

December 2, 2016

VIA EMAIL

Ms. Wietske G Weigel-Delano, LTC Supervisor, Div. of Long Term Care Department of Health Office of Licensure and Certification 9960 Mayland Drive, Suite 401 Richmond, VA 23233

Re: Loudoun Nursing and Rehabilitation Center

Provider Number 495275

Dear Ms. Weigel-Delano:

With reference to your e-mail dated November 29, 2016, please find attached our Plan of Correction ("PoC".) This PoC responds to the CMS 2567 for the survey completed November 16, 2016.

If you have any questions or need additional information from us at this time, please contact us at 703-771-2841.

Respectfully,

Elizabeth Kaeser, RN, MSN, LNHA, CPHQ

Administrator

Enclosure

PRINTED: 11/29/2016 FORM APPROVED OMB NO. 0938-0391

						
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY
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An unannounced Medicare/Medicaid standard survey was conducted 11/15/16 through 11/16/16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety code survey/report will follow.

The census in this 100 certified bed facility was 96 at the time of the survey. The survey sample consisted of 17 current resident reviews (Residents #1 through # 17) and seven closed record reviews (Residents # 18 through # 24).

F 278 483.20(g) - (j) ASSESSMENT SS=D ACCURACY/COORDINATION/CERTIFIED

The assessment must accurately reflect the resident's status.

A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

A registered nurse must sign and certify that the assessment is completed.

Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money

F 000 COMMENTS:

We would like this Plan of Correction to constitute as allegation of compliance to deficiencies.

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CORRECTIVE ACTION:

The MDS for Residents # 4 and 11/17/2016 # 11 were modified to correct the coding error in Section D for these two residents.

OTHER POTENTIAL RESIDENTS:

All residents are potentially affected; however, the most recent MDS for all residents were reviewed / audited for the presence of this coding error. Any MDS found to be affected were modified to correct the error.

11/22/2016

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

TITLE

(X6) DATE

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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penalty of not more than \$5,000 for each assessment.

Clinical disagreement does not constitute a material and false statement.

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to complete an accurate MDS (minimum data set) assessment for two of 24 residents in the survey sample, Residents #4 and #11.

- 1. The facility staff failed to complete the interview for mood on the 7/1/16 significant change MDS assessment for Resident #4.
- 2. The facility staff failed to complete the interview for mood on the 7/7/16 admission MDS assessment for Resident #11.

The findings include:

1. Resident #4 was admitted to the facility on 4/20/11, and most recently readmitted on 5/31/16 with diagnoses including, but not limited to: end stage kidney failure, history of a stroke, high blood pressure and depression. On the most recent MDS (minimum data set), a quarterly assessment with assessment reference date 10/29/16, Resident #4 was coded as being moderately impaired for making daily decisions.

A review of the significant change MDS with an assessment reference date of 7/1/16 revealed in Section B0700 Resident #4 was coded as -

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SYSTEMIC CHANGES:

The MDS Coordinator will conduct an in-service training for all Social Workers on the MDS RAI Manual Section D, including interview process and coding of interviews.

The MDS Coordinators and Social Workers will together review their documentation prior to closure of the MDS in order to ensure the accuracy and completeness of the MDS coding for Section D; and to ensure coding is consistent with Section BO700.

MONITORING:

In addition to the MDS documentation review described above, the MDS Coordinators will audit a random sampling of five (5) MDS's weekly for Section D coding accuracy for four (4) weeks to ensure compliance. Any non-compliance will be immediately

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sometimes understood. Review of the resident interview portion of Section D "Mood" revealed it was not completed. Section D-0100 "Should Resident Mood Interview be Conducted?" was coded "No" as evidenced by a "0" in the box for this section (enter "1" for "yes" - continue with resident interview and "0" for "no" - resident is rarely/never understood - skip to and complete....Staff Assessment for Mental Status). The resident was coded as "0" for rarely/never understood. The "Staff Assessment" portion of Section D was completed instead. This conflicted with what was coded in Section B0700 - sometimes understood.

On 11/16/16 at 10:55 a.m., OSM (other staff member) #4, the social worker, was interviewed. She stated that she was responsible for completing section D on the 7/1/16 assessment for Resident #4. When asked her process for completing Section D-0100, OSM #4 stated: "I go in and see if the resident is interested in talking to me. If they are not or they won't answer questions, I go to the chart." She stated she also talks with the nurses and CNAs (certified nursing assistants) to complete the staff portion for Section D of the MDS. When asked if her answer in D-0100 was consistent with what was coded in B-0700, OSM #4 stated: "I'm not sure. I don't really look at it. I don't have anything to do with Section B." When asked if she uses any reference document if she has questions regarding completion of the MDS, she stated that she does not.

On 11/16/16 at 3:15 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant administrator, were informed of these concerns.

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corrected. The results will be reported to the Director of Nursing for analysis of trends and patterns. A summary report of the audits will be provided to the Performance Improvement Committee for additional review and recommendations.

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	Planning - 3.0 MDS Assessment) Summ part, the following: the Interdisciplinary respective sections will complete section No further information 2. Resident #11 was 6/30/16, and was me 8/26/16 with diagnostic dementia withou high cholesterol, high	ion was provided prior to exit. as admitted to the facility on nost recently readmitted on uses including, but not limited out behaviors, brittle bones, gh blood pressure, anxiety and					
	depression. On the data set), a quarterly assessment referen	e most recent MDS (minimum by assessment with nce date 10/6/16, Resident being severely impaired for					
	reference date 7/7/1 Resident #11 was counderstood. A review portion of Section D completed. Section Mood Interview be Coas evidenced by a "Counter "1" for "yes" - interview and "0" for understood - skip to Assessment for Menwas coded as "0" for	sission MDS with assessment 16 revealed in Section B0700, oded as - sometimes when of the resident interview 10 "Mood" revealed it was not 10 D-0100 "Should Resident Conducted?" was coded "No" 0" in the box for this section 10 continue with resident 10 resident is rarely/never 10 and completeStaff 11 Intal Status). The resident 12 rarely/never understood. 13 ent" portion of Section D was					

completed instead. This conflicted with what was coded in Section B0700 - sometimes understood.

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	member) #4, the so OSM #4 stated that completing section for Resident #11. We completing Section in and see if the resident me. If they are not equestions, I go to the talks with the nurses staff portion for Sec asked if her answer with what was coder "I'm not sure. I don't anything to do with some stated that she does stated that she does					
	staff member) #1, the director of nursing, a	5 p.m., ASM (administrative he administrator, ASM #2, the and ASM #3, the assistant informed of these concerns.				
		ion was provided prior to exit. NICES PROVIDED MEET TANDARDS	F 2	281 F281		
		led or arranged by the facility onal standards of quality.		CORRECTIVE ACTION In order to immediately cor	rrect 11/1	7/2016
	by:	NT is not met as evidenced ion, staff interview, facility		the cited deficiency, the LP was counseled regarding standards of professional	'N	
		and clinical record review, it		standards of professional		

was determined that the facility staff failed to

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follow professional standards of practice for one of 24 residents in the survey sample, Resident #11.

