VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

September 21, 2023

Ms. Amy Russell, Administrator
The Pines at Rutland Center For Nursing And Rehabilitation
99 Allen Street
Rutland, VT 05701-4501

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **August 9, 2023.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

PamelaMCotaRN
Pamela M. Cota, RN
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475018	A. BUILDING _____ B. WING _____	08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI	99 ALLEN STREET RUTLAND, VT 05701

(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
E 000	Initial Comments The Division of Licensing and Protection conducted an emergency preparedness review on 8/9/23, during the re-certification survey, to determine compliance with 42 CFR Part 483.73 Emergency Preparedness requirements for Long Term Care Facilities. As a result of this review, the Facility was determined to be in substantial compliance with these requirements.	E 000	Please note that the filing of the plan of correction does not constitute admission to any of the alleged violations set forth in this statement of deficiencies. This plan of correction is being filed as evidence of the facility's continued compliance with all applicable laws and regulations.	9/18/23
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, on-site re-certification survey from 8/7/23 to 8/9/23 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. There were regulatory violations identified as a result of this survey.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not	F 656	F 656: Res.#59 is receiving tube feedings as ordered, weights are reviewed and completed as ordered, and medications are administered as ordered. Resident had no ill effects as a result of alleged deficient practices. Other residents with tube feedings have the potential to be affected by alleged deficient practice. Nursing staff have been educated on tube feeding, weights and physician orders. Audits will occur weekly x4, monthly x2 with results reported to QAPI. DNS or designee is responsible. Tag F 656 POC accepted on 9/21/23 by S. Freeman/P. Cota	9/18/23

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

LNHA | 8/30/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	Continued From page 1 provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement care plan interventions regarding tube feeding and medications for 1 resident [Res. #59] of 35 sampled residents. Findings include: Per review of Res. #59's medical record, the resident is diagnosed as being in a Persistent Vegetative State and is fed solely through a tube ["G-tube"] into h/her stomach. The resident's	F 656		

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F 656	Continued From page 2 medical history and diagnoses include Dysphagia [difficulty in swallowing food or liquid], Quadriplegia [pattern of paralysis that can affect a person from the neck down], Anoxic Brain Damage [damage to the brain due to a lack of oxygen supply], and Severe Sepsis with Septic Shock [Septic shock is the last and most severe stage of sepsis. Sepsis occurs when your immune system has an extreme reaction to an infection]. Review of Res. #59's Care Plan reveals the resident identified as being "in a persistent vegetative state requiring nutrition/ hydration support". Care Plan interventions include "Tube feeding and flushes as ordered. Weights and labs to be reviewed as needed." Review of Physician Orders for Res.#59 reveal an order dated 5/22/23 for "one time a day Two Cal HN formula [tube feeding] to run at 55cc [cubic centimeters] per hour for 16 hours. Total volume of formula 880cc/24 hours. Start feeding at 6am Stop feeding at 10pm". Per observation on 8/7/23 at 11:37 AM, Res.#59 was in bed with the tube feeding formula attached to an electronic pump and to the resident. The pump displayed the current infusion rate of the tube feeding as "37cc/hr.". An interview was conducted with Res.#59's primary Nurse on 8/7/23 at 11:43 AM. The Nurse stated that the ordered rate for the tube feeding was 37cc/hr. and confirmed that the resident was currently receiving the tube feeding at that rate. The nurse was asked to review and confirm the Physician's tube feeding order. The nurse confirmed that the order for the tube feeding rate was 55cc/hr., not 37cc/hr., and that the tube feeding was infusing at the incorrect rate since 6:00 AM. The Nurse also stated S/he had been the resident's primary nurse for several days and had been infusing the tube	F 656		

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F 656	Continued From page 3 feeding at the incorrect rate while he was assigned to the resident. Further review of Physician Orders for Res.#59 reveals an order for "Weekly weight- every day shift every Mon- Start Date- 5/22/23". Review of Res.#59's medical record reveals 8 times out of 11 dates between the start date of 5/22/23 and 7/31/23 with no recorded weight. Review of recorded weights for Res.#59 between 5/10/23 [124.2 lbs.] and 8/3/23 [116 lbs.] record a weight loss of 6.6 %. Review of Res.#59's medical record includes a note labeled "Weight Warning" dated 7/10/23, which notes a "-3.0% change from last weight" and that "the increase in Tube Feeding rate of Two Cal HN @ 55cc per hour continues." Further review of Res.#59's Care Plan reveals multiple times "Give medications as ordered" listed as an intervention to be implemented regarding Res. #59's care and treatment. Review of Physician Orders for Res.#59 reveal a medication order dated 5/17/23 for "Bacillus Coagulans-Inulin: Give 1 tablet via G-Tube two times a day related to SEVERE SEPSIS WITH SEPTIC SHOCK -Start Date 5/17/23 8:00 PM". Review of Res.#59's Medication Administration Records [MARs] for May, June, & July 2023 document the medication was not given 51 times as ordered and per plan of care. An interview was conducted with the facility's Administrator [ADM], Director of Nursing [DON] and Assistant Director of Nursing [ADON] on 8/9/23 at 11:34 AM. The 3 staff members confirmed Res.#59's Care Plan identified the	F 656		

