STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525321	A. BUILDING _____ B. WING _____	09/22/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RIVERDALE HEALTH CARE CENTER	**1000 N WISCONSIN AVE MUSCODA, WI 53573**

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 0693 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide the appropriate treatment and services for a resident who is fed by enteral means to provide nutrition from enteral feeding for 1 of 1 resident (R1) reviewed with [DEVICE]s (gastrostomy tubes). The facility failed to provide R1's [DEVICE] feeding or fluids for 15-1/2 hours following admission to the facility. (A [DEVICE] is a tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications.) The most common type is a percutaneous endoscopic gastrostomy (PEG) tube, which is what R1 had placed on 5/13/20. This is evidenced by: R1 was admitted to the facility 8/26/20 with [DIAGNOSES REDACTED]. R1 was non-verbal and had a legal guardian. R1's Physician order [REDACTED]. If tolerates on 8/26, increase to goal of 480 ml [MEDICATION NAME] 1.5 TID, continue same water flush. Rec (record) close monitoring for tolerance and aspiration, keep HOB (Head of Bed) greater than 30 degrees during and for at least one hour after each bolus feed. Resume continuous TF (tube feeding) of [MEDICATION NAME] 1.5 at 60 ml/hr if needed. On 8/26/20 at 2:47 PM, R1 arrived at the facility via ambulance transport. On 8/27/20 at 6:15 AM, 15-1/2 hours after arrival, R1 received her first [DEVICE] feeding and water flushes per the MAR (medication administration record). On 9/22/20 at 4:50 PM, Surveyor spoke with IDON B (Interim Director of Nursing) RDO C (Regional Director of Operations). RDO C stated she looked into R1's [DEVICE] feedings and found there was Nothing to support that [DEVICE] feedings were administered. On 8/26/20 according to the MAR indicated [REDACTED]. RDO C stated there should be a note indicating the reason the tube feeding was not administered. Surveyor asked RDO C if tube feedings and flushes should be administered as ordered by the physician. RDO C stated, Yes. Surveyor asked RDO C if it is acceptable for a resident to go 15-1/2 hours without [DEVICE] feedings/flushes ordered to be bolus three times per day. RDO C stated, No.
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 interview and record review, the facility did not ensure Residents are free of significant medication errors, for 1 of 1 resident's reviewed for significant medication errors (R1). On 8/26/20 the facility did not administer R1's PM medications: [REDACTED]. The medication errors for [MEDICATION NAME] and levetiracetam are significant medication errors. The facility did not identify nor investigate the significant medication errors, did not take steps to educate all nurses or change their policy, procedures or practices related to medication administration for newly admitted residents to prevent this type of error from re-occurring. This is evidenced by: R1 was admitted to the facility 8/26/20 at 2:47 PM, per the ambulance transport report, with [DIAGNOSES REDACTED]. R1 was non-verbal and had a legal guardian. R1's Physician Orders, signed 8/26/20, indicate R1 is to receive the following medications twice daily. R1 missed her second daily dose of the following six (6) medications. The medications indicated with an * are significant medication errors: *[MEDICATION NAME] 100mg via PE[DEVICE] two times a day for [MEDICAL CONDITION] - Last administered at the hospital 8/26/20 11:25 AM *Levetiracetam 500mg via PE[DEVICE] two times a day for [MEDICAL CONDITION] - Last administered at the hospital 8/26/20 at 9:24 AM [MEDICATION NAME] HCL 5mg via PE[DEVICE] two times a day for [MEDICAL CONDITION] - Last administered at the hospital 8/26/20 at 11:25 AM Pantoprazole Delayed Release 40mg - 20 ml via PE[DEVICE] two times a day [MEDICAL CONDITION](Gastroesophagel reflux disease) - Last administered at the hospital 8/26/20 9:23 AM Quetiapine [MEDICATION NAME] 50mg via PE[DEVICE] two times a day for depression - Last administered at the hospital 8/26/20 at 9:24 AM [MEDICATION NAME] S 8.6-50mg 2 tablets via PE[DEVICE] two times a day for constipation - Last administered at the hospital 8/26/20 at 9:23 AM The facility did not administer the medications listed above until the morning of 8/27/20 at approximately 7:00 AM. On 9/9/20, Surveyor spoke with R1's family member. R1's family member indicated the facility declined to admit R1 on 8/24 and 8/25, as they were not ready to accept her. On 8/26/20 the facility agreed to admit R1. The facility was not not prepared to care for R1 and did not have her physician ordered medications available. On 9/22/20 Surveyor asked IDON B (Interim Director of Nursing) for her medication errors since 8/25/20. On 9/22/20 at 9:40 AM, Surveyor spoke with RN D (Registered Nurse) regarding the admission process. RN D stated When a resident is admitted we fax the resident's orders to the pharmacy. We can pull medications from the dispensing unit or from our emergency kit if needed. If it's a PM (evening dose) I would call the physician to request a hold if the medication is not available or call the pharmacy or back up pharmacy. RN D stated once in a while she needs to call a back up pharmacy to obtain medications. RN D stated the system works adequately. On 9/22/20 at approximately 10:00 AM, IDON B stated there were no medication errors. It is important to note, the facility did not identify nor investigate the significant medication errors. On 9/22/20 at 4:50 PM, Surveyor spoke with IDON B and RDO C (Regional Director of Operations). RDO C stated she checked the facility's automated dispensing unit to see what medications were dispensed to R1. RDO C stated on 8/26/20, no medication (other than [MEDICATION NAME]) was dispensed to R1. RDO C stated R1's orders were not entered until 8/26/20 at 8:00 PM. There is no evidence that RN E (Registered Nurse) notified R1's Physician that R1's medications were not available. There is no evidence that RN E attempted to notify any other pharmacies to obtain R1's medications. RDO C stated she spoke with nurses and did not realize when they receive a new admission, it doesn't matter if the orders are entered at 3:00 PM or 8:00 PM, all medications are delivered between 2:00 AM - 3:00 AM. RDO C stated R1's medications arrived at the facility at 2:52 AM, per the manifest. RDO C stated she will be addressing this issue. Surveyor asked RDO C if medication should be administered per Physician Orders. RDO C stated, Yes. Surveyor asked RDO C if R1 should have received her PM dose of the six medications listed above. RDO C stated, Yes. Surveyor asked RDO C if the RN should have notified the Physician that R1's medications were not available. RDO C stated, Yes.

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.