

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 405018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER RYDER MEMORIAL HOSPITAL INC		STREET ADDRESS, CITY, STATE, ZIP 355 AVE FONT MARTELO HUMACAO, PR 00792	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, policy and procedure review and interview with the supervisor, it was determined that the facility failed to ensure that physician telephonic order are counter sign as facility policy and procedure in 7 out of 16 initial pool sample (IPS).(IPS #1, #2, #3, #7, #68, #69 and #75) Findings include: 1. During the record review of resident #7 performed on 07/14/2020 at 2:00 PM, it was found the following: a. The nurse writes a physician telephonic order on 07/12/2020 at 9:00 PM of [MEDICATION NAME] 5/325 mg 2 tablet PO every 8 hour PRN for pain per 48 hour, the nurse read back and sign and date the telephonic order, however no evidence was found that the physician countersign the order. 2. During the record review of resident #68 performed on 07/14/2020 at 10:30 AM, it was found the following: a. The nurse writes a physician telephonic order on 07/07/2020 at 11:00 PM of Tylenol 500 mg 2 tablet PO every 6 hour PRN for pain, the nurse read back and sign and date the telephonic order, however no evidence was found that the physician countersign the order. b. The nurse writes a physician telephonic order on 07/08/2020 at 11:50 AM of [MEDICATION NAME] inject 25 mg Intramuscular (IM) per 1 doses, the nurse read back and sign and date the telephonic order, however no evidence was found that the physician countersign the order. c. The nurse write a physician telephonic order on 07/08/2020 at 9:00 PM of [MEDICATION NAME] 5/325 mg 2 tablet PO every 6 hour PRN for pain per 48 hour, the nurse read back and sign and date the telephonic order, however no evidence was found that the physician countersign the order. d. The nurse write a physician telephonic order on 07/10/2020 at 9:00 PM of [MEDICATION NAME] 5/325 mg 2 tablet PO every 6 hour PRN for pain per 48 hour, the nurse read back and sign and date the telephonic order, however no evidence was found that the physician countersign the order. 3. During the record review of resident #69 performed on 07/14/2020 at 12:30 PM, it was found the following: a. The nurse writes a physician telephonic order on 07/11/2020 at 12:20 PM Trazadone 150 mg 1 tablet PO HS discontinue daily. b. The nurse writes a physician telephonic order on 07/12/2020 at 3:00 PM of discontinue [MEDICATION NAME] 5/325 milligram (mg), Tylenol with [MEDICATION NAME] #3, 2 tablet (tab) every 6 hour (hr) as needed (PRN) for pain per 48 hour, nurse read back and sign and date the telephonic order, however no evidence was found that the physician countersign the order. c. the physician ordered on [DATE] at 8:35 PM Discontinue [MEDICATION NAME] 5/325mg, Start Tylenol with [MEDICATION NAME] #3, 2 tablet by mouth (PO) every 6 hour as needed (PRN) for Pain, the nurse did not sign and date the order. 4. During the record review of resident #75 performed on 07/15/2020 at 10:20 AM it was found the following: a. The physician ordered on [DATE] at 7:00 PM KLL [MEDICATION NAME] 40 milliequivalent (mEq) PO every 6 hour per 2, the nurse did not sign and date the order. b. The nurse writes a physician telephonic order on 07/09/2020 at 4:30 PM [MEDICATION NAME] 200 mg Intravenous (IV) daily per 3 doses however no evidence was found that the physician countersign the order. c. The nurse writes a physician telephonic order on 07/10/2020 at 11:30 AM [MEDICATION NAME] 30 milliliter (ml) PO ass soon is possible (Stat), Magnesium Milk 30 ml PO stat, Mineral oil 30 ml PO stat and [MEDICATION NAME] 100 mg 1 tab PO daily, however no evidence was found that the physician countersign the order. Interview with the nurse supervisor on 07/14/2020 at 2:15 PM, state that telephonic order must be counter sign by the physician that ordered before 48 hour of the order be placed. Facility policy and procedure reviewed on 07/14/2020 at 2:30 PM related to physician order [REDACTED].