


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

PRINTED: 02/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2022
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NAME OF PROVIDER OR SUPPLIER ASPIRE OF DONNELLSON	STREET ADDRESS, CITY, STATE, ZIP CODE 901 STATE STREET DONNELLSON, IA 52625
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F 000	<p>INITIAL COMMENTS</p> <p>Correction date: <u>2 11 2022</u> 2/11/2022</p> <p>JS/ The following relates to investigation of Complaints #101614, #101711, #101798 and #102126-, and Facility Reported Incident #100984 conducted January 20, 2022 to February 10, 2022.</p> <p>Complaints #101798-C and #102126-C were substantiated.</p> <p>See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.</p> <p>F 561 Self-Determination SS=D CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the</p>	F 000		
		F 561		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3-2-22
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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 561	Continued From page 1 facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff and Responsible Party (RP) interviews, the facility failed to support the residents choice of pharmacy for 1 of 6 residents sampled for pharmacy services. The facility reported a census of 46 residents. Findings include: The 11/11/21 Minimum Data Set (MDS) Assessment tool revealed Resident #3 had diagnoses that included atrial fibrillation, hypertension, coronary artery disease, asthma and presence of cardiac pacemaker, and required extensive assistance of at least 1 staff to turn or reposition in bed, transfer to and from bed or chair, dressing, toileting, personal hygiene and bathing, and unable to ambulate. Physician orders on 5/20/21 directed staff to administer the following medications: a. Atorvastatin (anti-cholesterol medication) 40 milligrams (mg) oral daily. b. Carbidopa/Levodopa (Parkinson's disease medication) 25/100 mg tablet, administer 2 tablets oral daily at bedtime. c. Clopidogrel (blood thinner medication) 75 mg oral daily. d. Docusate Sodium (stool softener) 100 mg capsule oral daily.	F 561		

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F 561	Continued From page 2 e. Eliquis (blood thinner medication) 5 mg tablet oral twice daily. f. Finasteride (medication for benign prostatic herplasia) 5 mg oral daily g. Flovent inhaler 110 micrograms (mcg) per inhalation, 2 inhalations by mouth twice daily. h. Memantine (dementia medication) 5 mg oral daily. i. Metoprolol Tartrate (beta blocker blood pressure medication) 50 mg oral twice daily. k. Mirtazapine (antidepressant) 7.5 mg oral daily. l. Pantoprazole (esophageal reflux treatment) 40 mg extended release tablet oral daily. m. Tamsulosin (medication that improves urine flow) 0.4 mg capsule oral daily. n. Trazodone (antidepressant) 150 mg oral daily. o. Vitamin B12 500 micrograms (mcg) tablet dissolved under the tongue daily. p. Sertraline (antidepressant) 50 mg oral daily. q. Acetaminophen (Tylenol) 500 mg oral 4 times daily. r. Albuterol inhaler 90 mcg per inhalation, 2 inhalations by mouth twice daily as needed for shortness of breath or wheezing. s. Cal-Gest (antacid calcium chew tablets) 500 mg oral 3 times daily as needed, t. Loperamide (anti-diarrheal) 2 mg capsule oral every 4 hours as needed. u. Melatonin (sleep inducing hormone) 3 mg tablet oral at bedtime as needed. v. Nystop powder 60 Grams (anti-fungal topical treatment) applied to affected skin areas 3 times daily. Observation of the medication cart with the Director of Nurses (DON) on 1/27/22 at 12:25 p.m. revealed: With exception of the Docusate Sodium, Vitamin	F 561			


