Our Home, Our Family, Our Life, Too.

Heritage Hall of Virginia Beach • 5580 Daniel Smith Rd. • Virginia Beach, VA 23462 • (P) 757.499.7029

February 9, 2016

Office of Licensure and Certification
Division of Long Term Care Services
9960 Mayland Drive – Suite 401
Attn: Elizabeth Hudnall, Long Term Care Supervisor
Henrico, VA 23233-1463

Ms. Hudnall;

Attached to this cover letter you will find Heritage Hall – Virginia Beach's Plan of Correction and our credible allegation of compliance. The Plan of Correction addresses the corrective action, identification of deficient practices, systemic changes, and monitoring that will be implemented to address deficient practices identified during the annual survey.

If I can be of further assistance don't hesitate to contact me at (757) 499-7029.

MONE LAHA

Sincerely;

Ashley Jackson Administrator

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FEB 10 2016

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION

(X2) MULTIPLE CONSTRUCTION A. BUILDING

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

PRINTED: 02/02/2016 FORM APPROVED

C

495234

B. WING

01/28/2016

NAME OF PROVIDER OR SUPPLIER

(X4) ID

PREFIX TAG

HERITAGE HALL VIRGINIA BEACH

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

1D PREFIX TAG

VIRGINIA BEACH, VA 23462 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

STREET ADDRESS, CITY, STATE, ZIP CODE

5580 DANIEL SMITH ROAD

(X5) COMPLETION DATE

F 000 INITIAL COMMENTS

An unannounced Medicare/Medicaid standard survey was conducted on 1/26/16 through 1/28/16. One complaint was investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care Requirements. The Life Safety Code survey/report will follow.

The census in this 90 certified bed facility was 86 at the time of the survey. The survey sample consisted of 16 current resident reviews (Residents #1 through 16) and 3 closed record reviews (Residents #17 through 19).

F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP SS=D

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative, and periodically reviewed and revised by a team of qualified persons after each assessment.

F 000

F-280 F 280 Corrective Action(s):

Resident # 11's comprehensive care plan has been reviewed and revised to reflect the non-pharmacological behavior interventions or approaches to be considered and used when indicated instead of or in addition to the administration of PRN Ativan. A Facility Incident & Accident Form was completed for this incident.

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

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.

(X6) DATE

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

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This REQUIREMENT is not met as evidenced

Based on staff interview and clinical record review the facility staff failed to revise a care plan for 1 of 19 residents in the survey sample, Resident #11.

The comprehensive plan of care was not revised for Resident #11 to include non-pharmacological behavioral interventions/approaches to be considered and used when indicated, instead of, or in addition to the administration of PRN (as needed) Ativan (an anxiolytic-sedative).

The findings included:

Resident #11 was originally admitted to the facility on 11/6/15 and readmitted on 1/4/16 with diagnoses of a left hip fracture from a fall sustained while at the facility on 12/20/15, Alzheimer's with behavioral disturbance and anxiety.

The current MDS (Minimum Data Set) a significant change with an assessment reference date of 1/11/16 assessed the resident as having long and short term memory deficits. The resident was dependent on the staff for dressing, hygiene and bathing. Resident #11 was resistive to care.

The current psychiatry notes dated 1/19/16 read, in part: "...Staff has reported impulsive combative behavior with physical aggression...PRN IM (an injection) Ativan is in place for stress related anxiety when she is unable to be redirected..."

The current physician orders included; Ativan 2

Identification of Deficient Practices F 280 & Corrective Action(s):

Any/all residents who have behaviors toward acting out, combativeness or resisting care may have potentially been affected. A 100% review of their comprehensive care plans will be conducted by the RCC and/or Social Services director to identify residents at risk. Residents identified at risk will have their behavioral care plan revised at time of discovery to reflect current nonpharmacological interventions to be used when indicated instead or in addition to the use of PRN medication for behaviors. A Facility Incident & Accident Form will be completed for each incident identified.

Systemic Changes:

The assessment process will continue to be utilized as the primary tool for developing comprehensive plans of care. The RCC is responsible for implementing the RAI Process. The nursing assessment process as evidenced by the 24 Hours Report and documentation in the medical record/physician orders will be used to develop and revise comprehensive plans of care. The Regional Nurse Consultant and/or RCC will provide in-service training to the interdisciplinary care plan team on the mandate to develop individualized care plans within 7 days of the completion of the comprehensive assessment and/or revisions to the comprehensive care plan as indicated with any changes in condition to include changes in resident behaviors.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PTYR11

Facility ID: VA0118

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behavior.

