

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

PRINTED: 05/23/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/20/2017
NAME OF PROVIDER OR SUPPLIER KINDRED TCC AND REHABILITATION-BAY POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454	
(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 Medicare/Medicaid standard survey was conducted 04/18/17 through 04/20/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life safety code survey/report will follow. Three (3) complaints were investigated during the survey. The census in this 112 certified bed facility was 76 at the time of the survey. The survey sample consisted of 15 current Resident reviews (Residents #1 through #14 and #19) and 4 closed record reviews (Residents #15 through #18).	F 000		
F 154 SS=D	483.10(c)(1)(2)(iii)(4)(5) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS (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 treatment and treatment alternatives or treatment options and to choose the alternative or option he	F 154		5/2/17

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

TITLE

(X6) DATE

Electronically Signed

05/08/2017

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	<p>Continued From page 1 or she prefers. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility documentation review, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure one Resident's right to be fully informed in a language that she can understand of her total health status, including but not limited to her medical condition, in a consistent manner for one of 18 Residents in the survey sample, (Resident #13).</p> <p>The findings included:</p> <p>Resident #13 was admitted to the facility on 4/12/17. Diagnoses for Resident #13, included but are not limited to Diabetes Mellitus (1), Asthma (2), seizure disorder (3), and Impaired Communication problem related to language barrier (Spanish speaking only).</p> <p>Resident #13's Initial Minimum Data Set (an assessment protocol) was not completed due to admission date.</p> <p>Resident #13's initial nursing "Patient Clinical Evaluation" dated 4/12/17 documented Resident #13's Cognition was impaired. The Patient Clinical Evaluation documented Resident #13 was not mobile. In addition, the Clinical Evaluation documented Speech was "oriented speech/clear." Resident #13's Primary Language listed as Spanish without a secondary language. Resident #13's Motor Responses were documented as: Upper Extremity: normal; Lower Extremity: Severe weakness; Altered</p>	F 154	<ol style="list-style-type: none"> 1. Staff in-serviced on what language resident #13 speaks and use of the language line for interpreter needs to communicate with resident. 2. Staff in-serviced on how to use the language line for interpreter needs to communicate with any resident that does not speak English as their first language. Residents first language will continue to be identified upon admission to center. 3. Social Worker or designee will observe staff use of language line daily 5X / week for 2 weeks, twice weekly for 6 weeks, and weekly for 4 weeks. Results of observations will be reported to center's Quality Assurance and Performance Improvement Action Committee. 4. QAPI Committee will review audits and make recommendations to assure compliance is maintained ongoing. QAPI Committee will determine need for further intervention and auditing beyond 3 months. 		

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F 154	<p>Continued From page 2</p> <p>consistency of food/fluids: Honey thickened fluids; and Incontinent of bowels and urine: Yes.</p> <p>Resident #13's Care Plan Focus dated 4/18/17 with a revision of 4/20/17, documented: "Oxygen Therapy related respiratory illness. Interventions included but were not limited to: Give medications as ordered by physician. Monitor and document side effects and effectiveness, monitor for signs and symptoms of respiratory distress and report to Medical Doctor as needed. In addition, Resident #13's Care Plan documented a Focus area of "Impaired communication problem related to Language barrier speaking Spanish only," initiated on 4/18/17. Interventions included but were not limited to: Provide information to resident/family about community resources for adaptive devices, interpreter services; Speak in a meaningful way even when (Resident #13) does not seem to respond; Use communication techniques which enhance interaction: Allow adequate time to respond, Repeat as necessary, Do not rush, Request feedback, clarification from the resident, to ensure understanding, face when speaking and make eye contact, Turn off TV/radio as needed to reduce environmental noise, Ask yes/no questions if appropriate; Use simple, brief, consistent words/cues: Use alternative communication tools as needed, such as communication book/board, writing pad, gestures, signs and pictures; Use interpretation call line to communicate to resident.</p> <p>An observation was made on 4/18/17 at approximately 11:45 a.m. on the initial tour of the 100 Unit, the Unit Manager spoke in Spanish to Resident #13 when we entered her room. At this time, Resident #13 looked at us and smiled.</p>	F 154			