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F 656	Continued From page 4 resident as being "in a persistent vegetative state requiring nutrition/ hydration support" with Care Plan interventions that included "Tube feeding and flushes as ordered. Weights and labs to be reviewed as needed", and "Give medications as ordered". The 3 staff members confirmed Res.#59 did not receive the tube feedings as ordered, weights were not reviewed or completed as ordered, and medications were not administered as ordered per Res.#59's Care Plan.	F 656		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary	F 657	F657- Resident #80 has no negative effects from alleged deficient practice. Care plan has been updated to reflect current status. Other residents on FMP have the potential to be affected by this alleged deficient practice. Therapy staff and nursing staff have been educated on ambulation process. Audits will occur weekly x4, monthly x2 with results to QAPI. DNS or designee is responsible. **Tag F 657 POC accepted on 9/21/23 by S. Freeman/P. Cota**	9/18/23

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F 657	Continued From page 5 team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to revise a comprehensive care plan to include interventions that addresses the resident's goal to maintain his or her highest practicable well-being regarding walking for 1 of 35 residents (Resident #80). Findings include: Per interview on 8/7/23 at 10:38 AM, Resident #80 revealed that it has been a few weeks since S/he has been walked by staff, which S/he needs help with because S/he had a stroke. S/He stated that S/he really wants to get back to it because S/he wants to be more independent. Review of Resident #80's care plan reveals, "[Resident #80] has limited physical mobility stroke," initiated on 10/8/19 and last revised on 8/25/22, and interventions include "Ambulation: [Resident #80] has a FMP [functional maintenance program] on hold," last revised on 8/25/22, and "[Resident #6] is able to ambulate with therapy FMP on hold]," last revised on 8/25/22. Per interview and record review on 8/8/23 at 2:20 PM, the Therapy Director stated that Resident #80 is on a walking program. S/He revealed an in-service record, dated 6/13/23, in which staff are trained on the specifics for walking Resident #80 and describes the task as "staff to ambulate [with] patient [at] railing in hallway, LEMA strap [walking assistance strap] on LLE [lower left extremity], wheelchair follow 28 x 2 [feet] to maintain mobility, 2-5 times a week."	F 657		

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F 657	Continued From page 6 Record review of Resident #8's nursing staff tasks reveal the following task, "NURSING REHAB: Staff to ambulate with patient with rails in hallway, (LEMA strap left lower extremity mobility aid) and mod assist up to 30 feet or as tolerated, to maintain mobility," last revised 12/23/22, and does not include the use of a wheelchair or a weekly frequency. Review of task documentation from 7/11/23 through 8/9/23 shows that Resident #80 ambulated 4 times with staff. Per interview on 8/8/23 at 4:01 PM, a Licensed Nurse Aide revealed that S/he had documented this task as completed but explained that Resident #80 had only taken a few steps in his/her room, not in the hall. Per interview on 8/09/23 at 4:01 PM, the Assistant Director of Nursing confirmed that there is no evidence in Resident #80's record that S/he refused to walk and that there are no interventions in his care plan that match the walking program instructions made by physical therapy.	F 657		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure services provided met professional standards of quality regarding resident medications administered as	F 658	F658- Resident #266 has had no ill effects from alleged deficient practice. Physician order has been modified to reflect removal time of the Lidoderm patch. Other residents with Lidoderm patches have the potential to be affected by alleged deficient practice. Resident #6 has had no ill effects from alleged deficient practice. Physician order has been modified with appropriate times for medication administration.	9/18/23

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F 658	Continued From page 7 ordered for 3 of 35 sampled residents (Resident #266, #6, & #59) and regarding tube feeding and weight monitoring for 1 resident [Resident #59]. Findings include: Review of The National Library of Medicine Nursing Rights of Medication Administration (ncbi.nim.nih.gov) notes the nurse is frequently the final person to ensure medication is correctly prescribed and dispensed before administration. The standard professional medication administration practice is to follow the "five rights of administration" The five rights are the right patient (resident), the right medication, the right route, the right dose, and the right time. 1. Resident #266 was administered the wrong dose of medication one hundred times between April 22, 2023, and August 9, 2023. Resident #266 has among other diagnoses arthritis of the left knee. Record review revealed , the following medical order written on April 22, 2023 "Lidoderm Patch 5% (Lidocaine) Apply to left knee topically in the morning for knee pain... "Document Removal" box. Indicate removal time below." On August 9, 2023 at approximately 2 PM the Director of Nursing (DON) advised the surveyor that the medication had been taken from house stock (medications that are kept on hand in large quantities and not ordered from the pharmacy monthly). However, the house stock that had been used since the order was written in April was 4% Lidocaine not the ordered 5% Lidocaine. Additionally, it was noted on the Medication Administration Record (MAR) that there was a box to sign off when the medication was provided	F 658	F658- Other residents with Cholestyramine orders have the potential to be affected by alleged deficient practice. Resident #59 has had no ill effects from alleged deficient practice. Physician order for Bacillus Coagulans -inulin has been discontinued. Resident #59 is receiving tube feeding and being weighed per MD orders. Residents who receive tube feeding, residents who have orders for weights and those residents with orders for Bacillus Coagulans-inulin have the potential to be affected by alleged deficient practice. Nursing staff have been educated on: - Medication administration policy - Medication available policy -Physician orders -Weight policy Audits will occur weekly x4, monthly x2 with results to QAPI. DNS or designee is responsible. **Tag F 658 POC accepted on 9/21/23 by S. Freeman/P. Cota**	9/18/23

