Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number

(Y2) Multiple Construction A. Building B. Wing

JAN 14 2016

(Y3) Date of Revisit

1/6/2016

495300

Name of Facility

VDH/OLC

Street Address, City, State, Zip Code

10051 FOXES WAY

KING GEORGE, VA 22485

HERITAGE HALL KING GEORGE

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(4) Item		(Y5) Date	(Y4) Item	(Y5)	Date	(Y4)	Item	(Y5)	Date
		Correction		+	Correction				Correction
		Completed			Completed				Completed
ID Prefix	F0221	01/02/2016	ID Prefix	F0223	01/02/2016		ID Prefix	F0225	01/02/2016
Reg. # LSC	483.13(a)		Reg. # LSC	483.13(b), 483.13(c)(1)(i)		:	Reg. # LSC	483.13(c)(1)(ii)-(iii), (c)(2) -
		Correction	,	(Correction				Correction
		Completed	\$		Completed				Completed
ID Prefix	F022 6	01/02/2016	ID Prefix		01/02/2016		ID Prefix	F0309	01/02/2016
Reg. # LSC	483.13(c)		Reg. # LSC	483.20(d)(3), 483.10(k)(2)		Reg. # LSC	483.25	
		Correction		(Correction				Correction
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ID Prefix	F031 5	01/02/2016	ID Prefix	F0323	1/02/2016	l	ID Prefix	F0329	01/02/2016
Reg. # LSC	483.25(d)		Reg. # LSC	483.25(h)			Reg. # LSC	483.25(I)	
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State Agency Reviewed By

cuto 1/12/16/

CMS RO

Followup to Survey Completed on:

11/18/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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DEFANT	TO SECONDE	· MEDICAID SERVICES			OMB NO. 0938-0391
		& MEDICAID SERVICES	T (Y2) MIII	TIPLE CONSTRUCTION	(X3) DATE SURVEY
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				10051 FOXES WAY	
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{F 000}	INITIAL COMMEN	TS	{F 00	00}	
	standard survey co 11/18/15, was cond 1/6/2016. Correction compliance with the Federal Long Term Uncorrected deficient report. Corrected of	Medicare/Medicaid revisit to the onducted 11/16/15 through ducted 1/5/2016 through ons are required for e following 42 CFR Part 483 a Care Requirements. encies are identified within this deficiencies are identified on No complaints were g the survey.	;	Actions of the control of the contro	EIVED 4 2016 /OLC
{F 281} SS=D	94 at the time of the consisted of 11 cur (Residents #101 th 483.20(k)(3)(i) SEF PROFESSIONAL S	RVICES PROVIDED MEET	{F 28	Corrective Action(s): Resident #102 & #103 physicians have been n facility staff failed to ac administer Insulin and both residents per phys	otified that the ccurately obtain FSBS for ician orders. The
	by: Based on staff intereview and clinical failed to follow the pursing for medical	erview, facility documentation record review, the facility staff professional standards of tion administration for 2 at #102, and #103) of 11 rvey sample.		licensed Nurses involve medication passes have one inservice training a action. Resident #102 & orders have been review medication and treatme accurate. A Facility Inc form was completed for	e received one-on- and disciplinary & #103's physician wed to ensure all ent orders are aident & Accident or the incidents.
	1. For Resident #102, the facility staff failed to document accucheck Finger stick Blood sugars (FSBS) as administered timely before administration of Lantus Insulin on 1-2-16, 1-3-16 and 1-4-16, per physician's orders, and did not apply "Geri Sleeves" as ordered on 1-6-16.			Resident #102's attendi been notified that the fa apply Geri-sleeves to be extremities per physicia Facility Incident & Acc completed for this incid	acility failed to ilateral upper an order. A ident Form was

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.

Facility ID: VA0103

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/12/2016 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE			TICK!	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			TIPLE CONSTRUCTION	COMPLETED
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AND AS ABOVED OF CLIPPIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
NAME OF PROVIDER OR SUPPLIER			10051 FOXES WAY	
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{F 281} Continued From page 1

2. For Resident #103, the facility staff failed to document Levemir insulin, and Seroquel as administered on 1-5-16, timely per physician's orders.

The findings included:

1. Resident #102 was last admitted to the facility on 10-26-11. Diagnoses included; Stoke, dementia, diabetes, hypertension, falls, and adult failure to thrive.

