

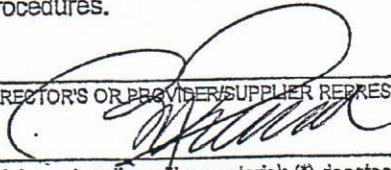
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/23/2018
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NAME OF PROVIDER OR SUPPLIER CONCORDIA TRANSITIONAL CARE REHAB-NANSEMOND POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST CONSTANCE ROAD SUFFOLK, VA 23434
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F-000	INITIAL COMMENTS	F 000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	06/29/2018
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p>	F 609	<p>F609</p> <ol style="list-style-type: none"> 1. Upon notification on 05/21/2018 by the state surveyor of resident #1 spouse's allegation of abuse, the Director of Nursing initiated and submitted FRI to the appropriate state agencies. 2. All residents have the potential to be affected by the sited deficiency. 3. Staff Development Coordinator & Director of Nursing completed in-service by 05/25/2018 for all staff on Abuse reporting. District Director of Operations in-serviced the Executive Director and Director of Nursing on reporting all allegations of abuse to state agency within required timeframe. 4. Executive Director/Director of Nursing will perform an audit on all facility reported incidents to ensure allegation of abuse are reported to the state agency within the required timeframe to maintain compliance. Staff Development Coordinator will educate all new employee during orientation on abuse/reporting to maintain compliance. 	06/29/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator DATE 06/13/2018

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 609	<p>Continued From page 1</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on a complaint investigation, medical record review, staff interviews, and facility document review the facility staff failed to report an allegation of abuse to the appropriate State Agencies no later than 2 hours after an allegation was made for 1 of 2 residents in the survey sample, Resident #1.</p> <p>The facility staff failed to report an allegation of abuse to the appropriate State Agencies no later than 2 hours after an allegation of abuse was reported to the facility staff by Resident #1's Spouse on March 26, 2018.</p> <p>The findings included:</p> <p>Resident #1 was a 52 year old admitted to the facility initially on 11/25/15 and re-admitted on 11/15/17 with diagnoses to include (1.) Epilepsy, (2.) Anoxic Brain Damage and (3.) Aphasia.</p> <p>The most recent Minimum Data Set (MDS) was a Quarterly with an Assessment Reference Date (ARD) of 4/26/18. The Brief Interview for Mental Status (BIMS) for Resident #1 was coded as a zero indicating the resident is rarely/never understood. Resident #1 was also coded as having short and long term memory recall and severely impaired cognition for daily decision making.</p>	F 609	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>5. All abuse investigation audit will be reviewed and discussed during the facility interdisciplinary team monthly Performance Improvement meeting which consist of the Executive Director, Medical Director, Director of Nursing, Staff Development, Social Services Director, Dietitian, Certified Nursing Assistant & Pharmacy to maintain compliance.</p>	06/29/2018

