

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2019
NAME OF PROVIDER OR SUPPLIER THE CEDARS			STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CEDARS DRIVE MCPHERSON, KS 67460	
(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
F 000	INITIAL COMMENTS	F 000		
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph</p>	F 580		

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

TITLE

(X6) DATE

09/10/2019

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.

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

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F 580	<p>Continued From page 1</p> <p>(e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: The facility had a census of 79 residents. The sample included 18 residents, with one reviewed for physician notification. Based on observation, record review, and interview, the facility failed to notify the physician of Resident (R) 27's blood sugar levels outside of physician ordered parameters.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R27's "Physician Order Sheet" (POS), dated 08/12/19, documented a diagnosis of type 2 diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). The POS directed staff to check the resident's fasting blood sugar (before eating and drinking) daily, before meals and at bed time twice weekly on Mondays and Thursdays, and notify the physician if the blood sugar was below 80 milligrams/deciliter (mg/dl) or above 300 mg/dl. 	F 580			

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F 580	<p>Continued From page 2</p> <p>The quarterly "Minimum Data Set" (MDS), dated 07/01/19, documented a Brief Interview for Mental Status (BIMS) score of eight, indicating moderately impaired cognition. The MDS documented the resident required total dependence of one staff for bathing, extensive assistance of one staff for dressing, independent with supervision of two staff for transfers, and independent with supervision of one staff for bed mobility, walking, locomotion, toilet use, and personal hygiene. The MDS documented the resident received daily insulin injections.</p> <p>The care plan, dated 07/09/19, directed staff to obtain the resident's blood sugars per physician orders, and inform the physician of results as needed.</p> <p>R27's Medication Administration Record (MAR) documented the following blood sugars outside physician ordered parameters:</p> <ul style="list-style-type: none"> 06/03/19 at 04:47 PM- 305 mg/dl. 06/03/19 at 07:16 PM- 366 mg/dl. 06/03/19 at 10:42 PM- 325 mg/dl. 06/09/19 at 08:28 AM- 79 mg/dl. 06/17/19 at 07:44 PM- 344 mg/dl. 06/17/19 at 09:04 PM- 342 mg/dl. 07/08/19 at 05:52 PM- 303 mg/dl. 07/15/19 at 07:50 AM- 67 mg/dl. 07/15/19 at 07:56 PM- 309 mg/dl. 07/18/19 at 08:20 AM- 75 mg/dl. 07/21/19 at 08:11 AM- 70 mg/dl. 07/23/19 at 08:27 AM- 76 mg/dl. 07/26/19 at 07:49 AM- 72 mg/dl. 08/01/19 at 04:27 PM- 329 mg/dl. 08/04/19 at 08:23 PM- 362 mg/dl. 08/05/19 at 11:04 AM- 391 mg/dl. 08/08/19 at 07:03 PM- 316 mg/dl. 08/12/19 at 07:13 PM- 321 mg/dl. 	F 580			

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F 580	<p>Continued From page 3</p> <p>08/13/19 at 07:42 PM- 344 mg/dl. 08/15/19 at 07:51 PM- 412 mg/dl. 08/22/19 at 05:20 PM- 348 mg/dl. 08/22/19 at 08:26 PM- 395 mg/dl. 08/26/19 at 04:23 PM- 406 mg/dl. 08/26/19 at 07:04 PM- 389 mg/dl. 08/29/19 at 05:06 PM- 329 mg/dl. 09/02/19 at 05:25 PM- 301 mg/dl. 09/02/19 at 07:59 PM- 326 mg/dl. 09/05/19 at 05:08 PM- 301 mg/dl. 09/05/19 at 08:29 PM- 313 mg/dl.</p> <p>On 09/09/19 at 08:17 AM, observation revealed the resident sat in his recliner in his room, Licensed Nurse (LN) H checked the resident's blood sugar, with a result of 94 mg/dl.</p> <p>On 09/09/19 at 09:19 AM, LN H stated she did not always contact the physician for out of range blood sugars, but if she did there would be information in the interdisciplinary notes, physician orders, or faxes.</p> <p>On 09/09/19 at 11:42 AM, Administrative Nurse D stated she would expect all blood sugar results outside of parameters reported to the physician at the time of the result.</p> <p>The facility's revised "Physician Notification Process" policy, dated February 2018, documented licensed nurses have the responsibility of contacting a physician any time they believe a resident has developed a clinical problem.</p> <p>The facility failed to notify the physician, as ordered, of R27's abnormal blood sugar levels, placing the resident at risk for complications of diabetes.</p>	F 580			