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F 154	Continued From page 3 An observation was made on 4/18/17 at approximately 4:35 p.m. of Licensed Practical Nurse (LPN) #2 administer medications to Resident #13. Medications included the following physician orders: 4/12/17 Accucheck (4) before meals and at bedtime 4/12/17 May crush medications (or open capsules) as indicated per pharmacy protocol 4/18/17 Oxygen at 2 liters per min via nasal canula and as needed for shortness of breath as needed for shortness of breath 4/13/17 DuoNeb (5) solution 0.5-2.5 mg/3ml (Ipratropium-Albuterol) 3 ml (milliliters) inhale orally five times a day for bronchial asthma 4/12/17 HumaLOG (6) Solution 100 UNIT/ml (milliliters) (Insulin Lispro) Inject 5 unit subcutaneously before meals for DM (Diabetes Mellitus) 4/12/17 HumaLOG Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: If 201-250=2 units; 4/12/17 Jentadueto (7) Tablet 2.5-1000 MG (Linagliptin-Metformin HCl) Give 1 tablet by mouth two times a day for DM 4/12/17 Keppra (8) Tablet 500 MG (Levetiracetam) Give 1 tablet by mouth every 12 hours for seizure On 4/18/17 at approximately 4:27 p.m., LPN #2 was observed to speak to resident in English asking her if she gets her medications crushed or not. No answer was received from the patient or patient's son who was in the room. LPN #2 proceeded to speak in English to the patient asking her to take her medications, holding the cup of medications for her to take. The resident didn't take the medications, then the LPN asked if	F 154			

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F 154	<p>Continued From page 4</p> <p>she wanted her to put them in her hands or in her mouth. The resident's facial expressions became squinted and she looked toward her son. The LPN gave the whole pills and asked the patient to swallow them. Resident #13 was having slight difficulty swallowing the pills and then the nurse asked if she had swallowed them yet, several times, and then asked the Resident in English to open her mouth. At this point the son, stepped up and began speaking to his mother in Spanish. The resident swallowed the medications. At this time, LPN #2 began to prepare the breathing treatment, and spoke in English to the patient, while placing the mask over the patient's head and securing it over her nose. The surveyor did not hear the LPN ask the son to translate for her during any of this encounter. The LPN used some hand signs when trying to assess if the resident had swallowed her medications. The LPN even asked in English if the resident had had any shortness of breath. The patient did not reply.</p> <p>On 4/19/17 at approximately 8:30 a.m., Registered Nurse (RN) #2 was observed administering medications to Resident #13. The following physician orders were administered:</p> <p>4/12/17 Cozaar (9) Tablet 50 MG (Losartan Potassium) Give 50 mg (milligram) by mouth one time a day for Hypertension hold for systolic Blood pressure less than 100</p> <p>4/12/17 Cardizem (10) CD Capsule Extended Release 24 hour (Diltiazem HCl ER Coated Beads) Give 120 mg by mouth one time day for SVT (supraventricular tachycardia) hold for systolic blood pressure less than 100 or pulse less than 60</p> <p>4/12/17 Keppra Tablet 500 MG</p>	F 154			