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F 609	<p>Continued From page 2</p> <p>On 5/21/18 at approximately 4:10 P.M. an interview was conducted with Resident #1's spouse in her room regarding a complaint he had submitted to the Office of Licensure and Certification about medication unavailability for his wife. After him and I had completed our conversation about his complaint he stated, "I'm very upset about something else, I need to talk to you about my wife being abused and they (the facility) hasn't done anything about it." Resident #1's spouse proceeded to tell me about a video he obtained of his wife in the facility on 3/24/18 to show the neurologist at her next appointment. Resident #1's spouse stated. "I left the video running and I stepped out to get something to eat and when I got back it was late and I went home. The next day (3/25/18) late in the afternoon I reviewed the video. In the video I saw (Name) CNA(Certified Nursing Assistant) #1 come into my wife's room and forcefully pushing her upper body by her head and neck from the left side of the bed to the center of the bed. I was so angry it was after midnight and I left home and came back to the nursing home and stayed the rest of the night with her. When the day shift nurses came in on 3/26/18 I asked (Name) LPN (Licensed Practical Nurse) #1 to come to my wife's room and I told her that I think my wife's been abused and I was scared for her safety and I showed her the video. I also said this looks like abuse to me. (Name) LPN #1 got emotional and stated she was going to report it to the Unit Manager RN (Registered Nurse)#1. (Name) Unit Manager RN #1 came into my wife's room and I showed her the video and she stated "Ugh, yeah that's not good". I said I think your CNA was abusive to my wife. She said she was going to talk to (Name) (DON-Director of Nursing).</p>	F 609	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
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F 609	Continued From page 3 (Name) DON never called me. A few days past and on Thursday that same week around 10 in the morning I got a call at work from (Name) the Administrator. He was asking me about how my day was going and if I was ok. I asked him what was wrong with my wife because we weren't friends like that for him to just be calling me and you usually don't call me for no reason. I told him I would be out there in a few minutes. When I got to the facility and saw my wife was ok I went to (Name) Administrator's office. I asked him "Do you want to talk to me about your CNA abusing my wife?" He said (Name) DON told him she (CNA #1) gently pushed her head to the side. I told him, no that's not what happened and asked him if he had talked to the Unit Manager (RN #1). Then he asked to see the video. The next day on 3/30/18 I showed him the video and he said. "Ugh, that's not good, that's not how we do things around here. I have to go investigate this and I will get back to you." I went back the following week to see (Name) Administrator and told him I hadn't heard anything back from them. I told him, "I can't tell you what to do I see your CNA is still here but has justice been done." He said, "I don't see anything malicious it was unintentional." I said, "From my point of view my wife was abused." (Name) Administrator said, "I don't think it was intentional I know Mrs. (Name)" CNA #1. I said, "It was intentional to me she knew how to do the right thing. She was trained on how to reposition resident's right aren't" CNA's trained on how to reposition?" He said, "Yes they are, I used to be a CNA myself." I went back again the following week and he (Administrator) told me, "I'm trying to figure out what to do, I reprimanded her and if I catch her doing anything again in the next 90 days action will be taken." I said, "I disagree with your action, abuse has already	F 609	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		

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F 609	Continued From page 4 occurred." On 5/21/18 at approximately 4:45 P.M. the Administrator and DON were asked if there were any Facility Reported Incidents for Resident #1 this year regarding any allegation of abuse. Both the Administrator and DON stated, "No." I then asked if there was any facility documents regarding an investigation of an allegation of abuse for Resident #1. The DON replied she had done an investigation and I asked to see the facility documents from the investigation. At approximately 5:15 P.M. I knocked on the DON's office door which was immediately opened by the case manager and I entered the office. The Corporate Nurse Consultant was sitting behind the DON's desk on her cell phone and the DON was standing behind the desk as well. I asked the DON if she had her investigation documents and she stated, "I'm working on them right now." I noted the DON to be writing on a white piece of paper and I asked her to please just provide me with what she had previously done and not to write anything new today. The DON proceeded to pick up 2 sheets of paper one was a written statement that had been obtained from CNA #1 and the other was a piece of paper where the DON had begun to re-write the CNA statement with words marked and scratched through. The DON stated, "I'm just re-writing it so you can read it." I asked to see the original statement to see if I could read it and the DON and myself stood side by side each other and I read the document without any issues. The DON then said let me make you a copy and her and I went straight across to the nurse's station where she made the copies. Three facility documents were reviewed and are	F 609	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		

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F 609	<p>Continued From page 5 documented in part, as follows:</p> <p>Document #1: Written statement of CNA #1 documented by DON dated 3/15/18;</p> <p>On 3/13/18 CNA (Name) CNA #1 reported she went into resident (Name) Resident #1's room to reposition her. (Name) CNA #1 also stated resident was not assigned to her but she was passing by and noticed resident head wasn't placed properly. She stated she proceeded to reposition resident and left the room.</p> <p>Document #2: Attendance Roster dated 3/15/18;</p> <p>Program Title: Turning and Repositioning Training/Facilitator Name (Print): Staff Development Coordinator's Name is typed in. Signature Line: Blank. Employee Name: CNA #1's name is printed. Signature Line: CNA #1's signature is present.</p> <p>Document #3: Complaints/Grievance Follow-up Date: 3/15/18 Patient Name: Name (Resident #1) Name of person Reporting: (Name) Resident's Spouse Issue: (Name) Resident #1's spouse presented Executive Director video of caregiver repositioning his wife, (Name) Resident #1. Signature of Person taking the report: Administrator's Signature Date: 3/15/18</p> <p>Department Assigned: Nursing What Occurred: Resident spouse said caregiver was repositioning wife wrongly. When and where did the event occur?: Resident room</p>	F 609	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		

