

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

PRINTED: 04/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/22/2017
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-RIVER POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 4142 BONNEY ROAD VIRGINIA BEACH, VA 23452	
(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)

{F 000} INITIAL COMMENTS

{F 000}

An unannounced Medicare/Medicaid revisit to the standard survey ending 2/9/17, was conducted 3/21/17 through 3/22/17. One complaint was investigated. Corrections are required for compliance with the following 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.

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The census in this 138 certified bed facility was 122 at the time of the survey. The survey sample consisted of 14 current Resident reviews (Resident #101 through 114).

This Plan of Correction is the center's credible allegation of compliance.

{F 514} 483.70(i)(1)(5) RES
SS=E RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

{F 514}

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

(i) Medical records.
(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-

F 514

- (i) Complete;
- (ii) Accurately documented;
- (iii) Readily accessible; and
- (iv) Systematically organized
- (5) The medical record must contain-
 - (i) Sufficient information to identify the resident;
 - (ii) A record of the resident's assessments;

1. Resident # 102 Compression stockings were discontinued per physician's order.
2. Residents with physician's orders for compression stockings have been identified as having the potential to be affected and have had their physician's orders reviewed and updated as needed. Observation rounds conducted for Residents with physician's orders for compressions stockings to validate compliance with physician's orders.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

T. Mad

EXECUTIVE DIRECTOR

4/4/17

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 514} Continued From page 1

(iii) The comprehensive plan of care and services provided;

(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;

(v) Physician's, nurse's, and other licensed professional's progress notes; and

(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:
Based on observations, staff interviews, clinical record review and facility document review the facility staff failed to ensure the clinical record was accurate for 1 of 14 residents in the survey sample, Resident #102.

The Treatment Administration Record (TAR) for March 2017 was inaccurate for the application of ted hose (1) for Resident #102.

The findings include:

Resident #102 was admitted to the nursing facility on 04/04/2016. Diagnosis included but not limited to Atrial Fibrillation (2) and Chronic Obstructive Pulmonary Disease (3).

The current Minimum Data Set (MDS) a quarterly assessment with an Assessment Reference Date (ARD) of 02/21/17 coded the resident with a 13 of a total possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating the resident was cognitively intact with no problems in daily

{F 514}

3. SDC (Staff Development Coordinator) educated Licensed Nurses facility's policies: Documenting in a Patient's Medical Record and Resident Refusal of Treatment, Resident Rights. Residents with physician's orders for compression stockings will have their physician's orders and Treatment Records audited for accuracy and completeness three times weekly for three months. Observation rounds will be conducted three times per week for three months for residents with physician's orders for compressions stockings to validate compliance with physician's orders. During their orientation, newly hired Licensed Nurses will be educated on facility's policies: Documenting in a Patient's Medical Record and Resident Refusal of Treatment, Resident Rights.

4. Results of audits will be presented in the center's QAPI Committee monthly for a minimum of three months for review and recommendations from the QAPI Committee to assure compliance is sustained ongoing.

5. The corrective action was completed on March 23, 2017

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{F 514}	Continued From page 2 decision making. On 3/21/17 at 12:40 p.m., Resident #102 was observed lying in bed eating lunch. During the observation, resident had her right leg out of the covers; ted hose were not applied. On the same day at 4:10 p.m., Resident #102 remains in bed without ted hose to bilateral lower extremities. On 3/22/17 at approximately 11:05 a.m., Resident #102 was observed lying in bed without ted hose applied to bilateral lower extremities. Resident #102 stated, "I use to wear ted hose but the nurses haven't put them on me in a long time; I never refused them, the nurses just don't put them on me". Review of the March 2017 TAR indicated there was a physician order to apply ted hose to bilateral lower extremities at 9 a.m. and remove at 9:00 p.m. The licensed nurses had been signing the application of ted hose from 3/16/17 through 3/22/17. Resident #102's Physician Order Summary Report signed and dated on 3/10/17 revealed there was no current order to apply ted hose to bilateral lower extremities. On 3/22/17 at approximately 3:40 p.m., the surveyor requested a copy of March 2017 TAR and the order for the ted hose for Resident #102. An interview was conducted with the Director of Nursing (DON) on 3/22/17 at 3:50 p.m., she replied "If Resident #102 was refusing to have her ted hose applied; the nurse should have gotten an order to either discontinue the ted hose or	{F 514}		

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{F 514}	Continued From page 3 make them as needed". The surveyor asked the DON, when do you expect your nurses to document a resident's refusal of care, she replied "Right after they refuse".	{F 514}
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An interview was conducted with LPN #1 on 3/22/17 at approximately 4:00 p.m., who stated, "Resident #102 had been refusing the ted hose for a while now and only wears them when she's out of bed". She proceeded to say that Resident #102 hasn't been getting up but we are starting soon. The surveyor informed LPN #1, the TAR for today was signed off ted hose was applied.

On 3/22/17 at approximately 4:53 p.m., nurse's notes stated "MD notified of resident refusing ted hose, new order for ted hose as needed."

The Administrator and DON were informed of the finding during a briefing on 3/22/17 at approximately 4:30 p.m. The facility did not present any further information about the findings.

The facility's policy: Documenting in a Patient's Medical Record (10/07/16).
4. Document notification of physician. Reasons to notify physician may include but not limited to:
(f). Inability to carry out physician orders.
11. Document a procedure or medication after administration.

The facility's policy: Resident Refusal of Treatment, Resident Rights (04/28/17)
2. Notify the supervisor and/or Social Services of refusal of care and seek direct direction.
3. Determine resident's reason for refusal, if appropriate.
10. If the resident continues to refuse treatment, activity, therapy, medication or a therapeutic diet,

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{F 514}	Continued From page 4 notify the physician. (1) Ted hose are stockings that help prevent blood clots and swelling in your legs (https://www.drugs.com/cg/ted-hose.html). (2) Atrial Fibrillation is a problem with the speed or rhythm of the heartbeat. Atrial fibrillation is the most common type of arrhythmia. The cause is a disorder in the heart's electrical system (https://medlineplus.gov/ency/article/007365.htm). (3) Chronic Pulmonary Disease (COPD) makes it hard for you to breathe. The two main types are chronic bronchitis and emphysema. The main cause of COPD is long-term exposure to substances that irritate and damage the lungs (https://medlineplus.gov/ency/article/007365.htm).	{F 514}		

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