

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
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NAME OF PROVIDER OR SUPPLIER ALBEMARLE HEALTH AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1540 FOUNDERS PLACE CHARLOTTESVILLE, VA 22902
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 04/24/2018 through 04/26/2018. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. Six complaints were investigated. The Life Safety Code survey/report will follow.</p> <p>The census in this 120 certified bed facility was 111 at the time of the inspection. The survey sample consisted of 23 current Resident reviews and 5 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>12VAC5-371-220 (H) Please cross reference to F-580.</p> <p>12VAC5-371-250 (A) Please cross reference to F-656.</p> <p>12VAC5-371-250 (B-2) Please cross reference to F-657.</p> <p>12VAC5-371-220 (B) Please cross reference to F-684, F-693 and F-694.</p> <p>12VAC5-371-220 (A, C) Please cross reference to F-689.</p>	F 001	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F 580 cross reference to 12VAC5-371-220 (H) 1) Resident #39's MD is now made aware of low blood sugar on 3/25/2018, patient has since returned to center with</p>	6/8/18

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

TITLE

(X6) DATE

Electronically Signed

05/14/18

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F 001	<p>Continued From page 1</p> <p>12VAC5-371-220 (C. 3) Please cross reference to F-690.</p> <p>12VAC5-371-340 (D. 4) Please cross reference to F-692.</p> <p>12 VAC 5 - 371-220 (D) Please cross reference to F- 695.</p> <p>12 VAC 5 -371-220 (A) (B) Please cross reference to F- 697.</p> <p>12VAC5-371-300 (H) Please cross reference to F-756.</p> <p>12 VAC 5- 371-220 (A) Please cross reference to F-757.</p> <p>12 VAC 5-371-320 (B) Please cross reference to F-791.</p> <p>12VAC5-371-180 (A) Please cross reference to F-880</p>	F 001	<p>no further untoward event.</p> <p>2) All residents that receive blood glucose checks are at risk.</p> <p>3) Staff Development Coordinator or designee will education all licensed nurses on notifying the MD of blood glucose readings per ordered parameters, or if the patient is symptomatic.</p> <p>4) DON or designee will audit 100% of residents receiving blood glucose checks for parameters of notification, then will audit 50% of residents 5x per week for 2 weeks, then 20% of residents 5x per week for 2 weeks. Then review findings at next QA meeting</p> <p>F 656 cross reference to 12VAC5-371-250 (B-2)</p> <p>1) All resident's care plans were updated to include:</p> <ul style="list-style-type: none"> a. Resident #86-location of dialysis shunt b. Resident #53-Profore wraps to legs c. Resident #303-no longer on isolation-Care plan current d. Resident #62-smoking with use of vape/e-cig e. Resident #39-no longer on isolation-Care plan current f. Resident #35-is no longer in the center g. Resident #12-self-care/treatment of his tracheostomy <p>2) All residents are at risk.</p> <p>3) Staff Development Coordinator or designee will educate all license nurses on completing comprehensive care plans including as indicated by resident care needs:</p> <ul style="list-style-type: none"> a. Site of dialysis shunt 	

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F 001	Continued From page 2	F 001	<p>b. Type isolation and location of isolated organism</p> <p>c. Smoking and type of device</p> <p>d. Care and maintenance of an indwelling catheter</p> <p>e. Care and maintenance of a tracheostomy</p> <p>f. Oxygen dose and route of administration</p> <p>g. Self-care/administration</p> <p>4) DON or designee will audit 100% of current resident's care plans for inclusion as indicated:</p> <p>a. Site of dialysis shunt</p> <p>b. Type isolation and location of isolated organism</p> <p>c. Smoking and type of device</p> <p>d. Care and maintenance of an indwelling catheter</p> <p>e. Care and maintenance of a tracheostomy</p> <p>f. Oxygen dose and route of administration</p> <p>g. Self-care/administration</p> <p>Then, 50% of resident's care plans 5x per week for 2 weeks, then 20% of resident's care plans 5x per week for 2 weeks, then review findings in the next QA meeting</p> <p>F 684 cross reference to 12VAC5-371-220 (B)</p> <p>1) Resident #39's MD has been notified and orders in place for glucagon. MD also ordered a new sliding scale to include notification if blood glucose is less than 60.</p> <p>2) All residents with diabetes and blood glucose monitoring are at risk.</p> <p>3) Staff Development Coordinator or</p>	

