

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

PRINTED: 04/02/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495404 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/01/2018 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER THE GLEBE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 250 GLEBE ROAD DALEVILLE, VA 24083 | |
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| E 000 | Initial Comments | E 000 | | |
| F 000 | INITIAL COMMENTS | F 000 | | |
| F 550 SS=D | Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal | F 550 | | 3/2/18 |

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

TITLE

(X6) DATE

Electronically Signed

03/02/2018

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 550 | <p>Continued From page 1</p> <p>access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to speak with 1 of 17 sampled residents (Resident #15), respectfully and communicate personal information in a way that maintained confidentiality.</p> <p>Findings: Facility staff failed to speak with Resident #15 respectfully and communicate personal information in a way that maintained confidentiality. The resident's clinical record was reviewed on 2/1/18.</p> | F 550 | <p>F 550 Resident Rights/Exercise of Rights SS=D 483.10 (a)(1)(2)(b)(1)(2)</p> <p>This Plan of Correction is our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly.</p> <p>After the surveying team voiced concerns, on 1/31/2018 at 4:22pm, regarding resident rights, the facility immediately interviewed the resident and staff member</p> | | |

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| F 550 | <p>Continued From page 2</p> <p>Resident #15 was admitted to the facility on 10/3/14. His diagnoses included dysphagia, COPD and hemiplegia.</p> <p>The latest MDS (minimum data set) assessment, dated 11/15/17 coded the resident with some cognitive impairment and noted the resident was "usually" able to comprehend most verbal communication when staff spoke to him.</p> <p>He required the assistance of at least one nursing staff member to accomplish the ADLS (activities of daily living). The MDS coded the resident as needing the limited assistance of at least one staff member to eat his meals. The resident was documented as receiving a mechanically altered diet to address his dysphagia.</p> <p>Resident #15 CCP (comprehensive care plan) reviewed and revised on 10/24/17, documented the resident at risk for aspiration d/t dysphagia and at risk for altered nutritional status and/or related to dysphagia and a dislike for mechanically altered foods. The interventions to staff:</p> <ol style="list-style-type: none"> 1. Provide diet as ordered. 2. Encourage maximum independence. Assist resident to complete meal as much as possible. 3. Honor food preferences/requests within dietary restrictions. Replace disliked foods when possible. <p>Resident #15's physician orders, signed and dated 1/22/18, contained an order for "Fortified diet, pureed texture, nectar thick liquids, may have thin liquids in 5 cc slow flow cup only.....Magic cup with all meals."</p> <p>01/30/18 05:15 PM the surveyors observed 15</p> | F 550 | <p>in question. The resident was able to verbalize and recall the event and voiced an understanding of both his rights and his specific dietary restrictions. The resident further stated that he understood those dietary restrictions and wished to continue with those restrictions. The employee involved in the interaction was interviewed and coached regarding the appropriate method to respond to resident requests, as well as, educated on additional options for those residents receiving special dietary modifications.</p> <p>On 2/1/2018, the facility discussed the interaction with the survey team, noting both the documentation for the resident interview and staff coaching. The survey team asked the facility for a plan of correction, and the facility complied with the request submitting a plan of correction, which outlined the facility's actions as noted above, as well as, interventions to prevent recurrence. The survey team accepted this plan of correction.</p> <p>The facility conducted meal observations throughout the survey period to ensure other residents that have the potential to be affected, weren't affected by the same deficient practice. Additionally, all dietary employees received education regarding how to respond to resident requests, and options available for residents with dietary restrictions.</p> <p>The facility implemented a readily available reference material that</p> | | |

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| F 550 | Continued From page 3 residents in the dining room. Five staff members were assisting residents to eat and provide oversight. At 5:28 PM, Resident #15 asked DA I (dietary aide) if he could have a salad. DA I spoke out loudly and answered "NO--YOU CANNOT HAVE A SALAD--here's your pudding, eat this. She then shoved the magic cup across the table towards the resident and walked away. Two surveyors reviewed this exchange and agreed the manner in which she spoke was disrespectful to the adult resident. In addition, DA I did not offer to bring the resident anything else in place of a salad. This observation was shared with the administrator and the DON on 1/31/18 at 4:22 PM. The DON said she would have intervened if she had heard this exchange and said the resident could have been offered a different choice, even though his diet prohibited him from having a salad. No additional information was provided prior to the survey team exit. | F 550 | highlighted alternative food choices that are/can be mechanically altered. In addition to the reference material to ensure the practice will not recur, each dietary staff member will have a review of resident choices and preferences not less than quarterly. The facility will conduct, random meal observations for at least 10% of those residents receiving a specialized diet, to occur weekly, ensuring resident rights are being honored; effectively implementing the plan of correction no later than March 5, 2018. The findings of these observations will be submitted to the facility's Quality Assurance and Performance Improvement Committee for monitoring and oversight. | | |
| F 758 SS=D | Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic | F 758 | | 3/2/18 | |

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| F 758 | Continued From page 4 Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical | F 758 | F 758 Free from Unnec. Psychotropic | | |

