

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675925	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATI		STREET ADDRESS, CITY, STATE, ZIP 3710 4TH ST LUBBOCK, TX 79415	
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)		
<p>F 0550</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations and interviews, it was determined the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 1 of 15 residents (Resident #15) reviewed for dignity, in that: LVN C failed to acknowledge Resident #15 when she approached the nurses station and was asking for assistance. This failure could result in a decline in resident self-worth, self-esteem and cause an increase in anxiety and confusion regarding their status to remain in the facility. The evidence is as follows: An observation on 6/17/2020 at 11:33 a.m. revealed Resident #15 walked up to the nurses station and tried to get the attention of LVN C for assistance. LVN C looked at Resident #15, turned his back to the resident and sat down at the nurses station keeping his back to the resident. During an interview on 6/17/2020 at 11:36 a.m., Resident #15 stated she needed the nurse to assist a resident to the bathroom. Resident #15 stated staff don't want her to assist residents that need to go to the bathroom so she was just trying to get the nurse to help but he seems too busy. An observation on 6/17/2020 at 11:44 a.m., revealed Resident #15 walking away from the nurses station without being assisted. During an interview on 6/17/2020 at 11:46 a.m., LVN C stated he did not see Resident #15 standing at the nurses station. LVN C stated he had a Hospice nurse that needed him to do a readmission for a resident.</p>		

F 0684

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide appropriate treatment and care according to orders, resident's preferences and goals.

****NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY****

Based on observation, interview and record review; it was determined the facility failed to ensure each resident received the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being for 1 of 5 residents reviewed for Quality of Care (Resident #1, #10, #11, #13 and #15). LVN C failed to acknowledge Resident #15 when she approached the nurses station and was asking for assistance. 3 of 14 residents (#1, #10 and #13) were administered IV medications without adequate indications for its use. 1 of 14 residents (#11) was administered IV medications in excessive duration. The facility's failure to ensure each resident received the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being could place all residents at risk of lowered self-esteem causing an increase in anxiety and confusion and possibly experiencing adverse side effects from their medications. The evidence is as follows: Resident #15 An observation on 6/17/2020 at 11:33 a.m. revealed Resident #15 walked up to the nurses station and tried to get the attention of LVN C for assistance. LVN C looked at Resident #15, turned his back to the resident and sat down at the nurses station keeping his back to the resident. During an interview on 6/17/2020 at 11:36 a.m., Resident #15 stated she needed the nurse to assist a resident to the bathroom. Resident #15 stated staff don't want her to assist residents that need to go to the bathroom so she was just trying to get the nurse to help but he seems too busy. An observation on 6/17/2020 at 11:44 a.m., revealed Resident #15 walking away from the nurses station without being assisted. During an interview on 6/17/2020 at 11:46 a.m., LVN C stated he did not see Resident #15 standing at the nurses station. LVN C stated he had a Hospice nurse that needed him to do a readmission for a resident. For Malnutrition/Weight Loss Resident #1 Record review of Resident #1's clinical record revealed the resident was admitted on [DATE], was [AGE] years old with the following Diagnoses: [REDACTED]. Record review of Resident #1's IVRS Physician order [REDACTED]. BUN was high at 24 but the creatinine was 1.2 in the normal range (0.6 to 1.3). Resident #1's weight on 5/28/202 was 120.8 pounds and on 6/8/2020 his weight was 126.7 pounds, a weight gain of 5.9 pounds (not a loss) Infused 1,000 liter bag in 50 minutes on 6/10/2020. Record review of IV Rejuvenation Station Nursing Home Protocols, undated, documented for Hydration, the Qualifying Criteria (included but not limited to) -Client has lost >3% total body weight secondary to decreased fluid intake or increased fluid losses. -Acute rise from baseline BUN to Creatinine ratio on the setting of dehydration. Did not receive a Nutrition/Hydration Risk Evaluation for this resident Resident #10 Record review of Resident #10's clinical record revealed the resident admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. Resident #10's creatinine and BUN were in the normal level. Resident #10's weight on 5/21/2020 was 106.0. Resident #10's weight on 6/2/2020 was 109.0 (gain of 3 pounds). Resident #10's weight on 6/8/2020 was 107.8 (loss of 1.2 pounds). Record review of IV Rejuvenation Station Nursing Home Protocols, undated, documented for Hydration, the Qualifying Criteria (included but not limited to) -Client has lost >3% total body weight secondary to decreased fluid intake or increased fluid losses. -Acute rise from baseline BUN to Creatinine ratio on the setting of dehydration. Did not receive a Nutrition/Hydration Risk Evaluation, dated 6/6/2020, documented the resident was lethargic, feeds self with verbal cues, < 5% weight loss, lost dentures or several missing teeth, eats 50% - 75% of most meals, drinks 1,000 - 2,000 of fluid a day, takes snacks most of the time, few food dislikes - scored 13. 10 or higher, a prevention protocol should be initiated immediately and documented in the Care Plan. Infused 1,000 liter bag in 40 minutes on 6/12/2020. Resident #13 Record review of Resident #13's clinical record revealed the resident was admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. Resident #13's labs were in the normal range. Resident #13's weight on 5/6/2020 was 246.2 pounds. Resident #13's weight on 5/27/2020 was 236.2 pounds (lost 10 pounds). Resident #13's weight on 6/8/2020 was 248.8 pounds (a 12.6 pounds gain not a loss). Record review of IV Rejuvenation Station Nursing Home Protocols, undated, documented for Hydration, the Qualifying Criteria (included but not limited to) -Client has lost >3% total body weight secondary to decreased fluid intake or increased fluid losses. -Acute rise from baseline BUN to Creatinine ratio on the setting of dehydration. Resident #13's Nutrition/Hydration Risk Evaluation, dated 6/3/2020, documented the resident feeds self, had a <5% weight loss in 1 month, teeth/dentures in good condition, food intake excellent - eats 75% - 100% of most meals, drinks 1000 - 2000cc daily, few food dislikes. total score of 7. Directive: If the total score is 10 or greater, a prevention protocol should be initiated immediately and documented in the Care Plan. Infused 1,000 liter bag in 45 minutes on 6/10/2020. In Excessive Duration for Malnutrition/Weight Loss: Resident #11 Record review of Resident #13's clinical record revealed the resident was admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. Record review of IV Rejuvenation Station Nursing Home Protocols, undated, documented for Hydration, the Qualifying Criteria (included but not limited to) -Client has lost >3% total body weight secondary to decreased fluid intake or increased fluid losses. -Acute rise from baseline BUN to Creatinine ratio on the setting of dehydration. Resident #11's Nutrition/Hydration Risk Evaluation, dated 6/3/2020, documented the resident was fed by staff, < 5% weight loss in 1 month, lost dentures or several teeth missing, food intake excellent - eats 75% to 100% of most meals, fluid intake 500cc - 1000cc daily, takes snacks as offered, few food dislikes, Total score: 15. Directive: If the total score is 10 or greater, a prevention protocol should be initiated immediately and documented in the Care Plan. Resident #11's weight on 2/16/19 was 163.8 pounds (on admit). Resident #11's weight on 5/23/19 was 148.8 pounds (weight loss of 15 pounds). Resident #11's weight on 3/4/2020 was 172 pounds (weight gain of 24.2 pounds). Resident #11's weight on 4/26/2020 was 172 pounds. Resident #11's weight on 5/6/2020 was 165 pounds (weight loss of 7 pounds). Resident #11's weight on 6/2/2020 was 165 pounds. Resident #11's weight on 6/8/2020 was 164 pounds (a loss of 1 pound, 8 pounds total but still 1 pound above admission weight). Infused 1,000 liter bag in 52 minutes on 6/10/2020. Infused 1,000 liter bag in 65 minutes on 12/27/2019. Infused 1,000 liter bag in 40 minutes on 12/6/2019. Infused 1,000 liter bag in 75 minutes on 7/30/2019. Infused 1,000 liter bag in 55 minutes on 4/22/2019. Received an IV infusion on the following dates: 4/23/19 6/3/19 7/30/19 8/29/19 9/30/19 10/30/19 12/6/19 2/11/2020 During an interview on 6/16/2020 at 10:00 a.m., the BOM stated there were no outside vendors coming into the facility for IV therapy. During an interview on 6/16/2020 at 10:25 a.m., LVN A, stated she