

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

PRINTED: 07/11/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2016
NAME OF PROVIDER OR SUPPLIER SENTARA OBICI SPECIALTY REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 GODWIN BOULEVARD SUFFOLK, VA 23434		
(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	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare standard re-certification survey was conducted 07/6/16 through 07/7/16. Corrections are required with the following 42 CFR Part 483 Federal Long Term Care requirement(s). The Life Safety Code survey/report will follow.</p> <p>The census in this 8 certified bed facility was 1 at the time of the survey. The survey sample consisted of 1 current resident review (Resident #1).</p> <p>F 176 483.10(n) RESIDENT SELF-ADMINISTER SS=D DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, clinical record review and facility document review the facility staff failed to determine for 1 of 1 resident (Resident #1) in the survey sample, it was safe for self-administration of medications.</p> <p>During a medication pass observation, Resident #1 had Flonase nasal spray stored in the compartment section of her overbed table. The facility's interdisciplinary team had not determined that this practice was safe for the resident self administer.</p> <p>The findings included:</p>	F 000		

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

Elizabeth A. Brown

TITLE

Administrator

(X6) DATE

7/21/2016

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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Resident #1 was admitted to the nursing facility on 6/30/16 status post bilateral total knee replacement.

The resident was not due a Minimum Data Set (MDS) assessment. The Skilled Nursing Assessment dated 6/30/16 indicated the resident was alert and oriented times 4. She was up and out of bed with crutches and stand by assist.

On 7/6/16 at 9:00 a.m., during observation of medication pass and pour, Resident #1 pulled out the Flonase* from a compartment in the overbed table and stated, "I don't think I will take this right now, maybe I will pull it out later and use it." When asked of Licensed Practical Nurse (LPN) #1 if the resident had been assessed to safely an accurately self administer medications, she stated, "I guess, she came here with it." The LPN stated she was not familiar with any assessments necessary to keep medications at the bedside. The Administrator informed her that a self assessment form had to filled out in order for the resident to keep any and all medications stored at the bedside.

*Flonase/Fluticasone nasal spray is used to relieve sneezing, runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies (caused by an allergy to pollen, mold, dust, or pets). Fluticasone nasal spray should not be used to treat symptoms (e.g., sneezing, stuffy, runny, itchy nose) caused by the common cold. Fluticasone is in a class of medications called corticosteroids. It works by blocking the release of certain natural substances that cause allergy symptoms (<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a695002.html>).

F 176 **F-176 Self-administration of Medications**

1. Resident #1 was assessed and found to be safe to self-administer her nasal spray.
2. Residents who self-administer medications have the potential to be affected by this deficient practice.
3. All SSRC licensed nurses will be educated on the policy and documentation related to self-administration medications.
4. The Director of Nurses and/or designee will audit 100% of new admissions to SSRC for compliance with the self-administration of medications policy for two weeks; then two (2) admissions/week for 4 weeks.
5. Date Certain: August 18, 2016

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F 176

Resident #1 had a physician's order dated 7/1/16 for Flonase Nasal Spray 2 sprays to each nostril daily. There was no order that the resident could self administer this medication.

Review of the facility's policy dated 7/8/14 titled "Bedside storage of Medications" indicated bedside medication storage is permitted for patients who are willing and able to self-administer medications upon the written order of the prescriber and when it is deemed appropriate in the judgement of the facility's interdisciplinary team. Bedside storage is indicated on the patient medication record. Patient instruction review is required, how it is to be used, how often, proper cleaning of inhalers, proper storage of the medication and the necessity of reporting each dose used to the nursing staff. The completion of this instruction is documented in the patient's medical record. The medication nurse will record on the MAR each administration.

On 7/7/16 at 11:00 a.m., the above findings was re-shared with the Administrator. She stated Resident #1 did not have the self administration assessment along with a physician's order to allow her to administer the Flonase, but one would be completed.

F 371 483.35(i) FOOD PROCURE,
SS=F STORE/PREPARE/SERVE - SANITARY

F 371

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and

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F 371	<p>Continued From page 3</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on the kitchen inspection, staff interviews and facility documentation, the facility staff failed to ensure food was stored and prepared in a manner to maintain food integrity, and equipment was cleaned to prevent contamination to maintain the safety of the food for human consumption.</p> <p>The findings include:</p> <p>On 7/6/16 at 1:30 p.m., during the official inspection of the kitchen with the Food Service Director (FSD), the following observations were made:</p> <p>-The scooper was observed directly in the rice of the rice bin. A scooper was also observed in the flour, sugar, and cornmeal bins. The FSD stated he had inquired about ordering at least 5 scoop holders.</p> <p>-In the dry storage, there was an undated opened bag of vanilla wafers, one half opened bag of confectioners sugar, open bag of bulgur wheat (25 pound bag), 2 opened packages of spaghetti noodles (10 pound bags), opened bag of Panko bread crumbs (25 pound bag) on one of the bottom shelves and opened package of tortilla shells. The FSD stated he did not understand why the items were opened and undated because the staff knew it was an expectation of his to close up</p>	F 371	<p>F-371 Food items stored properly, covered and labeled</p> <ol style="list-style-type: none"> Scoopers were placed in holders outside the bins. All opened food was immediately securely covered, dated and labeled properly. All residents have the potential to be affected by these deficient practices. Kitchen staff was educated on requirement for scooper storage, and to cover and label all food packages when opened. The Food Service Manager (Designee) will inspect dry storage for proper storage for scoopers; and opened packages of food to ensure that they are securely covered and labeled. This monitoring will occur twice weekly for four (4) weeks, then monthly for three (3) months. Findings will be reported to QAPI. Date Certain: August 18, 2016 	

