STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195341	A. BUILDING _____ B. WING _____	C 01/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PALMS NURSING & REHAB, L L C	**5301 TULLIS DRIVE NEW ORLEANS, LA 70131**

(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 Complaint Survey #LA00050517. No deficiencies were cited as a result of this complaint.	F 000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195341	A. BUILDING **01** B. WING _____	C **04/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PALMS NURSING & REHAB, L L C	**5301 TULLIS DRIVE** **NEW ORLEANS, LA 70131**

(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
K 000	INITIAL COMMENTS River Palms Nursing & Rehab, LLC is not in compliance with the requirements of Title 42 Code of Federal Regulations, Part 483.70(a) (Life Safety Code). The findings that follow in this CMS 2567 demonstrate the non-compliance. The facility is sprinklered, licensed for 186 beds and a census of 166 at time of survey.	K 000		
K 223 SS=F	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to assure that all doors within an exit passageway were held open by an approved means. When doors to stairwells, smoke barriers, horizontal exits or hazardous areas are propped open it provides an opportunity to allow fire and/or smoke to flow freely throughout the facility. This deficient practice has the potential to affect 166 of 166 residents.	K 223		6/9/19

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Electronically Signed | 05/13/2019

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	195341	A. BUILDING **01** B. WING _____	C **04/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PALMS NURSING & REHAB, L L C	**5301 TULLIS DRIVE** **NEW ORLEANS, LA 70131**

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K 223	Continued From page 1 During the facility tour, between the hours of 9:30am to 3:30pm on 4/25/2019 the following observations were made: 1) Numerous areas being used for storage and other hazardous areas have doors that are not provided with automatic or self-closing devices. 2) Multiple corridor doors equipped with magnetic hold devices once released are not closing fully and latching. Also several areas such as the dining hall, social services, and activities have doors that open to the corridor and have had the closure devices removed. Interview with the Administrator revealed the facility was not aware that the doors needed closures and repairs to the closures on numerous doors.	K 223		
K 321 SS=F	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321		6/9/19

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RIVER PALMS NURSING & REHAB, L L C	**5301 TULLIS DRIVE** **NEW ORLEANS, LA 70131**

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K 321	Continued From page 2 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to maintain the separation of hazardous areas from other parts of the building, including the egress corridor. Hazardous areas are required to be constructed to resist the passage of smoke.The deficient practice had the potential to affect 166 of 166 residents. 6 of 6 smoke compartments have hazardous areas that are not separated. Findings: During the facility tour, between the hours of 9:30am to 3:30pm on 4/25/2019 it was observed that multiple hazardous areas throughout the facility did not have doors provided with self-closing or automatic closing hardware. This included previous conference and salon rooms now being used for storage. These areas appear to not meet the construction requirments for separation. The Boiler room had a majority of the ceiling removed and damaged. Interview with the Administartor revealed the	K 321		

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	195341	A. BUILDING **01** B. WING _____	C **04/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PALMS NURSING & REHAB, L L C	**5301 TULLIS DRIVE** **NEW ORLEANS, LA 70131**

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K 321	Continued From page 3 facility was not aware that the doors to the hazardous areas were required to self-close and latch in the frame and that the smoke/fire barriers were not constructed properly.	K 321		
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to assure that the complete, supervised, automaticsprinkler system was inspected and tested in accordance with the requirements of NFPA 25. This deficiency has the potential to affect 83 of 166 residents. Findings: During the facility tour, between the hours of 9:30am to 3:30pm on 4/25/2019 it was observed	K 353		6/9/19

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RIVER PALMS NURSING & REHAB, L L C	**5301 TULLIS DRIVE** **NEW ORLEANS, LA 70131**

