

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2017
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NAME OF PROVIDER OR SUPPLIER CHATHAM HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 RORER STREET CHATHAM, VA 24531
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F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 05/02/17 through 05/04/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 90 certified bed facility was 75 at the time of the survey. The survey sample consisted of 16 current Resident reviews (Residents 1 through 13, and 17 through 19) and 3 closed record reviews (Residents *14 through 16).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities.</p> <p>Nursing Services 12 VAC 5-371-220- cross reference to F240, F246, F309 and F325</p> <p>Resident Assessment and Care Planning 12 VAC 5-371-250 (B and C)-cross reference to F272 and F280</p> <p>Policies and Procedures 12 VAC 5-371-140 (D.4)-cross reference to F323</p> <p>Dietary and Food Service Program 12 VAC 5-371-340 (D)-cross reference to F369</p>	F 001	<p>F 240</p> <ol style="list-style-type: none"> 1. Resident #2's dinner tray was remade and served as soon as dietary staff was notified. The Dietary Manager apologized to resident #2 for the delay. 2. Current residents have the potential to be affected by this issue. 3. To prevent recurrence, dietary and nursing staff will be reeducated on preparing or delivering trays in an order to avoid any resident waiting for food while others around are eating . 4. The Dietary Manager or designee will document review of the tray line for completion of the preparation of all resident trays 5 times a week for 2 weeks, 3 times a week for 10 weeks. Dietary 	6/9/17

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

TITLE

(X6) DATE

Electronically Signed

05/26/17

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F 001	<p>Continued From page 1</p> <p>Infection Control 12 VAC 5-371-180-cross reference to F371</p> <p>Pharmacy Services 12 VAC 5-371-300 (A)-cross reference to F425</p> <p>Diagnostic Services 12 VAC 5-371-310- cross reference to F504</p> <p>Clinical Records 12 VAC 5-371-360 (A, E)- cross reference to F514</p>	F 001	<p>Manager or designee will also document review tray delivery 5 times a week for 2 weeks, 3 times a week for 10 weeks. Any issues identified will result in immediate reeducation or disciplinary action as appropriate.</p> <p>The Dietary Manager will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>F 246</p> <ol style="list-style-type: none"> 1. Resident #7's call bell was placed within her reach. 2. Current residents have the potential to be affected by this issue 3. Nursing staff will be reeducated to ensure that the call bell is placed within the residents' reach prior to leaving the residents' rooms. 4. The Director of Nursing or designee will conduct weekly audits on random halls of at least 20 residents per week to ensure call bells are within reach. These audits will be documented weekly x 12 weeks of the current residents any issues identified will result in immediate reeducation or disciplinary action as appropriate. <p>The Director of Nursing will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>F272</p> <ol style="list-style-type: none"> 1. The MDS assessment was reviewed for Resident #2 and #5 MDS. Corrections were made to reflect an accurate assessment of each resident. 	

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F 001	Continued From page 2	F 001	<p>2. Current residents who are being assessed using the MDS tools have the potential to be affected by this issue.</p> <p>3. Reeducation was completed with the interdisciplinary team members that complete CAA to cite date and location from medical record where supporting documentation can be found.</p> <p>4. Prior to signing comprehensive assessments as completed, MDS coordinator or designee will review individual CAA triggers in section V of the MDS to ensure all disciplines have documented dates and locations from the medical record where supporting documentation can be found. Any issues found will be addressed to and corrected by the team member responsible. The MDS Coordinator will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>F 280</p> <p>1. Resident #2's care plan was reviewed and revised on 5/3/2017 to reflect the correct liquids consistency and to ensure all interventions in place to prevent falls/injury were present. Resident #4's care plan was reviewed and revised on 5/3/2017 to reflect that their liquids needs to be served in a Provale cup.</p> <p>2. Current residents with a change in their plan of care have the potential to be affected by this issue.</p> <p>3. The Dietary Manager and the Licensed Nursing staff were reeducated on reviewing and revising resident care plans</p>	