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F 609	<p>Continued From page 6</p> <p>List of persons who saw or have knowledge of the event: (Name) CNA #1. Summary of their interview: On 5/13/18, stated that she went into resident room to reposition resident. (Name) CNA #1 also stated that resident (Name) Resident #1 was not her patient, that she was passing by and noticed head not in proper position. Responsible Department Head Signature: Administrator Signature Date: 3/15/18</p> <p>For Completion by the Executive Director/Designee: Is this an allegation of abuse?: No, if no skip to resolution (Name) CNA #1 was inserviced on proper technique to reposition residents. Executive Director called resident spouse and apologized. Executive Director Signature: Administrator Signature Date: 3/15/18</p> <p>Immediately after reviewing these documents on 5/21/18 at approximately 5:30 P.M. an interview was conducted with CNA #1. CNA #1 was asked to review the CNA statement and the Attendance Roster dated 3/15/18. After CNA #1 reviewed the two documents she was asked by the surveyor when was she asked by the DON to give a statement regarding Resident #1. CNA #1 stated, "She (DON) asked me to do a statement today." The surveyor asked if she was asked to do a statement when the incident occurred. CNA #1 stated, "No, but she said that I may need to do one at a later time." CNA #1 was also asked if the signature on the Attendance Roster was hers and if so what date did she sign it. CNA #1 stated, "Yes that's my signature and you know I</p>	F 609	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
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F 609	<p>Continued From page 7</p> <p>don't lie, I signed it today." The surveyor then asked if the dates of 3/15/18 were the correct date of when the incident with Resident #1 occurred. CNA #1 stated, "No, we (the DON and I) were trying to figure out what date it happened earlier and I think it was the following week not that week."</p> <p>On 5/21/18 at approximately 5:45 P.M. the Administrator entered the conference room alone and an interview was conducted. The Administrator was asked about Resident #1's spouse's allegations of abuse towards his wife that he stated were reported on 3/26/18 to LPN #1 and personally to him on 3/29/18 by the spouse. The Administrator stated, "When I was first made aware of the allegation by the DON I was told it was a repositioning issue then later that week I was shown the video by the resident's spouse and I told him I would have to investigate it but I knew it wasn't intentionally done." The Administrator then stated to the surveyor, "You know (Name) CNA #1 we have had her husband here twice and she has worked here a long time if it had been any other CNA in that video I would say it was malicious but not with it being (Name) CNA #1." The Administrator was made aware of Resident #1's spouse's concern about him calling him at work on 3/29/18 because as stated by the spouse, he never calls and was just making small talk asking if the spouse was ok.</p> <p>On 5/21/18 at approximately 6:20 P.M. the Corporate Nurse Consultant entered the conference room and stated, "I hear there are some concerns with (Name) Resident #1." During the conversation the Corporate Nurse Consultant was made aware of my interview with CNA #1 and the facility Attendance Roster dated</p>	F 609	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		