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F 001	Continued From page 3	F 001	<p>designee will educate all licensed nursing staff on obtaining orders prior to administration of medication, and entering sliding scales to include MD notification</p> <p>4) DON or designee will audit 100% of current patients with diabetes and blood glucose monitoring for glucagon orders and MD notification parameters on all Sliding Scale orders, then 50% of patients with diabetes and blood glucose monitoring 5x per week for 2 weeks, then 25% of patients 5x per week for 2 weeks, the review findings in next QA meeting. F 693 cross reference to 12VAC5-371-220 (B)</p> <p>1) Resident #35 is no longer in the center. 2) All residents with PEG tubes at risk. 3) Staff Development Coordinator or designee will educate licensed nursing staff on obtaining orders for the care of a PEG tube and include flushes with every medication administration. 4) DON or Designee will audit 100% of current residents with PEG tubes for care orders that include flushes with medication administration, then 50% of residents with PEG tubes 3x weekly for 2 weeks, then 25% of residents with PEG tubes 3x weekly for 2 weeks, then review findings in following QA meeting F 694 cross reference to 12VAC5-371-220 (B)</p> <p>1) Resident #35 is no longer in the center. 2) All residents with PICC lines are at risk. 3) Staff Development Coordinator or</p>	

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F 001	Continued From page 4	F 001	<p>designee will educate licensed nursing staff on obtaining orders for the care and maintenance of PICC lines.</p> <p>4) DON or Designee will audit 100% of current residents with PICC lines for orders regarding the care and maintenance of the intervention, then 50% of residents with PICC lines 5x weekly for 2 weeks, then 25% of residents 5x weekly for 2 weeks, then review findings in the following QA meeting.</p> <p>F 689 cross reference to 12VAC5-371-220 (A,C)</p> <p>1) Resident #86's wheelchair has been adjusted to include brake extenders. Resident #86's care plan now includes all assistive devices utilized in the care of the resident.</p> <p>2) All residents are at risk.</p> <p>3) Staff Development Coordinator or designee will educate all licensed nursing staff on ensuring assistive devices needed to inact the plan of care are in place for resident use.</p> <p>4) DON or designee will audit 100% of current residents for care planned assistive devices, and verify devices are in place for resident use, then 20% of residents 4x weekly for 2 weeks, then 20% of residents 2x weekly for 2 weeks, and review findings during next QA meeting.</p> <p>F 690 cross reference to 12VAC5-371-220 (C. 3)</p> <p>1) Resident #35 and #28 are no longer in the center.</p> <p>2) All residents with indwelling catheter or perform self-catheterizations are at risk.</p>	

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F 001	Continued From page 5	F 001	<p>3) Staff Development Coordinator or designee will educate licensed nursing staff on:</p> <ul style="list-style-type: none"> a. Obtaining orders for care of indwelling catheters b. How to assess patients ability to perform self-catheterization. <p>4) DON or Designee will audit 100% of current residents with indwelling catheters for appropriate care orders and audit 100% of current residents requesting to self-catheterize for assessment completion. Then 50% of residents with indwelling catheters 5x weekly for 2 weeks and 50% of residents requesting to self-catheterize 5x weekly for 2 weeks. Then 20% of residents with indwelling catheters 5x weekly for 2 weeks and 20% of residents requesting to self-catheterize 5x weekly for 2 weeks. Then review all findings in the next QA meeting.</p> <p>F 692 cross reference to 12VAC5-973-340 (D. 4)</p> <ul style="list-style-type: none"> 1) Resident #28 has now been seen by speech therapist and appropriate diet ordered for resident. Dentist consult initiated and appointment scheduled for May 16, 2018 2) All residents are at risk. 3) Staff Development Coordinator or designee will educate all licensed staff on inclusion of oral assessment with ability to chew on patients with unexplained weight loss. 4) DON or Designee will audit 100% of current residents with unexplained weight loss for appropriate assessment including ability to chew, then 50% of residents with 	

