

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

PRINTED: 04/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/27/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SUFFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 2580 PRUDEN BOULEVARD SUFFOLK, VA 23434		
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{E 000}	Initial Comments An unannounced Emergency Preparedness revisit to the standard survey conducted 1/16/18 through 1/26/18, was conducted 3/26/18 through 3/27/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. Corrected deficiencies are identified on the CMS 2567-B. No complaints were investigated during the survey. The census in this 120 certified bed facility was 104 at the time of the survey. The survey sample consisted of current Resident reviews (Residents 101 through 111 and Residents 114 through 116) and two closed record reviews (Residents 112 through 113).	{E 000}			
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 1/16/18 through 1/26/18, was conducted 3/26/18 through 3/27/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B. No complaints were investigated during the survey. The census in this 120 certified bed facility was 104 at the time of the survey. The survey sample consisted of current Resident reviews (Residents 101 through 111 and Residents 114 through 116) and two closed record reviews (Residents 112 through 113).	{F 000}			
{F 759} SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)	{F 759}		<div style="text-align: right;"> RECEIVED APR 13 2018 VDH/OLC </div>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Paul E. Clements

Administrator

4-12-18

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 759}	<p>Continued From page 1</p> <p>§483.45(f) Medication Errors. The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations of medication pass, clinical record review, staff interviews, and facility documentation, the facility failed to ensure that they were free of medication errors of 5% or greater. In a survey sample of twenty-five, 2 of 16 sample residents had errors which constituted an 8% medication error rate. The medication errors involved residents #114, #116.</p> <p>1. A medication pass, on 3/27/18, #116 resident was given Carvedilol 12.5 milligrams (COREG) without food or a meal.</p> <p>2. Resident #114 was not administered *Sensipar 60 milligrams (mg) one tablet with dinner.</p> <p>The findings included:</p> <p>1. Resident #116 was admitted to the nursing facility on 10/09/2017 with diagnosis of *Hypertension.</p> <p>*Hypertension Blood pressure is the force of blood pushing against the walls of the arteries as the heart pumps blood. High blood pressure, sometimes called hypertension, happens when this force is too high. (https://www.nhlbi.nih.gov/health-topics/high-blood-pressure)</p> <p>The most recent Minimum Data Set (MDS) was a</p>	{F 759}	<p>Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding.</p> <p>F759 Medication error rate</p> <p>1. Resident #116 was offered food when this medication was scheduled to be given again. Resident #114's medication was obtained from pharmacy and administered on next scheduled dose. Employee making medication error educated. Residents #116 and #114 were assessed and had no negative outcome. Physician and RP/family notified.</p> <p>2. To identify other residents that have the potential to be affected; the facility completed an audit of all medications to ensure those that are to be given with food were administered properly. There were no negative findings.</p> <p>The facility also completed an audit to ensure there were no other Issues related to medication availability. There were no negative findings.</p> <p>3. Director of Nursing or designee, will in-service licensed nursing staff to include medication administration; i.e., proper administration of meds with food as ordered, proper procedure/follow up when medications are not available and proper washing of hands with eye drop administration</p> <p>4. Unit manager, or designee, will audit licensed nurses during medication pass 3X weekly for three months to ensure food is offered with medication as directed. Medications documented as not available, will be audited daily x 3 months for follow up.</p> <p>The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.</p>		5. 4/4/18

