

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OUR LADY OF THE VALLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH JEFFERSON STREET ROANOKE, VA 24016</b>
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F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted on 2/13/18 through 2/15/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. One complaint was investigated during the survey.</p> <p>The census in this 70 certified bed facility was 65 at the time of the survey. The survey sample consisted of 16 current Resident reviews and 3 closed record reviews.</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 licesnure deficiencies are as followed:</p> <p>12 VAC 5-371-220 (H). Nursing services. Cross reference to F580 12 VAC 5-371-370 (G). Maintenance and housekeeping. Cross reference to F584 12 VAC 5-371-140 (E). Policies and procedures. Cross reference to F607. 12 VAC 5-371-250. Resident assessment and care planning. Cross reference to F641. 12 VAC 5-371-250. Resident assessment and care planning. Cross reference to F655. 12 VAC 5-371-250. Resident assessment and care planning. Cross reference to F657. 12 VAC 5-371-250. Resident assessment and care planning. Cross reference to F740. 12 VAC 5-371-300. Pharmaceutical services. Cross reference to F755.</p>	F 001	<p>The filing of this plan of correction does not constitute an admission that deficiencies alleged did in fact exist. This plan of correction is filed as evidence of Our Lady of the Valley's desire to comply with the requirements of participation and to continue to provide high-quality resident care.</p> <p>12 VAC 5-371-220 (H). Cross reference to F580: 1. The attending MD &amp; RP for resident #266 have been notified of missed dose of medication.</p> <p>2. Those residents who have experienced</p>	3/30/18

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

TITLE

(X6) DATE

Electronically Signed

03/14/18

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F 001	Continued From page 1  12 VAC 5-371-300. Pharmaceutical services. Cross reference to F761. 12 VAC 5-371-140 (D). Policies and procedures. Cross reference to F868. 12 VAC 5-371-110. Management and administration. Cross reference to F883.	F 001	<p>a change in condition or a change in prescribed medication or treatment plan are at risk for facility failure to notify the attending MD and/or RP of that change.</p> <p>3. Staff have been and will continue to be educated on need to notify both the resident's attending MD and their RP of any changes in the resident's condition, change in prescribed plan or care or treatment.</p> <p>4. The DON or designee will review the 24-hour report and EMAR daily to ensure licensed nurses have documented that the MD and RP were made aware of changes in the resident's condition, prescribed plan of care of treatment. The QA Committee will review the findings of the DON or designee regarding compliance of the notification requirements. An amended plan will be initiated if the facility is found to be non-compliant with current plan.</p> <p>5. Compliance date: 3/30/2018</p> <p>12 VAC 5-371-370 (G). Cross reference to F584:</p> <p>1. The dining room window and carpet in room #408 were cleaned.</p> <p>2. Residents residing in the facility are at risk of being exposed to an environment which falls short of providing a clean, comfortable and homelike environment.</p> <p>3. Nursing or housekeeping staff will initiate immediate cleanup of spills. Spills</p>	

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F 001	Continued From page 2	F 001	<p>which cannot be contained and cleaned properly by nursing staff will be reported to housekeeping staff who will perform proper sanitation of the area. Housekeeping department will conduct daily rounds on the nursing units to ensure clean and safe areas.</p> <p>4. Daily rounds observations will be reported to the QA Committee who will review the information. Areas needing improvement in this plan will be amended to promote compliance.</p> <p>5. Date of compliance: 3/30/2018</p> <p>12 VAC 5-371-140 (E). Cross reference to F607:</p> <p>1. Both CNA licenses were verified as being active.</p> <p>2. All professional facility staff, who by law are allowed to practice only with proof of certification or licensure, are at risk of allowing their certificate or licensure to expire.</p> <p>3. Business Office Manager or Designee, will perform an initial 100% audit of all licenses and certifications. Once initial compliance has been established, all new employee's certificates/licenses will be verified at time of hire. A monthly report will be reviewed to identify any license/certificate which must be updated in the employee file to ensure regulatory compliance.</p> <p>4. Compliance with these audits and their</p>	

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F 001	Continued From page 3	F 001	<p>findings will be reported to QA Committee for their review.</p> <p>5. Date of compliance: 3/30/2018</p> <p>12 VAC 5-371-250. Cross reference to F641:</p> <ol style="list-style-type: none"> <li>1. The MDS for resident #68 was amended to provide accurate place of discharge.</li> <li>2. All residents requiring MDS assessment are at risk for inaccurate coding.</li> <li>3. The MDS assessment for residents who are discharged from the facility for the last six months were reviewed for accurate place of discharge. Any corrections needed to be made were corrected at that time. The MDS nurse will review MDS assessments of all residents being discharged for proper coding. Any errors found will be corrected at that time.</li> <li>4. The MDS nurse will report audit findings to the QA committee.</li> <li>5. Date of compliance.3/30/18</li> </ol> <p>12 VAC 5-371-250. Cross reference to F655:</p> <ol style="list-style-type: none"> <li>1. The baseline care plan for resident #266 was updated to reflect falls and the risk of incontinence.</li> <li>2. All residents who are admitted to the facility are at risk for not having their needs addressed on the baseline care</li> </ol>	

