starting at 11:21 a.m. on 12/13/21, Resident D indicated he just didn't have an appetite although the food was not bad.</p> <p>The record for Resident D was reviewed on 12/13/21 at 2:47 p.m. Diagnoses included, but were not limited to, Parkinson's disease, type 2 diabetes mellitus with diabetic neuropathy, major depressive disorder, anxiety disorder and insomnia.</p> <p>A physician's order, dated 9/13/21, indicated a regular diet, regular texture and regular consistency.</p> <p>A care plan, dated 10/5/21, indicated the resident was at risk for nutritional problems. The interventions included, but were not limited to, notify the medical provider and resident representative of unplanned weight changes.</p> <p>The current Minimum Data Set (MDS) assessment, completed on 10/11/21, indicated the resident's weight was 165 pounds and the resident had not had a weight loss of 5% or more in the last month or 10% or more in the last 6 months. The resident required oversight, encouragement or cueing with eating and one person physical assist.</p> <p>The resident had the following weights:</p> <ol style="list-style-type: none"> 1. On September 15, 2021, the weight was 170 pounds. 2. On September 29, 2021, the weight was 165 pounds. 3. On October 12, 2021, the weight was 150.4 pounds which was an 8.85% weight loss from 9/29/21. 		<p>resident that was identified as having a 5% weight loss in 30 days, 7.5% weight loss in 90 day or 10% weight loss in 180 days was referred to the Registered Dietician for review and implementation of interventions, had their physician and family notified of the weight loss and interventions initiated and their plan of care updated accordingly.</p> <p>3) The DON/Designee has educated the licensed nurses and IDT members on the facilities policy identified as, "Weight Monitoring" with emphasis on staff identification of a significant weight loss, notification to the registered dietician, notification to the physician, and notification to the family. Additionally, emphasis was placed on implementation of nutritional interventions.</p> <p>4) The Registered Dietician will audit residents medical record for significant weight loss on the following schedule: 10 residents weekly x 4 weeks, 5 residents weekly x 4 weeks, then 10 residents monthly.</p> <p>5) The Registered Dietician will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 3 months, then randomly thereafter for further recommendations.</p>	

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	<p>4. On November 19, 2021, the weight was 146 pounds which was an 11.52% weight loss from 9/29/21.</p> <p>5. December 10, 2021, the weight was 144 pounds which was a 12.73% weight loss from 9/29/21.</p> <p>The documentation did not include a reweight on 10/12/21 when the weight loss was greater than 5 pounds.</p> <p>The progress notes between 10/12/21 and 12/10/21 did not include the weight loss, notification to physician or any nutrition notes.</p> <p>The physician orders did not include any new dietary interventions after 10/12/21 when the significant weight loss occurred.</p> <p>The care plan did not include any new interventions since 10/5/21.</p> <p>During an interview, on 12/14/21 at 3:59 p.m., the Director of Nursing (DON) indicated she did not look at the weight loss until 12/13/21 and called the corporate dietician. The dietician would do a full assessment on 12/14/21 since one had not been completed for the significant weight loss from 10/12/21. The alert triggered in the computer by the significant weight loss on 10/12/21 had been cleared by a staff nurse manager. The staff nurse manager did not notify anyone of the significant weight loss and the nutrition at risk (NAR) team did not follow up. The next weight entered on 11/19/21 did not show as a significant weight loss from the weight on 10/12/21 so the computer system did not show another weight loss alert. Since the computer did not trigger another weight loss alert, the NAR team was not notified. The nurse practitioner was notified of the significant weight loss on 12/13/21 and ordered</p>			