The facility staff documented that physician-ordered protective sleeves (geri sleeves) had been applied on the arms of Resident #11 on 11/16/16 when the protective sleeves had not been applied.

The findings include:

Resident #11 was admitted to the facility on 6/30/16, and was most recently readmitted on 8/26/16 with diagnoses including, but not limited to: dementia without behaviors, brittle bones, high cholesterol, high blood pressure, anxiety and depression. On the most recent MDS (minimum data set), a quarterly assessment with an assessment reference date of 10/6/16, Resident #11 was coded as being severely impaired for making daily decisions. She was coded as being completely dependent on two staff members for bed mobility, transfers, and bathing; and as being completely dependent on one staff member for dressing, eating, toileting and personal hygiene.

On 11/16/16 at the following times, Resident #11 was observed lying in her bed and was not wearing protective sleeves on her arms: 7:40 a.m., 10:55 a.m., and 1:45 p.m. On 11/16/16 at 11:45 a.m., Resident #11 was observed sitting in her wheelchair in the dining room and was not wearing protective sleeves on her arms.

A review of the physician's orders for Resident #11 revealed the following order, most recently signed by the physician on 10/8/16: "Geri-Sleeves to Hand Left. Hand Right...Apply

practice in relation to documentation of geri-sleeves as ordered by the physician and documented on the Treatment Administration Record (TAR). The nurse was further counseled to validate that the service has been provided prior to her documentation on the TAR.

OTHER POTENTIAL RESIDENTS:

All residents of LPN #3 are potentially affected by the deficient practice. The importance of an accurate medical record and accurate documentation of services provided has been reviewed in writing with LPN #3.

SYSTEMIC CHANGES:

All nursing staff will be reeducated by the Geriatric Education Coordinator on the standards of professional practice and the importance of complete and accurate documentation of services 12/23/2016

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Geri-Sleeves on both arms for protection. Remove at bedtime."

A review of the comprehensive care plan for Resident #11 dated 10/17/16 revealed, in part, the following: "Problem: Resident is at risk for/has impaired skin integrity...Apply geri-sleeves."

A review of the Pictorial Care Card for Resident #11 posted on the door of her closet revealed, in part, the following: "Other: Geri-Sleeves both arms for protection. Remove at bedtime."

A review of the TAR (treatment administration record) for Resident #11 revealed two initials in the box for the day shift nurse to sign on 11/16/16 for the following treatment: "Geri-Sleeves to Hand Left. Hand Right...Apply Geri-Sleeves on both arms for protection. Remove at bedtime."

On 11/16/16 at 1:55 p.m., LPN (licensed practical nurse) #3 and CNA (certified nursing assistant) #2 accompanied the surveyor to Resident #11's bedside. The surveyor asked both staff members if they noticed anything that Resident #11 should have been wearing that she currently did not have on her body. CNA #2 stated: "No." The surveyor asked both staff members if Resident #11 was supposed to be wearing anything else on her arms. LPN #3 stated: "No. Not anything I can think of." Both staff members accompanied the surveyor to the medication cart. LPN #3 was asked if she was aware that Resident #11 had orders for geri sleeves on both arms. She stated: "No, I'm not." When asked to check the physician's orders, she did so. LPN #3 stated: "Yes, I remember now." When asked to check the TAR for Resident #11, LPN #3 showed the

provided to the residents. In addition, the nurses will be reeducated to verify that the services were provided prior to documentation on the Treatment Administration Record (TAR).

MONITORING:

An audit of five (5) Treatment Administration Records (TAR) of the nursing staff will be conducted monthly by the Unit Manager.

As a second step, a validation audit of the same residents will be conducted to ensure the actual service and/or treatment is being provided to the resident as ordered by the physician.

The results of these monthly audits will be reported to the Director of Nursing for analysis of trends and patterns. The Performance Improvement Committee will review a summary analysis of the monthly audits and provide

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	surveyor the above	-referenced entry for 11/16/16		additional recommendation	ne	
	for the geri sleeves	. When asked if the initials in		including the frequency o	•	
		she stated: "Yes." When		continued audits.	i uic	
		als in the box mean, LPN #3 done." When asked if she		continuca addits.		
		off the geri sleeves as having				
	been applied on 11/	/16/16, LPN #3 stated: "No."				
		had looked at Resident #11				
		ned the TAR to indicate the				
	usually look."	pplied, LPN #3 stated: "I				
	staff member) #1, the director of nursing, administrator, were At this time, ASM #2	p.m., ASM (administrative ne administrator, ASM #2, the and ASM #3, the assistant informed of these concerns. 2 stated that the facility utilizes t Procedures as their rd of practice.				
	Procedures - Docur dated 11/11/16 reve "Never tamper with	nent entitled "Lippincott mentation, long-term care" aled, in part, the following: a documentation or any part tampering includesinserting on in the record."				
	No further information	on was provided prior to exit.				
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	must be provided by	ed or arranged by the facility		CORRECTIVE ACTIO In order to immediately contact to immediately cont		1/17/2016

This REQUIREMENT is not met as evidenced

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the cited deficiency for Resident

#11 for not following the Comprehensive Care Plan

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by:

Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to follow the written plan of care for one of 24 residents in the survey sample, Resident #11.

The facility staff failed to apply physician-ordered protective sleeves (geri sleeves), per the written plan of care, on the arms of Resident #11 on 11/16/16.

The findings include:

Resident #11 was admitted to the facility on 6/30/16, and was most recently readmitted on 8/26/16 with diagnoses including, but not limited to: dementia without behaviors, brittle bones, high cholesterol, high blood pressure, anxiety and depression. On the most recent MDS (minimum data set), a quarterly assessment with an assessment reference date of 10/6/16, Resident #11 was coded as being severely impaired for making daily decisions. She was coded as being completely dependent on two staff members for bed mobility, transfers, and bathing, and as being completely dependent on one staff member for dressing, eating, toileting and personal hygiene.

On 11/16/16 at the following times, Resident #11 was observed lying in her bed and was not wearing protective sleeves on her arms: 7:40 a.m., 10:55 a.m., and 1:45 p.m. On 11/16/16 at 11:45 a.m., Resident #11 was observed sitting in her wheelchair in the dining room and was not wearing protective sleeves on her arms.

A review of the physician's orders for Resident #11 revealed the following order, most recently

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guiding the resident's care in regard to wearing geri sleeves, the geri sleeves were placed on the resident.

OTHER POTENTIAL RESIDENTS:

All residents who wear geri sleeves are potentially affected by the deficient practice. A review of all residents' treatment records and care plans was conducted to identify those residents who have orders to wear geri sleeves. All affected residents were audited to ensure the geri sleeves were in place as ordered by the physician and as written in the individualized Comprehensive Care Plan. All residents were found to be in compliance with the Comprehensive Care Plan.

SYSTEMIC CHANGES:

An educational in-service will be conducted by the Geriatric Education Coordinator for the nursing staff reviewing the purpose of the Comprehensive 12/23/2016

11/18/2016

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signed by the physician on 10/8/16:
"Geri-Sleeves to Hand Left. Hand Right...Apply
Geri-Sleeves on both arms for protection.
Remove at bedtime."

A review of the comprehensive care plan for Resident #11 dated 10/17/16 revealed, in part, the following: "Problem: Resident is at risk for/has impaired skin integrity...Apply geri-sleeves."

