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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495268	A. BUILDING _____ B. WING _____	C 02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMORELAND REHABILITATION & HEALTHCARE CENTER	2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22443

(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

An unannounced Medicare/Medicaid abbreviated standard survey was conducted 2/3/16 through 2/4/16. One complaint was investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements.

The census in this 66 certified bed facility was 59 at the time of the survey. The survey sample consisted of 3 current Resident reviews (Residents #3 through #5) and 2 closed record reviews (Resident #1 through #2).

F 309 SS=D 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

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, in accordance with the comprehensive assessment and plan of care.

This REQUIREMENT is not met as evidenced by:
Based on observation, resident interview, staff interview, facility documentation review, clinical record review, and during the course of a complaint investigation, the facility staff failed to provide the care and services necessary to achieve the highest practicable well being for three Residents (Residents #3, #4, and #5) in a survey sample of 5 Residents.

1 For Resident #3, physician ordered blood sugar testing and the administration of SSI

F 309

#1
The Physician orders for insulin administration and blood glucose monitoring on resident 3, 4 and 5 were reviewed for completeness and inclusion of task designation, of the blood sugar result, units administered and site the insulin was given in.

Resident # 3 A1C level was obtained on 2/17 /16. Blood sugar levels remain stable and were reviewed by the attending physician on 2/16/16 and no changes were made to the plan of care.

Resident #4 A1C level was obtained on 2/17 /16. Blood sugar levels remain stable and were reviewed by the attending physician on 2/16/16 and no changes were made to the plan of care.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

James J Parks | Administrator | 2/17/16

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 309	Continued From page 1 (sliding Scale Insulin) was not documented as having been performed on 1/18/2016. 2. For Resident #4, the facility staff did not obtain blood glucose tests and administer insulin per physician's orders. 3. For Resident #5, the facility staff did not obtain physician ordered finger stick blood sugars and administer insulin per physician's orders. The findings included: 1. For Resident #3, physician ordered blood sugar testing and the administration of SSI (sliding Scale Insulin) was not documented as having been performed on 1/18/2016. Resident #3, a female, was admitted to the facility 3/24/07. Her diagnoses included hypertension, type II diabetes mellitus, hemiplegia (paralysis of one side of the body), and depressive disorder. Resident #3's most recent MDS (minimum data set) with an ARD (assessment reference date) of 1/17/16 was coded as a quarterly assessment. Resident #3 was coded as having a BIMS (Brief Interview of Mental Status) score of 15, cognitively intact. She was coded as needing limited to extensive assistance for performing her activities of daily living. Resident #3 was observed, 2/3/16 at 3:35 p.m. She was sitting in a wheelchair in the activity room playing BINGO. On 2/4/16 at 2:15 p.m., Resident #3 observed in her room. She was alert and verbally responsive. During a conversation with Resident #3, she stated, "They don't always give me my insulin like they are suppose to."	F 309	Resident #5 A1C level was obtained on 2/17/16. Blood sugar levels remain stable and were reviewed by the attending physician on 2/16/16 and no changes were made to the plan of care. #2 A comprehensive audit of all residents requiring glucose monitoring and insulin administration was accomplished on 2/8/2016 to ensure completeness of blood glucose documentation, insulin administration site, and number of units administered. #3 The Licensed nursing staff will receive education on the physician order entry process of insulin and blood glucose monitoring. The education will include task designation of blood sugar, site, units administered, and completeness of documentation. 2/19/16 The Licensed nursing staff will receive education on the MATRIX color coding monitoring system that alert the nurse to medications that are DUE – LATE – or Pending TASK COMPLETION. 2/19/16	

