

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/19/2022
NAME OF PROVIDER OR SUPPLIER Mountain View Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Murchison Rd El Paso, TX 79902	

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)
<p>F 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43871</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident's drug regimen be free from unnecessary drugs for one (Resident #1) of 13 residents reviewed.</p> <p>The facility failed to ensure Resident #1's anticoagulant medication was not administered without adequate monitoring of lab results which resulted in resident #1 being sent to ER and diagnosed with a supratherapeutic INR of 11 (above thereapeutic level of blood thinning), anemia from possible GI bleed, was hospitalized and received a plasma transfusion.</p> <p>This failure resulted in an identification of an Immediate Jeopardy (IJ) on 1/18/22. While the IJ was removed on 1/19/22, the facility remained out of compliance at Actual Harm with a scope of Isolated.</p> <p>This failure put residents on anticoagulants at high risk of bleeding and possible death.</p> <p>Findings included:</p> <p>Record review of Resident #1 Face sheet (not dated) revealed Resident #1 was a [AGE] year-old female was admitted on [DATE].</p> <p>Record review of Resident #1 History and Physical from local medical center dated 12/21/21 revealed diagnosis of acute traumatic pain secondary to right hip fracture, hypertension, dyslipidemia, diabetes, history of stroke, mechanical valve replacement, urinary tract infection, urinary retention.</p> <p>Record review of Resident #1 MDS dated [DATE] revealed section N.0410 Medications received with the last 7 days included anticoagulant, antibiotic, and opioid.</p> <p>Record review of Resident #1 Care Plan dated 12/27/21 revealed Resident #1 is on anticoagulant therapy. Resident #1 will be free from discomfort or adverse reactions related to anticoagulant use through the review date. Labs as ordered. Report abnormal lab results to the MD. Monitor/document/report to MD PRN signs/symptoms of anticoagulant complications: blood tinged or [NAME] blood in urine, black tarry stools, dark or bright red blood in stools, sudden severe headaches, nausea, vomiting, , diarrhea, muscle joint pain, lethargy, bruising , blurred vision, Shortness of breath , Loss of appetite, sudden changes in mental status, significant or sudden changes in vital signs .</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of electronic Progress Notes dated 01/08/22 revealed Nursing Progress Note. Note Text: resident had X2 hematemesis (blood in vomit) episodes. resident AAOX3 follow commands. denies pain. denies SOB. able to move all extremities. abdomen soft. BS present at 4 quadrants. VS 115/73-respirations 20. temp 98.8- pulse 90- sats 99%RA. call placed to MD answering service. left message. RP in facility requesting resident to be send to hospital for eval. DON notified agree to send resident to hospital. resident send to local medical center.</p> <p>Interview on 1/14/22 at 9:45 AM LVN A stated she worked on 1/8/22 the day Resident #1 was transferred to hospital for further evaluation due to having two episodes of emesis (vomit) with blood. LVN A stated there was no change in condition in Resident #1 prior to emesis incident. LVN A stated Resident #1 family member was at bedside when Resident #1 had emesis. LVN A stated during assessment blood was noted on bed sheets, vitals were taken and were within normal limit and Resident #1 was alert and oriented x4. LVN A stated Resident #1 was taking anticoagulants and was pending PT/INR results (prothrombin time (PT) test measures how long it takes for a clot to form in a blood sample. An INR (international normalized ratio) is a type of calculation based on PT test results). LVN A stated she checked Q Med Lab Portal (electronic website) for results on 1/8/22 beginning of morning shift and stated there were no results available for Resident #1. LVN A stated she notified DON and NP on call of Resident #1 transfer to hospital. LVN A stated residents on Coumadin are monitored for bleeding i.e., bloody nose, bloody gums, bruising, blood in stool and emesis and require PT/INR lab for therapeutic level. LVN A stated if any indication of bleeding and abnormal lab results are to be reported to NP/MD immediately. LVN A stated she checks Q Med lab portal daily at least once during her shift. LVN A stated she is to review all lab results available to verify lab values are within normal range.