

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

PRINTED: 12/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/14/2016
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3737 CATALPA AVE, PO BOX 711 BUENA VISTA, VA 24416		
(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	(F 000)			
	<p>An unannounced Medicare/Medicaid revisit to the standard survey that was conducted 11/01/2016 through 11/03/2016, was conducted 12/13/16 through 12/14/16. Corrections are required for compliance with 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.</p> <p>The census in this 93 certified bed facility was 71 at the time of the survey. The survey sample consisted of 9 current Resident reviews (Residents #1 through #9).</p> <p>F 281. 483.20(k)(3)(i) SERVICES PROVIDED MEET SS=D PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility document review, it was determined that facility staff failed to follow professional standards of practice for one of nine residents in the survey sample, Resident #104.</p> <p>Facility staff failed to document that 6:00 a.m. medications were given after they were administered to Resident #104.</p> <p>The findings include:</p> <p>Resident #104 was admitted to the facility on 12/18/14 and readmitted on 4/20/15 with</p>		<p>Shenandoah Valley Health and Rehab ("Facility") is filing this Plan of Correction for purposes of regulatory compliance. The Facility is submitting this Plan of Correction to comply with applicable law. The submission of the Plan of Correction does not represent an admission or agreement with respect to the alleged deficiencies.</p> <p>1. Resident #104 remains in the facility. Medications were signed off on 12/13/16 during the evening shift for medications that were not signed off for the 6:00 am medications administered which included Sodium Chloride 1 GM for hyponatremia, Ferrous Sulfate 325 (64 FE (iron) MG for iron deficiency anemia, Lactulose Solution 10 GM/15 ML for elevated ammonia level.</p>		

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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 281	Continued From page 1 diagnoses that included but were not limited to lung cancer, acute respiratory failure, chronic kidney disease, anemia, Parkinson's Disease, type two diabetes mellitus and hypothyroidism. Resident #104's most recent MDS (minimum data set) was a significant change assessment with an ARD (assessment reference date) of 10/18/16. Resident #104 was coded as being cognitively intact in the ability to make daily decisions scoring 15 out of 15 on the BIMS (brief interview for mental status) exam. Resident #15 was coded as requiring supervision only with walking, and locomotion; independent with bed mobility, transferring, walking, dressing, eating, and toileting and extensive assistance with bathing. Review of Resident #104's December 2016 MARS (medication administration record) revealed blanks (holes) on 12/13/16 at 06:00 a.m. for the following medications: "Sodium Chloride [1] 1 GM (Gram) Give 1 tablet by mouth four times a day for hyponatremia (low salt concentration in blood) Ferrous Sulfate [2] 325 (64 FE (iron)) MG (milligram) Give 1 tablet by mouth three times a day for iron deficiency (sic) anemia Lactulose Solution [3] 10 GM/15 ML (milliliters) Give 30 ml by mouth three times a day for elevated ammonia level." On 12/13/16 at 6:30 p.m., an interview was conducted with Resident #104. When asked if she received her 6:00 a.m. medications that day she stated, "Yes, I got them today. I've been taking them."	F 281	2. Residents receiving medications have the potential to be affected by this deficient practice. DNS/Designee will print Missed observation report five days a week for review of omissions, and implement corrective action if indicated. 3. Education will be provided to licensed nurses on facility policy titled, "Medication Administration Guidelines."		

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F 281	Continued From page 2 On 12/13/16 at 6:45 p.m., an interview was conducted with RN (registered nurse) #3. When asked what blanks or holes on the MARs meant RN #3 stated that it meant the nurse forgot to sign out the medication. RN #3 stated that holes did not necessarily mean that the medication was not given. RN #3 stated that the nurse who worked that shift would be in the facility at 7 p.m. On 12/13/16 at 6:55 p.m., an interview was conducted with RN #2, the nurse who forgot to document the 6 a.m. medications were given. When asked what blanks or holes meant on the MAR, RN #2 stated, "You mean blanks like how I forgot to sign out the 6 a.m. medications? RN #2 stated that she had forgot to sign out the medications but she did give them to Resident #104. RN #2 stated that she just went into the electronic medication system and signed all the 6:00 a.m. medications documenting them as administered. On 12/14/16 at 9:06 a.m., an interview was conducted with RN #1, the unit manager. When asked what should be done right after medications are administered to a Resident, RN #1 stated that all medications should be signed off. When asked why this is important, RN #1 stated, "So you know they (residents) have been given their medications, especially for the oncoming nurse." When asked if this was a nursing standard of practice, RN #1 stated that it was. RN #1 stated that the facility used Lippincott as a reference for nursing standard of practice. On 12/14/16 at 10:00 a.m., an interview was conducted with ASM (administrative staff member) #2, the DON (Director of Nursing).	F 281	4. DNS/designee will implement process for licensed nurses to validate medications have been signed off for their shift by having upcoming nurse view MAR and TAR for omissions of signatures during shift change. Log will be maintained and signed by departing nurse and upcoming nurse to assure clinical record is accurate and the documentation has been completed. This log will be reviewed five days a week for compliance and results will be taken to Quality Assurance Committee monthly for three months for review and recommendations. 5. Corrective action will be completed Dec. 21, 2016		

