

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/15/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>WALTER REED CONVALESCENT AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>POST OFFICE BOX 887 GLOUCESTER, VA 23061</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) COMPLETE DATE
F 000	Initial Comments  An unannounced Medicare/Medicaid standard and complaint survey and biennial State Licensure Inspection was conducted 6/13/17 through 6/15/17. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.  The census in this 181 certified bed facility was 150 at the time of the survey. The survey sample consisted of 21 current Resident reviews (Residents #1 through #21) and 5 closed record reviews (Residents #22 through #26).	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:  12VAC5-371-360 Clinical Records. 12VAC5-371-360 (B) Cross reference to F-164.  12VAC5-371-370 Maintenance and Housekeeping. 12VAC5-371-370 (A) Cross reference to F-252.  12VAC5-371-250 Resident Assessment and Care Planning. 12VAC5-371-250 (A) Cross reference to F-278.  12VAC5-371-200 Director of Nursing. 12VAC5-371-200 (B.1.) Cross reference to F-281.	F 001	12VAC5-371-360 Clinical Records. 12VAC5-371-360 (B) Cross reference to F-164.  F164 The dates of completion serve as my allegation of compliance.  1. The Health Care Information for 34 residents on the operating unit was protected upon discovering information was potentially in view of persons not authorized to see information. The nurse was reeducated on the importance of ensuring Protected Health Information is secured at all times.  2. The Director of Nursing / Designee	7/19/17

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

Electronically Signed

TITLE

(X6) DATE

06/27/17

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F 001	Continued From page 1  12VAC5-371-220 Nursing Services. 12VAC5-371-220 (B) Cross reference to F-333.  12VAC5-371-180 Infection Control 12VAC5-371-180 (A) Cross reference to F-441.	F 001	<p>observed all other facility operating units to ensure any Protected Health Information was properly protected. The nurses will be responsible for ensuring the safeguarding of all Protected Health Information on a daily basis.</p> <p>3. The Director of Clinical Performance/ Designee will in-service facility staff on "Maintaining Resident Privacy and Confidentiality." The in-service included a review of the facility policy for Protected Health Information and the importance of keeping each resident's health information confidential. The in-service also included the importance of ensuring documents with PHI is kept protected when in use.</p> <p>4. The Director of Nursing / Designee will perform five random observations of each operating unit weekly for six weeks to ensure privacy and confidentiality of PHI. The Director of Nursing / Designee will report any trends to the Quality Assurance Performance Improvement Committee on at least a quarterly basis.</p> <p>12VAC5-371-370 Maintenance and Housekeeping. 12VAC5-371-370 (A) Cross reference to F-252.</p> <p>F252 The dates of completion serve as my allegation of compliance.</p> <p>1. The identified shower rooms were cleaned and baseboards repaired.</p> <p>2. All facility shower rooms were observed to ensure no other discolored</p>	

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F 001	Continued From page 2	F 001	<p>grout and broken baseboards were identified. The shower room floors and baseboards will receive repair work and upgrades as needed to ensure cleanliness and homelike environment.</p> <p>3. The Director of Clinical Performance/ Designee will in- service RN's, LPN's, C.N.A's and employees working in dietary, housekeeping, and laundry departments on the importance of maintaining a clean, homelike environment.</p> <p>4. The Assistant Administrator/Designee will monitor shower rooms weekly for six weeks to ensure there are no areas identified with discolored tiles or broken baseboards. The Assistant Administrator / Designee will report any trends to the Quality Assurance Performance Improvement Committee on at least a quarterly basis.</p> <p>12VAC5-371-250 Resident Assessment and Care Planning. 12VAC5-371-250 (A) Cross reference to F-278.</p> <p>F278 The dates of completion serve as my allegation of compliance</p> <p>1. Section C1000 of the assessment dated 4/25/17 for resident #18 has been modified and submitted to correctly reflect the resident's current cognitive status. The MDS Coordinator was re-educated on the importance of accurately coding the MDS.</p>	

