

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2017
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NAME OF PROVIDER OR SUPPLIER LYNCHBURG HLTH & REHAB CNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 5615 SEMINOLE AVENUE LYNCHBURG, VA 24502
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 04/11/2017 through 04/13/2017. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 180 bed facility was 141 at the time of the survey. The survey sample consisted of 21 current Resident reviews (Residents # 1 through #21) and 3 closed record reviews (Residents # 22 through #24).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>Maintenance and Housekeeping. 12 VAC 5-371-370(A). Please Cross Reference to F-252.</p> <p>Resident Assessment and care planning. 12 VAC 5-371-250(G). Please Cross Reference to F-279.</p> <p>Director of Nursing. 12 VAC 5-371-200(B)(1)(ii). Please Cross Reference to F-281.</p> <p>Nursing Services. 12 VAC 5-371-220(B). Please Cross Reference to F-309.</p>	F 001	<p>The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p> <p>12 VAC 5-371-370(A). Please Cross Reference to F-252.</p> <p>1. Resident #2's wheelchair was cleaned and brakes were replaced while surveyors were onsite. Resident #21's brakes were tightened and protective cap was placed while surveyors were onsite.</p> <p>2. The maintenance director or designee</p>	5/22/17

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

Electronically Signed

TITLE

(X6) DATE

04/28/17

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F 001	<p>Continued From page 1</p> <p>Nursing Services 12 VAC 5-371-220(D) and (E) and (F). Please Cross Reference to F-312.</p> <p>Nursing Services. 12 VAC 5-371-220(C)(1). Please Cross Reference to F-314.</p> <p>Nursing Services. 12 VAC 5-371-220(C)(2). Please Cross Reference to F-318.</p> <p>Resident Assessment and Care Planning. 12 VAC 5-371-250(G). Please Cross Reference to F-280.</p> <p>Maintenance and Housekeeping 12 VAC 5-371-370(B). Please Cross Reference to F-323.</p> <p>Nursing Services 12 VAC 5-371-220(B). Please Cross Reference to F-329.</p> <p>Staff Development and Inservice Training. 12 VAC 5-371-260(A) and (B)(3). Please Cross Reference to F-518.</p> <p>Director of Nursing 12 VAC 5-371-200(E) and (F).</p> <p>"The nursing facility shall notify the OLC, in writing, within five days of a vacancy in the director of nursing position. The written notice shall give the name and Virginia license number of the individual appointed to serve as director of nursing, and whether the appointment is permanent or temporary."</p>	F 001	<p>will conduct an audit of the entire facility to ensure wheelchair brakes are in good repair and safe for operation and wheelchairs will be inspected to ensure they are appropriately cleaned.</p> <p>3. Staff development coordinator or designee will educate all nursing and maintenance staff on proper cleaning of wheelchairs and assessing if they are in safe, operational order.</p> <p>4. Maintenance department or designee will monitor residents <input type="checkbox"/> wheelchairs on a weekly basis for 12 weeks to ensure they are clean and are in safe, operational order. Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-250(G). Please Cross Reference to F-279.</p> <p>1. Resident #4 <input type="checkbox"/>s comprehensive careplan was corrected to include impaired cognition and incontinence.</p> <p>2. The MDS coordinator or designee will conduct an audit of all current residents <input type="checkbox"/> most recent CAA triggers to ensure any resident assessed and coded as cognitively impaired and/or incontinent has a corresponding comprehensive careplan in place.</p> <p>3. Staff development coordinator or designee will educate MDS coordinator on proper initiation of comprehensive careplans for impaired cognition and/or incontinence based on the MDS review.</p> <p>4. MDS coordinator or designee will monitor to ensure all triggers for impaired cognition and/or incontinence are being properly added to the comprehensive careplan at the time of the MDS review.</p>	

