PRINTED: 04/13/2018 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		000000	B. WING			01/	29/2018
	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE 123 MAIN AVENUE ANYWHERE, US 00000	•	
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F 760 SS=E	CFR(s): 483.45(f)(2) The facility must ensu §483.45(f)(2) Resider medication errors.	re that its- its are free of any significant is not met as evidenced by:	F	760			3/5/18

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DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			E SURVEY IPLETED
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ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	00
			123 MAIN AVENUE		
LLEY LLC			ANYWHERE, US 00000		
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE
Continued From pag	e 1	F 760			
review, and clinical r failed to ensure five significant medicatio 40, 83, and 47) in a s Residents. 1. For Resident #10 administer anti seizu a physician. 2. For Resident #29 administer insulin as 3. For Resident #40 administer anti seizu	ecord review, the facility staff Residents were free from n error (Residents #10, 29, survey sample of 21 t, the facility failed to re medication as ordered by t, the facility failed to ordered by a physician. t, the facility failed to		#29, #40, #83, and #47 were m of the medication errors found medical record. Medication errors found were completed for each occurr FILED IN DON OFFICE. 2. The facility has identified reshaving the potential to be affect alleged deficient practice. An accurrent Medication Administration Treatment records were review errors and omissionS. Staff were educated as necessary and the physicians were made aware or	adde aware in the ror reports rence AND idents as ted by this udit of on and ed for re	
4. For Resident # 83 document the admin Diabetic Management medications. 5. For Resident # 47 document the admin medications as order The findings included 1. Resident #10, was 5-20-17. Diagnoses with surgical repair in implanted device, hy contractures, and co	istration of Insulin for int and Anti-seizure 7, the facility staff failed to istration of anti-seizure red by the physician. d: as admitted to the facility on included; left tibia fracture infection and revision of opertension, seizures, ingestive heart failure. Trecent MDS (minimum data issessment reference date) of		3. Licensed staff were in-servic Clinical Consultant on proper M Administration and the importar appropriate documentation and medication administration recoraccuracy. DON/designee will audit Medic Administration Records to ensemdication documentation for medications as ordered. 4. A weekly summary of audit rebe reported to the Nursing Hom Administrator by the DON Administrator by the DON Administrator by the properties. DON to report a monthly summ QAPI committee for review until medication administration thres	dedication nce of I (MAR) rd cation sure proper esults, will ne inistrator hary to the I all	
-	CORRECTION ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIENC REGULATORY OR Continued From page Based on staff interreview, and clinical review, and clinical review, and clinical review, and 47) in a sesidents. 1. For Resident #10 administer anti seizu a physician. 2. For Resident #29 administer insulin as 3. For Resident #40 administer anti seizu a physician. 4. For Resident #40 administer anti seizu a physician. 5. For Resident # 83 document the admin Diabetic Management medications. 5. For Resident # 43 document the admin medications as orde The findings included 1. Resident #10, was 5-20-17. Diagnoses with surgical repair in implanted device, hy contractures, and contractures, a	CORRECTION DO0000 ROVIDER OR SUPPLIER LLEY LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Based on staff interview, facility documentation review, and clinical record review, the facility staff failed to ensure five Residents were free from significant medication error (Residents #10, 29, 40, 83, and 47) in a survey sample of 21 Residents. 1. For Resident #10, the facility failed to administer anti seizure medication as ordered by a physician. 2. For Resident #29, the facility failed to administer insulin as ordered by a physician. 3. For Resident #40, the facility failed to administer anti seizure medication as ordered by a physician. 