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F 001	Continued From page 4	F 001	<p>plan.</p> <p>3. Staff have been and will continue to be educated on timely completion of baseline care plan. The DON or designee will audit all new admission baseline care plans weekly to ensure baseline care plans are complete.</p> <p>4. Baseline care plan audit findings will be reviewed in the quarterly QA committee.</p> <p>5. Date of compliance: 3/30/18</p> <p>12 VAC 5-371-250. Cross reference to F657:</p> <p>1. The care plans for residents #46, 7, 49, 6, 5 and 219 were revised to instruct staff on the new wound care orders, falls, eye treatment orders, inappropriate behaviors and frequency of safety checks.</p> <p>2. All residents who have new orders for falls, other unusual incidents, behaviors or any other changes in condition are at risk for not having their care plans updated.</p> <p>3. The 11-7 charge nurse will review new orders for falls and other occurrences as listed on the 24 hour report to check for appropriate entries being entered on the individual care plan. Charge nurses will be educated on the timely documentation of care plan updates.</p> <p>4. The results of the 11-7 audits will be reviewed and any necessary actions will be taken to ensure compliance. Findings will be reviewed in quarterly QA.</p>	

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F 001	Continued From page 5	F 001	<p>5. Date of compliance: 3/30/2018</p> <p>12 VAC 5-371-250. Cross reference to F740:</p> <ol style="list-style-type: none"> <li>1. Resident #7 will be evaluated and assessed by behavioral health professionals on an as needed basis.</li> <li>2. Those residents exhibiting behavior signs and symptoms are at risk of not being provided with timely behavioral health care services.</li> <li>3. An audit will be preformed by the DON or Designee of each resident's electronic physician's orders to ensure that those residents who have orders to be evaluated by behavioral health professional have been seen. New telephone orders indicating the need for behavioral consults will be reviewed by 11-7 charge nurse, who will assure that there is documented evidence that a behavioral health professional has been contacted to evaluate residents.</li> <li>4. The results of the 11-7 shift telephone audits for new behavioral health referrals will be reviewed by the QA committee.</li> <li>5. Date of compliance: 3/30/2018</li> </ol> <p>12 VAC 5-371-300. Cross reference to F755:</p> <ol style="list-style-type: none"> <li>1. The Xifaxan for resident #266 has been administered since the date of the survey exit with no further documented entries of</li> </ol>	

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F 001	Continued From page 6	F 001	<p>medication unavailable.</p> <p>2. Residents receiving any type of medication or medicated treatment are at risk of missing a dose of prescribed medication or treatment.</p> <p>3. If a 4-day supply of pills or capsules are counted as remaining, the licensed nurses will re-order it from the pharmacy. If a medication is not available for administration, the charge nurse will get the medication from the stat box or by stat delivery from the pharmacy. Licensed nurses will be in serviced on the medication reordering policy and procedure. The DON or Designee will audit 10% of the resident's medications weekly to ensure that all medications are available for administration per MD orders.</p> <p>4. The findings of medication availability audit will be reported to the QA committee and the pharmacy for any necessary interventions.</p> <p>5. Date of compliance: 3/30/2018</p> <p>12 VAC 5-371-300. Cross reference to F761:</p> <p>1. The LPN who left the Culturelle on top of the medication cart has been in serviced.</p> <p>2. Any medications received from the pharmacy could be improperly stored.</p> <p>3. Administrative staff will note any items stored on top of medication carts during</p>	

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F 001	Continued From page 7	F 001	<p>their daily rounds. Licensed staff who are noted to be improperly storing medications on the medication carts will be in-serviced at the time of discovery. The medication will be immediately stored in its proper place.</p> <p>4. Medication storage compliance will be reviewed with the members of the QA committee.</p> <p>5. Date of compliance 3/30/2018</p> <p>12 VAC 5-371-140 (D). Cross reference to F868:</p> <ol style="list-style-type: none"> <li>1. The Medical Director has attended all QA meetings in the last six months.</li> <li>2. The Quarterly QA Meetings cannot effectively identify and address issues when not represented by a physician.</li> <li>3. The Medical Director was educated on the necessity of her presence at each QA Meeting. If she is unable to attend, she will appoint an appropriate representative.</li> <li>4. The QA attendance sheet will be reviewed by the facility Administrator or Designee after each quarterly meeting.</li> <li>5. Date of compliance: 3/8/2018</li> </ol> <p>12 VAC 5-371-110. Cross reference to F883:</p> <ol style="list-style-type: none"> <li>1. Resident #217 has documentation signed by his responsible party which indicates refusal of the flu vaccine.</li> </ol>	



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F 001	Continued From page 8	F 001	<p>Resident #218 has documentation indicating that the resident had received both the flu and pneumonia vaccines during the fall of 2017.</p> <p>2. Residents already residing in or newly admitted to the facility are at risk of not being provided the opportunity to receive the flu or pneumonia vaccine.</p> <p>3. The Admissions Nurse or designee will interview the residents or the residents responsible party to ask if and when the resident was offered the flu and/or pneumonia vaccines. The Admissions Nurse will document the acceptance or refusal of the vaccines. The DON or Designee will review all new admissions charts for the appropriate immunization documentation.</p> <p>4. The results of the audit will be presented to the QA committee. Additional interventions will be initiated if the audit indicates necessity.</p> <p>5. Date of compliance:3/30/2018</p>	