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F 001	<p>Continued From page 2</p> <p>and</p> <p>"The director of nursing position shall not be held by a temporary designate for more than 90 days. Temporary agency personnel shall not be utilized to fill the director of nursing position."</p> <ol style="list-style-type: none"> The facility administrator failed to notify the OLC of a vacancy in the director of nursing position and failed to notify the OLC of the name and license number of the individual (s) appointed to temporary and/or permanent position of director of nursing. The facility used an agency nurse as a director of nursing. <p>Findings include:</p> <p>During an interview with the current DON 4/11/17 at approximately 3:30 p.m., a question regarding an event dated 3/12/17 was brought to her attention. The DON stated "I really can't answer that; I wasn't here at that time. I just took this position Monday [4/10/17]." The DON was then asked who the DON was during that time, and she again stated she wasn't sure; she thought perhaps it was an agency nurse.</p> <p>On 4/13/17 at 9:10 a.m. the administrator was asked about the DON position vacancy, temporary appointment, and the current appointed DON, and if he had notified the OLC of the same. The administrator stated "No, I don't think I did..... I really didn't know who to send it to [the notice of vacancy]. We have never had a vacancy, so wasn't exactly sure about that. The former DON left 2/24/17, we had an interim agency DON that started 3/2/17, and the current</p>	F 001	<p>This will be completed weekly for 12 weeks. Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-200(B)(1)(ii). Please Cross Reference to F-281.</p> <ol style="list-style-type: none"> Resident #7's blood pressure parameter for the antihypertensive medication was discontinued per MD order. Resident #15's medication cards for lamictal and metformin were labeled with direction change stickers while surveyors were onsite. Resident #18's miralax that was administered per standing order on 4/11/2017 was added as a current order and documented on the electronic MAR as administered on stated date. Director of nursing or designee will conduct an audit of all current residents on antihypertensive medications to ensure if a parameter is ordered that the blood pressure is indicated to be documented prior to administration. All orders for lamictal and metformin will be audited to compare medication cards to ensure for matching instructions in the electronic system, if directions have changed, a corresponding direction change sticker will be placed on the medication card. An audit will be conducted of any resident that was administered miralax to ensure corresponding documentation is present in the electronic MAR. Staff development coordinator or designee will educate all licensed staff on appropriate documentation of blood pressure prior to administering an anti-hypertensive medication if parameters 	

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F 001	<p>Continued From page 3</p> <p>DON was here about a week before the interim DON left and she transitioned in on 4/10/17. The interim DON left 4/7/17."</p> <p>No further information was provided prior to the exit conference.</p>	F 001	<p>are ordered, on applying direction change stickers to medication cards if directions for medications in the electronic MAR have changed, and on appropriate documentation of miralax in the electronic MAR upon administration.</p> <p>4. Unit manager or designee will monitor to ensure all blood pressures are documented prior to administration of anti-hypertensive medications if parameters are ordered, all lamictal and metformin orders to ensure if directions have changed there is a corresponding direction change sticker present on medication card, and ensure if miralax was administered it is appropriately documented on the electronic MAR. This will be completed 5 times a week for 12 weeks. Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-200(B)(1)(ii). Please Cross Reference to F-281.</p> <p>1. Resident #7's blood pressure parameter for the antihypertensive medication was discontinued per MD order. Resident #15's medication cards for lamictal and metformin were labeled with direction change stickers while surveyors were onsite. Resident #18's miralax that was administered per standing order on 4/11/2017 was added as a current order and documented on the electronic MAR as administered on stated date.</p> <p>2. Director of nursing or designee will conduct an audit of all current residents on antihypertensive medications to ensure if a parameter is ordered that the blood</p>	

