

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2016
NAME OF PROVIDER OR SUPPLIER OAKWOOD MANOR BEDFORD MEM			STREET ADDRESS, CITY, STATE, ZIP CODE 1613 OAKWOOD STREET BEDFORD, VA 24523	
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 06/21/2016 through 06/23/2016. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. No complaints were investigated during the survey. The Life Safety Code survey/report will follow. The census in this 111 certified bed facility was 103 at the time of the survey. The survey sample consisted of eighteen current resident reviews (Resident #1 through Resident # 18) and three closed record reviews (Resident# 19 through Resident #21).	F 000		
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to ensure safety interventions were in place for the prevention of a fall, which resulted in harm for one of 23 residents in the survey sample, Resident # 10. The facility staff failed to ensure non-skid socks were worn by Resident # 10, as a result Resident	F 323	The facility desires this plan of correction to serve as it's allegation of compliance effective August 1, 2016. Tag 323 1. The physician and responsible party for Resident #10 were notified at the time of the fall. Resident #10 was sent to the ED	8/1/16

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

TITLE

(X6) DATE

Electronically Signed

07/06/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>#10 fell and sustained a right hip fracture with ORIF (Open Reduction Internal Fixation).</p> <p>Findings include:</p> <p>Resident # 10 was admitted to the facility on 03/03/11 with the most current readmission on 08/11/15. Diagnoses for Resident # 10 included, but were not limited to: Dementia, DM (diabetes mellitus), hypothyroidism, bipolar disorder, schizophrenia, arthritis, hip fracture and a history of falls.</p> <p>The most current MDS (minimum data set) was a quarterly assessment dated 05/30/16, which assessed the resident with a cognitive score of "9", indicating the resident had moderate impairment in daily decision making skills. This MDS also assessed the resident as requiring extensive assistance for dressing and toileting with at least one staff person physical assistance. The resident was additionally coded as not ambulating at all in room or corridor in the previous look back period.</p> <p>On 06/21/16 through 06/23/16 Resident # 10's clinical record was reviewed. Nursing notes documented that Resident # 10 had a fall on 08/04/15, was sent to the ED (emergency department). The resident was readmitted on 08/11/15 with a diagnoses of right hip fracture.</p> <p>Nursing notes were reviewed from June 2015 through present and showed a pattern of falls.</p> <p>A nursing note dated 07/10/15 and timed 7:45 a.m. documented: "Rsd [resident] found sitting in floor beside bed, rsd only had plain socks on feet. Rsd stated to nurse "I didn't fall, I was just trying</p>	F 323	<p>for treatment and further medical intervention. The care plan was updated to reflect the resident's current fall interventions on 07-01-16.</p> <p>2. 1) A 100% audit of the current resident population will be conducted to determine which residents are care planned to wear non-skid socks. A re-assessment of each of these residents will be conducted to ensure that non-skid socks are used appropriately for that individual. 2) A 100% audit of the current resident population will be conducted to determine which residents are care planned to have floor mats at the bedside and ensure mats are placed appropriately. 3) A 100% audit of the current resident population will be conducted to determine which residents are care planned for non-skid strips to be placed on the floor to ensure appropriateness of the plan and its compliance. The DON or designee will conduct these audits.</p> <p>3. Education will also be provided for direct care staff by the DON or designee regarding the use of non-skid socks, floor mats, and non-skid strips as well as the significance of following fall preventative measures as indicated on each resident's plan of care.</p> <p>4. A 100% audit will be conducted on all three shifts daily for three weeks to ensure that the residents care planned to wear non-skid socks are found with socks on as appropriate; and that fall mats are in place as appropriate. Then, random 10%</p>		

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F 323	<p>Continued From page 2</p> <p>to get out of bed and I slipped...resident also stated to nurse "I turned my bed alarm off during the middle of the night because it makes such a racket..."</p> <p>A nursing note dated 07/12/15 and timed 2:00 a.m. documented: "Rsd's [resident's] roommate (sic) rang call bell, to report Rsd fell in floor, Rsd was laying on her back beside her bed, btwn [between] the two beds, head at head of bed by the wall feet towards foot of bed. Rsd stated, "I need to go to the bathroom" appeared disoriented..."</p> <p>There was no information or documentation regarding the resident's bed alarm on 07/12/15.</p> <p>A nursing note dated 07/15/15 and timed 7:45 a.m. documented: "...resident fell in room stood up from side of bed pants pulled down around feet, rsd [resident] assessed abrasion Left knee...Left elbow...attempt to collect urine for UTI [urinary tract infection] due to incontinent episode and frequent falls..."</p> <p>A nursing note dated 07/15/15 and timed 12:45 p.m. documented: "Urine sent to lab...result does not indicate UTI...bruising noted on elbow around abrasion, red area on knee cap..."</p> <p>A nursing note dated 07/16/15 and timed 11:00 a.m. documented: "...Rsd observed walking up hallway this am with clothes in hand, regular socks only on feet...redirected, assisted back to her room, non-skid socks applied to feet..."</p> <p>Resident # 10's POS (physician's order sheets) and the CCP (comprehensive care plan) were</p>	F 323	<p>audits of residents who are care planned to wear non-skid socks and those with floor mats will be conducted for 2 months. These audits will be conducted by the DON or designee. Additionally, all residents care planned to have non-skid strips on the floor will be monitored monthly to ensure strip placement. The results will be reported to the Quality Assurance Performance improvement Committee to assure ongoing compliance.</p> <p>5. Completion date of August 1, 2016.</p>		

