

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

PRINTED: 05/15/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/04/2017
NAME OF PROVIDER OR SUPPLIER WESTMINSTER CANTERBURY CHESAP			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHORE DRIVE VIRGINIA BEACH, VA 23451		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
	<p>An unannounced Medicare/Medicaid standard survey was conducted 05/02/17 through 05/04/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. One complaint was investigated during the survey.</p> <p>The census in this 95 certified bed facility was 76 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents #1 through 13) and 4 closed record reviews (Residents #14 through 17).</p>				
F 226 SS=D	483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	F 226			
	<p>483.12 (b) The facility must develop and implement written policies and procedures that:</p> <p>(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>(2) Establish policies and procedures to investigate any such allegations, and</p> <p>(3) Include training as required at paragraph §483.95,</p> <p>483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on-</p>				

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

TITLE

(X6) DATE

Victoria Crenshaw

Administrator

5-18-17

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 226	Continued From page 1 (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12. (c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property (c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility documentation review the facility staff failed to screen in a timely manner 2 of 25 employees for a history of abuse to ensure residents were free from the potential of abuse. Specifically, Employee #1 (a registered nurse) was hired on February 15, 2017 and worked at the facility without a criminal background screening until Employee #1 separated from the facility on April 16, 2017. Employee #2 (a certified nursing assistant) transferred from within the facility company [another entity] on April 22, 2016 and continued to work at the facility without a criminal background check screening until 5/4/17. The findings included: On 5/3/17 through 5/4/17 a review was conducted of 25 employee charts as part of the abuse screening protocol. Two Employees were not screened in a timely manner (within 30 days of hire) per facility policy. Employee #1 was hired on February 15, 2017 and worked at the facility without a criminal	F 226 F226	1. Employee #1 no longer works for the facility. A background check was done on Employee #2 during the survey on 5/4/17. No resident was identified. 2. All residents have the potential to be affected. An audit was conducted on current employee files to validate the presence of required documentation including the criminal background check that was completed on 5/17/17. 3. Criminal background checks will be conducted on employees transferred to The Hoy Center (nursing facility) as well as new employees. Two HR staff will review/audit required documents as newly hired and transferred employees onboard to validate all required documents have been obtained and are in employee file including the criminal background check. Both will sign and date checklist. VP of HR or designee will conduct monthly review of the employee files of new hires/transfers to validate required documents have been obtained and		

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F 226	<p>Continued From page 2</p> <p>background screening until Employee #1 separated from the facility on April 16, 2017. Employee #2 transferred from within the facility company on April 22, 2016 and continued to work at the facility without a criminal background check screening until 5/4/17.</p> <p>The human resource department staff (Others #1) ran the criminal background screening during the survey on both employees and found no barrier crimes.</p> <p>On 5/4/17 at 10:45 a.m. Others #1 (staff from the human resources department) was interviewed. Others #1 stated, "The wrong report (criminal background check) was attached to Employee #1's name." Others #1 added, "I submitted a new check yesterday (5/3/17) and found no convictions." When asked if a criminal background check had been completed for Employee #1 Others #1 answered, "No, it was not done."</p> <p>On 5/4/17 at 11:30 a.m. an Administrative staff member (#2) was interviewed. Administrative staff #2 stated, " HR (Human Resources) stated that the wrong person (a different employees) criminal background was run instead of Employee #1. Administration #1 added that there was a change in procedure.</p> <p>On May 4, 2017 Others #1 submitted a typed statement regarding Employee #1. The document read: "The failure to process [Employee #1]'s criminal check in a timely manner was an oversight. [Employee #1's name] was a rehire that originally termed on April 27, 2013, returned to the company on February 12, 2017 and has recently separated from the company effective</p>	F 226	<p>present in the file.</p> <p>4. The Recruitment, Staffing and Employee Relations Mgr will report the findings monthly in QAPI monthly x 3 months or until resolved.</p> <p>Compliance date: 5/19/17</p>	

