

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

PRINTED: 05/30/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/11/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>POTOMAC FALLS HEALTH &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>46531 HARY BYRD HIGHWAY</b> <b>STERLING, VA 20164</b>		
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{F 000}	INITIAL COMMENTS  An unannounced Medicare/Medicaid revisit survey was conducted 5/9/17 through 5/11/17 to the standard survey ending 3/23/17. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 150 certified bed facility was 135 at the time of the survey. The survey sample consisted of 15 current record reviews (Residents #101 through 115).	{F 000}			
F 157 SS=D	483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  (g)(14) Notification of Changes.  (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-  (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;  (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);  (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or  (D) A decision to transfer or discharge the	F 157		5/12/17	

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

TITLE

(X6) DATE

Electronically Signed

05/19/2017

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 157	<p>Continued From page 1</p> <p>resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by:</p> <p>The facility staff failed to notify the physician and or designee and the Power of Attorney of a change in physical, mental, or psychosocial status for 1 of 15 residents in the survey sample, Resident #115.</p> <p>The facility staff failed to notify the physician and or designee and the Power of Attorney that Resident #115 was not receiving the dietary supplement (Pure Aloe Force) as ordered by the physician and the resident was refusing the anti-platelet medication Aggrenox.</p> <p>Aggrenox is used to reduce the risk of stroke in</p>	F 157	<p>1.Resident #115's physician and/or designee and POA have been notified that the resident did not receive the dietary supplement (Pure Aloe Force) and the resident was refusing her antiplatelet medication Aggrenox. The Pure Aloe Force and Aggrenox were both discontinued per physician order on 5/11/2017 and 5/12/2017 respectively.</p> <p>2.Any resident is at risk if the physician and/or designee and POA are not properly notified when a resident has change in the plan of care.</p> <p>3.Licensed nurses and IDT will be</p>		

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F 157	<p>Continued From page 2</p> <p>people who have had blood clots or a "mini-stroke".</p> <p>The findings included:</p> <p>Resident #115 was originally admitted to the facility 3/14/07 and readmitted 4/27/16 after an acute hospital stay. The current diagnoses included: stroke with right hemiparesis, cardiovascular disease, hypertension, and dementia. The clinical record also contained a document dated 1/16/17 and signed by a physician which stated; "given level of patient's impairment, in my opinion, she lacks capacity to manage her own medical and financial matters". Based on the preceding information the Durable Power of Attorney (POA), appointed 9/12/07 was initiated.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/31/17 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 9 out of a possible 15. This indicated Resident #115's cognitive abilities for daily decision making were moderately impaired.</p> <p>The 3/31/17 MDS assessment was also coded that the resident had no mood or behavior problems, required supervision after set-up with eating and supervision with one person assistance with off unit locomotion. The 3/31/17 MDS assessment further revealed the resident required extensive assistance of 1 person with bed mobility, transfers, locomotion on the unit, dressing, toilet use, and personal hygiene. The 3/31/17 MDS assessment revealed the resident</p>	F 157	<p>re-educated to the process to notify physicians and/or designee and POA when a resident has a change in the plan of care including refusal of medications.</p> <p>4. Director of Nursing or designee will audit the EMR for any change in plan of care including medication refusals without notification of MD and POA/RP documentation daily 5x/week x2 weeks, weekly x2 weeks and monthly x2months. Results will be reported to the QAPI Committee and any variances addressed.</p>		

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F 157	<p>Continued From page 3 required total care with bathing.</p> <p>The current and active physician order summary revealed an order dated 4/26/17 reading; Aggrenox capsules Extended Release 12 hour 25/200 milligrams (Aspirin-Dipyridamole ER) Give one capsule by mouth two times a day for Deep Vein Thrombosis (DVT) prevention.</p> <p>Review of the Medication Administration Record (MAR) for May 2017 revealed Resident #115 refused the medication 5/2/17 at 9:00 p.m., 5/6/17 at 9:00 p.m., and 5/7/17 at 9:00 p.m. The April 2017 MAR revealed the medication Aggrenox was refused by the resident 4/13/17 at 9:00 p.m., 4/15/17 at 9:00 p.m., 4/21/17 at 9:00 a.m., 4/24/17 at 9:00 a.m., 4/26/17 at 9:00 p.m., 4/29/17 at 9:00 p.m., and 4/30/17 at 9:00 p.m.</p> <p>Further review of the MAR revealed the medication was not offered 4/24/17 at 9:00 p.m. through 4/26/17 at 9:00 a.m. The clinical record revealed the daughter (non-POA) "requested that medication shouldn't be given to mom and she wanted it deleted, because it was harming her mom.</p> <p>The progress note dated 4/26/17 at 6:56 p.m., stated the POA was notified of the discontinuation of the Aggrenox on 4/24/17 upon the sisters request. The POA informed the nurse she wanted the resident back on the medication, Aggrenox.</p> <p>An interview was conducted with the POA on 5/11/17 by telephone at approximately 9:15 a.m. The POA stated no one from the facility had</p>	F 157			