A review of the Pictorial Care Card for Resident #11 posted on the door of her closet revealed, in part, the following: "Other: Geri-Sleeves both arms for protection. Remove at bedtime."

On 11/16/16 at 1:55 p.m., LPN (licensed practical nurse) #3 and CNA (certified nursing assistant) #2 accompanied the surveyor to Resident #11's bedside. The surveyor asked both staff members if they noticed anything that Resident #11 should have been wearing that she currently did not have on her body. CNA #2 stated: "No." The surveyor asked both staff members if Resident #11 was supposed to be wearing anything else on her arms. LPN #3 stated: "No. Not anything I can think of." Both staff members accompanied the surveyor to the medication cart. CNA #2 was asked how she became aware of physicians' orders for residents. CNA #2 stated: 'The nurse tells me. It's also on the care card on the back of the closet." When asked if she had looked at Resident #11's pictorial care card on 11/16/16, CNA #2 stated: "No, I did not look today." LPN #3 was asked if she was aware that Resident #11 had orders and a care plan intervention for geri sleeves on both arms. LPN #3 stated: "No. I'm not." When shown the above-referenced item regarding geri sleeves from Resident #11's care

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Care Plan which describes the services that are to be provided to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being by guiding the resident's care with a written action plan for the treatments and services.

Additionally, staff will be educated on where to find the information on the Comprehensive Care Plan and understanding what employees are to do for the resident based on this Individualized Plan of Care.

MONITORING:

An observational audit of 10% of Comprehensive Care Plans for all residents will be conducted monthly to ensure all physicians' orders for resident services are documented on the Comprehensive Care Plan.

As a second step, a validation audit of the same residents will

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F 282 Continued From page 10 plan, LPN #3 stated: "Yes, I see it now."

On 11/16/16 at 3:15 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant administrator, were informed of these concerns.

A review of the facility policy entitled "Long-term Care Plan Preparation" revealed, in part, the following: "A comprehensive care plan guides the resident's care from admission to discharge. A care plan can also serve as a database...A care plan is an individualized written action plan for the resident's care, treatment, and services that's based on nursing assessments, reassessments, diagnostic test results and the resident's individual goals...The comprehensive care plan embodies the components of the nursing process: assessment, diagnosis, planning, implementation and evaluation."

No further information was provided prior to exit. F 309 483.25 PROVIDE CARE/SERVICES FOR SS=D 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, staff interview, facility document review, and clinical record review, it

F 282

be conducted to ensure the actual service is being provided to the resident as documented on the Individualized Care Plan.

The results of these monthly audits will be reported to the Director of Nursing for analysis of trends and patterns. The Performance Improvement Committee will review a summary analysis of the monthly audits and provide additional recommendations, including the frequency of the continued audits.

F 309

F309

CORRECTIVE ACTION:

In order to immediately correct the cited deficiency for Resident #11 for not following the Physician's order in for geri sleeves, the geri sleeves were placed on the resident by the nursing staff. 11/17/2016

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495275	(X2) MULT A. BUILDI B. WING	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED C 11/16/2016
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F 309 Continued From page 11

was determined that the facility staff failed to follow a physician's order for one of 24 residents in the survey sample, Resident #11.

The facility staff failed to apply physician-ordered protective sleeves (geri sleeves) on the arms of Resident #11 on 11/16/16.

The findings include:

Resident #11 was admitted to the facility on 6/30/16, and was most recently readmitted on 8/26/16 with diagnoses including, but not limited to: dementia without behaviors, brittle bones, high cholesterol, high blood pressure, anxiety and depression. On the most recent MDS (minimum data set), a quarterly assessment with an assessment reference date of 10/6/16, Resident #11 was coded as being severely impaired for making daily decisions. She was coded as being completely dependent on two staff members for bed mobility, transfers, and bathing; and as being completely dependent on one staff member for dressing, eating, toileting and personal hygiene.

On 11/16/16 at the following times, Resident #11 was observed lying in her bed and was not wearing protective sleeves on her arms: 7:40 a.m., 10:55 a.m., and 1:45 p.m. On 11/16/16 at 11:45 a.m., Resident #11 was observed sitting in her wheelchair in the dining room and was not wearing protective sleeves on her arms.

A review of the physician's orders for Resident #11 revealed the following order, most recently signed by the physician on 10/8/16: "Geri-Sleeves to Hand Left. Hand Right...Apply Geri-Sleeves on both arms for protection. Remove at bedtime."

F 309

OTHER POTENTIAL RESIDENTS:

All residents who have an order to wear geri sleeves are potentially affected by the deficient practice. A review of all Physician's orders, residents' treatment records and care plans was conducted to identify those residents who have orders to wear geri sleeves. All affected residents were audited to ensure the geri sleeves were in place as ordered by the physician and as written in the individualized Comprehensive Care Plan. All residents were found to be in compliance with the Physician's order.

SYSTEMIC CHANGES:

An educational in-service will be conducted by the Geriatric Education Coordinator for the nursing staff reviewing the purpose of the Physician's orders which describes the services that are to be provided 12/23/2016

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F 309 Continued From page 12

A review of the comprehensive care plan for Resident #11 dated 10/17/16 revealed, in part, the following: "Problem: Resident is at risk for/has impaired skin integrity...Apply geri-sleeves."

A review of the Pictorial Care Card for Resident #11 posted on the door of her closet revealed, in part, the following: "Other: Geri-Sleeves both arms for protection. Remove at bedtime."

A review of the TAR (treatment administration record) for Resident #11 revealed the two initials in the box for the day shift nurse to sign on 11/16/16 for the following treatment: "Geri-Sleeves to Hand Left. Hand Right...Apply Geri-Sleeves on both arms for protection. Remove at bedtime."

On 11/16/16 at 1:55 p.m., LPN (licensed practical nurse) #3 and CNA (certified nursing assistant) #2 accompanied the surveyor to Resident #11's bedside. The surveyor asked both staff members if they noticed anything that Resident #11 should have been wearing that she currently did not have on her body. CNA #2 stated: "No." The surveyor asked both staff members if Resident #11 was supposed to be wearing anything else on her arms. LPN #3 stated: "No. Not anything I can think of." Both staff members accompanied the surveyor to the medication cart. CNA #2 was asked how she became aware of physicians' orders for residents. CNA #2 stated: "The nurse tells me. It's also on the care card on the back of the closet." When asked if she had looked at Resident #11's pictorial care card on 11/16/16, CNA #2 stated: "No, I did not look today." LPN #3 was asked if she was aware that Resident #11

F 309

to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being by following the Physician's orders for treatments and services.

MONITORING:

An observational audit of five (5) medical records of Physician orders for resident treatments will be conducted monthly.

12/23/2016

As a second step, a validation audit of the same residents will be conducted to ensure the actual service and/ or treatment is being provided to the residents as ordered by the physician.