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F 001	Continued From page 3	F 001	<p>and resident care cards.</p> <p>4. The Dietary Manager will document the review of new admissions and 5 current resident charts weekly for 12 weeks to ensure care plan and resident care card reflects current physician orders. Any issues will be corrected as soon as identified.</p> <p>The Dietary Manager will bring the results of the reviews to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>F 309</p> <p>1. The Resident Representative and MD were notified that lab ordered as a lipid panel was obtained as a lipid panel w/calculated LDL for Resident #8.</p> <p>2. Current residents with orders to obtain a lipid panel have the potential to be affected by this issue.</p> <p>3. Nursing staff educated by Director of Nursing and/or designee concerning ordering the lipid panel as ordered or clarify the order if not clearly written. The Director of Nursing and/or designee will conduct 100% audit of all charts to ensure that the appropriate lipid panel was obtained as ordered within the last 3 months</p> <p>4. The Director of Nursing and/or designee will review orders for lipid panel to ensure appropriate lipid panel is ordered and drawn. This will be documented as completed 5 times a week for 2 weeks, then 3 times a week for 2 weeks, then weekly for 8 weeks. The Director of Nursing will bring the results of the monitoring to the monthly QA</p>	

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F 001	Continued From page 4	F 001	<p>Committee for review, identification of any patterns or trends and need for on-going education.</p> <ol style="list-style-type: none"> 1. The Resident Representative and MD were notified of the medication error that occurred for Resident #10. Resident was assessed for adverse effects related to the medication error and none were noted. 2. Current residents being given medications have the potential to be affected by this issue. 3. Nursing staff educated by Director of Nursing or designee on medication administration and documentation. The Director of Nursing or designee will complete a med pass observation with current nurses to ensure that they are following MD orders when giving meds. 4. The Director of Nursing or designee will document review medication administration documentation daily for 12 weeks. The Director of Nursing or designee will document performing med pass observation with 2 nurses weekly x 12 weeks. <p>The Director of Nursing will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>F 323</p> <ol style="list-style-type: none"> 1. Resident #7 was assessed. Fall mats placed down on the floor by the bed. 2. Current residents with fall mats have the potential to be affected by this issue. 3. The Director of Nursing or designee will reeducate nursing staff on the importance of placing the fall mats down when residents are in bed prior to leaving the 	

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F 001	Continued From page 5	F 001	<p>room after care.</p> <p>4. The Director of Nursing or designee will document audits of all residents care planned for the use of fall mats on the floor by the bed 5 times a week for 2 weeks, then 3 times a week for 2 weeks, then weekly x 8 weeks.</p> <p>The Director of Nursing will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>F 325</p> <p>1. The Registered Dietician's recommendation to the physician for resident #7 has been clarified and implemented as of 5/3/2017.</p> <p>2. Residents that have had recommendations from the registered dietician to the physician have the potential to be affected by this issue.</p> <p>3. Licensed nursing staff will be educated by the Director of Nursing or designee on proper transcription of the registered dietician recommendations, including the communication of the new orders written to the dietary department.</p> <p>4. The Director of Nursing or designee will review all recommendations from the registered dietician to ensure proper transcription and communication to the dietary department was completed. This monitoring will be documented 5 times a week for 4 weeks, then weekly for 8 weeks.</p> <p>The Director of Nursing will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going</p>	

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F 001	Continued From page 6	F 001	<p>education.</p> <p>F369</p> <ol style="list-style-type: none"> 1. The facility provided a Provale cup for resident #4 at the next meal on 5/3/17. 2. Current residents with an order for a Provale cup have the potential to be affected by this issue. 3. The Dietary Manager will reeducate the dietary staff to ensure that ordered Provale cup is present on the tray prior to the tray being sent out for delivery. 4. The Dietary Manager or designee will document review of the tray line for completion of the preparation of all resident trays according to the tray card 5 times a week for 2 weeks, 3 times a week for 10 weeks. Dietary Manager or designee will also document review tray delivery 5 times a week for 2 weeks, 3 times a week for 10 weeks. Any issues identified will result in immediate reeducation or disciplinary action as appropriate. <p>The Dietary Manger will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>F 371</p> <ol style="list-style-type: none"> 1. The out of date and improperly stored food items were disposed of on 5/2/2017. The kitchen stove was cleaned on 5/2/17. The crock pot was removed from the storage area, and cleaned. The handling of the sandwich was reviewed with the CNA when staff was made aware of the situation on 5/3/17. 2. Current residents have the potential to 	