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F 001	Continued From page 4	F 001	<p>pressure is indicated to be documented prior to administration. All orders for lamictal and metformin will be audited to compare medication cards to ensure for matching instructions in the electronic system, if directions have changed, a corresponding direction change sticker will be placed on the medication card. An audit will be conducted of any resident that was administered miralax to ensure corresponding documentation is present in the electronic MAR.</p> <p>3. Staff development coordinator or designee will educate all licensed staff on appropriate documentation of blood pressure prior to administering an anti-hypertensive medication if parameters are ordered, on applying direction change stickers to medication cards if directions for medications in the electronic MAR have changed, and on appropriate documentation of miralax in the electronic MAR upon administration.</p> <p>4. Unit manager or designee will monitor to ensure all blood pressures are documented prior to administration of anti-hypertensive medications if parameters are ordered, all lamictal and metformin orders to ensure if directions have changed there is a corresponding direction change sticker present on medication card, and ensure if miralax was administered it is appropriately documented on the electronic MAR. This will be completed 5 times a week for 12 weeks. Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-220(B). Please Cross</p>	

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F 001	Continued From page 5	F 001	<p>Reference to F-309.</p> <ol style="list-style-type: none"> Appropriate assessments were completed and orders were obtained and placed to assess resident #15's port-a-cath as well as for treatment of a rash while surveyors were onsite. Resident #7's blood pressure parameter for the antihypertensive medication was discontinued per MD order Director of nursing or designee will conduct an audit of all current residents with port-a-cath in place to ensure appropriate orders are written to monitor the site, all residents with a rash to ensure appropriate orders are being followed, and all current residents on antihypertensive medications to ensure if a parameter is ordered that the blood pressure is indicated to be documented prior to administration. Staff development coordinator or designee will educate licensed staff on the appropriate transferring of orders for new port-a-cath assessment and care to the electronic MAR for proper documentation, following orders for any resident with a rash, and on appropriate documentation of blood pressure prior to administering an anti-hypertensive medication if parameters are ordered. Unit manager or designee will monitor for new port-a-caths to ensure appropriate orders are transferred into the electronic MAR for proper documentation, all resident's with a rash have appropriate orders written, and all blood pressures are documented prior to administration of anti-hypertensive medications if parameters are ordered. This will be completed 5 times a week for 12 weeks. 	

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F 001	Continued From page 6	F 001	<p>Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-220(D) and (E) and (F). Please Cross Reference to F-312.</p> <ol style="list-style-type: none"> Resident #15 was taken to the shower room and given a full shower on 4/12/2017, while surveyors were onsite. Director of nursing or designee will conduct an audit, by way of individual interview of all bariatric patients to ensure they are being taken to the shower room to receive full showers on their shower days. Staff development coordinator or designee will educate nursing staff on importance of showers being given to bariatric residents on their shower days. Unit manager or designee will monitor to ensure obese residents are being provided showers in the shower room on their shower days. This will be completed 2 times a week for 12 weeks. <p>Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-220(C)(1). Please Cross Reference to F-314.</p> <ol style="list-style-type: none"> Resident #23 is no longer a resident at the facility. Director of nursing or designee will conduct an audit to identify any resident who wears a brace to ensure there are appropriate orders for removing the brace to monitor skin integrity. Staff development coordinator or designee will educate licensed staff on appropriate monitoring of skin integrity for residents who wear a brace. Unit manager or designee will monitor 	