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F 0755 SS=D	<p>labs to be completed. The progress notes, nutrition notes and dietician notes for the months of October, November and December 2021 had been requested and none of the notes included the significant weight loss from 10/12/21.</p> <p>A current facility policy, titled "Resident Height and Weight," revised on 7/16/21 and received from the DON on 12/14/21 at 3:24 p.m., indicated "...Accurate weight...Unless a compelling reason exists, obtain weight in the morning before meals and post voiding to obtain the most accurate body weight...Document the weight, the scale and any unusual events associated with obtaining the weight in EHR[electronic health record]...Compare weight to previous weight obtained. If a variance of 5 pounds or more is noted, reweigh residents to verify weight...Weigh the resident within 24 hours of admission...Obtain weekly weights times 4 weeks [x 4 weeks] for baseline...Stable residents will be weighed monthly thereafter, unless physician or diagnosis indicates otherwise...Unstable resident will be reviewed by IDT [interdisciplinary team] to determine weekly or other...Update Interdisciplinary Care Plan as needed....Documentation...In EHR...24 Hour Report Record...Reweight Parameters...A plus/minus of 5 pounds of weight in one week will result in...Reweight within 24 hours... Validation with nurse for accurate weight...Notify IDT team/doctor/family, if indicated...Weight loss concerns will be discussed at the weekly clinical meetings...."</p> <p>This Federal Tag relates to Complaint IN00368712.</p> <p>3.1-46(a)(1)</p> <p>483.45(a)(b)(1)-(3) Pharmacy</p>			

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Bldg. 00	<p>Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services</p> <p>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.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§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</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure a resident had a supply of medication to be administered as ordered by the physician for 1 of 3 residents reviewed for medications (Resident D).</p>	F 0755	<p>1) Resident D was part of a confidential complaint survey and could not be identified.</p> <p>2) All residents residing in the facility that receive medications have the potential to be affected.</p>	01/02/2022

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	<p>Finding includes:</p> <p>During an interview, while on the initial tour starting at 11:21 a.m. on 12/13/21, Resident D indicated he was not receiving his "diazepam" because the facility did not have the medication.</p> <p>The record for Resident D was reviewed on 12/13/21 at 2:47 p.m. Diagnoses included, but were not limited to, Parkinson's disease, type 2 diabetes mellitus with diabetic neuropathy, major depressive disorder, anxiety disorder and insomnia.</p> <p>A physician's order, dated 12/3/21, indicated to give clonazepam (a benzodiazepine used to treat anxiety) 0.5 mg (milligram) three times a day for anxiety.</p> <p>A Medication Administration Record (MAR) for the month of December, did not have the clonazepam signed out as given for December 11, 2021 at 9 p.m., December 12, 2021 at 1:00 p.m. and 9:00 p.m. and December 13, 2021 at 5:00 a.m.</p> <p>The Controlled Drug Administration Record for clonazepam 0.5 mg received on 12/4/21 with a quantity of 21 tablets, showed the last medication signed out was on 12/11/2021 at 8:00 p.m. with one remaining clonazepam 0.5 mg dose.</p> <p>The Controlled Drug Administration Record for clonazepam 0.5 mg received on 12/14/21 with a quantity of 90 tablets showed no doses of the medication had been signed out.</p> <p>The progress notes did not include the physician was notified of the doses of clonazepam not given on December 11, 12 and 13, 2021.</p>		<p>An audit was conducted to ensure all residents had a supply of medication to be administered as ordered by the physician. Any resident found to be without the ordered medication had their physician notified, pharmacy notified, and family notified.</p> <p>3) The DON/Designee educated all licensed nurses and qualified medication aides on the facilities policy identified as, "Medication Administration" with emphasis on how to reorder a medication and who to notify when a medication is not available.</p> <p>4) The DON/Designee will audit the residents medication profile and compare it to the medications that are available on the cart on the following schedule: 5 residents weekly x 4 weeks, 3 residents weekly x 4 weeks, then 10 residents monthly x 1 month.</p> <p>5) The DON/Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 3 months, then randomly thereafter for further recommendations.</p>		