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F 658	Continued From page 8	F 658		

but there was not a box to document removal of the medicated patch as had been ordered. On August 9, 2023, at approximately 2 PM the DON confirmed the medication had been provided in the wrong dose and the removal of the medicated patch had not been documented 100 times.

2. Per record review of Resident #6's care plan, Resident #6 requires care and treatment related to having a colostomy (a surgical opening in the colon where waste gets diverted from), gastroesophageal reflux disease, irritable bowel syndrome, heart disease, depression, potential nutritional deficiency, chronic pain, osteoarthritis, and urinary incontinence (uncontrolled leakage of urine).

Review of Resident #6's medication administration record (MAR) reveals a physician order for "cholestyramine Light Packet 4 GM [Gram] Give 1 packet by mouth three times a day for loose stools Mix in 8oz liquid, with meals please, don't give with medications," with a start date of 7/8/22 and scheduled to be administered at 8:00 AM, 12:00 PM, and 5:00 PM. The package insert for this medication states: "SINCE CHOLESTYRAMINE MAY BIND OTHER DRUGS GIVEN CONCURRENTLY, IT IS RECOMMENDED THAT PATIENTS TAKE OTHER DRUGS AT LEAST ONE HOUR BEFORE OR 4 TO 6 HOURS AFTER CHOLESTYRAMINE (OR AT AS GREAT AN INTERVAL AS POSSIBLE) TO AVOID IMPEDING THEIR ABSORPTION."

Per observation and interview on 8/8/23 at 12:33 PM, a Licensed Practical Nurse was bringing medications to Resident #6 and indicated that they were Imodium (loperamide A-D;

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F 658	Continued From page 9	F 658		

anti-diarrheal medication), cholestyramine (bile acid eliminator), and eye drops. S/he stated that S/he was not aware that the order said not to administer cholestyramine with any other medications.

Per interview on 8/9/23 at 11:15 AM, the Pharmacist stated that cholestyramine should be given an hour before or 4 hours after other medications because it will impede the absorption of other medications given within that time frame.

Per review of Resident #6's Medication Administration Audit Report from 12:00 AM on 8/1/23 through 12:58 PM on 8/8/23, of the 23 times Resident #6 was administered cholestyramine, S/he received additional oral medications (that would be absorbed in the digestive system) all 23 times. Medications that were documented as administered within 3 minutes of administration of cholestyramine include Cymbalta (antidepressant), magnesium oxide (supplement), mirabegron (treats overactive bladder), multi vitamin, potassium chloride (supplement), raloxifene (treats osteoporosis), Eliquis (anti-coagulant), Lomotil (anti-diarrheal), senna (laxative), Tums (antacid), acetaminophen (pain reliever), Lyrica (nerve pain reliever), metoprolol (beta blocker; for irregular heartbeat), and loperamide A-D (anti-diarrheal).

Per interview on 8/9/23 at approximately 2:30 PM, the Administrator confirmed that Resident #6's physician's orders for cholestyramine had not been followed.

3.) Per review of Res. #59's medical record, the resident is diagnosed as being in a Persistent Vegetative State, breathes through a

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F 658	Continued From page 10	F 658		

Tracheostomy [small surgical opening that is made through the front of the neck allowing air to flow in and out of the windpipe], and is fed solely through a tube ["G-tube"] into h/her stomach. The resident's medical history and diagnoses include Dysphagia [difficulty in swallowing food or liquid], Quadriplegia [pattern of paralysis that can affect a person from the neck down], Anoxic Brain Damage [damage to the brain due to a lack of oxygen supply], and Severe Sepsis with Septic Shock [Septic shock is the last and most severe stage of sepsis. Sepsis occurs when your immune system has an extreme reaction to an infection].
Review of Physician Orders for Res.#59 reveal a medication order dated 5/17/23 for "Bacillus Coagulans-Inulin: Give 1 tablet via G-Tube two times a day related to SEVERE SEPSIS
WITH SEPTIC SHOCK -Start Date 5/17/23 8:00 PM". The medication was discontinued on 7/8/23.
Review of Res.#59's Medication Administration Records [MARs] for May, June, & July 2023 document the medication was not given 51 times as ordered. Review of Nursing Notes for the 51 omissions include notations reading "Unavailable", "medication not in stock", "On order from pharmacy", "Awaiting for pharmacy to send", "Medication not available", "medication unavailable to administer", "Medication not available in-house stock." 14 of the 51 omission notations record that the "supervisor", "unit manager" or both were "notified" or "made aware" of the missed medication.