had just finished giving an IV antibiotic infusion to a resident. LVN A stated she was IV certified. LVN A stated no one was coming in and giving IV solutions for hydration and vitamins. During an interview non 6/16/2020 at 10:45a.m., MA B, stated the nurses are the ones who give the residents IV fluids or medications. MA B stated they do not have any outside personnel come in to do the IVs because the nurses do that. During an interview on 6/16/2020 at 5:00 p.m., the DON stated IVRS did Resident #11's IV for nutrition because she triggered for weight loss. When asked where the orders were for the infusion, the DON stated she did not know where the orders were but they should be there. DON stated they have IVRS come in and do the IVs. DON stated she doesn't know that all of her staff were IV certified so IVRS gives the IV infusions, monitors and everything. DON stated for one of her nurses to sit and watch one resident, it ties that nurse up so IVRS comes in and does that. DON stated the IVRS nurse would be in the building four to six hours. DON stated it was set up like that before she got here. DON stated the company (IVRS) came in and marketed their product and services and the old Administrator wanted it. DON stated they do labs and check for allergies and IVRS was responsible to take vitals before and after the treatment. DON stated they do the special infusions for residents whom when they do lab work and they are losing weight, dehydrated (BUN) or for wound healing. DON stated the IV place was doing it monthly but she thought when they give an IV, she thought that it would increase their RUG rate. DON stated doing that was actually cheaper than sending the resident to the hospital. During an interview on 6/17/2020 at 8:30 a.m., HHSC Pharmacist stated after explaining the situation, was not sure if there was a medical necessity for the medication for Resident #11. HHSC Pharmacist stated the facility just jumped right to rapid infusion and not trying oral medications first. HHSC Pharmacist stated for Resident #11, for one month she had lost one pound, for 3 months she had a 4.7% weight loss and for 6 months she had a 2.73% weight loss. HHSC Pharmacist stated that kind of blows that out of the water for weight loss. HHSC Pharmacist stated Resident #11 eats 75 % of her meals. HHSC Pharmacist stated if the facility was not doing IVRS for everyone, it's not medically necessary. HHSC Pharmacist stated after reviewing resident clinical records and weight loss documentation, if the residents are on Medicaid, they will get an IV but if they are on Medicare or private pay, the resident gets other measures - oral supplements, health shakes, etc. During an interview on 6/17/2020 at 9:00 a.m., the OIG representative stated he had talked to both owners of IVRS last night. The OIG representative stated IVRS had started an IV bar and they identified 4 different IVs for 10 different things like hydration issues and weight loss and they started doing business. The OIG representative stated IVRS needs at least 10 patients at one time to make it profitable and one nurse comes in and does all of the residents at one time. The OIG representative stated when asked why the IVRS nurses come in, the owners said because their nurses were better at sticks. During a telephone interview on 6/17/20 at 1:35 p.m. with the facility's Consultant Pharmacist, she said she started working at the facility in February of 2020. She said she did resident medication reviews online and she was not aware that some residents were administered an IV bag with nutrients. She said she would want to know why they were on the IV medication. She stated no one from the facility contacted her about the IV therapy. She said she would want to know why are the residents were on the IVRS? Was the facility monitoring the medication for benefits? Did the resident gain any weight if that was the desired effect? During a telephone interview on 6/17/20 at 2:07 p.m. with the NP for Resident #11, stated the facility would call and recommend IVRS for some residents. She said she probably would not start an IV on a resident if they could consume supplements such as multivitamins, zinc, and prostat by mouth. She said the IVRS therapy would be as necessary and may not be needed every month. She said she would not administer the IVRS at 1 liter per hour. She said she wanted to make sure the resident did not get short of breath or fluid overloaded. She said administering the IVRS over a 4-hour period would be more appropriate. She said any resident who was on fluid restrictions, had [MEDICAL CONDITION], significant and [MEDICAL CONDITIONS] would not qualify for the IVRS. She said she would administer the IVRS one time and then re-evaluate its necessity. She said she was not aware the residents had received the IVRS multiple times. She said concerns of dehydration would be if the resident consumed less than 25% of meals, drank one glass of water, mouth was not moist, and not making urine. During a telephone interview on 6/17/20 at 2:51 p.m. with the Dietitian, she said she had worked for the facility for [AGE] years and was not familiar with and did not make resident recommendations for IVRS therapy. She said the facility did not discuss IVRS therapy with her. She said the facility did discuss weight loss, wound healing, and supplemental needs with her. She said once the COVID-19 restrictions started, weight loss was identified in the facility. She said she and the Dietary Manger started a fortified food plan in April and by the end of May she noticed orders were entered in for fortified foods. She said it would take a couple of weeks to see results from the fortified foods. She said as of 5/29/20, Resident #10 was on a mechanical diet with health shakes. She said her [MEDICATION NAME] was in normal limits, her weight had stabilized. She said in May and June 2020 Resident #10 weighed 109 pounds. She said in March 2020 she weighed 120 pounds. She said after Resident #10's initial weight loss she recommended a house supplement three times a day and weekly weights. She said Resident #10 ate by mouth and her meal intake varied between 25% and 100%. She said she reviewed laboratory values to determine if a resident was dehydrated and said on 6/8/20 Resident #10's BUN, creatinine, sodium, and osmolality levels were normal. During an interview on 6/17/2020 at 3:00 p.m., MDS Coordinator stated the DON had asked her to help get orders for IVRS. MDS Coordinator stated the DON gives her a list of weights, resident's names or whoever she feels needs attention. MDS Coordinator stated the DON asked her to get orders and talk with the doctors and families. MDS Coordinator stated usually that work would go to the Medicaid MDS nurse because they would have more time on their hands but that nurse is new. MDS Coordinator stated she would call the physician if there was a weight loss and ask for an order to get labs. MDS Coordinator stated they were told from IVRS that the infusions were going to keep the residents from fall and keep them hydrated. MDS Coordinator stated the were doing the IVRS infusions monthly on residents that they wanted for preventative but now they are doing them only as needed. MDS Coordinator stated she puts in the orders to monitor for any