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F 157	<p>Continued From page 4</p> <p>informed her that Resident #115 was not taking the medication Aggrenox. The POA further stated she thought after the conversation with the Unit Manager approximately 2 weeks ago she was under the impression the issues with the medications were resolved. Neither had the facility staff informed the POA that the supplement Pure Aloe Force was not administered as ordered because it was not available for administration.</p> <p>An interview was also conducted with the Nurse Practitioner (NP) on 5/11/17 at approximately 10:00 a.m.. The NP stated that she was in the building daily but would not state if she or the physician had been informed that the resident was not accepting the medication Aggrenox as prescribed. The NP stated residents refuse medications for many reason and she did not feel it was a concern. The NP further stated it was "the nurse's judgment, there is no set protocol, no set number of doses missed or policy when to notify the physician or her of medication refusals".</p> <p>The NP also stated the dietary supplement was ordered solely because the daughter requested it. She did not respond when asked if she was aware the resident had not had the supplement consistently for several days but she repeated it was ordered because the daughter wanted it.</p> <p>The NP was unable to direct the surveyor to documentation indicating the facility staff had notified the practice of the inability to procure the dietary supplement or documentation the practice was notified that the resident often refuses to accept the medication, Aggrenox and what the plan was related to the refusals and inability to</p>	F 157			

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F 157	Continued From page 5 acquire the dietary supplement.  No documentation was observed in the clinical record that the physician, NP or facility staff had informed the POA or attempted to educate the resident, POA, or daughter regarding not having the dietary supplement or of the potential complications related to refusals of the medication, Aggrenox.  An interview was conducted with the Director of Nursing (DON) on 5/11/17 at approximately 11:45 a.m. The DON stated the facility staff should notify the physician and or designee and POA whenever a resident refuses medications or the facility does not have the ordered product.  The facility's undated policy titled "Notification of Physician Required" read; The physician must be notified of any of the following or any other need for physician's intervention or awareness. 1. Change in resident's condition. 2. Any type of incident, accident, abuse or neglect. 3. Room changes. 4. Refusal of two or more doses of medication. 5. Pressure sore development. 6. Medication errors. 7. Results of all diagnostic services, including laboratory, x-ray, etc.  The above information was shared with the Administrator, Director of Nursing, Registered Dietitians and Corporate Consultant on 5/11/17 at approximately 1:15 p.m. No additional information was provided prior to the survey team's exit.	F 157			
F 250	483.40(d) PROVISION OF MEDICALLY	F 250		5/12/17	

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F 250 SS=E	<p>Continued From page 6</p> <p><b>RELATED SOCIAL SERVICE</b></p> <p>(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: The facility failed to provide medically related social services for 1 out of 15 residents as evidenced by the facility choosing not to follow the wishes of the legal power of attorney (POA) but following the wishes of the non-POA for her mother's diet.</p> <p>The findings included:</p> <p>Resident #115 was originally admitted to the facility 3/14/07 and readmitted 4/27/16 after an acute hospital stay. The current diagnoses included; dementia, legal blindness, diabetes, stroke with right hemiparesis, cardiovascular disease, osteoporosis, hypertension, glaucoma and macular degeneration. The clinical record also contained a document dated 1/16/17 and signed by a physician stated; "given level of patient's impairment, in my opinion, she lacks capacity to manage her own medical and financial matters". Based on the preceding information the Durable Power of Attorney (POA), appointed 9/12/07 was initiated.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/31/17 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 9 out of a possible 15. This</p>	F 250	<p>1.Social Services has invited Resident #115 and her POA to attend a care plan meeting on 5/23/2017; the purpose of the care plan meeting is to review and coordinate medically related social services.</p> <p>2.Any resident is at risk if facility staff fails to follow the wishes of the legal power of attorney in accordance with the resident's wishes. Current resident's medical record will be audited for assignment of primary POA and appropriate listing in the record for the purpose of plan of care changes and notification. The IDT will be re-educated to relay information when appropriate as changes of condition occur and with care conferences to the primary POA to establish a plan of care that is in accordance with the residents wishes.</p> <p>3.Administrator or designee will audit the EMR for documentation discussion with the primary POA of changes in condition and care conferences weekly x4 weeks and monthly x6 months. Results will be reported to the QAPI Committee and variances addressed.</p>		

