STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095024	A. BUILDING _____ B. WING _____	R-C 12/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR	4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS An unannounced Revisit survey was conducted at Bridge Point National Harbor on December 15, 2021. Survey activities consisted of a review of 13 sampled residents. The facility's census on that day was 106. After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following deficiencies are based on observation, record review, and resident and staff interviews. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C- Discontinue Dl- Deciliter DMH - Department of Mental Health	{F 000}	F 000-Preparation and/or execution of this plan of correction do not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. This plan is submitted as evidence of our compliance.	01/10/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
M Washington	Interim Administrator	1/4/2022

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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{F 000}	Continued From page 1	{F 000}		

DOH- Department of Health
EKG - 12 lead Electrocardiogram
EMS - Emergency Medical Services (911)
F - Fahrenheit
FR.- French
G-tube- Gastrostomy tube
HR- Hour
HSC - Health Service Center
HVAC - Heating ventilation/Air conditioning
ID - Intellectual disability
IDT - Interdisciplinary team
IPCP- Infection Prevention and Control Program
LPN- Licensed Practical Nurse
L - Liter
Lbs - Pounds (unit of mass)
MAR - Medication Administration Record
MD- Medical Doctor
MDS - Minimum Data Set
Mg - milligrams (metric system unit of mass)
M- minute
mL - milliliters (metric system measure of volume)
mg/dl - milligrams per deciliter
mm/Hg - millimeters of mercury
MN midnight
N/C- nasal canula
Neuro - Neurological
NFPA - National Fire Protection Association
NP - Nurse Practitioner
O2- Oxygen
PASRR - Preadmission screen and Resident Review
Peg tube - Percutaneous Endoscopic Gastrostomy
PO- by mouth
POA - Power of Attorney
POS - physician ' s order sheet
Prn - As needed

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{F 000}	Continued From page 2 Pt - Patient Q- Every QIS - Quality Indicator Survey RD- Registered Dietitian RN- Registered Nurse ROM Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	{F 000}		
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, for one (1) of 13 sampled residents, facility staff failed to administer medication in accordance with the physician's instructions and the manufactures guidelines for a delayed release medication. Resident #37. The findings include: Resident #37 was admitted to the facility on 03/05/2018 with diagnoses that included:	F 684	F 684 1. Corrective action for resident Resident #37 has had their medication regimen reviewed and is currently receiving medications per physician orders and manufactuer's guidelines for delayed release medications.	01/10/22

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F 684	Continued From page 3 Schizophrenia, Cerebral Infarct, Osteoarthritis and Vitamin D Deficiency. Review of the medical record revealed: An Annual Minimum Data Set dated 09/06/2021 revealed that facility staff coded the following: In Section C (Cognitive Patterns): a Brief Interview for Mental Status (BIMS) summary score of "14", indicating intact cognitive response. In Section K (Swallowing/Nutritional Status): Swallowing disorder, "none of the above", Nutritional approaches, "mechanically altered diet". Physician's Orders that directed: 12/03/2021 "may crush all crushable medication" 12/04/2021 "Depakote (anti-seizure medication) Tablet Delayed Release 125 MG ... give 1 tablet by mouth three times a day for mood stablizaton (sp)" Progress Notes: 12/04/2021 at 12:03 AM (Order Note): "The system has identified a black box warning for the following order: Depakote Tablet Delayed Release 125 MG (milligram) ..." 12/04/2021 at 1:31 AM (Nurse's Note): " ...Medications was reconciled with [Physician's Name] ..." Medication Administration Record (MAR) from dates 12/04/2021 to 12/15/2021 showed that the ordered medication (Depakote Tablet Delayed	F 684	2. Identify other residents Residents receiving medications that should not be crushed have had their medication orders reviewed to ensure that any medications that should not be crushed are replaced with equivalent medications in a form that does not require crushing (ex. liquids). 3. Systemic changes The Nurse involved in the deficient practice was educated on following physician orders and manufacturer guidelines regarding crushing medications during medication administration. The rest of the licensed nurses have been educated on the importance of ensuring that medications are not crushed if it is not recommended by the manufacturer and/or physician. The pharmacy provided a list of medications that should not be crushed that has been made available to the nurses in a binder on each medication cart for reference.	