<p>F 0694</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>adverse reactions and a full set of vitals twice a day for three days after infusion. During an interview on 6/17/20 at 3:49 p.m. with the DON, she said she would inform the nurse practitioners about the residents' weight loss and laboratory values, so they could decide to prescribe the IVRS or not. She said she would look for low [MEDICATION NAME] and low protein levels on the lab values and call the doctor. She said the Dietitian reviewed residents from home and she did not want to wait on the Dietitian to make recommendations. She said she did not inform the Dietitian about the IV therapy. She said the Medical Director was very familiar with the IVRS therapy and encouraged it because it kept residents from going to the hospital. She said residents who received the IVRS therapy could also take tablets by mouth. When asked why #13 received the IVRS therapy because his vitals and weight were stable, the DON did not know why Resident #13 received IVRS therapy and said his laboratory values may have slipped past her. During a telephone interview on 6/17/20 at 4:15 p.m. with the Medical Director, he said the goal of the IVRS therapy was to keep residents at risk of insensible water loss out of the hospital. He said he relied on the facility to recommend residents to him for IVRS therapy. He said the IVRS was typically for residents who had wounds, dementia, at risk for developing dehydrating, and resident who did not know thirst needs. He said he was not aware the IVRS was administered at 1 liter an hour. He said he would administer it at a more conservative rate of 250 mL/hr over a 4-hour period. He said the therapy should be temporary for most residents with nausea and vomiting. He said residents with chronic wounds may get the IVRS once a month. He said if a resident's weight loss was stable they would not get the IVRS. He said if the resident could tolerate vitamins orally, it would be ok to administer the oral vitamins. During a telephone interview on 6/17/2020 at 5:38 p.m., IVRS RN stated she had been at the facility recently to give IV hydration to residents. The IVRS RN stated they usually have a handful of residents and she would administer IV vitamins to the selected residents. The IVRS RN stated she would first stop and get orders from the nurse, go to the resident's room and stay with the resident the whole time. The IVRS RN stated she would do all the residents that are on one unit at one time and that would take about four to five hours. The IVRS RN stated vitals were only taken once and are done after the infusion was completed. Record Review of a Policy/Procedure - Nursing Administration, subject: Unnecessary Drugs, revised 5/2007, documented the following: Policy: It is the policy of this facility that each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: 1. In excessive dose (including duplicate therapy); or 2. For excessive duration; or 3. Without adequate monitoring; or 4. Without adequate indications for its use; or 5. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or 6. Any combinations of the reasons above Purpose: The purpose of this requirement is that, each resident's entire drug/medication regimen be managed and monitored to promote or maintain the resident's highest practicable mental, psychical and psychosocial well-being. Procedures: 1. Resident receives only those medications, in doses and for the duration clinically indicated to treat the resident's assessed condition(s) 2. Non-pharmacological interventions are considered and used when indicated, instead of, or in addition to, medication *Behavioral interventions *Exercise *Prevention of Constipation *Pain management *Sleep hygiene *Individual toileting schedule *Addressing food preferences 3. Monitor and track progress towards the therapeutic goal(s) and detect the emergence or presence of any clinically significant adverse consequences in order for them to be minimized. Source of information to facilitate defining the monitoring criteria/parameters may include cautions, warning and identified adverse consequences from: * Manufacturers' package inserts and black-box warnings *Facility P & P * Pharmacists *Clinical practice guidelines or clinical standards of practice</p> <p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record review, it was determined the facility failed to ensure [MEDICATION NAME] fluids were administered and monitored in accordance with physician orders [REDACTED]. (Residents #1, #10, #11 and #13). Residents #1, #10, #11 and #13 were administered [MEDICATION NAME] fluids too fast and were not monitored properly when vitals were not taken before and after administration of fluids. This failure could place residents at risk of not receiving appropriate care and services to reach highest practicable well- being and possible adverse consequences. The evidence is as follows: Resident #1 Record review of Resident #1's clinical record revealed the resident was admitted on [DATE], was [AGE] years old with the following Diagnoses: [REDACTED]. On 6/10/2020 starting at 11:10 a.m., infused 1,000 liter bag in 50 minutes. One set of vitals was listed on the Infusion record. Resident #10 Record review of Resident #10's clinical record revealed the resident admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. On 6/12/2020 starting at 5:00 p.m., infused 1,000 liter bag in 40 minutes. One set of vitals was listed on the Infusion record with a blood pressure of 195/94 documented. This blood pressure was documented as having been reported to the staff nurse. Nurses notes, dated</p>
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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.