4. For Resident #83, the facility staff failed to document the administration of Insulin for Diabetic Management and Anti-seizure	ROVIDER OR SUPPLIER LLEY LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Based on staff interview, facility documentation review, and clinical record review, the facility staff failed to ensure five Residents were free from significant medication error (Residents #10, 29, 40, 83, and 47) in a survey sample of 21 Residents. 1. For Resident #10, the facility failed to administer anti seizure medication as ordered by a physician. 2. For Resident #29, the facility failed to administer insulin as ordered by a physician. 3. For Resident #40, the facility failed to administer anti seizure medication as ordered by a physician. 4. For Resident #83, the facility staff failed to document the administration of Insulin for Diabetic Management and Anti-seizure medications. 5. For Resident # 47, the facility staff failed to document the administration of anti-seizure medications as ordered by the physician. The findings included: 1. Resident #10, was admitted to the facility on 5-20-17. Diagnoses included; left tibia fracture with surgical repair infection and revision of implanted device, hypertension, seizures, contractures, and congestive heart failure. Resident #10's most recent MDS (minimum data set) with an ARD (assessment reference date) of 1-17-18 was coded as an admission assessment.	ROUIDER OR SUPPLIER LLEY LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTIONS A MAN AVENUE ANYWHERE, US 00000 REQUILATORY OR LSC DENTIFYING INFORMATION) Continued From page 1 Based on staff interview, facility documentation review, and clinical record review, the facility staff failed to ensure five Residents were free from significant medication error (Residents #10, 29, 40, 83, and 47) in a survey sample of 21 Residents. 1. For Resident #10, the facility failed to administer anti seizure medication as ordered by a physician. 2. For Resident #29, the facility failed to administer anti seizure medication as ordered by a physician. 3. For Resident #40, the facility failed to administer anti seizure medication as ordered by a physician. 4. For Resident #40, the facility staff failed to document the administration of insulin for Diabetic Management and Anti-seizure medications. 5. For Resident #47, the facility staff failed to document the administration of anti-seizure medications as ordered by the physician. The findings included: 1. Resident #10, was admitted to the facility on 5-20-17. Diagnoses included; left tibia fracture with surgical repair infection and revision of implanted device, hypertension, seizures, contractures, and congestive heart failure. PREFIX TAGORES, CITY, STATE, ZIP CODE 123 MAN AVENUE ANYWHERE, US 000000 PREFIX TAG STATEMENT OF CORT. PREFIX TAGORES, CITY, STATE, ZIP CODE 123 MAIN AVENUE ANYWHERE, US 00000 PREFIX TAG STATEMENT OF CORT. PREFIX TAGORES, CITY, STATE, ZIP CODE 123 MAIN AVENUE ANYWHERE, US 00000 PREFIX TAG STATEMENT OF CORT. PREFIX TAGORES ANY EACH CORRECTIVE ACTIONS OF CROSS AREFRENCED TO 10 CROSS AREFRENCED TO 10 CROSS AREFRENCED TO 10 The physician & family for re #29, #40, #83, and #47 were mod the medication or ror found medication error f	NOVIDER OR SUPPLIER LLEY LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY YULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Based on staff interview, facility documentation review, and clinical record review, the facility staff failed to ensure medication as ordered by a physician. 1. For Resident #10, the facility failed to administer anti seizure medication as ordered by a physician. 2. For Resident #40, the facility staff failed to administer anti seizure medication as ordered by a physician. 3. For Resident #40, the facility staff failed to administer anti seizure medication as ordered by a physician. 4. For Resident #40, the facility staff failed to document the administration of Insulin for Diabetic Management and Anti-seizure medications as ordered by a physician. 5. For Resident #47, the facility staff failed to document the administration of anti-seizure medications as ordered by the physician. 5. For Resident #47, the facility staff failed to document the administration of anti-seizure medications as ordered by the physician. 7. Resident #10, was admitted to the facility on 5-20-17. Diagnoses included; left tibia fracture with surjical repair infection and revision of implanted device, hypertension, seizures, contractures, and congestive heart failure. Resident #10's most recent MDS (minimum data set) with an ARD (assessment.