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F 323	<p>Continued From page 3 then reviewed for the above time frame.</p> <p>The printed POS dated for June 2015 documented: "...Bed alarm at bedtime for safety..."</p> <p>The printed POS dated for July 2015 documented: "...Bed alarm at bedtime for safety (a hand written entry was written in beside of this that documented, 'check placement and function every shift...'</p> <p>The printed POS for August 2015 documented: "...Bed alarm at bedtime for safety-check placement and function every shift..."</p> <p>The resident's CCP that was in effect just prior to the fall on 08/07/15 was then reviewed. The CCP dated 12/11/14 through 08/20/15 documented: "...Fall 07/10/15-non skid strips applied to floor on both sides of bed...Fall 07/12/15-non skid sock (sic)...06/06/15 Fall while ambulating...chair alarm when up in recliner...Self care deficit extensive assistance required with...dressing and grooming...Total assist with dressing and undressing... "</p> <p>On 06/22/16 at approximately 2:30 p.m., the above fall investigations were requested for Resident # 10.</p> <p>The DON (director of nursing) presented the investigations, they were reviewed and documented the following:</p> <p>A post fall assessment dated 07/10/15 documented that the resident was a fall risk, did not have fall mats down, did have alarms in use and in place, but was not sounding due to</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>resident turning off alarm. It was also documented that the resident had on "plain socks." Additionally it was documented to add non skid strips to floor as an intervention.</p> <p>A post fall assessment dated 07/12/15 documented that the resident was a fall risk, did not have fall mats down, did have alarms in use and in place. This assessment documented that the alarm was not sounding and that the resident had on "normal socks." Additionally it was documented to add non skid socks, educate on ringing call bell and add grip strips by bed and in bathroom.</p> <p>A post fall assessment dated 07/15/15 documented that the resident was a fall risk, did not have fall mats down, did have alarms in use and in place. It was also documented that the alarm was not sounding and had a hand written entry that documented, "Rsd does not have alarm on after setting up." It was documented that the resident had on slippers, not non skid socks as documented in the resident's CCP.</p> <p>A nursing note dated 08/07/15 and timed 2:00 a.m. documented: "Resident has not been asleep so far this shift...stated my husband is in the waiting room...took res [resident] to bathroom then tucked into bed..."</p> <p>A nursing note dated 08/07/15 and timed 7:30 a.m. documented: "Resident was up in room walking towards bathroom in gown and regular socks when rsd [resident] fell in room hitting her head against the wall, rsd c/o [complained of] right hip pain, unable to sit up or move right leg, right leg externally rotated, protruding out up at hip socket. Rsd has severe complaint of pain</p>	F 323			

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F 323	<p>Continued From page 5</p> <p>when right hip touched...transferred to stretcher. Report called to ED [emergency department]..."</p> <p>A long term care flowsheet dated 08/07/15 timed 8:00 a.m. documented: "Rsd ambulating in room, regular socks on rsd at the time. Rsd ambulating to BR [bathroom] when rsd lost balance and fell to the floor, hitting her head on wall. Rsd has severe pain...Rsd taken to ED at 7:50 a.m..."</p> <p>A post fall assessment dated 08/07/15 and timed 7:30 a.m. documented that the resident was a fall risk, fall mats were not in place, alarms were in use and in place and sounding. The assessment additionally documented that the resident had on "regular socks." On the reverse side of this assessment a nursing note documented: "Rsd up ambulating in room, regular socks on at time...ambulating to bathroom unassisted when rsd lost balance and fell to the floor near bathroom, hitting her head on wall near sink..."</p> <p>It was documented on 08/07/15 at 10:30 a.m., that the resident was discharged to the hospital.</p> <p>The resident was readmitted to the facility on 08/11/15 with a (repaired) hip fracture with 36 staples in place.</p> <p>Resident # 10's quarterly MDS assessment dated 08/03/15 (just prior to the resident's fall with injury) was reviewed for comparison. Resident # 10 was assessed at that time with a cognitive score of "7", indicating the resident had severe impairment in daily decision making skills. The resident was also assessed as requiring limited assistance with at least one person physical assist for bed mobility, transfers, ambulating, dressing and toileting.</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>During initial tour of the facility on 06/21/16 at approximately 10:20 a.m., Resident # 10's room was observed. No non skid strips were observed. One fall mat was observed on the resident's right side of the bed.</p> <p>Resident # 10 was observed on 06/21/16 at 4:00 p.m., sitting outside of her room in a w/c (wheelchair), a pad alarm attached and a tab alarm attached; the resident was wearing non skid (slip) socks.</p> <p>Resident # 10 was again observed on 06/22/16 at 7:45 a.m., in the dining area. The resident was again observed in her w/c and again had on non skid socks.</p> <p>On 06/23/16 at approximately 8:15 a.m., the DON (director of nursing), ADON (assistant director of nursing) and corporate consultant were made aware of the above concerns regarding Resident # 10. The facility staff were asked to present any additional documentation or information regarding Resident # 10's fall with injury resulting in harm.</p> <p>The DON presented an employee statement from the CNA (certified nursing assistant) dated 08/07/15, which documented that the resident was trying to go to the bathroom and had been checked on about 10 minutes prior to the fall and that..."...alarm was not on when she was put in bed the night before..."</p> <p>Resident # 10's room was observed again on 06/23/16 at 9:30 a.m., no non skid strips were on the floor. One fall mat was present on the resident's right side of the bed.</p>	F 323			