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F 561	<p>Continued From page 3</p> <p>B12 and Cal Gest, the resident's medications in oral or capsule form were supplied by the facility's pharmacy, each with a 30 day supply dispensed on a standard blister-Pak card, the inhalers and Nystop powder also dispensed by the facility's pharmacy and located together in 1 compartment of the medication cart. The Resident's medications provided by the VA, also located in the same compartment of the medication cart with the resident's medications dispensed by the facility pharmacy included:</p> <ul style="list-style-type: none"> a. Atorvastatin 40 mg tablets dispensed 11/16/21. b. Carbidopa/Levodopa 25/100 mg tablets dispensed 11/17/21 c. Clopidogrel 75 mg tablets dispensed 11/17/21. d. Docusate Sodium 100 mg capsules dispensed 11/17/21. e. Eliquis 5 mg tablets dispensed 11/17/21. f. Finasteride 5 mg tablets dispensed 11/16/21. g. Flovent inhaler 110 micrograms (mcg) per inhalation dispensed 11/17/21. h. Memantine 5 mg tablets dispensed 11/12/21. i. Metoprolol Tartrate 50 mg tablets dispensed 11/17/21. k. Mirtazapine 7.5 mg tablets dispensed 11/16/21. l. Pantoprazole 40 mg tablets dispensed 11/17/21. m. Tamsulosin 0.4 mg tablets dispensed 11/17/21. n. Trazodone 150 mg tablets dispensed 11/17/21. o. Vitamin B12 500 microgram tablets dispensed 11/17/21. p. Sertraline 50 mg tablets dispensed 11/17/21. <p>An interview on 1/27/22 at 9:08 a.m., Staff A, Licensed Practical Nurse (LPN), stated she did not know why the resident had both medications from the pharmacy, and the same medications in</p>	F 561			

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F 561	Continued From page 4 bottles from the VA. She gave medications from the medication cards from the facility pharmacy because she had not been directed otherwise. An interview on 1/27/22 at 12:25 p.m., the DON stated about a month ago, the resident's RP asked if the resident could use VA medications, they authorized it and the RP got the medications ordered from the VA and they were delivered to the facility, staff were supposed to utilize the supply of pharmacy medications on hand until used up, then start the VA medications. But the facility pharmacy kept sending more medication, and the pharmacy's policy is they will not take any returned medication. The DON removed the resident's medications from their pharmacy from the medication cart and would instruct staff to use the resident's VA medications, there was another resident with VA medications so they should understand. An interview on 2/2/22 at 4:50 p.m., the resident's RP stated they asked the facility back in November if they could get his medication from the VA, and they said it was okay. They had questioned staff why they kept getting bills from the pharmacy, for over \$1300 per month for December and January for his medication, and spoke to the nursing director over the weekend about it, and she told them it had been taken care of.	F 561			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive	F 684			

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F 684	<p>Continued From page 5</p> <p>assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to conduct an assessment for 1 of 2 residents sampled for new admissions (Resident #6). The facility reported a census of 46 residents.</p> <p>Findings Include:</p> <p>A Hospital Discharge Summary report dated 2/3/22 revealed Resident #6 had diagnoses that included cerebrovascular accident (a stroke), hypertension (high blood pressure) that was not well controlled, urinary tract infection (UTI), hypokalemia (low potassium level), atrial fibrillation (irregular heart beat that causes blood clot formation in the heart) and dyslipidemia (high cholesterol). Physician orders directed the resident's transfer to the facility at a skilled level of nursing care on 2/3/22.</p> <p>The ambulance service reported the resident arrived at the nursing home at 1:44 p.m. on 2/3/22.</p> <p>When reviewed on 2/7/22, the resident's record failed to describe arrival to the nursing home or an admission nursing assessment on 2/3/22.</p> <p>A late entry, transcribed on 2/4/22 at 11:40 a.m. for 2/3/22 at 9:26 p.m., revealed a Certified Medication Aide (CMA) reported the resident ate supper with her family, and toileted shortly after</p>	F 684		