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F 250	<p>Continued From page 7</p> <p>indicated Resident #115's cognitive abilities for daily decision making were moderately impaired.</p> <p>The 3/31/17 MDS assessment was also coded that the resident had no mood or behavior problems, required supervision after set-up with eating and supervision with one person assistance with off unit locomotion. The 3/31/17 MDS assessment further revealed the resident required extensive assistance of 1 person with bed mobility, transfers, locomotion on the unit, dressing, toilet use, and personal hygiene. The 3/31/17 MDS assessment then revealed the resident required total care with bathing.</p> <p>Review of the current and active care plan dated 4/11/12 included a nutrition problem which read "Altered nutritional needs related to diagnosis of CVA (stroke), diabetes, hypertension, urinary tract infection, history of disordered eating as related to only eating a few foods, history of significant weight loss, patient will not eat if blood sugars are elevated. Family refuses Boost supplement, Lactose free, patient eats using hands per preference, improvement in hemoglobin A1C (a test which shows the average level of glucose in your blood for the past 3 months), vegan diet, limited food acceptance, significant weight loss, daughter wants patient to drink 3 cups water prior to meals, daughter refuses insulin coverage at times".</p> <p>The goals read; (name of resident) will not have significant weight loss through review date 6/3/17 and (name of resident) will have no negative outcomes due to blood sugar fluctuations through 6/3/17.</p>	F 250			



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F 250	<p>Continued From page 8</p> <p>The interventions included; diet as ordered. Encourage healthy food choices and food acceptance. Encourage by mouth and fluid intake. High calorie supplements as ordered. Honor food requests. Large portions at meals. Monitor intake. Monitor lab values. Monitor weight. Speech Language Pathologist interventions, as needed. Snacks per nutrition protocol.</p> <p>An interview was conducted with the POA by telephone on 5/11/17 at approximately 9:15 a.m. The POA stated the facility staff complies with her sister's suggestions when she has made her wishes known.</p> <p>The POA provided a letter dated 10/25/16, signed by the NP which stated the facility's staff had concerns with the "restrictive diet" requested by the non-POA daughter and the POA hesitation to proceed with the restrictive vegan diet. The final paragraph of the letter dated 10/25/16 read; "(name of resident) has had consistent weight loss since May 2016. As of September 2016, (name of non-POA) has been requesting that the staff provide her mother with three full glasses of water prior to meals, in order to decrease her appetite, (name of facility, staff), is in agreement, as well as (name of the resident) doctor and NP, (name of NP), that medically, this is not in the (name of the resident) best interest. In October 2016, (name of resident) and POA met with the UM and RD #1 to discuss the consistent weight loss and about the concerns her diet was not providing adequate nutrition. The POA voiced her concerns but the resident stated she wished to continue with the limited diet providing inadequate</p>	F 250			

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F 250	<p>Continued From page 9</p> <p>nutrition. The facility staff made the resident aware of the potential consequences of the restrictive diet.</p> <p>Review of Resident #115 individual diet card revealed the following information; "can have zucchini, broccoli or cauliflower, no corn, no squash, no bread, 1 Lactaid, 1 iced water, orange wedges only. May have Beyond Meat meat substitutes, no meat, pasta or rice, Please provide sweet potato or potato cut up. Likes lentils or Quinoa. Standing orders: 3 x 8 fluid ounces of water".</p> <p>Observation of Resident #115's meal plate on 5/10/17 at approximately 12:30 p.m. revealed a sweet potato and broccoli. On the side was a dessert cup of orange slices and milk. The daughter was seated beside Resident #115 with a sealed container of greenish liquid and a jar of greenish liquid from which the daughter drank.</p> <p>An interview was conducted with Registered Dietitian (RD) #1 on 5/10/17 at approximately 1:10 p.m. RD #1 stated there was only one vegan resident in the facility and that was Resident #115. RD #1 stated Resident #115's protein for the lunch meal on 5/10/17 was supplied by the daughter. It was a lentil soup with sausage. The Administrator stated during this interview; "should we serve her the meat, just for it to be thrown away?"</p>	F 250			

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F 250	<p>Continued From page 10</p> <p>The facility documented again on 1/27/17 at 4:29 p.m., that the POA "stated she would like for her mom to receive meat and other items to ensure adequate nutrition is delivered at meal times. The non-POA daughter was made aware of the POA's decision regarding Resident #115's diet by the facility staff on 1/27/17. The facility's documentation stated the non-POA daughter became "irate about the decision and made clear that she does not agree with the decision and would like her mom to continue to follow a vegan diet". The facility staff telephoned and informed the POA of her sister's statement and expressed their desire to start the new diet on Monday instead of over the weekend to help prevent excess burden on the staff" over the weekend.</p> <p>The above information was shared with the Administrator, Director of Nursing, Registered Dietitians and Corporate Consultant on 5/11/17 at approximately 1:15 p.m.</p>	F 250			