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F 684	Continued From page 4 Release 125 MG) was administered to Resident #37 by Employee #3 on the following dates and times: 12/04/2021 at 9:00 AM and 2:00 PM 12/05/2021 at 2:00 PM 12/06/2021 at 9:00 AM and 2:00 PM 12/10/2021 at 9:00 AM and 2:00 PM 12/14/2021 at 9:00 AM and 2:00 PM 12/15/2021 at 9:00 AM Review of the care plans revealed the following: A care plan with the focus area, "[Resident #37's Name] is receiving daily psychoactive medication for anxiety and mood" revised on 10/16/2021 had the following intervention(s): "Administer meds (medications) as ordered ..." A care plan with the focus area, "[Resident #37's Name] has a [diagnosis] of Schizophrenia" revised on 12/06/2021 had the following intervention(s): " ... Medications as ordered by MD (medical doctor) ..." During an observation on 12/15/2021 at 9:42 AM, Employee #3 was observed crushing Resident #37's medications. After the employee crushed the medications, she then mixed the crushed medications in applesauce and administered them the resident. According to the manufacture, "Depakote Delayed-Release Tablets are 'delayed-release', which means they have a special coating that prevents the drug from dissolving too early in the digestive tract ... Depakote Delayed-Release Tablets and Depakote ER [extended release] should be swallowed whole and should not be crushed or chewed."	F 684	4. Monitor corrective actions The Unit Managers and Supervisors/ Designee will complete daily audits of the medication pass on each unit to verify that medications are not being crushed if it is not recommended by the manufacturer and/or physician. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations. The QAPI Committee is responsible for the on-going monitoring for compliance. 5. Date correction action completed. The facility's date of alleged compliance is January 10, 2022.	

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F 684	Continued From page 5 https://www.depakote.com/depakote-formulations There was no evidence that Employee #3 administered Depakote to Resident #37 in accordance with professional standards of practice, the physician's instruction and the manufactures guidelines for delayed release medication. During a face-to-face interview conducted on 12/15/2021 at approximately 10:00 AM with Employee #3 (Registered Nurse), when asked why she crushed Resident #37's medications, including the Depakote Tablet Delayed Release 125 MG, she stated, "I always crush all her [Resident #37] medications or else she will spit them out." The surveyor then brought it to Employee #3's attention that Depakote Tablet Delayed Release 125 MG should not be crushed. The employee stated, "Oh yeah, you are right. I will call the doctor and have it changed to liquid."According to the manufacture, "Depakote Delayed-Release Tablets are 'delayed-release', which means they have a special coating that prevents the drug from dissolving too early in the digestive tract ... Depakote Delayed-Release Tablets and Depakote ER [extended release] should be swallowed whole and should not be crushed or chewed." https://www.depakote.com/depakote-formulations There was no evidence that Employee #3 administered Depakote to Resident #37 in accordance with professional standards of practice, the physician's instruction and the manufactures guidelines for delayed release medication.	F 684		

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F 684	Continued From page 6 During a face-to-face interview conducted on 12/15/2021 at approximately 10:00 AM with Employee #3 (Registered Nurse), when asked why she crushed Resident #37's medications, including the Depakote Tablet Delayed Release 125 MG, she stated, "I always crush all her [Resident #37] medications or else she will spit them out." The surveyor then brought it to Employee #3's attention that Depakote Tablet Delayed Release 125 MG should not be crushed. The employee stated, "Oh yeah, you are right. I will call the doctor and have it changed to liquid."	F 684		
{F 726} SS=E	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding	{F 726}	F 726 1. Corrective action for resident Resident #37 has had their medication regimen reviewed and is currently receiving medications per physician orders and manufactuer's guidelines for delayed release medications. 2. Identify other residents Residents receiving medications that should not be crushed have had their medication orders reviewed to ensure that any medications that should not be crushed are replaced with equivalent medications in a form that does not require crushing (ex. liquids).	01/10/22

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{F 726}	Continued From page 7 to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, for one (1) of 13 sampled residents, facility staff failed to administer medication in accordance with professional standards of practice, the physician's instructions and the manufactures guidelines for delayed release medication. Resident #37. The findings include: Resident #37 was admitted to the facility on 03/05/2018 with diagnoses that included: Schizophrenia, Cerebral Infarct, Osteoarthritis and Vitamin D Deficiency. Review of the medical record revealed: An Annual Minimum Data Set dated 09/06/2021 revealed that facility staff coded the following: In Section C (Cognitive Patterns): a Brief Interview for Mental Status (BIMS) summary score of "14", indicating intact cognitive response. In Section K (Swallowing/Nutritional Status): Swallowing disorder, "none of the above", Nutritional approaches, "mechanically altered diet". Physician's Orders that directed:	{F 726}	3. Systemic changes The Nurse involved in the deficient practice was educated on following physician orders and manufacturer guidelines regarding crushing medications during medication administration. The rest of the licensed nurses have been educated on the importance of ensuring that medications are not crushed if it is not recommended by the manufacturer and/or physician. The pharmacy provided a list of medications that should not be crushed that has been made available to the nurses in a binder on each medication cart for reference. 4. Monitor corrective actions The Unit Managers and Supervisors/Designee will complete daily audits of the medication pass on each unit to verify that medications are not being crushed if it is not recommended by the manufacturer and/or physician. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations.	

