

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

PRINTED: 02/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2016
NAME OF PROVIDER OR SUPPLIER SHENANDOAH NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 339 WESTMINSTER DRIVE FISHERSVILLE, VA 22939		
(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 standard survey was conducted 2/17/16 through 2/18/16. No complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this sixty certified bed facility was 59 at the time of the survey. The survey sample consisted of thirteen current resident reviews (Residents 1 through 13) and two closed record reviews (Residents 14 and 15).		F 000	Preparation and submission of this Plan of Corrections does not constitute an admission or agreement by the provider of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirements under State and Federal Law.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility staff failed to promote resident dignity during dining. A certified nurses' aide fed three residents at the same time with use of a U-shaped table during breakfast. During a 20 minute observation the aide, seated across the table from the residents, repeatedly reached over the residents' plated food items to feed residents and had no conversation with the residents other than asking if they wanted more food or drink. The findings include:		F 241 F-241	1. U-shaped tables were removed from the facility dining room. C.N.A. staff will be in-serviced on dignity during meal service in the facility dining room. 2. All residents who require feeding assistance and who eat in the facility dining room are at risk. 3. An in-service by Staff Development Coordinator or designee for C.N.A. Staff on dignity in the facility dining room will be conducted.	

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.

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F 241	Continued From page 1 A meal observation of breakfast in the main dining room was conducted on 2/18/16 from 7:35 a.m. until 7:55 a.m. During this observation four residents were seated around the outside of a U-shaped table. Three residents were in wheelchairs and the other resident was seated in a reclining geri-chair positioned at the table. A certified nurses' aide (CNA #1) was seated in the center of the U-shaped table across from the residents. CNA #1 set up food items on each of the four trays. One resident ate independently while CNA #1 fed the other three residents simultaneously, going from resident to resident. During the 20 minute observation there was no conversation or verbal interaction between CNA #1 and any of the residents other than asking them if they wanted more food or drink. The CNA made statements that included, "Do you want anymore?" or "Juice?" None of the residents were addressed by name. The CNA fed a bite or sip of drink to one resident, proceeded to the next resident and then the third resident and repeated this pattern of feeding during the observation. The CNA was seated across the table from the residents and reached across and over their plated food items and drinks to feed them. Other residents in the dining room at this time were eating independently at small square tables. On 2/18/16 at 8:45 a.m. CNA #1 was interviewed about the breakfast observation and feeding the residents at the same time at the U-shaped table. CNA #1 stated the facility used to have regular square tables for all the residents but they changed not long ago to the U-shaped tables for residents that needed to be fed. CNA #1 stated, "They [U-shaped tables] make it easier for me to watch them [residents]." CNA #1 stated being in the center of the table was easier than sitting	F 241	4. Dignity issues will be monitored by direct observation by the Staff Development Coordinator or designee randomly twice weekly and any issues will be reported to the Director of Nursing and/or Administrator for follow through. Any issues noted and the follow through will be discussed in Quarterly QA Meetings. 5. Date of compliance: March 12, 2016		

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F 241	Continued From page 2 beside the residents because she did not have to get up and down as often. On 2/18/16 at 9:00 a.m. the director of nursing (DON) and administrator were interviewed about the breakfast observation and the use of the U-shaped tables for residents being fed. The DON stated they started using the U-shaped tables to make feeding residents requiring assistance easier. The DON stated the intent was so the aides could be at eye level and talk with the residents during the meal. The DON stated sometimes there were not enough aides to feed all of the residents needing assistance at the same time so the U-shaped tables made it easier. The administrator stated the U-shaped tables were intended to help enhance the meal experience for those requiring assistance. The administrator and DON stated aides were supposed to be interacting and conversing with residents during the meal. These findings were reviewed with the administrator and DON during a meeting on 2/18/16 at 2:05 p.m.		F 241		
F 279	483.20(d), 483.20(k)(1) DEVELOP SS=D COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.		F 279		
			F-279	1. Care Plans for resident #1 and #13 have been corrected. 2. All residents are at risk for this practice. A 100% audit of activity care plan will be completed by Activity Director.	