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F 001	Continued From page 7	F 001	<p>be affected by this issue. To identify other food items that may be out of date or improperly stored the DM/ designee verified items in kitchen and pantries and food storage areas were stored properly in labeled and dated containers and food items were within their use by date. Any issues identified were immediately corrected. All kitchen equipment was inspected for cleanliness by Dietary Manager and the Corporate RD on 5/3/17. To avoid improper food handling, CNA's re-educated on 5/3/17 by DON.</p> <p>3. To prevent recurrence, dietary staff was educated by the dietary manager on managing expiration dates, following cleaning schedules for the stove and pots, and proper food storage on 5/4/17. DM will also inservice facility staff on proper food handling technique on 5/30/17.</p> <p>4. Following system correction, to monitor for on-going compliance DM/ designee will monitor food items for proper storage and validate food items are not expired ten (10) times a week for two (2) weeks, then five (5) times a week continuously. Dietary Manager will monitor cleanliness of kitchen stove twice weekly for one month, then weekly continuously. Dietary Manager will monitor storage of pots twice weekly for one month, then weekly continuously. Dietary Manager or designee will monitor food handling by facility staff daily for one week, then weekly continuously.</p> <p>The Dietary Manger will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p>	

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F 001	Continued From page 8	F 001	<p>F 425</p> <ol style="list-style-type: none"> 1. Resident #9, 17, an 18 medications were called to the pharmacy. The physician was notified and an order was given to administer the medication when available. Pharmacy notified back-up pharmacy about the needed medications. Staff picked medication up from back-up pharmacy. Medications given promptly after arriving to facility. 2. Current residents receiving medications from a pharmacy have the potential to be affected by this issue. 3. 100% audit completed by the Director of Nursing or designee to ensure all residents had appropriate medications available in the building. The Director of Nursing or designee will educate staff on the process of ordering medication in a timely manner so the residents will have medications available as they are ordered. 4. Director of Nursing or designee will document the audit of medications available compared to orders 5 times a week for 2 weeks, then 3 times a week for 2 weeks, then weekly for 2 weeks. The Director of Nursing will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education. <p>F 504</p> <ol style="list-style-type: none"> 1. The Resident Representative and MD were notified that a lab was obtained for a lipid panel with calculated LDL when a lipid panel was ordered for Resident #8. There were no new orders related to the 	

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F 001	Continued From page 9	F 001	<p>notification of the MD</p> <p>2. Current residents with orders to obtain a lipid panel have the potential to be affected by this issue.</p> <p>3. Nursing staff educated by Director of Nursing and/or designee concerning ordering the lipid panel as ordered or clarify the order if not clearly written. The Director of Nursing and/or designee will conduct 100% audit of all charts to ensure that the appropriate lipid panel was obtained as ordered within the last 3 months</p> <p>4. The Director of Nursing and/or designee will review orders for lipid panel to ensure appropriate lipid panel is ordered and drawn. This will be documented as completed 5 times a week for 2 weeks, then 3 times a week for 2 weeks, then weekly for 8 weeks. The Director of Nursing will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>F 514</p> <p>1. MD and Resident Representative were notified of omitted doses of medication for Resident #2 and Resident #9. Residents were assessed for adverse effects, related to omitted doses, none were noted.</p> <p>2. Current residents receiving medications have the potential to be affected by this issue.</p> <p>3. Nursing staff educated on May 12, 2017, on medication omissions and medication administration documentation, including the components required for the documentation of the fentanyl patch.</p>	

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F 001	Continued From page 10	F 001	<p>The Director of Nursing or designee will audit 100% MARS of current residents to identify any other residents with omitted medication. Corrective measures will be taken for any identified issues.</p> <p>4. The Director of Nursing or designee will document review medication administration documentation daily for 12 weeks. Any issues identified will result in reeducation or disciplinary action as appropriate.</p> <p>The Director of Nursing will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p> <p>1. Pharmacy Review pulled from thinned chart was placed on the chart of Resident #6 chart.</p> <p>2. Current residents have the potential to be affected by this issue.</p> <p>3. The Medical Records employee will be educated that the pharmacy review form is to remain in the residents' current medical records.</p> <p>The Medical Records employee will audit 100% charts to ensure that the pharmacy review paper is in the chart.</p> <p>4. The Medical Records employee will document verifying the presence of the pharmacy review paper with each chart thinning she performs for the next 3 months.</p> <p>The Medical Records employee will bring the results of the monitoring to the monthly QA Committee for review, identification of any patterns or trends and need for on-going education.</p>	