STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495141	A. BUILDING ______ B. WING ______	04/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGHANY HEALTH AND REHAB	**1725 MAIN STREET CLIFTON FORGE, VA 24422**

(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 A Dementia Focus Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare and Medicaid Services (CMS). The facility was found not in substantial compliance with 42 CFR 483 subpart B. Dates: 4/24/17- 4/26/17 Survey Census: 91 Sample Size: 5 Supplemental sample 0	F 000		
F 154 SS=D	INFORMED OF HEALTH STATUS, CARE, & TREATMENTS CFR(s): 483.10(c)(1)(2)(iii)(4)(5) (c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: (c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. (c)(iii) The right to be informed, in advance, of changes to the plan of care. (c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. (c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of	F 154		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/05/2017

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.

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F 154	Continued From page 1	F 154		

treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to ensure the rights for 2 of 5 sampled residents (R) (R4 and R5) were protected/promoted. Specifically, the facility failed to ensure an authorized person (with legal authority) was fully informed and able to agree to the use of the psychotropic medications for Resident R4 and R5. In addition, the facility failed to ensure these residents with diagnosis of dementia who received psychoactive medications had individualized risks versus benefits of antipsychotic medications identified, documented or provided to the resident or family/responsible party. Refer to F250.

Findings include:

1. Record review revealed R5 was admitted to the facility on 10/8/2015 and had diagnoses that included Dementia, Schizoaffective disorder, and intellectual disabilities. R5 was noted to be his own responsible party per his clinical record face sheet.

According to the most recent quarterly Minimum Data Set (MDS) completed on 1/24/2017, he/ required the assistance of one staff member for dressing and physical help while transferring for bathing. He/required supervision only for meals and ambulated independently. A Brief Interview for Mental Status (BIMS) revealed a score of 5 out of 15, which indicated severe cognitive impairment.

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Review of the physician's orders revealed the resident received Clozapine (an antipsychotic) 200 mg (milligrams) by mouth at bedtime and Divalprox (a mood stabilizer) 750 mg by mouth at bedtime since admission on 10/18/2015.

Review of R5's medical record did not indicate any evidence that the facility had provided information pertaining to the use of these drugs, which would include being informed of potential adverse effects, as well as the risks versus benefits of using those medications.

Staff Interviews:

Nurse Practitioner
On 4/24/2017 at approximately 10:30 a.m., an interview was conducted with the Nurse Practitioner (NP). The NP worked for the facility Medical Director, who was also the primary care physician for R5. She stated she was very familiar with R5 and did not feel he had the decision making capacity to be his own responsible party or to understand the reason for the use of antipsychotic medications including the potential side effects or risk versus benefit.

Medical Director/PCP
On 4/24/2017 at approximately 11:40 a.m., an interview was conducted with the facility Medical Director, who was also the primary care physician (PCP) for R5. The Medical Director stated that he was familiar with R5 and he did not think the resident was capable of making decisions related to his care - specifically, as it pertained to the use of antipsychotic medications, understanding the potential side effects or the risk versus benefit of their use.

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Social Services Director
On 4/25/17 at approximately 8:45 a.m., an interview was conducted with the facility Social Services Director (SSD). She stated the facility had changed ownership in December 2016. According to the SSD, the facility had never obtained consents for the use of psychotropic medications.

Psychiatrist
On 4/25/17 at approximately 1:30 p.m., an interview was conducted via telephone with the facility psychiatrist for R5. She stated she was not very familiar with R5 and had one interaction with him on 4/4/17 via telemedicine (a visit conducted via phone and computer where they could see each other). She started seeing residents at the facility in January 2017, after the previous psychiatrist had passed away.

She also stated she generally did not make any recommendations regarding changes in medications until she got to know residents better. She stated that if she was the physician who prescribed an antipsychotic medication she would take responsibility for explaining the potential side effects and risk versus benefit of their use. But for residents she inherited when she started seeing them in January 2017, she assumed it was the responsibility of the facility or original prescriber to provide this information. She agreed that based on a BIMS score of 5 out of 15, her interview via telemedicine 4/4/2017 with R5 and his diagnoses, R5 was not capable of understanding consents.