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F 371 Continued From page 4
and date items or place the dry items in the storage bins that were readily available.

-The number 2 walk in milk refrigerator had large amounts of dried milk spillage on the floor with other trash and debris build up in the corners of the refrigerator. The FSD stated the check off sheet for this refrigerator was not posted on the wall, thus no one was initialing that they swept and mopped the floor.

-The walk in freezer floor had food, trash, plastic, paper and debris under all of the carts and in the corners of the floor. The FSD stated the check off sheet for this freezer was not posted on the wall, thus no one was initialing that they swept and mopped the floor.

-The Cook's Cooler had an open and undated package of cream cheese on one of the top shelves.

-The hood vents had a heavy build up of grease with some drippings from one the vents. The FSD stated the hood was cleaned every three months by a pressure washing company, but he thought that was all that was needed and they never removed the vents in between the three month pressure washing of the hood. The FSD stated he would have the vents removed and sent through the dish machine.

-The Chargriller had a heavy accumulations of grease and burned food. The check off for the Grill station was checked off as cleaned. The cook stated he would be scrapping and cleaning the Chargriller before he left at 5:00 p.m., but stated it did not look like the staff had not cleaned

F 371

F-371 Food prepare, store/prepare/serve-sanitary

1. The #2 walk-in milk refrigerator and walk-in freezer floors were swept thoroughly and scrubbed. The hood vent and Char-griller were immediately cleaned. Staff immediately placed beard guards on and educated.
2. All patients have the potential to be affected by the deficient practice.
3. Dietary staff educated on appropriate sanitation practices and protective equipment. The existing space-specific check off sheet has been posted and is being utilized. Assigned staff sign off daily demonstrating completion of cleaning tasks.
4. Food Service Manager (designee) will inspect the walk-in milk refrigerator and walk-in freezer floors twice weekly for four (4) weeks then monthly for three (3) months. (Continued on next page.)

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it sufficiently the evening before.

-On 7/6/16 two kitchen staff were not wearing a beard guard. On 7/7/16 at 12:00 p.m., the FSD gave one of the kitchen staff a beard guard. The other kitchen staff person was not working and the FSD stated he would remind him to wear the beard guard when he saw him next.

On 7/7/16 at 12:00 p.m., all of the aforementioned areas were addressed with sweeping, scrubbing and mopping of floors, the dating and labeling of food, storage bins in place for dry items and temporary bins for all the food scoopers, as well as hood vents cleaned and Chargriller scrapped and cleaned.

The Food Service Director stated he would be inservicing his staff on all of the aforementioned issues that were found during the kitchen inspection.

The kitchen policy and procedure entitled "Food and Supply Storage Procedures" dated 6/2016 indicated "Foods that must be opened must be stored in approved containers that had tight fitting lids..." In the refrigerator, "Label and date items/containers. Foods on the ladder racks must be fully covered to prevent contamination from airborne contaminants, as well as dripping condensation..." In the freezer, "Date food, wrap food tightly to prevent cross contamination..."

The policy indicated that scoops should be stored in bins on a scoop holder. Floors were to be swept and mopped in storerooms, walk-ins, including under and behind shelving.

The policy dated 1/2016 titled "Uniform dress

F 371

Food Service Manager and/or designee will audit hood system and griller three (3) times weekly for four (4) weeks then weekly for three (3) months. Food Service Manager and/or designee will audit staff with beards five (5) times weekly for four (4) weeks then weekly for three (3) months. Findings will be reported at QAPI meeting.
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code" indicated hair restraints were worn by all staff in the kitchen, including facial hair. The FSD stated at least two of his kitchen staff that were not wearing a beard guard should have been.

F 371 **F-371 Open and undated food**

1. All open and/or undated food was immediately discarded.
2. All patients have the potential to be affected by the deficient practice.
3. All dietary staff educated on appropriate date labeling and discarding of food per food storage policy.
4. The food service director (designee) will inspect stored food three (3) times weekly for three (3) weeks, then monthly for 3 months and report finding at the QAPI meeting.
5. Date Certain: August 18, 2016

This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal Law.

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