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F 279	Continued From page 3 The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to develop a comprehensive care plan for two of 15 residents in the survey sample. Residents #1 and #13 had no individualized care plan developed regarding recreational activities. The findings include: 1. Resident #1 had no individualized care plan develop regarding recreational activities. Resident #1 was admitted to the facility on 3/28/11 with diagnoses that included dementia, femur fracture, patella fracture, depressive disorder, anxiety, dysphagia, urinary tract infection and chronic pain. The minimum data set (MDS) dated 11/21/15 assessed Resident #1 with short and long-term memory problems and moderately impaired cognitive skills. Resident #1's MDS dated 11/21/15 listed the resident's recreational activity preferences as music and pets. This MDS care area assessment summary included activities as a	F 279	3. An in-service for the Activity Director will be conducted on individualized care plans and goals. 4. Random audits weekly of activity care plans and goals will be conducted by the Administrator and/or designee. Audit results will be shared at Quarterly QA meetings. 5. Date of compliance: March 12, 12016		

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F 279	Continued From page 4 triggered care area requiring development of a care plan. Resident #1's care plan (revised 2/12/16) included no individualized goals and/or interventions regarding the resident's preferences for activities. The care plan listed the resident needed assistance to and from activities, needed encouragement to participate and preferred to stay in bed which limited time for group activities. The goal listed stated, "Resident will maintain current level of participation with leisure and recreational activity interest through next review. The interventions listed included the resident may have a diet holiday for special events and may go on a leave of absence unless contraindicated. The care plan documented no individualized goals and/or interventions related to the resident's condition and/or activity preferences. On 2/18/16 at 8:50 a.m. the facility's activity director was interviewed about Resident #1 care plan. The activity director stated the resident was now on hospice and received mostly one to one visits. The activity director stated the resident liked to be read to, enjoyed music, singing, picture books and hand massages. Concerning the care plan, the activity director stated the plan did not include goals or activities currently being conducted with the resident. These findings were reviewed with the administrator and director of nursing during a meeting on 2/18/16 at 10:15 a.m. 2. Facility staff failed to develop a plan of care with measurable goals, time tables, and interventions to address Resident # 13's activity needs.	F 279			

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F 279	Continued From page 5	F 279			
	<p>Resident # 13 in the survey sample, an 85 year-old female, was admitted to the facility on 7/7/11, and readmitted on 3/24/13 with diagnoses that included gastroesophageal reflux disease, arthritis, osteoporosis, Non-Alzheimer's Dementia, anxiety disorder, joint contractures, vascular dementia without behavioral disturbances, osteoarthritis, chronic pain, vision loss, hearing loss, and depressive disorder. According to a Significant Change MDS, with an ARD of 9/1/15, and the most recent Quarterly MDS, with an ARD of 11/19/15, the resident was assessed under Section C (Cognitive Patterns) as having short and long term memory problems with severely impaired daily decision making skills.</p> <p>Under Section F (Preferences for Customary Routine and Activities), on the Significant Change MDS, the resident's activity preferences (Item F0500), as identified by a family member, included listening to music she liked and participating in religious services, both of which were somewhat important to her; being around animals such as pets, keeping up with the news, doing things with groups of people, and going outside for fresh air, all of which were not important at all to her; having books/newspapers/magazines to read, and doing her favorite activities, both of which were important to her, that she could no longer do or had no choice.</p> <p>Review of Resident # 13's care plan, dated 9/2/15, revealed the following problem, "ACTIVITY/RECREATIONAL NEEDS - Assist to and from activities as needed, monitor for changes in mood/behaviors, needs</p>				

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F 279	Continued From page 6 encouragement to participate, r/t (related to) long term placement, r/t physical/medical condition, pleasantly confused. One to ones provided." The goal for the problem was, "Resident will maintain current level of participation with leisure and recreational activity interests through next review." The interventions to the stated problem were, "May have diet holiday on special occasions & in activities unless otherwise ordered; and, May go on LOA (Leave of Absence) unless contraindicated. May send meds. (medications) unless contraindicated PRN (as needed)." At 1:30 p.m. on 2/18/16, the Activities Director was interviewed regarding Resident # 13's care plan for Activities. Asked to identify specific activities provided for the resident, the Activities Director said, "We do one-to-one visits. We also do strolls up to the aviary in the lobby, and she comes to religious and music programs sometimes." When asked if diet holidays and leaves of absences are activities, the Activities Director conceded they probably did not. The Activities Director also agreed there were no specific activity goals and no specific activities listed in the care plan to address the resident's needs.	F 279			
F 371	483.35(i) FOOD PROCURE, SS=F STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food	F 371			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 8SBX11 Facility ID: VA0222 If continuation sheet Page 8 of 16

