

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

PRINTED: 11/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/10/2021
NAME OF PROVIDER OR SUPPLIER AVANTARA OF BILLINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 2115 CENTRAL AVE BILLINGS, MT 59102		
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F 000	<p>INITIAL COMMENTS</p> <p>A Recertification survey was completed on 6/10/21. Facility Reported Incidents were investigated during the survey. The facility census on entrance was 96.</p> <p>DEFICIENCIES CITED: Refer to FORM CMS-2567; Event ID: V10311 for substantiated findings for the Recertification survey.</p> <p>DEFICIENCIES NOT CITED: Refer to FORM CMS-2567; Event ID: 3VY011 for unsubstantiated findings for the facility reported incidents.</p> <p>GLOSSARY:</p> <p>ADL activities of daily living A Fib atrial fibrillation ARD Assessment Reference Date CDC Centers for Disease Control and Prevention CNA Certified Nursing Assistant c/o complaints of CT Computerized Tomography ED Emergency Department EHR Electronic Health Record ER Emergency Room F/U Follow Up L left LLQ left lower quadrant MAR Medication Administration Record MD Medical Doctor MDS Minimum Data Set PCV13 Pneumococcal Conjugate Vaccine PPSV23 Pneumococcal Polysaccharides Vaccine UTI urinary tract infection</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

07/02/2021

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 657 SS=D	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(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 team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to update and revise care plans for 2 (#s 38 and 73) of 46 sampled residents. Findings include:</p> <p>1. During an interview and observation on 6/8/21 at 2:45 p.m., resident #38 stated she had been, "up and down because of multiple illnesses," and</p>	F 657	<p>1. Director of Nursing or designee revised residents #38 and #73 care plans on or before 7/15/21. Resident #38's restorative programming was resolved on the care plan. Resident #73 had the care plan updated to reflect using the arm bike including staff assistance. A restorative aid has been hired.</p>	7/25/21	

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F 657	<p>Continued From page 2</p> <p>just wanted to "retire." Resident #38 stated she had been refusing restorative services since April of 2021. She stated the reason for her refusal was she was too busy with dialysis and wound care. She wanted to have time for gardening and other activities which she enjoyed. Resident #38 was observed in a manual wheelchair, propelling herself independently. Resident #38's feet were on the footrests of her wheelchair, and did not use her feet while propelling herself. Resident #38 stated she had wounds on both of her feet, and was no longer able to stand or walk.</p> <p>During an interview on 6/9/21 at 12:40 p.m., staff member J stated resident #38 came back from the hospital in late April 2021 and initially received skilled nursing services. Staff member J stated resident #38 then refused restorative services and just wanted to live out her life.</p> <p>A review of resident #38's care plan, last reviewed 4/27/21, showed a focus of, "I need to participate in a Restorative Nursing Program 3-5 times per week for standing and range of motion." The care plan showed the following interventions, dated 10/20/20:</p> <ul style="list-style-type: none"> - "Restorative Nursing Program, 3-5 x a week, as tolerated for [:] - Standing 5 minutes bilateral UE [upper extremity] support with contact guard assist - NuStep level 4 x 15 minutes - Restorative Nurse to review and eval monthly. - Work RNA program around Dialysis schedule of Tu-Th-Sa; leaving at 0900." [sic] <p>The care plan failed to show resident #38 was refusing restorative services, and was no longer able to stand or walk.</p>	F 657	<p>2. Director of Nursing or designee validated care plans for other residents that had been receiving restorative therapy were updated to ensure the care plan is accurate by 7/25/21.</p> <p>3. Director of Nursing or designee (RN) re-educated licensed nurses and IDT on timely revision of care plans requirements on or before 7/7/21.</p> <p>4. Director of Nursing or designee will audit 5 residents care plans to ensure care plans are revised timely. Audits will be conducted weekly x4 weeks, then monthly X 2 months. Results of the audits will be presented to QAPI on or before 7/22/21 and monthly thereafter to identify trends and sustainability.</p>		

