

350 King's Way Road  
Martinsville, VA 24112  
Phone: 276-634-1000  
Fax: 276-634-1502  
www.sunnysidecommunities.com



# Fax

To: Va Dept. Health From: Tammy Shorter LHA  
Fax: 804-527-4502 Pages: 10  
Re: CMS 2567 Date: 7-13-16

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

CMS 2567 Plan of Correction for  
Your Review

Tammy Shorter LHA

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495408</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>KING'S GRANT RETIREMENT COMMUN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 KING'S WAY ROAD MARTINSVILLE, VA 24112</b>			
(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 6/13/16 through 6/15/16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.  The census in this 32 certified bed facility was 27 at the time of the survey. The survey sample consisted of 10 current Resident reviews (Residents 1 through 9 and Resident 11) and 1 closed record review (Resident 10).	F 000			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS  The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.  This Requirement is not met as evidenced by: Based on observation, resident and staff interviews and clinical records it was determined the facility staff failed to provide oxygen administration per physician's orders for 1 of 11 residents (Resident #7.)  Findings:  Facility staff failed to follow current physician's orders for oxygen administration for Resident #7.	F 328			

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(X6) DATE

7-13-16

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

*Jammy Shatter*

TITLE

LNHA

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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FORM APPROVED  
OMB NO. 0938-0391

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 328	<p>Continued From page 1</p> <p>Resident #7's clinical record was reviewed on 6/15/16 at 9:00 AM.</p> <p>The resident was admitted to the facility on 5/19/16. Her diagnoses included pneumonia, atrial-fibrillation, chronic obstructive pulmonary disease and hypertension.</p> <p>Resident #7's latest MDS (minimum data set) assessment dated 5/26/16 coded the resident with minimal cognitive impairment. The resident was coded as moderately impaired visually. Short &amp; long term memory were not coded.</p> <p>The MDS coded the resident with required facility staff assistance for all ADLs (activities of daily living) including eating. The resident's communication ability was unimpaired. She communicated her needs effectively &amp; understood the staff when required.</p> <p>The resident's MDS was coded with daily oxygen use during the 14 day look-back period.</p> <p>Resident #7's CCP (comprehensive care plan) implemented on 5/20/16 (and goal dated 8/24/16) included the problem "At risk for alteration in cardiac/respiratory .....d/t Atrial Fib w/RVR, Acute on chronic obstructive pulmonary disease...and severe pulmonary hypertension." Interventions included oxygen per order.</p> <p>Resident #7 had a signed physician's order, dated 5/20/16, for "Oxygen (O2) at 3 L/min (liter/minute) per nasal cannula." The diagnosis was for chronic obstructive pulmonary disease.</p> <p>On 6/14/16 at 9:15 AM the surveyor observed Resident #7's nurse (LPN I) during a medication pass. The resident was seated in her room and</p>	F 328			

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F 328	<p>Continued From page 2</p> <p>had a nasal cannula in place. The tubing reached from the resident, across her bed, past the nitestand and was in a pile on the floor in front off the oxygen concentrator--which was running.</p> <p>The resident told the nurse she was "not breathing well and had water running through her oxygen tubing. The nurse began to inspect the tubing. The surveyor observed the tubing had water throughout the length, yet none was caught in the "trap" which was lying on the bed. The surveyor pointed out to LPN I that the O2 concentrator was running at 3 L/min--but the tubing was not connected to the concentrator.</p> <p>LPN I obtained a new tube and attached it to a spare cylinder of oxygen in the resident's room. The surveyor requested for LPN I to take a (pulse-ox (pulse oximetry) reading on the resident. At 9:22 AM the reading was 84%. After receiving O2 for 16 minutes, at 9:38 AM, the resident's pulse ox was 98%.</p> <p>At this time the resident told the surveyor her breathing was better. She stated, "Last the water was running into the tubing and down my neck. I was afraid to swallow it because I've been told that would cause pneumonia."</p> <p>Resident #7 said she had called the staff into her room twice during the middle of the night to fix the tubing. She said they just "fiddled around with it and went back out."</p> <p>The administrator was informed of the surveyor's findings on 6/15/16 at 11:20 AM. She provided survey team with the facility policy regarding maintenance of residents using oxygen and the home health directive regarding management of humidifier bottles on O2 concentrators.</p>	F 328			

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F 328	Continued From page 3  The policy did not contain any directive about the air tubing, other than normal usage and cleaning. The home care directions cautioned staff, "DO NOT fill the bottle over the maximum line; it will result in water getting into your tubing and possibly in your nose, or it could result in the blockage of your oxygen flow."  No additional info was provided prior to exit.	F 328			
		F328	<p>1. A respiratory assessment was completed by a licensed nurse and the physician was notified of the assessment findings for Resident #7. Physician discontinued Resident #7 moisture trap from oxygen tubing. Moisture trap was removed by nursing staff per physician order. Resident #7 stable with no further complaints voiced nor signs/ symptoms of distress noted. Assessment and physician follow-up completed 6/14/16.</p> <p>2. All residents with physician orders for oxygen were assessed for oxygen administration delivery. All oxygenated residents were assessed to determine that all connection points for oxygen tubing were properly placed and connected. All moisture traps were assessed to determine moisture collection amounts. All oxygenated residents nasal cannula was assessed to determine any condensation along the tubing line. 100% audits revealed all as compliant- no additional issues noted. 100% Audits completed 6/15/16.</p> <p>3. Respiratory policies and procedures were reviewed and updated to clarify oxygen administration. Policy modification indicates that all oxygenated residents are to have tubing taped at all connection points by the nurse. The connections will be taped with every tubing change. Staff educated on Respiratory policy change- taped connections and overall respiratory assessment. Education provided on oxygen administration and monitoring the resident receiving oxygen including proper resident oxygenation, tubing / nasal cannula change, filter and humidity bottle changes. Policy revision and staff education completed by 7/25/16.</p> <p>4. Director of Nursing / Nurse Supervisor will conduct 100% audit of all oxygenated residents for 3 months to ensure residents are being properly oxygenated - with cannula connections maintained and without moisture / condensation collection along tubing lines. The Director of Nursing will bring the results of the audits to the Clinical Outcomes Review (COR) Team monthly for 3 months for any revision or plan recommendations based on the audit results. The COR Team consists of the Executive Director, Administrator, Director of Nursing, Nurse Supervisor, MDS Coordinator, Social Services Coordinator, Dietary Manager, and Therapy Director.</p> <p>5. All above noted corrective action will be completed by 7/29/16.</p>		7/29/16

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

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If continuation sheet Page 4 of 4

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State of Virginia		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495408</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/15/2016</b>
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F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 6/13/16 through 6/15/16. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 32 bed facility was 27 at the time of the survey. The survey sample consisted of 11 current Resident reviews (Residents 1-9, 11).		F 000			
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.  12 VAC 5-371-220 B. Crosswalk to Federal F 328.		F 001			

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

*Jammy L. Shester, LNHA*

TITLE

*LNHA*

(X6) DATE

*7-13-16*

STATE FORM

021199

J6QL11

If continuation sheet 1 of 1