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F 226	<p>Continued From page 3</p> <p>April 16, 2017. As I was retrieving the requested criminal checks, I noticed that the wrong criminal check was attached to her [Employee #1]'s paperwork and went to search for her criminal check in the system. Once I noticed that it was not popping up, I ran her information to show that she has no convictions. To prevent any further errors like this one, we are implementing new tracking methods to ensure that we are in compliance with all the pre-employment requirements...we will institute a tracking spreadsheet that will include both pre and post employment two step audits."</p> <p>On May 4, 2017 Others #1 submitted a typed statement regarding Employee #2. The document read, "[Employee #2's name] has had a criminal check completed prior to her date of hire. Unfortunately we are unable to locate the document at this time. We have been researching its whereabouts and have not located the paperwork. Moving forward we will be implementing a new storage system for all documents pertaining to our employees."</p> <p>On 5/4/17 at 1:45 p.m. Administration #1 provided a document entitled, "Pre-Employment Offer Letter Authorization" for Employee #2. This documentation included a check list dated 7-2-15 and indicated that the criminal background results were received on that date for Employee #2. A criminal history check was performed by the facility staff on 5/4/2017 for Employee #2 with no convictions found.</p> <p>On 5/4/17 at approximately 2:00 p.m. Administration #2 explained that Employee #2 had transferred from one of the other entities within the same company. A letter was submitted</p>	F 226		

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F 226	Continued From page 4 as documentation. The letter was dated April 18, 2016 and read, "Dear [Employee #2's name] Congratulations on your transfer...to the [facility name]. This letter notifies you of changes with your transfer. The effective date documented on this letter was April 22, 2016. A review was conducted of the facility policy entitled "Abuse Prevention, Detection, Investigation, and Reporting" with a revision date of 04/2017. The facility policy documented "Criminal record checks will be obtained on all employees within 30 days of date of hire." Also included in the policy was the following, "Results from the criminal record checks will be compared to the 'barrier crimes' as defined in the Code of Virginia." Finally, the policy documented, "Any employee whose background check has not been completed prior to the start of their employment will be assigned to work under the direct supervision, within eye sight, of a staff member who has had a completed background check." The facility administration was informed of the findings during a briefing on 5/4/17 at approximately 2:40 p.m. The facility did not present any further information about the findings.	F 226	
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's	F 309	

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F 309	<p>Continued From page 5</p> <p>comprehensive assessment and plan of care.</p> <p>483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:</p> <p>(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, the facility staff failed to accurately check the presence of thrill (1) and bruit (2) at the hemodialysis (3) access site for one of 17 residents (Resident #12) in the survey sample.</p> <p>The findings included:</p> <p>Resident #12 was admitted to the facility on 3/1/17. Diagnoses included, but not limited to,</p>	F 309	<ol style="list-style-type: none"> 1. Resident #2 was assessed after the observation on 5/3/17 during survey, bruit and thrill were present. The nurse observed was educated on 5/3/17 during survey on care and assessment of fistulas, including assessing for the bruit and thrill. 2. Residents with fistulas for hemodialysis have the potential to be affected. 3. Current licensed staff was educated on care and assessment of fistulas including assessing for the bruit and thrill completed on 5/11/17. Education was added to new hire orientation. Clinical coordinators and/or Staff Development coordinator will conduct random observations will be conducted at 2 times a week x 4 weeks, then weekly x 4 weeks, then monthly x 3 months or until resolved. Findings will be reported to the DON. 4. The DON or designee will report the results monthly in QAPI monthly x 3 months or until resolved. Compliance date: 5/19/17

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F 309	<p>Continued From page 6</p> <p>dementia, acquired absence of kidney, end stage renal (kidney) disease, and renal dialysis.</p> <p>The most recent Minimum Data Set with an assessment reference date of 3/9/17, assessed Resident #12 as having a moderate impairment in cognitive skills for daily decision making. Resident #12 was coded for dialysis treatment.</p> <p>Resident #12's Care Plan documented, in part, "Problem: Potential risks for complications related to renal failure/end stage renal disease; Interventions: ...Monitor shunt if on hemodialysis. Auscultate (4) for bruit and palpate (5) for thrill every shift and document findings in medical record."</p> <p>The Physician Order Sheet was reviewed and an order was written, "Check fistula (6) for bruit and thrill every shift". The order date was 5/3/17.</p> <p>On 5/3/17 at 3:10 pm, observed the resident in his room and found a fistula covered with gauze dressing on his left upper arm. The resident just returned from dialysis.</p> <p>On 5/3/17 at 3:20 pm, an interview was conducted with LPN #1 and was asked about the dialysis care provided for Resident #12. She stated that the dialysis care included checking for patency at the access site. She stated, "Feel for bruit and feel for the thrill." Clarified her response and she stated, "Feel for bruit and thrill."</p> <p>On 5/3/17 at 4:00 pm, RN#1, Clinical Coordinator, was interviewed and was asked regarding the care expected of staff nurses for Resident #12. She stated that nurses are expected to provide routine care for the fistula as follows: "Feel for the</p>	F 309	