Per review of the facility's "Unavailable Medication Policy" (issued 2/2015, revised 5/2023), the policy states "Policy: If a medication is unavailable, for any reason, the facility shall act

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THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI	99 ALLEN STREET RUTLAND, VT 05701

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F 658	Continued From page 11	F 658		

promptly to notify the Pharmacy and the appropriate practitioners to obtain a new medication supply/order." The policy's "Procedure" includes:
"Upon identification that medication is unavailable for administration as per physician order, the nurse is to notify the Nursing Supervisor/Designee immediately."
"If Medication is not available, notify the Physician/NP, inform the practitioner if there is a comparable medication available that can be given as an alternate."
"Call the Pharmacy and order the medication per physician's order. If the pharmacy does not have the medication or it cannot be delivered timely, the pharmacy is responsible for getting the medication delivered from a backup pharmacy. Document name of Pharmacist and Pharmacy response in progress note/nursing notes."
The Unavailable Medication Policy's "Documentation" section includes the instructions;
"Document medication not given on EMAR [Electronic MAR]. Document in Progress notes Physician/NP notified, and their response and that medication was ordered with the Pharmacy. Document Physician/NP orders."
An interview was conducted with the facility's Administrator [ADM], Director of Nursing [DON] and Assistant Director of Nursing [ADON] on 8/9/23 at 11:34 AM. The 3 staff members confirmed the steps, procedures, and documentation requirements of the facility's Unavailable Medication Policy. The staff members also confirmed that the facility's Pharmacy Service sends records documenting the delivery dates and times of ordered medications, along with the resident's name and specific medication ordered/delivered, and the

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F 658	Continued From page 12 Pharmacy Service Receipt records are kept and available on the resident units Nursing Station. Additional record review reveals a "Consultant Pharmacist's Medication Regimen Review- for recommendations created between 6/5/23 and 6/6/23, includes routing for Nursing. Nursing Report/DON Report". The Pharmacist's recommendation records the order for "Bacillus Coagulans-Inulin: Give 1 tablet via G-Tube two times a day related to SEVERE SEPSIS WITH SEPTIC SHOCK" with the notation "Please have a provider evaluate this drug indication/diagnosis/need to see if it can get a stop date/treatment duration. Please have a provider assess for alternatives if this drug is unavailable or back ordered and discontinue order if applicable per provider." Per record review and confirmed during the interview with the ADM, DON, and ADON on 8/9/23, there are no records that the resident's Physician was notified that the medication was not administered any of the 51 times the medication was documented as "Unavailable"," medication not in stock", "On order from pharmacy", "Awaiting for pharmacy to send", etc. There was no documentation that the Pharmacist's recommendation was followed and the Physician contacted to assess for alternatives if the drug was unavailable or other options. Further review and confirmed during interview reveal the "Bacillus Coagulans-Inulin" medication, ordered related to Severe Sepsis with Septic Shock, was never delivered to the facility, nor were there pharmacy records documenting that the medication was ordered and needed to be delivered. The ADM, DON, and ADON were unable to explain why the medication was	F 658		

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F 658	Continued From page 13 documented by Nursing as administered 49 times by 11 different nurses when the medication was not in stock, not available, and never delivered by the pharmacy. The ADON reported that staff had recently undergone in-service training on medication administration policies and procedures. The ADON confirmed per record review that Res.#59's medication errors continued after the staff had received the medication training. Per review of Res. #59's medical record, the resident is diagnosed as being in a Persistent Vegetative State and is fed solely through a tube ["G-tube"] into h/her stomach. Review of Res.#59's Care Plan reveals the resident identified as being "in a persistent vegetative state requiring nutrition/ hydration support". Review of Physician Orders for Res.#59 reveal an order dated 5/22/23 for "one time a day Two Cal HN formula [tube feeding] to run at 55cc [cubic centimeters] per hour for 16 hours. Total volume of formula 880cc/24 hours. Start feeding at 6am Stop feeding at 10pm". Per observation on 8/7/23 at 11:37 AM, Res.#59 was in bed with the tube feeding formula attached to an electronic pump and to the resident. The pump displayed the current infusion rate of the tube feeding as "37cc/hr.". An interview was conducted with Res.#59's primary Nurse on 8/7/23 at 11:43 AM. The Nurse stated that the ordered rate for the tube feeding was 37cc/hr. and confirmed that the resident was currently receiving the tube feeding at that rate. The nurse was asked to review and confirm the Physician's tube feeding order. The nurse confirmed that the order for the tube feeding rate was 55cc/hr., not 37cc/hr., and that the tube feeding was infusing at	F 658		