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTR	UCTION	(X3) DATE COMF	SURVEY PLETED
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NAME OF PI	ROVIDER OR SUPPLIER			123 MAIN A	DDRESS, CITY, STATE, ZIP CODE AVENUE :RE, US 00000		
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F 760	Continued From page	e 2	F7	760			
	possible 15, or, mild Resident #10 was als extensive to total ass activities of daily livin transferring, eating, let Review of Resident # no evidence the followadministered on the control of the contr	istance of staff to perform g, such as bed mobility, occomotion, and toileting. 210's clinical record revealed wing medication was days and times indicated: 20 mg (milligram) twice daily 0 p.m. (anti-seizure): 1-1-18					
	Administration" reveator to be given according and signed/documen	s policy entitled, "Medication led that all medications are to the prescriber's order ted by the administering the medication is given.					
	DON (director of nursidentified the failure of medications and treat being administered. expectation was for simedications and treat	tments were documented as The DON stated her taff to administer tments per physician's ent them as having been					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 123 MAIN AVENUE ANYWHERE, US 00000			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	DATE	
F 760	failure of the staff to e medications were adr	d DON were informed of the ensure significant ministered and documented, m. No further information	F 7	760			
	9-12-16. Diagnoses i vascular dementia, st depression, high chol and gastro-esophage Resident #29's most set) with an ARD (ass 11-20-17 was coded a Resident #29 was cointerview of mental st possible 15, or, no concept Resident #29 was alsextensive to total ass activities of daily living transferring, eating, lower Review of Resident # no evidence the follow administered on the concept Review of Resident # Novolog 100 unit/ml (concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered on the concept Resident # no evidence the follow administered for the concept Resident # no evidence the follow administered for the concept Resident # no evidence the follow administered for the concept Resident # no evidence the follow administered for the concept Resident # no evidence the follow administered for the concept Resident # no evidence the follow administered for the concept Resident # no evidence the follow administered for the concept Resident # no evidence the follow administered for the concept Resident # no evidence the follow administered for the concept Resident # no evidence Resident #	recent MDS (minimum data sessment reference date) of as a quarterly assessment. ded as having a BIMS (brief atus) score of "15" out of a gnitive impairment. o coded as requiring istance of staff to perform g, such as bed mobility, ocomotion, and toileting. 29's clinical record revealed wing insulin order was lays and times indicated: milliliters) per sliding scale on insulin at 6:30 a.m., and: 1-1-18 (6:30 a.m.), 1-14-18 (6:30 a.m.),					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>	FIPLE CONSTRUCTION NG	` ,	E SURVEY MPLETED
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	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, Z 123 MAIN AVENUE ANYWHERE, US 00000	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICII	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 760	medications and tree thorough review of including nursing previdence she was a refused the medical question. Review of the facility Administration" review to be given according and signed/docume individual as soon as when interviewed on DON (director of nuidentified the failure medications and tree being administered expectation was for medications and tree orders and to docume administered, immediations. The administrator as failure of the staff to medications were as	ders were evident for the eatment in question. A Resident #29's clinical record, rogress notes, revealed no away from the facility, nor tions and treatment in by's policy entitled, "Medication ealed that all medications are not to the prescriber's order ented by the administering as the medication is given. by 1-26-18 at 4:00 p.m., the arising) stated that she had to of the staff to ensure eatments were documented as a transfer to administer eatments per physician's ment them as having been ediately following and DON were informed of the of ensure significant diministered and documented, p.m. No further information	F	760		
		0, the facility failed to ure medication as ordered by				

