STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495418	A. BUILDING _____ B. WING _____	08/07/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PRINCESS ANNE HEALTH & REHABILITATION CENTER	**1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0580 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review, and clinical record review, it was determined that facility staff failed to notify the physician of a missed dose of medication ([MEDICATION NAME] 100 mg (milligrams)) for one of three sampled Residents, Resident #2. The findings included: Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #2's most recent MDS (minimum data set) assessment was a discharge assessment with an ARD (assessment reference date) of 3/10/20. Resident #2 was coded as being able to make decisions that are Consistent and reasonable on the Staff Assessment for Mental Status exam. Resident #2 was discharged from the facility AMA (against medical advice) on 3/10/20. Review of Resident #2's hospital discharge summary dated 3/7/20 documented in part, the following: .PMHx (Past Medical History) as noted below who is being admitted for [MEDICAL CONDITION] with RVR .On arrival to the ED (Emergency Department) she is found to be in [MEDICAL CONDITION] with rapid ventricular response .[MEDICATION NAME] (2) changed to [MEDICATION NAME] 100 mg (milligrams) (3) BID (two times a day) for rate control. Cardiology following- cleared for discharge .Acute systolic [MEDICAL CONDITIONS] .[MEDICATION NAME] to [MEDICATION NAME] for HR (heart rate) control .Start taking these medications: [REDACTED].take 1 tab (tablet) by mouth twice a day to prevent blood clots in chronic [MEDICAL CONDITION] .[MEDICATION NAME] 100 mg PO TABS Take 1 tab by mouth twice daily .Continue these medications which have changed .[MEDICATION NAME] 40 mg (5) PO TABS .Take 1 tab by mouth Once a day. Review of Resident #2's March 2020 MAR (Medication Administration Record) revealed that Resident #2 received all doses of Eliquis and [MEDICATION NAME] from 3/7/20 through 3/10/20. Further Review of Resident #2's March 2020 MAR indicated [REDACTED]. Review of the facility's emergency STAT box revealed that [MEDICATION NAME] 100 mg was in the facility STAT box. Review of the physician's notes revealed that on 3/9/20; the physician had evaluated Resident #2. The following was documented in part, [MEDICAL CONDITION]/Varicosities of Extremities: No [MEDICAL CONDITION] or varicosities. There was no evidence in Resident #2's clinical record that she had any negative outcomes from the one missed dose of [MEDICATION NAME]. On 8/6/20 at 2:43 p.m., a telephone interview was conducted with LPN (Licensed Practical Nurse) #1, the nurse who worked on 3/8/20 and did not administer the 9 a.m. dose of [MEDICATION NAME]. When asked about the admission order process, LPN #1 stated for any new admissions she will put all medications in the computer system and fax the orders to pharmacy and the physician. When asked how long it takes for medications to arrive from pharmacy, LPN #1 stated, usually comes in next day or next night. When asked the process if a resident was due for a medication and the medication was not on the medication cart, LPN #1 stated that she would Pull the discharge paperwork and re-fax the orders back to pharmacy. When asked if she ever checks the facility STAT box for medications, LPN #1 stated that if the medication is available in the facility STAT box, that she would go ahead and administer the medication. When asked about Resident #2's missed [MEDICATION NAME] on 3/8/20, LPN #1 stated that she didn't think [MEDICATION NAME] was in the facility STAT box. LPN #1 also stated that she did not recall checking the STAT box because she did not recall the patient. When asked if the physician was usually made aware of missed doses of medication, LPN #1 stated, If the medication is not there yet; I just check off medication not available. On 8/6/20 at 3:42 p.m., a telephone interview was conducted with ASM (administrative staff member) #4, the Physician Assistant. When asked if facility staff usually make her or the physician aware of a missed medication, ASM #4 stated, Usually they do. ASM #4 stated that she will give an order depending on the medication that is not available for administration. ASM #4 stated that she will also ask what is available in the STAT to substitute for the missed medication. When asked is he expected nursing staff to alert her or the physician for a missed dose of [MEDICATION NAME] 100 mg; ASM #4 stated that [MEDICATION NAME] was an important medication and that she would expect nursing staff to notify the herself or the physician for a missed dose. ASM #4 stated that she expected staff to pull [MEDICATION NAME] out of the facility STAT box. When asked if missing one dose of [MEDICATION NAME] 100 mg could be significant to the Resident's