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F 281	Continued From page 3 ASM #2 stated that the facility had noticed blanks/holes on the MARS for Resident #104 and called RN #2 on the telephone. ASM #2 stated that they reminded RN # to go back and sign that she had administered the 6:00 a.m. medications when she came in to work her next shift. When asked what was the nursing standard of practice after administering medications to a resident, ASM #2 stated that nurses should be documenting right after the medication is administered. ASM #2 stated that the facility uses Lippincott as a nursing standard of practice. On 12/14/16 at 11:00 a.m., ASM (administrative staff member) #1, the administrator, was made aware of the above findings. Facility policy titled, "Administration Procedures for all Medications," documents in part, the following: "J. After administration, return to cart, replace medication container (if multi-dose and doses remain), and document administration in the MAR or TAR (treatment administration record), and controlled substance sign out record, if indicated." No further information was provided prior to exit. According to Fundamentals of Nursing Made Incredibly Easy; Lippincott, Williams & Wilkins, page 176, "Document drugs immediately after you administer them. Delaying charting, especially for p.r.n. (as needed) medications, can result in repeated doses." Sodium Chloride [1] - "Used to replenish sodium in the body. When depleted in the body, sodium must be replaced in order to maintain intracellular	F 281			

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F 281	Continued From page 4 osmolarity, nerve conduction, muscle contraction and normal renal function." This information was obtained from the National Institutes of Health. https://pubchem.ncbi.nlm.nih.gov/compound/sodium_chloride . Ferrous Sulfate [2] - "Ferrous Sulphate is an iron supplement for iron deficiency and iron deficiency anemia when the need for such therapy has been determined by a physician." This information was obtained from the National Institutes of Health. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?id=37597 . Lactulose Solution [3] - Used to treat constipation and decrease ammonia levels in patients with liver disease. This information was obtained from The National Institutes of Health. https://search.nih.gov/search?utf8=%E2%9C%93&affiliate=nih&query=lactulose .	F 281			
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.	F 514	1. Resident #104 and resident #108 remain in facility. Resident #104 had a behavior monthly flow sheet form placed on chart for documentation of attempted non-pharmacological interventions. Resident #108 had behavior monthly flow sheet in place for use of PRN Ambien.		

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F 514 Continued From page 5

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This REQUIREMENT is not met as evidenced by:

Based on staff interview and clinical record review, it was determined that facility staff failed to maintain a complete and accurate clinical record for two of nine residents in the survey sample, Resident #104 and #108.

1. The facility staff failed to document that non-pharmacological interventions were attempted prior to administering an as needed anti-anxiety medication to Resident #104 on 12/9/16.

2. The facility staff failed to document non-pharmacological interventions were attempted prior to administering an as needed sleep medication to Resident #108 on 12/11/16 and 12/12/16.

The findings include:

1. The facility staff failed to document that non-pharmacological interventions were attempted prior to administering an as needed anti-anxiety medication to Resident #104 on 12/9/16.

Resident #104 was admitted to the facility on 12/18/14 and readmitted on 4/20/15 with diagnoses that included but were not limited to lung cancer, acute respiratory failure, chronic kidney disease, anemia, Parkinson's Disease, type two diabetes mellitus and hypothyroidism. Resident #104's most recent MDS (minimum data set) was a significant change assessment with an ARD (assessment reference date) of 10/18/16. Resident #104 was coded as being

2. Residents that have physician's orders for PRN Ativan and Ambien have the potential to be affected by this deficient practice. DNS/Designee will audit residents with orders for PRN Ambien and/or Ativan for placement of behavior monthly flow sheets for documentation of non-pharmacological interventions.

3. Licensed nurses will be educated on documenting all non-pharmacological interventions attempted prior to administering PRN medications on the behavior monthly flow sheet form.

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F 514	Continued From page 6 cognitively intact in the ability to make daily decisions scoring 15 out of 15 on the BIMS (brief interview for mental status) exam. Resident #15 was coded as requiring supervision only with walking, and locomotion; independent with bed mobility, transferring, walking, dressing, eating, and toileting and extensive assistance with bathing. Review of Resident #104's December 2016 MAR (Medication Administration Record) revealed that Resident #104 received Ativan [1] 0.5 mg (milligrams) prn (as needed) on 12/9/16 at 6:36 p.m. Review of Resident #104's nursing notes, revealed the following note dated 12/9/16 at 6:36 p.m.: "LORazepam (Ativan) Tablet 0.5 MG Give 0.5 mg by mouth as needed for anxiety for 2 weeks BID (two times a day) prn (as needed) x 2 weeks (for 2 weeks). Resident calls staff to her room and states she don't know what to do. At lunch she stated that she had forgotten how to eat." Further review of the nursing notes revealed the following note dated 12/9/16 at 8:36 p.m.: "LORazepam 0.5 MG...PRN administration Effective Resident resting quietly at this time." There was no evidence that non-pharmacological interventions were attempted prior to the administration of Ativan. On 12/13/16 at 6:45 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the nurse who administered the Ativan to Resident #104. When asked the process prior to administering a prn anti-anxiety medication, LPN	F 514	4. DNS/Designee will monitor PRN Medication for appropriate documentation including non-pharmacological interventions five days a week to validate compliance. Any identified concerns will be addressed as indicated. 5. Corrective action will be completed by Dec. 21, 2016.		