The results of these monthly audits will be reported to the Director of Nursing for analysis of trends and patterns. The Performance Improvement Committee will review a summary analysis of the monthly audits and provide

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F 309	had orders for geri #3 stated: "No, I'm the physician's order stated: "Yes, I remonded the End of the Surveyor the ab 11/16/16 for the gerinitials in the box we "Yes." When asked mean, LPN #3 stated asked if she should sleeves as having be #3 stated: "No." Wat Resident #11 befindicate the geri sle stated: "I usually lo On 11/16/16 at 3:15 staff member) #1, the director of nursing, administrator, were A review of the facil Guidelines and Required Teves and Required	sleeves on both arms. LPN not." When asked to check ers, she did so. LPN #3 ember now." When asked to Resident #11, LPN #3 showed ove-referenced entry for it sleeves. When asked if the ere hers, LPN #3 stated: If what her initials in the box ed: "That it was done." When have signed off the geri been applied on 11/16/16, LPN When asked if she had looked fore she had signed the TAR to eves were applied, LPN #3 ok." If p.m., ASM (administrative he administrator, ASM #2, the and ASM #3, the assistant informed of these concerns. It is policy entitled "Charting quired Nursing Documentation" ation related to following On 11/16/16 at 4:20 p.m., don't have a specific policy on a orders]. That is something sing school." Nursing, 6th edition, 2005,	F	i	additional recommendations, including the frequency of the continued audits.		
	Patricia A. Potter and Inc; Page 419: "The	d Anne Griffin Perry, Mosby, physician is responsible for eatment. Nurses are					

clients."

obligated to follow physician's orders unless they believe the orders are in error or would harm

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	483.25(k) TREATM NEEDS	ENT/CARE FOR SPECIAL	F3	328 F 328	
	The facility must en	sure that residents receive		- 525	
		nd care for the following		CORRECTIVE ACTION:	
	special services:	•		In order to immediately correct	11/16/2016
	Injections;	and the state of		the cited deficiency, Resident #	
	Parenteral and enter	erai fluids; stomy, or ileostomy care;		2 oxygen was adjusted to delive	
	Tracheostomy care			the prescribed two (2) liters.	J1
	Tracheal suctioning			the presented two (2) mers.	
	Respiratory care;			OTHER POTENTIAL	
	Foot care; and Prostheses.			RESIDENTS:	
				All Residents receiving oxygen	11/16/2016
				therapy are potentially affected	
	This REQUIREMEN by:	IT is not met as evidenced		However, no other observation	
	•	on, staff interview, facility		of non-compliance were	
	document review ar	d clinical record review it was		observed.	
		facility staff failed to			
		according to physician's orders nts in the survey sample,		SYSTEMIC CHANGES:	
	Resident # 2.	the in the survey sumple,		Re-education of nursing staff	12/23/2016
	- : • ··· · • • • •			via in-services will be	
		ed to administer Resident # w rate prescribed by the		conducted by the Geriatric	
		cian order was 2 (two) L/M		Education Coordinator on	
	(liter per minute) and	d on separate observations		proper administration of oxyge	n
	the flow meter on R			therapy.	
	liters per minute.	served set at one and a half			
	more per minute.			MONITORING:	
	The findings include	:		The Facility Compliance Monitoring tool has been	12/23/2016
	5/23/16 with diagnost limited to: heart failu	Imitted to the facility on ses that included but were not re, neurogenic bladder (1), , cerebral vascular disease		revised to include observation of administration of oxygen therapy flow rate according to	of

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F 328	Continued From pa	age 15	F 3	328		

(3), seizure disorder, depression, asthma, urinary tract infection (4), chronic obstructive pulmonary disease (5), and coronary artery disease (6).

The most recent comprehensive MDS (minimum dada set), a significant change assessment with an ARD (assessment reference date) of 9/16/16 coded Resident # 2 as scoring a 14 on the brief interview for mental status (BIMS) of a score of 0 - 15, 14- being cognitively intact for making daily decisions. A review of Section O "Special Treatments, Procedures and Programs" of Resident # 2's significant change MDS assessment with an ARD of 9/16/16 coded Resident # 2 with "Oxygen therapy."

An observation on 11/16/16 at approximately 8:35 a.m. revealed Resident # 2 dressed, sitting up in a wheelchair chair watching television receiving oxygen by nasal cannula (7). Further observation of Resident # 2's oxygen concentrator (8) revealed the flow meter on the concentrator set at one and a half liters per minute.

An observation on 11/16/16 at approximately 2:30 p.m. revealed Resident # 2 dressed, sitting up in a wheelchair chair watching television receiving oxygen by nasal cannula. Further observation of Resident # 2's oxygen concentrator revealed the flow meter on the concentrator set at one and a half liters per minute.

The "Physician's Order Record" signed by the physician on 11/9/16 documented, "O2 (oxygen) via (by) nasal cannula & (and) O2 concentrator at 2(two) L/M (liters per minute)."

Resident # 2's respiratory care plan dated of 10/16/16 documented, "Administer oxygen per

physician's orders.

A random sample of 10% of residents on oxygen therapy will be monitored weekly for four (4) weeks. Where noncompliance is reported, responsible staff will be reeducated immediately and corrective action taken. The results of the weekly audit will be reported to the Director of Nursing for analysis of trends and patterns. The Performance Improvement Committee will review a summary analysis of the weekly audits and provide additional recommendations including the frequency of continued audits.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 328	Continued From page	ge 16	F3	328		-		
	physician's order."							
	conducted with RN asked how the oxyg stated, "The middle through the flow rate should be two liters be at the two liter lin Resident # 2's oxyg 4 looked at the phys and stated, "Two lite then asked to read I rate on Resident # 2 entering Resident # oxygen flow rate on # 4 stated, "It's below often Resident checked, RN # 4 stated, RN #	(registered nurse) # 4. When gen flow rate is set, RN # 4 of the ball should pass the line. For example if the rate the middle of the ball should ne." When asked what gen flow rate should be, RN # sician's order for Resident # 2 ers per minute." RN # 4 was Resident # 2's oxygen flow 2's oxygen concentrator. After 2 2's room and reading the 1 the oxygen flow rate is ated the oxygen flow rate is ated the oxygen flow rate is . RN # 4 further stated that 2's nurse and that she should oxygen flow rate during her ident # 2 at 7:30 a.m. that						
	Potter, 6th edition, p treated as a drug. It such as atelectasis any drug, the dosag should be continuou should routinely che verify that the client oxygen concentratio	mentals of Nursing, Perry and bage 1122, "Oxygen should be a lit has dangerous side effects, or oxygen toxicity. As with ge or concentration of oxygen usly monitored. The nurse ack the physician's orders to is receiving the prescribed on. The six rights of tration also pertain to oxygen						

According to Lippincott's Manual of Nursing Practice, 8th edition, (2006). pg. 213, "Oxygen