Review of the electronic medication

administration record (MAR) for January 2016 evidenced the resident was medicated 13 times with PRN Ativan 0.25 ml IM (injection) without implementation of non-pharmacological

behavioral interventions/approaches. The dates and times are as follows: 1/13 at 1:01 pm, 1/14 at 2:23 am, 1/15 at 3:28 am, 1/15 at 8:56 am, 1/16 at 7:12 am, 1/17 at 3:55 am, 1/18 at 2:41 am and

2:38 pm, 1/19 at 3:01 pm, 1/21 at 4:40 am, and Event ID: PTYR11

Facility ID: VA0118

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2:04 am, 1/22 at 2	:50 am, and 1/27 at 2:45 am.				
Review of the clininotes, daily skilled failed to evidence behavioral interve implemented prior PRN Ativan on 13 1/27/16, as listed The Director of No on 1/27/16 at 6:00 failure to revise the individualized nor interventions/app stated it was the coordinator to reveill have her revised to the state of	I notes and electronic MARs non-pharmacological ntions/approaches were to or in addition to the use of accasions from 1/1/16 through above. The above findings of the resident's care plan to include n-pharmacological behavioral roaches was shared. The DON responsibility of the MDS vise care plans. She stated, "I se it tonight." REGIMEN IS FREE FROM	e e l y	329	F 329 Corrective Action(s): Resident #11 has had their curre medication regime reviewed for unnecessary drugs and dosage responding by the attending physician. Nor warranted at this time. Resident comprehensive cares plan has be reviewed and revised to reflect pharmacological behavior inter approaches to be considered an when indicated instead of or in the administration of PRN Ative Facility Incident & Accident For completed for this incident.	reductions the are the #11's the non- ventions or d used addition to tran. A

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i i i intonio	age 4 dual dose reductions, and ntions, unless clinically an effort to discontinue these	F	329	Resident #3 has had their current medication regime reviewed for unnecessary drugs and dosage red by the attending physician. No cha are warranted at this time. Resider comprehensive cares plan has bee reviewed and revised to reflect the pharmacological behavior interve approaches to be considered and the public pharmacological instead of or in additional control of the pharmacological behavior interverses approaches to be considered and the public pharmacological instead of or in additional control of the pharmacological instead of or in additional control of the pharmacological behavior interverses.	anges on #3's on e non- ontions or used	

This REQUIREMENT is not met as evidenced

Based on family interview, staff interview, clinical record review and facility document review the facility staff failed to ensure 3 out of 19 residents drug regimen was free from unnecessary drugs, PRN (as needed) Ativan (an anxiolytic), without adequate indications for its use, for Residents #11, #8 and #3.

The facility staff failed to ensure individualized non-pharmacological interventions (such as behavioral interventions) were considered and used when indicated, instead of, or in addition to the administration of PRN Ativan, for Residents #11, #8 and #3.

"Behavioral interventions" are individualized non-pharmacological approaches (including direct care and activities) that are provided as part of a supportive physical and psychosocial environment, and are directed toward preventing, relieving, and/or accommodating a resident's distressed behavior.

The findings included:

1. Resident #11 was originally admitted to the facility on 11/6/15 and readmitted on 1/4/16 with diagnoses of a left hip fracture from a fall

when indicated instead of or in addition to the administration of PRN Ativan. A Facility Incident & Accident Form was completed for this incident.

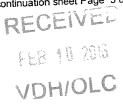
Resident #8 has had their current medication regime reviewed for unnecessary drugs and dosage reductions by the attending physician. No changes are warranted at this time. Resident #8's comprehensive cares plan has been reviewed and revised to reflect the nonpharmacological behavior interventions or approaches to be considered and used when indicated instead of or in addition to the administration of PRN Ativan. A Facility Incident & Accident Form was completed for this incident.

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING __ C AND PLAN OF CORRECTION 01/28/2016 B. WING 495234 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5580 DANIEL SMITH ROAD VIRGINIA BEACH, VA 23462 HERITAGE HALL VIRGINIA BEACH PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) PRÉFIX TAG

F 329 Continued From page 5

sustained while at the facility on 12/20/15, Alzheimer's with behavioral disturbance and anxiety.

The current MDS (Minimum Data Set) a significant change with an assessment reference date of 1/11/16 assessed the resident as having long and short term memory deficits. The resident was dependent on the staff for dressing, hygiene and bathing. Resident #11 was resistive to care.

Review of the electronic medication administration record (MAR) for January 2016 evidenced the resident was medicated 13 times with PRN Ativan 0.25 ml (milliliters) IM (injection) without implementation of non-pharmacological behavioral interventions/approaches. The dates and times are as follows: 1/13 at 1:01 pm, 1/14 at 2:23 am, 1/15 at 3:28 am, 1/15 at 8:56 am, 1/16 at 7:12 am, 1/17 at 3:55 am, 1/18 at 2:41 am and 2:38 pm, 1/19 at 3:01 pm, 1/21 at 4:40 am, and 2:04 am, 1/22 at 2:50 am, and 1/27 at 2:45 am.

The identified targeted behaviors exhibited by the resident for the use of the Ativan were; screaming, cursing, threatening and combativeness during care.