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K 353	Continued From page 4 that: 1) The sprinkler system was yellow tagged on 3/22/2019 for the 400 and 500 hall's tamper and flow switch not functioning. 2) Throughout the facility escutcheon plates were missing. 3) The boiler roomhad a majority of the ceiling missing and or damaged. Interview with the Administrator revealed the facility was not aware that the annual inspection had not been properly conducted on the automatic sprinkler system and that there were missing escutcheon plates and ceiling tiles.	K 353		
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to assure that the fire extinguishers were inspected and tested in accordance with the Life Safety Code and NFPA 10. Fire extinguishers are available to extinguish small fire or smoke emergencies. This deficient practice could potentially affect 166 of 166 residents. Findings: During the facility tour and the record review, between the hours of 9:30am to 3:30pm on	K 355		6/9/19

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K 355	Continued From page 5 4/25/2019 it was found that about half of the facilities extinguishers had not been inspected and/or had not been provided with documentation of the inspection. Also one extinguisher on the 100 hall and one across from the dining area were empty. Interview with the Administrator revealed the facility was not aware that the annual and/or monthly inspection on the fire extinguishers had not been conducted.	K 355		
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to assure the construction of the smoke barrier walls. The walls are required to be continuous and properly protected from penetrations and gaps. Unprotected penetrations would permit the movement of smoke from one compartment to the other in the facility. The deficient practice had the potential to affect 166 of 166 residents.	K 372		6/9/19

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RIVER PALMS NURSING & REHAB, L L C	**5301 TULLIS DRIVE** **NEW ORLEANS, LA 70131**

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K 372	Continued From page 6 6 of 6 smoke barriers were deficient. Findings: During the facility tour, between the hours of 9:30am to 3:30pm on 4/25/2019 it was observed that all smoke and 2hr fire rated walls had penetrations and gaps present. Multiple penetrations that were found to be sealed in the 2hr rated walls appeared to have not been provided with the required firestop matching the rating of the fire wall assembly. Interview with the Administrator revealed the facility was not aware of unsealed penetration and gaps.	K 372		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on visual observation and record review the facility failed to maintain documentation for fire drills conducted during each quarter on each shift. Fire drills provide training in procedures in cases of emergency. The deficient practice had the potential to affect 166 of 166 residents.	K 712		6/9/19

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K 712	Continued From page 7 3 of 4 quarters in 2018-2019 were deficient. Findings: During the record review, between the hours of 9:30am to 3:30pm on 4/25/2019 it was found that fire drills were not conducted or documented for the 3pm-11pm shift for the 1st quarter of 2019 and 2nd quarter of 2018. The 11pm-7am shift did not have the 2nd and 3rd quarter of 2018. Interview with the Administrator revealed the facility was not aware fire drills were not being held for all shift each quarter.	K 712		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder	K 918		6/9/19

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K 918	Continued From page 8 circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on visual observation and record review the facility failed to assure that the emergency generator was maintained and tested in accordance with NFPA 110 and that the monthly testing program on the emergency generator was conducted and documented. In cases of a power outage the emergency generator powers essential life safety equipment for the facility. The deficient practice had the potential to affect 166 of 166 residents. 12 of 12 months were deficient. Findings: During the facility tour and record review, between the hours of 9:30am to 3:30pm on 4/25/2019 the following was found. 1) During the record review there was no documentation for the length of time that the generator was ran for the monthly testing of the generator. Monthly testing was not performed and/or documented from before December of 2018.. 2) It was noted that the weekly testings were not	K 918		

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K 918	Continued From page 9 performed and/or ducumented from before December of 2018. Interview with the Administrator revealed the facility was not aware that all documentation was not complete regarding the inspection/testing of the emergency generator.	K 918		
K 920 SS=F	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on visual observation, the facility failed to assure that all power strips are being used with	K 920		6/9/19

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K 920	Continued From page 10 general caution and that extension cords are not being used as a substitute for fixed wiring of a structure as per NFPA 99 and NFPA 70. .Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. The deficient practice had the potential to affect 166 of 166 residents. Findings: During the facility tour, between the hours of 9:30am to 3:30pm on 4/25/2019 it was found that in numerous office spaces including the social services room that surge protectors were being plugged into other surge protecteors and also extension cords. It was obseved in numerous areas that refrigerators, microwaves, and other high voltage appliances were being plugged into surge protectors and not directly into fixed receptacles. Interview with the administrator revealed the facility was not aware that extension cords are being used as a substitute for fixed wiring and that surge protectors were being used improperly.	K 920		

