STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676444	A. BUILDING _____ B. WING _____	03/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BONNE VIE	8595 MEDICAL CENTER BOULEVARD PORT ARTHUR, TX 77640

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

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F 0640 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record reviewed, the facility failed to ensure an encoded, accurate, and complete MDS discharge assessment was electronically transmitted to the CMS System for 2 of 27 residents records reviewed for MDS assessments. (Residents #2 and #5.) The facility did not complete or transmit the discharge MDS assessment as required for Resident #2. The facility did not transmit the discharge MDS assessment as required for Resident #5. This failure could place the residents at risk for incomplete MDS assessments and not receiving care and services as needed. Findings included: 1. Physician orders [REDACTED].#2, admitted on [DATE], was [AGE] years old with [DIAGNOSES REDACTED]. The orders indicated discharge date of [DATE] A list of the MDS assessments for Resident #2 indicated: the discharge MDS dated [DATE] and was marked current; and the admission MDS assessment for Resident #2 dated 9/5/19 was marked accepted. 2. Physician orders [REDACTED].#5, admitted on [DATE], was [AGE] years old with [DIAGNOSES REDACTED]. The orders indicated discharge date of [DATE]. A list of the MDS assessments for Resident #5 indicated: the discharge MDS was dated 10/17/19 and marked current; and the admission MDS assessment for Resident #5 dated 10/16/19 was marked accepted. During an interview on 3/3/20 at 2:04 p.m., MDS nurse A and the surveyor reviewed the MDS for Resident #2 and Resident #5 in the electronic health records. The discharge assessments for both residents were marked current not accepted. She said she would check on those discharge MDS assessments. During an interview on 3/3/20 at 2:47 p.m., MDS nurse A said the discharge MDS was not completed or transmitted for Resident #2. She said the discharge MDS for Resident #5 was not transmitted. The MDS nurse said those discharge assessments should have been completed and transmitted. During an interview on 3/3/20 at 3:00 p.m., the DON said her expectation was for the MDS assessments to be completed and transmitted as required and they use the RAI manual as their policy. The website https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_October_2019.pdf accessed 3/5/2020 regarding MDS transmittals indicated: .09. Discharge Assessment-Return Not Anticipated (A0310F = 10) Must be completed when the resident is discharged from the facility and the resident is not expected to return to the facility within 30 days. Must be completed (item Z0500B) within 14 days after the discharge date (A2000 + 14 calendar days). Must be submitted within 14 days after the MDS completion date (Z0500B + 14 calendar days). Consists of demographic, administrative, and clinical items. If the resident returns, the Entry tracking record will be coded A1700 = 1, Admission. The OBRA schedule for assessments will start with a new Admission assessment. If the resident's stay will be covered by Medicare Part A, the provider must determine whether the interrupted stay policy applies. During the exit on 3/5/20 at 1:15 p.m., the facility was asked for any additional information related to these findings. No additional information was provided.
F 0641 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure each resident receives an accurate assessment.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 1 of 24 residents reviewed for accuracy of assessments. (Resident #70) The facility assessment did not indicate Resident #70 had [DIAGNOSES REDACTED] [MEDICAL CONDITIONS] [MEDICAL CONDITION] or received an anticoagulant. This failure could place the residents at risk for not receiving the appropriate care and services to maintain their highest practicable well-being. Findings included: Physician orders [REDACTED].#70, admitted [DATE], was [AGE] years old with [DIAGNOSES REDACTED]. The orders further indicated the resident received Erivedge (medication to treat advanced [DIAGNOSES REDACTED] that has spread to other parts of the body) 150 mg 1 capsule by mouth one time a day for 42 days for [DIAGNOSES REDACTED]. The most recent MDS dated [DATE] indicated Resident #70 was alert, oriented and had a [DIAGNOSES REDACTED]. The care plan dated 2/1/20 did not indicate Resident #70 received anticoagulant medications, had [DIAGNOSES REDACTED] or had [MEDICAL CONDITIONS]. During an observation and interview on 3/2/20 at 8:58 a.m., Resident #70 had multiple [MEDICAL CONDITION] to the head and face with areas of scant dried blood. The resident said he routinely saw a [MEDICAL CONDITION] doctor in Houston, Texas for the [MEDICAL CONDITION]. During an interview on 3/4/20 at 11:44 a.m., MDS nurse A said the MDS for Resident #70 was not coded correctly to indicate the resident had [DIAGNOSES REDACTED], cancerous [MEDICAL CONDITION] and anticoagulant medication. During the exit on 3/4/20 at 1:30 p.m., the facility was asked for any additional information related to these findings. No additional information was provided.
F 0656 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered plan of care which included measurable objectives to meet the resident's needs for 1 of 24 residents reviewed for comprehensive care plans. (Resident #70) The facility did not develop and implement a care plan for Resident #70's [DIAGNOSES REDACTED], cancerous [MEDICAL CONDITION] or anticoagulant. This failure could place the residents at risk for not receiving the appropriate care and services to maintain their highest practicable well-being. Findings included: Physician orders [REDACTED].#70, admitted [DATE], was [AGE] years old with [DIAGNOSES REDACTED]. The orders further indicated the resident received Erivedge (medication to treat advanced [DIAGNOSES REDACTED] that has spread to other parts of the body) 150 mg 1 capsule by mouth one time a day for 42 days for [DIAGNOSES REDACTED]. The most recent MDS dated [DATE] indicated Resident #70 was alert, oriented and had a [DIAGNOSES REDACTED]. The care plan dated 2/1/20 did not indicate Resident #70 received anticoagulant medications, had [DIAGNOSES REDACTED] or had [MEDICAL CONDITIONS]. The care plans did not identify problems, interventions or goals for the above. During an observation and interview on 3/2/20 at 8:58 a.m., Resident #70 had multiple [MEDICAL CONDITION] to the head and face with areas of scant dried blood. The resident said he routinely saw a [MEDICAL CONDITION] doctor in Houston, Texas for the [MEDICAL CONDITION]. During an interview on 3/4/20 at 11:29 a.m., the DON said no there was not a care plan for Resident #70's [DIAGNOSES REDACTED], cancerous [MEDICAL CONDITION] or anticoagulant medication. During the exit on 3/4/20 at 1:30 p.m., the facility was asked for any additional information related to these findings. No additional information was provided.
F 0657 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the person-centered comprehensive care plan was