The comprehensive care plan reviewed on 1/27/16 was not revised to include individualized non-pharmacological behavioral interventions/approaches to be considered and used when indicated, instead of, or in addition to the administration of PRN Ativan.

Review of the clinical record to include the nursing notes, daily skilled notes and the electronic MARs failed to evidence

Identification of Deficient Practice(s) F 329 and Corrective Action(s):

All residents presently receiving PRN antianxiety medication may be potentially affected. The facility will conducted a 100% review of all residents receiving PRN antianxiety medication for appropriate use of non-pharmacological interventions are in use and documented, appropriate medical diagnosis to support use, and behavior monitoring is being done. The attending physicians for all residents identified at risk will be contacted for appropriate intervention. A Facility Incident &Accident form will be completed for each negative finding.

Systemic Change(s):

The facility policy and procedure has been reviewed and no changes are warranted at this time. The nursing staff will be inserviced by the DON and/or psychiatric nurse practitioner on the importance of implementing and documenting non-pharmacological interventions or approaches prior to administering PRN antianxiety medications. The psychiatric nurse practitioner will review all residents on antianxiety medications monthly to review non-pharmacological approaches or interventions in place and revise or recommend changes or additions to those interventions or approaches as needed.

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F 329 Continued From page 6

non-pharmacological behavioral interventions/approaches were implemented prior to or in addition to the use of PRN Ativan on 13 occasions from 1/1/16 through 1/27/16, as listed above.

The current psychiatry notes dated 1/19/16 read, in part: "...Staff has reported impulsive combative behavior with physical aggression...PRN IM Ativan is in place for stress related anxiety when she is unable to be redirected..."

Review of the current physician orders included the following psychiatric medications:

- 1. Ativan 2 mg/ml, take 0.25 ml IM every shift PRN anxiety.
- 2. Celexa 10 mg (milligrams) one tablet every morning for depression.
- 3. Depakote 250 mg/ 5 ml, take 5 ml by mouth three times a day, for mood.
- 4. Aricept 5 mg tablet, take one by mouth every night for Dementia.

Licensed practical nurse (LPN #5) was interviewed on 1/27/16 at 5:20 pm. She was asked about Resident #11's behaviors. She stated, "When I come in she is agitated somedays even when you try to just say hello. I notice she becomes more agitated for me in the evening around 7-8 pm. She can be combative, curse at you and scream...she is very hard to redirect...sometimes I leave her alone and come back 10-15 minutes later, sometimes that works..if she is still combative I get another nurse to assist me...if she can't be encouraged I check for pain and administer a pain medication...one of the CNAs (certified nurse aides) resembles one of the resident's daughters and she responds very well with her..." LPN #5 stated

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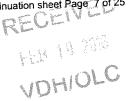
The DON and/or Unit Manager are responsible for compliance. The Antipsychotic Drug review will be completed monthly to monitor for compliance. The results of these audits will be forwarded to the Quality Assurance Committee monthly/prn for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.

Completion Date: February 29, 2016

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

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non-pharmacological interventions are documented on the MAR or nurses notes when used.

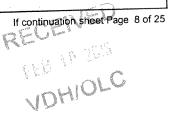
A family interview was conducted with two of Resident #11's daughters on 1/28/16 from 11:45 am to 12:30 pm. One daughter was in the room and the other was on speaker phone. Both stated the resident's routine at home was to stay awake late and wake up as late as 2:00 pm. They had expressed this to the facility to help reduce the resident's behaviors. She also stated the resident was in constant pain due to a history of neck surgery and shoulder pain, and this may be why she is combative during care. The daughters both stated the resident was combative at home also and had been taken care of by their brother. The resident was noted to be asleep, in bed on her right side. The resident was still wearing a gown from the night before. A basin was on the bedside table filled with water for the CNA to provide morning ADL care (activities of daily living, a bath).

The failure to implement individualized non-pharmacological interventions/ approaches prior to the use of the PRN Ativan on multiple occasions for Resident #11 was shared with the Administrator and the Director of Nursing at the pre-exit meeting conducted on 1/28/16.

2. The facility staff failed to ensure non-pharmacological approaches were implemented prior to the administration of as

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F 329 Continued From page 8 needed (PRN) antianxiety medications for Resident #3.

> Resident #3 was admitted to the nursing facility on 7/25/14 with diagnoses that included behavioral disturbances and anxiety disorder.

The Minimum Data Set (MDS) assessment dated 10/20/15 coded Resident #3 with short and long term memory problems and moderately impaired in the skills needed for daily decision making. The resident was coded with an anxiety disorder and received antianxiety medication.

The care plan dated 11/19/14 and revised on 12/15/15 identified the resident had anxiety and agitation. The goal the staff set for the resident was that the staff would anticipate and meet her needs daily and PRN. Some of the approaches the staff would implement to accomplish this goal included approach the resident warmly and positively, communicate with the resident in a quiet environment, re-direct as needed and give medications as ordered-monitor for effectiveness/side effects.