FORM CMS-2567(02-99)
Previous Versions Obsolete

Event ID: YL1011

Facility ID: 675925

If continuation sheet
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NAME OF PROVIDER OF SUPPLIER THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATI		STREET ADDRESS, CITY, STATE, ZIP 3710 4TH ST LUBBOCK, TX 79415	
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 0694 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>6/12/2020 at 5:46 p.m., documented successfully completed IV therapy for malnutrition protocol. Administered to left forearm with 22 guage IV catheter, no complications, IV completed, removed IV, applied gauze and coban. Resident #11 Record review of Resident #13's clinical record revealed the resident was admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. Infused 1,000 liter bag in 52 minutes on 6/10/2020. One set of vitals was listed on the Infusion record. Infused 1,000 liter bag in 65 minutes on 12/27/2019 Infused 1,000 liter bag in 40 minutes on 12/6/2019 Infused 1,000 liter bag in 75 minutes on 7/30/2019 Infused 1,000 liter bag in 55 minutes on 4/22/2019 Resident #13 Record review of Resident #13's clinical record revealed the resident was admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. On 6/10/2020 starting at 10:15 a.m., infused 1,000 liter bag in 45 minutes. One set of vitals was listed on the Infusion record. During an interview on 6/16/2020 at 5:00 p.m., the DON stated they do labs and check for allergies and IVRS was responsible to take vitals before and after the treatment. When informed that record review revealed vitals were not being done before and after treatment, the DON said they were supposed to be. During a telephone interview on 6/17/20 at 2:07 p.m. with the NP for Resident #11, stated she wanted to make sure the resident did not get short of breath or fluid overloaded. She said administering the IVRS over a 4-hour period would be more appropriate. During a telephone interview on 6/17/20 at 4:15 p.m. with the Medical Director, he stated he was not aware the IVRS was administered at 1 liter an hour. He said he would administer it at a more conservative rate of 250 mL/hr over a 4-hour period. During a telephone interview on 6/17/2020 at 5:38 p.m., IVRS RN stated she had been at the facility recently to give IV hydration to residents. The IVRS RN stated vitals were only taken once and are done after the infusion was completed.</p>		

F 0757

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

Ensure each resident's drug regimen must be free from unnecessary drugs.

****NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY****

Based on observation, interview and record review, it was determined the facility failed to ensure that each resident's drug regimen must be free from unnecessary drugs and failed to monitor side effects of medications; in that: - 3 of 14 residents (#1, #10 and #13) were administered IV medications without adequate indications for its use. - 1 of 14 residents (#11) was administered IV medications in excessive duration. These problems could result in residents experiencing adverse side effects from their medications. The evidence is as follows: For Malnutrition/Weight Loss Resident #1 Record review of Resident #1's clinical record revealed the resident was admitted on [DATE], was [AGE] years old with the following Diagnoses: [REDACTED]. Record review of Resident #1's IVRS Physician order [REDACTED]. BUNJ was high at 24 but the creatinine was 1.2 in the normal range (0.6 to 1.3). Resident #1's weight on 5/28/2020 was 120.8 pounds and on 6/8/2020 his weight was 126.7 pounds, a weight gain of 5.9 pounds (not a loss) Infused 1,000 liter bag in 50 minutes on 6/10/2020. Record review of IV Rejuvenation Station Nursing Home Protocols, undated, documented for Hydration, the Qualifying Criteria (included but not limited to) -Client has lost >3% total body weight secondary to decreased fluid intake or increased fluid losses. - Acute rise from baseline BUN to Creatinine ratio on the setting of dehydration. Did not receive a Nutrition/Hydration Risk Evaluation for this resident Resident #10 Record review of Resident #10's clinical record revealed the resident admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. Resident #10's creatinine and BUN were in the normal level Resident #10's weight on 5/21/2020 was 106.0 Resident #10's weight on 6/2/2020 was 109.0 (gain of 3 pounds) Resident #10's weight on 6/8/2020 was 107.8 (loss of 1.2 pounds) Record review of IV Rejuvenation Station Nursing Home Protocols, undated, documented for Hydration, the Qualifying Criteria (included but not limited to) -Client has lost >3% total body weight secondary to decreased fluid intake or increased fluid losses. -Acute rise from baseline BUN to Creatinine ratio on the setting of dehydration. Record review of Resident #10's Nutrition/Hydration Risk Evaluation, dated 6/6/2020, documented the resident was lethargic, feeds self with verbal cues, < 5% weight loss, lost dentures or several missing teeth, eats 50% - 75% of most meals, drinks 1,000 - 2,000 of fluid a day, takes snacks most of the time, few food dislikes - scored 13. 10 or higher, a prevention protocol should be initiated immediately and documented in the Care Plan. Infused 1,000 liter bag in 40 minutes on 6/12/2020. Resident #13 Record review of Resident #13's clinical record revealed the resident was admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. Resident #13's labs were in the normal range. Resident #13's weight on 5/6/2020 was 246.2 pounds Resident #13's weight on 5/27/2020 was 236.2 pounds (lost 10 pounds) Resident #13's weight on 6/8/2020 was 248.8 pounds (a 12.6 pounds gain not a loss) Record review of IV Rejuvenation Station Nursing Home Protocols, undated, documented for Hydration, the Qualifying Criteria (included but not limited to) -Client has lost >3% total body weight secondary to decreased fluid intake or increased fluid losses. -Acute rise from baseline BUN to Creatinine ratio on the setting of dehydration. Resident #13's Nutrition/Hydration Risk Evaluation, dated 6/3/2020, documented the resident feeds self, had a <5% weight loss in 1 month, teeth/dentures in good condition, food intake excellent - eats 75% - 100% of most meals, drinks 1000 - 2000cc daily, few food dislikes. total score of 7. Directive: If the total score is 10 or greater, a prevention protocol should be initiated immediately and documented in the Care Plan. Infused 1,000 liter bag in 45 minutes on 6/10/2020. In Excessive Duration for Malnutrition/Weight Loss: Resident #11 Record review of Resident #13's clinical record revealed the resident was admitted on [DATE], was [AGE] years of age with the following Diagnoses: [REDACTED]. Record review of IV Rejuvenation Station Nursing Home Protocols, undated, documented for Hydration, the Qualifying Criteria (included but not limited to) -Client has lost >3% total body weight secondary to decreased fluid intake or increased fluid losses. -Acute rise from baseline BUN to Creatinine ratio on the setting of dehydration. Resident #11's Nutrition/Hydration Risk Evaluation, dated 6/3/2020, documented the resident was fed by staff, < 5% weight loss in 1 month, lost dentures or several teeth missing, food intake excellent - eats 75% to 100% of most meals, fluid intake 500cc - 1000cc daily, takes snacks as offered, few food dislikes, Total score: 15. Directive: If the total score is 10 or greater, a prevention protocol should be initiated immediately and documented in the Care Plan. Resident #11's weight on 2/16/19 was 163.8 pounds (on admit) Resident #11's weight on 5/23/19 was 148.8 pounds (weight loss of 15 pounds) Resident #11's weight on 3/4/2020 was 172 pounds (weight gain of 24.2 pounds) Resident #11's weight on 4/26/2020 was 172 pounds Resident #11's weight on 5/6/2020 was 165 pounds (weight loss of 7 pounds) Resident #11's weight on 6/2/2020 was 165 pounds Resident #11's weight on 6/8/2020 was 164 pounds (a loss of 1 pound, 8 pounds total but still 1 pound above admission weight) Infused 1,000 liter bag in 52 minutes on 6/10/2020 Infused 1,000 liter bag in 65 minutes on 12/27/2019 Infused 1,000 liter bag in 40 minutes on 12/6/2019 Infused 1,000 liter bag in 75 minutes on 7/30/2019 Infused 1,000 liter bag in 55 minutes on 4/22/2019 Received an IV infusion on the following dates: 4/23/19 6/3/19 7/30/19 8/29/19 9/30/19 10/30/19 12/6/19 2/11/2020 During an interview on 6/16/2020 at 10:00 a.m., the BOM stated there were no outside vendors coming into the facility for IV therapy. During an interview on 6/16/2020 at 10:25 a.m., LVN A, stated she had just finished giving an IV antibiotic infusion to a resident. LVN A stated she was IV certified. LVN A stated no one was coming in and giving IV solutions for hydration and vitamins. During an interview non 6/16/2020 at 10:45a.m., MA B, stated the nurses are the ones who give the residents IV fluids or medications. MA B stated they do not have any outside personnel come in to do the IVs because the nurses do that. During an interview on 6/16/2020 at 5:00 p.m., the DON stated IVRS did Resident #11's IV for nutrition because she triggered for weight loss. When asked where the orders were for the infusion, the DON stated she did not know where the orders were but they should be there. DON stated they have IVRS come in and do the IVs. DON stated she doesn't know that all of her staff were IV certified so IVRS gives the IV infusions, monitors and everything. DON stated for one of her nurses to sit and watch one resident, it ties that nurse up so IVRS comes in and does that. DON stated the IVRS nurse would be in the building four to six hours. DON stated it was set up like that before she got here. DON stated the company (IVRS) came in and marketed their product and services and the old Administrator wanted it. DON stated they do labs and check for allergies and IVRS was responsible to take vitals before and after the treatment. Rachel stated they do the special infusions for residents whom when they do lab work and