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F 001	Continued From page 6	F 001	<p>unexplained weight loss weekly for 2 weeks, then 25% of residents with unexplained weight loss weekly for 2 weeks, then review findings in following QA meeting.</p> <p>F 695 cross reference to 12VAC5-371-220 (D)</p> <ol style="list-style-type: none"> 1) Resident #12 has now been assessed for ability to provide self-care to tracheostomy and orders obtained accordingly. Resident #35 is no longer in the center. 2) All residents with tracheostomy care are at risk. 3) Staff Development Coordinator or designee will educate licensed nursing staff on: <ol style="list-style-type: none"> a. Obtaining orders for the care of a tracheostomy b. Appropriate orders for supplemental oxygen use with tracheostomy c. Appropriately documenting when care is provided by nurse 4) DON or Designee will audit 100% of current residents with tracheostomy tubes for: <ol style="list-style-type: none"> a. Appropriate care orders b. Need for supplemental oxygen orders c. Appropriate documentation based on the care provided <p>Then 50% of residents with tracheostomy 5x weekly for 2 weeks, then 25% of residents with tracheostomy 5x weekly for 2 weeks, then review findings in the following QA meeting.</p> <p>F 697 cross reference to 12VAC5-371-220</p>	

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F 001	Continued From page 7	F 001	<p>(A)(B)</p> <ol style="list-style-type: none"> 1) Resident #147 is no longer in the center. 2) All residents receiving as needed pain medication are at risk. 3) Staff Development Coordinator or designee will educate licensed nursing staff providing and documenting non-pharmacological intervention usage prior to as needed pain medication administration. 4) DON or Designee will audit 50% of current residents receiving as needed pain medication 5x weekly for 2 weeks, then 25% of residents receiving as needed pain medication 5x weekly for 2 weeks, then review findings in the following QA meeting. <p>F 756 cross reference to 12VAC5-371-300 (H)</p> <ol style="list-style-type: none"> 1) Resident #9 has now had pharmacy recommendations reviewed by MD, Metformin has been reduced to recommended dosage and BMP has been obtained and reviewed by MD. 2) All residents are at risk. 3) Staff Development Coordinator or designee will educate licensed nursing staff, practitioners, and medical director on the process for addressing pharmacy recommendations. 4) DON or Designee will audit 100% of current residents with pharmacy recommendations from April for completion, then 50% of residents with pharmacy recommendations 4x weekly for 2 weeks, then 25% of residents with 	

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F 001	Continued From page 8	F 001	<p>pharmacy recommendations 4x weekly for 2 weeks, then review findings in following QA meeting.</p> <p>F 757 cross reference to 12VAC5-371-220 (A)</p> <ol style="list-style-type: none"> 1) Resident #9's Paxil decrease has now been reviewed by the MD and reduced. Resident # 14's Cymbalta decrease has now been reviewed by the MD and reduced. No other current recommendations for these two residents. 2) All residents are at risk. 3) Staff Development Coordinator or designee will educate licensed nursing staff, practitioners, and medical director on the process for addressing pharmacy recommendations and ensuring orders are carried out. 4) DON or Designee will audit 100% of current residents with pharmacy recommendations from April for completion of recommendations, then 50% of residents with pharmacy recommendations 4x weekly for 2 weeks, then 25% of residents with pharmacy recommendations 4x weekly for 2 weeks, then review findings in following QA meeting <p>F 791 cross reference to 12VAC5-371-320 (B)</p> <ol style="list-style-type: none"> 1) Resident #18 now has a scheduled dental appointment on May 16, 2018 2) All residents requiring dental services at risk. 3) Staff Development Coordinator or designee will educate licensed nursing 	

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F 001	Continued From page 9	F 001	<p>staff and Social services department on the requirements of providing routine and emergent dental services.</p> <p>4) DON or Designee will audit 100% of current residents for latest dental visit and for need to see a dentist emergently, then 50% of current patients 2x weekly for 2 weeks, then 25% of current patients 2x weekly for 2 weeks, then review in following QA meeting.</p> <p>F 880 cross reference to 12VAC5-371-180 (A)</p> <p>1) RN #4 has been educated on the appropriate procedures to maintain proper infection control during medication administration. The resident□s receiving medication during the medication administration on 4/25/2018 experienced no untoward incident do to the medication administration..</p> <p>2) All residents are at risk.</p> <p>3) Staff Development Coordinator or designee will educate licensed nursing staff on the procedures of maintaining proper infection control practices during medication administration.</p> <p>4) DON or Designee will audit 100% of nurses for infection control violations during medication administration, then will complete 5 medication administration observations per week for 2 weeks, then 3 medication administration observations per week for 2 weeks, then review findings in following QA meeting.</p>	