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F 584 SS=D	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p>	F 584			

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F 584	<p>Continued From page 5</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 79 residents. The sample included 18 residents. Based on observation, record review, and interview, the facility failed to provide effective housekeeping and maintenance services for the 803 house.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 09/03/18 at 08:45 AM, during initial tour, observation revealed the following: <p>One room in the 803 house had a dark brown stain, approximately 12 inches (in.) x 10 in. on the beige carpet in front of the residents bed, with numerous dark brown circles measuring approximately one in. x one in. in diameter from the bed to the hallway carpet.</p> <p>One room in the 803 house had a gray stain, approximately 12 in. x eight in. on the beige carpet in the middle of the room, with numerous one in. x one in. circles from the entrance to the residents room to the bathroom.</p> <p>One room in the 803 house had a dark brown stain approximately 16 in. x 10 in. on the beige carpet in the middle of the room, with an additional dark brown spot approximately 14 in. x 10 in. at the foot of the bed.</p> <p>One room in the 803 house had a gray-black stain, approximate eight in. x six in. in the middle of the room, with numerous one in. x one in. round spots from the doorway of the room to the bed.</p>	F 584			

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F 584	Continued From page 6 On 09/05/18 at 11:30 AM, Maintenance Staff (MS) U verified the above findings. The facility's "Housekeeping Services" policy, dated February 2018, documented staff would clean floors, to include sweeping, dusting, damp/wet mopping, stripping, waxing, buffing, disinfecting and to clean the carpets, to include vacuuming, shampooing, deodorizing, and disinfecting solutions. The facility failed to provide effective housekeeping and maintenance services for the residents who reside in the 803 house, placing the resident's at risk for living in a non-homelike environment.	F 584			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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 provided due to the resident's exercise of rights	F 656			

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F 656	<p>Continued From page 7</p> <p>under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(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.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(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.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 79 residents. The sample included 18 residents. Based on observation, record review, and interview, the facility staff failed to follow Resident (R) 61's care plan when staff left the resident unattended in the bathroom.</p> <p>Findings included:</p> <p>- R61's admission "Minimum Data Set" (MDS), dated 04/24/19, documented the resident had a Brief Interview for Mental Status (BIMS) score of 06, indicating severe cognitive impairment. The MDS documented the resident required extensive staff assistance with all Activities of Daily Living</p>	F 656			

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F 656	<p>Continued From page 8</p> <p>(ADLs) except supervision with eating, balance not steady but able to stabilize without staff assistance and used walker or wheelchair for mobility. The MDS documented the resident had no falls since admission or prior assessment.</p> <p>The 07/23/19 readmission MDS documented the resident had a BIMS of 04, indicating severe cognitive impairment. The MDS documented the resident required limited staff assistance with locomotion on and off unit, extensive staff assistance with bed motility, transfers, personal hygiene, and supervision with eating. The MDS documented the resident's balance not steady but able to stabilize with staff assistance, lower extremity impairment on one side, and used a walker and wheelchair for mobility. The MDS documented the resident had two or more non-injury falls since admission or prior assessment.</p> <p>The revised care plan, dated 07/23/19, instructed one staff to walk the resident to and from bathroom using a four wheeled walker (FWW), and a gait belt. The care plan instructed staff not to leave the resident alone in the bathroom on the toilet.</p> <p>The 07/13/19 at 01:22 PM, nurse's note documented staff heard a door shut and found resident on the floor against the bathroom door, resident stated he had to pee, and the resident obtained multiple skin tears to his left arm.</p> <p>The 07/13/19 at 05:40 AM, nurse's note documented the resident complained of his left hip hurting, had no external or internal rotation of leg, and was able to bear full weight on extremities when standing and transferring after</p>	F 656			