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		ATE SURVEY DMPLETED
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F 760	12-09-16. Diagnoses stroke, dysphagia, de gastrostomy. Resident #40's most set) with an ARD (as 11-17-17 was coded assessment. Resider a BIMS (brief intervie "1" out of a possible impairment. Resider requiring total assista activities of daily livin transferring, eating, let the requiring total assista activities of daily livin transferring, eating, let the requiring total assista activities of daily livin transferring, eating, let the requiring total assista activities of daily livin transferring, eating, let the requiring total assista activities of daily livin transferring, eating, let the requiring total assistance activities of daily livin transferring, eating, let the requirement assistance and times indicated: 1. Levetiracetam 75 at 8:00 a.m., and 8:00 a.m.), 1-6-18 (8 p.m.), 1-7-18 (8 p.m.), 1-7-18 (8 p.m.), 1-7-18 (8 p.m.), 1-7-18 (8 p.m.), 1-6-18 (8 p.m.), 1-7-18 (8 p.m.), 1-7-18 (8 p.m.) the requirement assistance and the requirement	Imitted to the facility on included; Pneumonia, ementia, psychosis, recent MDS (minimum data sessment reference date) of as a readmission in #40 was coded as having ew of mental status) score of 15, or, severe cognitive in #40 was also coded as ance of staff to perform g, such as bed mobility, occomotion, and toileting. #40's clinical record revealed wing two seizure in ministered on the days and in ministered in ministered in the daily in ministered in the factor of the form. A thorough review of all record, including nursing aled no evidence he was an or refused the	F 76			

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	F DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 123 MAIN AVENUE ANYWHERE, US 00000	•	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 760	to be given according and signed/document individual as soon as when interviewed to DON (director of nuidentified the failure medications were administered. The was for staff to admittent per physical document them as immediately following. The administrator as failure of the staff to medications were as a staff to the staff to	ealed that all medications are ng to the prescriber's order ented by the administering as the medication is given. on 1-26-18 at 4:00 p.m., the arsing) stated that she had of the staff to ensure ocumented as being DON stated her expectation and sician's orders and to having been administered, and administration. ond DON were informed of the orensure significant dministered and documented, p.m. No further information	F 7	60		
	document the admi Diabetic Manageme	3, the facility staff failed to nistration of Insulin for ent and Anti-seizure ered by the physician.				
	to the facility on 10, but were not limited	a 58 year old female admitted 10/2017. Diagnosis included to: Vascular Dementia with nces, Diabetes and Complete				

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		000000	B. WING _			01/29	/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (123 MAIN AVENUE ANYWHERE, US 00000	CODE		
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F 760	assessment, was an an Assessment Refer The MDS coded Res (Brief Interview for Mindicating no cognitive was also coded as reassistance of one state Daily Living (ADLs), was eating, which the accomplish with only 83 was coded as alwell bladder. Review of Resident # admission care plan of the Resident's admission was management care plan interventions to Notify sugar levels and Admordered by the physical Resident # 83's order admission on 10/10/2 physician's order she Administration Reconfollowing orders for fin (FSBS) checks, and I administered. The following are the omitted recorded on the second	mum Data Set (MDS) Admission Assessment with rence Date of 10/19/2018. ident #83 as having a BIMS ental Status) of 15/15 e impairment. Resident #83 quiring limited to total ff member for Activities of The only exception to this e Resident was able to tray set up help. Resident #ays incontinent of bowel and is 83's comprehensive developed 10/20/2017, upon sion revealed a Diabetic an which included a physician of unstable blood hinister medications as sian, see MARs. Tecord revealed that the resident had commenced from 2017. Review of the et, and Medication d (MAR) revealed the neger stick blood sugar insulin which were not FSBS results and insuling the MAR (Medication d) as documented by facility	F 7	60			

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NAME OF PI	ROVIDER OR SUPPLIER			123	EET ADDRESS, CITY, STATE, ZIP CODE MAIN AVENUE YWHERE, US 00000		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 760	Units at Supper. Not 1/25/18 at 5:00 p.m Units at Supper. Not Further review of the documentation of the Dilantin: 1/24/18 at 8:00 p.m milligrams by mouth of 1/25/18 at 8:00 p.m milligrams by mo	Blood sugar not Humulin 70/30 Give 20 documented. Humulin 70/30 Give 20 documented. MAR revealed missing anti-seizure medication Dilantin Extended CAP 100 every day. Not documented.	F	760			
	Medication Administration Management policies	ation, and Diabetic were reviewed, and stated					