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F 609	<p>Continued From page 8</p> <p>3/15/18 which was actually signed by CNA #1 today after she was asked to do so by the DON. The Corporate Nurse Consultant was also made aware that CNA #1 stated she was asked for a statement today as well regarding the allegation of abuse reported by Resident #1's spouse on 3/26/18. The Corporate Nurse Consultant was asked what were her thoughts regarding the above shared information. The Corporate Nurse Consultant stated, "Is this off the record because I don't want to be quoted in a 2567, as a DON if I would ask a staff member to sign something I would ensure the date they were signing was the actual date on the document and then add a note if the training has been completed on another day."</p> <p>On 5/21/18 at 6:55 P.M. the Administrator and DON entered the conference room with myself and the Corporate Nurse Consultant and the allegation of abuse findings for Resident #1 were reviewed and the fact that they was no FRI that had been submitted to the State Agency within the required timeframe of reporting. The DON jumped up and shouted, "I'm gonna do a FRI for the allegation of abuse as of May 21st at 6:15 P.M. The surveyor stated, "I can't tell you what to or not to do but if you do send a FRI please bring me a copy of it in the morning because I'm leaving now."</p> <p>On 5/22/18 at 10:20 A.M. a phone interview was conducted with LPN #1. LPN #1 was asked if she was aware of any allegations of abuse regarding Resident #1. LPN #1 stated, "Yes, I was off March the 24th and 25th so it was on the 26th he (Resident #1's spouse) came to me that morning between 7 and 8 o'clock and said I think my wife was abused. He showed me a</p>	F 609	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
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F 609	<p>Continued From page 9</p> <p>video he had, he was very serious and said look at the way she (Resident #1) was treated and said he felt she was unsafe. I cried after I saw the video it hurt me to see that. I walked out and immediately went to (Name) Unit Manager RN #1 and told her you need to go see what (Name) CNA #1 did to (Name) Resident #1. I told her (Name) Resident #1's spouse had a video and she went to the room. She said she was going to tell (Name) DON. Later that day we were talking and I told her how upset I was over the video he (Resident #1's spouse) showed me and she (Unit Manager RN #1) said oh you saw the video, I said yes I did. I said did you see what (Name) CNA #1 did and she (Unit Manager RN #1) said this is insane how could she do that. I said I don't know, it don't make no sense that could be my mom."</p> <p>On 5/22/18 at 10:45 A.M. the Corporate Nurse Consultant provided the surveyor with a Facility Reported Incident and a revised Attendance Roster which was reviewed and documented in part, as follows:</p> <p>FRI: Report date: 5/21/2018 Incident date: 3/15/2018 Resident involved: (Name) Resident #1 Incident type: Allegation of abuse/mistreat</p> <p>Describe incident, including location, and action taken: On 3/15/18, resident's spouse alleged that resident head and neck were improperly repositioned. On 5/21/18, it was brought to the attention of the Director of Nursing by the surveyor that resident spouse stated that he was afraid of his wife's safety.</p>	F 609	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	

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F 609	<p>Continued From page 10</p> <p>Name of employee(s) involved and their positions: Name (CNA #1)</p> <p>Employee action initiated or take: Staff In-service, head to toe assessment.</p> <p>Attendance Roster: Date: 5/21/18 Program Title: Turning and Repositioning Training/Facilitator Name (Print): Staff Development Coordinator's Name printed. Signature Line: Staff Development Coordinator's Signature. Employee Name: CNA #1's name is printed. Signature Line: CNA #1's signature is present.</p> <p>The following note was attached to the Attendance Roster: On 3/15/18, CNA (Name) CNA #1 was educated on proper turning and repositioning of a resident. If resident needs a draw sheet or assistance, ensure staff person request. This education occurred in the Director of Nursing Office. This was a one to one education. Signed by CNA #1.</p> <p>On 5/22/18 at 11:40 A.M. an interview was conducted with Unit Manager RN #1. Unit Manager RN #1 was asked if she was aware of any allegations of abuse with Resident #1. Unit Manager RN #1 stated, "I went into the residents room around 1 or 2 P.M. on 3/26/18 and the he (Resident #1's spouse) showed me a video. After I saw the video I reported it to (Name) DON. The surveyor asked if LPN #1 reported the allegation of abuse to her earlier that morning. Unit Manager RN #1 stated, "I can't remember, I don't</p>	F 609	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	

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F 609

Continued From page 11
think so."
On 5/22/18 at approximately 2:45 P.M. the Director of Nursing entered the conference room with the surveyor and stated, "This is bad isn't it. I know it's bad, is it harm?" The surveyor replied to the DON that the facility failed to report an allegation of abuse on 3/26/18 for Resident #1 to the State Agency within 2 hours as required.

The facility policy titled "Detecting Abuse, Neglect, Misappropriation and Injuries of Unknown Origin" revised 11/28/17 was reviewed and is documented in part, as follows:

POLICY:
Concordia Care facilities have processes in place to assist in prohibiting, preventing, detecting and investigating allegations of abuse, neglect, exploitation, misappropriation and injuries of unknown origin.

PROCEDURE:
1. Review reports of grievances, complaints, and allegations of abuse, neglect, exploitation, injuries of unknown injury, and misappropriation for patterns or isolated incidents of unexplained functional regression, or other evidence of physical, verbal, sexual or psychological abuse or punishment posing a serious and immediate threat to individuals.