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F 656	<p>Continued From page 9</p> <p>his fall.</p> <p>The 07/13/19 at 02:36 PM, nurse's note documented the nurse assessed the resident's pain in his upper thigh and hip with slight motion. The note documented the resident's motion was rigid, unable to adduct (movement of a limb toward the middle of the body) his leg, palpated left hip gently and resident complained of pain with touch.</p> <p>The 07/13/19 at 02:51 PM, nurse's note documented staff sent the resident to the hospital. At 02:40 PM the hospital nurse reported the resident was being transferred to another hospital for a broken left hip.</p> <p>The 07/28/19 at 04:06 PM, nurse's note documented the resident propelled himself in a wheelchair to the bathroom, transferred himself to the toilet and pulled his pants down before he sat down. The note documented staff came into the room and found the resident in the bathroom.</p> <p>The 09/06/19 at 03:06 PM, nurse's note documented staff found the resident at 11:15 AM in the bathroom on the floor, with a gait belt on, and the resident stated he had to get up. The note documented the fall was unwitnessed, the resident had no injuries, and the intervention placed was not to leave the resident alone in the bathroom.</p> <p>On 09/04/19 at 10:48 AM, observation revealed Consultant (C) GG propelled the resident in a wheelchair to the bathroom in his room, assisted the resident to the toilet, told the resident to turn on the call light when he was finished, and left the room. Observation revealed Certified Medication</p>	F 656			

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F 656	<p>Continued From page 10</p> <p>Aide (CMA) M came to the resident's bathroom, told the resident to use his call light to call for staff when he was finished, instructed the resident not to get up by himself, and left the resident unattended in the bathroom.</p> <p>On 09/04/19 at 10:55 AM, CMA M stated the resident would use the call light when he was finished using the toilet.</p> <p>On 09/09/19 at 10:56 AM, Certified Nurse Aide (CNA) N stated the resident was not to be left unattended in bathroom.</p> <p>On 09/5/19 at 09:10 AM, Licensed Nurse (LN) I stated staff were not to leave the resident unattended in the bathroom.</p> <p>On 09/09/19 at 01:56 PM, Administrative Nurse D verified the resident fell on 09/06/19 when left unattended in the bathroom, and stated staff should not leave the resident unattended in the bathroom.</p> <p>The facility's "Care Plan Participation/Orientation" policy, dated April 2018, documented the facility would ensure direct care staff were aware of and educated about the care plan interventions through team huddles and shift communication with charges nurses and through alerts and messages software.</p> <p>The facility failed to follow R61's care plan when staff left the resident unattended in the bathroom, placing the resident at risk for falls .</p>	F 656			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)	F 689			

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F 689	<p>Continued From page 11</p> <p>§483.25(d) Accidents. The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility had a census of 79 residents. The sample included 18 residents. Based on observation, record review, and interview, the facility staff failed to provide adequate supervision for Resident (R) 61, when he was left unattended in the bathroom .</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R61's admission "Minimum Data Set" (MDS), dated 04/24/19, documented the resident had a Brief Interview for Mental Status (BIMS) score of 06, indicating severe cognitive impairment. The MDS documented the resident required extensive staff assistance with all Activities of Daily Living (ADLs) except supervision with eating, balance not steady but able to stabilize without staff assistance, and used walker or wheelchair for mobility. The MDS documented the resident had no falls since admission or prior assessment. <p>The 07/23/19 readmission MDS documented the resident had a BIMS of 04, indicating severe cognitive impairment. The MDS documented the resident required limited staff assistance with locomotion on and off unit, extensive staff assistance with bed motility, transfers, personal hygiene, and supervision with eating. The MDS documented the resident's balance not steady but</p>	F 689			

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F 689	<p>Continued From page 12</p> <p>able to stabilize with staff assistance, lower extremity impairment on one side, and used a walker and wheelchair for mobility. The MDS documented the resident had two or more non-injury falls since admission or prior assessment.</p> <p>The revised care plan, dated 07/23/19, instructed one staff to walk the resident to and from the bathroom using a four wheeled walker (FWW), with a gait belt. The care plan instructed staff not to leave the resident alone in the bathroom on the toilet.</p> <p>The 07/13/19 at 01:22 PM, nurse's note documented staff heard a door shut and found the resident on the floor against the bathroom door, resident stated he had to pee, and the resident obtained multiple skin tears to his left arm .</p> <p>The 07/13/19 at 05:40 AM, nurse's note documented the resident complained of his left hip hurting, had no external or internal rotation of leg, and was able to bear full weight on extremities when standing and transferring after his fall.</p> <p>The 07/13/19 at 02:36 PM, nurse's note documented the nurse assessed the resident's pain in his upper thigh and hip with slight motion. The note documented the resident's motion was rigid, unable to adduct (movement of a limb toward the middle of the body) his leg, palpated left hip gently and resident complained of pain with touch.</p> <p>The 07/13/19 at 02:51 PM, nurse's note documented staff sent the resident to the</p>	F 689			

