

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

Printed 09/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2016
NAME OF PROVIDER OR SUPPLIER HIGHLAND RIDGE REHAB CENTER		STREET ADDRESS CITY STATE ZIP CODE 5872 HANKS STREET PO BOX 1087 DUBLIN, VA 24084		
(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) COMPLETE DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 9/7/16 through 9/9/16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 132 certified bed facility was 119 at the time of the survey. The survey sample consisted of 21 current Resident reviews (Residents 1 through 21) and 3 closed record reviews (Residents 22 through 24).	F 000	The submission of the Plan of Correction does not constitute agreement on the part of Highland Ridge Rehab Center, LLC, that the deficiencies cited within the report represent deficient practices on the part of Highland Ridge Rehab Center, LLC. Submission of this plan of correction is a requirement of Federal Law. This plan represents our on-going pledge to provide quality care that is rendered in accordance with all regulatory requirements. This response to the Statement of Deficiencies is the Facility's allegation of compliance.	
F 329	483.25(l) DRUG REGIMEN IS FREE FROM SS=D UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy), or for excessive duration, or without adequate monitoring, or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued, or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record, and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329	<u>Response to Statement of Deficiencies Plan of Correction</u> 483.25(l) F-Tag 329 Drug Regimen is Free from Unnecessary Drugs Resident #2 <u>Correction</u> Resident #2's physician was re-educated on the proper indications for use of an antipsychotic medication. 9/14/16 Resident #2's Seroquel was discontinued by the physician on 9/14/16 and a psychiatric consult was ordered with Brighter Day Health Services. 9/14/16 RP was notified on 9/14/16 9/14/16	

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

[Signature]

TITLE

Administrator

(X6) DATE

9-26-16

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 329	Continued From page 1	F 329	Potential Residents
	This Requirement is not met as evidenced by Based on family interview, staff interview, and clinical record review, the facility staff failed to ensure supporting evidence for the use of antipsychotic medications for 1 of 24 residents (Resident #2)		All current residents with a physician's order for an antipsychotic medication will be reviewed for proper indication for use and supporting documentation. 9/30/16
	The findings include.		
	The facility staff failed to provide supporting evidence for the use of antipsychotic medications for Resident #2		Any resident identified without a proper indication for use and supporting documentation will be reviewed by the physician for discontinuation. 10/07/16
	Resident #2 was admitted to the facility on 12/23/12 and re-admitted on 4/27/16 with diagnoses of dementia without behavior disturbance, chronic fatigue, encephalopathy congestive heart failure, chronic kidney disease, adult failure to thrive, anxiety, diabetes, anemia, hypertension, gout, coronary artery disease, atrial fibrillation, and pneumonia		Systematic Changes
	The current quarterly Minimum Data Set (MDS) with a reference date of 7/21/16 assessed the resident with a cognitive score of "3" of "15" The resident was assessed requiring extensive assistance of 1-2 persons for bed mobility, transfers, dressing, ambulation, toileting, bathing and hygiene. There was no diagnosis of psychosis on the current MDS		QAA Committee will review and revise as necessary the policy and procedure for Antipsychotic Medication Use. 10/07/16
	The clinical record was reviewed. The physician ordered the antipsychotic medication, Haldol 0.5 mg, daily for 14 days for psychosis.		The Staff Development Coordinator will educate the physicians, unit managers, shift supervisors, and staff nurses on the Antipsychotic Medication Use policy and procedure. 10/15/16
	The physician was interviewed on 9/7/16 at 3:30 p.m. The physician stated he ordered the Haldol for acute agitation stating the resident would cry		CMS guidelines for F329 will be provided to each physician and a copy maintained in each physician's office as a resource. 10/08/16
			Monitoring
			The QA Coordinator or designee will review all new antipsychotic orders for proper indication for use and supporting documentation weekly for 12 weeks using the Antipsychotic Monitoring Tool. Any resident identified as receiving an 10/19/16

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F 329	<p>Continued From page 2</p> <p>whenever her family members would leave to go home. The physician stated it was a "pitiful situation" to see her cry for her family. The physician stated he had stopped the Haldol after one week because it was not working and had ordered the antipsychotic medication, Seroquel 25 mg twice daily. He stated if this didn't work, he would try other medications.</p> <p>A family member was interviewed on 9/7/16 at 5 00 p.m. The family member stated the resident had told the family she preferred to stay at the facility. The family member stated just recently the resident had been crying and calling for the family whenever they left in the evening to go home. The family member stated the family members would come back to the facility whenever the staff called and calm the resident down.</p> <p>The director of nursing (DON) was interviewed on 9/7/16 at 3.00 p.m. The DON stated the resident would cry and call for her family whenever they left and the staff was mostly able to redirect her. The DON stated at times the family would have to be called to come back to the facility and they were able to calm the resident. The DON stated the resident did not have symptoms of psychosis.</p> <p>The comprehensive care plan was reviewed. The care plan contained a problem the resident needed to maintain her psychosocial well being due to a diagnosis of anxiety. The interventions included to provide support and reassurance as needed.</p> <p>The administrator, DON, and corporate nurse consultant were informed of the concern during a meeting with the survey team on 9/7/16 at 5 15 p.m.</p>	F 329	<p>antipsychotic medication without a proper indication will be referred to the physician for review. The DON and Administrator will receive a report of weekly audits. Any staff and/or physicians identified as not following the policy and procedure for Antipsychotic Medication Use will be re-educated and/or counseled as necessary. After the 3 month period, QAA Committee will re-evaluate the frequency of the audit.</p> <p>DON and Administrator will review an aggregate analysis of the QA Audit Reports and report monthly findings to the QAA Committee.</p> <p>QAA Committee will monitor reports monthly for patterns and trends and recommend adjustments accordingly.</p> <p>Recommendations will be reviewed quarterly by the Medical Director, QAA Committee, DON, and Administrator.</p> <p style="text-align: right;">Date</p> <p>This plan will be effective 10/21/16 and measures will be maintained to ensure on-going compliance.</p>	<p>10/20/16</p> <p>10/20/16</p> <p>10/20/16</p>

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