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F 309	<p>Continued From page 7</p> <p>thrill and listen to bruit for a whooshing sound"; very strict fluid restriction; and weigh the resident after the dialysis on Monday, Tuesday and Wednesday." She stated that if checking for thrill and bruit was not done correctly, "it would be bad because the shunt (fistula) could be blocked". She stated that she could not recall when the training for Checking Thrill and Bruit was last conducted for nurses. She planned on having an inservice for all the nurses on how to properly perform this procedure.</p> <p>On 5/3/17 at 4:30 pm, LPN #2 was interviewed regarding the proper procedure for checking thrill and bruit. She stated to "check for bruit and thrill by feeling the fistula site". She added that she had not had a resident on dialysis assigned to her so she had not actually performed the procedure. If not checked properly, she stated that there could be a blockage and could cause a blood clot. She stated that the facility offered staff training whenever there was a new care or procedure needed by the resident but could not recall any training offered on how to check thrill and bruit.</p> <p>On 5/3/17 at 4:35 pm, the Director of Nursing was interviewed and she stated that she expected nurses to check for bruit and thrill at the access site, to "feel the thrill and listen to bruit to make sure it's patent and assess the site after dialysis for bleeding and swelling". She stated that training and demonstration will be provided for all nurses.</p> <p>On 5/4/17, the facility provided a copy of a sign-in sheet for an inservice titled, "Auscultate for Bruit and Palpate for Thrill" for all nurses, dated 5/3/17, presented by the Director of Nursing. There were</p>	F 309		

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F 309	<p>Continued From page 8</p> <p>15 nurses who attended. The facility procedure read, in part, as follows: "...Listening for adequate bruit with a stethoscope. A continuous low pitched bruit should be present. Feeling for palpable thrill...A continuous purring or vibration should be present..."</p> <p>On 5/4/17 at approximately 2:30 pm, the Administrator, Director of Nursing, Director of Quality Management and other management staff were made aware of these findings and no further information was presented.</p> <p>(1) Thrill - a vibration felt when blood rushes through the blood vessel. (https://medlineplus.gov/ency/patientinstructions/000705.htm)</p> <p>(2) Bruit - a whooshing sound heard when blood flows through a narrow artery. (https://www.niddk.nih.gov/health-information/kidney-disease/renal-artery-stenosis)</p> <p>(3) Hemodialysis - uses a machine to filter your blood to rid your body of harmful wastes, extra salt, and water. It is sometimes called an artificial kidney. (https://medlineplus.gov/dialysis.html)</p> <p>(4) Auscultate - listening to sounds of the body using a tool called a stethoscope. (https://medlineplus.gov/ency/article/002226.htm)</p> <p>(5) Palpate - is a method of feeling with the fingers or hands during a physical examination. The health care provider touches and feels your body to examine the size, consistency, texture, location, and tenderness of an organ or body part.</p>	F 309		

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F 309	Continued From page 9 (https://medlineplus.gov/ency/article/002284.htm) (6) Fistula - the dialysis patient will need a vascular access in order to connect their blood stream to the dialysis machine which cleans the blood. The type of access that the surgeons prefer is the fistula; this is a connection between an artery and a vein. (http://www.cdcare.org/treatment-options/home-hemodialysis/)	F 309		

State of Virginia

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F 000 Initial Comments

F 000

An unannounced biennial State Licensure Inspection and Medicare/Medicaid standard survey was conducted 05/02/17 through 05/04/17. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey.

The census in this 95 certified bed facility was 76 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents #1 through 13) and 4 closed record reviews (Residents #14 through 17).

COV 32.1-126.01 A

Cross Reference to POC for F226.

F 001 Non Compliance

F 001

The facility was out of compliance with the following state licensure requirements:

This RULE: is not met as evidenced by:
COV 32.1-126.01 A Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license. Please Cross-Reference to F-226

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

Victoria Crenshaw

TITLE

Administrator

(X6) DATE

5-18-17