</p> <p>Interview and record review on 1/14/22 at 10:50 AM DON stated she was notified of Resident #1 transfer to hospital on 1/8/22. DON stated Resident #1 was taking anticoagulant and pending PT/INR results. DON stated no reports of any type of bleeding had been reported prior to incident on 1/8/22. DON stated upon return to work on 1/10/22 when conducting internal investigation LVN's reported no critical lab results were called in by Q Med Lab and no critical lab results were posted in Q Med Portal. DON stated typically critical lab results are highlighted in red. DON stated when she opened Q Med lab results that were dated 1/7/22 and not marked as critical, she noticed the critical high INR lab level of 9.1 If the INR is too high there is a increased risk of bleeding. Surveyor asked for copy of admission labs done for Resident #1. DON gave copy of Resident #1 PT/INR lab results dated 12/29/21 and stated she was not aware of these results either until she printed them upon surveyor request. Record review of Resident #1 Clinical Pathology Laboratories dated 12/29/21 revealed INR lab level of 8.5 CH (critical high). DON stated INR lab results dated 12/29/21 had not been reported to her and more than likely not reported to NP. DON stated both INR lab results should have been reported to NP/MD due to being critically high. DON stated that anticoagulant had still been administered during stay until Resident #1 was sent to the hospital on 1/8/22. DON stated nurses are trained to check for any lab results as they become available to verify any abnormal/critical results. DON stated nurses should have been reviewing lab results and not relying on Q Med to highlight critical lab results. DON stated a high INR lab result could cause serious harm, high risk of bleeding, to any resident taking warfarin/ coumadin.</p> <p>Record review of Resident #1 Electronic Orders (not dated) revealed Resident was taking Coumadin Tablet 4 MG (Warfarin Sodium) 1 tablet by mouth one time a day for DVT until 01/20/2022 and Lab Order for PT/PTT/INR placed on 01/05/2022.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #1 Clinical Pathology Laboratories dated 12/29/21 revealed INR lab level of 8.5 CH (critical high).</p> <p>Record review of Resident #1 Clinical Pathology Laboratories dated 01/07/2022 revealed INR lab level of 9.1 CH (critical high).</p> <p>Record review of Resident #1 Medication Administration Record for December 2021 and January 2022 revealed Resident #1 was administered Coumadin Tablet 4 MG (Warfarin Sodium) from 12/22/21 to 01/07/2022 at 1800 (6:00 PM).</p> <p>Record review of Resident #1's local hospital admission report revealed Upon evaluation at ER patient was found with anemia having Hb on 7.4 g/dl (a normal hemoglobin level is 11 to 18 grams per deciliter, a 7.4 value was low) most probably from GI bleeding, supratherapeutic INR of 11 (need for rapid reversal), and UTI. Admission has been decided got GI. Patient will receive plasma transfusion to help correcting INR.</p> <p>Interview on 1/14/22 at 12:10 PM NP B stated she does rounds at the facility once a week on Fridays. NP stated Resident #1 had history of valve replacement and was taking coumadin prior to admission to facility. NP B stated she ordered a PT/INR lab to be done for Resident #1 on 12/22/21 and does not know when they were drawn. NP B stated since Resident #1 had history of valve replacement Resident #1's therapeutic INR goal would be 2-3 therapeutic level. Surveyor read INR results dated 12/29/21 with INR level of 8.4 and INR results dated 1/7/22 with INR level of 9.1. NP B stated this was the first time she was hearing these results. NP B stated the facility had not reported these INR lab results to her and had not been on Resident #1 chart in facility for her to review upon rounds. NP B stated both lab results were critically high and should have been reported to NP/MD to make adjustments to medication regimen. NP B stated she would have stopped Resident #1 coumadin medication immediately. NP B stated a high INR level could result in internal bleeding.</p> <p>Interview on 1/14/22 at 1:05 PM NP C stated she does rounds at the facility once a week. NP C stated she got paged twice on 1/8/22 at 9:52 AM. NP C stated she returned call to facility twice and there was no answer. NP C stated she received a call on 1/8/22 at 11:45 AM notifying her that Resident #1 had been sent out to the hospital. Surveyor read Resident #1 INR lab results dated 12/29/21 with level 8.5 and INR lab results dated 1/7/22 with level 9.1, NP C stated both INR levels were extremely high, therapeutic INR range was 2-3. NP C stated both INR levels should have been reported to NP/MD immediately. NP C stated coumadin would have been stopped temporarily and believed the internal bleeding from Resident #1 was due to the high INR level.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 1/14/22 at 1:37 PM LVN D stated she was the nurse assigned to Resident #1 during morning shift. LVN D stated on 12/22/21 NP B gave orders for PT/INR due to Resident #1 taking an anticoagulant. LVN D stated she worked on 12/29/21 but does not remember if INR for Resident #1 were available in Q Med portal. LVN D stated she worked on 1/7/22 and stated she did not see any critical lab results on Q Med Portal and had not received a call from Q Med Lab to notify of critical INR results. LVN D stated she normally only opens flagged lab results to be able to report to NP/MD and will wait for the day that NP/MD does rounds to print out labs that were not flagged. LVN D stated she does not open labs that are not flagged and will see them the day she prints them for NP/MD to review. LVN D stated both INR results should have been reported to NP/MD due to being extremely high possible putting any resident on high risk of bleeding. LVN D stated residents who are taking warfarin/ coumadin are monitored for any signs of bleeding i.e., bruising, blood in stool, blood in urine, blood in emesis and require PT/INR lab as ordered by NP/MD for therapeutic range monitoring. LVN D stated she does not recall coumadin being discontinued for Resident #1. LVN D stated a high INR could cause any resident on warfarin/ coumadin to be at high risk for bleeding. LVN D stated she had been trained to open and review all lab results when available and to check daily for lab results. LVN D stated she was trained to call Q Med Lab for follow up and any problems should have been reported to DON.