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F 154	<p>Continued From page 5</p> <p>(LevETIRAcetam) Give 1 tablet by mouth every 12 hours for seizure 4/12/17 Glipizide (11) tablet 10 mg give 10 mg by mouth two times a day for diabetes mellitus 4/12/17 Jentadueto Tablet 2.5-1000 MG (Linagllptin-Metformin HCl) Give 1 tablet by mouth two times a day for DM 4/12/17 Ferrous Sulfate (12) Tablet 325 (65 Fe (iron) Give 325 mg by mouth one time a day for Nutritional support</p> <p>RN #2 was observed to have crushed the tablets and mixed in applesauce for Resident #13. RN #2 was observed to speak in English to the Resident. After several sentences in English, a female friend began to speak in Spanish to the Resident. RN #2 did not asked the female to translate for her. RN #2 was observed to use some hand signals for the Resident during this encounter. RN #2 was heard to speak a couple of Spanish words during this encounter.</p> <p>On 4/19/17 at approximately 5:50 p.m., RN #1 was observed to go into Resident #13's room, speak in English to administer medications to the Resident. The nurse did not ask the Resident's son to translate for her, she spoke English, used some hand signs, and a couple of Spanish words. RN #1 used hand signals prior to insulin injection. RN #1 rolled the resident's sleeve up and then the RN tapped her own right arm, left arm, then her abdomen. The resident shook her head no several times and the RN touched the resident's right arm and asked "OK?" and gave the injection. The surveyor did understand and hear the RN use a Spanish word "dos" meaning two while the RN was giving the medication that was mixed in applesauce. With just hearing one Spanish word, the Resident's confused facial</p>	F 154			

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F 154	<p>Continued From page 6</p> <p>expressions turned to a smile. The son toward the end of this encounter, stood and spoke to his mother in Spanish.</p> <p>On 4/20/17 at approximately 12:45 p.m., RN #2 was asked what methods of communication she had used for Resident #13. She stated that she used family in the room, the translation line, and communication board. RN #2 was asked how she communicated when family was not in the room. RN #2 stated that she had used the communication papers in the room and had used the translation line. When asked if she could recall what pictures she had pointed to on the papers she stated, "No". When asked how many times she had used the communication phone line since the resident's 4/12/17 admission, she stated twice. One time to explain shower and another to assess abdominal pain. RN #2 was asked if using the communication phone line took more time or was hard she stated, "No." When RN #2 was asked if she was a patient and the nurse used lots of hand signs and spoke in a language she didn't understand would she like it, RN #2, stated, "No."</p> <p>On 4/20/17 at approximately 12:50 p.m., an interview was conducted with a RN Case Manager #3 of the Unit. She stated that she speaks Spanish and can be used as a translator.</p> <p>On 4/20/17 at approximately 12:55 p.m., an interview was conducted with the Resident's Certified Nursing Assistant (CNA) for the day. CNA #3, was asked how she communicates with Resident #13. She stated, "I use sign language. She has family in the room often and they will interpret. I have never used the Phone Language Line as I've not been trained on it."</p>	F 154			

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F 154	Continued From page 7 The Facility's Policy and Procedure titled, "... Information and Communication" documented the following: Limited English Proficient Persons 4. The Center offers an interpreter at no cost to the patient and or family. Kindred has an agreement with Language Line Services....customer service number. The facility administration was informed of the findings during a briefing on 4/20/17 at approximately 4:30 p.m. The facility did not present any further information about the findings. Definitions: (1) Diabetes Mellitus: Medline Plus documents: Diabetes is a disease in which your blood glucose, or blood sugar, levels are too high (2) Asthma; Medline Plus documents: PlusAsthma is a chronic disease that affects your airways. Your airways are tubes that carry air in and out of your lungs. If you have asthma, the inside walls of your airways become sore and swollen. That makes them very sensitive, and they may react strongly to things that you are allergic to or find irritating. When your airways react, they get narrower and your lungs get less air. documents (3) Seizure Disorder: Medline Plus documents: Seizures are symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. When people think of	F 154			