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	<p>During an interview, on 12/14/21 at 3:59 p.m., the Director of Nursing (DON) indicated the psychiatrist had originally prescribed the clonazepam for the resident and the nursing staff had requested a refill from the facility physician. The medication was not filled after the medication ran out. The physician should have been notified if a medication was not given and the progress notes should have included documentation of the reason the medication was not given. The DON could not find this information documented.</p> <p>A current facility policy, titled "Medication Administration," revised 12/14/2017 and received from the DON on 12/14/21 at 3:27 p.m., indicated "...The purpose of this policy is to provide guidance for general medication administration to be provided by personnel recognized as legally able to administer...Administer medication only as prescribed by the provider...Medications that are refused or withheld or not given will be documented...Documentation...Documentation of medication will be current for medication administration...Documentation of medications will follow accepted standards of nursing practice...."</p> <p>A current facility policy, titled "Provider Pharmacy Requirements," not dated and received from the DON on 12/14/21 at 4:00 p.m., indicated "...Regular and reliable pharmaceutical service is available to provide residents with prescription and nonprescription medications, services, and related equipment and supplies...The provider pharmacy agrees to perform the following services, including but not limited to...Implementing procedures when medication delivery is delayed or medications are not available...providing, maintaining, and replenishing an emergency medication supply in a sealed and properly</p>			

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F 0842 SS=D Bldg. 00	<p>labeled container in a timely manner..."</p> <p>This Federal Tag relates to Complaint IN00368712.</p> <p>3.1-25(a)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p>			

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	<p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to ensure the Medication Administration Records (MARs) were documented completely to identify if the residents did or did not receive the</p>	F 0842	1) Resident B, C, and D were part of a confidential complaint survey and were unable to be identified.	01/02/2022

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	<p>prescribed medication for 3 of 3 residents reviewed for medication administration documentation (Residents B, C and D).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 12/13/21 at 2:17 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, fibromyalgia, lymphedema and history of diabetic foot ulcer.</p> <p>A MAR, dated for the month of November 2021, indicated the following medications were not signed as administered or not administered:</p> <p>a. Novolog insulin 10 units subcutaneously before meals on 11/15/21 at 11:00 a.m. and 11/21/21 at 11:00 a.m.</p> <p>b. Oxybutynin (treatment for overactive bladder) 5 mg (milligram) one tablet three times daily on 11/25/21 at 8:00 p.m.</p> <p>A MAR, dated for the month of December 2021, indicated the following medications were not signed as administered or not administered:</p> <p>a. enoxaparin sodium solution (an anticoagulant) injection 0.4 ml (milliliter) one time a day for blood thinner on 12/2/2021 and 12/4/2021.</p> <p>b. Insulin detemir 15 units subcutaneously one time a day for diabetes on 12/2/21 and 12/4/21.</p> <p>c. Melatonin 5 mg at bedtime for sleep on 12/11/21 and 12/12/2021.</p> <p>d. Gabapentin capsule 300 mg three times a day for neuropathy on 12/11/21 at 8:00 p.m.</p> <p>e. Gabapentin capsule 100 mg give two capsules every 8 hours on 12/2/21 at 11:00 p.m. and 12/11/21 at 3:00 p.m.</p> <p>f. Novolog insulin 10 unit subcutaneously before meals on 12/4/21 at 8:00 a.m., 12/4/21 at 11:00 a.m., and 12/11/21 at 4:00 p.m.</p>		<p>2) All other residents residing in the facility that receive medications have the potential to be affected. An audit was conducted of the last 7 days of EMAR/ETAR documentation to identify if there was missed documentation. Any resident identified to have missed EMAR/ETAR documentation had their physician and family notified of the omission in documentation.</p> <p>3) The DON/Designee has educated all the licensed nurses and qualified medication aides on the facilities policy identified as, "Medication Administration" with emphasis on documentation on the EMAR/ETAR.</p> <p>4) The DON/Designee will review the facilities daily, "Medication Administration Audit" Monday-Friday to ensure all EMAR/ETAR documentation is complete this will be an ongoing facility practice.</p> <p>5) The DON/Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 3 months, then randomly thereafter for further recommendations.</p>	

