

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REGENCY HEALTH AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>112 N CONSTITUTION DR GRAFTON, VA 23692</b>
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F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey, and a biennial state licensure inspection, was conducted 10-12-16 through 10-14-16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements, and for the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. Two complaints was investigated during the survey.</p> <p>The census in this 60 certified bed facility was 47 at the time of the survey. The survey sample consisted of 11 current Resident reviews (Residents #1 through #11), and 6 closed record reviews (Residents #12 through #17).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: COV 32.1-126.01</p> <p>Based on staff interview and facility documentation review, the facility staff failed for one employee (#16) in a sample of 20 employees, to obtain sworn statements prior to hire.</p> <p>Employee #16 did not have sworn statements done before hire.</p> <p>The findings included:</p> <p>Employee #16 was hired on 2/29/16. There was a sworn statement in the employee file dated 3/3/16, 3 days after the hire date</p>	F 001	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of corrections constitute the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>COV 32.1-126.01</p>	11/21/16

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

TITLE

(X6) DATE

Electronically Signed

11/03/16

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F 001	<p>Continued From page 1</p> <p>On 10/14/16 at 11:25 AM, an interview was conducted with the Human Resources Director. She stated, "I don't have anything else."</p> <p>On 10/14/16 at the end of the day exit, the Administrator and DON (director of nursing) were notified of the above findings.</p> <p>Management and Administration 12 VAC 5-371-110 (B)(2-3). Please Cross-Reference to F-225.</p> <p>Policies and Procedures 12 VAC 5-371-140 Policies and Procedures. Please Cross-Reference to F-226.</p> <p>Nursing Services 12 VAC 5-371-220 (A/B/D). Please Cross-Reference to F-309.</p> <p>12 VAC 5-371-220 (C)(1). Please Cross-Reference to F-314.</p> <p>12 VAC 5-371-220 (A/B/D). Please Cross-Reference to F-323.</p> <p>Nursing Services 12 VAC 5-371-220 (A). Please Cross-Reference to F-329.</p> <p>12 VAC 5-371-220 (B). Please Cross-Reference to F-333.</p> <p>Pharmaceutical Services 12 VAC 5-371-300 (A). Please Cross-Reference to F-425.</p>	F 001	<p>F001</p> <p>1-The sworn statement and criminal background check was completed for employee #16.</p> <p>2-The Human Resource Director will review employee files to ensure that the sworn statements are completed before hire.</p> <p>3- The Human Resource Regional Corporate Consultant will educate the Human Resource Director on obtaining sworn statements prior to hire.</p> <p>4-The Human Resource Director will review newly hired employees on a random weekly basis to ensure that the sworn statement was obtained prior to hire. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations.</p> <p>12 VAC 5-371-110 (B)(2-3). Cross-Reference to F-225</p> <p>1- Resident #4 was seen by the Physician on 10/21/16 and it was determined that Resident #4 has Ecchymosis.</p> <p>2- The DON or Designee will review shift report and Incident and Accident report of residents for any indication of injuries of unknown origin and ensure that these incidences are reported to the State Agency appropriately.</p> <p>3- The DON or designee will educate current licensed staff on the procedure to follow in reporting injuries of unknown origin to the DON or designee so that the incident can be reviewed and reported to the State Agency as applicable.</p> <p>4-The DON or designee will review shift</p>	

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F 001	<p>Continued From page 2</p> <p>12 VAC 5-371-300 (H). Please Cross-Reference to F-428.</p> <p>Infection Control 12 VAC 5-371-180 (A). Please Cross-Reference to F-441.</p>	F 001	<p>report and Incident and Accident reports for residents on a random weekly basis to ensure that any injuries of unknown origin are reported to the State Agency, as applicable. Results of the audits will be presented to the quarterly Quality Assurance committee for review and recommendation.</p> <p>12 VAC 5-371-140 Policies and Procedures. Cross-Reference to F-226</p> <p>1- The policy and procedure for Abuse and Neglect has been revised to reflect the federal abuse guidelines. 2- Policies are reviewed annually to ensure that they meet federal abuse guidelines. 3-The Corporate Nurse Consultant and designee will educate staff on the federal abuse guidelines and the revised facility policy regarding Abuse and Neglect. 4- The Administrator will ensure that facility related incidents are investigated and reported as appropriate, according to the federal abuse guidelines. Results of the audits will be presented to the quarterly Quality Assurance committee for review and recommendation.</p> <p>12 VAC 5-371-220 (A/B/D). Cross-Reference to F-309</p> <p>1- Resident #12 was discharge from the facility on 3/8/16. The Seroquel ordered for resident #4 was discontinued. The Seroquel for Resident #6 was discontinued. 2- The Unit Manager or designee will</p>	

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F 001	Continued From page 3	F 001	<p>review new medication orders for residents to ensure that the medication is started timely. The UM or designee will review current residents blood sugar checks to ensure that they are completed as ordered by the physician. The DON or designee will review residents receiving Antipsychotics to ensure that they are ordered appropriately and that there is a documented reason and appropriate diagnosis for the administration of the antipsychotic.</p> <p>3- The DON or designee will educate the licensed nursing staff on reviewing consult sheets for new recommendations of medications and ensuring that they are ordered timely; documentation of blood sugar checks; Antipsychotic medication contraindication for the treatment of the elderly patients with dementia and necessary documentation and appropriate diagnosis for administration of antipsychotic medication for residents with dementia.</p> <p>4-The DON or designee will review new medication orders for residents to ensure that the medication is started timely. The UM or designee will review current residents blood sugar checks to ensure that they are completed as ordered by the physician. The DON or designee will review residents receiving Antipsychotics to ensure that they are ordered appropriately and that there is a documented reason and appropriate diagnosis for the administration of the antipsychotic on a random weekly basis. Results of the audits will be presented to the quarterly Quality Assurance committee for review and recommendation.</p>	