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F 689	<p>Continued From page 13</p> <p>hospital. At 02:40 PM the hospital nurse reported the resident was being transferred to another hospital for a broken left hip.</p> <p>The 07/28/19 at 04:06 PM, nurse's note documented the resident propelled himself in a wheelchair to the bathroom, transferred himself to the toilet and pulled his pants down before he sat down. The note documented staff came into the room and found the resident in the bathroom.</p> <p>The 09/06/19 at 03:06 PM, nurse's note documented staff found the resident at 11:15 AM in the bathroom on the floor, with a gait belt on, and the resident stated he had to get up. The note documented the fall was unwitnessed, the resident had no injuries, and the intervention placed was not to leave the resident alone in the bathroom.</p> <p>On 09/04/19 at 10:48 AM, observation revealed Consultant (C) GG propelled the resident in a wheelchair to the bathroom in his room, assisted the resident to the toilet, told the resident to turn on the call light when he was finished, and left the room. Observation revealed Certified Medication Aide (CMA) M came to the resident's bathroom, told the resident to use his call light to call for staff, when he was finished, instructed the resident not to get up by himself, and left the resident unattended in the bathroom.</p> <p>On 09/04/19 at 10:55 AM, CMA M stated the resident would use his call light when he was finished using the toilet.</p> <p>On 09/09/19 at 10:56 AM, Certified Nurse Aide (CNA) N stated the resident was not to be left unattended in bathroom.</p>	F 689			

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F 689	Continued From page 14 On 09/5/19 at 09:10 AM, Licensed Nurse (LN) I stated staff were not to leave the resident unattended in the bathroom. On 09/09/19 at 01:56 PM, Administrative Nurse D verified the resident fell 09/06/19 when left unattended in the bathroom, and stated staff should not leave the resident unattended in the bathroom. The facility's "Fall Management", dated April 2018, documented the facility recognized that falls had the potential of being a devastating event for residents. Because of these the facility will assess residents and evaluate fall situations and potential situations with the goal of identifying common fall risk factors and developing care plan interventions to mitigate (make less severe) potential harm. The facility failed to provide adequate supervision for R61, who fell on 07/13/19, fractured his hip, and was care planned not to be left unattended in the bathroom. The resident fell again on 09/06/19, when staff left him unattended in the bathroom, placing the resident at risk for injury.	F 689			
F 756 SS=D	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. §483.45(c)(2) This review must include a review of the resident's medical chart.	F 756			

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F 756	<p>Continued From page 15</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.</p> <p>(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.</p> <p>(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.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 79 residents. The sample included 18 residents, with five reviewed for unnecessary medications. Based on observation, record review, and interview, the consulting pharmacist failed to identify Resident (R) 27's blood sugar levels outside of physician ordered parameters were not reported to the physician.</p>	F 756			

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F 756	<p>Continued From page 16</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R27's "Physician Order Sheet" (POS), dated 08/12/19, documented a diagnosis of type 2 diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). The POS directed staff to check the resident's fasting blood sugar (before eating and drinking) daily, before meals and at bed time twice weekly on Mondays and Thursdays, and notify the physician if the blood sugar was below 80 milligrams/deciliter (mg/dl) or above 300 mg/dl. <p>The quarterly "Minimum Data Set" (MDS), dated 07/01/19, documented a Brief Interview for Mental Status (BIMS) score of eight, indicating moderately impaired cognition. The MDS documented the resident required total dependence of one staff for bathing, extensive assistance of one staff for dressing, independent with supervision of two staff for transfers, independent with supervision of one staff for bed mobility, walking, locomotion, toilet use, and personal hygiene. The MDS documented the resident received daily insulin injections.</p> <p>The care plan, dated 07/09/19, directed staff to obtain the resident's blood sugars per physician orders, and inform the physician of results as needed.</p> <p>R27's "Medication Administration Record" (MAR) documented the following blood sugars outside physician ordered parameters: 06/03/19 at 04:47 PM- 305 mg/dl. 06/03/19 at 07:16 PM- 366 mg/dl. 06/03/19 at 10:42 PM- 325 mg/dl.</p>	F 756			