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F 657	<p>Continued From page 3</p> <p>During an interview on 6/10/21 at 8:26 a.m., staff member L stated she did not believe resident #38 had received restorative services since April of 2021. Staff member L stated she was responsible for updating care plans related to restorative services. Staff member L could not explain why resident #38's care plan showed she was receiving restorative services as late as 4/27/21 and could not explain why the focus of restorative services had not been removed from resident #38's care plan.</p> <p>2. During an observation and interview on 6/8/21 at 9:20 a.m., resident #73 stated currently there was no restorative program. Resident #73 was observed in her electric wheelchair, with contractures to both hands. Resident #73 stated she had been a partial quadriplegic for more than 10 years. Resident #73 stated prolonged inactivity caused her to have right shoulder pain. Because there were times when there was no restorative aide, resident #73 stated she had figured out, on her own, how to get the hand bike moved to her wheelchair table by herself, and had been doing the exercises on her own since late May of 2021.</p> <p>During an interview on 6/10/21 at 8:26 a.m., staff member L stated she had been in charge of the restorative program since February of 2021. Staff member L stated she updated care plans when she received documentation from physical therapy which indicated a change in a resident's exercise program. When shown resident #73's care plan, which was last reviewed on 5/24/21, staff member L was not able to determine what services the resident was receiving. Staff member L stated there had been no restorative aide for the previous three weeks, and physical</p>	F 657			

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F 657	<p>Continued From page 4</p> <p>therapy had been providing restorative services since then. Staff member L reviewed her documentation, other than resident #73's care plan, and was not able to find any other documentation which identified what services were being provided to resident #73 between 5/20/21 and 6/10/21.</p> <p>During an interview on 6/10/21 at 8:53 a.m., staff member K stated resident #73 was cognitively intact and able to perform her exercises on her own. Staff member K stated resident #73 would have needed help getting the hand bike moved on and off her wheelchair table but was otherwise able to perform her exercises. Staff member K stated resident #73 only wanted range of motion to her upper extremities, and she refused anything to do with her legs.</p> <p>A review of resident #73's care plan, initiated on 4/14/19, showed a focus of, "I need to participate in a Restorative Nursing Program r/t [related to] paraplegia." The care plan showed the following interventions, dated 4/14/19:</p> <ul style="list-style-type: none"> - "My Nursing Restorative Program - hand bike 10 minutes - PROM upper and lower extremities. - Restorative nurse to re-evaluate monthly. - To maintain current level of functioning." [sic] <p>A review of resident #73's current care plan, last reviewed on 5/24/21, showed the same focus and interventions. The care plan failed to show resident #73 was doing the exercises on her own, but needed assistance moving the hand bike on and off her wheelchair table, or that she refused any therapy to her legs.</p>	F 657			

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F 677 F 677 SS=E	Continued From page 5 ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide the necessary and timely assistance for dependent residents in order to maintain personal hygiene by offering showers/baths for 3 (#s 11, 16, and 39); the timeliness of emptying catheters for 1 (#11), leaving pain in the area of #11's bladder; and the untimely toileting assistance, causing the incontinence of urine for 1 (#39) out of 46 sampled residents. Findings include: 1. a. During an interview on 6/8/21 at 9:02 a.m., resident #39 stated she wanted two showers a week but usually only got one a week because there was not enough staff. Review of resident #39's care plan, with an initiated date of 10/15/20, showed the resident required limited to extensive assist with ADLs, related to pain. Resident #39 was to receive two showers per week. Review of resident #39's bathing report, dated 4/1/21 through 6/8/21, showed the resident received no showers/baths from: - 5/1/21 until 5/7/21, seven days without a shower, - 5/8/21 until 5/15/21, seven days without a shower, and	F 677 F 677	1. Facility unable to correct missed bathing for residents #11, #16, and #39, delayed catheter emptying for resident #11, and untimely toileting for residents #39. Director of Nursing or designee validated bathing preferences for resident #11, #16, and #39 with care plans and bathing schedules updated to meet residents needs on or before 7/15/21. 2. Director of Nursing or designee validated that other dependent residents were receiving bathing per preference, timely catheter emptying, and timely assistance with toileting by 7/25/21. 3. Director of Nursing or designee (RN) re-educated licensed nurses and C.N.A.s regarding bathing per resident preference, timely emptying of catheters, and timely assistance with toileting on or before 7/7/21. 4. Director of Nursing or designee will audit 5 residents bathing records to ensure bathing per preference, catheters are emptied timely, and timely assistance with toileting. Audits will be conducted weekly x4 weeks, then monthly X 2 months. Results of the audits will be	7/25/21	