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F 001	Continued From page 7	F 001	<p>to ensure that all residents with a new order to wear a brace have appropriate orders in place for monitoring skin integrity. This will be completed 2 times a week for 12 weeks. Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-220(C)(2). Please Cross Reference to F-318</p> <ol style="list-style-type: none"> 1. Resident #23 is no longer a resident at the facility. 2. Director of nursing of designee will conduct an audit to identify any resident who is to be on a ROM restorative program to ensure documentation is entered accurately for CNA to document minutes and participation. 3. Staff development coordinator or designee will educate nurse management staff on appropriate entry of ROM restorative programs to ensure the CNA can document minutes and participation. 4. Director of nursing or designee will monitor to ensure that all residents who are on a ROM restorative program are being documented on appropriately by the CNA to include minutes and participation. This will be completed weekly for 12 weeks. Discrepancies will be brought to the QA committee and addressed as needed. <p>12 VAC 5-371-250(G). Please Cross Reference to F-280.</p> <ol style="list-style-type: none"> 1. Resident #15's comprehensive careplan was updated to include the port-a-cath and interventions. Resident #6's TED (thrombo-embolitic) hose were discontinued due to non-use. Resident 	
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F 001	Continued From page 8	F 001	<p>#3's careplan was updated to include specific interventions for weight loss.</p> <p>2. The director of nursing of designee will conduct an audit of all current residents with a port-a-cath, TED hose, or Med plus 2.0 (nutritional supplement) to ensure they are included in the comprehensive careplan.</p> <p>3. Staff development coordinator or designee will educate licensed staff on proper updating of comprehensive careplans to include port-a-caths, TED hose, and nutritional supplements.</p> <p>4. Unit manager or designee will monitor to ensure all new orders for port-a-caths, TED hose, and Med plus 2.0 (nutritional supplement) are updated on the comprehensive careplan 5 times a week for 12 weeks. Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-370(B). Please Cross Reference to F-323</p> <p>1. Hipsters were retrieved from laundry department and were placed on resident #4 while surveyors were onsite. Resident #21's wheelchair brake handle was repaired while surveyors were onsite.</p> <p>2. Director of nursing or designee will conduct an audit to ensure all residents with hipsters noted on the careplan as an intervention are wearing them. Maintenance director or designee will conduct an audit to ensure all residents wheelchairs are in safe, operational condition.</p> <p>3. Staff development coordinator or designee will educate nursing staff on ensuring hipsters are in place for residents</p>	

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F 001	Continued From page 9	F 001	<p>who have them as an intervention. Staff development coordinator or designee will educate all nursing and maintenance staff on proper cleaning of wheelchairs and assessing if they are in safe, operational order.</p> <p>4. Unit manager or designee will monitor to ensure all resident□s with hipsters as an intervention have them on. This will be completed 5 times a week for 12 weeks. Maintenance director or designee will monitor residents□ wheelchairs on a weekly basis for 12 weeks to ensure they are in safe, operational order. Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-220(B). Please Cross Reference to F-329.</p> <ol style="list-style-type: none"> 1. Resident #22 is no longer a resident in the facility. 2. Director of nursing or designee will conduct an audit to ensure all current residents receiving Seroquel have an appropriate clinical justification. 3. Staff development coordinator or designee will educate licensed staff on ensuring appropriate clinical justification of use of Seroquel. 4. Director of nursing or designee will monitor all orders for Seroquel to ensure that there is appropriate clinical justification. This will be completed weekly for 12 weeks. Discrepancies will be brought to the QA committee and addressed as needed. <p>12 VAC 5-371-260(A) and (B)(3). Please Cross Reference to F-518.</p> <ol style="list-style-type: none"> 1. LPN #6, LPN #4, LPN #2, and RN #1 	

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F 001	Continued From page 10	F 001	<p>were educated on emergency preparedness while surveyors were onsite.</p> <p>2. Staff development coordinator or designee will conduct an audit of all staff to ensure familiarity with emergency preparedness protocols.</p> <p>3. Staff development coordinator or designee will educate all staff on emergency preparedness protocols.</p> <p>4. All new staff will be educated on emergency preparedness protocols during the orientation process and will verbalize familiarity. This will be completed every other week with the current orientation schedule. Discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12 VAC 5-371-200(E) and (F).</p> <p>1. OLC was notified while surveyors were onsite of the change of Director of Nursing position.</p> <p>2. The Administrator will ensure if there is a change in Director of Nursing, the OLC will be notified within the 5 day allowance.</p> <p>3. Corporate consultant will educate Administrator on appropriate reporting of change of Director of Nursing position to the OLC within 5 days.</p> <p>4. Corporate consultant will ensure notification to the OLC has occurred within 5 days if there is a change in Director of Nursing in the future.</p> <p>5. Date of completion 5/22/2017</p>	