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1 320			F 3	28	
	saturation is measu	red using a pulse oximetry. A			
	pulse oximetry func	tions by passing a light beam			
		bed, such as the finger, to			
		unt of blood that is saturated			
	with oxygen."	ant of cloud that is saturated			
	On 11/16/16 at 2:15	n m ASM (administrative			
		p.m., ASM (administrative			
		the administrator, and ASM#			
		rsing and ASM # 3, the			
	assistant administra	ator, were made aware of the			
	findings.	•			
	_	on was provided prior to exit.			
	References:				
	(1) A problem in whi	ich a person lacks bladder			
		in, spinal cord, or nerve			
		rmation was obtained from			
	the website:				
	https://medlineplus.	gov/ency/article/000754.htm.			
	(2) A chronic diseas	e in which the body cannot			
		t of sugar in the blood. This			
		ained from the website:			
		.gov/medlineplus/ency/article/			
	001214.htm.				
		to your brain stops. This			
	information was obt	ained from the website:			
	https://www.nim.nih.	.gov/medlineplus/stroke.html.			
	·	e urinary tract. This			·
		ained from the website:			
	•	.gov/medlineplus/ency/article/			Ì
	000521.htm.				
	(5) Disease that ma	kes it difficult to breath that			

can lead to shortness of breath). This information

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F 334 SS=D	was obtained from thttps://www.nlm.nih (6) Common type or information was obtained from thttps://www.nlm.nih rydisease.html. (7) A nasal cannula tubes, or prongs, the This information was http://www.nhlbi.nih s/oxt/howdoes. (8) An oxygen concealled "oxygen generated to deliver oxygen generated to deliver oxygen generated to deliver oxygen conceplugging in to an eletthe concentrator is put that battery will need into an outlet. Sever concentrator, includifilter, and circuit boa obtained from the whitp://www.inogen.cot trators/how-does-an 483.25(n) INFLUEN: IMMUNIZATIONS The facility must devitate ensure that (i) Before offering the each resident, or the representative receivers.	the website:gov/medlineplus/copd.html. If heart disease. This sained from the website:gov/medlineplus/coronaryarte consists of two small plastic at are placed in both nostrils. Is obtained from the website:gov/health/health-topics/topic entrator (also sometimes erator") is a medical device ten to those who require it. It if they have a condition that low levels of oxygen in their entrators are powered by ectrical outlet or by battery. If bowered by an electric battery, If to be charged by plugging all parts make up a ing a compressor, sieve bed ards. This information was ebsite: Dm/resources/oxygen-concen -oxygen-concentrator-work/. ZA AND PNEUMOCOCCAL relop policies and procedures e influenza immunization, e resident's legal ves education regarding the	F 33	F334 CORRECTIVE ACTION: In order to immediately correthe cited deficiency for		/22/2016
	benefits and potentia	al side effects of the		Residents #15, #16 and reside	ent	

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F 334 Continued From page 19

immunization:

- (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;
- (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and
- (iv) The resident's medical record includes documentation that indicates, at a minimum, the following:
- (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and
- (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

The facility must develop policies and procedures that ensure that --

- (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;
- (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
- (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and
- (iv) The resident's medical record includes documentation that indicated, at a minimum, the following:

F 334

17, the resident and/or the legal representative for the cited residents were contacted and provided education regarding the benefits and potential side effects of the influenza immunization. The education provided was documented in the resident's medical records.

OTHER POTENTIAL RESIDENTS:

All residents who received the flu vaccination are potentially affected by the deficient practice. A chart review of all residents receiving the flu vaccination was completed to ensure that education regarding benefits and potential side effects was given. Any noncompliance found was addressed by contacting the resident or the legal representative of the resident and education was provided regarding the benefits and potential side effects of the immunization. This was documented in the medical record.

11/22/2016

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F 334 Continued From page 20

(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and

- (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
- (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 refuses the second immunization.

This REQUIREMENT is not met as evidenced by:

Based on resident interview, staff interview, facility document review, and clinical record review, it was determined that facility staff failed to provide education prior to the administration of the influenza vaccine for three of 24 residents in the survey sample, Resident # 16, #17, and #15

- 1. The facility staff failed to provide education about the influenza vaccine prior to administering the vaccine on 10/1/16 to Resident #16.
- 2. The facility staff failed to provide education about the influenza vaccine prior to administering the vaccine on 10/1/16 to Resident #17.
- 3. The facility staff failed to provide education about the influenza vaccine prior to administering the vaccine on 10/4/16 to Resident #15.

F 334

SYSTEMIC CHANGES:

An educational in-service will be conducted with the Infection
Preventionist by the Director of
Nursing in regard to CMS
guidelines for the education of
the resident or legal
representative prior to influenza
immunizations. The Infection
Preventionist or designee will
conduct the education for all
residents and/or legal
representative prior to offering
the influenza immunizations.
This will be documented in the
medical record for all residents.

Educational in-services will be conducted by the Geriatric Education Coordinator with the nursing department directing nurses to check the medical record to ensure that education of the resident or legal representative is documented prior to administering the flu vaccine.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	.	(X3) DATE SURVEY COMPLETED
	495275	B. WING		C 11/16/2016
NAME OF PROVIDER OR SUPPLI	ER		STREET ADDRESS, CITY, STATE, ZIP CODE	
LOUDOUN NURSING AND	REHAB CNTR		235 OLD WATERFORD ROAD, NORTHWEST LEESBURG, VA 20176	
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F 334 Continued From page 21

The findings include:

1. The facility staff failed to provide education about the influenza vaccine prior to administering the vaccine on 10/1/16 to Resident #16.

Resident #16 was admitted to the facility on 6/8/13 with diagnoses that included but were not limited to insomnia, edema, high cholesterol, anxiety, depressive disorder, glaucoma, high blood pressure, and hypothyroidism. Resident #16's most recent MDS (minimum data set) was an annual assessment with an ARD (assessment reference date) of 8/16/16. Resident #16 was coded as being cognitively intact in the ability to make daily decisions scoring 15 out of 15 on the BIMS (brief interview for mental status) exam. Resident #16 was coded as requiring extensive assistance with locomotion, dressing, eating, and personal hygiene; and total dependence on staff with toileting and bathing.

Review of Resident #16's clinical record revealed the following order dated 9/30/16: "1. Check temperature prior to administration if the flu vaccine and then every shift for 24 hours after administration. 2. Fluzone quadrivalent (1) Intramuscular Injectable 0.5 ml (milliliters) I.M. (Intramuscular) 3-11 shift 10/1/16; deltoid site."

Review of Resident #16's immunization and vaccination record revealed that Resident #16 received the flu vaccine on 10/1/16.

Review of Resident #16's nursing notes revealed the following note dated 10/1/16 at 11:55 p.m.: "T (temperature) 97.6 Flu vaccine was administered in the right deltoid with no adverse reactions

F 334

MONITORING:

12/23/2016

The facility Influenza Vaccination Log that identifies, tracks and monitors resident's vaccination status will be revised to include a column for documentation of education provided to the resident or legal representative, with date this occurred, and evidence of documentation in the chart. Until the close of the current flu immunization season, the Infection Preventionist will audit 100% of resident medical records for documentation of education provided regarding the benefits and potential side effects of the immunization. Any non-compliance will be corrected immediately. The results will be reported to the Director of Nursing for analysis of trends and patterns. A summary report of the audits will be provided to the Performance Improvement Committee until the close of the current flu season in March/ April of 2017.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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LOUDOL	IN NURSING AND RE	HAB CNTR		}	LEESBURG, VA 20176	nwesi	•	
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F 334	Continued From pa	ge 22	F:	334	<u> </u>			
	•	PO (by mouth) fluids		3 0 -3				
	failed to provide evi	Resident #16's clinical record dence that Resident #16 was influenza vaccine prior to it						
	conducted with RN infection control nur goes over education influenza vaccine, be resident sign a form educated. RN #1 s administer the vaccine.	i p.m., an interview was (registered nurse) #1, the see. RN #1 stated that she in with the resident about the sut she does not have the a stating that the resident was tated that she did not ine to Resident #16; a floor the vaccine on 10/1/16.						
	conducted with Res stated that she was the flu vaccine prior Resident #16 stated then it was done. It don't think my husb flu shot." Resident is vaccine that she red	p.m., an interview was ident #16. Resident #16 not provided education about to it being administered. I, "It was just given to me and hurt for a few days after. I and got information about the #16 stated the flu shot was a seived every year even when acility. Resident #16 stated, "I prevent the flu."						
	conducted with LPN the nurse who admi Resident #16. Whe administering the instated, "I check the check to make sure	p.m., an interview was (licensed practical nurse) #7, nistered the vaccine to n asked the process prior to fluenza vaccination, LPN #7 order, check the patient, and the patient does not have ination. I tell the patient what						

I am going to do and tell them that the vaccination

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		495275	B. WING			1 11	/16/2016
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F 334	Continued From pa	ae 23	F:	334	· L		
-		y it is given, how I will give it	' `	JU-T	'		
		e reactions." When asked if					
		cation was provided to					
		to the administration of the			•		
!		7 stated, "Yes, I did. I educate					
		p.m., an interview was					
		#3, the unit manager. RN #3					
		find anything on (Name of					
•	Resident #3) that si	ne was educated. Sorry."					
		roximately 3:30 p.m., ASM					
	(administrative staff						
		#2, the DON (Director of					
		#3, the assistant administrator					
	were made aware o	of the above findings.					
		FLU (Influenza) Policy					
	documents the follo	•					
	Procedure Resident						
		order will occur by E-mail in					
	June Mail out notification	to Family/POA (power of					
		ginia Department of Health)					
		CDC (Centers for Disease					
	Control) -in Septem						
		be obtained from physician.					
		formed of the program and					
		nt Council, Family Meetings,					
	Flyers, and Monthly						
		on dated and education					
		taff with IM training and					İ
	review of contraindic	cations					
	Nurses will be re-in-	serviced annually for					
	appropriate and reg	ulated documentation in					
		vaccination records/					
	Infection Control Pre	eventionist (sic) will maintain a					

record of vaccinations and surveillance log.

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY
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			PS	354			
		nation Record is completed it ON for compliance review.					
		Record is will be reviewed by					
		dinator for Quality Assurance					
		e Performance Committed					
	quarterly.	or chomanoc committed					
		ed vaccinations of residents					
		inance Department by					
	December."	•			•		
	No further informati	on was provided prior to exit.					
	influenza virus vacc QUADRIVALENT is immunization for the caused by influenza viruses contained in QUADRIVALENT is aged 3 years and ol obtained from The N https://dailymed.nlm	alent Intramuscular Injectable- ine suspension. FLUARIX a vaccine indicated for active e prevention of disease A subtype viruses and type B the vaccine. FLUARIX approved for use in persons der. This information was National Institutes of Health. Inih.gov/dailymed/drugInfo.cf deab-4358-a5c0-d4f58c8d8a					
	about the influenza	failed to provide education vaccine prior to administering //16 to Resident #17.					
	2/26/13 with a readr diagnoses that inclu	admitted to the facility on nission of 3/2/15 with ded but were not limited to: sease, cerebral vascular ema (3).					
	quarterly assessmen	OS (minimum dada set), a nt with an ARD (assessment					

scoring a 7 (seven) on the brief interview for

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IAVINE OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
LOUDOL	JN NURSING AND RE	HAB CNTR			5 OLD WATERFORD ROAD, NORTHWES ESBURG, VA 20176	Т	
(VALID	SUBMM DV CTA	TEMENT OF DEFICIENCIES			•		
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F 334	Continued From pa	ige 25	F 3	24			
	•	S) of a score of 0 - 15, 7	ro	134			
		erely impaired of cognition for					
	17 dated 9/30/16 do temperature prior to vaccine and then evadministration. 2. Fintramuscular Inject	elephone Order" for Resident # ocumented, "1. Check o administration if the flu very shift for 24 hours after Fluzone quadrivalent (4) table 0.5 ml (milliliters) I.M. 1 shift 10/1/16; deltoid site"					İ
		#17's immunization and revealed that Resident #17 cine on 10/1/16.					
	evidence that Resid responsible party wa	#17's clinical record failed to lent #17 or Resident # 17's as educated about the rior to it being administered.					
	conducted with RN infection control nur of the influenza vaccine influenza vaccine in the family's for those own responsible parthat Resident # 17's the influenza vaccin	i p.m., an interview was (registered nurse) #1, the ree about providing education cine prior to its administration, he send out a letter with the formation and education to e residents who are not their rty. When asked for evidence a family received education of e RN # 1 stated, "I don't get that they received it."					
	staff member) # 1, to 2, the director of nur	p.m., ASM (administrative he administrator, and ASM # rsing and ASM # 3, the ttor, were made aware of the					

findings.

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	L _(V2) L _(I)	TIDE	CONSTRUCTION		<u>J. 0936-0397</u>
	OF CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY
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ĺ		495275	B. WING	;		ا	C
NAME OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	1 17	/16/2016
				1		_	
LOUDO	JN NURSING AND RE	HAB CNTR			5 OLD WATERFORD ROAD, NORTHWES'	1	
(74) 10	CUMMADVICTA	TEMENT OF DEFICIENCE			ESBURG, VA 20176		· · · · · · · · · · · · · · · · · · ·
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F 00.4	-						
F 334	Continued From pa	ge 26	F:	334			
	No further informati	on was provided prior to exit.					
	References:						
	References.						
	(1) Fear. This inform	mation was obtained from the					
	website:						
	https://www.nlm.nih	.gov/medlineplus/anxiety.html					
	#summary.	•			,		
	(0) 1411 14 14						
	(2) When blood flow	to your brain stops. This					
		ained from the website: .gov/medlineplus/stroke.html.					
	racps.//www.mm.min.	.gov/mediiriepius/stroke.ntmt.					
	(3) A swelling cause	d by fluid in your body's					
		ation was obtained from the					
	website:						
	https://www.nlm.nih.	.gov/medlineplus/edema.html					
	/4\ @l						
		alent Intramuscular Injectable-					
		ne suspension. FLUARIX a vaccine indicated for active					
		e prevention of disease					
		A subtype viruses and type B					
		the vaccine. FLUARIX			•		
		approved for use in persons					
	aged 3 years and old	der. This information was					
	obtained from The N	lational Institutes of Health.					
	https://dailymed.nlm	.nih.gov/dailymed/drugInfo.cf					
		deab-4358-a5c0-d4f58c8d8a					
	e7						
	3. The facility staff for	ailed to provide education					
		aneo to provide education accine prior to administering					İ
	the vaccine on 10/4/						
		dmitted to the facility on					
	7/29/15 with diagnos	es including, but not limited					