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F 371	Continued From page 8	F 371			
	<p>On 2/17/16 at 1:20 p.m. the dietary employee at the three compartment sink was interviewed about rinsing the pan and tongs after soaking in the sanitizer solution. The dietary employee stated she had been washing and rinsing pans in the right order, looked at the diagram and then second guessed her sequence of steps. The dietary employee stated the diagram showed the dishes were supposed to be washed, rinsed and then soaked in the sanitizer prior to drying.</p> <p>On 2/17/16 at 1:22 p.m. the dietary manager was interviewed about rinsing the pan and tongs after the sanitizer soak. The dietary manager stated the dishes were supposed to be washed, rinsed and then soaked in the sanitizer prior to air drying. The dietary manager stated, "You made them nervous." The dietary manager stated the proper procedure for manual washing was posted above the sink.</p> <p>The facility's policy titled Sanitary Conditions - Cleaning/Sanitizing Equipment documented, "It is the policy of this facility to properly wash and sanitize utensils and equipment to prevent potential causes of food borne outbreaks." This policy listed the 3 step process for manual washing and sanitizing as washing, rinsing and sanitization of dishware. The procedure stated, "After washing and rinsing, dishes and utensils are sanitized by immersion in Hot water (at least 170 degrees F) for 30 seconds or Chemical sanitizing solution used according to manufactures [manufacturer's] instructions...All dishes and utensils are air dry, do not use towels." (sic)</p> <p>b) Dietary employees failed to use proper</p>				

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F 371	Continued From page 9 handwashing during food preparation in the kitchen. Dietary employees were observed preparing food items for lunch on 2/18/16 from 11:55 p.m. until 12:15 p.m. On 2/18/16 at 12:00 p.m. a male dietary employee removed and replaced the garbage can lid with his bare hands while discarding trash. This employee then applied gloves without any prior hand hygiene and proceeded to cut and prepare cooked roast beef. On 2/18/16 at 12:05 p.m. a dietary employee washed her hands in the sink. After washing and rinsing her hands this employee turned off the water by touching the faucet handles prior to drying her hands with a paper towel. On 2/18/16 at 12:06 p.m. the facility's cook washed her hands in the sink. The cook turn the water on, rinsed her hands under the water for approximately 3 to 4 seconds without the use of soap then turned off the water by directly touching the faucet handles prior to drying her hands with a paper towel. On 2/18/16 at 12:15 p.m. the dietary manager was interviewed about proper handwashing procedure. The dietary manager stated kitchen employees were supposed to wash their hands after touching any potential dirty items such as the garbage can. The dietary manager stated employees were supposed to scrub their hands with soap and water, rinse, dry hands with a paper towel and then use a paper towel to turn the faucet handles. The dietary manager stated the kitchen employees had been trained on proper handwashing and had "no excuses" for not following proper procedure.	F 371			

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F 371	Continued From page 10 The facility's policy titled Sanitary Conditions - Cleaning/Sanitizing Equipment stated hands were to be washed after using the restroom, before the start of work, after touching the hair, face or body, after sneezing or coughing and after touching "anything else that may contaminate hands such as dirty equipment, work surfaces, or towels." The facility's handwashing procedure stated, "Hand washing is considered to be the primary means of preventing the transmission of infection. It is the policy of this facility that staff are expected to wash their hands using an approved technique." This policy listed the handwashing procedure as, "Turn on water and adjust temperature...Soap hands well...Rub hands briskly, pay attention to area between fingers and under nails for 30 seconds...Rinse hands lowered to allow soiled water to drain into sink...Dry hands well, especially between fingers with a disposable hand towel...Use disposable hand towel to turn off faucet and then dispose in trash receptacle." These findings were reviewed with the administrator and director of nursing on 2/18/16 at 10:15 a.m. and 2:05 p.m.	F 371			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it -	F 441			

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F 441	Continued From page 11 (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, staff interview, and facility document review, the facility staff failed, for one of 15 residents in the survey sample (Resident # 5), to follow infection control practices. A housekeeping staff member was observed leaving the room of Resident # 5, who was on contact isolation, without washing her hands.	F 441	F-441 1.) Resident #5 is no longer on isolation. Housekeeping staff will be in-serviced on Infection Control for residents on isolation protocol. 2.) Housekeeping staff will be educated/in-serviced on proper indications for hand washing practices and the use of hand sanitizers associated with residents on isolation. 3.) Housekeeping staff will be in-serviced by the Housekeeping Supervisor on Infection Control Policies and hand washing technique. 4.) The Housekeeping Supervisor and/or designee will conduct random weekly audits for hand washing technique of housekeeping staff. Findings will be discussed in quarterly QA meetings. 5.) Date of compliance: March 12, 2016		