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F 309	Continued From page 2 Resident #3 was aware of her physician's orders for when her blood sugars were to be tested and stated the specific times. Review of Resident #3's comprehensive care plan dated 2/19/15 revealed a plan of care for diabetes. Under Approaches read the following: "1. Administer diabetic medication as ordered by physician. 2. Check blood glucose levels via finger stick as ordered by physician..." Review of Resident #3's clinical record revealed a recent Hemoglobin A1C of 7.4. The reference range was 4.3 - 6.0. "The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes and then to gauge how well you're managing your diabetes. The A1C test result reflects your average blood sugar level for the past two to three months. Specifically, the A1C test measures what percentage of your hemoglobin - a protein in red blood cells that carries oxygen - is coated with sugar (glycated). The higher your A1C level, the poorer your blood sugar control and the higher your risk of diabetes complications." http://www.mayoclinic.org/tests-procedures/a1c-test/home/ovc-20167930 Review of Resident #3's clinical record revealed the most current signed physician's orders dated 12/8/15 that included the following SSI orders, "INSULIN NOVOLOG 100U (units)/ML (milliliter). Administer 1 Glucose Test By FINGERSTICK TWO TIMES A DAY (6:30 AM/4:30 PM) *USE PER SLIDING SCALE AND INJECT SUBQ* (subcutaneously); 141-170=1 UNITS, 171-200=2 UNITS, 201-250= 3 UNITS, 251-300= 4 UNITS, 301-350=5 UNITS, 351-400=6 UNITS	F 309	The Licensed nursing staff will check daily with shift change that medications have been administered and task designation is complete utilizing color coding MATRIX system. The Director of Nursing or designee will monitor compliance with blood sugar monitoring and insulin administration utilizing the **Administration compliance report** five times a week for the next thirty days. If compliance is maintained at 100% accuracy then the monitoring will be accomplished three times each week to ensure ongoing compliance. Licensed nursing staff found to not be in compliance with this practice will receive 1:1 education and progressive disciplinary action per Westmoreland policy and procedure. #4 The Licensed nursing staff will check daily with shift change that medications have been administered and task designation is complete utilizing color coding alert MATRIX system. The DON or designee will discuss weekly in Risk Meeting the blood sugar, and insulin administration compliance.	

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F 309	Continued From page 3 NOTIFY MD (medical doctor) IF BS (blood sugar) LESS THAN 60 OR GREATER THAN 400." Sliding scale insulin is a dose of insulin administered in response to a finger stick blood sugar. A corresponding entry was noted on the January 2016 eMAR (electronic medication administration record). On 1/18/16 at 6:30 a.m. there was no nurse initial or documented blood sugar results indicating blood sugar testing or insulin administration. On 2/4/16 at 2:30 p.m., an interview was conducted with the DON (director of nursing) regarding Resident #3's blood sugar testing on 1/18/16 at 6:30 a.m. After reviewing the Resident's clinical record, the DON said she was unable to find any documentation for the date in question. The DON stated, "The expectation is for the nurses to follow the physician orders, obtain the blood sugar, administer the insulin according to the sliding scale, and document it." Request were made to the DON for the facility's diabetes management and the medication administration policy. The DON said the facility did not have a diabetic management policy. The facility's Medication Administration policy did not include blood sugar testing, or insulin administration in accordance with physician orders. Guidance was given in "Lippincott's Fundamentals of Nursing", The quantity and distribution of a medication in different body compartments change constantly. When a	F 309	The DON or designee will complete a report of blood sugar documentation, and insulin administration compliance to the Quality Assurance Committee for review and recommendation monthly. #5 Compliance Date: 2/19/2016	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 309	Continued From page 4	F 309		

medication is prescribed, the goal is a constant blood level within a safe therapeutic range...The client and nurse need to follow regular dosage schedules and adhere to prescribed doses and dosage intervals." Also, same source, "The physician is responsible for directing medical treatment. Nurses follow physicians' orders unless they believe the orders are in error or harm clients."

Guidance for nursing standards for the administration of medication is provided by "Fundamentals of Nursing, 7th Edition, Potter-Perry, p. 705: Professional standards, such as the American Nurses Association's Nursing : Scope and Standards of Nursing Practice (2004) apply to the activity of medication administration. To prevent medication errors, follow the six rights of medications. Many medication errors can be linked, in some way, to an inconsistency in adhering to the six rights of medication administration. The six rights of medication administration include the following:

1. The right medication
2. The right dose
3. The right client
4. The right route
5. The right time
6. The right documentation."

On 2/4/16 at 4:00 p.m., the Administrator, DON, and Corporate staff were advised of the failure of the staff to obtain a physician ordered finger stick blood sugar and administer insulin per physician's orders. No further information was provided by the facility.

2. For Resident #4, the facility staff did not obtain

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 309	Continued From page 5	F 309		

blood glucose tests and administer insulin per physician's orders.

Resident #4, a female, was admitted to the facility 1/12/16. Her diagnoses included type II diabetes mellitus, vitamin B12 deficiency, and major depressive disorder.

Resident #4's most recent MDS (minimum data set) with an ARD (assessment reference date) of 1/17/16 was coded as an admission assessment. Resident #4 was coded as having a BIMS (Brief Interview of Mental Status) score of 15, cognitively intact. She was coded as needing limited to extensive assistance for performing her activities of daily living.

Resident #4 was observed, 2/3/16 at 3:30 p.m. She was sitting in a wheelchair in the activity room playing BINGO. On 2/4/16 at 2:15 p.m., Resident #4 observed in the activity room eating chocolate ice cream. She was alert and verbally responsive. During a conversation with Resident #4, she stated, "Oh, I can tell by the way I feel if my blood sugar to too high or too low. I haven't felt like it's been too low since I been here."