health, ASM #4 stated that with one missed dose of a beta blocker there is obvious concern that a resident could go into [MEDICAL CONDITION] and also have blood pressure spikes. ASM #4 stated that she could not recall being made aware of Resident #2's missed dose of [MEDICATION NAME]. On 8/7/20 at 1:30 p.m., ASM (administrative staff member) #1, the Administrator and ASM #2 the DON (Director of Nursing) were made aware of the above concerns. ASM #1 was able to present evidence that the facility re-educated staff on March 12, 2020 regarding admission orders [REDACTED]. ASM #1 was able to present signature sheets of licensed staff documenting that they received the education. ASM #1 was also able to present audits conducted on 3/12/20. The following education was documented: What do you do when you don't have a medication for a patient? 1. Go to the Super STAT box and retrieve medication. 2. Assess and make sure the times are appropriate, if not, change time of medication administration. In another words if it a new patient, see if you can push the time out further. If this is not an option move to steps #3 and 4. 3. If it's not in the STAT box, call pharmacy and order it STAT (if able to, not all meds can be STATed) 4. Call the MD to notify MD if not available and get new orders from the practitioner and document. If the practitioner give you some sort of replacement med then administer that medication. If he states no new orders, then document. Do not ever just not follow up on a missing medication. This is a delay in care. Never document Medication not available, Ever! Never borrow medications Ever! If you run out of house stock meds, you still cannot document Med not available These meds are also available in the Super STAT box. If they have all been used, then you would order from pharmacy at this time STAT and document. No further information was presented prior to exit. COMPLAINT DEFICIENCY PAST NON-COMPLIANCE. (1) [DIAGNOSES REDACTED]- is the most common types of arrhythmia's, which are irregular heart rhythms. [MEDICAL CONDITION] causes your heart to beat much faster than normal. Also, your heart ' s upper and lower chambers do not work together as they should. When this happens, the lower chambers do not fill completely or pump enough blood to your lungs and body. This can make you feel tired or dizzy, or you may notice heart palpitations or chest pain. Blood also pools in your heart, which increases your risk of forming clots and can leads to [MEDICAL CONDITION] or other complications. [MEDICAL CONDITION] can also occur without any signs or symptoms. Untreated fibrillation can lead to serious and even life-threatening complications. (Rapid Ventricular Response) - [MEDICAL CONDITION] (AF) with rapid ventricular response is a common tachyarrhythmia requiring hospitalization . This information was obtained from the National Institutes of Health. https://www.nhlbi.nih.gov/health-topics/[MEDICAL CONDITION]-fibrillation. (2) [MEDICATION NAME] is an adrenergic blocker indicated for the chronic therapy of heart failure with reduced ejection fraction, hypertension, and left ventricular dysfunction following [MEDICAL CONDITION] infarction (MI) in clinically stable patients. This information was obtained from the National Institutes of Health. https://www.ncbi.nlm.nih.gov/books/NBK 8/. (3) [MEDICATION NAME] is a beta blocker, also used to lower blood pressure, are prescribed to AFib patients to reduce heart rate. They reduce the number of chaotic electrical signals from the heart's upper chambers (the atria) that can travel into the lower ventricles where the signals trigger contraction of the muscular part of the heart. When using beta blockers, heart rate often goes down dramatically, for example, from 140 to 90 beats per

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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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PRINCESS ANNE HEALTH & REHABILITATION CENTER	**1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456**

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F 0580 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) minute. This information was obtained from https://scopeblog.stanford.edu/2018/10/18/understanding-afib-slowing-down-the-dancing-heart/. (4) Apixaban (Eliquis)- is a blood thinner used to reduce the risk of stroke and systemic embolism in patients with nonvalvular [MEDICAL CONDITION]. This information was obtained from The National Institutes of Health. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e 22-7cc6-418a-acb6-c5450daae9b0 (5) [MEDICATION NAME] is a diuretic indicated in adults and pediatric patients for the treatment of [REDACTED]. This information was obtained from The National Institutes of Health. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2c9b4d8f-0770-482d-a9e6-9c616a440b1a.