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F 658	Continued From page 14 the incorrect rate since 6:00 AM. The Nurse also stated s/he had been the resident's primary nurse for several days and had been infusing the tube feeding at the incorrect rate while he was assigned to the resident. Further review of Physician Orders for Res.#59 reveals an order for "Weekly weight- every day shift every Mon- Start Date- 5/22/23". Review of Res.#59's medical record beginning 5/22/23 reveals 8 times out of 11 dates between the start date of 5/22/23 and 7/31/23 with no recorded weight. Review of recorded weights for Res.#59 between 5/10/23 [124.2 lbs.] and 8/3/23 [116 lbs.] record a weight loss of 6.6 %. A Nutritional Assessment was conducted on 5/22/23 which noted "There is evidence of weight loss", with a recommendation for "An increase in Tube Feeding rate to 55 cc/hr. x 16 hr." Review of Res.#59's medical record includes a note labeled "Weight Warning" dated 7/10/23, which notes a "-3.0% change from last weight" and that "the increase in Tube Feeding rate of Two Cal HN @ 55cc per hour continues." An interview was conducted with the facility's Administrator [ADM], Director of Nursing [DON] and Assistant Director of Nursing [ADON] on 8/9/23 at 11:34 AM. The 3 staff members confirmed Res.#59's Care Plan identified the resident as being "in a persistent vegetative state requiring nutrition/ hydration support" with Care Plan interventions that included "Tube feeding and flushes as ordered. Weights and labs to be reviewed as needed", and "Give medications as ordered". The 3 staff members confirmed Res.#59 did not receive the tube feedings as ordered, weights were not reviewed or completed as ordered, and medications were not administered as ordered or per Res.#59's Care	F 658		

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F 658	Continued From page 15 Plan. Reference: Hanson A, Haddad LM. Nursing Rights of Medication Administration. 2022 Sep 5. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. PMID: 32809489.	F 658		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (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- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based upon observations, interview, and record review, the facility failed to ensure tube feedings	F 693	F693-Resident #59 has had no ill effects from alleged deficient practice. Resident #59 is receiving tube feeding and being weighed per MD orders. Residents who receive tube feeding, have orders for weights have the potential to be affected by alleged deficient practice. Nursing staff have been educated on: - Medication administration policy - enteral feeding policy -Physician orders -Weight policy Audits will occur weekly x4, monthly x2 with results to QAPI. DNS or designee is responsible. **Tag F 693 POC accepted on 9/21/23 by S. Freeman/P. Cota**	9/18/23

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F 693	Continued From page 16 were administered as ordered and weight status was monitored as ordered for 1 resident [Res. #59] of 35 sampled residents. Findings include: Per review of Res. #59's medical record, the resident is diagnosed as being in a Persistent Vegetative State and is fed solely through a tube ["G-tube"] into h/her stomach. The resident's medical history and diagnoses include Dysphagia [difficulty in swallowing food or liquid], Quadriplegia [pattern of paralysis that can affect a person from the neck down], and Anoxic Brain Damage [damage to the brain due to a lack of oxygen supply]. Review of Res.#59's Care Plan reveals the resident identified as being "in a persistent vegetative state requiring nutrition/ hydration support". Review of Physician Orders for Res.#59 reveal an order dated 5/22/23 for "one time a day Two Cal HN formula [tube feeding] to run at 55cc [cubic centimeters] per hour for 16 hours. Total volume of formula 880cc/24 hours. Start feeding at 6am Stop feeding at 10pm". Per observation on 8/7/23 at 11:37 AM, Res.#59 was in bed with the tube feeding formula attached to an electronic pump and to the resident. The pump displayed the current infusion rate of the tube feeding as "37cc/hr.". An interview was conducted with Res.#59's primary Nurse on 8/7/23 at 11:43 AM. The Nurse stated that the ordered rate for the tube feeding was 37cc/hr. and confirmed that the resident was currently receiving the tube feeding at that rate. The nurse was asked to review and confirm the Physician's tube feeding order. The nurse confirmed that the order for the tube feeding rate was 55cc/hr., not 37cc/hr., and that the tube feeding was infusing at	F 693		

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F 693	Continued From page 17 the incorrect rate since 6:00 AM. The Nurse also stated S/he had been the resident's primary nurse for several days and had been infusing the tube feeding at the incorrect rate while he was assigned to the resident. Further review of Physician Orders for Res.#59 reveals an order for "Weekly weight- every day shift every Mon- Start Date- 5/22/23". Review of Res.#59's medical record beginning 5/22/23 reveals 8 times out of 11 dates between the start date of 5/22/23 and 7/31/23 with no recorded weight. Review of recorded weights for Res.#59 between 5/10/23 [124.2 lbs.] and 8/3/23 [116 lbs.] record a weight loss of 6.6 %. A Nutritional Assessment was conducted on 5/22/23 which noted "There is evidence of weight loss", with a recommendation for "An increase in Tube Feeding rate to 55 cc/hr. x 16 hr." Review of Res.#59's medical record includes a note labeled "Weight Warning" dated 7/10/23, which notes a "-3.0% change from last weight" and that "the increase in Tube Feeding rate of Two Cal HN @ 55cc per hour continues." An interview was conducted with the facility's Administrator [ADM], Director of Nursing [DON] and Assistant Director of Nursing [ADON] on 8/9/23 at 11:34 AM. The 3 staff members confirmed Res.#59's Care Plan identified the resident as being "in a persistent vegetative state requiring nutrition/ hydration support". The 3 staff members confirmed Res.#59 did not receive the tube feedings as ordered and weights were not reviewed or completed as ordered, with the resident identified as suffering a negative change in weight.	F 693		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records	F 755		