Resident #3 had the following physician orders for PRN antianxiety medication: -1/9/16 *Ativan 0.25 milligrams (mg), 1 tablet by mouth (PO) every (Q) 6 hours PRN for anxiety. -1/19/16 Ativan 0.5 mg Intramuscular (IM) Q 8 hours PRN for anxiety.

*Ativan/Lorazepam is used to relieve anxiety. Lorazepam is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow for relaxation (www.nlm.nih.gov/medlineplus/druginfo/meds/a68 2053.html).

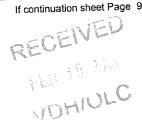
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 329 Continued From page 9

F 329

Review of the clinical record revealed Resident #3 received PRN Ativan 0.25 mg PO medication 5 times in the month of January 2016 with no supporting documentation to indicate non-pharmacological measures were implemented prior to administering medication.

The most recent Psychiatric Nurse Practitioner notes dated 1/19/16 indicated that the staff was reporting loud screaming when agitated. The plan was for the staff to monitor behaviors for safety concerns and redirect as needed. Give IM Ativan for severe agitation if refusal of the PO Ativan. The notes also indicated the resident was on scheduled Ativan.

Resident #3 was observed 1/26/16 at 3:00 p.m. in her wheelchair. Her eyes were closed, she did not initiate conversation and responded to questions with one or two words. The resident was also observed on 1/27/16 at 10:00 a.m., 12:00 p.m. and 2:00 p.m. up in her wheelchair. Her demeanor remained unchanged. She was observed on 1/28/16 at 11:00 a.m. as a passive participant in an activity. Certified Nursing Assistant (CNA) #2 stated the resident had screaming episodes that required the nurse to intervene and administered medication to stop the screaming.

On 1/28/16 at 11:25 a.m., Licensed Practical Nurse (LPN) #1 stated she was assigned to Resident #3 and all nursing staff to include the CNAs, give food, juice, talk to Resident #3, give magazines, call activity department to involve her in an activity before they give PRN Ativan, but they fail to consistently document their interventions. The effectiveness of the Ativan,

Facility ID: VA0118

If continuation sheet Page 10 of 25

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

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

CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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F 329 Continued From page 10

after it was administered, was documented for each of the 5 times the medication was given, but not what was implemented before pharmacological intervention.

On 1/28/16 at 4:20 p.m., an interview was conducted with the Administrator and the Director of Nursing (DON). The DON stated she did expect the staff to try other measures prior to giving PRN antianxiety medication, but she did not have an avenue by which the nurses could document what they do prior to giving PRN antianxiety medication and she doubted if there was documentation in the nurses notes to support offering and trying non-pharmacological interventions prior to giving medication. They stated they addressed resident behaviors, other interventions and psychotropic medication usage during the Risk Management Committee Minutes. Resident #3 was addressed in the meeting dated 1/15/16. The minutes addressed medication usage only and indicated, "Increase yelling and hallucinations, currently receives Ativan routine and PRN. Psych to follow-up." They stated inservicing took place to address and specifically train the staff on non-pharmacological interventions prior to administering PRN medications to include antianxiety medications. The training was reviewed dated 2/4/15, 6/15/15 and 9/21/15 which did not address non-pharmacological approaches to behaviors prior to PRN medication regimen.

The facility's policy entitled Psychotropic drugs (undated) did not address non-pharmacological interventions/approaches prior to administering PRN antianxiety medications.

F 329

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PTYR11

Facility ID: VA0118

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	1 323	3. The facility staff	failed to ensure					
		non-pharmacologic	cal approaches were					
		implemented prior	to the administration of as					
		needed (PRN) anti Resident #8.	anxiety medications for					
			6 99					
		Resident #8 was a	dmitted to the nursing facility agnoses that included dementia	.				
		and anxiety disord	er.					
				ı				
		The Minimum Data	a Set (MDS) assessment dated sident #8 with short and long	l				
		term memory prob	ilems and moderately impaired					
-		in the skills needed	d for daily decision making. The	3				
		resident was code received antianxie	d with an anxiety disorder and					
١		The current care p	olan dated January 2016	j				
		originally dated 11	/1/13 identified the resident had attacks, agitation and a short	,				
		attention span. Th	e goal the staff set for the					
		resident was that t	the staff would anticipate and					
		meet her needs da	aily and PRN. Some of the					
		approaches the st	aff would implement to bal included approach the					
		resident warmly at	nd positively, communicate with	1				
		the resident in a d	uiet environment, re-direct as					
		needed and give r for effectiveness/s	medications as ordered-monito	l.				
ļ		Resident #8 had t	he following physician orders for	or				
		PRN antianxiety m	nedication: .5 milligrams (mg) 1 tablet by					
		mouth (PO) three	times a day (TID) PRN for					
		anviety						
			mg PO every 8 hours PRN for					
		anxiety. -1/5/16 *Klonopin	0.5 mg PO twice a day (BID)					

If continuation sheet Page 12 of 25

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

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

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*Ativan/Lorazepam is used to relieve anxiety. Lorazepam is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow for relaxation (www.nlm.nih.gov/medlineplus/druginfo/meds/a68 2053.html).