F 0760 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that residents are free from significant medication errors.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review, and clinical record review, it was determined that facility staff failed to ensure one of three sampled residents was free from a significant medication error, Resident #2. The findings included: Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #2's most recent MDS (minimum data set) assessment was a discharge assessment with an ARD (assessment reference date) of 3/10/20. Resident #2 was coded as being able to make decisions that are Consistent and reasonable on the Staff Assessment for Mental Status exam. Review of Resident #2's hospital discharge summary dated 3/7/20 documented in part, the following: .PMHx (Past Medical History) as noted below who is being admitted for [MEDICAL CONDITION] with RVR .On arrival to the ED (Emergency Department) she is found to be in [MEDICAL CONDITION] with rapid ventricular response .[MEDICATION NAME] (2) changed to [MEDICATION NAME] 100 mg (milligrams) (3) BID (two times a day) for rate control. Cardiology following- cleared for discharge .Acute systolic [MEDICAL CONDITIONS] .[MEDICATION NAME] to [MEDICATION NAME] for HR (heart rate) control .Start taking these medications: [REDACTED].take 1 tab (tablet) by mouth twice a day to prevent blood clots in chronic [MEDICAL CONDITION] .[MEDICATION NAME] 100 mg PO TABS Take 1 tab by mouth twice daily .Continue these medications which have changed .[MEDICATION NAME] 40 mg (5) PO TABS .Take 1 tab by mouth Once a day. 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When asked how long it takes for medications to arrive from pharmacy, LPN #1 stated, usually comes in next day or next night. When asked the process if a resident was due for a medication and the medication was not on the medication cart, LPN #1 stated that she would Pull the discharge paperwork and re-fax the orders back to pharmacy. When asked if she ever checks the facility STAT box for medications, LPN #1 stated that if the medication is available in the facility STAT box, that she would go ahead and administer the medication. When asked about Resident #2's missed [MEDICATION NAME] on 3/8/20, LPN #1 stated that she didn't think [MEDICATION NAME] was in the facility STAT box. LPN #1 also stated that she did not recall checking the STAT box because she did not recall the patient. When asked if the physician was usually made aware of missed doses of medication, LPN #1 stated, If the medication is not there yet; I just check off medication not available. On 8/6/20 at 3:42 p.m., a telephone interview was conducted with ASM (administrative staff member) #4, the Physician Assistant. When asked if facility staff usually make her or the physician aware of a missed medication, ASM #4 stated, Usually they do. ASM #4 stated that she will give an order depending on the medication that is not available for administration. ASM #4 stated that she will also ask what is available in the STAT to substitute for the missed medication. When asked is he expected nursing staff to alert her or the physician for a missed dose of [MEDICATION NAME] 100 mg; ASM #4 stated that [MEDICATION NAME] was an important medication and that she would expect nursing staff to notify the herself or the physician for a missed dose. ASM #4 stated that she expected staff to pull [MEDICATION NAME] out of the facility STAT box. When asked if missing one dose of [MEDICATION NAME] 100 mg could be significant to the Resident's health, ASM #4 stated that with one missed dose of a beta blocker there is obvious concern that a resident could go into [MEDICAL CONDITION] and also have blood pressure spikes. ASM #4 stated that she could not recall being made aware of Resident #2's missed dose of [MEDICATION NAME]. On 8/7/20 at 9:43 a.m., an interview was conducted with OSM (other staff member) #4 the pharmacist. When asked if missing one dose of [MEDICATION NAME] at 100 mg for a resident with a [DIAGNOSES REDACTED].#4 stated that missing one dose of [MEDICATION NAME] would have a significant effect due to it being a beta blocker. OSM #4 stated that missing one dose would also increase the patient's blood pressure. OSM #4 also stated that if a resident was newly diagnosed with [REDACTED]. However, for someone with a past medical history of [REDACTED]. On 8/7/20 at 1:30 p.m., ASM (administrative staff member) #1, the Administrator and ASM #2 the DON (Director of Nursing) were made aware of the above concerns. ASM #1 was able to present evidence that the facility re-educated staff on March 12, 2020 regarding admission orders [REDACTED]. ASM #1 was able to present signature sheets of licensed staff documenting that they received the education. ASM #1 was also able to present audits conducted on 3/12/20. The following education was documented: What do you do when you don't have a medication for a patient? 1. Go to the Super STAT box and retrieve medication. 2. Assess and make sure the times are appropriate, if not, change time of medication administration. In another words if it a new patient, see if you can push the time out further. If this is not an option move to steps #3 and 4. 3. If it's not in the STAT box, call pharmacy and order it STAT (if able to, not all meds can be STATed) 4. Call the MD to notify MD if not available and get new orders from the practitioner and document. If the practitioner give you some sort of replacement med then administer that medication. If he states no new orders, then document. Do not ever just not follow up on a missing medication. This is a delay in care. Never document Medication not available, Ever! Never borrow medications Ever! If you run out of house stock meds, you still cannot document Med not available These meds are also available in the Super STAT box. If they have all been used, then you would order from pharmacy at this time STAT and document. No further information was presented prior to exit. COMPLAINT DEFICIENCY PAST NON-COMPLIANCE. (1) [DIAGNOSES REDACTED]- is the most common types of arrhythmia's, which are irregular heart rhythms. [MEDICAL CONDITION] causes your heart to beat much faster than normal. Also, your heart ' s upper and lower chambers do not work together as they should. When this happens, the lower chambers do not fill completely or pump enough blood to your lungs and body. This can make you feel tired or dizzy, or you may notice heart palpitations or chest pain. Blood also pools in your heart, which increases your risk of forming clots and can leads to [MEDICAL CONDITION] or other complications. [MEDICAL CONDITION] can also occur without any signs or symptoms. Untreated fibrillation can lead to serious and even life-threatening complications. (Rapid Ventricular Response) - [MEDICAL CONDITION] (AF) with rapid ventricular response is a common tachyarrhythmia requiring hospitalization . This information was obtained from the National Institutes of Health. https://www.nhlbi.nih.gov/health-topics/[MEDICAL CONDITION]-fibrillation. 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