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F 755	Continued From page 18 CFR(s): 483.45(a)(b)(1)-(3) §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 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to ensure that the attending physician reviewed and addressed recommendations made by the licensed	F 755	F755- Resident #266 has had no ill effects from alleged deficient practice. Drug regimen review was addressed on 8/5/23. Resident #59 has had no ill effects from alleged deficient practice. Medication has been discontinued. Resident #26 has had no ill effects from alleged deficient practice. Resident current medications are available. All other residents have the potential to be affected by this alleged deficient practice. Nursing leadership, and in-house medical providers have been educated on the process for drug regimen reviews. Nursing staff have been educated on medication available policy. Audits will occur weekly x4, monthly x2 with results to QAPI. DNS or designee is responsible. Tag F 755 POC accepted on 9/21/23 by S. Freeman/P. Cota	9/18/23

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consulting pharmacist for 2 of 5 residents in the applicable sample(Residents #266 & #59), and failed to ensure that a medication was available for administration per physicians orders for 2 of 5 residents in the applicable sample (Residents #26 & #59). Findings include:

1.) Per record review Consultant Pharmacist's Medication Regimen Review recommendations for Resident #266 dated 4/27/23, 5/5/23, and 6/6/23 were not acted upon until 8/5/23.

Provider orders for Resident #266 (who has among other diagnosis arthritis of the left knee) contained the following order "Lidoderm Patch 5% (Lidocaine) Apply to left knee topically in the morning for knee pain Indicate Facility Time code and Check off "Document Removal" box. Indicate removal time below" start date 4/22/23". A review of the Medication Administration Record shows the medication was initiated on 4/22/23 and applied daily (with the exception of several days when the resident was hospitalized) there is no documentation in the MAR to indicate the patch was removed after 12 hours.

Per review of the Consultant Pharmacist's Medication Regimen Review for Resident #266 dated 4/27/23, 5/5/23, and 6/6/23 the following recommendations had been made and were not acted upon until 8/5/23.

"Lidocaine Patches may remain in place for up to 12 hours in any 24-hour period to prevent adverse Cardiac Events. Please speak to the Provider and have them order this medication "On for 12 hours and Off for 12 hours" or remove per schedule as recommended by the manufacturer." There is no evidence in the

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F 755	Continued From page 20 medical record that the physician reviewed, acted on, or documented the rationale to continue with the medication orders as written. Per an interview with the Director of Nursing (DON) on 8/9/23 at approximately 3 PM S/he confirmed that the pharmacy recommendations had not been addressed per the regulatory requirements. 2.) Per review of Res. #59's medical record, the resident is diagnosed as being in a Persistent Vegetative State, breathes through a Tracheostomy [small surgical opening that is made through the front of the neck allowing air to flow in and out of the windpipe], and is fed solely through a tube ["G-tube"] into h/her stomach. The resident's medical history and diagnoses include Dysphagia [difficulty in swallowing food or liquid], Quadriplegia [pattern of paralysis that can affect a person from the neck down], Anoxic Brain Damage [damage to the brain due to a lack of oxygen supply], and Severe Sepsis with Septic Shock [Septic shock is the last and most severe stage of sepsis. Sepsis occurs when your immune system has an extreme reaction to an infection]. Review of Physician Orders for Res.#59 reveal a medication order dated 5/17/23 for "Bacillus Coagulans-Inulin: Give 1 tablet via G-Tube two times a day related to SEVERE SEPSIS WITH SEPTIC SHOCK -Start Date 5/17/23 8:00 PM". The medication was discontinued on 7/8/23. Review of Res.#59's Medication Administration Records [MARs] for May, June, & July 2023 document the medication was not given 51 times as ordered. Review of Nursing Notes for the 51 omissions include notations reading	F 755		

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"Unavailable", "medication not in stock", "On order from pharmacy", "Awaiting for pharmacy to send", "Medication not available", "medication unavailable to administer", "Medication not available in-house stock." 14 of the 51 omission notations record that the "supervisor", "unit manager" or both were "notified" or "made aware" of the missed medication.