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F 684	<p>Continued From page 6</p> <p>the family left. The next entry, a late entry on 2/4/22 at 11:08 a.m. for 2/4/22 at 2:30 a.m., documented a Certified Nurse Aide (CNA) reported rounds were complete and the resident was resting comfortably, will continue to monitor. On 2/4/22 at 4:21 a.m., the CNA's reported the resident was on the floor, blood present, skin tear noted to right cheek with visible bruising and swelling to the right face, resident alert but confused, and the resident transferred to the hospital Emergency Room (ER) for further assessment.</p> <p>An interview on 2/7/22 at 2:31 p.m., Staff B, Licensed Practical Nurse, stated she worked from 6:00 p.m. to 6:00 a.m. on 2/3/22, the resident was admitted that afternoon by the day shift nurse, she was waiting until closer to morning to assess the resident because she did not want to wake her, but informed by the staff she had fallen, assessed the resident for the first time on her shift when the resident was on the floor.</p> <p>An interview on 2/8/22 at 2:08 p.m., the Director of Nursing, stated she expected nurses to assess newly admitted residents on each 12 hour shift, twice a day. Staff C, Registered Nurse, should have completed the resident's admission assessment, and Staff B should have assessed the resident before the resident was found on the floor on 2/4/22.</p> <p>The facility's Admission & Discharge Process procedure reviewed 3/2016, directed staff:</p> <p>a. Admission to the facility is completed based on the facility's ability to provide care and services as directed by the attending physician's orders. b. Review the resident care needs and physician</p>	F 684	

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orders.
c. Determine bed placement based on clinical needs.
d. Obtain equipment and supplies as needed.


The facility's New Admission & Documentation Audit Tool, revised 1/2021, directed the following were to be completed on a resident admission:

- a. Nursing Evaluation/Data Collection
- b. Fall Risk Assessment.
- c. Elopement Risk Assessment.
- d. Pain Assessment.
- e. Full body skin assessment, including staging and measurements of wounds.
- f. Treatment Administration Record (TAR) initiated.
- g. Interim Care Plan completed.
- h. 3-day bowel and bladder assessment (Continence Evaluation).
- i. Skilled admission notes.
- j. Vital Signs.
- k. Height/Weight.
- l. Medication Administration Record (MAR) correct and 2nd nurse has signed, reviewed and signed off orders.
- m. Diet order and Dietary Communication sent to kitchen.
- n. Lab orders.
- o. Pictures taken for MAR's and Elopement Book.
- p. Resident placed on daily documentation if skilled and for 72 hours if for long term care.
- q. 72 hour meeting scheduled with family and resident.
- r. Guardian Angel Rounds Assigned.
- s. Registered Dietician notified of new admission.
- t. Referred to therapy to evaluate and treat.
- u. Inventory form completed (resident's personal belongings).

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F 690 SS-J	<p>Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on record review, and staff and</p>	F 690		

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F 690	<p>Continued From page 9</p> <p>Responsible Party (RP) interviews, the facility failed to ensure that an incontinent resident received appropriate assessment, treatment, intervention, and services for urinary tract infections for 1 of 4 residents reviewed for incontinence care (Resident #5). The facility failed to inform the physician of Resident #5's culture and sensitivity report on 1/9/22 that confirmed a bacterial urinary tract infection. On 1/10/22, Resident #5 transferred to the hospital non-responsive, had agonal respirations, and required intubation with assisted respirations. Resident #5 diagnosed with sepsis related to untreated urinary tract infection and acute respiratory failure. Resident #5 required intravenous antibiotics. The failure resulted in Immediate Jeopardy to the health, safety, and security of the residents. The facility reported a census of 46 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) Assessment dated 1/8/22 revealed Resident #5 admitted to the facility 1/3/22 with diagnoses that included diabetes, wedge compression of the first lumbar vertebra, calculus of the kidney (kidney stones), and encounter for surgical aftercare following surgery on the genitourinary system, scored 13 out of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment with symptoms of delirium present, and required extensive assistance of at least 1 staff to transfer to and from bed and chair, ambulation in room, dressing, toileting, bathing and personal hygiene.</p> <p>A Urinalysis Report faxed to the facility on 1/7/22 at 8:06 a.m., documented a urine specimen collected on 1/6/22 at 3:30 p.m. had pending</p>	F 690	

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results, possible mixed culture in the sample, and further report to follow.