*Klonopin/Clonazepam is used alone or in combination with other medications to control certain types of seizures. It is also used to relieve panic attacks (sudden, unexpected attacks of extreme fear and worry about these attacks). Clonazepam is in a class of medications called benzodiazepines. It works by decreasing abnormal electrical activity in the brain (www.nlm.nih.gov/medlineplus/druginfo/meds/a68 2279.html).

Review of the clinical record revealed Resident #8 received PRN Ativan 0.5 mg PO medication 11 times from December 2015 to current review date in the month of January 28, 2016, and PRN Klonopin 0.5 mg PO 2 times in the month of January 2016 with no supporting documentation to indicate non-pharmacological measures were implemented prior to administering medication.

The most recent Psychiatric Nurse Practitioner notes dated 1/8/16 indicated that the staff was reported continued anxiety, agitation and verbal outburst with the use of profanity. The plan was for the staff to monitor behaviors for safety concerns and redirect as needed. Discontinue the Klonopin and continue the Ativan PRN for anxiety. The notes also indicated the resident was on scheduled Buspar 15 mg PO BID for anxiety.

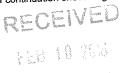
Resident #8 was observed 1/27/16 at 12:30 p.m.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PTYR11

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

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

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F 329 Continued From page 13

in the restorative dining room sitting in her wheelchair. She was away from the table and the staff said she said she was finished, pushed her food away and backed up from the table. The resident was alert and communicated well, but said in a very loud voice, "I am not interested in what they are getting ready to do over there (referring to the other residents at the table finishing the lunch meal)." The CNAs at the restorative dining room table assisting other residents said they just let the resident do her thing because she could be hard to get along with when she gets irritated and the nurse would have to give her medication to calm her down.

On 1/28/16 at 11:25 a.m., Licensed Practical Nurse (LPN) #1 stated she was assigned as Resident #8's nurse and all nursing staff to include the CNAs, give food, juice, talk to Resident #3, give magazines, call activity department to involve her in an activity before they give PRN Ativan, but they fail to consistently document their interventions. The effectiveness of the Ativan, after it was administered, was documented for each of the 11 times the medication was given, but not what was implemented before pharmacological intervention. The effectiveness of the Klonopin, after it was administered, was documented for each of the 2 times the medication was given, but not what was implemented before pharmacological intervention.

On 1/28/16 at 4:20 p.m., an interview was conducted with the Administrator and the Director of Nursing (DON). The DON stated she did expect the staff to try other measures prior to giving PRN antianxiety medication, but she did not have an avenue by which the nurses could

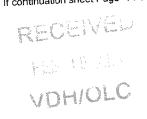
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Event ID: PTYR11

Facility ID: VA0118

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F 329 Continued From document what to antianxiety media was documentate offering and trying interventions price. They stated they other intervention usage during the Minutes. Reside meetings dated. The minutes additional and indicated, "Some and indicated, "Some and indicated, and indicated did not address to behaviors price wiewed dated did not address to behaviors price. As 3.25(m)(1) Fixed September 1988. The facility must medication error observation, streview and clinicated to ensure a digestion on the september 1989.	page 14 hey do prior to giving PRN cation and she doubted if there ion in the nurses notes to suppor g non-pharmacological or to giving medication. addressed resident behaviors, ns and psychotropic medication Risk Management Committee on #8 was addressed in the 11/30/15, 12/21/15 and 1/15/16. dressed medication usage only Still having panic attacks, still hey stated inservicing took place specifically train the staff on ogical interventions prior to RN medications to include ications. The training was 2/4/15, 6/15/15 and 9/21/15 whice non-pharmacological approache or to PRN medication regimen. REE OF MEDICATION ERROR	ch es F	329	F332 Corrective Action(s): The Residents involved in M Pass Observation #7 & #13 attending physicians notifice medication errors. LPN #2 i medication pass observation disciplinary action and a on inservice training on medica administration and the 5 rig medication administration. Incident & Accident form w for each medication error.	have had their d of the nvolved in the has received e-on-one ation hts of A facility	

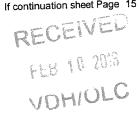
FORM CMS-2567(02-99) Previous Versions Obsolete

involved in the medication errors were Residents

Event ID: PTYR11

Facility ID: VA0118

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

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

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(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ADOCC DEFERENCED TO THE METERS	ULD DE	COMPLETION DATE
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F 332 Continued From page 15

#7 (Ferrous Sulfate) and Resident #13 (Pentoxifylline and Preservision Areds).