Director of Nursing and Nursing Home Administrator
On 4/26/17 at approximately 10:15 a.m., an

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F 154	Continued From page 4 interview was conducted with the SSD , the Nursing Home Administrator and the Director of Nursing. The Nursing Home Administrator (NHA) had only been at the facility since the change of ownership occurred in January 2017. The Director of Nursing (DON) had been at the facility for several years (previously as the Minimum Data Set Coordinator) and only in her position as DON since the change of ownership as well. They stated they had called an emergency ad hoc meeting of their QAPI (Quality Assessment & Performance Improvement) committee (the Medical Director did not attend) the evening of 4/25/2017 to address the issue of failing to have identified legal representatives when the resident is cognitively impaired and unable to consent to treatment and services. Cross refer F250. 2. Record review revealed R4 was admitted to the facility on 9/23/2012 with diagnoses that included dementia with behavior disturbances, muscle weakness and Alzheimer's disease. Review of R4's quarterly Minimum Data Set (MDS) assessment dated 3/19/2017 revealed he required extensive assistance of 2 staff members for all activities of daily living (ADL's) (e.g., dressing, grooming and bathing) and assistance of 1 staff member for feeding. Further review revealed R4 was rarely understood and had moderately impaired cognitive skills with a Brief Interview for Mental Status (BIMS) core of 0 out of 15 (0-15) indicating the resident was not interviewable. Review of Physicians orders dated April 2017 revealed an order for Haldol 0.5 mg (milligrams) (psychotropic medication) one tablet 3 times a day (TID) related to diagnoses of dementia with behavior symptoms. Further record review revealed the pharmacist and the resident's	F 154		

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medical provider had completed dose reductions of the medication but there was no documentation to indicate the residents emergency contact or the resident had been notified of the medication use, benefits or adverse effects of the medication.

Review of R4's Comprehensive Plan of Care with an initiation date of 10/26/2012 and last revision date of 3/16/2017 revealed, a potential for drug related complications associated with use of psychotropic medications and intervention to obtain consent from the resident/responsible party for use of psychotropic medications. However, review of the resident's medical record revealed no evidence of family or resident notification of the risk and benefits of the medication.

Interview with Medical Director on 4/25/2017 at 10:30 a.m., revealed he has been the medical director at this facility for the past 3 years and, he was also the attending physician for all the residents in the facility as well. When ask if the medical staff discuss the use of psychotropic medications with the residents or the resident's responsible party he replied, "they are supposed to".

Interview with LPN1 (Licensed Practical Nurse) on 2/26/2017 at 11:30 a.m., revealed R4 has a daughter and she visited about every 2 months to check on him. She continued to reveal tat should you ask the resident direct yes and no questions about his care sometimes he can answer, but she did not think he was competent enough to make decisions about his medication.

F 250 PROVISION OF MEDICALLY RELATED SOCIAL — F 250

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F 250 SS=D	Continued From page 6	F 250		

SERVICE
CFR(s): 483.40(d)

(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.
This REQUIREMENT is not met as evidenced by:
Based on record review and staff interviews, the facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, the facility did not ensure that 2 of 5 sampled residents (R) (R4 and R5) with diagnosis of dementia had a responsible party, with legal standing, to oversee the resident's care.

Findings include:

1. Record review revealed R5 was admitted to the facility on 10/8/2015 with diagnoses that included dementia, Schizoaffective disorder, and intellectual disabilities. According to the most recent quarterly Minimum Data Set (MDS) completed on 1/24/2017, the resident required the assistance of one staff member for dressing and physical help while transferring for bathing. The resident required supervision only for meals and ambulated independently. A Brief Interview for Mental Status (BIMS) revealed a score of 5 out of 15, which indicated severe cognitive impairment. Although, the resident was assessed to be severely cognitively impaired, review of R5's medical record revealed the resident was listed as his own responsible party.