to: chronic obstructive pulmonary disease (1),

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		= & MEDICAID SERVICES				ON	JB NC	. 0938-0391
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F 334	Continued From pa	_	F :	334				
	MDS (minimum dat with an assessmen Resident #15 was compairment for mak scored 15 out of 15 for mental status). A review of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with an assessment part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the following with a second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed the second part of the clinic revealed	diabetes. On the most recent ta set), an annual assessment of reference date of 11/2/16, coded as having no cognitive king daily decisions, having is on the BIMS (brief interview iteal record for Resident #15 ng physician's order, written						
	infection control nur physician on 10/11/ (influenza vaccine) i injectable 0.5 ml (m	registered nurse) #1, the rse, and signed by the 16: "Fluzone Quadrivalent Intramuscular (in the muscle) illiliters) I.M. (in the muscle)."						
	administration recor	ober 2016 MAR (medication rd) for Resident #15 revealed eceived the influenza vaccine						
	review evidence tha	e clinical record failed to at Resident #15 received the risks and benefits of the living the vaccine.						
	interviewed. When a members had told his he received it on 10/	p.m., Resident #15 was asked what the facility staff nim about the vaccine before /4/16, he stated: "Absolutely came in here and gave me the						
	#1 stated that she w evidence of the educ	p.m., RN (registered nurse) vas continuing to look for the cation provided to Resident "I am in the process."						ļ

On 11/16/16 at 3:15 p.m., ASM (administrative

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TANKE OF	FROVIDER OR SUPPLIER		- 1	STREET ADDRESS, CITY, STATE, ZIP CODE	
LOUDO	IN NURSING AND RE	HAB CNTR		235 OLD WATERFORD ROAD, NORTHWE	:ST
				LEESBURG, VA 20176	
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F 334	Continued From pa	ge 28	F3	34	
	-	ne administrator, ASM #2, the	, 0	5 4	
	director of nursing	and ASM #3, the assistant			
	administrator, were	informed of these concerns.			
	No further information	on was provided prior to exit.			į
	(1) "COPD or chron	nic obstructive pulmonary			
		ssive disease that makes it			
		Progressive" means the			_
	disease gets worse	over time." This information			•
	is taken from the we				
		.gov/health/health-topics/topic			
	s/copd.				
	483.75(I)(1) RES	ETE/ACCURATE/ACCESSIB	F 5	14	
33-0	LE	E LACCOTATE ACCESSIO		TO #1.4	
				F514	
		intain clinical records on each			
		nce with accepted professional		CORRECTIVE ACTION:	
		ices that are complete;		In order to immediately correct	11/16/2016
		ited; readily accessible; and		the cited deficiency, the DDNR	1
	systematically organ	lizea.			
	The clinical record n	nust contain sufficient		for Resident #9 was completed	
		fy the resident; a record of the		by the Attending Physician in	
		ents; the plan of care and		person at the facility on	
	services provided; the			11/16/2016, as verified by the	
		ning conducted by the State;		Surveyor at 4:20 PM. For	
	and progress notes.			Resident #11, the immediate	
	. p - g			•	
				corrective action was in	
	This REQUIREMEN	T is not met as evidenced		accordance with facility policy	,
	by:			a Millennium Pharmacy	
		view, facility document review		Omission Form was completed	
		eview, it was determined that		to accurately correct the	
		d to maintain a complete and			
	accurate clinical rece	ord for two of 24 residents in		documentation on the TAR.	

the survey sample, Residents #9 and #11.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
LOUDOUN	NURSING AND RE	HAB CNTR		235 OLD WATERFORD ROAD, NORTHWEST LEESBURG, VA 20176		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	

F 514 Continued From page 29

- 1. The facility staff failed to complete the DDNR (Durable Do Not Resuscitate) order for Resident #9.
- 2. The facility staff inaccurately documented on the TAR (treatment administration record) on 11/16/16 for Resident #11.

The findings include:

1. The facility staff failed to complete the DDNR (Durable Do Not Resuscitate) order Resident # 9.

Resident # 9 was admitted to the facility on 5/25/16 with diagnoses that included but were not limited to: anemia (1), atrial fibrillation (2), hypertension (3), gastroesophageal reflux disease (4), and dementia (5).

The most recent comprehensive MDS (minimum dada set), an admission assessment with an ARD (assessment reference date) of 6/1/16 coded Resident # 9 as scoring a 3 (three) on the brief interview for mental status (BIMS) of a score of 0 - 15, 3 (three) - being severely impaired of cognition for making daily decisions.

Review of the clinical record for Resident # 9 revealed a DDNR (Durable Do Not Resuscitate) order for Resident # 9 dated 5/25/16, signed by the physician on 5/25/16 and also signed by the responsible party. The DDNR documented: "I further certify (must check 1 or 2):

1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient

F 514

OTHER POTENTIAL RESIDENTS:

11/18/2016

All residents are potentially affected. A review of all residents with a DDNR was conducted and found to be complete.

In addition, a review of all residents with an order for gerisleeves was conducted and any evidence of non-compliance was corrected immediately, per facility policy.

SYSTEMIC CHANGES:

All DNR orders will be audited by the RN Unit Managers to ensure that the DDNR form is completed and accurate in the medical record.

In addition, an educational inservice will be conducted for the nursing staff on the importance of complete and accurate documentation of services provided to the residents, including but not limited to gerisleeves. 12/23/2016

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12/23/20106

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		495275	B. WING		11/16/2016
]	ROVIDER OR SUPPLIER I NURSING AND RE			STREET ADDRESS, CITY, STATE, ZIP CODE 235 OLD WATERFORD ROAD, NORTHWEST LEESBURG, VA 20176	Г
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETION
					

F 514 Continued From page 30 is required)

2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B or C below:

- A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.
- B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf is required.)
- C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf is required.)"

Further review of the DDNR revealed that the order was incomplete, # 1 and # 2 and A, B, and C were left blank.

On 11/16/16 at 2:20 p.m. an interview was conducted with RN (registered nurse) # 2, unit manager. When asked who was responsible for

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MONITORING:

The Facility Compliance Monitoring Tool has been revised to include auditing of the medical record to ensure all DDNR forms are complete and accurate. An audit of all new DNR orders will be completed to ensure 100% compliance. The results of these audits will be reported to the Director of Nursing for analysis of trends and patterns. A summary report of the audit will be provided to the Performance Improvement Committee for additional review and recommendations.

In addition, an audit of five (5) Treatment Administration Records (TAR) of the nursing staff will be conducted monthly by the Unit Manager.

As a second step, a validation audit of the same residents will be conducted to ensure the actual service and/or treatment is being provided to the resident as

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				ONID 140. 0936-039	
				(X3) DATE SURVEY COMPLETED	
	495275	B. WING		C 11/16/2016	
OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NURSING AND RE	HAB CNTR		235 OLD WATERFORD ROAD, NORTHW LEESBURG, VA 20176	EST	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION	
	OVIDER OR SUPPLIER NURSING AND RE SUMMARY STA	CORRECTION IDENTIFICATION NUMBER:	A. BUILDI 495275 B. WING DVIDER OR SUPPLIER NURSING AND REHAB CNTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX	A. BUILDING 495275 B. WING DVIDER OR SUPPLIER NURSING AND REHAB CNTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IDENTIFICATION NUMBER: A. BUILDING B. WING 235 OLD WATERFORD ROAD, NORTHW LEESBURG, VA 20176 PROVIDER'S PLAN OF CORRECT OF THE ACTION SHOWN REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPRICATION	

F 514 Continued From page 31

ensuring the DDNR was complete RN # 2 stated, "Anyone who is in the chart and the unit manager, unit secretary, medical records." After reviewing the DDNR for Resident # 9, RN # 2 stated, "It needs to be complete. The areas should have been checked when the family and the physician filled it out."