The findings include:

- 1. On 1/26/16 at 5:00 p.m., Licensed Practical Nurse (LPN) #2 administered the incorrect dosage of Ferrous Sulfate to Resident #7. The resident had current physician's orders dated January 2016 for *Ferrous Sulfate 220 milligrams (mg)/5 ml, give 300 mg (6.8 milliliters) via feeding tube twice a day (BID). LPN #2 poured Ferrous Sulfate into a 30 ml clear plastic medication cup, up to the 7.5 ml graduated mark. The LPN stated, "It is so hard to measure this medication because there is no 6.8 markings, so I go up close to the 7.0 ml mark. Closer inspection of the 30 ml medication cup revealed a 7.5 ml mark and no 7.0 ml mark, thus an error in administration of the medication.
- *Ferrous sulfate provides the iron needed by the body to produce red blood cells. It is used to treat or prevent iron-deficiency anemia, a condition that occurs when the body has too few red blood cells because of pregnancy, poor diet, excess bleeding, or other medical problems (https://www.nlm.nih.gov/medlineplus/druginfo/me ds/a682778.html).

Resident #7 was admitted to the nursing facility on 11/16/10 with diagnoses that included anemia.

The resident's care plan dated 9/16/13 identified the resident had a history of anemia and was at risk for increased weakness and low hemoglobin and hematocrit. The goal set by the staff for the resident was that she would be free of

Corrective Actions(s):

All residents may have potentially been affected. A 100% medication pass audit of all licensed nurses within the facility has been conducted to identify those nurses at risk for Medication Administration and/or technique errors. A facility Incident & Accident form has been completed for each negative finding as well as one-on-one inservice training and appropriate disciplinary action if warranted for nursing staff observed.

Systemic Change(s):

The facility Policy and Procedure for medication administration and has been reviewed and no changes are warranted at this time. All Licensed nursing staff will be inserviced by the DON and/or ADON on the facility policy and procedure for medication administration. Inservices will include administering medication per physician order and the 5 rights of medication administration.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PTYR11

Facility ID: VA0118

If continuation sheet Page 16 of 25



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

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F 332 Continued From page 16

complications associated with anemia. Some of the approaches the staff would use to accomplish this goal included to administer the Ferrous Sulfate medication as ordered by the physician.

The Minimum Data Set (MDS) assessment dated 12/4/15 coded Resident #7 11/12/15 was an admission and coded Resident #8 with short and long term memory and moderately impaired in the skills needed for daily decision making. The resident was coded with a anemia diagnosis.

On 1/28/16 at 4:20 p.m., the Administrator and the Director of Nursing (DON) were made aware of the aforementioned observations regarding medication pass errors. The DON stated the LPN should have used a graduated syringe for accuracy and she would be filling out a medication error report.

The facility's policy and procedures entitled Administering Medications dated 12/2012 indicated medications should be administered in accordance with physician's orders and a wrong dosage was an example of a medication error.

2. On 1/26/16 at 4:00 p.m., Licensed Practical Nurse (LPN) #2 administered two medications to Resident #13 that were ordered (January 2016) to be given by mouth with meals, *Pentoxifylline ER 400 milligrams (mg), 1 tablet by mouth (PO) three times a day (TID) with meals; *Preservision Areds 2 tablets 250-2.5 mg, 1 tablet PO BID with meals. There was no food at the bedside. It was later observed the resident was served the dinner meal at 5:51 p.m.

*Pentoxifylline ER This medication is used to

F 332

Monitoring: The Director of Nursing is responsible for maintaining compliance. The DON and/or designee will conduct two random weekly medication pass observations of licensed nurses to monitor for compliance. The pharmacy consultant will conduct two medication pass observations of licensed nursing staff during the facility visit. Any negatives findings will be addressed at the time of discovery and appropriate disciplinary action will be taken. All discrepancies found in these audits will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure,

and/or practice. Completion Date: February 29, 2016

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		warme illierinuen				
	Take this medicat	ion by mouth with food, assume				
	3 times daily or as	s directed by your doctor lm.nih.gov/dailymed/archives/fo	i			
	aDrugInfo.cfm?ar	cnived—6084).				
	*Preservision Are	ds is eye vitamins specific				
		Related Macular degeneration) Take one Soft Gel twice a day				
	meal(http://www.	preservision.com/products/pro-	se			
	rvision-areds-lute	ein-formula).				
	م مالات به ۱۹۳۳ مید	is admitted to the nursing facilit diagnoses that included ular Disease (PVD, neuropathy generation.				
	The resident's C	are plan dated 11/04/15 identifi alteration in arterial blood flow	ed			
	. 1.1	an to incline calalada and				
		ration the doal set by the officer	ı			
	for the resident	was that he would be free of elated to these conditions. Som	е			
	Cilcoch	ac the siall was doing to				
	1 1 and to 20	complish this doal include				
	administer med physician.	ications as ordered by the				
	out of a possible	Data Set (MDS) assessment da I Resident #13 with a score of 1 le 15 on the Brief Interview for BIMS) which indicated the resident intact in the skills for daily	_			

decision making.

