

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365404	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER LAURELS OF MT VERNON THE		STREET ADDRESS, CITY, STATE, ZIP 13 AVALON ROAD MOUNT VERNON, OH 43050	
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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, staff interview, and facility policy and procedure, the facility failed to reorder an antibiotic medication in a timely manner to ensure doses were not missed. This affected one resident (Resident #1) out of three residents (#1, #2, and #3) reviewed for infections. The facility census was 80. Findings Include: A review of Resident #1's medical record revealed an admission date of [DATE] and the [DIAGNOSES REDACTED]. The care plan dated 05/14/20, revealed the resident was at risk for complications related to pneumonia with interventions to administer medications per the physician orders. A physician order, dated 05/15/20, revealed the resident had bacterial pneumonia and was ordered [MEDICATION NAME]-Potassium Clavulanate Suspension Reconstituted 400-57 milligrams (mg)/5 milliliters (ml) with instructions to give 10.9 ml by mouth two times a day (8:00 A.M. and 8:00 P.M.) for bacterial pneumonia for 19 days and the medication was in the refrigerator and must be kept refrigerated. A Minimum Data Set (MDS) assessment, dated 05/30/20 revealed the resident had a Brief Interview of Mental Status (BIMS) of 13 indicating intact cognition and received extensive two staff assistance for bed mobility and transfers. A review of the May 2020 Medication Administration Record [REDACTED].M., yet the 8:00 P.M. dose was documented as given. It further revealed the medication was not administered on 05/25/20 at 8:00 A.M. or 8:00 P.M. and both times were also marked with a number five. The June 2020 MAR indicated [REDACTED].M. dose was marked with a number five and on 06/03/20 the 8:00 A.M. dose was blank. Review of the nurses notes revealed on 05/24/20, there was no documented reason for why the medication was not given. On 05/25/20, at 8:18 A.M. and at 7:58 P.M. the nurses notes stated the medication was on order. On 06/02/20 at 11:26 P.M. the nurses note stated the medication was unavailable. There was no documentation for the 06/03/20 8:00 A.M. dose. There was no documented evidence of physician notification for any of the above missed medication dates. An interview on 06/03/20 at 10:00 A.M. with the Director of Nursing (DON) confirmed the resident did not receive her antibiotic on the above dates. He stated he would look into it. At 11:57 A.M., the DON stated on 05/24/20 the nurse was unable to locate the antibiotic, on 05/25/20 the medication was reordered from pharmacy. The DON stated the medication only came in about four days worth of doses. He confirmed there was no documented evidence of physician notification for the missed administration of the antibiotic for the above dates. A review of the policy and procedure titled, Infection Control Antibiotic Stewardship and MDRO's (Multi-Drug Resistant Organisms) dated September 2019, revealed when antibiotics are prescribed, compliance with dosing is essential. Guests/residents should be educated to take the full dose for the period of time prescribed by the physician.</p>		
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.