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F 154	<p>Continued From page 8</p> <p>seizures, they often think of convulsions in which a person's body shakes rapidly and uncontrollably. Not all seizures cause convulsions. There are many types of seizures and some have mild symptoms</p> <p>(4) Accucheck: Medline Plus documents: a method to check the body's glucose level</p> <p>(5) Duoneb: Medline Plus documents; The combination of albuterol and ipratropium comes as a solution (liquid) to inhale by mouth using a nebulizer (machine that turns medication into a mist that can be inhaled) and as a spray to inhale by mouth using an inhaler</p> <p>(6) HumaLOG: Medline Plus documents: used to treat people with type 2 diabetes (condition in which the body does not use insulin normally and therefore cannot control the amount of sugar in the blood) who need insulin to control their diabetes</p> <p>(7) Jentadueto; Medline Plus documents: (as a combination product containing Linagliptin, Metformin) used to treat diabetes Mellitus</p> <p>(8) Keppra: Medline Plus documents: is used in combination with other medications to treat certain types of seizures in adults with epilepsy.</p> <p>(9) Cozaar: Medline Plus documents: used alone or in combination with other medications to treat high blood pressure. Losartan is also used to decrease the risk of stroke in people who have high blood pressure and a heart condition called left ventricular hypertrophy (enlargement of the walls of the left side of the heart).</p>	F 154			

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F 154	Continued From page 9 (10) Cardizem: Medline Plus documents: used to treat high blood pressure and to control angina (chest pain). (11) Glipizide: Medline Plus documents: used to treat Diabetes Mellitus: (12) Ferrous Sulfate: Medline Plus documents Ferrous sulfate provides the iron needed by the body to produce red blood cells. It is used to treat or prevent iron-deficiency anemia, a condition that occurs when the body has too few red blood cells because of pregnancy, poor diet, excess bleeding, or other medical problems.	F 154		
F 356 SS=C	483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION 483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law) (C) Certified nurse aides.	F 356		5/2/17

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F 356	<p>Continued From page 10</p> <p>(iv) Resident census.</p> <p>(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and facility document review the facility staff failed to post Nursing Staff information in a clear and readable format for residents and visitors.</p> <p>The findings include:</p> <p>During the survey from 04/18/17 through 04/20/17, the surveyors were unable to locate the nurse staff information until the surveyor asked the Director of Nursing (DON) on 04/19/17, "Where's the facility's nursing staff information</p>	F 356	<p>1. Font size increased on nursing staffing information form. Nursing staging information form posted at 1st floor main dining room entrance and 2nd floor dining room entrance for residents and visitors.</p> <p>2. ED in-serviced DNS and Unit Manager on posting nursing staffing information in a clear and readable format for residents and visitors. 1st floor East hall nurse will post nursing staffing information if DNS and unit manager are not available to do</p>		

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NAME OF PROVIDER OR SUPPLIER KINDRED TCC AND REHABILITATION-BAY POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454		
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F 356	<p>Continued From page 11 located", she replied, "I'll show you, it's located on each nurses' station".</p> <p>On 04/19/17 at approximately 8:35 a.m., the DON and the surveyor walked to the nurse's station (Unit 1 and Unit 2); the nursing staff information was posted on the back wall behind the nursing station. The surveyor stood in front of the counter at the nurses' station (Unit 1 and Unit 2); the nursing staff information was not in a clear and readable format.</p> <p>An interview was conducted with the DON and RN #4, the surveyor and RN#4 walked to Unit #1 to review the location of the nurse staff information posted. The RN stated, "You are right; the font size is too small to read, I will make the font size larger and place the nurse staff information in an area that is more suitable to the residents and visitor."</p> <p>The facility's policy for Posting Licenses Nurse and Unlicensed staff (Release date 09/16/2016).</p> <p>Policy: Kindred Nursing Centers post the total number and actual worked of licenses and unlicensed nursing staff directly responsible for patient care in the center daily for each shift. The information is displayed in a prominent location, clear visible and accessible by patient, family and staff.</p> <p>4. The data may be posted in a form or spreadsheet, as long as it is in a clear and readable format and all the required information is display in a clear visible place.</p>	F 356	<p>so.</p> <p>3. ED or designee will audit nursing staffing information daily X2 weeks, weekly X6 weeks, and monthly X 1. Results of audits will be reported to center's Quality Assurance and Performance Improvement Action Committee.</p> <p>4. QAPI Committee will review audits and make recommendations to assure compliance is maintained ongoing. QAPI Committee will determine need for further intervention and auditing beyond 3 months.</p>		