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	Un 1/20/10 at 4.2	o p.m., the Administrator ursing (DON) were made aware and observations regarding					
1	ine Director or No	oned observations regarding					
` '	or the atorement	errors. The DON stated she	.i				ŧ
,	medication pass	errors. The DON states the tions ordered to be administered to be administered to the resident within 20-30	a				
	expected medica	ven to the resident within 20-30		:			
1	minutes before o	r after meals.					
	- c-ilitar noli	cy and procedures entitled					1
	The facility's point	edications dated 12/2012					
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	accordance with	st be administered within one					
	hour of their pre-	ample, before and after meal					
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	orders).	ION CONTROL, PREVENT		F 441	F 441 Corrective Action(s):		-
F 441	483.65 INFECT	ION CONTROLL			The medical director was n	otified that the	;
SS=F	SPREAD, LINE	N2			facility failed to implement	a	
					comprehensive infection co	ontrol program	
	The facility mus	of Program designed to provide a	а		and failed to accurately con	molete	
	Infection Contro	I program designed by	d		infection control tracking l	ogs. A facility	:
	safe, sanitary a	nd comfortable environment and the development and transmiss	ion		Incident & Accident form	has been	
	to bein prevent	Me development and			completed for each of thes	e incidents.	
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	0-	ated Program					:
	(a) Infection Co	st establish an Infection Control					
	The facility mus	subject it -					•
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	(1) Investigates	S, COLINOIS, and prove					•
	in the facility;	nat procedures, such as isolation	٦,				
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	should be app	a record of incidents and correct	ive				
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	actions related] [O IIIIections.					
		Carand of Infection					*
	(b) Preventing	Spread of Infection					
1	(1) When the	Infection Control Program at a resident needs isolation to					
1	determines th	at a resident ricodo issuesta				If continuation S	hoot Page 1



OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES A. BUILDING IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 01/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE 495234

NAME OF PROVIDER OR SUPPLIER

5580 DANIEL SMITH ROAD

VIRGINIA BEACH, VA 23462

HERITAGE HALL VIRGINIA BEACH

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG

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PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

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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

Based on staff interview and facility document review the facility failed to maintain an effective Infection Prevention and Control Program in order to prevent, recognize and control, to the extent possible, the onset and spread of infection within the facility.

The facilities Infection Control Program (ICP) failed to include recognition and surveillance designed to optimize the treatment of Urinary Tract Infections (UTI's) while reducing the adverse events associated with antibiotic use.

The Facility Level Quality Measure Report Period from 7/1/15 through 12/31/15 evidenced the facility measure was flagged at 92% with the Comparison Group National Percentile.

The ICP failed to recognize/ track the type of

Identification of Deficient Practice(s) F 441 and Corrective Action(s):

All other residents may have potentially been affected. A 100% review of all residents with infections will be conducted to identify whether the infection was a community acquired or a nosocomial infection. All identified infections will be listed on the infection control tracking logs to monitor for trends, improvement, last culture and to prevent and control the development of nosocomial infections in the facility. Any/all negative findings related to infection control tracking and trending will be corrected at time of discovery and a facility Incident & Accident form will be completed.

Systemic Change(s):

The facility Infection Control policy and procedure has been reviewed and no changes are warranted at this time. The DON, ADON and Unit Managers will be inserviced by the Regional Nurse Consultant on the facility's infection control tracking logs for maintaining proper infection control standards and prevention or facility acquired infections. All staff will be inserviced by the DON and/or Regional Nurse Consultant on the infection Control Policy standard for hand washing to prevent the spread or infections.

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NAME OF PROVIDER OR SUPPLIER		5580	DANIEL SMITH ROA SINIA BEACH, VA	ນ 23462	
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pathogens associated with the facility acquired Urinary Tract Infections to ensure appropriateness of antibiotic use, that is within their control, and failed to meet current CDC recommendations/ guidelines for Long Term Care Centers to reduce the threat of antibiotic resistance.

The findings included:

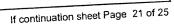
The Infection Control Program interview was conducted with the Director of Nursing (DON) on 1/28/16 at approximately 2:45 pm. The DON was designated as the facilities Infection Control Nurse who was responsible for ensuring surveillance of facility infections was conducted. The DON provided the surveyor with a surveillance log for the months of October, November and December 2015. The Infection Control Tracking System log included the residents name, station and room number, pathogen/infection type, antibiotic, date of last culture, physician order, Minimum Data Set/ Care Plan revision and date of next review boxes to be filled in.

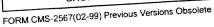
Review of these surveillance logs for the months of October, November and December 2015 evidenced there were 23 facility acquired UTI's. Each of these UTI's were treated with a broad spectrum antibiotic.

Further review evidenced there was no documentation of the facility acquired UTI's pathogen except for three residents who acquired ESBL in October 2015.