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	195341	A. BUILDING **01** B. WING _____	R **06/12/2019**

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{K 000}	INITIAL COMMENTS	{K 000}		

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F 000	INITIAL COMMENTS Complaint Survey #LA51861 No deficiencies were cited as a result of this complaint.	F 000		

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Electronically Signed | 07/29/2019

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	195341	A. BUILDING _____ B. WING _____	R-C 06/28/2019

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F 000	INITIAL COMMENTS An onsite revisit was conducted for all previous deficiencies cited on 04/25/19. All deficiencies have been corrected.	F 000		

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

Electronically Signed | 07/09/2019

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195341	A. BUILDING _____ B. WING _____	C 08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PALMS NURSING & REHAB, L L C	**5301 TULLIS DRIVE NEW ORLEANS, LA 70131**

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F 000	INITIAL COMMENTS Complaint Survey #LA00052622 No deficiencies were cited as a result of this complaint.	F 000		

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

Electronically Signed | 11/11/2019

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F 000	INITIAL COMMENTS Compliant #LA00053279 Compliant #LA00053280. F726 cited as a result of this complaint. Compliant #LA00053500. F726 cited as a result of this complaint.	F 000		
F 726 SS=D	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 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	F 726		12/16/19

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Electronically Signed | 11/14/2019

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assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by:
Based on record review, observation and interview, the facility failed to ensure a Licensed Practical Nurse (LPN) displayed competency during medication administration as evidenced by:
1) Failing to ensure a resident's medications were administered prior to leaving a resident's room;
2) Failing to accurately document medication administration and/or refusal.
This deficient practice was identified for 1(Resident #1) of 6 sampled residents but had the potential to affect any of the 171 residents who resided in the facility as documented on the Resident Census and Conditions of Resident's Form (672).
Findings:

Review of the facility's policy titled Administering Medications revealed in part, under Policy Interpretation and Implementation: Medications must be administered within one hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). Further review revealed in part, if a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall document refusal in the Medication Administration Record (MAR) space provided for that drug and dose. Further review revealed in part, Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary care Planning team, has determined that they have the decision -making capacity to do so safely.

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Resident #1 was admitted on 06/30/16 with a diagnoses, in part, of Cerebral Infarction, Hemiplegia Left Side, Diabetes, and Epilepsy.

Review of Resident #1's Minimum Data Set with an Assessment Reference Date of 10/10/19 revealed Resident #1 had a Brief Interview for Mental status (BIMS) of 15 (Cognitively Intact).

Review of Resident #1's November 2019 physician orders revealed in part, Bethanochol 10 mg (Urecholine) one by mouth twice daily (medication used to treat urinary retention from diabetic neuropathy), and Keppra 500 mg one by mouth twice daily (medication used to treat seizures).

On 11/06/19 a review of Resident #1's Medication Administration Record (MAR) dated 11/06/19 revealed in part, Bethanochol 10mg one by mouth at 08:00am. Further review revealed S3/LPN nurses initials documented as given at 08:00am. Further review revealed Keppra 500 mg by mouth at 08:00am. Further review revealed S3/LPN nurses initials documented Keppra 500 mg as given at 08:00am.

Observation on 11/06/19 at 10:00am, Resident #1 was in her room. Further observation revealed one partially crushed white pill in a cup at the bedside on the bedside table. Further observation revealed two pills on the bedside table not in the medicine cup but laying on a the inside of a pink under pad at which time Resident #1 picked one pill up, and swallowed it. Resident #1 drank some water from her cup then proceeded to take the other pill off the bedside table from the pink under pad and swallowed it.