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F 441	Continued From page 12 The findings were: Resident # 5 in the survey sample, a 77 year-old female, was admitted to the facility on 12/21/15, and readmitted on 2/7/16 with diagnoses that included generalized muscle weakness, end stage renal disease with renal dialysis, constipation, chronic atrial fibrillation, chronic obstructive pulmonary disease, hypertension, diabetes mellitus, hyperlipidemia, chronic kidney disease, idiopathic gout, methicillin resistant staphylococcus aureus, and clostridium difficile (C-diff). According to an Initial Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/28/15, the resident was assessed under Section C (Cognitive Patterns) as being cognitively intact, with a Summary Score of 14 out of 15. According to a Re-entry MDS, with an ARD of 2/14/16, the resident was assessed under Section C (Cognitive Patterns) as being cognitively intact, with a Summary Score of 13 out of 15. At 1:10 p.m. on 2/17/16, during the orientation tour, an "ISOLATION" sign was observed on the door jamb of Resident # 5's room. Next to the door was an isolation cart containing yellow gowns, gloves, and masks for staff members to don when entering the resident's room. While the surveyor was making notes of the observation, a member of the housekeeping staff, who was in the resident's room at the time, went to the door of the bathroom located in the resident's room. The housekeeper was wearing	F 441			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2016
NAME OF PROVIDER OR SUPPLIER SHENANDOAH NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 339 WESTMINSTER DRIVE FISHERSVILLE, VA 22939		
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F 441	Continued From page 13 a yellow gown, which she took off and deposited in a bin located in the bathroom. The housekeeper, who was not wearing gloves at the time of the observation, then left the resident's room and went to a wall mounted hand gel dispenser where she obtained the gel and cleaned her hands. After she cleaned her hands, the surveyor asked the housekeeper if she knew why the resident was on isolation. At that time, the housekeeper said she did not know. (NOTE: It was later determined the housekeeper did know why the resident was on isolation, but she was reluctant to share that information because she thought it was a HIPPA violation.) At 1:20 p.m. on 2/17/16, RN # 1 (Registered Nurse), the Unit Manger, was asked why Resident # 5 was on isolation. RN # 1 said it was due to "...C-diff." At the request of the surveyor, the Director of Nursing (DON) provided a copy of the facility's "Hand Washing" policy. Review of the policy noted the following, "It is the policy of this facility that staff are expected to wash their hands using an approved technique." The policy listed examples of when hands should be washed, which included, "Removal of gowns/gloves/aprons; Prior to and after leaving an isolation room." The policy also included the following handwashing technique: "PROCEDURE: Turn on water and adjust temperature to comfort. Soap hands well.	F 441			

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F 441	Continued From page 14 Rub hands briskly, pay attention to area between fingers and under nails for 30 seconds. Rinse with hands lowered to allow soiled water to drain into the sink. Do not splash water on clothes or allow hands to touch the sink. Dry hands well, especially between fingers with a disposable hand towel. Use disposable hand towel to turn off faucet and then dispose in trash receptacle." At 8:40 a.m. on 2/18/16, the DON was interviewed regarding the "...approved technique..." for handwashing. According to the DON, "Soap and water is the preferred method. Staff could use hand gel between residents, but (they) should use soap and water when in the room." The DON also indicated there was a sink in each resident's room for handwashing and personal hygiene. The Potter-Perry Fundamental of Nursing, 7th Edition, on page 1180, notes the following, "Another common causative agent of diarrhea is Clostridium difficile (C. difficile), in which symptoms range from mild diarrhea to severe colitis. C. difficile infection is acquired in one of two ways, by factors that cause an overgrowth of C. difficile and by contact with the C. difficile organisms. Antibiotics...chemotherapy, and invasive bowel procedures such as surgery or colonoscopy disrupt normal bowel flora and cause an overgrowth of C. difficile. Some clients acquire the organism from a health care worker's hand or direct contact with the environmental surfaces contaminated with C. difficile. Poor hand hygiene and erratic disinfection practices result in the transmission of C. difficile. (Ref. Fundamentals of Nursing, Potter-Perry, Mosby-Elsevier, 2009.)	F 441			

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