Per review of the facility's "Unavailable Medication Policy" (issued 2/2015, revised 5/2023), the policy states "Policy: If a medication is unavailable, for any reason, the facility shall act promptly to notify the Pharmacy and the appropriate practitioners to obtain a new medication supply/order." The policy's "Procedure" includes:
"Upon identification that medication is unavailable for administration as per physician order, the nurse is to notify the Nursing Supervisor/Designee immediately."
"If Medication is not available, notify the Physician/NP, inform the practitioner if there is a comparable medication available that can be given as an alternate."
"Call the Pharmacy and order the medication per physician's order. If the pharmacy does not have the medication or it cannot be delivered timely, the pharmacy is responsible for getting the medication delivered from a backup pharmacy. Document name of Pharmacist and Pharmacy response in progress note/nursing notes."
The Unavailable Medication Policy's "Documentation" section includes the instructions;
"Document medication not given on EMAR [Electronic MAR]. Document in Progress notes Physician/NP notified, and their response and that medication was ordered with the Pharmacy.

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F 755	Continued From page 22 Document Physician/NP orders." An interview was conducted with the facility's Administrator [ADM], Director of Nursing [DON] and Assistant Director of Nursing [ADON] on 8/9/23 at 11:34 AM. The 3 staff members confirmed the steps, procedures, and documentation requirements of the facility's Unavailable Medication Policy. The staff members also confirmed that the facility's Pharmacy Service sends records documenting the delivery dates and times of ordered medications, along with the resident's name and specific medication ordered/delivered, and the Pharmacy Service Receipt records are kept and available on the resident units Nursing Station. Per record review and confirmed during the interview with the ADM, DON, and ADON on 8/9/23, there are no records that the resident's Physician was notified that the medication was not administered any of the 51 times the medication was documented as "Unavailable"," medication not in stock", "On order from pharmacy", "Awaiting for pharmacy to send", etc. Additional record review reveals a "Consultant Pharmacist's Medication Regimen Review- for recommendations created between 6/5/23 and 6/6/23, includes routing for Nursing. Nursing Report/DON Report". The Pharmacist's recommendation records the order for "Bacillus Coagulans-Inulin: Give 1 tablet via G-Tube two times a day related to SEVERE SEPSIS WITH SEPTIC SHOCK" with the notation "Please have a provider evaluate this drug indication/diagnosis/need to see if it can get a stop date/treatment duration. Please have a provider assess for alternatives if this drug is unavailable or back ordered and discontinue	F 755		

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F 755	Continued From page 23 order if applicable per provider." Per record review and confirmed during interview, there was no documentation that the Pharmacist's recommendation was followed and the Physician contacted to assess for alternatives if the drug was unavailable or other options. Further review and confirmed during interview reveal the "Bacillus Coagulans-Inulin" medication, ordered related to Severe Sepsis with Septic Shock, was never delivered to the facility, nor were there pharmacy records documenting that the medication was ordered and needed to be delivered. The ADM, DON, and ADON were unable to explain why the medication was documented by Nursing as administered 49 times by 11 different nurses when the medication was not in stock, not available, and never delivered by the pharmacy. Per record review Resident #26 was transferred from the facility to the hospital on 5/30/23 where S/he was diagnosed with sepsis (a life-threatening complication of an infection). On 6/2/23 Resident #26 returned to the facility with an order for Augmentin Oral Suspension Reconstituted 250-62.5MG/5ML (milligram/milliliter) Give 11 ml by mouth two times a day related to sepsis, pneumonia for 3 days. Review of nursing progress notes written between 6/2 - 6/5/23 and the resident's June medication record, the Augmentin had not been received from the pharmacy and was not administered until 6/5/2023. A progress note written on 6/5/23 at 9:00 AM reflects that the provider (physician) was notified that the Augmentin wasn't received from the pharmacy. There is no evidence in the record that the	F 755		

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	475018	A. BUILDING _____ B. WING _____	08/09/2023

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F 755	Continued From page 24 physician had been notified that the Augmentin was not being administered per order prior to 6/5/23. Resident #26 missed six doses of Augmentin between 6/2 - 6/5/23 before the provider was notified and the medication was obtained from the pharmacy. Per interview with a Licensed Practical Nurse (LPN) on 8/9/23 at 11:28 AM, medications typically do not arrive from the pharmacy until late, around 10:00 PM. If a medication does not arrive, the nurse will contact the pharmacy to alert them and determine why it did not arrive. The pharmacy often states that the medication will be on the next delivery, but if it is not, it is too late to do anything about it until the next day. Sometimes the facility will obtain the medication from a local pharmacy if they are unable to get it from their contracted pharmacy. The LPN confirmed that the physician should have been notified when the medication was unavailable and had not been notified until 6/5/23. During interview on 8/9/23 at approximately 2:30 PM with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), the ADON confirmed that Resident #26 had not received the Augmentin upon return from the hospital per physician's order, and that the physician had not been notified and a new order obtained until 6/5/2023.	F 755		
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.	F 756		

