

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/25/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT SQUARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 OAK AVENUE WAYNESBORO, VA 22980</b>
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid standard survey was conducted 5/24/16 through 5/25/16. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. No complaints were investigated during the survey. The Life Safety Code survey/report will follow.</p> <p>The census in this eighteen certified bed facility was 16 at the time of the survey. The survey sample consisted of seven current resident reviews (Residents 1 through 7) and one closed record review (Residents 8).</p>	F 000		
F 334 SS=D	<p>INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS CFR(s): 483.25(n)</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding</p>	F 334		6/6/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  06/06/2016
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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 334	<p>Continued From page 1</p> <p>the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative</p>	F 334			

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F 334	<p>Continued From page 2</p> <p>refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to ensure the clinical record documented immunization status for two of 8 residents in the survey sample. The clinical records for Residents #1 and #2 did not include if or when the residents received influenza and pneumococcal immunizations.</p> <p>The findings include:</p> <p>1. Resident #1's clinical record did not document the status of the resident's immunizations for influenza and pneumonia.</p> <p>Resident #1 was admitted to the facility on 12/22/15. Diagnoses for Resident #1 included Alzheimer's, psychosis with behaviors, major depressive disorder, osteoporosis, hyperlipidemia, anxiety, prostate cancer, restless leg syndrome, glaucoma and hypertension. The minimum data set (MDS) dated 3/21/16 assessed Resident #1 with moderately impaired cognitive skills.</p> <p>Resident #1's clinical record was reviewed on 5/24/16. The record included no documentation the resident was offered or received influenza or pneumococcal immunizations.</p> <p>On 5/25/16 at 7:50 a.m. the registered nurse (RN #1) that routinely cared for Resident #1 was interviewed about the status of the influenza and</p>	F 334	<p>1. The facility has immunization records for influenza, pneumococcal and tuberculosis. These records are found in the Clinical "Assessment" section of the EMR (Electronic Medical Record).</p> <p>2. Each resident's EMR has been audited and this information is currently in the correct section of the EMR for all residents. Residents #1 and #2 have had their records up-dated and the correct information is available in the correct section.</p> <p>3. All new residents being admitted to the facility will have their vaccination history compiled by day eight from the admission date. The Assessment Coordinator or designee will obtain this information, initiate the Immunization Record form and enter the information into the EMR.</p> <p>4. Annually, the Assessment Coordinator or designee will review and update each resident's immunization record in the EMR. He/she will also ensure there is a document indicating that the resident and/or their legal representative is provided with up-to-date educational material including benefits and side effects; and has the right to select "Yes" or "No" to the decision to have the</p>		

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F 334	<p>Continued From page 3</p> <p>pneumococcal immunizations. RN #1 reviewed Resident #1's clinical record and stated she did not find any record or status of the immunizations. RN #1 stated she kept her own spreadsheet listing when immunizations were given but the spreadsheet was not part of the resident's clinical record.</p> <p>On 5/25/16 at 8:05 a.m. the director of nursing (DON) was interviewed about Resident #1's immunization status. The DON stated usually information concerning immunizations was obtained from hospital records, the resident or their family upon admission. Concerning Resident #1, the DON stated, "He [Resident #1] may have gotten immunizations in assisted living before he got here and it [immunization status] didn't transfer over."</p> <p>On 5/25/16 at 8:20 a.m. RN #1 stated her spreadsheet listed Resident #1 received the influenza and pneumococcal immunizations prior to his admission to the facility. RN #1 stated this information had not been added or transferred to his current clinical record.</p> <p>These findings were reviewed with the administrator and director of nursing on 5/25/16 at 11:20 a.m.</p> <p>2. Resident #2's clinical record did not document the status of the resident's immunizations for influenza and pneumonia.</p> <p>Resident #2 was admitted to the facility on 7/23/12 with diagnoses that included dementia with behaviors, atherosclerotic heart disease, anxiety, psychosis with delusional disorder, major</p>	F 334	<p>vaccination administered to them.</p> <p>5. All residents who receive any of the vaccinations will do so after a physician's order is obtained for such. The administration will be documented in the Medication Administration Record (MAR) as any other medication order would be carried out.</p> <p>6. A Quality Assurance Action Plan has been implemented to review resident records monthly to ensure all immunization records are entered into the EMR. The Director of Nursing will complete the Quality Assurance Action Plan and submit it to the Administrator and the Quality Assurance Committee for one year to ensure compliance.</p>		