Further record review revealed R5 was receiving

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F 250	Continued From page 7 psychotropic medications [Clozapine (an antipsychotic) and Divalprox (a mood stabilizer)] on a daily basis. There was no evidence the facility had provided information related to the use of psychotropic medications which would include being informed of potential adverse effects as well as the risks versus benefits of using those medications. Cross reference F154. On 4/25/2017 at approximately 8:45 a.m., an interview was conducted with the facility Social Services Director (SSD). She stated she had been employed at the facility for seven years. She did not have a degree in social work, but had experience as a counselor at state homes and group homes prior to becoming the SSD. The SSD provided a copy of a Referral form dated 10/20/2015 seeking guardianship for R5. According to the SSD, she had not followed- up on the referral. She said the resident was on a list for state guardianship, that availability was limited, and that when a spot became open she would be notified. The reason for the referral was documented as "Resident cannot make decisions on his own." It was also documented that R5 had two siblings but that were not "very involved". The SSD stated that the facility informs the resident's siblings of changes in condition, but was unaware of the requirements on releasing Personal Health Information (PHI). According to the SSD, she had not specifically asked either sibling if they wanted to seek guardianship, but had just made the referral through the state to obtain guardianship. Review of the "Referral Form" confirmed that R5 did not have any documents listed as "Alternatives to Guardianship" - specifically a Living Will, a Medical Power of Attorney, General	F 250		

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Power of Attorney or caregiver. He was noted to have a Representative Payee - but R5 was listed as the Accounts Receivable Guarantor and his siblings as Emergency Contacts.

Interviews with the Medical Director (who was also R5's primary care physician (4/24/2017 at 11:40 a.m.) his Nurse Practitioner (4/24/2017 at 10:30 a.m.), the facility psychiatrist (4/25/2017 at 1:30 p.m.) and both the Director of Nursing and Nursing Home Administrator (4/26/2017 at 10:15 a.m.) revealed all were unaware of the lack of an appropriate, legal authorized decision maker for R5.

2. Record review revealed R4 was admitted to the facility on 9/23/2012 with diagnoses that included dementia with behavior disturbances, muscle weakness, and Alzheimer's disease. Review of R4's face sheet revealed he was documented as his own responsible party. Further review of R4's quarterly Minimum Data Set (MDS) assessment dated 3/19/2017, revealed he required extensive assistance of 2 staff members for all activities of daily living (ADL's) (e.g., dressing, grooming and bathing) and assistance of 1 staff member for feeding. Further review revealed R4 was rarely understood and had moderately impaired cognitive skills with a Brief Interview for Mental Status (BIMS) score of 0 out of 15 (0-15) indicating the resident was not interviewable.

Interview with Advanced Practice Registered Nurse (APRN) on 4/24/2017 at 11:40 a.m., revealed she made rounds at the facility 2 times a week and was responsible for all the residents in the facility. When asked if she was aware R4 was his own responsible party she replied "She was not aware the resident was his own responsible

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party and that he probably was not competent enough."

Interview with R4's medical provider/attending physician on 4/25/2017 at 10:30 a.m., revealed he did not think the resident was competent to be his own responsible party.

Interview with Licensed Practical Nurse (LPN1) on 4/26/2017 at 11:30 a.m., revealed that R 4 was listed as his own responsible party. She further revealed the resident has a daughter who visits about every 2 months to check on him. She continued to reveal, if you ask the resident direct yes and no questions about his care sometimes he can answer, but she did not think he was competent enough to be his own responsible party.

F 501 SS=D — RESPONSIBILITIES OF MEDICAL DIRECTOR — F 501

CFR(s): 483.70(h)(1)(2)

(h) Medical director.

(1) The facility must designate a physician to serve as medical director.

(2) The medical director is responsible for-

(i) Implementation of resident care policies; and

(ii) The coordination of medical care in the facility.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to ensure the Medical Director coordinated medical care in the facility including provision of clinical guidance and oversite for the implementation of resident care policies related to

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F 501	Continued From page 10 ensuring that a legal responsible party was notified of the risks and benefits of psychotropic medication use for residents who were prescribed these drugs for the treatment of Dementia for 2 of 5 sampled residents R (R4 and R5). In addition, the Medical Director failed to provide oversite related to ensuring 2 sampled residents (R4 and R5) who were cognitively impaired had a legal representative to oversee the resident's care. Refer to F154 and F250. Findings include: Interview with Medical Director on 4/25/2017 at 10:30 a.m., revealed he has been the medical director at this facility for the past 3 years and, he was also the attending physician for all the residents in the facility as well. He continued to reveal he visited the facility one day a week and usually spends approximately 4 hours each week in the facility. He further revealed he was not aware of the requirement for notification of family or responsible party prior to administering psychotropic medication. When ask if the medical staff discuss the use of psychotropic medications with the residents or the resident's responsible party he replied "they are supposed to". He further revealed R4 and R5 were not competent enough to be their own responsible party and he was not aware the facility had not obtained a legal representative for them.	F 501		