A Urinalysis with Culture and Sensitivity Report faxed to the facility 1/9/22 at 1:44 p.m., documented the final report, verified 1/9/22 at 6:57 a.m., identified 50,000 - 60,000 colony forming units (cfu) per milliliter of the Escherichia coli (E-Coli) bacteria (bacteria normally in the bowel and not in the urine), and listed several antibiotics appropriate for treatment of the infection. The form had a hand-written note that stated "noted and initialed by Staff C, Registered Nurse, on 1/10/22".

Review of the Clinical Record on 1/20/22 revealed a lack of documentation of the laboratory report, Resident #5's condition or activities related to a hospitalization on 1/10/22 in the resident's record.

A Progress Note late entry dated 1/28/22 at 5:24 a.m., documented by Staff C, Registered Nurse, documented Resident #5 presented with lethargy, pallor, diaphoresis, minimal eye contact and nonverbal. Emergency medical services activated and arrived, resident transported by ambulance to the hospital. The resident had conversed with staff, transferred with 1 to 1 assist prior to that day, complained of discomfort, as needed analgesics administered and effective, resident otherwise denied complaints prior to discharge to the hospital. The entry lacked the date of this event, which was 1/10/22.

A Hospital History and Physical dated 1/10/22 documented Resident #5 presented to the Emergency Room that date, was non-responsive with agonal respirations and required intubation

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F 690	<p>Continued From page 11</p> <p>with assisted respirations, diagnosed with sepsis related to an untreated urinary tract infection with E-coli bacteria, acute respiratory failure, and required treatment with 2 different antibiotics administered intravenously.</p> <p>An interview on 1/27/22 at 4:10 p.m., the Director of Nursing (DON) stated she was not aware that staff had not documented the resident's condition, or described the resident's transfer to the hospital on 1/10/22, and planned to notify the nurse that she had to come to the facility to document the event.</p> <p>An interview on 2/2/22 at 10:59 a.m., the DON stated she expected nursing staff to notify the physician by phone, the resident's family and herself, if there were abnormal lab results, and Staff C had not notified her of the positive urine culture, but she became aware of it later that day. The DON stated it was not an acceptable practice to fax abnormal laboratory reports to the physician, those had to be called.</p> <p>An interview on 2/3/22 at 8:32 a.m., Staff C, Registered Nurse, stated when she noted a lab report, it meant she had reviewed it, faxed the result to the physician, and placed the document to be filed in the resident's record. She stated on the morning of 1/10/22, the resident didn't want to get up and said she wanted to rest in bed for 2 more days, then she would get up. She hadn't noticed anything unusual with the resident that morning, then around 2:30 p.m., a Certified Nursing Assistant got her from the chart room and said the resident needed help. The resident was seated in a wheel chair, she was pale, diaphoretic, her eyes were open but she wasn't really responding, the DON and ADON helped her</p>	F 690	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 690	Continued From page 12 to assess the resident and called the physician for orders to send the resident to the hospital. An interview on 2/3/22 at 2:37 p.m., the Medical Director/Resident #5's Physician stated he had not received the resident's urine and culture reports on 1/10/21, and staff should have called the physician on call, at any time, to report abnormal laboratory findings, or conditions of concern and seek treatment orders, there was always a provider on call 24/7, that's what he expected and he would go over his expectations with the administrator and DON to ensure they understood. The physician stated the facility should have contacted the on-call provider on 1/9/22 and reported the lab findings and obtained orders. An interview on 2/3/22 at 3:44 p.m., Staff E, Certified Nursing Assistant, stated she was assigned to the resident on 1/10/22, had not really worked with her before that day, she was instructed in report that she was supposed to be a 2 to 1 assist for transfer to the toilet, but the previous shift had to use the mechanical stand lift to transfer the resident. The resident didn't want to get up that day, when she asked the DON if they should use the lift to get the resident up, she said no, they would get her up, and it took 4 staff, 1 was the DON, to transfer the resident from her bed to a wheel chair. The resident hadn't really complained of anything that morning, but around lunch time she said that she had pain all over. During an interview 1/20/22 at 6:38 p.m., Resident #5's Responsible Party (RP) stated they spoke with the resident often on the telephone, and knew from the resident's history and their interactions with the resident after she was	F 690		