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F 756	Continued From page 25 §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility pharmacist failed to identify and report medication scheduling errors for 1 of 5 sampled residents (Resident #6) resulting in the potential for	F 756	F756- Resident #6 has had no ill effects from the alleged deficient practice. Medication times have been modified per pharmacy and physician recommendations. All residents have the potential to be affected by the deficient practice. Pharmacist, in house providers and Clinical facility leadership will be educated on Drug regimen policy. Audits will occur weekly x4, monthly x2 results to QAPI. DNS or Designee are responsible **Tag F 756 POC accepted on 9/21/23 by S. Freeman/P. Cota**	9/18/23

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F 756	Continued From page 26 decreased therapeutic effects of other medications. Findings include: Per record review of Resident #6's care plan, Resident #6 requires care and treatment related to having a colostomy (a surgical opening in the colon where waste gets diverted from), gastroesophageal reflux disease, irritable bowel syndrome, heart disease, depression, potential nutritional deficiency, chronic pain, osteoarthritis, and urinary incontinence. Review of Resident #6's physician orders reveal the following order "cholestyramine Light Packet 4 GM Give 1 packet by mouth three times a day for loose stools Mix in 8oz liquid, with meals please, don't give with medications," with a start date of 7/8/22 and scheduled to be administered at 8:00 AM, 12:00 PM, and 5:00 PM. The package insert for this medication states: "SINCE CHOLESTYRAMINE MAY BIND OTHER DRUGS GIVEN CONCURRENTLY, IT IS RECOMMENDED THAT PATIENTS TAKE OTHER DRUGS AT LEAST ONE HOUR BEFORE OR 4 TO 6 HOURS AFTER CHOLESTYRAMINE (OR AT AS GREAT AN INTERVAL AS POSSIBLE) TO AVOID IMPEDING THEIR ABSORPTION." Per Resdeint #6's physician orders, the following oral medications (that would be absorbed in the digestive system and have the potential for impeded absorption) are scheduled to be administered concurrently or within four hours after the above order: multivitamin, Eliquis (anti-coagulant), senna (laxative), and tums (antacid), are scheduled to be administrated with cholestyramine; and Cymbalta (antidepressant), magnesium oxide (supplement), mirabegron	F 756		

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F 756	Continued From page 27 (treats overactive bladder), potassium chloride (supplement), raloxifene (treats osteoporosis), Lomotil (anti-diarrheal), acetaminophen (pain reliever), Lyrica (nerve pain reliever), metoprolol (beta blocker; for irregular heartbeat), loperamide A-D (anti-diarrheal), and gabapentin (nerve pain reliever) are scheduled to be administrated within 3 hours after a scheduled dose of cholestyramine. Review of the past 12 months of Consultant Pharmacist's Medication Regimen Review recommendations does not reveal that the pharmacist identified the administration timing irregularity for Resident #6's order for cholestyramine. Per interview on 8/9/23 at 11:15 AM, the Pharmacist stated that cholestyramine should be given an hour before or 4 hours after other medications because it will impede the absorption of other medications given within that time frame. Per interview on 08/09/23 at 4:27 PM, the Director of Nursing confirmed that the Pharmacist did not make any recommendations to change the time administration times for Resident #6's order for cholestyramine in the past 12 months.	F 756		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §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	F 842	F842- Resident #31 has had no ill effects from the alleged deficient practice. The physician order has been modified as directed by provider. All residents with orders for suppositories have the potential to be affected by this alleged deficient practice.	9/18/23

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F 842	Continued From page 28 except to the extent the facility itself is permitted to do so. §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 §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; (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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for-	F 842	F842 cont. - Nursing staff have been educated on - - Medication Administration policy - Physician orders Audits will occur weekly x4, monthly x2 with results to QAPI. DNS or designee is responsible. **Tag F 842 POC accepted on 9/21/23 by S. Freeman/P. Cota**	

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F 842	Continued From page 29 (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that resident medical records reflected accurate medication administration for 1 of 34 residents in the sample (Resident #31). Findings include: Review of a medical record for resident #31 reveals a physician medication order listed on the Medication Administration Record (MAR) for the months of July and August as indicated: "Administer suppository if no BM [bowel movement] in 3 days, every shift for bowel management." The name, dose, and administration method of the suppository is not listed. It is noted that this resident had received a suppository frequently on all shifts as indicated by a check mark above nurse's initials. The bottom page of the MAR	F 842		

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F 842	Continued From page 30 shows a Chart Code indicating that a check mark means "administered." Review of Licensed Nurse Assistant (LNA) documentation under the tasks tab shows bowel movements (BM) on 7/12, 18, 23, 26, 27, and 31st. The August documentation shows a BM on 8/6. The record indicates that suppositories were given to the resident after these dates on all 3 shifts. Interview on 08/09/23 at 2:30 PM with resident #31 stated "I only have suppositories once in a while and if I do, I get it on the day shift because there's only one girl, I trust to clean me up. I have not had very many suppositories." Interview on 08/09/23 at 2:35 PM with the Unit Manager and a Licensed Practical Nurse (LPN) confirmed that the documentation appears as if the resident is constantly receiving a suppository per the check marks as indicated by the coding chart at the bottom of the MAR, but they do not believe resident #31 is actually getting them."	F 842		