2. Immediately notify the Executive Director, Director of Nursing Services and Social Services.

Report/Response:

1. The center staff reports any alleged violations involving mistreatment, neglect, abuse, including injuries of unknown source and misappropriation

F.609

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F 609	Continued From page 12 of resident property, immediately to: a. A senior clinician, or operational leader at the facility, or b. District Leaders, or c. National leaders at the Corporate level, and d. Other officials in accordance with State Regulations through established procedures (Including to the State survey and certification agency, Adult Protective Services and local law enforcement). 2. Within the designated time frame by e-mail, fax, or telephone, report a suspicion of a crime to the state survey agency and at least one local law enforcement entity. On 5/23/18 at 11:22 A.M. pre-exit de-briefing was held with the Administrator, the DON, the Assistant Director of Nursing and the Corporate Nurse Consultant were the above findings were shared. Prior to exit no further information was provided. (1.) Epilepsy: a group of neurologic disorders characterized by recurrent episodes of convulsive seizures, sensory disturbances, abnormal behavior, loss of consciousness, or all of these. (2.) Anoxic Brain Damage: Brain tissue death due to lack of oxygen. (3.) Aphasia: an abnormal neurologic condition in which language function is disordered or absent because of an injury to certain areas of the cerebral cortex. The above definitions were derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition.	F 609	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
F 755	Pharmacy Srvcs/Procedures/Pharmacist/Records	F 755			

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F 755 SS=D	<p>Continued From page 13 CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on a complaint investigation, medical record review, staff interviews, and facility document review the facility staff failed ensure medications were available for 1 of 2 residents in</p>	F 755	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F755</p> <ol style="list-style-type: none"> 1. Resident #1 medications were audited and no further occurrences were identified. There was no negative outcome to resident #1 identified. 2. All residents have the potential to be affected by the sited deficiency. 100% Medication availability audit was conducted on all residents residing in the facility and no further occurrences were identified. 3. Staff Development Coordinator and Director of Nursing completed in-service by 05/25/2018 for all Licensed staffs on medication availability/re-ordering medications. Licensed Nurses were in-serviced to notify MD of medications when not available 4. Unit managers/designee will randomly audit 5 residents per week for missing medication(s). Medication audit will be conducted weekly X 4 weeks, then Bi-weekly X 1 month and monthly X 3 months to ensure compliance. 	06/29/2018
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F 755	<p>Continued From page 14 the survey sample, Resident #1.</p> <p>The facility staff failed to ensure that Resident #1's medication Hydralazine was available on 4/24/18 and Vimpat was available on 5/8/18 to be administered..</p> <p>The findings included:</p> <p>Resident #1 was a 52 year old admitted to the facility initially on 11/25/15 and re-admitted on 11/15/17 with diagnoses to include (1.) Epilepsy, (2.) Anoxic Brain Damage and (3.) Hypertension.</p> <p>The most recent Minimum Data Set (MDS) was a Quarterly with an Assessment Reference Date (ARD) of 4/26/18. The Brief Interview for Mental Status (BIMS) for Resident #1 was coded as a zero indicating the resident is rarely/never understood. Resident #1 was also coded as having short and long term memory recall and severely impaired cognition for daily decision making.</p> <p>Resident #1's Comprehensive Care Plan last revised 3/8/18 was reviewed and is documented in part as follows:</p> <p>Focus: Potential for injury related to Seizure Disorder Date Initiated: 11/17/17 Revision on: 11/17/17</p> <p>Interventions/Tasks: Give seizure medication as ordered by doctor. Monitor/document side effects and effectiveness. Date Initiated: 11/17/17</p> <p>Focus: Altered Cardiac Output related to history</p>	F 755	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>5. Medication audits will be reviewed and discussed during the facility interdisciplinary team monthly Performance Improvement meeting which consist of the Executive Director, Medical Director, Director of Nursing, Staff Development, Social Services Director, Dietitian, Certified Nursing Assistant & Pharmacy to maintain compliance.</p>	06/29/2018	

