

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115641</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVERVIEW HEALTH &amp; REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6711 LAROCHE AVENUE SAVANNAH, GA 31406</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and staff interviews, the facility failed to follow the care plan related to administering pain medication as ordered for one of three sampled residents (R) (#2). Findings include: Review of the clinical record revealed R#2 was admitted to the facility on [DATE], with multiple co-morbidities including, but not limited to pain, wounds, and was on palliative care and services. R#2 no longer lives in the facility. R#2 had a care plan for pain, initiated on 4/23/2019 and last reviewed on 4/27/2020. One intervention was to administer pain medications as ordered. Review of the February 2020 Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. Cross Refer to F684.</p>		
F 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review, review of the facility policy titled Pharmacy Services, and staff interviews, the facility failed to ensure that one resident (R) (#2) received pain medication as ordered of three sampled residents. Findings include: Review of the clinical record revealed R#2 was admitted to the facility on [DATE], with multiple co-morbidities including, but not limited to: malnutrition, cardiopulmonary disease, pain, wounds, altered mental status, hypertension, [MEDICAL CONDITIONS] Disease and was on palliative care and services. R#2 no longer lives in the facility. Review of the February 2020 Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. If the Omnicell did not have the correct medication she would call the physician for an equivalent order until the original order came in from the pharmacy. She was asked if she called the physician for a change of order for R#2, on 2/5/2020 until the original order came in and she stated that she did not. Review Nurse's Notes dated 2/5/2020 revealed the physician and pharmacy were notified at 1:17 p.m. regarding the [MEDICATION NAME] (after five missed doses). The resident's pain was reported as being managed by Tylenol and that R#2 had no complaints of pain. At 1:50 p.m., the pharmacy returned the call and informed the facility that the medication would not be available until the evening delivery. Review of the facility policy titled Pharmacy Services, Medication Unavailable for Administration updated October 2019 documented under Guidelines: 8. At any time a medication is not available for a specific time of administration, the nurse shall notify the prescriber that the medication is not available and obtain a hold until medication available from pharmacy or a discontinuation or change order from the prescriber. When the hold order has been received from the provider the nurse shall write hold until medication is available from pharmacy on the prescriber order sheet and write Hold on the MAR for the times of missed doses. The same holds true for notating alternate instructions from the prescriber. During an interview with the Administrator on 8/10/2020 at 8:47 a.m., she indicated that she expected the nursing staff to follow the physician orders for each resident and if there is a problem noted they would call the physician immediately and follow his/her direction.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.