Resident #102's most recent MDS (minimum data set) with an ARD (assessment reference date) of 10-13-15, was coded as an annual assessment. Resident #102 was coded as having short and long term memory deficits and required moderate assistance in making daily life decisions. The Resident was also coded as needing total to extensive assistance of one to two staff members to perform activities of daily living. The Resident was coded as being incontinent of urine and bowel at all times.

Review of the clinical record revealed the most recent recapitulated physician's orders signed by the physician dated 11-27-15 for the following diabetic management orders;

- 1. Accucheck (finger stick blood sugar) QHS (every night at bed time) for diabetes type 2 at 9:00 p.m. Ordered 9-9-13.
- 2. Lantus 100 units /ml (milliliter) inject 12 units subcutaneous every night at bedtime at 9:00 p.m. Ordered 9-17-14.

Review of the "Medication Administration Record" (MAR) notes for January 2016 revealed that the

{F 281} Identification of Deficient Practices/Corrective Action(s):

All other residents with FSBS orders, Insulin orders or Geri-sleeve orders may have been potentially affected. The DON, ADON and/or designee will conduct a 100% review of all resident with FSBS orders, Insulin orders and Geri-sleeve orders to identify any residents at risk. All residents identified at risk will be corrected at time of discovery and an Incident & Accident form will be completed for each negative finding. The attending physicians will be notified of each untimely medication & treatment administration.

Systemic Change(s):

The facility policy and procedure has been reviewed and no revisions are warranted at this time. The nursing assessment process as evidenced by the 24 Hours Report, documentation in the medical record and physician orders remains the source document for the development and monitoring of care which includes, obtaining, transcribing and administering physician ordered medications and treatments per physician order. Licensed staff will be inserviced by the DON and/or regional nurse consultant on the policy & procedure for medication and treatment administration to include giving medications and applying treatments and devices at ordered times and accurate documentation of physician medication & treatment orders.

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Facility ID: VA0103

If continuation sheet Page 2 of 7

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	PROVIDER OR SUPPLIER	GE		STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485	
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{F 281}	ordered to be obtain obtained late. The 1-2-16 obtained at 1-3-16 obtained at 1-4-16 obtained at 1-4-16 obtained at 10:3 Director of Nursing was conducted. The look into the conceand return with furting the solution of the conceand return with furting the solution obtained at 10:3 Director of Nursing was conducted.	finger stick blood sugars were ned at 9:00 p.m., and were se are as follows: 10:13 p.m. 10:24 p.m. 10:49 p.m. 0 a.m. an interview with the (DON), and the Administrator, ney stated they would have to rn of late FSBS completion,	{F 28	Monitoring: The DON is responsible for compliance. The DON, ADO Unit Manager will review metreatment administration recresidents with FSBS orders, and Geri-sleeve orders daily maintain compliance. Any/a findings will be corrected at discovery and disciplinary at taken as needed. Aggregate these audits will be reported Quality Assurance Committed for review, analysis, and recommendations for change and the process of the desired transfer of the process	ON and/or nedication and cords for all Insulin orders in order to all negative time of ction will be findings of to the ee quarterly

Administrator returned, and stated the problem was that the two nurses who had administered the FSBS and insulin, had documented the FSBS after all medications were passed and completed on the unit. They stated that the nurses had been contacted via telephone and stated that the FSBS and insulin had been completed on time, however, the nurses would pour and pass all medications, and then go back and document on all of them after the fact, which made it appear that they were all late. When asked if this practice was accepted as a standard in the facility, they both answered "no", that medications and treatments were to be documented each as completed, and when completed.

Review of the care plan revealed the following: "The resident has a diagnosis of DM (Diabetes Mellitus). She is at risk of episodes of hypo/hyperglycemia. Refuses HS (bedtime) snack at times." Interventions included: "Meds as ordered, FSBS as ordered."

Resident #102 was also ordered to have Geri Sleeves applied to bilateral lower extremities as Completion Date: 1/29/16