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F 755	<p>Continued From page 15 of Myocardial Infarction, Congestive Heart Failure, Hypertension and anemia. Date Initiated: 11/17/17 Revision on: 11/17/17</p> <p>Interventions/Tasks: Administer medications as ordered. See medication record. Monitor effectiveness and for side effects. Date Initiated: 11/17/17</p> <p>Resident #1's May 2018 Physician Orders signed 5/3/18 were reviewed and are documented in part, as follows:</p> <p>Order Summary:</p> <p>Hydralazine HCL (Hydrochloride) Tablet 50 mg (milligrams) Give 1 tablet via PEG-Tube (feeding tube) every 8 hours for HTN (Hypertension). Order Date: 11/15/17, Start Date: 11/16/17.</p> <p>Vimpat Solution 10 mg/ml (milligrams per milliliter) Give 22 ml via PEG-Tube two times a day related to ANOXIC BRAIN DAMAGE. Order Date: 12/16/17, Start Date: 12/16/17.</p> <p>Resident #1's Progress Notes were reviewed and are documented in part, as follows:</p> <p>Effective Date: 4/23/2018 at 13:52 (1:52 P.M.) Type: eMAR (electronic medication administration record)-Medication Administration Note HydrALAZINE HCL Tablet 50 MG Give 1 tablet via PEG-Tube every 8 hours for HTN Pharmacy to send Author: Name (RN #1)</p>	F 755	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	

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F 755	<p>Continued From page 16</p> <p>Effective Date: 4/24/2018 at 22:43 (10:43 P.M.) Type: eMAR (electronic medication administration record)-Medication Administration Note HydrALAZINE HCL Tablet 50 MG Give 1 tablet via PEG-Tube every 8 hours for HTN medication not on hand per pharmacy Author: Name (LPN #2)</p> <p>Effective Date: 5/8/2018 at 23:21 (11:21 P.M.) Type: eMAR (electronic medication administration record)-Medication Administration Note Vimpat Solution 10 MG/ML Give 22 ml via PEG-Tube two times a day related to ANOXIC BRAIN DAMAGE Medication not on hand per pharmacy Author: Name (LPN #2)</p> <p>A facility Complaints/Grievances Follow-up form for Resident #1 was reviewed and is documented in part, as follows:</p> <p>Date: 5/9/2018 Name of Person Reporting: Spouse Issue: Name (Resident #1 Spouse) stated that his wife's medicine/medication not available. Signature of Person Taking the Report: Name (Administrator) Date: 5/9/2018 Department Assigned: Nursing</p> <p>1. What occurred? Resident spouse stated resident medication not available. 2. When and where did the event occur? On 5/8/18 it was reported resident (Resident #1) was missing medications. 3. List of persons who saw or have knowledge of the event: Name (LPN #2) Charge Nurse Summary of their interview: Charge nurse stated</p>	F 755	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	