</p> <p>Interview on 1/14/22 at 4:39 PM LVN E stated he worked the night of 1/7/22, the night prior to Resident #1 incident. LVN E stated there were no symptoms of bleeding. LVN E stated Resident #1 was taking an anticoagulant. LVN E stated he did not receive report from previous nurse stating there were pending PT/INR results for Resident #1. LVN E does not remember checking the Q Med Portal that night for results. LVN E stated monitoring for signs of bleeding is required for residents on warfarin/ coumadin. LVN E stated signs of bleeding include bloody gums, bruising, blood in urine, blood in stool, blood in emesis. LVN E stated residents taking warfarin/ coumadin required at least weekly PT/INR lab monitoring for therapeutic level. LVN E stated coumadin had not been discontinued for Resident #1 and had last taken coumadin medication the night prior to incident on 1/7/22 was scheduled to be administered during his shift. LVN E stated any PT/INR out of range would have to be immediately reported to NP/MD. LVN E stated he had been trained to open and review all lab results when available and to check daily for lab results. LVN E stated he was trained to call Q Med Lab for follow up and any problems should have been reported to DON.</p> <p>Interview on 1/14/22 at 4:48 PM LVN F stated she worked the evening prior to incident on 1/7/22 with Resident #1. LVN F stated no signs of bleeding for Resident #1 were reported. LVN F stated Resident #1 was taking an anticoagulant. LVN F stated she checked Q Med Portal for lab results and did not see any flagged lab results for that day. LVN F stated she does not recall seeing any lab results for Resident #1 on 1/7/22 and did not get a call from Q Med Lab reporting critical value. LVN F stated for any critical results Q Med Lab usually calls the facility to notify of critical values and will flag results by highlighting name of resident in red on Q Med portal. LVN F stated any resident taking warfarin/ coumadin needs to be monitored for any signs of bleeding and require PT/INR lab as ordered by NP/MD for INR therapeutic levels. LVN F stated any critical values need to be reported to NP/MD. LVN F stated she had been trained to open and review all lab results when available and to check daily for lab results. LVN F stated she was trained to call Q Med Lab for follow up and any problems should have been reported to DON.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 1/17/22 at 9:57 AM Family Member stated Resident #1 was admitted to facility on 12/21/21. Family Member stated he notified nurse in charge at admission about Resident #1 needing PT/INR lab to be done weekly due to Resident #1 taking warfarin/ coumadin. Family Member does not remember name of nurse he spoke to but stated she made it known to several nurse's throughout the course of Resident #1 stay at facility. Family Member stated nurses never gave him updates on PT/INR lab orders or results. Family Member stated that if Resident #1 INR level was ever to be high it could potentially cause Resident #1 to bleed out which was the reason why Resident #1 needed weekly PT/INR labs to be completed. Family Member stated on 1/8/22 he visited Resident #1 in the morning and upon arrival he noticed blood in bed sheets. Family Member stated he reported to nurse and requested for Resident #1 to be transferred to hospital for further evaluation. Family Member stated when Resident #1 arrived at the hospital on 1/8/22 he was informed that INR level was extremely high. Family Member FM stated Resident #1 received blood transfusion to reverse the INR. Family Member stated if he had not gone to visit the morning of 1/8/22 he was afraid the outcome for Resident #1 would have been much worse due to nurses not monitoring PT/INR lab values because he never got updates on results if any lab orders were given to be completed.</p> <p>Interview on 1/17/22 at 11:24 AM DON stated nurses should be checking and reviewing lab results daily for any lab results available whether they be flagged or not. DON stated she checked Resident #1 chart and did not see any lab results for PT/INR dated 12/29/21 and 1/7/22 printed in Resident #1 chart, therefore critical INR levels were not available for NP's to review during their weekly rounds.