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{F 759}	<p>Continued From page 2</p> <p>quarterly assessment with an Assessment Reference Date (ARD) date of 02/28/2018. The Brief Interview for Mental Status (BIMS) was a 13 out of a possible 15 which indicated that Resident #116 was cognitively intact and capable of daily decision making.</p> <p>The Comprehensive Person Center Care Plan initiated on 10/24/2017 identified the resident had cardiac symptoms related to Hypertension. The goal was that he resident will be free of edema by next review. The following interventions were listed: medications as ordered and monitor for side effects of cardiac meds.</p> <p>Resident #116 Medication Administration Record (MAR) was reviewed on 3/27/2018. An order was written for Carvedilol (COREG) 12.5 milligrams (mg) milligrams to be given at 4:00 p.m. A physicians order was in effect dated 10/09/2017 to crush appropriate meds, may give with food or liquids as needed continuous.</p> <p>On 3/26/2018 at 4:08 p.m. during the observation of medication administration for Resident # 116, Licensed Practical Nurse (LPN) #30 failed to administer Carvedilol 12.5 mg (COREG) with food or a meal. After LPN #30 administered the medication, surveyor asked LPN to pull the Carvedilol (COREG) blister pack out and read the directions for administration of this medication. LPN #30, stated, "Take with food."</p> <p>Under section 5.8 of "General Dose preparation and Medication Administration" the following instructions are listed: Follow manufacturer medications administration guidelines (e.g., rotating transdermal patch sites, providing medication with fluids or food, shaking</p>	{F 759}		

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{F 759}	<p>Continued From page 3 medication prior to pouring).</p> <p>On 3/27/2018 at 1:00 p.m., a pre-exit was conducted with the Interim Administrator, the Past Administrator, the Regional Vice President, and the Director of Nursing (DON). The medication administration error rate was shared at this time. The surveyor interview the Director of Nursing concerning expectation for the administration of drugs that require food. Director of Nursing stated, "I expect medications that require food to be given with crackers, applesauce some type of food." No further information was shared at this time.</p> <p>2. Resident #114 was not administered *Sensipar 60 milligrams (mg) one tablet with dinner.</p> <p>During a medication pass and pour observation conducted 3/26/18 (Monday) at 4:45 p.m., Licensed Practical Nurse (LPN) #32 did not administer Sensipar to administer with the evening meal. She stated the medication was not available, she would have to call the pharmacy, and it would not be sent to the facility until on the midnight run. The LPN stated the resident should have had it this evening because it helps him during his dialysis treatments, and he was going to dialysis the morning of 3/27/18 (Tuesday).</p> <p>Resident #114 had physician orders dated 9/30/16 for Sensipar (Cinacalcet HCL) 60 mg with the evening meals as a calcium blocker for kidneys.</p> <p>*Sensipar is indicated for the treatment of secondary hyperparathyroidism (HPT) in patients with chronic kidney disease (CKD) on dialysis. Sensipar tablets should be taken whole and should not be divided. Sensipar should be taken</p>	{F 759}			

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{F 759}	<p>Continued From page 4</p> <p>with food or shortly after a meal (https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c94c1206-97cb-4088-b8a1-adf08b938755).</p> <p>Resident #114 was re-admitted to the nursing facility on 1/24/18 with a diagnosis of end stage renal disease (ESRD) on dialysis Tuesday, Thursday and Saturday.</p> <p>The Minimum Data Set (MDS) assessment dated 12/27/17 coded the resident on the Brief Interview for Mental Status (BIMS) with a 9 out of a possible score of 15, which indicated the resident was moderately impaired in the skills for daily decision making. The resident was assessed to be dependent on dialysis treatments.</p> <p>The care plan dated as revised on 3/8/18 identified the resident receiving dialysis treatments. The goal set by the staff for the resident was that he would receive medications and treatments per physician orders.</p> <p>During an interview with the Unit Manager on 3/27/18 at 10:30 a.m., he stated he expected the nursing staff to make sure 5 days out, medications are ordered to ensure there were no interruptions in the administration of resident medications. The Unit Manager confirmed that the medication was sent to the facility on the recent midnight run and would be available for administration with dinner on 3/27/18.</p> <p>The facilities pharmacy, full prescribing insert indicates that Carvediol is for the management of hypertension. Carvediol (COREG) should be taken with food to slow the rate of absorption and reduces the incidence of orthostatic effects.</p>	{F 759}			

