

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

PRINTED: 05/19/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495249	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/20/2017
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NAME OF PROVIDER OR SUPPLIER FARMVILLE REHABILITATION & HEALTH CARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 SCOTT DRIVE ROUTE 5 FARMVILLE, VA 23901
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F 000 INITIAL COMMENTS

An unannounced Medicare/Medicaid abbreviated standard survey was conducted 4/19/17 through 4/20/17. One complaint was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.

The census in this 120 certified bed facility was 110 at the time of the survey. The survey sample consisted of 5 current Resident reviews (Residents 1 through 5).

F 315 483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, SS=D RESTORE BLADDER

(e) Incontinence.

(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.

(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-

(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;

(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and

F 000 Preparation and submission of this plan of correction by Farmville Rehabilitation and Healthcare Center, LLC, does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws.

F 315

F 315

1. Resident #4 received the required antibiotic to treat the active infection on 3/22/17.

2. The Director of Nursing, Assistant Director of Nursing and Unit Managers completed an audit of residents who are being treated with antibiotic therapy to ensure that they are receiving the required antibiotic to treat their infection.

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

TITLE

(X6) DATE

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 315	<p>Continued From page 1</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and in the course of a complaint investigation, the facility failed to appropriately treat a UTI (urinary tract infection) for one of 5 residents in the survey sample, (Resident #4).</p> <p>Resident #4 was treated for 4 days with an antibiotic that was inappropriate for the infection after receiving the culture and sensitivity (C/S).</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on 2/14/17 and was readmitted on 4/4/17. Diagnoses included: Diabetes, metabolic encephalopathy and recurrent UTI's.</p> <p>The MDS (minimum data set, dated with an ARD (assessment reference date) of 2/21/17 was completed as an admission 5 day assessment. Resident #4 was coded with a BIMS (brief interview of mental status) of "13" out of a possible 15, indicating no cognitive impairment. The resident was coded as requiring extensive assistance of one to two staff members for ADL's</p>	F 315	<p>3. Licensed nurses were re-educated by Assistant Director of Nursing on 4/24/17 related to the requirements of ensuring residents are receiving antibiotics that are sensitive to the bacteria being treated.</p> <p>An assigned licensed nurse will be responsible for checking the lab fax machine on weekends to ensure that any abnormal lab findings are reported to the MD as needed.</p> <p>4. The Director of Nursing, Assistant Director of Nursing or Unit Managers will complete an audit weekly for 4 weeks and monthly for 2 months to ensure residents continue to receive antibiotics that are sensitive to the bacteria being treated. A report will be submitted to the Quality Assurance Committee monthly for 3 months. The Director of Nursing will be responsible for monitoring and follow-up.</p> <p>Date of Compliance: 5-15-17</p>	

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F 315 Continued From page 2 F 315

(activities of daily living) such as toileting.

On 4/19/17, Resident #4 was observed in her room, up in the wheel chair. She stated her name. She was clean and well groomed.

Review of the clinical record revealed a nurse's note dated 3/15/17 in which the resident complained of "flank pain". A urinalysis was collected and sent to the laboratory. On 3/16/17, Resident #4 was started on Ampicillin (antibiotic) 500 mg (milligrams) twice daily for 10 days. On 3/18/17 a culture and sensitivity revealed the organism as Klebsiella and the organism was resistant to Ampicillin. The C/S (culture and sensitivity) was sent to the facility by fax on 3/18/17 at around 8:00 AM. Four days later, on 3/22/17, the order was changed to the antibiotic Rocephin (antibiotic) one gram IM (intramuscular) every day for 5 days.

Review of Resident #4's March 2017 MAR (medication administration record) revealed the resident received the Ampicillin until 3/22/17.

On 4/20/17 at 12:00 PM, an interview was conducted with the DON (director of nursing). She stated, "The C/S came through on the fax machine. My ADON's (assistant director of nursing) get it (the C/S results) from the mailbox." She went on to state, "I don't know what happened."

On 4/20/17 at 12:15 PM, the Administrator and DON were notified of above findings.