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	<p>g. Oxybutynin 5 mg three times day on 12/11/21 at 8:00 p.m.</p> <p>2. The record for Resident C was reviewed on 12/13/21 at 1:17 p.m. Diagnoses included, but were not limited to, venous insufficiency, type 2 diabetes mellitus and non chronic ulcer of the right calf.</p> <p>A MAR, dated for the month of December 2021, indicated the following medications were not signed as administered or not administered:</p> <p>a. Lipitor (to treat high cholesterol and triglycerides) 40 mg one time a day on 12/11/21 and 12/12/2021.</p> <p>3. The record for Resident D was reviewed on 12/13/21 at 2:47 p.m. Diagnoses included, but were not limited to, Parkinson's disease, type 2 diabetes mellitus with diabetic neuropathy, major depressive disorder, anxiety disorder and insomnia.</p> <p>A MAR, dated for the month of November 2021, indicated the following medications were not signed as administered or not administered:</p> <p>a. Lipitor 20 mg at bedtime on 11/2/21, 11/4/21, 11/13/21, 11/19/21, 11/25/21 and 11/28/2021.</p> <p>b. Levetiracetam (a seizure medication) ER (extended release) 500 mg two times a day on 11/4/21 at 8:00 p.m., 11/19/21 at 8:00 p.m. and 11/28/21 at 8:00 p.m.</p> <p>c. Lisinopril (to treat high blood pressure) 10 mg two times a day on 11/4/21 at 8:00 p.m., 11/19/21 at 8:00 p.m. and 11/28/21 at 8:00 p.m.</p> <p>d. Metformin (to treat diabetes) ER tablet 500 mg two times a day on 11/4/21 at 8:00 p.m., 11/19/21 at 8:00 p.m. and 11/28/21 at 8:00 p.m.</p> <p>A MAR, dated for the month of December 2021,</p>			

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	<p>indicated the following medications were not signed as administered or not administered:</p> <p>a. Carbidopa-levodopa (to treat Parkinson's) 25-100 mg three times a day on 12/2/21 at 8:00 p.m., 12/3/21 at 8:00 p.m., 12/11/21 at 8:00 p.m., and 12/12/21 at 8:00 a.m.</p> <p>b. hydralazine (to treat high blood pressure) 25 mg three times a day on 12/2/21 at 8:00 p.m., 12/3/21 at 8:00 p.m., 12/11/21 at 8:00 p.m., and 12/12/21 at 8:00 a.m.</p> <p>During an interview, on 12/14/21 at 3:59 p.m., the Director of Nursing (DON) indicated all medications should be signed off on the MAR if they were given or not given and the reason not given should be documented.</p> <p>A current facility policy, titled "Clinical Documentation Standards," dated 8/31/2018 and received on 12/14/2021 at 4:10 p.m., indicated "...Maintaining the integrity, quality, and safety of medical records can help to provide an effective communication between practitioner that may serve to enhance resident outcomes. This facility uses both electronic medical records and paper medical records. A complete record contains an accurate and functional representation of actual experience of the resident and must contain enough information to show that the status of the individual resident is known, and a plan of care has been identified to meet the care needs identified in the medical record...Nurses will follow the basic standard of practice for documentation including but not limited to providing a timely and accurate account of resident information in the medical record, documenting legibly in English using only acceptable medical abbreviations...Basic Nursing Standards of Documentation...The primary purpose of the medical record[s] is to provide continuity of</p>			

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

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	<p>care...Clinical evidence of care and treatment records as evidence of care...Document entries during the work shift and complete all entries before leaving the facility for that tour/shift...."</p> <p>A current facility policy, titled "Medication Administration," revised on 12/14/2017 and received from the DON on 12/14/21 at 3:27 p.m., indicated "...Medication Administration Record-the legal documentation for medication administration...The purpose of this policy is to provide guidance for general medication administration to be provided by personnel recognized as legally able to administer...General Procedures...Administer medication only as prescribed by the provider...Medications that are refused or withheld or not given will be documented...Documentation of medications will be current for medication administration...."</p> <p>This Federal Tag relates to Complaint IN00368712.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			