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| F 758 | <p>Continued From page 5</p> <p>document review it was determined the facility staff failed to assess and adequately monitor the behaviors for 1 of 17 residents (Residents #26) who were receiving antipsychotic medications.</p> <p>Findings:</p> <p>1. Facility staff failed to assess and adequately monitor behaviors for Resident #26 who was receiving a daily administration of the antipsychotic, loxapine succinate. The resident's clinical record was reviewed on 2/1/18 at 9:00 AM.</p> <p>Resident #26 was admitted to the facility on 12/18/17. The diagnoses included hypertension, Alzheimer's disease, depression & delusional disorder.</p> <p>The latest MDS (minimum data set) assessment dated 1/17/18 coded the resident with severely impaired cognitive skills. The resident required the assistance of at least one staff member to accomplish the ADLs (activities of daily living).</p> <p>Resident #26's CCP (comprehensive care plan), dated 12/30/17, documented the resident was taking psychotropic drugs (antidepressant & psychoactive medications). The interventions to staff included:</p> <p>1. Monitor and document targeted behaviors to include but not limited to irritability, increased anxiety, refusal of care needs and non-compliance with attending recommendations for care.</p> <p>***The careplanned behaviors were observed to be the same in other residents who were</p> | F 758 | <p>Meds/PRN Use SS=D 483.45(c)(3)(e)(1)-(5)</p> <p>This Plan of Correction is our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly.</p> <p>On 2/1/2018 the surveying team discussed with the Director of Nursing and the Administrator a need for more specific, targeted behaviors than those being assessed every shift by the facility's nursing staff. The facility was monitoring for resident behaviors such as refusal of care, removing oxygen, etc.; however, weren't as specific noting the behavior that was being exhibited as they were refusing care, removing oxygen, etc. The surveying team then met with the Director of Nursing, Administrator, and the facility's Medical Director. The surveying team provided the rationale behind the need for being more specific with resident behaviors and further stated that they agreed with the rationale for the psychotropic medication, felt it was necessary, the diagnosis was appropriate, and the care plan for the psychotropic matched the behavior monitoring assessments; however, those assessments and care plan needed to be more specific.</p> <p>The facility immediately, on 2/1/2018 and concluded on 2/5/2018 reviewed all residents receiving a psychotropic</p> | | |

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| F 758 | <p>Continued From page 6 careplanned for antipsychotics.</p> <p>Resident #26's physician's orders, signed and dated 1/26/18 included an order for loxapine succinate 10 mg capsule by mouth once daily. This antipsychotic medication was provided with the physician's prescribing diagnosis of "delusional disorder".</p> <p>The clinical record was reviewed for the signs and symptoms indicative of delusional disorder. There was no documentation by nursing staff or the prescribing physician that indicated the medical symptoms/behaviors manifested by delusional disorder.</p> <p>On 2/1/18 at 11:20 AM LPN I was interviewed about Resident #26's targeted symptoms as described on the MAR (medication administration record) and the "Behavior and Side Effect Monitoring" tool provided to the medication nurses. The targeted behaviors for this resident were documented to be "irritability, increased anxiety, refusal of care needs and non-compliance". The behavior sheet did not contain the name or class of the medication the resident was taking.</p> <p>****These behaviors were observed to be the same documented on the behavior monitoring tool for other residents taking an antipsychotic medication.</p> <p>LPN I was asked what medication the resident was taking that warranted a behavior monitoring tool. The LPN said they were monitoring the behaviors because the resident was taking Depakote to control the behaviors. She said she had not observed this resident with any</p> | F 758 | <p>medication. After a careful review by the facility's Director of Nursing, Medical Director, and the facility's Psychiatric Mental Health Nurse Practitioner; modifications to include specific target behaviors were made on the resident's assessments, as well as, their care plans.</p> <p>The facility's systematic method of assessing behaviors and care planning process was sufficient; however, the behaviors noted needed to be more resident specific and targeting. With that being said, the process of assessing and care planning will remain unchanged. To assist with improving this process the facility will ask providers wishing to prescribe psychotropic medications to include the targeted behaviors that are consistent with those listed by the Center for Medicare and Medicaid Services.</p> <p>The facility will implement psychotropic medication audits to be conducted on 10% of those residents receiving psychotropic medications at least monthly and 100% for those residents who are newly prescribed psychotropic medications. The audits will begin March 5, 2018 effectively implementing this plan of correction. The findings of these observations will be submitted to the facility's Quality Assurance and Performance Improvement Committee for monitoring and oversight.</p> | | |

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| F 758 | <p>Continued From page 7 behaviors. (Resident #26 was not taking Depakote--which is prescribed for mood disorders).</p> <p>On 2/1/18 at 11:20 AM the DON was asked why many of the residents were documented with the same set of behaviors and was also asked to describe the medical symptoms (or actual targeted behaviors associated with delusional disorder) for which Resident #26 was receiving an antipsychotic medication. The DON stated, "Everyone has the same set of behaviors on the monitoring plan. We know we have issues with this. We have work to do."</p> <p>These observations were shared with the administrative staff prior to the survey team exit. No additional info was provided.</p> | F 758 | | | |