STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495321	A. BUILDING _____ B. WING _____	R 05/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL LEXINGTON	205 HOUSTON STREET EAST LEXINGTON, VA 24450

(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid second revisit to the standard survey of 02/06/2018 through 02/12/2018, and the first revisit of 04/03/2018 through 04/04/2018, was conducted 05/01/2018. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Corrected deficiencies are identified on the CMS 2567-B. There were no new findings and there were no complaints investigated during this survey. The census in this 60 certified bed facility was 57 at the time of the survey. The survey sample consisted of nine current Resident (Resident #201 through Resident #209).	{F 000}		
{F 689} SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interview, resident interview, clinical record review, and facility document review, the facility staff failed to ensure safety devices to prevent falls were in place for one of nine residents, Resident #202. Resident #202 did not have a physician ordered fall alarm in place on 04/28/2018 when she fell in her room.	{F 689}	**F689** **Corrective Action(s):** Resident #202's attending physician has been notified that facility staff failed to ensure a physician ordered fall alarm was in place as ordered. A facility incident and accident form has been completed for this incident. **Identification of Deficient Practices/Corrective Action(s):** All other residents with physician ordered fall alarm devices to prevent falls may have been potentially affected. The DON and/or Unit Manager will conduct a 100% review of all residents with physician ordered fall alarm devices to identify residents at risk for inconsistent application of their fall alarms. 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 physician will be notified of each incident.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tyn Jasen | TITLE: Administrator | (X6) DATE: 5/4/18

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 689}	Continued From page 1 Findings were: On 05/01/2018 at approximately 9:15 a.m., during the entrance conference, the facility administrator was asked to provide the survey team with a list of all falls since the Allegation of Compliance (AOC) date of 04/27/2018. A list of alarms was also requested. Resident #202 was on both lists and therefore, added to the survey sample. Resident #202 was originally admitted to the facility on 12/20/2017 with the following diagnoses, but not limited to: Acute kidney failure, hypoglycemia, diabetes mellitus, hypertension, irritable bowel syndrome and hypothyroidism. The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 03/23/2018. Resident #202 was assessed as cognitively intact with a summary score of "15". The clinical record was reviewed on 05/01/2018 at approximately 11:30 a.m. The progress note section contained the following information: "4/27/2018 12:52 p.m. RSD [resident] found soiled in the bathroom floor by CNA [certified nursing assistant] at 1020 [10:20 a.m.]. RSD stated she fell while toileting. No injuries noted, no complaints of pain. RSD got out of floor and got showered..." "4/27/2018 2:20 p.m. Therapy manager and this nurse spoke with resident regarding her fall earlier this date. Safety interventions were discussed...Resident in agreement with	{F 689}	**Systemic Change(s):** The facility policy and procedure for fall prevention and management has been reviewed and no revisions are warranted at this time. The DON and/or regional nurse consultant will inservice all nursing staff regarding proper use of and application of fall prevention devices to include wheelchair and bed alarms to prevent falls. **Monitoring:** The DON is responsible for maintaining compliance. The DON and/or Unit Manager will perform daily inspections of all residents with physician order fall prevention devices to monitor for compliance. Any/all negative findings will be corrected at time of discovery and disciplinary action will be taken as needed. Aggregate findings of these reviews 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: May 10, 2018**	

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wheelchair alarm being placed while she is up in the wheelchair to assist in alerting staff if she does not ask for assistance. Resident is her own RP [responsible party]..."

"4/28/2018 12:17 p.m. CNA called me into resident's room. Resident observed on floor by closet stated she was getting clothes out. Denies pain, no injuries observed. Assisted back to wheelchair..."

Observed on the POS (physician order sheet) was an order dated 04/27/2018, "Pad alarm to wheelchair". The electronic care plan was reviewed. Beside the focus area for "Falls" was an intervention dated 04/27/2018: pad alarm to wheelchair.

he April TAR (Treatment Administration Record) was reviewed. Observed was the following: "Pad alarm to wheelchair Order Date: 4/27/18 Start Date: 4/27/18" The alarm was checked off as being in place at 10:30 p.m. on 4/27/2018 and at 6:30 a.m. on 04/28/2018.

At approximately 1:00 p.m. on 05/01/2018, the "POC [plan of correction] Weekly Fall audit 2018" was reviewed for Resident #202's fall on 04/27/2018 and 04/28/2018.