</p> <p>Interview on 1/17/22 at 11:41 AM SRD stated facility keeps records with time stamps of when lab results are uploaded and reported. SRD stated facility has had issues in the past with not answering calls or leaving them on hold for 30 min to an hour at times. SRD stated they will keep trying to call until they get through with a nurse. SRD stated they have a out-of-town laboratory that assists with lab results as well. SRD stated the out-of-town lab uploaded Resident #1's critical lab results on 12/29/21 and 1/7/22, although they did not flag them in red indicating lab results were critical, both INR results were available in Q Med Portal for nurses to review. SRD stated the nurses need to have had opened the report in Q Med Portal and review lab results to have known they were critically high. SRD stated the out-of-town lab will usually call Q Med Lab to report any critical lab results in which Q Med Lab will be the ones to flag results in red. SRD stated Q Med Lab received a call on 1/10/22 from the out-of-town lab reporting Resident #1 critical INR results. SRD stated she uploaded Resident #1 INR results on 1/7/22 at 12:11 PM, at this time the results are available for the facility to obtain and time stamp are included in lab reports as well. SRD stated Resident #1 INR results dated 12/29/21 were uploaded on 12/29/21 at 1:29 PM, at this time the INR results were available for facility to review on Q Med Portal. The out-of-town lab stated she spoke to DON sometime last week, does not remember the exact date, and stated DON provided facility with personal cell phone number and email address in case Q Med lab had trouble getting answer from facility to reach her directly.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 1/18/22 at 8:53 AM LVN G stated residents on anticoagulants require constant monitoring for any type of bleeding i.e., blood in urine, stool, emesis, gums, and/ or nose. LVN G stated residents taking warfarin/ coumadin require PT/INR level monitoring for therapeutic level as per NP/MD order. LVN G stated once labs are drawn, she normally checks Q Med lab portal the following day to see if any lab results are available to review. LVN G stated if no results are available, she will call Q Med lab to get an update on lab results. LVN G stated when labs become available in Q Med lab portal, she opens them whether flagged as critical or not to verify labs are within normal therapeutic range. LVN G stated any abnormal/critical level she has to report to NP/MD immediately. LVN G stated failure to report any abnormal PT/INR values could put the resident at high risk of bleeding.</p> <p>Interview on 1/18/22 at 9:03 AM Administrator stated all nurses are in charge of checking for lab results on Q Med lab portal on a daily basis. Administrator stated once lab results become available to review, nurses should be checking and reviewing all lab results are within normal range; any abnormal/ critical lab value need to be reported to NP/MD immediately. Administrator stated failure to report any abnormal/ critical lab value to NP/MD can potentially be very harmful for resident. Administrator could not give an answer for this failure.</p> <p>Interview on 1/18/22 at 11:30 AM DON and Administrator stated they had no policy on file related to lab results and anticoagulant monitoring.</p> <p>Record review of Notifying the Physician of Change in Status policy dated 3/11/13 revealed 11. Abnormal lab, x-ray and other diagnostic reports require physician notification.</p> <p>On 1/18/22 at 2:02 PM Administrator and DON were notified that an IJ had been identified and a copy of the IJ Template identifying the areas of noncompliance, elements of risk, and need for immediate action were provided to the Administrator and a Plan of Removal was requested within the hour.</p> <p>The facility's Plan of Removal was accepted on 1/19/22 at 1:34 PM.</p> <p>The Plan of Removal revealed the facility took or would take the following actions:</p> <ol style="list-style-type: none"> 1. Director of nursing contacted the lab on 1/10/22 to follow up on why critical lab results had not been reported to the facility and they stated they called but no one answered, DON provided lab with personal cell phone number and email, instructions were given to contact DON if there was no answer to report critical lab values. 2. DON/designee in-serviced all licensed staff on 1/12/22 on checking and printing all lab results from portal at start of shift and end of shift for abnormal results. All abnormal labs will be reported to MD. All lab results will be placed in residents' chart for MD to review. DON, ADON/ weekend supervisor will check daily that labs are printed, reviewed, and reported to MD. DON will conduct random audits. 3. ADON's audited residents requiring anticoagulant therapy and any other medications requiring routine monitoring on 1/10/22. 