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F 690	<p>Continued From page 13</p> <p>admitted to the facility that she should have been checked for a urinary tract infection. The RP stated around 2:30 p.m. on 1/10/22, they found the resident slumped forward in the wheel chair in the lobby area, couldn't elicit a verbal response from the resident, difficult to find any staff for assistance, and had to tell staff to call 911 as the resident needed to go to the hospital.</p> <p>The State Agency notified the facility of the Immediate Jeopardy on 2/3/22 at 12:30 p.m.</p> <p>The Immediate Jeopardy situation started on 1/9/22.</p> <p>The facility removed the Immediate Jeopardy on 2/3/22 by the following actions:</p> <p>a. Initiated staff education to all nurses on 2/3/22 that they must notify the physician, family, and DON immediately when there was a change in resident condition, abnormal culture and laboratory reports must be called to the physician regardless of the time received, and family and DON notified of new orders from that notification.</p> <p>b. Initiated staff education to all nurses on 2/3/22 that if a urinalysis test is ordered or a suspected urinary tract infection, start immediate urinary assessments in the electronic record until resolved.</p> <p>c. Initiated staff education on 2/3/22 on a lab tracking book that was to be initiated 2/3/22.</p> <p>The scope lowered from "J" to "D" at the time of the survey after ensuring the facility implemented staff education.</p>	F 690	

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F 760 F 760 SS=D	Continued From page 14 Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews, the facility failed to administer medications as ordered by the physician for 1 of 6 resident reviewed with a significant medication error (Resident #6). The facility reported a census of 46 residents. Findings include: A Hospital Discharge Summary report dated 2/3/22 revealed Resident #6 admitted to the hospital 1/31/22 for a cerebrovascular accident (a stroke), and other conditions that included hypertension (high blood pressure) that was not well controlled, urinary tract infection (UTI), hypokalemia (low potassium level), atrial fibrillation (irregular heart beat that causes blood clot formation in the heart) and dyslipidemia (high cholesterol). Physician orders directed the resident's transfer to the facility at a skilled level of nursing care on 2/3/22, with medication orders that included: a. Eliquis 5 mg administered oral twice daily at 7:30 a.m. and 4:00 p.m.. b. Clonidine (an anti-hypertensive medication) 0.1 milligram (mg) administered oral twice daily at 7:30 a.m. and 4:00 p.m. c. Metoprolol 50 mg (a beta blocker medication for hypertension) administered oral twice daily at 7:30 a.m. and 4:00 p.m.	F 760 F 760			