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In an interview on 11/06/19 at 10:00am, Resident #1 indicated she was taking her pills but the aides had come in to change her. When the surveyor questioned her on the one pill in the cup on her bedside table, she stated it was for her urine.

In an interview on 11/06/19 at 10:01am, S2Licensed Practical Nurse Charge Nurse who was in Resident #1's room indicated she did not know what the pill was in the cup but she would check with Resident #1's nurse. S2/LPN Charge Nurse picked up the medication cup and proceeded to leave the room.

In an interview on 11/06/19 at 10:15am, S2LPN Charge Nurse indicated after reviewing Resident #1's pill punch card off the medication cart, identified the partially crushed pill as Bethanechol.

In an interview on 11/06/19 at 10:35am, S3LPN indicated she brought Resident #1 medications to her at around 09:30am and she gave them to her in a pill cup with Resident #1's own water. S3LPN further stated she thought she took them, but she must have put the medicine cup back down. S3LPN further stated she can't force Resident #1 to take her medications.

In an interview on 11/06/19 at 11:00am, Resident #1 stated the nurse brought her medications to her this morning. Resident #1 stated the nurse brought her medications in a medicine cup and brought an additional medicine cup. When the surveyor questioned the additional medicine cup, she indicated it was for her medications that she did not want to take. When the surveyor questioned her on the 2 pills she took that were on the plastic pink under pad, she indicated the

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nurse had cut her Keppra in half and put them on napkin for her. Resident #1 stated it was the 2 halves of the Keppra that had been broken. Resident #1 indicated the aides entered the room to change her. She had not finished taking her Keppra that was on a napkin and they placed a diaper on the bedside table over her Keppra. Resident #1 stated she reached over and took the pills (Keppra halves) and pushed them over on the bedside table because she did not want them to fall on the floor. She then placed them on top of the diaper pad. Resident #1 further stated the pill that was in the medicine cup was her "Urecholine" for her urine. She further stated she does not like to take that pill "because it causes me to go like a faucet."

In an interview on 11/06/19 at 11:40am, S3LPN indicated she went into the room this morning to give Resident #1 her medications. She stated Resident #1 looked at her medicines and started to take them. S3LPN stated she observed Resident #1 put the cup to her mouth. S3/LPN indicated she thought Resident #1 had swallowed them. She further stated the Certified Nursing Assistants (CNA's) had entered the room to change Resident #1.

In an interview on 11/06/19 at 11:45am, S4CNA indicated she and S5CNA entered the room to change Resident #1. S4CNA indicated Resident #1 put the medicine cup back on the table with the partially crushed pill in the cup and she saw on the plastic pad that there were 2 halves of a pill on the bedside table.

In an interview on 11/06/19 at 11:50am, S1Director of Nurses (DON) indicated the nurses are supposed to watch the residents take their

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pills. She acknowledged there should not have been pills left on the bedside table.

On 11/07/19 a review of Resident#1's MAR dated 11/06/19 revealed in part, Bethanochol one by mouth at 08:00am was documented with an R and circled. Further review revealed on the back of page of the MAR under documentation notes on 11/06/19 at 08:00am documentation of refused Bethanochol 10 mg.

In an interview on 11/07/19 at 10:45am, S3LPN indicated when the surveyor questioned her on the Bethanochol medication signed as refused on the back of the MAR on 11/06/19 at 08:00am, she indicated she documented it after she realized Resident #1 had not taken it when the surveyor questioned her on the pill in the cup in Resident #1's room so she then documented it on the MAR as refused.

In an interview on 11/07/19 at approximately 11:09am, S1DON confirmed S3LPN corrected the MAR after she realized Resident #1 had not taken her Bethanochol medication and placed refused instead of given.

There was no documented evidence and the facility provided no documented evidence that Resident #1 had been determined to be able to self- administer medications.

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F 000	INITIAL COMMENTS An onsite revisit was conducted for all previous deficiencies cited on 11/07/19. All deficiencies from this survey have been corrected.	F 000		

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