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

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F 0657 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) reviewed and revised for 1 of 24 residents reviewed for care plan revisions. (Resident #40) Resident #40's care plan was not revised to reflect the use of antidepressant medication for the treatment of [REDACTED]. Findings included: Physician orders [REDACTED].#40, admitted on [DATE], was [AGE] years old with a [DIAGNOSES REDACTED]. On 12/19/19, Resident #40 was prescribed [MEDICATION NAME] 75mg for treatment of [REDACTED].#40 received an antidepressant medication. The care plan dated 3/1/19 and updated on 1/8/20 gave no indication Resident #40 had a [DIAGNOSES REDACTED]. During an interview on 3/4/20 at 11:00 a.m., the DON acknowledged the antidepressant was not care planned and should have been. A Care Planning-Interdisciplinary Team policy revised on 9/2013 indicated the following: . Policy Interpretation and Implementation . 2. The care plan is based on the resident's comprehensive assessment . During the exit on 3/4/20 at 1:15 p.m., the facility was asked for any additional information related to these findings. No additional information was provided.
F 0761 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure drugs and biologicals were labeled in accordance with currently accepted professional principles and included the expiration date when applicable for 1 of 2 medication rooms and 1 of 1 residents reviewed for drug storage. (Medication room on Jackson Square, Resident #70) This facility did not label each medication with an open date to prevent use after discard date for Resident #70. This failure could place the residents at risk of not receiving safe administration of medications. Findings included: Physician orders [REDACTED].#70, admitted [DATE] was [AGE] years old with [DIAGNOSES REDACTED]. The orders indicated Resident #70 was prescribed [MEDICATION NAME] ophthalmic solution 50 mg/ml give 1 drop to the right eye two times a day for corneal ulcer starting 2/19/20. An MDS dated [DATE] indicated Resident #70 was moderately impaired of cognition, needed limited assistance with bed mobility, transfer, dressing, toileting, hygiene and bathing with [DIAGNOSES REDACTED]. A MAR indicated [REDACTED]. A care plan date March 2020 indicated Resident #70 received [MEDICATION NAME] and is at risk of adverse reactions with . Interventions . Give meds as ordered. During an observation on 3/4/20 at 12:25 p.m., the medication storage room on Jackson Square had an open bottle of [MEDICATION NAME] ophthalmic 5% solution for Resident #70, the bottle was not dated to indicate when the medication was opened. The prescription was filled on 1/27/20 and the bottle was labeled to discard 28 days after opening. The bottle contained about 10 drops of fluid. During an interview on 3/4/20 at 12:25 p.m., LVN B said Resident #70's [MEDICATION NAME] eye drop medication bottle was not labeled with an open date and was out of date and should be discarded. During an interview on 3/4/20 at 12:40 p.m., the DON said her expectation was for all medications to be labeled with an open date and Resident #70's eye drops to be discarded after 28 days according to the label. A Storage of Medications policy, dated April 2007, indicated, . 3. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the dispensing pharmacy or destroyed. 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. During the exit on 3/4/20 at 1:15 p.m. the facility was asked for any additional information related to these findings. No additional information was provided.