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F 323	Continued From page 7 The resident's current CCP was requested and reviewed (dated 08/27/15 through 06/06/16 and 10/22/15 through present) . The current CCP documented: "...Assist with toileting...keep areas free of obstructions...call bell/light within easy reach...respond promptly...footware (sic) will fit properly and have non skid soles...bed alarm...chair alarm...encourage to wear hipsters..." In a meeting with the survey team on 06/23/16 at 11:00 a.m., the DON, ADON, and corporate consultant were made aware of concerns regarding actual harm of Resident # 10 and that the resident's non skid socks were repeatedly not applied and as result the resident had multiple falls, one of which occurred on 08/07/15 resulting in the resident sustaining a right hip fracture. No further information or documentation was presented prior to the exit conference on 06/23/16 at 11:30 a.m.	F 323			
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review the facility staff failed to obtain physician ordered labs for one of 21 residents in the survey sample: Resident # 2. A BMP (basic metabolic panel) ordered to be drawn April 2016 was not done.	F 502	The facility desires this plan of correction to serve as it's allegation of compliance effective August 1, 2016. Tag 502 Administration	8/1/16	

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F 502	<p>Continued From page 8</p> <p>Findings include:</p> <p>Resident # 2 was admitted to the facility 6/29/15 with a readmission date of 10/29/15. Diagnoses for Resident # 15 included, but was not limited to: unspecified psychosis, depression, difficulty walking, Alzheimer's disease, morbid obesity, high blood pressure, heart failure, and Gastroesophageal Reflux Disease.</p> <p>The most recent MDS (minimum data set) was a quarterly review dated 4/25/16 and coded Resident # 2 as having short term and long term memory problems, and severe impairment in daily decision making skills.</p> <p>The electronic medical record (EMR) was reviewed 6/21/16 at 1:30 p.m. The June 2016 POS (physician order summary) was signed 6/2/16, and included an order carried forward from 1/4/16 for "Metabolic Panel (8) Basic every six months April/October..." The corporate consultant had previously informed the survey team lab results would be located in the paper chart at the nurses' stations.</p> <p>On 6/22/16 at 7:55 a.m. the paper chart was reviewed for the lab results but this surveyor was unable to locate the results. The unit secretary, identified as Other Staff (OS) # 1 was asked for assistance in locating the lab results. OS # 1 stated "Are they in the computer?" This surveyor informed OS # 1 the survey team had been told lab results were in the paper chart. OS # 1 then looked through the paper chart, and stated "I will go down and check with medical records; the chart may have been thinned." At that time, the unit manager, LPN (licensed practical nurse) # 1</p>	F 502	<ol style="list-style-type: none"> 1. The physician for resident #2 was notified on 06/29/16 that the lab was not completed. The physician provided additional lab orders. These orders were carried out with no additional orders required based on lab results. 2. A 100% audit of all physician orders for lab service will be conducted to ensure that all labs are obtained timely. This audit will be conducted by the DON or designee. 3. Education will be provided to license nursing staff by the DON or designee to ensure that physician orders for labs services are followed. 4. Random 10% audit of each unit will be conducted weekly for 3 weeks and monthly for 3 months to ensure compliance in this area. The DON or designee will conduct these audits. The results will be reported to the Quality Assurance Performance improvement Committee to assure ongoing compliance. 5. Completion date of August 1, 2016. 	

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F 502	<p>Continued From page 9</p> <p>told this surveyor she would look in a portion of the EMR called "Portal" where the lab results may have been scanned into. After looking in the EMR, LPN # 1 stated "I'm not finding them in Portal either."</p> <p>On 6/22/16 at 9:00 a.m. OS # 1 returned to the nurses station and told this surveyor "I found the October 2015 lab results, but nothing for April 2016." OS # 1 then gave the October lab result to this surveyor for review. LPN # 1 was also present and stated "I think I may know what happened; it [lab test order] got lost out from going between paper and computer and was apparently overlooked. It wasn't done."</p> <p>The DON (director of nursing) and corporate consultant were informed of the above findings during a meeting with facility staff 6/22/16 beginning at 11:30 a.m.</p> <p>No further information was provided prior to the exit conference.</p>	F 502			