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{F 759}	Continued From page 5 The facilities policy and procedures titled "General Dose Preparation and Medication Administration dated 01/01/13 (revision) indicated during medication administration, facility staff should take all measures required by facility policy and applicable law, including, but not limited to the following: A pre-exit debriefing meeting was conducted on 3/27/18 at 1:00 p.m. with the Administrator, previous Administrator, Director of Nursing (DON) and the Regional Vice President of Operations. No further information was presented prior to the survey exit.	{F 759}			
{F 880} SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	{F 880}	F880 Infection Control 1. Nurse educated on Hand washing prior to/post eye drop medication administration. Resident # 115 had no negative outcome. 2. All residents receiving eye drop medication have the potential to be effected by this practice. There were no other infection control issues cited. 3. Director of Nursing or designee, will in-service licensed nursing staff on correct policy and procedure regarding hand washing with administration of eye drops. 4. Unit manager, or designee, will audit licensed nurses weekly for three months during administration of eye drops to ensure proper policy and procedure of hand washing with eye drop medication administration The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.		5. 4/4/18

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{F 880}	<p>Continued From page 6</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	{F 880}			

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{F 880}	<p>Continued From page 7 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, staff interviews, and facility documentation, the facility staff failed to follow hand washing protocol while administering eye drops in order to prevent spread of infection for 1 of 16 in the survey sample, Resident #115.</p> <p>The facility staff failed to wash their hands before and after administration of eye drops to resident #115 during the medication observation pass on 3/26/18 at 4:22 p.m.</p> <p>The findings include:</p> <p>Resident #115 was originally admitted on 08/06/2015 and readmitted on 7/12/2017 with diagnosis of *glaucoma. * Glaucoma is a group of diseases that damage the eye's optic nerve and can result in vision loss and blindness. (https://nei.nih.gov/health/glaucoma/glaucoma_fa cts).</p> <p>The most recent Minimum Data Set (MDS) was an annual with Assessment Reference Date (ARD) of 12/28/2017. The Brief Interview for Mental Status (BIMS) was a 12 out of a possible 15, which indicated resident moderately impaired and capable of making daily decision making.</p> <p>Resident #115 Medication Administration Mar (MAR) was reviewed on 03/27/2018, at 4:00 p.m.</p>	{F 880}			

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{F 880}	<p>Continued From page 8</p> <p>An order was written as follows: Brimonidine Tartrate Solution 0.2%. Instill 1 drop in both eyes.</p> <p>On 3/26/2018 at 4:22 p.m. during a medication administration observation on Resident #115, Licensed Practical Nurse (LPN) #30 failed to wash hands prior to and after administration of eye drops. LPN #30 was asked, "Was there anything you failed to do while administering the eyes drops?" LPN #30, stated, "Yes, I should have washed my hands with soap and water before and after giving eye drops".</p> <p>The facility's policy and procedures titled "Handwashing dated 08/2015 (revision) indicated: "Hand washing is the most important component for preventing the spread of infection. Use of gloves does not replace the need or hand cleaning by either hand rubbing or hand washing."</p> <p>The facilities, Medication Pass Observation checklist was reviewed and documented in part as follows.</p> <p>A. Administers ophthalmic using correct procedure:</p> <ol style="list-style-type: none"> Inform resident of expected action Administers into lower eye sac Washes hands prior to administration Washes hands after administration <p>A facility Medication Pass Observation was documented on 3/8/2018 for LPN #30 indicating that ophthalmic drugs were administered correctly per facility policy and procedures.</p> <p>An interview was conducted with Registered Nurse # 33 on 3/26/18 at approximately 4:45 p.m., concerning the check mark she placed</p>	{F 880}			

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{F 880}	Continued From page 9 under ophthalmic drugs administration. RN # 33 stated, "The checkmark indicates LPN # 30 performed administration of ophthalmic drugs correctly." On 3/27/2018 at 1:00 p.m., a pre-exit interview was conducted with the Interim Administrator, the Past Administrator, the Regional Vice President, and the Director of Nursing (DON). The surveyor shared the above findings with the DON. The DON was asked, "what are your expectations concerning the administration of eye drops to the residents?" The DON stated "I expect my nurses to wash hands before and after administration of eye drops." No further information was shared at this time.	{F 880}			

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