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F 755	<p>Continued From page 17</p> <p>resident medication on 5/8/18 ran out. She also stated she called pharmacy for follow-up medication. Medication delivered 5/8/18 at 2:33 A.M. Pharmacy received hard script for medication 5/8/18 at 3:03 P.M. Resolution Date: 5/9 Resolution and/or additional corrective actions taken: Executive director and Director of Nursing met with resident spouse regarding incident and was informed of pharmacy not delivering medication on time. He was also informed medication arrived at facility at 2:33 A.M. Name (Resident #1's Spouse) was also informed that MD (Medical Doctor) was made aware and stated to monitor resident.</p> <p>On 5/21/18 at approximately 4:10 P.M. an interview was conducted with Resident #1's Spouse in her room regarding a complaint he had submitted to the Office of Licensure and Certification about medication unavailability for his wife. Resident #1's Spouse stated, "She is missing medications all the time and they are not telling me. I have went to Name and Name (Administrator and Director of Nursing) and they keep telling me it's the pharmacy's fault, that she was discharged out of their system. I called the pharmacy and they said she is in the system and has never been discharged. I'm tired of hearing it's the pharmacy's fault. They run out of her seizure medications and her blood pressure medicine all the time."</p> <p>On 5/21/18 at approximately 4:35 P.M. an interview was conducted with LPN #2 regarding Resident #1's medication Vimpat. LPN #2 was asked if she had ever ran out of Resident #1's Vimpat medication. LPN #2 stated, "Yes, on May 2nd I noticed it was getting low so I made a note</p>	F 755	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
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F 755	<p>Continued From page 18</p> <p>to order it but I got busy that night and forgot to send it through. Then I noticed on the 4th (May 2018) what we had was getting low so I told the Unit Manager (RN #1) it was getting low. She called the pharmacy and made them aware. Her (Unit Manager RN #1) and I were off the weekend so I passed it on to the 11-7 nurse that there was enough in the bottle to get through the weekend. I came back on 5/7/18 and she only had enough for 3-11 to give one more dose, so I called the pharmacy and they said they needed a prescription and I told Name (Unit Manager RN #1), told Name (Director of Nursing) and asked 7-3 nurse about it who said she had been on the phone with the pharmacy. At 9:00 P.M. I called the pharmacy because it (the medicine) was not here it didn't come in with the medications that night and they (the pharmacy) said they still had no prescription so I called the doctor and he said he faxed it over. I came back to work on the 8th (May 2018) and I had none, no vimpat to give her. I called the pharmacy again and they still didn't have the prescription and when I came back on the 9th it was here."</p> <p>On 5/22/18 at 11:40 A.M. an interview was conducted with Unit Manager RN #1 regarding her EMar progress note dated 4/23/18 about Resident #1's Hydralazine. Unit Manager RN #1 was shown the printed MAR (medication administration record) with nurses' signatures for 4/23/18 for the medication Hydralazine and was asked if she was administering medications that day to Resident #1. Unit Manager RN #1 stated, "No, I wasn't. I was letting the pharmacy know we needed it." The surveyor asked, "Did someone tell you the medication was out?" Unit Manager RN #1 stated, "I don't remember, we may have been running low."</p>	F 755	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
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NAME OF PROVIDER OR SUPPLIER CONCORDIA TRANSITIONAL CARE REHAB-NANSEMOND POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST CONSTANCE ROAD SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 755	<p>Continued From page 19</p> <p>On 5/22/18 at approximately 2:15 P.M. the Director of Nursing was asked who was the nurse that administered medications to Resident #1 on 4/23/18 on the 7-3 shift based on the MAR nurse's signature initials. The Director of Nursing stated, "Name (Unit Manager RN #1) was the nurse that administered medications on April 23 rd." The As Worked Schedule for Monday April 23, 2018 was reviewed and it was noted that Unit Manager RN #1 was the medication nurse that day for Resident #1.</p> <p>The facility policy titled "Medication Management" revised 11/28/17 was reviewed and is documented in part, as follows:</p> <p>Policy: Concordia Care in collaboration with Contracted pharmacy vendor develops policies, procedures and clinical practice guidelines to manage medications so they are safely provided and administered to residents.</p> <p>Components: 1. Concordia Care follows Contracted pharmacy vendor's policies and procedures. Policies and procedures include but are not limited to: a. LTC (long term care) Policies and Procedures 3) Communication of new orders, reorders, changes, and discontinuation of orders.</p> <p>On 5/23/18 at 11:22 A.M. pre-exit de-briefing was held with the Administrator, the DON, the Assistant Director of Nursing and the Corporate Nurse Consultant were the above findings were shared. The Director of Nursing presented a Quality Assurance and Performance Improvement Action Plan dated 4/18/18 for Medication Availability with a completion date of</p>	F 755	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		

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

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F 755	<p>Continued From page 20</p> <p>4/18/18 however on May 8th 2018 Resident #1 did not have her Vimpat medication for administration so the Action Plan failed to resolve the targeted facility issue of medication availability.</p> <p>Prior to exit no further information was provided.</p> <p>(1.) Epilepsy: a group of neurologic disorders characterized by recurrent episodes of convulsive seizures, sensory disturbances, abnormal behavior, loss of consciousness, or all of these.</p> <p>(2.) Anoxic Brain Damage: Brain tissue death due to lack of oxygen.</p> <p>(3.) Hypertension: a common disorder that is a known cardiovascular disease risk factor, characterized by elevated blood pressure over normal values of 120/80 mm Hg (millimeter of mercury) in an adult.</p> <p>The above definitions were derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition.</p> <p>THIS IS A COMPLAINT DEFICIENCY</p>	F 755	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		