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{F 726}	Continued From page 8 12/03/2021 "may crush all crushable medication" 12/04/2021 "Depakote (anti-seizure medication) Tablet Delayed Release 125 MG ... give 1 tablet by mouth three times a day for mood stablizaton (sp)" Progress Notes: 12/04/2021 at 12:03 AM (Order Note): "The system has identified a black box warning for the following order: Depakote Tablet Delayed Release 125 MG (milligram) ..." 12/04/2021 at 1:31 AM (Nurse's Note): " ...Medications was reconciled with [Physician's Name] ..." Medication Administration Record (MAR) from dates 12/04/2021 to 12/15/2021 showed that the ordered medication (Depakote Tablet Delayed Release 125 MG) was administered to Resident #37 by Employee #3 on the following dates and times: 12/04/2021 at 9:00 AM and 2:00 PM 12/05/2021 at 2:00 PM 12/06/2021 at 9:00 AM and 2:00 PM 12/10/2021 at 9:00 AM and 2:00 PM 12/14/2021 at 9:00 AM and 2:00 PM 12/15/2021 at 9:00 AM Review of the care plans revealed the following: A care plan with the focus area, "[Resident #37's Name] is receiving daily psychoactive medication for anxiety and mood" revised on 10/16/2021 had the following intervention(s): "Administer meds (medications) as ordered ..."	{F 726}	The QAPI Committee is responsible for the on-going monitoring for compliance. 5. Date correction action completed The facility's date of alleged compliance is January 10, 2022.	

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{F 726}	Continued From page 9 A care plan with the focus area, "[Resident #37's Name] has a [diagnosis] of Schizophrenia" revised on 12/06/2021 had the following intervention(s): " ... Medications as ordered by MD (medical doctor) ..." During an observation on 12/15/2021 at 9:42 AM, Employee #3 was observed crushing Resident #37's medications. After the employee crushed the medications, she then mixed the crushed medications in applesauce and administered them the resident. According to the manufacture, "Depakote Delayed-Release Tablets are 'delayed-release', which means they have a special coating that prevents the drug from dissolving too early in the digestive tract ... Depakote Delayed-Release Tablets and Depakote ER [extended release] should be swallowed whole and should not be crushed or chewed." https://www.depakote.com/depakote-formulations There was no evidence that Employee #3 administered Depakote to Resident #37 in accordance with professional standards of practice, the physician's instruction and the manufactures guidelines for delayed release medication. During a face-to-face interview conducted on 12/15/2021 at approximately 10:00 AM with Employee #3 (Registered Nurse), when asked why she crushed Resident #37's medications, including the Depakote Tablet Delayed Release 125 MG, she stated, "I always crush all her [Resident #37] medications or else she will spit	{F 726}		

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{F 726}	Continued From page 10 them out." The surveyor then brought it to Employee #3's attention that Depakote Tablet Delayed Release 125 MG should not be crushed. The employee stated, "Oh yeah, you are right. I will call the doctor and have it changed to liquid."	{F 726}	F 755	01/10/22
{F 755} SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs	{F 755}	1. Corrective action for resident Resident #100 received their medication as ordered. The nurse involved signed out the medication that had been previously given and all counts were reconciled and correct. The nurses involved in both instances were also addressed by leadership using our diciplinary process. Active licensed nurses have been re-educated on completing the narcotic count as a part of nursing report/ hand-off and the importance of accurate accounting of narcotic medications and documentation of medication administration. Training will be ongoing for prn, new staff, and staff on leave. 2. Identify other residents Narcotic sheets and medication cards were reviewed. No residents were affected. There were no additional findings related to this citation.	