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F 001	Continued From page 4	F 001	<p>12 VAC 5-371-220 (C)(1). Cross-Reference to F-314</p> <p>1- Resident #1 is currently receiving the treatment as ordered to her sacral wound. 2- The Unit Manager or designee will review current residents with wound vacs to ensure that they are applied timely and as ordered. The UM or designee will review current residents with pressure areas to ensure that they are being turned and repositioned appropriately. 3- The DON or designee will educate licensed nursing staff on the application of wound vacs and ensuring that the wound vac is in place as ordered. The licensed nursing staff will also be educated on the provision of turning and positioning for the prevention and promotion of healing of pressure ulcers. 4- The Unit Manager or designee will review residents during random weekly rounds to ensure that turning and positioning is provided appropriately and that residents with wound vacs have them in place as ordered. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations.</p> <p>12 VAC 5-371-220 (A/B/D). Cross-Reference to F-323</p> <p>1-Resident #2 discharged on 10/15/16. 2- The Unit Manager or Designee will review the shift report of current residents for any inappropriate behaviors to ensure that the incidences are handled</p>	

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F 001	Continued From page 5	F 001	<p>appropriately</p> <p>3- The DON or Designee will educate current licensed staff on the provision of adequate supervision for any residents displaying inappropriate behaviors toward others and to notify the DON or Administrator of incidences.</p> <p>4- The Unit Manager or Designee will review the shift report of current residents for any inappropriate behaviors to ensure that the incidences are handled appropriately on a random weekly basis. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations.</p> <p>12 VAC 5-371-220 (A). Cross-Reference to F-329</p> <p>1- Resident #9 is receiving Coreg as ordered. Resident #3 is receiving medications as ordered. Resident #1 is receiving medications as ordered.</p> <p>2- The Unit Manager or Designee will review the medication administration records for current residents receiving hypertension medications to ensure that they are administered and documented appropriately and as ordered.</p> <p>3- The DON or Designee will educate current licensed staff on following physician ordered parameters with the administration of hypertension medication and documenting the administration or findings appropriately on the medication administration record.</p> <p>4- The Unit Manager or designee will review the medication administration records for current residents receiving</p>	

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F 001	Continued From page 6	F 001	<p>hypertension medications to ensure that they are administered and documented appropriately and as ordered on a random weekly basis. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations</p> <p>12 VAC 5-371-220 (B). Cross-Reference to F-333</p> <p>1- Resident #9 is receiving medications as ordered. 2- The Unit Manager or Designee will review current residents receiving hypertension medications to ensure that they are administered correctly and that any ordered parameters for hypertension medications are followed correctly. 3- The DON or Designee will educate current licensed staff on following physician ordered parameters with the administration of hypertension medication and documenting the administration or findings appropriately on the medication administration record 4- The Unit Manager or designee will review the medication administration records for current residents receiving hypertension medications to ensure that they are administered and documented appropriately and as ordered on a random weekly basis. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations</p> <p>12 VAC 5-371-300 (A). Cross-Reference to F-425</p>	

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F 001	Continued From page 7	F 001	<p>1- Resident #1 is receiving medications as ordered. Resident #6 is receiving medications as ordered.</p> <p>2- The Unit Manager or designee will review the medication administration records for current residents to ensure that they have medications available for administration. An audit of the medication carts will be conducted by the Unit Manager or designee to ensure that all ordered medications are available for administration.</p> <p>3- The DON or Designee will educate licensed nursing staff on the process of ordering and refilling medications.</p> <p>4- The Unit Manager or designee will review the medication administration records and shift reports for current residents on a random weekly basis to ensure that medications are available for administration. The medication carts will be checked on a random weekly basis by the UM or designee to ensure that ordered medications are available for administration. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations</p> <p>12 VAC 5-371-300 (H). Cross-Reference to F-428</p> <p>1-The most recent pharmacy recommendations have been reviewed by the physician.</p> <p>2 <input type="checkbox"/> The DON or designee will review current pharmacy recommendations to ensure that they were reviewed and addressed by the physician in a timely manner.</p>	



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F 001	Continued From page 8	F 001	<p>3 <input type="checkbox"/> The DON or designee will educate licensed nursing staff on ensuring that physician orders are transcribed from pharmacy recommendations.</p> <p>4 <input type="checkbox"/> The DON or designee will review the pharmacy recommendation report on a monthly basis to ensure that they are reviewed and addressed by the physician in a timely manner. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations.</p> <p>12 VAC 5-371-180 (A). Cross-Reference to F-441</p> <p>1-The glucometer is being cleaned appropriately for resident #8 when checking blood sugars. 2-The Staff Development Coordinator will observe licensed nursing staff when using the glucometer to check blood sugars to ensure that they are cleaning the glucometer per policy. 3-The DON will educate licensed nursing staff on the appropriate way to clean the glucometer when used for resident blood sugar checks. 4-The Staff Development Coordinator will observe licensed nursing staff on a random monthly basis to ensure that the nurse cleans the glucometer appropriately before and after each use for the resident blood sugar checks. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations.</p>	