</p> <p>5. Initial Pool Resident #1 is a [AGE] years old male who was admitted on [DATE] with a [DIAGNOSES REDACTED].#6) ordered on [DATE] at 9:00 PM [MEDICATION NAME] 1-2 tablets po every 6 hrs prn. The order was taken and signed by the register nurse on 7/12/2020 at 9:00 PM However, the physician failed to countersign a telephone order. 6. Initial Pool Resident #2 is a [AGE] years old who is admitted on [DATE] with a [DIAGNOSES REDACTED].# 5) on 7/12/2020 at 9:00 PM [MEDICATION NAME] 50 mgs 2 tablets p.o. every 6 hours p.r.n. for pain per 48 hours. The order was signed by the register nurse on 9/12/2020 at 9:00 PM However, the physician failed to countersign a telephone order. 7. Initial Pool Resident #3 is a [AGE] years old male who is admitted on [DATE] with a [DIAGNOSES REDACTED]. The clinical record was reviewed on 7/15/2020 at 1:00 PM and provide evidence that the physician (employee # 6) on 6/14/2020 at 9:00 AM ordered a telephone order of [MEDICATION NAME] 5/325 mgs 2 tablets p.o. every 6 hours p.r.n. for pain per 48 hours, on 6/15/2020 at 9:00 PM ordered Klonopin 0.5 mgs. 1 tab.p.o.b.i.d. per anxiety per 5 days, on 6/16/2020 at 8:00 AM., 6/18/2020 at 8:00 am and 6/20/2020 at 9:00 PM [MEDICATION NAME] 5/325 mgs 2 tabs p.o.c/6 hrs. p.r.n. for pain per 48 hrs, on 6/20/2020 at 9:00 PM Klonopin 0.5 mgs. 1 tab. p.o. per anxiety b.i.d., on 6/21/2020 at 11:00 am Tylenol 500 mgs 1 tab. p.o.stat, on 6/22/2020 at 12:00 PM Tylenol 500 mgs 1 tab p.o.c/4 hrs p.r.n., on 6/22/2020 at 9:00 PM [MEDICATION NAME] 5/325 mgs 2 tablets p.o. every 6 hours p.r.n. for pain per 48 hours, on 6/23/2020 at 4:00 PM. Klonopin 0.5 mgs.1 tab. po bid per anxiety per 5 days, on 6/24/2020 at 10:00 AM Intextinex 2 caps. po. c/8 hrs. and Glutapack 1 pack. po b.i.d., on 6/24/2020 at 12:20 PM d/c [MEDICATION NAME] 20 mgs po. and [MEDICATION NAME] 40 mgs 1 tab. po. daily, on 6/24/2020 at 9:00 PM. [MEDICATION NAME] 5/325 mgs 2 tablets p.o. every 6 hours p.r.n. for pain per 48 hours, on 6/27/2020 at 4:00 PM. [MEDICATION NAME] flush 500 units in 5 ml. alternative days, Klonopin 0.5 mgs.1 tab. po bid per anxiety per 5 days, on 6/29/2020 at 6:00 AM, 6/30/2020 at 12:00 midday and 7/2/2020 at 9:00 PM [MEDICATION NAME] 5/325 mgs 2 tabs. po. c/6 hrs. for pain per 48 hrs., on 7/3/2020 at 9:00 PM Klonopin 0.5 mgs 1 tab. p.o. b.i.d. per anxiety per 5 days, on 7/4/2020 at 9:00 PM., 7/6/2020 at 9:00 pm., 7/8/2020 at 8:30 PM., and on 7/10/2020 at 10:00 pm and 7/12/2020 at 9:00 PM [MEDICATION NAME] 5/325 mgs 2 tablets p.o. every 6 hours p.r.n. for pain per 48 hours. The orders was taken and signed by the register nurse according when the physician ordered however, all of the orders lacks of the physician signature.</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observational tour of the facility's kitchen performed from 07/14/2020 thru 07/15/2020, from 8:00 AM thru 3:00 PM, and interview with administrative dietitian, it was identified that the facility failed to maintain kitchen floor in good condition in order to promote sanitary conditions to prevent foodborne illness. Findings include: 1. On 07/15/2020 from 8:30 AM through 10:55 AM the following was identified during the follow-up visit to the kitchen: a.The floor under the three floor type cooking steamers (in use) had a lot of broken ceramic tiles. b.While this kitchen equipment was being using by kitchen personnel for the food production, extreme temperatures maintain a continuously moist conditions. Broken ceramic tiles make difficult that proper cleaning and good sanitation is sustained. The facility administrative dietitian (employee # 1) stated on interview on 07/15/2020 at 10:45 AM that floor under the cooking steamers are repaired very frequently, however the area ceramic tiles broke over and over.</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.