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{F 755}	Continued From page 11 is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, facility staff failed to accurately reconcile narcotics for one resident and failed to conduct shift verification of controlled substances for one (1) medication of two (2) medication carts. Resident #100. The findings include: According to the facility's Plan of Correction (POC), with a compliance date of 12/08/2021, the facility staff documented, "Active licensed nursing staff have been reeducated on the importance of accurate accounting of narcotic medications and documentation of medication administration and requirement to perform a narcotic count as a part of report/hand-off. The Director of Nursing will be responsible for ensuring that nurses accurately count and document narcotic medications..." 1. On 12/15/2021, at approximately 9:00 AM with Employee #4 (Registered Nurse), a reconciliation of the narcotics record/log for Unit 1South was conducted on medication cart #2. Review of Resident #100's pharmacy medication card (blister pack) of Clonazepam (antianxiety medication) 0.5 MG (milligram) Tablet was observe to have 24 tablets, however, the Medication Sign-out Form showed the resident had "25" remaining Clonazepam tablets. During a face-to-face interview conducted at the time of the observation, Employee #4 stated, "I gave the resident the medication, got distracted and forgot to sign the book (medication sign-out form).When asked what the facility's process is,	{F 755}	3. Systemic changes Active licensed nursing staff have been re-educated on the importance of accurate accounting of narcotic medications and documentation of medication administration and requirement to perform a narcotic count as a part of report/hand-off. Training will be ongoing for prn, new staff, and staff on leave. The Director of Nursing will be responsible for ensuring that nurses accurately count and document narcotic medications. 4. Monitor corrective actions The Director of Nursing/Designee will complete 100% audits daily of the narcotic count sheets on all shifts and observe shift reports to ensure that narcotic counts occur at change of shift and anytime licensed nurses change units and/or take over the keys for the medication cart. In addition, the DON/designee will review if medication counts match the medication on hand correctly, and are documented when given on each shift daily. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations.	

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	095024	A. BUILDING _____ B. WING _____	R-C 12/15/2021

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{F 755}	Continued From page 12 Employee #4 stated, "I am supposed to sign out the (narcotic) medication as soon as I take it to give." The employee further stated that he did attend the facility's re-education on pharmacy services (that included narcotic administration and documentation). 2. During a review of the "Shift Verification of Controlled Substances Count" form for unit 3 east, medication cart #1 on 12/15/2021 at 10:23 AM, it revealed that on 12/14/2021 at 7:00 PM, the oncoming nurse did not sign to completing the narcotic count; on 12/15/2021 at 7: 00 AM - neither the oncoming or the off going nurse signed off to completing the narcotic count. During a face-to-face interview conducted at the time of the observation, Employee #5 (Registered Nurse) stated, "I did do count with the nurse that left, my patient needed something at the time and I was distracted." When asked what the facility's process is, Employee #5 stated, "We are supposed to sign right when we do the count." The employee further stated that she did attend the facility's reeducation on pharmacy services (that included performing narcotic count as a part of report/hand-off).	{F 755}	The QAPI Committee is responsible for the on-going monitoring for compliance. 5. Date correction action completed The facility's date of alleged compliance is January 10, 2022.	
{F 842} SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted	{F 842}	F 842 Corrective action for resident 1. Resident #5's Respiratory Medication Administration Record has been reviewed and is currently being signed off. A review of resident #5's Respiratory Treatment Care Assessment revealed that they did receive the treatments that the therapist failed to sign off in the RMAR.	01/10/22

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{F 842}	Continued From page 13 to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or	{F 842}	2. Identify other residents An audit of other residents receiving respiratory therapy were reviewed and no additional concerns were noted. 3. Systemic changes The Respiratory Therapists will be re-educated and on the importance of ensuring that documentation is complete and accurate. The therapists involved were also addressed through our diciplinary process. The Director of Cardiopulmonary will be responsible for ensuring that respiratory therapy documentation is complete and accurate. 4. Monitor corrective actions The Director of Cardiopulmonary/ Designee will complete daily audits of all RMARs to ensure that respiratory therapy documentation is complete and accurate. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations.	

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{F 842}	Continued From page 14 (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, for one (1) of 13 sampled residents, facility staff failed to record the administration of the resident receiving Ipratropium-Albuterol Solution on the Respiratory Medication Administration Record. Resident #5. The findings include: Resident #5 was admitted to the facility on 02/22/2017 with multiple diagnoses that included: Tracheostomy Status, Anxiety Disorder and Depression. Review of the Quarterly Minimum Data Set (MDS) dated 11/06/2021 revealed that facility staff coded the following: In Section C (Cognitive Patterns): cognitive skills, "moderately [cognitively] impaired."	{F 842}	The QAPI Committee is responsible for the on-going monitoring for compliance. 5. Date correction action completed The facility's date of alleged compliance is January 10, 2022.	