they are losing weight, dehydrated (BUN) or for wound healing. DON stated the IV place was doing it monthly but she thought when they give an IV, she thought that it would increase their RUG rate. DON stated doing that was actually cheaper than sending the resident to the hospital. During an interview on 6/17/2020 at 8:30 a.m., HHSC Pharmacist stated after explaining the situation, was not sure if there was a medical necessity for the medication for Resident #11. HHSC Pharmacist stated the facility just jumped right to rapid infusion and not trying oral medications first. HHSC Pharmacist stated for Resident #11, for one month she had lost one pound, for 3 months she had a 4.7% weight loss and for 6 months she had a 2.73% weight loss. HHSC Pharmacist stated that kind of blows that out of the water for weight loss. HHSC Pharmacist stated Resident #11 eats 75 % of her meals. HHSC Pharmacist stated if the facility was not doing IVRS for everyone, it's not medically necessary. HHSC Pharmacist stated after reviewing resident clinical records and weight loss documentation, if the residents are on Medicaid, they will get an IV but if they are on Medicare or private pay, the resident gets other measures - oral supplements, health shakes, etc. During an interview on 6/17/2020 at 9:00 a.m., the OIG representative stated he had talked to both owners of IVRS last night. The OIG representative stated IVRS had started an IV bar and they identified 4 different IVs for 10 different things like hydration issues and weight loss and they started doing business. The OIG representative stated IVRS needs at least 10 patients at one time to make it profitable and one nurse comes in an does all of the residents at one time. The OIG representative stated when asked why the IVRS nurses come in, the owners said because their nurses were better at sticks. During a telephone interview on 6/17/2020 at 1:35 p.m. with the facility's Consultant Pharmacist, she said she started working at the facility in February of 2020. She said she did resident medication reviews online and she was not aware that some residents were administered an IV bag with nutrients. She said she would want to know why they were on the IV medication. She stated no one from the facility contacted her about the IV therapy. She said she would want to know why are the residents were on the IVRS? Was the facility monitoring the medication for benefits? Did the resident gain any weight if that was the desired effect? During a telephone interview on 6/17/2020 at 2:07 p.m. with the NP for Resident #11, stated the facility would call and recommend IVRS for some residents. She said she probably would not start an IV on a resident if they could consume supplements such as multivitamins, zinc, and prostat by mouth. She said the IVRS therapy would be as necessary and may not be needed every month. She said she would not administer the IVRS at 1 liter per hour. She said she wanted to make sure the resident did not get short of breath or fluid overloaded. She said administering the IVRS over a 4-hour period would be more appropriate. She said any resident who was on fluid restrictions, had [MEDICAL CONDITION], significant and [MEDICAL CONDITIONS] would not qualify for the IVRS. She said she would administer the IVRS one time and then re-evaluate its necessity. She said she was not aware the residents had received the IVRS multiple times. She said concerns of dehydration would be if the resident consumed less than 25% of meals, drank one glass of water, mouth was not moist, and not making urine. During a telephone interview on 6/17/2020 at 2:51 p.m. with the Dietitian, she said she had worked for the facility for [AGE] years as was not familiar with and did not make resident recommendations for IVRS therapy. She said the facility did not discuss IVRS therapy with her. She said the facility did discuss weight loss, wound healing, and supplemental needs with her. She said once the COVID-19 restrictions started, weight loss was identified in the facility. She said she and the Dietary Manger started a fortified food plan in April and by the end of May she noticed orders were entered in for fortified foods. She said it would take a couple of weeks to see results from the fortified foods. She said as of 5/29/20, Resident #10 was on a mechanical diet with health shakes. She said her [MEDICATION NAME] was in normal limits, her weight had stabilized. She said in May and June 2020 Resident #10's weighed 109 pounds. She said in March 2020 she weighed 120 pounds. She said after Resident #10's initial weight loss she recommended a house supplement three times a day and weekly weights. She said Resident #10 ate by mouth and her meal intake varied between 25% and 100%. She said she reviewed laboratory values to determine if a resident was dehydrated and said on 6/8/20 Resident 10's BUN, creatinine, sodium, and osmolality levels were normal. During an interview on 6/17/2020 at 3:00 p.m., MDS Coordinator stated the DON had asked her to help get orders for IVRS. MDS Coordinator stated the DON gives her a list of weights, resident's names or whoever she feels needs attention. MDS Coordinator stated the DON asked her to get orders and talk with the doctors and families. MDS Coordinator stated usually that work would go to the Medicaid MDS nurse because they would have more time on their hands but that nurse is new. MDS Coordinator stated she would call the physician if there was a weight loss and ask for an order to get labs. MDS Coordinator stated they were told from IVRS that the infusions were going to keep the residents from fall and keep them hydrated. MDS Coordinator stated the were doing the IVRS infusions monthly on residents that they wanted for preventative but now they are doing them only as needed. MDS Coordinator stated she puts in the orders to monitor for any adverse reactions and a full set of vitals twice a day for three days after infusion. During an interview on 6/17/2020 at 3:49 p.m. with the DON, she said she would inform the nurse practitioners about the residents' weight loss and laboratory values, so they could decide to prescribe the IVRS or not. She said she would look for low [MEDICATION NAME] and low protein levels on the lab values and call the doctor. She said the Dietitian reviewed residents from home and she did not want to wait on the Dietitian to make recommendations. She said she did not inform the Dietitian about the IV therapy. She said the Medical Director was very familiar with the IVRS therapy and encouraged it because it kept residents from going to the hospital. She said residents who received the IVRS therapy could also take tablets by mouth. When asked why #13 received the IVRS therapy because his vital and weight were stable, the DON did not know why Resident #13 received IVRS therapy and said his laboratory values may have slipped past her. During a telephone interview on 6/17/2020 at 4:15 p.m. with the Medical Director, he said the goal of the IVRS therapy was to keep residents at risk of insensible water loss out of the hospital. He said he relied on the facility to recommend residents to him for IVRS therapy. He said the IVRS was typically for residents who had wounds, dementia, at risk for developing dehydrating, and resident who did not know thirst needs. He said he was not aware the IVRS was administered at 1 liter an hour. He said he would administer it at a more conservative rate of 250 mL/hr over a 4-hour period. He said