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 123 MAIN AVENUE ANYWHERE, US 00000		
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F 760	that all FSBS and ins "Documented in the reactions" from N Procedure Manual for December 2012 reversal Policy Interpretation at the Highlights: Timely 3. Medications must accordance with the required time frame. On Page 6, 18. If a drug is withhet time other than the standinistering the mediciple the MAR spaced dose. 19. The individual admust initial the residence after giving each administering the new Valid Physician's ord medications and treat having been administer 1:00 p.m. The DON documented, it was rexplain why they were notes described the residence of 1/29/218 at 2:10.	ulin administration must be nursing notes and on the policy on "Administering ursing Services Policy and r Long-Term Care Revised aled on Page 5, Under and Implementation, under v Administration: be administered in orders, including any provided for that drug and exprovided for that drug and exprovided for that drug and exprovided for the appropriate medication and before at ones. " Pers were evident for the terminister not documented as tered. ducted on 1/26/2018 with a grown and the provided for the terminister not documented as tered. ducted on 1/26/2018 with a grown and the provided for the terminister not documented as tered.	F 76			
	stated she did not fin regarding the omission					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		ATE SURVEY DMPLETED
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	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODE 123 MAIN AVENUE ANYWHERE, US 00000	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 760	1/26/2018, and 1/29/	e 10 Iformed of the findings on 2018 at the end of day the facility presented no	F 76	0		
	document the adminimedications as order Resident # 47 was an admitted to the facilit with the diagnoses of Disorder, Major Deprived The Major Deprived The Most recent Miniquarterly assessment Reference Date (ARI coded Resident # 47 for Mental Status) of cognitive impairment limited assistance of activities of daily livin bathing and toileting assistance of one state ambulation, and bed required total assistate eating and was also bowel and bladder.	n 81 year old female y originally on 8/20/2016 f, but not limited to, Seizure essive disorder, Dysphagia, eous Endoscopic 0 (Gastroesophageal Reflux ovascular Disease. mum Data Set (MDS) was a t with an Assessment D) of 12/5/2017. The MDS with a BIMS (Brief Interview 1/15 indicating severe t Resident # 47 required				

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NAME OF PE	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, Z 123 MAIN AVENUE ANYWHERE, US 00000	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN X (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIAT	(X5) COMPLETION DATE	
F 760	(MAR) for December documentation of medical Mark (MAR) for December documentation of medical Mark (MAR) for January 20 documentation of medical Mark (MAR) for	diction Administration Record 2017 revealed missing dications: s per milliliter oral solution , 0 milligrams) per PEG tube es, 18/17 at 8 PM. 12/19/17 at igrams per 5 milliliters give 10 milliliters (500 tube twice daily for seizures. 18/17 at 8 PM. 12/19/17 at ose to 250 milligrams per 5 a day-Valproic Acid 250 ters solution ution Administration Record 18 revealed missing dications: s per milliliter oral solution , 0 milligrams) per PEG tube	F7	760	ENCT)		
		milligrams) per PEG tube					

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PRINTED: 04/13/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		000000	B. WING			1/29/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 123 MAIN AVENUE ANYWHERE, US 00000	•		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ACTION SHOULD BE COMPLETION DATE		
F 760	Continued From page 12		F 76	0			
	REGULATORY OR LSC IDENTIFYING INFORMATION)						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
000000		B. WING		0	01/29/2018		
NAME OF PROVIDER OR SUPPLIER STONEVALLEY LLC				STREET ADDRESS, CITY, STATE, ZIP 123 MAIN AVENUE ANYWHERE, US 00000			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		((EACH CORRECTIVE ACT CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 760	required time frame." On Page 6, "18. If a drug is withh time other than the scadministering the me circle the MAR spacedose. 19. The individual admust initial the reside line after giving each administering the next Valid Physician's order medications and treathaving been administed.	eld, refused, or given at a cheduled time, the individual dication shall initial and a provided for that drug and ministering the medication and service medication and before at ones. " ers were evident for the timents not documented as tered. If debriefing on 1/29/2018, strator again were informed	F7	760			

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