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{F 842}	Continued From page 15 In Section O (Special Treatments, Procedures and Programs): Respiratory Treatments "oxygen therapy, suctioning, tracheostomy care." Review of the physician's orders revealed: 05/25/2021 "Ipratropium-Albuterol Solution 0.5-2.5 (3) MG (milligram)/3ML (milliliter) via trach every 6 hours ..." Review of the "Respiratory Treatment Care Assessment" (used to document respiratory care performed) forms dates 12/08/2021 to 12/15/2021 showed that a respiratory therapist administered the Ipratropium-Albuterol Solution as ordered by the physician. Although the medication was administered by the Respiratory Therapist, the staff failed to document that Resident #5 receiving Ipratropium-Albuterol Solution on the Respiratory Medication Administration record on dates: 12/11/2021 at 2:00 AM 12/13/2021 at 2:00 PM 12/15/2021 at 2:00 AM During a face-to-face interview conducted on 12/15/2021 at 12:44 PM, Employee #6 (Director of Respiratory) stated, "All respiratory staff have been educated on making sure to document their work. We have started doing weekly audits to identify holes or missing documentation and then going directly to the staff identified. They are reminded to complete their documentation but no reeducation is done."	{F 842}		
{F 867} SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)	{F 867}		

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{F 867}	Continued From page 16 §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to maintain and implement an effective, comprehensive quality assurance and performance improvement (QAPI) program inclusive of all systems as evidenced by failing to ensure that they developed plans of action to identify quality deficiencies. The resident census on the day of the survey was 106. The findings include: A review of the facility's previous survey dates of 08/23/2021 to 09/16/2021 showed that the facility was cited for the following deficiencies: F726 - Competent Nurse Staffing F755 - Pharmacy services/Procedures/Pharmacist/Records F842 - Resident Records-Identifiable Information F867 - QAPI Program/Plan, Disclosure/Good faith Attempt The aforementioned deficiencies were cited again during the Revisit Survey that ended on 11/10/2021 and on the Revisit Survey conducted on 12/15/2021.	{F 867}	F 867 1. Corrective action for resident The QAPI Committee has reviewed all current citations and interventions. New recommendations for changes have been reviewed and implemented. 2. Identify other residents A review of all outstanding citations have been reviewed and recommendations implemented. There were no additional findings related to this citation. 3. Systemic changes The Administrative team has been re-educated on the QAPI process and assessing progress of improvements and making changes to the plans to improve outcomes (including goals and metrics) and all areas of concern from this survey. The Administrator will be responsible for ensuring that the findings of this survey and other issues identified are reported to the QAPI committee and Governing Board and addressed appropriately in accordance with state and federal regulations.	01/10/22

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{F 867}	Continued From page 17 Based on the repeated deficiencies, there is no evidence that the facility staff continuously monitored their deficient practices from the prior survey and implemented the corrective actions as they indicated in their Plan of Correction from the Revisit survey that ended on 11/10/2021 with a compliance date of 12/08/2021. In addition, the facility failed to: Implement appropriate plans of action to correct identified deficiencies as outlined in their Plan of Corrections with a compliance date of 12/08/2021, as documented below: Under 755 - "3. Systemic Changes - "Active licensed nursing staff have been reeducated on the importance of accurate accounting of narcotic medications and documentation of medication administration and requirement to perform a narcotic count as a part of report/hand-off. The Director of Nursing will be responsible for ensuring that nurses accurately count and document narcotic medications..." "4. Monitor Corrective Actions - The Director of Nursing/Designee will complete random weekly audits 5 narcotic count sheets and randomly observe shift report to ensure that narcotic counts occur at eh change of shift ... The results will be reported to the QAPI Committee monthly x 3 months...The QAPI Committee is responsible for the ongoing monitoring for compliance." According to the facility staff, the QAPI Team met on 11/15/2021. During the exit conference conducted on 12/15/2021 at 4:00 PM, Employee #1 (Interim	{F 867}	4. Monitor corrective actions The Administrator/Designee will complete daily reviews of all findings of this survey and other issues identified and associated audits to ensure appropriate follow up and interventions are in place and changes to the plan as needed for improved outcomes. All thresholds have been increased to 100% reviews/audits. The results will be reported to the QAPI Committee and Governing Board monthly x 3 months for review and recommendations. The QAPI Committee and Governing Board are responsible for the on-going monitoring for compliance. 5. Date correction action completed The facility's date of alleged compliance is January 10, 2022.	

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{F 867}	Continued From page 18 Administrator) acknowledged the findings.	{F 867}		