Review of Resident #4's comprehensive care plan revealed a plan of care for diabetes. Under Approaches read: "1. Administer diabetic medication as ordered by physician. 2. Check blood glucose levels via finger stick as ordered by physician..."

Review of Resident #4's clinical record did not reveal a recent Hemoglobin A1C.
"The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes and then to gauge how well you're managing your diabetes.

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F 309	Continued From page 6	F 309		

The A1C test result reflects your average blood sugar level for the past two to three months. Specifically, the A1C test measures what percentage of your hemoglobin - a protein in red blood cells that carries oxygen - is coated with sugar (glycated). The higher your A1C level, the poorer your blood sugar control and the higher your risk of diabetes complications."
http://www.mayoclinic.org/tests-procedures/a1c-test/home/ovc-20167930

Review of Resident #4's clinical record revealed the most current signed physician's orders included the following SSI (Sliding Scale Insulin) orders with a start date of 1/13/16 and an end date of 1/22/16, "Accu-checks injection - Before Meals and At Bedtime; Humalog; subcutaneous. Special Instructions: Regular insulin with SSI (sliding scale insulin) coverage blood glucose below 70 give 1 ampule D50 (Dextrose 50% injection) and notify physician for further orders. FSBS (finger stick blood sugar) -70-150 no coverage.
FSBS= 151-200 give 2 units, FSBS=201-250 give 4 units,
FSBS= 251-300 give 6 units, FSBS=301-350 give 8 units,
FSBS= 351-400 give 10 units,
Blood sugars above 400 give 12 units Regular insulin and call physician for further orders."

Sliding scale insulin is a dose of insulin administered in response to a finger stick blood sugar.

A corresponding entry was noted on the January 2016 eMAR (electronic medication administration record). The following was revealed:

1. The physician order read to start

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 309	Continued From page 7	F 309		

accuchecks and SSI on 1/13/16. The eMAR revealed the accuchecks were documented as having been started on 1/15/16 at 11:30 a.m.

2. On 1/15/16 at 11:30 a.m., the Blood Sugar reading was 172. Under Units read 114. According to the physician order for SSI of 172, 2 units of insulin should have been documented as administered.

3. On 1/15/16 at 9:00 p.m., the Blood Sugar reading was 168. Under Units read 0 (zero). According to the physician order for SSI of 168, 2 units of insulin should have been documented as administered.

4. On 1/17/16 at 6:30 a.m., the Blood Sugar reading was 147. Under Units read 147. According to the physician order for SSI of 147, no insulin coverage was required.

5. On 1/18/16 at 6:30 a.m., the Blood Sugar reading was 173. Under Unit read 173. According to the physician order for SSI of 173, 2 units of insulin was required.

Further review of Resident #4's clinical record revealed on 1/22/16 a change in the Insulin orders was written. The new orders with a start date of 1/22/16 and an end date of 2/3/16, read, "Accu-checks injection; NOVOLIN R; subcutaneous - Before Meals and At Bedtime; Special Instructions: Regular insulin with SSI (sliding scale insulin) coverage blood glucose below 70 give 1 ampule D50 and notify physician for further orders. FSBS (finger stick blood sugar) -70-150 no coverage.
FSBS= 151-200 give 2 units, FSBS=201-250 give 4 units,
FSBS= 251-300 give 6 units, FSBS=301-350 give 8 units,
FSBS= 351-400 give 10 units,
Blood sugars above 400 give 12 units Regular

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495268	A. BUILDING _____ B. WING _____	C 02/04/2016

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F 309	Continued From page 8	F 309		

insulin and call physician for further orders."

A corresponding entry was noted on the January 2016 eMAR starting 1/22/16 revealed the following:

1. On 1/22/16 at 4:30 p.m., the Blood Sugar reading was 150. Under Unit read 150. According to the physician order for SSI of 150, no insulin coverage was required.
2. On 1/24/16 at 6:30 a.m., the Blood Sugar reading and the Units were not recorded.
3. On 1/27/16 at 11:30 a.m., the Blood Sugar reading and the Units were not recorded.
4. On 1/27/16 at 9:00 p.m., the Blood Sugar reading was documented as 0 (zero). Under Units was documented a 0 (zero).
5. On 1/30/16 at 9:00 p.m., the Blood Sugar reading was 162. Under Units was documented 00 (two zeros). According to the physician order for SSI of 162, 2 units of insulin was required.