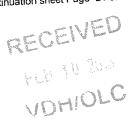
Extended-Spectrum Beta-lactamase (ESBL) are chemicals which are produced by a certain type

The DON is responsible for maintaining compliance. The facility has an infection control tracking log for monitoring and tracking infections to maintain compliance. The DON, ADON and/or Unit Manager will complete the infection control tracking log weekly and review/report all findings to the Risk Management Committee for review and recommendations. Aggregate findings of the reports will be submitted to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in the facility policy and procedure. Compliance Date: February 29, 2016





Event ID: PTYR11



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

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NAME OF PROVIDER OR SUPPLIER

HERITAGE HALL VIRGINIA BEACH

5580 DANIEL SMITH ROAD VIRGINIA BEACH, VA 23462

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG

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of bacteria. The bacteria break down antibiotics, thereby making infections very hard to treat. Most people are infected by the bacteria in hospitals, and this is due improper handing by medical staff. The bacteria can enter the body through the mouth, the urinary tract and any open wounds. It is possible for someone to carry these germs without being affected. Such a person is said to have been colonized by the bacteria. A colonized individual can pass the infection to other people even if he or she is not affected. The infections caused by these bacteria need to be treated with a matter of urgency since they can become fatal.

The first resident was identified on 10/4/15 in room 231 B, the second resident was identified on 10/8/15 in room 230 B and the third resident was identified on 10/15/15 in room 225 B, all rooms were on unit 200.

During the Infection Control Program interview with the DON she stated infections are discussed during the quarterly Medical QA (quality assurance meetings). The DON provided the last quarterly QA topic sheet that was dated October 2015.

The QA topic sheet listed the aforementioned three ESBL UTI's. Written inside the follow up box for the three ESBL infections was, "not on same hall or even unit."

The three resident's were all residing on the same unit; unit 200 (231 B, 230 B and 225 B) when first identified with acquired ESBL infections. An opportunity for effective surveillance of these occurrences was missed.

"Surveillance" refers to the ongoing, systematic

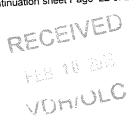
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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(X5) COMPLETION DATE

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collection, analysis, interpretation, and dissemination of data to identify infections and infection risks, to try to reduce morbidity and mortality and to improve resident health status.

Further review of the ICP evidenced a failure to identify UTI pathogens to ensure appropriate treatment to reduce the threat of antibiotic resistance.

Nine of the twenty-three UTI's were treated with the anti-infective Nitrofurantoin (Macrobid). This drug is on the Beers Criteria list for Potentially Inappropriate Medication Use in Older Adults. This is a guideline for healthcare professionals to help improve the safety of prescribing medications for older adults. Nitrofurantoin increases the risk for pulmonary toxicity, safer alternatives are available; it is strongly recommended not to be used in the elderly population.

During the interview with the DON, she was asked if there was a tracking system to recognize the type of pathogens associated with the facility acquired Urinary Tract Infections to include appropriate antibiotic use. She stated, "No, but I look up the organism when the cultures come back".

When asked if each of the residents who were treated for a UTI during the last quarter had presented with symptoms of a UTI (to improve antibiotic practices and reduce inappropriate use for asymptomatic bacteriuria), she stated she did not have that information. She stated she would have to research it in each resident's clinical record. The DON stated she is not involved in the decision of what antibiotic the prescriber

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chooses. The DON could not provide evidence of monitoring appropriateness of antibiotic use related to infection control.

According to the National Health Institute (NIH) for Optimal Management of Urinary Tract Infections in Older People read, in part: Too often, the diagnosis of UTI is made in the absence of a typical history and signs resulting in over diagnosis and over treatment...The increasing prevalence of health care associated infection such as Clostridium difficile and emerging antibiotic resistance highlights the importance of obtaining a firm diagnosis, treating with appropriate antibiotics and avoiding the use of broad spectrum antibiotics.

Review of the current recommendations from the CDC (Centers for Disease Control and Prevention) for Antibiotic Stewardship for Nursing Homes 2015 read, in part: CDC recommends that all nursing homes take steps to improve prescribing practices to reduce inappropriate use. Antibiotics are among the most frequently prescribed medications in nursing homes, with up to 70% of residents in a nursing home receiving one or more courses of systemic antibiotics...40-75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate. Harms from antibiotic overuse are significant for the frail and older adults receiving care in nursing homes.

The CDC also recommends tracking and reporting antibiotic use and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions.

A copy of the facilities policy and procedure for

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Facility ID: VA0118

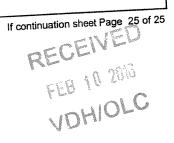
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F 000 Initial Comments					
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12 VAC 5-371-220. Nursing B and D. Cross reference to	Services 5 F329 and F332.				
12 VAC 5-371-250 F. Resid Care Planning Cross Reference F 280		and			
12 VAC-5-371-220 A. Nursi Cross Reference F 329					
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