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F 677	<p>Continued From page 6</p> <p>- 5/18/21 until 5/25/21, six days without a shower.</p> <p>Review of resident #39's Skin Observation-Shower log, dated 6/4/21, showed the resident was red in her skin folds and under her breasts. A nurse responded on the form, showed, "The resident had a diagnosis of dermatitis."</p> <p>b. During an interview on 6/7/21 at 4:00 p.m., resident #11 stated she did not always receive a shower or bed bath regularly.</p> <p>Review of resident #11's care plan, with a target date of 6/3/21, showed the resident had a wound and also would be assisted with ADLs as needed, including personal hygiene.</p> <p>Review of resident #11's shower report from 3/31/21 through 6/8/21, showed the resident did not receive a shower/bath/bed bath timely from:</p> <ul style="list-style-type: none"> - 4/8/21 until 4/14/21, seven days without a shower, - 4/15/21 until 4/29/21, 14 days without a shower. <p>A review of resident #11's follow-up question report, showed the resident refused showers on 4/16/21 (the day after her shower), 4/21/21, and 4/28/21 (the day before she received a shower),</p> <ul style="list-style-type: none"> - 5/7/21 until 5/28/21, 20 days without a shower/bath/bed bath. There was no documentation showing the resident was offered a shower/bath/bed bath during those 20 days. <p>c. Review of resident #16's Admission MDS, with an ARD of 3/23/21, showed the resident required one person assist with showering.</p> <p>Review of resident #16's bathing report from</p>	F 677	presented to QAPI on or before 7/22/21 and monthly thereafter to identify trends and sustainability.		

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F 677	<p>Continued From page 7</p> <p>5/1/21 through 6/8/21, showed the resident did not receive a shower/bath from:</p> <ul style="list-style-type: none"> - 5/6/21 until 5/15/21, nine days without a shower/bath, - 5/16/21 until 5/28/21, 12 days without a shower/bath, and - 5/29/21 until 6/7/21, 10 days without a shower/bath. <p>During an interview on 6/9/21 at 8:57 a.m., staff member O stated if there was no shower person on a day, then the CNAs would try to fit the showers into their daily tasks. She said it was hard to get their daily work completed plus give showers to the residents.</p> <p>During an interview on 6/9/21 at 9:00 a.m., staff member R stated being a shower aide was hard because she had to float to other units and provide their showers. She said this was because staffing was often short in the facility. The staff member said the CNAs could not get showers completed if they were short staffed.</p> <p>2. a. During an observation and interview on 6/7/21 at 3:52 p.m., resident #11 stated nothing, "is getting done around here." Resident #11 stated the facility had been, "short handed for weeks." Resident #11 stated her catheter was not being emptied in a timely manner and she was unable to empty the catheter herself. She was dependent on the nursing staff. The resident stated that "recently" when the nursing staff came to empty her catheter, the catheter bag was completely full. She said when the catheter bag was that full she felt like she had signs of an infection. She stated, "It hurts so bad, like when I had a UTI but it was that the bag was so full."</p>	F 677			

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F 677	Continued From page 8 During an interview on 6/9/21 at 9:00 a.m., staff member R stated she would empty resident #11's catheter midmorning and then after lunch. Staff member R stated they did not have enough staff to get everything done. During an interview on 6/9/21 at 9:18 a.m., staff member P stated the night shift CNAs were to check and empty residents' catheters before the end of their shift. Then the day shift CNAs were to check the catheter bags when residents went to meals and throughout the day. The staff member stated she "[did] not really check" catheter bags unless she was changing the catheter or "maybe when passing medications" to the resident. Review of resident #11's care plan, with a target date of 6/3/21, showed the resident was to remain free from catheter related trauma and was to receive catheter care every shift and as needed. b. During an interview on 6/8/21 at 9:02 a.m., resident #39 stated because she had an order for Lasix, she wore briefs as she could not always wait for staff to answer her call light. Resident #39 stated it took anywhere from 10 to 30 minutes for staff to answer her call light. She stated, "I wet myself sometimes as it takes so long for them to answer."	F 677			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)	F 688		7/25/21	

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F 688	<p>Continued From page 9</p> <p>§483.25(c) Mobility.</p> <p>§483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with limited mobility received appropriate restorative services for 1 (#73) of 46 sampled residents. The deficient practice resulted in increased discomfort for the resident. Findings include:</p> <p>During an observation and interview on 6/8/21 at 9:20 a.m., resident #73 was observed propelling herself in an electric wheelchair with an attached tray. Resident #73 stated there was currently no one providing restorative services. Resident #73 stated she developed right shoulder pain when she did not use the hand bike routinely. Because there was no one providing restorative services, resident #73 stated she had to figure out how to get the hand bike on to the attached tray on her wheelchair. Resident #73 stated once she figured</p>	F 688	<ol style="list-style-type: none"> 1. Director of Nursing or designee met with resident #73 to discuss preference for use of hand bike on or before 7/15/21. Restorative aid has been hired. 2. Director of Nursing or designee validated other residents that had been receiving restorative programs were on therapy or assisted per preference on or before 7/25/21. 3. Director of Nursing or designee (RN) re-educated licensed nurses, C.N.A.s, and therapy regarding requirements of providing restorative services to residents with decreased range of motion/mobility on or before 7/7/21. 		