Facility ID: VA0103

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Event ID: RC2L12

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{F 281}	Continued From partolerated for fragile 8-4-15. Upon observation on 1-6-16, the Resia wheel chair, clear geri sleeves were at 9:15 a.m., 9:30 awhen the staff camactivity, revealed thapplied. The DON was appasked what Certific was responsible for Her response was was named as the at 10:10 a.m. she was present. CNAA was ordered to have gestated "Yes, I just had bathed, dresse Resident into a who Resident had been geri sleeves applied tears as was order. The Director of Nunursing standard for Guidance was prove Fundamentals of New Yes, I should be the control of Nunursing standard for Guidance was prove Fundamentals of New Yes, I should be the control of Nunursing standard for Sundamentals of New Yes, I should be the control of Nunursing standard for Sundamentals of New Yes, I should be the control of Nunursing standard for Sundamentals of New Yes, I should be the control of New Yes, I shad be the control of New Yes, I should be the control of New Yes,	skin protection, ordered of Resident #102, at 9:00 a.m. ident was in her room sitting in and dressed for the day. No applied. Further observations a.m., and finally at 10:00 a.m. the and wheeled her to an at no geri sleeves were roached by the surveyor and the Nursing Assistant (CNA) or ADL care for Resident #102. Ilets go and find her. CNA A responsible staff member and was interviewed with the DON as asked if Resident #102 was or sleeves applied, and she are aven't gotten to it yet." CNA A ed, and transferred the tel chair for the day, and the taken to activities, without the d to protect her skin from skin ed by the physician. rsing stated Lippincott as the bllowed by the facility. Vided for nursing, Jursing, Lippincott, "The	{F 2		DEFICIENCY)		
	nursing standard for Guidance was prov Fundamentals of N physician is respor treatment. Nurses unless they believe harm clients. There	ollowed by the facility.					

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Facility ID: VA0103

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DEDARTMENT OF HEALTH AND HUMAN SERVICES

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{F 281}	Administrator, Corp	age 4 and of the day debrief, the borate Consultant, and DON) were notified of the above ty presented no further	{F 2	81}			
	5-7-15. Diagnoses with behavioral dis with psyche symptom the symptom data set) with an Adate) of 11-4-15, wassessment. Resi requiring moderate decisions. The Reneeding extensive member to perform Resident was code bowel, and had an urination at all times.						
	recent recapitulate	cal record revealed the most dephysician's orders signed by aled the following diabetic psychotropic medication					
	20 units subcutant 8:00 p.m. for diabet 2 Seroguel 12.5 r	100 units /ml (milliliter) inject eous every night at bedtime at etes type 2. ng (milligrams) one tablet by at bedtime at 9:00 p.m. for					

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psyche symptoms.

dementia and depression with behaviors and

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{F 281}	Continued From pa	age 5	{F 2	B1}			
	(MAR) notes for Jackevemir Insulin wa at 8:00 p.m., and ware as follows: 1-3-16 administered 1-5-16 administrator, was would have to look medication administrator return with further 1-00 1-06-16 at 11:3 Administrator return was that the nursed 1-5-16 administrator return was that the nursed 1-5-16 at 11:3 Administrator return was that	dication Administration Record anuary 2016 revealed that the gred to be administered at 9:00 hinistered late, as follows: and at 10:19 p.m. 30 a.m. an interview with the g (DON), and the conducted. They stated they stration for Resident #103, and	i i				

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and treatments were to be documented each as

completed, and when completed.

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Administrator, Corp	oorate Consultant, and DON) were notified of the above			
	PROVIDER OR SUPPLIER SE HALL KING GEOR SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Review of the care "The resident has a Mellitus). He is at a hypo/hyperglycemi "Meds as ordered." On 1-6-16 at the el Administrator, Corp (director of nursing findings. The facili	A95300 PROVIDER OR SUPPLIER SE HALL KING GEORGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 Review of the care plan revealed the following: "The resident has a diagnosis of DM (Diabetes Mellitus). He is at risk of episodes of hypo/hyperglycemia." Interventions included: "Meds as ordered." On 1-6-16 at the end of the day debrief, the Administrator, Corporate Consultant, and DON (director of nursing) were notified of the above findings. The facility presented no further	A BUILDING STR SE HALL KING GEORGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 Review of the care plan revealed the following: "The resident has a diagnosis of DM (Diabetes Mellitus). He is at risk of episodes of hypo/hyperglycemia." Interventions included: "Meds as ordered." (F 281) On 1-6-16 at the end of the day debrief, the Administrator, Corporate Consultant, and DON (director of nursing) were notified of the above findings. The facility presented no further	A BUILDING A BUILDING A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 Review of the care plan revealed the following: "The resident has a diagnosis of DM (Diabetes Mellitus). He is at risk of episodes of hypo/hyperglycemia." Interventions included: "Meds as ordered." (X1) PROVIDER'S TRUE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD TAG FOR STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485 FOR STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485 FOR STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485 FOR STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485 FOR STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485 FOR STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485 FOR STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE FROM IN STATE ADDRESS, CITY, STATE ADDRESS, CITY, STATE ADDRESS,

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Event ID: RC2L12

Facility ID: VA0103

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