4. DON/ ADON in-serviced all licensed nurses on 1/12/22 to review all lab reports, at the start and end of shift. Nurses will print and place lab results in resident chart, critical labs will be called to MD to prevent re-occurrence of missing values. <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>5. Compliance nurse in-serviced ADONs and DON on 1/12/22 on auditing daily PT/INR for residents that have order for Warfarin/ Coumadin and check the results to ensure that they are within the parameters. If not within the parameters, they will verify MD was notified. Compliance nurse in-serviced ADONs and DON on 1/12/22 on checking and printing all lab results from portal at start of shift and end of shift for abnormal results. All abnormal labs will be reported to MD. All lab results will be paced in residents' chart for MD to review. DON/ ADON and weekend supervisor will check daily that labs are printed, reviewed, and reported to MD. DON will conduct daily audits.</p> <p>6. Administrator in-serviced receptionist on 1/18/22 to ensure call are delivered to the nurses, to maintain a call log of all calls to include date, time, name of caller, which nurse received the call. DON or designee need to be notified of call not answered. Administrator/ weekend supervisor will monitor log daily.</p> <p>7. MD was notified on 1/18/22 at 3:00 PM.MD approved current recommendations.</p> <p>8. To prevent reoccurrence of critical lab values, nursing new hire orientation will include checking and printing all lab results from portal at start of shift ad end of shift for abnormal results. All abnormal labs will be reported to the MD. All lab results will be placed in resident's chart for MS to review.</p> <p>9. Anticoagulant monitoring will be discussed in the facilities monthly QA meetings.</p> <p>Interviews and record review to confirm implementation of the Plan of Removal were conducted as follows:</p> <ul style="list-style-type: none"> - Record review of in service: all anticoagulants receive monitoring for nurses and CNA upon initiation (not dated) - Record review of in-service: labs for medication that require therapeutic level are nurse's responsibility dated 1/12/22 - Record review of in-service: laboratory values, checking, reporting warfarin therapy dated 1/12/22-1/18/22 - Record review of laboratory tracking form start date 1/11/22- 1/18/22 - Record review of in-service: lab calls maintain log, maintain log include date, time, name of caller, which nurse received call dated 1/18/22 - Record review of in-service: audit lab results daily, review results and verify MD was notified dated 1/12/22 - Record review of MD email confirming recommendations regarding plan of removal dated 1/19/22 <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>- Interview on 1/19/22 at 2:43 PM LVN H stated he last received in-service anticoagulant monitoring, lab orders, lab results, lab follow up, and lab result reporting sometime last week. LVN H stated he was trained to check Q Med lab Portal daily during his shift, upon arrival and before end of shift. Nurses are to follow up with lab for pending lab results and report to on coming shift nurse if lab results are pending. LVN H stated once lab results are available in Q Med portal for review, they are to open report and verify labs are within normal range, any abnormal/ critical values are to be reported to NP/MD and ADON/ DON immediately. LVN H stated nurses will need to print lab report once reviewed and chart in residents' chart for NP/MD to have available for review upon weekly rounds.</p> <p>- Interview on 1/19/22 at 2:50 PM LVN I confirmed receiving training regarding anticoagulant monitoring and lab orders, lab results, lab follow up, and lab result reporting to NP/MD and ADON/MD. LVN I stated nurses need to print lab reports once they become available and chart them in resident's chart.</p> <p>- Interview on 1/19/22 at 2:57 PM Receptionist confirmed receiving in-service yesterday (1/18/22) regarding call log for incoming calls. Receptionist showed surveyor call log started on 1/18/22 there was only 1 entry; a call for Administrator with time call received, caller and message. Receptionist stated for Q Med lab calls she is to write down name of caller, time, the name of nurse call was transferred to, and if nurse is not able to take call, she is to forward the call to DON. Receptionist stated there has not been a call from Q Med lab since the log was started on 1/18/22.</p> <p>- Interview on 1/19/22 at 3:08 PM RN stated she received training regarding anticoagulant monitoring and lab orders, lab results, lab follow up, and lab result reporting to NP/MD and ADON/MD. RN stated nurses need to print lab reports once they become available and chart them in resident's chart.</p> <p>- Interview on 1/19/22 at 3:16 PM LVN G stated she received training regarding anticoagulant monitoring and lab orders, lab results, lab follow up, and lab result reporting to NP/MD and ADON/MD. LVN G stated nurses need to print lab reports once they become available and chart them in resident's chart.</p> <p>- Interview on 1/19/22 at 4:15 DON stated any staff out on PTO, Covid 19 related, and PRN received a over the phone in-service so they could be aware prior to return to work.</p> <p>The Administrator was notified on 1/19/22 at 4:00 PM that IJ was removed. However, the facility remained out of compliance at a severity of Actual Harm at a scope of isolated. The facility was continuing to monitor its plan for effectiveness.</p>		