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F 001	Continued From page 3	F 001	<p>2. The Director of Nursing/Designee will review the MDS of current residents completed in the past 30 days to ensure Section C1000 has been accurately coded. The MDS Coordinator will be responsible for the accurate coding of the MDS prior to submission.</p> <p>3. The Director of Nursing/Designee will re-educate the MDS Coordinator and MDS team on the importance of proper coding and completion of the MDS. The in-service includes but is not limited to a review of the coding instructions for Section C1000 and verification of accuracy.</p> <p>4. The Director of Nursing/ Designee will monitor 10% of MDSs completed weekly for six weeks to ensure coding for Section C1000 is accurate. The Director of Nursing / Designee will report any trends to the Quality Assurance Performance Improvement Committee on at least a quarterly basis.</p> <p>12VAC5-371-200 Director of Nursing. 12VAC5-371-200 (B.1.) Cross reference to F-281.</p> <p>F 281 The dates of completion serve as my allegation of compliance.</p> <p>1). Resident #16 was assessed and physician updated regarding medications not administered on 6/9/17. The nurse was re-educated on the importance of</p>	

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F 001	Continued From page 4	F 001	<p>following professional standards of nursing for medication administration by ensuring proper documentation as to the reason a medication was not given as ordered by the physician.</p> <p>2) Medication Administration Records for current residents in the month of June 2017 were reviewed by the Director of Nursing / Designee for compliance and completeness and to ensure that any medications identified as not given have the supporting documentation and notification. Medication nurses will be responsible for ensuring complete and accurate documentation on Medication Administration Records on a daily basis.</p> <p>3). RN/LPNs will be in-serviced by the Director of Clinical Performance/ Designee on "Medication Administration." The in-service includes but is not limited to the importance of complete documentation on the Medication Administration Record of the reason medications were not given and the importance of notifying the physician.</p> <p>4). The Director of Nursing/ Designee will review 20% of Medication Administration Records on a weekly basis for six weeks to ensure complete and accurate documentation. The Director of Nursing/Designee will report any trends to the Quality Assurance Performance Improvement Committee on at least a quarterly basis.</p>	

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F 001	Continued From page 5	F 001	<p>12VAC5-371-220 Nursing Services. 12VAC5-371-220 (B) Cross reference to F-333.</p> <p>F 333 The dates of completion serve as my allegation of compliance.</p> <p>1. Resident #15 was assessed and has not demonstrated any adverse outcome related to enteric coated aspirin being crushed and administered. The resident representative and Physician have been notified of the medication error. The nurse involved has been reeducated on medication administration to include contraindication of crushing enteric coated aspirin.</p> <p>2. The Director of Nursing / Designee will review residents receiving enteric coated aspirin to ensure the medication is appropriate for the resident's plan of care and to ensure medication is not being crushed prior to administration. Medication nurses will be responsible for following manufacturer's specifications in regards to crushing medications on a daily basis.</p> <p>3. The Director of Clinical Performance/ Designee will in-service RNs and LPNs on "Medication Administration." The in-service included but was not limited to the importance of following manufacturer's specifications regarding crushing medication with a focus on medications that are contraindicated for crushing.</p> <p>4. The Director of Clinical Performance/ Designee will perform five medication pass observations weekly for six weeks to</p>	

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F 001	Continued From page 6	F 001	<p>ensure medications are not being crushed against manufacturer's specifications. The Director of Nursing / Designee will report any trends to the Quality Assurance Performance Improvement Committee on at least a quarterly basis.</p> <p>12VAC5-371-180 Infection Control 12VAC5-371-180 (A) Cross reference to F-441.</p> <p>F 441 The dates of completion serve as my allegation of compliance.</p> <p>1. The ice scoop and ice chest were disinfected, existing ice removed, and new ice put into the chest for resident use.</p> <p>2. All ice chests were checked to ensure ice scoops were stored in their designated storage areas. No other findings were noted. All other ice chests and scoops were maintained in accordance with facility policy.</p> <p>3. The Director of Clinical Performance/ Designee will in-service RNs, LPNs, CNA's and employees working in dietary, housekeeping, and laundry on "Preventing The Spread of Infection." The in-service included a review of the facility's Infection Control Program with a focus on proper equipment use and storage of ice bins and scoops.</p> <p>4. The Assistant Administrator / Designee will perform observations weekly for six weeks of all ice chests and ice scoops to ensure appropriate infection control</p>	

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F 001	Continued From page 7	F 001	measures are maintained. The Assistant Administrator / Designee will report any trends to the Quality Assurance Performance Improvement Committee on at least a quarterly basis.	