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F 688	<p>Continued From page 10</p> <p>it out, she was able to do her exercises on her own.</p> <p>During an interview on 6/10/21 at 8:26 a.m., staff member L stated she was delegated the responsibility for oversight of the Restorative Nursing Program in February or March of 2021. Staff member L stated the facility had difficulty retaining CNAs to provide restorative services. Staff member L stated when an aide was not available, the Physical Therapy Department provided, "Medicare Part B services to keep them moving and engaged." Staff member L stated the restorative aide had to leave suddenly approximately three weeks ago, and physical therapy was providing services until another aide could be hired. After staff member L reviewed resident #73's documentation, she stated she was not able to determine if the resident was receiving restorative services.</p> <p>During an interview on 6/10/21 at 8:53 a.m., staff member K stated she did not think the therapy department had been providing services to resident #73. Staff member K stated, "We have not picked her [resident #73] up." Staff member K stated she was cognitively intact and able to let them know when she was done with the hand bike. Staff member K stated therapy had not been doing range of motion exercises for resident #73.</p> <p>During an interview on 6/10/21 at 9:05 a.m., staff member B stated when there was not a restorative aide available, the Physical Therapy Department provided services through Medicare Part B for residents who should have been receiving restorative services. Staff member B stated there had not been a restorative aide since 5/20/21.</p>	F 688	4. Director of Nursing or designee will audit 5 residents to ensure resident is receiving therapy or restorative services or resident is receiving assistance with set up of equipment to perform range of motion exercises. Audits will be conducted weekly x4 weeks, then monthly X 2 months. Results of the audits will be presented to QAPI on or before 7/22/21 and monthly thereafter to identify trends and sustainability.		

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F 688	Continued From page 11 During an interview on 6/10/21 at 10:22 a.m., resident #73 stated, "After five days of no restorative therapy, my shoulder was so sore, I had to figure out how to use the hand bike." Resident #73 stated if there had been a restorative aide, she would not have had to do it by herself. But, now that she had, she did not need help from the staff. Resident #73 stated she had an increase in shoulder pain if she did not exercise regularly. A review of resident #73's Restorative Services Notes, dated 4/9/21 to 5/14/21, showed she had been receiving assistance with the hand bike up until 5/14/21. There were no restorative notes found after 5/14/21.	F 688			
F 711 SS=D	Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by:	F 711		7/25/21	

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F 711	<p>Continued From page 12</p> <p>Based on observation, interview, and record review, the facility failed to ensure the attending provider reviewed, updated, and evaluated the effectiveness of a resident's medication regimen by ensuring an emergency room plan was followed as recommended to hold an anticoagulant for 1 (#68) of 46 sampled residents. Findings include:</p> <p>1. Review and Update Resident Orders</p> <p>During an observation and interview on 6/8/21 at 10:49 a.m., resident #68 stated he had fallen out of bed while sleeping. He said the fall caused him to develop a bruise on his left side, which started to spread around to his back and onto his stomach. He stated he was sent to the emergency room for evaluation related to the fall and pain in his abdomen. Resident #68 lifted up his shirt to reveal his left flank which had a small discolored area with a light mottled purple and yellowish colored bruise. The bruise had the appearance of healing.</p> <p>Review of resident #68's Incident Note, dated 5/16/21, showed, "... res[ident] calling out for help - sitting on floor next to bed-states i slipped." [sic]</p> <p>Review of resident #68's Progress Note, dated 5/16/21, showed, "Resident noted to have yellow and purple bruising this shift to left side abd area along with pain. Swelling and tightness that is increasing. Up 4.8 pounds since yesterday. Call placed to on call MD and order given to send to ER for evaluation and [treatment]. Report called to [Hospital] and [Ambulance] called awaiting arrival at this time." [sic]</p> <p>Review of resident #68's Progress Note, dated</p>	F 711	<p>1. Facility unable to correct the providers review of resident #68's emergency room final medication report and treatment efficacy. Resident #68 discharged home on 6/11/21.</p> <p>2. Director of Nursing or designee validated other residents with emergency room visits had provider review medication to ensure regimen was being followed and treatment efficacy on or before 7/25/21.</p> <p>3. Director of Nursing or Administrator re-educated providers on reviewing emergency room visits medication regimen to ensure medication regimen is being followed and treatment efficacy on or before 7/7/21. Providers will need to validate findings with Director of Nursing or designee at providers next visit in facility.</p> <p>4. Director of Nursing or designee will audit 5 emergency room visits per week to validate provider has reviewed medication regimen from emergency department is being followed and treatment efficacy. Audits will be conducted weekly x4 weeks, then monthly X 2 months. Results of the audits will be presented to QAPI on or before 7/22/21 and monthly thereafter to identify trends and sustainability.</p>		

