DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	Limited SNF/INT ~~VA0419~~	A. BUILDING _____ B. WING _____	05/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP HEALTH AND REHAB CENTER - SOUTH	5647 STARKEY ROAD CAVE SPRING, VA 24018

(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 An unannounced initial Medicare/Medicaid standard survey was conducted 05/3/16 through 5/4/16. Corrections are required for compliance with the following Federal Long Term Care requirements. The Life Safety Code survey/report has been completed. The census in this 120 bed facility was 3 at the time of the survey. The survey sample consisted of 3 current Resident reviews Residents 1 through 3.	F 000		
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit;	F 272	1. Facility Residents #1, #2 and #3 had revisions made to their comprehensive MDS assessments within 7 days of completing the RAI to include a date for referenced source documentation in accordance to the Centers for Medicare & Medicaid Services. (October 2015). *Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual* (Version 1.13), Section V0200: CAAs and Care Planning pages V-4 - V-5. Revisions made to facility Residents #1, #2 and #3's comprehensive MDS assessments were shared with onsite health inspectors at time of completion prior to exit conference. 5/4/16 2. All facility residents have the potential to be affected by this deficient practice. 5/4/16	

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

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F 272	Continued From page 1 Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to ensure an accurate MDS (minimum data set) assessment for 3 of 3 Residents, Resident #1, #2 and #3. The findings included. 1. For Resident #1, the facility staff failed to document the date and location in the CAA (Care area assessment) of the comprehensive minimum data set (MDS) assessment. Resident #1 was originally admitted to the facility on 4/20/16. Resident #1's diagnoses include but are not limited to: multiple sclerosis, thyroid disorder anxiety and visual disturbances. On 5/3/16, Resident #1's clinical record review revealed her initial minimum data set (MDS) assessment with an assessment reference date (ARD) of 4/26/16. This assessment was coded to indicate the resident had a cognitive score of 15.	F 272	3. Facility's Interdisciplinary Team (IDT) was educated to include a date for referenced source documentation in accordance to the Centers for Medicare & Medicaid Services. (October 2015). Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (Version 1.13), Section V0200: CAAs and Care Planning pages V-4 - V-5. Proof of education provided to facility IDT was shared with onsite health inspectors following completion and prior to exit conference. 4. MDS Director or designee will audit 100% of all comprehensive MDS assessments completed on affected unit for inclusion of a date for referenced source documentation in accordance to the Centers for Medicare & Medicaid Services. (October 2015). Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (Version 1.13), Section V0200: CAAs and Care Planning pages V-4 - V-5. Findings will be reported to the Quality Assurance Committee monthly for 3 months for 1 consecutive quarter.	5/4/16 5/16/16

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F 272	Continued From page 2	F 272		

Resident #1 triggered for care planning in the following care areas: visual function, ADL/Functional/Rehabilitation, Nutritional Status, and Psychotropic Drug Use in Section V of the initial MDS.

Also in Section V Care Area Assessment (CAA) Summary read: "Location and Date of CAA documentation." There was no documentation of the date and or location for the triggered areas of visual function, ADL Functional/Rehabilitation, and psychotropic drug use.

The surveyor reviewed the CAA worksheets. There was no documentation of the date or location where the documentation to complete the admission MDS was found.

The surveyor interviewed registered nurse #3-minimum data nurse (RN) on 5/3/16 at 5:30 p.m. After reviewing the admission MDS for Resident #3, RN #3 agreed a date and location was needed. On 5/4/16 the administrator provided the surveyor with a revised copy of section V with the dates and locations needed.

The surveyor informed the administrator and the director of nursing of the above finding on 5/4/16 at 1:35 pm.

No further information was provided prior to the exit conference on 5/4/16 related to the aforementioned.

2. The facility staff failed to document the date and location of clinical record documentation used to complete the comprehensive minimum data set (MDS) assessment for Resident #2.

The clinical record of Resident #2 was reviewed

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F 272	Continued From page 3 5/3/16 and 5/4/16. Resident #2 was admitted to the facility 4/18/16 with diagnoses that included but not limited to chronic obstructive pulmonary disease, muscle weakness, gait and mobility abnormalities, type 2 diabetes mellitus with neuropathy, mood disorder, ventral hernia without obstruction, hypertensive heart disease with heart failure, diverticulosis of large intestine without perforation or abscess, chronic diastolic heart failure, hypothyroidism, hemorrhoids, and chronic atrial fibrillation. Resident #2's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 4/22/16 assessed the resident with a cognitive summary score of 13 out of 15 in Section C Summary Score. Section V of the admission MDS was reviewed. Resident #2 triggered for the following care areas: Communication, ADL/Functional/Rehabilitation, Urinary Incontinence and Indwelling Catheter, Falls, Nutritional Status, Pressure Ulcers, and Pain. The third column in Section V Care Area Assessment (CAA) Summary read: "Location and Date of CAA documentation." There was no documentation of the date and or location for the triggered areas of communication, ADL/Functional/Rehabilitation, Urinary Incontinence and Indwelling Catheter, Falls, Pressure Ulcers and Pain. The surveyor reviewed the CAA worksheets. There was no documentation of the date or location where the documentation to complete the admission MDS was found.	F 272		

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F 272	Continued From page 4	F 272		

The surveyor interviewed registered nurse #3-minimum data nurse on 5/3/16 at 5:30 p.m. After reviewing the admission MDS for Resident #2, R.N. #3 stated a date and location was needed.

The surveyor informed the administrator and the director of nursing of the following concern on 5/4/16 at 1:35 p.m.

No further information was provided prior to the exit conference on 5/4/16.

3. The facility staff failed to document the date and location of clinical record documentation used to complete the comprehensive minimum data set (MDS) assessment for Resident #3.

The clinical record of Resident #3 was reviewed 5/3/16 and 5/4/16. Resident #3 was admitted to the facility 4/19/16 with diagnoses that included but was not limited to atrial fibrillation, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, hyperlipidemia, depressive disorder, muscle weakness, hypertension, dysphagia, and hereditary and idiopathic neuropathies.

Resident #3's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 4/26/16 assessed the resident with a cognitive summary score of 14 in Section C Summary Score.

Section V of the admission MDS was reviewed. Resident #3 triggered for the following care areas: Communication, ADL/Functional/Rehabilitation, Falls, Nutritional Status, Dental Care, Pressure Ulcers, and

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F 272	Continued From page 5 Psychotropic Drug Use. The third column in Section V Care Area Assessment (CAA) Summary read: "Location and Date of CAA documentation." There was no documentation of the date and or location for the triggered areas of ADL/Functional/Rehabilitation, Falls, Pressure Ulcers and Psychotropic Drug Use. The surveyor reviewed the CAA worksheets. There was no documentation of the date or location where the documentation to complete the admission MDS was found. The surveyor interviewed registered nurse #3-minimum data nurse on 5/3/16 at 5:30 p.m. After reviewing the admission MDS for Resident #3, R.N. #3 stated a date and location was needed. The surveyor informed the administrator and the director of nursing of the above finding on 5/4/16 at 1:35 p.m. No further information was provided prior to the exit conference on 5/4/16.	F 272		

State of Virginia

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F 000	Initial Comments An unannounced initial Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 05/3/16 through 5/4/16. Corrections are required for compliance with the following Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 120 bed facility was 3 at the time of the survey. The survey sample consisted of 3 current Resident reviews Residents 1 through 3.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. 12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (A.1 THRU A.14) Cross Reference to F-272	F 001	See F 272, Pages 1-2 See F 272, Pages 1-2	5/16/16 5/16/16

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