On 2/4/16 at 3:23 p.m. an interview was conducted with the DON (director of nursing) regarding Resident #4's blood sugar testing and insulin administration during January 2016. After reviewing the Resident's clinical record, the DON said she was unable to find any additional documentation for the dates in question. The DON said the documentation of the Units that read the same as the FSBS reading were erroneous entries. The DON was unable to provide any documentation for the blood glucose tests that were not documented as having been obtained or the accurate Units of the insulin that were said to have been entered in error.

On 2/4/16 at 4:00 p.m., the Administrator, DON, and Corporate staff were advised of the failure of the staff to obtain physician ordered finger stick

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 309	Continued From page 9	F 309		

blood sugars and administer insulin per physician's orders. No further information was provided by the facility.

3. For Resident #5, the facility staff did not obtain physician ordered finger stick blood sugars and administer insulin per physician's orders.

Resident #5, a male, was admitted to the facility 11/30/15 and readmitted after hospitalization on 12/18/15. His diagnoses included type II diabetes mellitus, anxiety and dementia.

Resident #5's most recent MDS (minimum data set) with an ARD (assessment reference date) of 1/26/16 was coded as a quarterly assessment. Resident #5 was coded as having a BIMS (Brief Interview of Mental Status) score of 3, severe impairment. He was coded as needing limited to extensive assistance for performing his activities of daily living.

Resident #5 was observed, 2/3/16 at 3:35 p.m. He was sitting in a wheelchair in the television/activity room. Resident #5 did not respond to conversation.

Review of Resident #5's comprehensive care plan dated 8/12/15 revealed a plan of care for diabetes. Under Approaches read the following: " Monitor blood glucose per MD (medical doctor) order."

Review of Resident #5's clinical record revealed a Hemoglobin A1C obtained on 8/10/15 with a result of 10.5. The reference range was 4.3 - 6.0.

"The A1C test is a common blood test used to

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F 309	Continued From page 10	F 309		

diagnose type 1 and type 2 diabetes and then to gauge how well you're managing your diabetes. The A1C test result reflects your average blood sugar level for the past two to three months. Specifically, the A1C test measures what percentage of your hemoglobin - a protein in red blood cells that carries oxygen - is coated with sugar (glycated). The higher your A1C level, the poorer your blood sugar control and the higher your risk of diabetes complications." http://www.mayoclinic.org/tests-procedures/a1c-test/home/ovc-20167930

Review of Resident #5's clinical record revealed the most current signed physician's orders dated 11/24/15 that included the following SSI (Sliding Scale Insulin) orders, "Humulin Regular 100U (units)/ML (milliliter) (3ml). Administer 1 GLUCOSE TEST BY FINGERSTICK TWO TIMES A DAY. *USE PER SLIDING SCALE AND INJECT SUBQ* (subcutaneously); 141-170=1 UNITS, 171-200=2 UNITS, 201-250=3 UNITS, 251-300= 4 UNITS, 301-350=5 UNITS, 351-400=6 UNITS 401-450=8 UNITS, 451-500=10 UNITS CALL MD (medical doctor) IF BS (blood sugar) LESS THAN 60 OR GREATER THAN 499."

Sliding scale insulin is a dose of insulin administered in response to a finger stick blood sugar.

A corresponding entry was noted on the January 2016 eMAR (electronic medication administration record). On 1/14/16 at 4:30 p.m. and on 1/24/16 at 6:30 a.m. there was no nurse's initial or documented blood sugar results indicating blood sugar testing or insulin administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495268	A. BUILDING _____ B. WING _____	C 02/04/2016

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(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 309	Continued From page 11	F 309		

On 2/4/16 at 2:30 p.m. an interview was conducted with the DON (director of nursing) regarding Resident #5's blood sugar testing on the dates and times in question. After reviewing the Resident's clinical record, the DON said she was unable to find any documentation on the blood sugar testing for the dates in question. The DON stated, "The expectation is for the nurses to follow the physician's orders, obtain the blood sugar, administer the insulin according to the sliding scale, and document it."

On 2/4/16 at 4:00 p.m., the Administrator, DON, and Corporate staff were advised of the failure of the staff to obtain physician ordered finger stick blood sugars and administer insulin per physician's orders. No further information was provided by the facility.

Related COMPLAINT DEFICIENCY

Survey Response Form

The Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at: "http://www.vdh.state.va.us/OLC/longtermcare/". We will appreciate your participation.

If you have any questions concerning this letter, please contact me at (804) 367-2100.

Sincerely,

Elaine Cacciatore

Elaine Cacciatore, LTC Supervisor
Division of Long Term Care

Enclosure

cc: Joani Latimer, State Ombudsman
Jaime Desper, D M A S (Sent Electronically)