the therapy should be temporary for most residents with nausea and vomiting. He said residents with chronic wounds may get the IVRS once a month. He said if a resident's weight loss was stable they would not get the IVRS. He said if the resident could tolerate vitamins orally, it would be ok to administer the oral vitamins. During a telephone interview on 6/17/2020 at 5:38 p.m., IVRS RN stated she had been at the facility recently to give IV hydration to residents. The IVRS RN stated they usually have a handful of residents and she would administer IV vitamins to the selected residents. The IVRS RN stated she would first stop and get orders from the nurse, go to the resident's room and stay with the resident the whole time. The IVRS RN stated she would do all the residents that are on one unit at one time and that would take about four to five hours. The IVRS RN stated vitals were only taken once and are done after the infusion was completed. Review of a Policy/Procedure - Nursing Administration, subject: Unnecessary Drugs, revised 5/2007, documented the following: Policy: It is the policy of this facility that each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: 1. In excessive dose (including duplicate therapy); or 2. For excessive duration; or 3. Without adequate monitoring; or 4. Without adequate indications for its use; or 5. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or 6. Any combinations of the reasons above Purpose: The purpose of this requirement is that, each resident's entire drug/medication regimen be managed and monitored to promote or maintain the resident's highest practicable mental, psychical and psychosocial well-being. Procedures: 1. Resident receives only those medications, in doses and for the duration clinically indicated to treat the resident's assessed condition(s) 2. Non-pharmacological interventions are considered and used when indicated, instead of, or in addition to, medication *Behavioral interventions *Exercise *Prevention of Constipation *Pain management *Sleep hygiene *Individual toileting schedule *Addressing food preferences 3. Monitor and track progress towards the therapeutic goal(s) and detect the emergence or presence of any clinically significant adverse consequences in order for them to be minimized. Source of information to facilitate defining the monitoring criteria/parameters may include cautions, warning and identified adverse consequences from: * Manufacturers' package inserts and black-box warnings *Facility P & P * Pharmacists *Clinical practice guidelines or clinical standards of practice