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F 756	<p>Continued From page 17</p> <p>06/09/19 at 08:28 AM- 79 mg/dl. 06/17/19 at 07:44 PM- 344 mg/dl. 06/17/19 at 09:04 PM- 342 mg/dl. 07/08/19 at 05:52 PM- 303 mg/dl. 07/15/19 at 07:50 AM- 67 mg/dl. 07/15/19 at 07:56 PM- 309 mg/dl. 07/18/19 at 08:20 AM- 75 mg/dl. 07/21/19 at 08:11 AM- 70 mg/dl. 07/23/19 at 08:27 AM- 76 mg/dl. 07/26/19 at 07:49 AM- 72 mg/dl. 08/01/19 at 04:27 PM- 329 mg/dl. 08/04/19 at 08:23 PM- 362 mg/dl. 08/05/19 at 11:04 AM- 391 mg/dl. 08/08/19 at 07:03 PM- 316 mg/dl. 08/12/19 at 07:13 PM- 321 mg/dl. 08/13/19 at 07:42 PM- 344 mg/dl. 08/15/19 at 07:51 PM- 412 mg/dl. 08/22/19 at 05:20 PM- 348 mg/dl. 08/22/19 at 08:26 PM- 395 mg/dl. 08/26/19 at 04:23 PM- 406 mg/dl. 08/26/19 at 07:04 PM- 389 mg/dl. 08/29/19 at 05:06 PM- 329 mg/dl. 09/02/19 at 05:25 PM- 301 mg/dl. 09/02/19 at 07:59 PM- 326 mg/dl. 09/05/19 at 05:08 PM- 301 mg/dl. 09/05/19 at 08:29 PM- 313 mg/dl.</p> <p>The 07/24/19 and 08/21/19 pharmacy reviews for R27 indicated, no irregularities.</p> <p>On 09/09/19 at 08:17 AM, observation revealed the resident sat in his recliner in his room, Licensed Nurse (LN) H checked the resident's blood sugar, with a result of 94 mg/dl.</p> <p>On 09/09/19 at 09:19 AM, LN H stated she did not always contact the physician for out of range blood sugars, but if she did, there would be information in the interdisciplinary notes,</p>	F 756			

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F 756	Continued From page 18 physician orders, or faxes. On 09/09/19 at 11:42 AM, Administrative Nurse D stated she would expect all blood sugar results outside of parameters reported to the physician at the time of the result. On 09/19/19 at 09:18 AM, Consultant Pharmacist (C) II stated he reviewed blood sugar results routinely during the medication reviews, must have missed this resident's abnormal results were not reported to the physician, and verified there were no irregularities identified during the 07/24/19 and 08/21/19 medication review for R27. The consulting pharmacist failed to identify R27's abnormal blood sugar levels were not reported to the physician, placing the resident at risk for complications of diabetes.	F 756			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or	F 757			

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F 757	<p>Continued From page 19</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 79 residents. The sample included 18 residents, with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to follow physician orders for Resident (R) 27's blood sugar monitoring.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R27's "Physician Order Sheet" (POS), dated 08/12/19, documented a diagnosis of type 2 diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). The POS directed staff to check the resident's fasting blood sugar (before eating and drinking) daily, before meals and at bed time twice weekly on Mondays and Thursdays and notify the physician if the blood sugar was below 80 milligrams/deciliter (mg/dl) or above 300 mg/dl. <p>The quarterly "Minimum Data Set" (MDS), dated 07/01/19, documented a Brief Interview for Mental Status (BIMS) score of eight, indicating moderately impaired cognition. The MDS documented the resident required total dependence of one staff for bathing, extensive assistance of one staff for dressing, independent with supervision of two staff for transfers, and independent with supervision of one staff for bed</p>	F 757			