On 11/16/16 at 4:20 p.m. ASM (administrative staff member) # 2, the director of nursing provided this surveyor with a completed copy of the DDNR for Resident # 9.

On 11/16/16 at 3:15 p.m., ASM (administrative staff member) # 1, the administrator, and ASM # 2, the director of nursing and ASM # 3, the assistant administrator, were made aware of the findings.

No further information was provided prior to exit.

References:

- (1) Low iron. This information was obtained from the website:
- https://www.nlm.nih.gov/medlineplus/anemia.html
- (2) A problem with the speed or rhythm of the heartbeat. This information was obtained from the website:

https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html.

(3) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.

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ordered by the physician.

The results of these monthly audits will be reported to the Director of Nursing for analysis of trends and patterns. The Performance Improvement Committee will review a summary analysis of the monthly audits and provide additional recommendations, including the frequency of the continued audits.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			0	MB NO.	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATI	E SURVEY PLETED
		495275	B. WING				C 16/2016
NAME OF	PROVIDER OR SUPPLIER		!	STF	REET ADDRESS, CITY, STATE, ZIP CODE		10,20,10
LOUDOL	IN NURSING AND RE	HAB CNTR		235	OLD WATERFORD ROAD, NORTHWEST		
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F 514	Continued From pa	ge 32	F.S	514			
	(4) Stomach conter the esophagus and was obtained from https://www.nlm.nih	its to leak back, or reflux, into irritate it. This information					
	https://www.nlm.nih ml.	.gov/medlineplus/dementia.ht					
		inaccurately documented on administration record) on nt #11.					
	6/30/16, and was m 8/26/16 with diagnoto: dementia withouthigh cholesterol, high depression. On the data set), a quarterly assessment referer #11 was coded as be making daily decision completely dependent bed mobility, transferompletely dependent dressing, eating, to its serious processing.	oce date 10/6/16, Resident being severely impaired for ons. She was coded as being ent on two staff members for ers, and bathing; and as being ent on one staff member for leting and personal hygiene.					
	was observed lying wearing protective s a.m., 10:55 a.m., ar 11:45 a.m., Resider her wheelchair in th	following times, Resident #11 in her bed and was not sleeves on her arms: 7:40 at 1:45 p.m. On 11/16/16 at at #11 was observed sitting in e dining room and was not sleeves on her arms.					

A review of the physician's orders for Resident

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					M APPROVED <u>O. 0938-</u> 0391
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		495275	B. WING	;		,	C 1/16/2016
NAME OF	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 1	1/10/2010
LOUDO	UN NURSING AND RE			235	OLD WATERFORD ROAD, NORTHWE ESBURG, VA 20176	:ST	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ΊΧ	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-RÉFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 514	Continued From page	ge 33	F!	514			
	signed by the physic "Geri-Sleeves to Ha Geri-Sleeves on bot Remove at bedtime.	and Left. Hand RightApply th arms for protection. b."					
	Resident #11 dated	prehensive care plan for 10/17/16 revealed, in part, plem: Resident is at risk in integrityApply	٠			-	
	#11 posted on the depart, the following: "	orial Care Card for Resident loor of her closet revealed, in "Other: Geri-Sleeves both Remove at bedtime."					
·	record) for Resident the box for the day s for the following trea Hand Left. Hand Rig	(treatment administration t #11 revealed two initials in shift nurse to sign on 11/16/16 atment: "Geri-Sleeves to ghtApply Geri-Sleeves on ction. Remove at bedtime."					
	nurse) #3 and CNA (#2 accompanied the bedside. The survey if they noticed anythin have been wearing to on her body. CNA # asked both staff mer supposed to be wear arms. LPN #3 stated think of." Both staff is surveyor to the media.	p.m., LPN (licensed practical (certified nursing assistant) a surveyor to Resident #11's yor asked both staff members ing that Resident #11 should that she currently did not have 2 stated: "No." The surveyor mbers if Resident #11 was uring anything else on her d: "No. Not anything I can members accompanied the ication cart. LPN #3 was ware that Resident #11 had					

orders for geri sleeves on both arms. LPN #3 stated: "No, I'm not." When asked to check the

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	D. 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILO		LE CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
	!	495275	B. WING	.			C
NAME OF I	PROVIDER OR SUPPLIER	1302.0	J	.=		1 17	1/16/2016
MANIE OI I	יתטעוטבת טת סטררטבות			j	STREET ADDRESS, CITY, STATE, ZIP CODE		
LOUDOL	JN NURSING AND RE	HAB CNTR			235 OLD WATERFORD ROAD, NORTHWE LEESBURG, VA 20176	:ST	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	"Yes, I remember not the TAR for Resider surveyor the above-for the geri sleeves. the box were hers, I asked what her initial stated: "That it was should have signed been applied on 11/When asked if she I before she had sign geri sleeves were applied on 11/16/16 at 3:15 staff member) #1, the director of nursing, and administrator, were At this time, ASM #2 the online Lippincott professional referent A review of a documentation of a clinical record; the continuation of the continuat	she did so. LPN #3 stated: ow." When asked to check int #11, LPN #3 showed the referenced entry for 11/16/16 . When asked if the initials in LPN #3 stated: "Yes." When ials in the box mean, LPN #3 is done." When asked if she off the geri sleeves as having /16/16, LPN #3 stated: "No." had looked at Resident #11 hed the TAR to indicate the ipplied, LPN #3 stated: "I in p.m., ASM (administrative the administrator, ASM #2, the and ASM #3, the assistant informed of these concerns. 2 stated that the facility utilizes to the recedures as their ince. In ent entitled "Lippincott mentation, long-term care" realed, in part, the following: a documentation or any part tampering includesinserting ion in the record." on was provided prior to exit. mentals of Nursing Made pincott Williams and Wilkins,	F	514			
		nt records are legally valid,					

and need to be accurate and comprehensive so that care can be communicated effectively to the

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OWNIE	10 1 OIL MEDICALL	A MILDICAID SERVICES			<u> </u>	ND NO. 0330-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495275	B. WING		<u>.</u>	C 11/16/2016	
NAME OF	PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STAT	TE, ZIP CODE		
				235 OLD WATERFORD ROA	D. NORTHWEST		
LOUDOL	IN NURSING AND RE	HAB CNTR		LEESBURG, VA 20176	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERENCED	ACTION SHOULD	BE COMPLETION	
F 514	documentation prov patient and family of possible. Many nurs they document or fa enormous effect on	ge 35 Inless the content of vides an accurate depiction of are, quality of care may not be ses do not realize that what all to record can produce an the care that is provided by he health care team."	F	514			