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F 514	Continued From page 7 #2 stated that nursing would attempt non-pharmacological interventions first depending on the situation. LPN #2 stated that nursing always attempts non-pharmacological interventions for Resident #104 prior to giving her Ativan. LPN #2 stated that he will try to talk to her to find out what is causing her anxiety, and he will also try redirecting. When asked if non-pharmacological interventions are documented, LPN #2 stated that they should be documented in the nursing notes. LPN #2 stated that he forgot to document non-pharmacological interventions for Resident #104. On 12/14/16 at 10:00 a.m., an interview was conducted with ASM #2, the DON (Director of Nursing). ASM #2 stated that non-pharmacological interventions should be attempted prior to administering pm anti-anxiety medications. ASM #2 stated that nursing should be taking credit for the interventions they attempted and document in the nursing notes. ASM #2 stated that she is working on encouraging staff to document. On 12/14/16 at 11:00 a.m., ASM #1, the administrator was made aware of the above findings. No further information was presented prior to exit. Ativan [1]- is used to treat anxiety by slowing down the central nervous system. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0010988/?report=details 2. The facility staff failed to document	F 514			

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F 514	Continued From page 8 non-pharmacological interventions were attempted prior to administering an as needed sleep medication to Resident #108 on 12/11/16 and 12/12/16. Resident #108 was admitted to the facility on 7/29/15. Resident #108's diagnoses included but were not limited to: muscular dystrophy (1), major depressive disorder and respiratory failure. Resident #108's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 11/16/16, coded the resident as being cognitively intact. Section N coded Resident #108 as having received hypnotic (sleep) medication four out of the last seven days. Resident #108's comprehensive care plan initiated on 5/25/16 documented, "At risk for sleep pattern disturbance: C/O (complains of) insomnia or not being able to sleep; use of anti-hypnotic...Interventions: 7/1/16 Ambien (2) per MD order; Assess for pain and offer pain medications and other interventions if needed..." Review of Resident #108's December 2016 MAR (medication administration record) revealed staff administered five milligrams of as needed Ambien to Resident #108 on 12/11/16 and 12/12/16 (in addition to other dates). Further review of Resident #108's MAR and nurses' notes failed to reveal documentation that staff attempted non-pharmacological interventions prior to the administration of as needed Ambien to the resident. On 12/14/16 at 9:34 a.m., a telephone interview was conducted with LPN (licensed practical nurse) #1 (the nurse responsible for administering as needed Ambien to Resident	F 514			

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#108 on 12/11/16 and 12/12/16). LPN #1 was asked what should be done prior to administering an as needed sleep medication. LPN #1 stated she makes sure the resident is comfortable, assists the resident to the bathroom and offers the resident food and drink. LPN #1 stated she tries those interventions in hopes that the resident will not require the sleep medication. LPN #1 was asked if she attempts those interventions with Resident #108. LPN #1 stated the only times she administers as needed Ambien to Resident #108 is when the resident requests the medication but she still attempts non-pharmacological interventions. LPN #1 was asked what type of interventions she attempts with the resident. LPN #1 stated she offers the resident snacks and tries to make the resident comfortable in bed so he can relax and sleep. LPN #1 was asked if she documents this information. LPN #1 stated, "I should document more so. Sometimes I don't."

On 12/14/16 at 10:00 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 was made aware of the above findings. ASM #2 stated staff should document when they attempt non-pharmacological interventions prior to the administration of as needed sleep medication. ASM #2 stated she has encouraged staff to document more thoroughly. At this time, ASM #2 was asked to provide a policy regarding the above matter.

On 12/14/16 at 10:34 a.m., ASM #2 presented Resident #108's December 2016 behavior monthly flowsheet. The flowsheet failed to reveal documentation of attempted non-pharmacological interventions for 12/11/16 and 12/12/16. At this time, ASM #2 stated the facility did not have a

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policy regarding the documentation of
non-pharmacological interventions prior to the
administration of as needed sleep medication.

On 12/14/16 at 10:40 a.m., ASM #1 (the
administrator) was made aware of the findings.

No further information was presented prior to exit.

(1) "Muscular dystrophy (MD) is a group of more
than 30 inherited diseases. They all cause
muscle weakness and muscle loss..." This
information was obtained from the website:

<https://medlineplus.gov/musculardystrophy.html>

(2) "Zolpidem is used to treat insomnia (difficulty
falling asleep or staying asleep)..." This
information was obtained from the website:

[https://medlineplus.gov/druginfo/meds/a693025.h
tml](https://medlineplus.gov/druginfo/meds/a693025.html)