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F 757	<p>Continued From page 20</p> <p>mobility, walking, locomotion, toilet use, and personal hygiene. The MDS documented the resident received daily insulin injections.</p> <p>The care plan, dated 07/09/19, directed staff to obtain the resident's blood sugars per physician orders, and inform the physician of results as needed.</p> <p>R27's Medication Administration Record (MAR) documented the following blood sugars:</p> <p>06/03/19 at 04:47 PM- 305 mg/dl. 06/03/19 at 07:16 PM- 366 mg/dl. 06/03/19 at 10:42 PM- 325 mg/dl. 06/09/19 at 08:28 AM- 79 mg/dl. 06/17/19 at 07:44 PM- 344 mg/dl. 06/17/19 at 09:04 PM- 342 mg/dl. 07/08/19 at 05:52 PM- 303 mg/dl. 07/15/19 at 07:50 AM- 67 mg/dl. 07/15/19 at 07:56 PM- 309 mg/dl. 07/18/19 at 08:20 AM- 75 mg/dl. 07/21/19 at 08:11 AM- 70 mg/dl. 07/23/19 at 08:27 AM- 76 mg/dl. 07/26/19 at 07:49 AM- 72 mg/dl. 08/01/19 at 04:27 PM- 329 mg/dl. 08/04/19 at 08:23 PM- 362 mg/dl. 08/05/19 at 11:04 AM- 391 mg/dl. 08/08/19 at 07:03 PM- 316 mg/dl. 08/12/19 at 07:13 PM- 321 mg/dl. 08/13/19 at 07:42 PM- 344 mg/dl. 08/15/19 at 07:51 PM- 412 mg/dl. 08/22/19 at 05:20 PM- 348 mg/dl. 08/22/19 at 08:26 PM- 395 mg/dl. 08/26/19 at 04:23 PM- 406 mg/dl. 08/26/19 at 07:04 PM- 389 mg/dl. 08/29/19 at 05:06 PM- 329 mg/dl. 09/02/19 at 05:25 PM- 301 mg/dl. 09/02/19 at 07:59 PM- 326 mg/dl. 09/05/19 at 05:08 PM- 301 mg/dl.</p>	F 757			

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F 757	Continued From page 21 09/05/19 at 08:29 PM- 313 mg/dl. On 09/09/19 at 08:17 AM, observation revealed the resident sat in his recliner in his room, Licensed Nurse (LN) H checked the resident's blood sugar, with a result of 94 mg/dl. On 09/09/19 at 09:19 AM, LN H stated she did not always contact the physician for out of range blood sugars, but if she did there would be information in the interdisciplinary notes, physician orders, or faxes. On 09/09/19 at 11:42 AM, Administrative Nurse D stated she would expect all blood sugar results outside of parameters reported to the physician at the time of the result. The facility's revised "Unnecessary Drugs" policy, dated September 2018, documented the facility ensured that medications were not utilized without adequate monitoring. The facility failed to follow physician orders for R27's blood sugar monitoring, placing the resident at risk for diabetic complication .	F 757			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761			

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F 761	<p>Continued From page 22</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: The facility had a census of 79 residents. The sample included 18 residents. Based on observation, record review, and interview, the facility failed to discard three expired medications in two of four medication carts, in two of four facility houses.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 09/03/2019 at 08:20 AM, observation during initial tour of the medication cart on the 803 house revealed one bottle of Aspirin (a medication to relieve pain and fever), 325 (mg) milligrams, 100 tablets, expired July 2019. <p>On 09/03/2019 at 08:30 AM, observation during initial tour of the medication cart on the 804 house revealed one 30 fluid ounce bottle of Fiber stat (liquid nutritional supplement), expired July 2019, and one bottle of Miralax (laxative) 21.5 ounce bottle, expired August 2019.</p>	F 761			

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F 761	<p>Continued From page 23</p> <p>On 09/03/2019 at 08:35 AM, License Nurse (LN) G verified the above medication in the medication carts were expired.</p> <p>The facility's "Medication Storage" policy, dated September 2018, documented the medication would be in a secured designated storage area. The policy recorded the medication would be marked with an expiration from the distribution pharmacy or manufacturer, and bottles of stock medications would be dated when opened. Expired medications would be disposed by following the medication destruction policy and procedure.</p> <p>The facility failed to check the expiration date of medications in the medication cart in two of four houses, and discard the expired medication, placing the residents at risk for an ineffective medication.</p>	F 761			