Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
495300	A. Building B. Wing	1/6/2016

Name of Facility	Street Address, City, State, Zip Code
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 01/02/2016	ID Prefix F0223 Reg. # 483.13(b), 483.13(c)(1)(i) LSC	Correction Completed 01/02/2016	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - LSC	Correction Completed 01/02/2016
ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 01/02/2016	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 01/02/2016	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 01/02/2016
ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 01/02/2016	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 01/02/2016	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 01/02/2016
ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 01/02/2016	ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 01/02/2016	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
✓	[illegible]	1/12/16	[illegible]	1/12/16
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 000} INITIAL COMMENTS {F 000}

An unannounced Medicare/Medicaid revisit to the standard survey conducted 11/16/15 through 11/18/15, was conducted 1/5/2016 through 1/6/2016. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B. No complaints were investigated during the survey.

The census in this 130 certified bed facility was 94 at the time of the survey. The survey sample consisted of 11 current Resident reviews (Residents #101 through #111).

{F 281} SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS {F 281}

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on staff interview, facility documentation review and clinical record review, the facility staff failed to follow the professional standards of nursing for medication administration for 2 residents (Resident #102, and #103) of 11 residents in the survey sample.

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.

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Corrective Action(s):
Resident #102 & #103's attending physicians have been notified that the facility staff failed to accurately administer Insulin and obtain FSBS for both residents per physician orders. The licensed Nurses involved in the medication passes have received one-on-one inservice training and disciplinary action. Resident #102 & #103's physician orders have been reviewed to ensure all medication and treatment orders are accurate. A Facility Incident & Accident form was completed for the incidents.

Resident #102's attending physician has been notified that the facility failed to apply Geri-sleeves to bilateral upper extremities per physician order. A Facility Incident & Accident Form was completed for this incident.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 1/12/16

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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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

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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{F 281}	Continued From page 2	{F 281}	**Monitoring:** The DON is responsible for maintaining compliance. The DON, ADON and/or Unit Manager will review medication and treatment administration records for all residents with FSBS orders, Insulin orders and Geri-sleeve orders daily in order to maintain compliance. Any/all negative findings will be corrected at time of discovery and disciplinary action will be taken as needed. Aggregate findings of these audits will be reported to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. **Completion Date: 1/29/16**	

accucheck (FSBS) finger stick blood sugars were ordered to be obtained at 9:00 p.m., and were obtained late. These are as follows:
1-2-16 obtained at 10:13 p.m.
1-3-16 obtained at 10:24 p.m.
1-4-16 obtained at 10:49 p.m.

On 1-06-16 at 10:30 a.m. an interview with the Director of Nursing (DON), and the Administrator, was conducted. They stated they would have to look into the concern of late FSBS completion, and return with further information.

On 1-06-16 at 11:30 a.m. the DON and 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

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tolerated for fragile skin protection, ordered 8-4-15.

Upon observation of Resident #102, at 9:00 a.m. on 1-6-16, the Resident was in her room sitting in a wheel chair, clean and dressed for the day. No geri sleeves were applied. Further observations at 9:15 a.m., 9:30 a.m., and finally at 10:00 a.m. when the staff came and wheeled her to an activity, revealed that no geri sleeves were applied.

The DON was approached by the surveyor and asked what Certified Nursing Assistant (CNA) was responsible for ADL care for Resident #102. Her response was lets go and find her. CNA A was named as the responsible staff member and at 10:10 a.m. she was interviewed with the DON present. CNA A was asked if Resident #102 was ordered to have geri sleeves applied, and she stated "Yes, I just haven't gotten to it yet." CNA A had bathed, dressed, and transferred the Resident into a wheel chair for the day, and the Resident had been taken to activities, without the geri sleeves applied to protect her skin from skin tears as was ordered by the physician.

The Director of Nursing stated Lippincott as the nursing standard followed by the facility. Guidance was provided for nursing, Fundamentals of Nursing, Lippincott, "The physician is responsible for directing medical treatment. Nurses follow physicians' orders unless they believe the orders are in error or harm clients. Therefore you need to assess all orders, and if you find one to be erroneous or harmful, further clarification from the physician is necessary."

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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 information.

2. Resident #103 was admitted to the facility on 5-7-15. Diagnoses included; Stoke, dementia with behavioral disorder, diabetes, depression with psyche symptoms, and hypertension.

Resident #103's most recent MDS (minimum data set) with an ARD (assessment reference date) of 11-4-15, was coded as a quarterly assessment. Resident #103 was coded as requiring moderate assistance in making daily life decisions. The Resident was also coded as needing extensive assistance of one staff member to perform activities of daily living. The Resident was coded as being incontinent of bowel, and had an indwelling Foley catheter for urination at all times.

Review of the clinical record revealed the most recent recapitulated physician's orders signed by the physician revealed the following diabetic management and psychotropic medication orders;

1. Levemir insulin 100 units /ml (milliliter) inject 20 units subcutaneous every night at bedtime at 8:00 p.m. for diabetes type 2.
2. Seroquel 12.5 mg (milligrams) one tablet by mouth every night at bedtime at 9:00 p.m. for dementia and depression with behaviors and psyche symptoms.

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Review of the "Medication Administration Record" (MAR) notes for January 2016 revealed that the Levemir Insulin was ordered to be administered at 8:00 p.m., and was administered late. These are as follows:
1-3-16 administered at 9:06 p.m.
1-5-16 administered at 9:31 p.m.

Review of the "Medication Administration Record" (MAR) notes for January 2016 revealed that the Seroquel was ordered to be administered at 9:00 p.m., and was administered late, as follows:
1-5-16 administered at 10:19 p.m.

On 1-06-16 at 10:30 a.m. an interview with the "Director of Nursing (DON), and the Administrator, was conducted. They stated they would have to look into the concern of late medication administration for Resident #103, and return with further information.

On 1-06-16 at 11:30 a.m. the DON and Administrator returned, and stated the problem was that the nurse who had administered the medications, had documented them after all medications were passed and completed on the unit. They stated that the nurse had been contacted via telephone and stated that the medications had been administered 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.

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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 information.