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F 711	<p>Continued From page 13</p> <p>5/16/21, showed, "[resident #68] returned via guerney, [Ambulance] at 2215 - does not appear to be in any distress." [sic]</p> <p>Review of resident #68's Emergency Department Note, dated and signed on 5/16/21, showed, "Plan: Discharged to [Facility] hold anticoagulation for 2 days. Follow-up with primary [sic] treating physician outpatient setting. Return if worsening symptoms occur."</p> <p>Review of resident #68's Emergency Room Discharge Instructions, dated 5/16/21, did not show orders to change resident #68's treatment or medication orders.</p> <p>Review of resident #68's Nursing Home Progress Note, documented by staff member C, dated 5/17/21, showed, "... I am seeing patient in f/u for ED visit. He feel [sic] out of bed on 5/16 at nursing facility with c/o of pain on [left] side. Nursing noted that patient was having increased bruising and pain and left lower quadrant was sent to ED for further evaluation. There was also concern of 4.5 pound weight gain in 24 hours. CT showed soft tissue hematoma with no other concerns. Stable. He was discharged back to nursing facility with recommendation to hold anticoagulation for 2 days." [sic]</p> <p>Review of resident #68's physician order history and MAR for May 2021, did not reflect the resident's anticoagulant, apixaban, was held as noted by staff member C on 5/17/21.</p> <p>During an interview on 6/9/21 at 12:32 p.m., staff member C stated she had been asked to follow up with resident #68 after a fall which he had developed some bruising and was sent to the</p>	F 711			

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F 711	<p>Continued From page 14</p> <p>emergency room. She stated she had reviewed the orders from the emergency room which indicated to hold the resident's anticoagulation for two days. She stated she could update orders in the facility's EHR herself or provide a verbal order to the nurse manager. She did not recall if any orders were updated for resident #68 during the 5/17/21 visit.</p> <p>During an interview and record review on 6/9/21 at 12:36 p.m., staff member E stated when a resident returned from the emergency room any new orders were updated in the computer. If a medication were ordered to be held, the MAR would show to hold a medication until a certain date. A review of resident #68's orders and MAR for 5/16/21 through 5/20/21, did not show the resident's anticoagulation was held.</p> <p>During an interview on 6/9/21 at 12:42 p.m., staff members A and B stated they had requested the resident's emergency room note from 5/16/21 but did not receive the note until 5/20/21. Staff member A stated the discharge instructions sent with the resident after his emergency room visit on 5/16/21, did not show to hold the resident's anticoagulant for two days. They stated staff member C was asked to assess resident #68 on 5/17/21 following his fall and emergency room visit. They said staff member C did have computer access to the emergency room note which they did not. They said staff member C would have been able to view the emergency room notes before they were sent to the facility. Staff member B stated the facility's attending providers had access to the facility's EHR and could review and update orders as needed. Staff member A stated it was the expectation for the attending providers to review and update any</p>	F 711			