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F 760	<p>Continued From page 15</p> <p>d. Lasix (diuretic medication for treatment of hypertension and congestive heart failure) 40 mg administered oral daily at 7:30 a.m.</p> <p>e. Lasix 20 mg administered oral daily at 12:00 p.m..</p> <p>f. Potassium chloride (potassium replacement to treat loss from diuretic therapy) extended release (ER) 20 milli-equivalent tablets administered oral twice daily at 7:30 a.m. and 4:00 p.m.</p> <p>g. Eliquis (a medication that prevents blood clot formation from atrial fibrillation) 5 mg administered oral twice daily at 7:30 a.m. and 4:00 p.m.</p> <p>h. Ciproflaxacin (a strong antibiotic for UTI treatment) 500 mg administered oral every 12 hours at 8:00 a.m. and 8:00 p.m.</p> <p>Nursing Progress Notes revealed the resident admitted tot he facility at 2:30 p.m. on 2/3/22, and discharged to the hospital by ambulance at 4:35 a.m. on 2/4/22.</p> <p>The resident's February, 2022 Medication Administration Record (MAR) revealed the resident had not received any medications while at the facility.</p> <p>During an interview on 2/9/22 at 1:22 p.m., the Director of Nursing (DON), stated on new admissions or for change in medication orders, nurses should administer medications from the emergency kit if they are available, until the pharmacy delivered the ordered medications. She had instructed staff on this, Staff D, Certified Medication Aide should have given the resident's evening medications from the EKIT on 2/3/22, most of the medications ordered were in the EKIT.</p>	F 760			

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F 760	<p>Continued From page 16</p> <p>During an interview 2/7/22 at 3:47 p.m., Staff D, Certified Medication Aide, stated she had not administered any medication to the resident on the evening of 2/3/22 because pharmacy had not delivered her medications.</p> <p>The facility's Medication Administration Guidelines procedure dated as last reviewed August, 2021, directed staff:</p> <p>a. Nurses will review and implement physician orders when written and ensure medications are ordered and available for administration.</p> <p>b. Prior to medication administration, the resident must have a physician order that prescribed the medication. The order remained in effect until discontinued by the physician.</p> <p>c. Nurses can utilize the Emergency Medication box, called EKIT, for resident medications prior to the pharmacy's delivery of the resident's ordered medications.</p> <p>d. Nurses are to check accuracy when a medication is removed from the EKIT, document medication removed, apply a new lock to the EKIT and record the lock number on the EKIT log sheet.</p>	F 760			

Plan of Correction – Aspire of Donnellson

03/01/2022

F561 – Self-Determination.

All nurses and med-techs have been re-educated on the resident's rights they have to be entitled to using their benefits. In this instance there was a breakdown in communication from management to the Omnicare pharmacy. Omnicare has been notified of these miscommunications and together we have resolved the issue. All residents will be given a choice of pharmacy upon admission and reviewed with quarterly care plans. Compliance will be monitored by the admissions coordinator and the DON.

Compliance Date: 2/11/2022

F684 – Quality of Care.

All nurses have been re-educated on the expectations of admission assessments. At the beginning of each shift for admissions the oncoming nurse should assess in a timely manner. Compliance will be monitored by DON and or designee.

Compliance Date: 2/11/2022

F690 – Staff Assessments.

All nurses besides the one on FMLA have been re-educated on change of condition as well as notification of doctor and family when change of condition occurs and any nurses that have not signed off on education will be in-serviced before they will be able to return to work. All nurses have been re-educated on labs/culture-insensitivities, they now know that any abnormalities that are identified need to be relayed to the medical director, family, and the director of nursing, immediately, seven days a week, at all hours. We have also initiated a lab tracking log which will allow proper follow-up and follow through. Re-education has been completed with all nurses on assessments. For example, if a UA is done there will now be follow-up in a urinalysis assessment until the situation is resolved. Compliance is being monitored by our QAPI program with participation from our medical director.

The two nurses involved in this incident have been disciplined according to our corporations HR department. was suspended pending investigation and has now returned to work after being re-educated and trained. has been given a written warning.

Compliance Date: 2/3/2022

F760 – Residents Free of Significant Med Errors.

All nurses and med-techs have been re-educated on the use of the E-Kit and follow through on medication administration. All medication orders will be sent to pharmacy and given per physician orders. If there is an instance where the medication does not arrive form pharmacy in the given timeframe the med will be pulled from the E-kit and given to the resident as scheduled. Compliance will be monitored through MARS audits and as needed by the DON or designee.

Compliance Date: 2/11/2022

Please accept this as our credible allegation of compliance.