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F 334	<p>Continued From page 4</p> <p>depressive disorder, hypothyroidism, irritable bowel syndrome and macular degeneration. The minimum data set (MDS) dated 5/2/16 assessed Resident #2 with moderately impaired cognitive skills.</p> <p>Resident #2's clinical record was reviewed on 5/24/16. The record included no documentation the resident was offered or received influenza or pneumococcal immunizations.</p> <p>On 5/25/16 at 7:50 a.m. the registered nurse (RN #1) that routinely cared for Resident #2 was interviewed about the resident's immunizations. RN #1 stated she kept her own spreadsheet listing when residents received and/or refused immunizations. RN #1 stated her spreadsheet listed Resident #2 was administered the influenza immunization on 12/3/15 and the pneumococcal immunization on 2/28/11. RN #1 stated the dates for Resident #2's immunization had not been added to the current clinical record. RN #1 presented a copy of a permission form for the 2015 - 2016 influenza immunization. The form was signed by the resident's family member but listed no date of when the form was signed or of when the immunization was administered.</p> <p>The resident's medication administration record (MAR) for December 2015 included no documentation the influenza immunization was administered. The record documented no information regarding the resident's pneumococcal immunization.</p> <p>On 5/25/16 at 10:45 a.m. the licensed practical nurse (LPN #1) that routinely administered immunizations was interviewed about Resident #2. LPN #1 stated the permission form was</p>	F 334			

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F 334	Continued From page 5 scanned and entered into the resident's clinical record on the day she administered the influenza vaccine (12/3/15). LPN #1 stated she did not know why she did not mark the influenza immunization as administered on the MAR.  These findings were reviewed with the administrator and director of nursing on 5/25/16 at 11:20 a.m.	F 334			
F 371 SS=D	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.35(i)  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 under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, facility document review and staff interview, the facility staff failed to distribute food in a sanitary manner. Pureed potato quiche, measured with a holding temperature of less than 135 degrees F (Fahrenheit) was not reheated to 165 degrees F prior to service during lunch.  The findings include:  On 5/25/16 at 11:40 a.m. accompanied by the dietary supervisor, food service from the steam	F 371	1. Residents of Summit Square were not directly affected.  2. Residents of Summit Square did not suffer a negative outcome.  3. The Dietary Manager will reeducate all cooking personnel on reheating leftovers for the next thirty days and staff will monitor all food temperatures of leftovers and will not serve if the temperature is below 165 degrees Fahrenheit.	6/6/16	

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F 371	<p>Continued From page 6</p> <p>table on the unit kitchen was observed. Prior to serving the food a dietary employee measured food temperatures of items on the steam table. A small container of pureed potato quiche was measured at 117 degrees (F). The dietary supervisor reheated the container of pureed potato quiche in the microwave and returned the container to the steam table. The dietary employee measured the temperature of the reheated quiche as 143 degrees (F).</p> <p>On 5/25/16 at 11:50 a.m. the dietary supervisor was interviewed about reheating the quiche. The dietary supervisor stated the quiche had to be reheated to "at least 140 degrees." When asked if the reheat temperature was any different than the standard holding temperature for foods, the dietary supervisor stated reheated food temperatures were "not normally any different from regular temperatures." The dietary supervisor stated, "It [reheated quiche] just has to reach 140 [degrees]." The reheated quiche remained on the steam table and was served during the lunch meal.</p> <p>On 5/25/16 at 1:35 p.m. the dietary supervisor accompanied by the dining services manager was interviewed again about the reheated quiche. The dietary supervisor stated the small container of puree quiche was for one resident in the facility. The dietary supervisor stated, "The only instruction I've had is to reheat to 140 [degrees]."</p> <p>On 5/25/16 at 2:15 p.m. the dining services manager was interviewed about the quiche reheated to 143 degrees (F). The dining services manager stated the quiche was prepared then cooked in a pie shell with the original temperature measured in the main kitchen at 166 degrees.</p>	F 371	<p>4. A Quality Assurance Action Plan has been implemented to track pureed food temperatures. Any pureed food out of correct temperature will be reheated to 165 degrees Fahrenheit prior to any resident receiving it.</p> <p>5. The Dietary Manager will forward the results to the Administrator and the Quality Assurance Committee quarterly for one year.</p>		

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

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F 371	<p>Continued From page 7</p> <p>The dining services manager stated the quiche was pureed with milk added around 11:35 a.m. and then brought to the unit steam table. The dining services manager stated adding the milk brought the temperature down. The dining services manager stated she talked with the cook and he stated any foods with milk or dairy products are always reheated to 165 to 180 degrees (F). The dining services manager stated the supervisor "got flustered" about the leftovers. The dining services manager stated, "She [dietary supervisor] knows to reheat to 165 [degrees]."</p> <p>The facility's policy titled Food Temperatures (revised 4/21/14) stated, "Foods will be served at the proper temperatures...Hot foods will be 140 degrees Fahrenheit or above...No food will be served that is not in the designated acceptable range. Should any food test out of the acceptable range, the serving staff will reheat or chill to the acceptable temperature...The Supervisor will correct the unacceptable temperature and authorize the Director of Dining Services in written form, what events caused the temperature to be unacceptable, all corrective actions taken, and if an item was substituted..."</p> <p>These findings were reviewed with the administrator and director of nursing on 5/25/16 at 2:45 p.m.</p>	F 371			