

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER BELLA TERRACE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 1520 HAWTHORNE AVENUE COLUMBUS, OH 43203	
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 0697 Level of harm - Actual harm Residents Affected - Few	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, resident and staff interview, interview with the Local Fire Department, review of the hospital records and review of the facility's policy on pain, the facility failed to provide adequate pain management for one resident (Resident #1). This resulted in actual harm for Resident #1 who complained of pain throughout the night and requested pain medications several times. Resident #1 was not administered the medication resulting in the resident crying out in pain. Resident #1 called emergency services (911) six times throughout the night requesting help. This affected one of three residents reviewed for pain management. The facility identified eight residents on a pain management program. Findings include: Review of Resident #1's medical record revealed the resident was admitted to the facility on [DATE] at 6:34 P.M. [DIAGNOSES REDACTED]. Review of the hospital discharge instructions, dated 05/23/20, revealed Resident #1 was to receive [MEDICATION NAME] (narcotic pain medication to treat severe pain) 10-325 mg., one tablet every four hours as needed (PRN) for pain. [MEDICATION NAME] 5-325 mg. was administered to the resident in the hospital at 5:24 P.M., prior to his discharge on 05/23/20. Review of the pain assessment, dated 05/24/20, revealed Resident #1 stated she had frequent pain or hurting over the past five days and it has made it hard for her to sleep at night and has limited her day-to-day activities because of pain. She described her pain as severe. Review of the undated plan of care revealed Resident #1 was on pain medication therapy to rule out [MEDICAL CONDITION] and [DIAGNOSES REDACTED], left buttock wound and post-laminectomy surgery. The goal was for the resident to be free of any discomfort or adverse effects from the pain medication. Interventions included to anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Review Resident #1's medication administration records (MAR) revealed the resident did not receive [MEDICATION NAME] throughout the night shift of 05/23/20 to the morning of 05/24/20. The MAR indicated [REDACTED].M. on 05/24/20 and her pain level was a level nine out of ten on the pain scale (a scale indicating zero for no pain and ten being worse pain ever). Interview and observation with Resident #1 on 05/24/20 at 10:35 A.M. revealed the night nurse would not give her pain medication despite asking multiple times for it. She stated she was suffering, she was shaking because of withdrawals and was unable to sleep through the night. She reported her pain level was a ten out of ten on the pain scale. She said the nurse aides were trying to make her comfortable, but it didn't help. She was tearful during the interview and she said the nurse would just ignore her when she requested her pain medications. She said she had to call 911 three times during the night because she was hurting so bad and she didn't know what else to do if the nurse would not give her pain medications. She said the day shift nurse gave her pain medication right after she requested it around 8:00 A.M. She did say she was feeling better but would need to get back on track for pain management. She explained she had back surgery and it was painful. Interview with Licensed Practical Nurse (LPN) #23 on 05/24/20 at 10:44 A.M. revealed Resident #1 requested pain medications from her at 8:00 A.M. and she appeared in distressed. The resident stated her pain level was an eight or nine on the pain scale and reported the night nurse would not give her any pain medications. LPN #23 stated she called the pharmacy to get approval to pull four [MEDICATION NAME] pills from the facility's emergency drug supply and received permission to pull four so the resident didn't have to miss her next dose if she requested it in four hours. LPN #23 stated the pharmacy would drop-ship the medications today. Interview with the Administrator on 05/24/20 at 11:55 A.M. revealed the facility always has [MEDICATION NAME] in the facility's emergency drug kit so that would not be a reason to not administer a resident's request for [MEDICATION NAME]. Interview with the Local Fire Department Employee (FDE) #200 on 05/29/20 at 9:55 A.M. revealed Resident #1 called 911 six times during the night of 05/23/20 to the morning of 05/24/20. He said he was one of the team members that arrived at the facility the six times throughout the night. He said the resident's concern was not getting her pain medications. At 1:55 P.M., FDE #200 stated the resident did show physical signs of pain including sweating and bending over. He stated he spoke with a male nurse and told him the resident was complaining of pain and she called 911 several times due to her pain. Review of the facility's policy on administering pain medications, last revised 10/2010, revealed the pain management program is based on a facility-wide commitment to resident comfort. Pain management was defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition established treatment goals. This deficiency substantiates Complaint Number OH 814.</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.