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F 711	<p>Continued From page 15</p> <p>medication orders as indicated during their visit with the residents.</p> <p>2. Evaluation of Treatment Efficacy</p> <p>Review of resident #68's Nursing Home Progress Note, dated 5/19/21, and dictated by staff member C, showed, "... I am seeing patient due to nursing concerns of weeping of lower extremities. I saw him on 5/17 in follow-up for ED visit status post fall with large left-sided hematoma on torso/abdomen. During work-up and hospitalizations bilateral pleural effusions were noted... Plan: [Left] flank/LLQ abdominal hematoma. Large hematoma following rolling out of bed at nursing facility. No significant worsening on exam. In setting of apixaban for afib. Apixaban on hold until 5/19." [sic]</p> <p>Review of resident #68's progress notes and physician order history did not show staff member C evaluated the effectiveness of the order to hold the resident's anticoagulant.</p> <p>Review of resident #68's Progress Note, dated 5/20/21, showed, "[Resident #68] left side black and blue, swollen, hard and painful to the touch, [Resident #68] is complaining of severe pain, bruising towards to the back and wraps around to the lower abdomen, notified on call provider and received orders to send to ER for evaluation, will notify family, [resident #68] left the building via [Ambulance] at 0945." [sic]</p> <p>Review of resident #68's Progress Note, dated 5/20/21, showed, "Late Entry: Patients abdomen/left side and back has large black and blue bruise. Areas is distended with +1 edema noted. Patient reports increased pain in the left</p>	F 711			

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F 711	Continued From page 16 side that he reports started after a fall on 5/16/21. Orders received to send patient to ER for further evaluation." [sic] During an interview on 6/9/21 at 12:42 p.m., staff members A and B stated it was the expectation for the facility's attending providers to evaluate the effectiveness of any treatment or medication changes for the residents. Review of the facility's policy and procedure titled, Following Physician Orders, with a revision date of May 2021, showed, "Policy: To correctly and safely receive and transcribe physician's orders so correct order is followed/administered. Procedures: ... 2. Orders may be received through written communication in the resident's chart, verbally, by Fax, electronically entered into [Point Click Care], or per the telephone."	F 711			
F 883 SS=E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes	F 883		7/25/21	

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F 883	<p>Continued From page 17</p> <p>documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility</p>	F 883	1. Facility unable to administer resident		

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F 883	<p>Continued From page 18</p> <p>failed to have a process to offer and provide the influenza vaccine for 1 (#15); the PPSV23 vaccine for 3 (#s 15, 65, and 86); and the PCV13 vaccine for 2 (#s 15 and 65) of 52 sampled and supplemental residents. Findings include:</p> <p>During an interview on 6/9/21 at 1:41 p.m., staff member B stated she was working on getting the immunization status of each resident up-to-date. Staff member B stated she was aware the records were not current, and there was not a form or process to obtain each residents' immunization status upon admission.</p> <p>A review of resident #15's EHR showed the resident was admitted to the facility on 3/18/21. Review of the resident's immunization record failed to show the resident was offered or provided the influenza, PPSV23, and PCV13 vaccines.</p> <p>A review of resident #65's immunization record failed to show the resident was offered or provided the PPSV23 and PCV13 vaccines.</p> <p>A review of resident #86's immunization record failed to show the resident was offered or provided the PCV13 vaccine.</p> <p>A review of the facility's policy titled, "Influenza Vaccination - Resident," dated 11/2/20, showed current residents were to be offered the influenza vaccine according to the calendar schedule per CDC recommendations. The policy showed residents admitted during the influenza season would be offered and given the influenza vaccine.</p> <p>A review of the facility's policy titled, "Pneumococcal Vaccination - Resident," dated</p>	F 883	<p>#15's influenza vaccine as it is no longer influenza season. Director of Nursing or designee obtained consent or declination for PPSV23 or PCV13 per vaccination schedule for resident #15, #65, and #86 with appropriate documentation in resident's medical record by 7/15/21.</p> <p>2. Director of Nursing or designee will validate other residents are offered the PPSV23 or PCV13 per vaccination schedule with appropriate documentation by 7/25/21.</p> <p>3. Director of Nursing and Administrator reviewed process of offering vaccinations. PPSV23 and PCV13 consent/declination forms will be added to admission packet. The signed consent/declination form will be given to Director of Nursing or designee for administration of vaccination. During influenza season, the influenza consent/declination form will also be added to admission packet. Director of Nursing or Administrator educated IDT and all staff on new vaccination process on or before 7/7/21.</p> <p>4. Director of Nursing or designee will audit 5 admissions to ensure resident is offered vaccinations per schedule upon admit. Audits will be conducted weekly x4 weeks, then monthly X 2 months. Results of the audits will be presented to QAPI on or before 7/22/21 and monthly thereafter to identify trends and sustainability.</p>		

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

PRINTED: 11/04/2021
FORM APPROVED
OMB NO. 0938-0391

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F 883	Continued From page 19 11/2019, showed the criteria for administration of both PPSV23 and PCV13.	F 883			