The following information was observed for the fall on 04/27/2018: "Date and Time of Fall : 4/27 @1020; Location: room-bathroom...Interventions prior to fall: Keep items used frequently within reach, call bell in reach, bed in low position, proper footwear, monitor for changes in health condition; Interventions initiated post fall: Neuro checks, Chair alarm, hold lisinopril 4/28 then 5 mg daily

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{F 689}	Continued From page 3	{F 689}		

starting 4/29..."

The following information was observed for the fall on 04/28/2018: "Date and Time of Fall : 4/28 @ 0815 [8:15 a.m.]; Location: Fell getting clothes out of the closet...Interventions prior to fall: Keep items used frequently within easy reach; Interventions initiated post fall: Orthostatic BP [blood pressure] and pulse 2 X [times] a day X 3 days, Neuro checks..."

There was no mention on the audit for the fall on 04/28/2018 regarding the pad alarm on her wheelchair being in place as ordered by the physician the day before on 04/27/2018. The DON [director of nursing] was asked about the chair pad alarm at approximately 1:10 p.m. She stated, "We didn't implement that until after the fall on the 28th." The physician order was shown to the DON, she stated, "Let me check on that." A copy of the facility fall investigation for the fall on 04/28/2018 was requested.

The facility "Resident Incident Report" for the fall on 04/28/2018 was reviewed . There was no mention on the report or either of the three witness statements of a chair alarm being in place or sounding at the time of fall. Two of the facility staff members (LPN #1 and CNA #1) who completed witness statements were working in the facility and were interviewed by this surveyor.

LPN (licensed practical nurse) #1 was interviewed at approximately 1:20 p.m. After she read her witness statement, she was asked if she remembered the fall. She stated she did. She was asked if Resident #202's chair pad alarm was sounding. She stated, "I didn't hear it, but the CNA may have already turned it off by the

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time I got in there."

CNA #1 was interviewed at approximately 1:25 p.m. After reading her witness statement, she was asked if she remembered the fall. She stated she did. She was asked if Resident #202's chair pad alarm was sounding. She stated, "I don't think she had an alarm then. I was in another room and I heard her yelling for help. When I went in there she was on the floor, there wasn't an alarm sounding. CNA #1 was asked if she was the first person in the room after the fall. She stated, "Yes, and then I went and got the nurse."

Copies of information regarding the fall were requested from the DON. When the information was presented, a handwritten copy of Resident #202 care plan was included. The handwritten care plan included the following information: "W/C alarm. Ensure alarm is on and working properly when resident is in w/c. Turns alarm off by herself. Encourage her to leave alarm on." The DON was asked why the handwritten care plan contained information not included on the electronic care plan. She stated that the computer system only allowed a limited amount of information to be added. She stated she would get [Name of LPN #1] to speak with this surveyor as she was responsible for care plan updates.

Resident #202 was interviewed at approximately 1:35 p.m., regarding her alarm and her falls. She stated, "I've had some falls. They put the alarm on after I fell at my closet a few days ago." She was asked if she ever turned it off. She stated, "It's embarrassing, but I don't bother it...I know it's there for a reason...I don't know how to turn it off."

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At approximately 1:45 p.m., LPN #1 came to the conference room to speak with this surveyor. She stated that the handwritten care plan was the most up to date. "The nurse's and I update things there until I can get them in the computer." She was asked about the entry on the care plan regarding Resident #202 turning off her alarm. She stated, "I was here late on Friday night...when I was walking by I saw her turned around in her chair looking at her alarm and she had the box I asked her to leave it on and she said she would...That's when I jotted that down real quick..I just haven't put it in the computer yet." LPN #1 was asked if Resident #202 had turned the alarm off when she was talking to her. She stated, "No."

A meeting was held with the DON, the administrator and the corporate nurse consultant at approximately 2:00 p.m. on 05/01/2018. The above information was discussed. The administrator stated that he would like to have the business office manager speak with the survey team. He was informed that the survey team would review any information received.

After the meeting the administrator returned to the conference room at approximately 2:15 p.m. He stated, "We have nothing to add...but she [Resident #202] is very manipulative...we were having her check sent here and she called and got it changed...she is very manipulative." The administrator was asked if those behaviors were care planned, he stated that he didn't know. The electronic care plan was reviewed, there was no mention of manipulative behaviors or interventions for manipulative behaviors observed on the care plan.

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{F 689}	Continued From page 6 No additional information was received prior to the exit conference on 05/01/2018.	{F 689}		