

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

PRINTED: 04/28/2017
FORM APPROVED:
OMB NO. 0938-C091

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER'S SUPERVISOR IDENTIFICATION NUMBER 495398	DATE OF DEFICIENCY 3/14/17	DATE OF SURVEY 03/15/2017
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NAME OF PROVIDER'S FACILITY

DINWIDDIE HEALTH AND REHAB CENTER

ADDRESS (STREET, CITY, STATE, ZIP CODE)

46 DIAMOND DRIVE
PETERSBURG, VA 23803

CORRECTED COPY

DATE OF DEFICIENCY 3/14/17	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ACCREDITATION INFORMATION	DATE OF DEFICIENCY 3/14/17	PROVIDER'S PLAN OF CORRECTION FACILITY NAME, DATE ACTION START, DATE COMPLETION, AND REFERENCES TO THE APPROPRIATE DEFICIENCY
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare special focus survey was conducted 3/14/17 through 3/15/17. Corrections are required for compliance with the following Federal Long Term Care requirements. The census in this 60 certified bed facility was 56 at the time of the survey. The survey sample consisted of 12 current resident reviews. Resident #1 through Resident 12.

F 278 483.20(g) (j) ASSESSMENT
SS=1 ACCURACY/COORDINATION: CERTIFIED

F 278

(g) Accuracy of Assessments: The assessment must accurately reflect the resident's status.

(h) Coordination:
A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

(i) Certification:
(1) A registered nurse must sign and certify that the assessment is completed.

(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

(j) Penalty for Falsification:
(1) Under Medicare and Medicaid, an individual who willfully and knowingly:

(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment or

1. A corrected MDS for the following residents # 7, # 9, regarding inaccurate coding of falls (failed to capture falls on MDS), #12 regarding item 13900 Hip fracture was corrected to be an active code along with coding in item J1700 fall in past month was corrected as active item. Resident # 5 corrected MDS's to reflect accurate diagnosis code of Traumatic Brain Injury.
2. All residents have the potential to be affected if facility staff fail to complete accurate MDS assessments.
3. IDT team will be educated on accuracy of MDS assessments regarding falls coding, and accurate active diagnosis coding.
4. The MDS or designee will complete a 100% audit of resident's current MDS as of center census 3/15/2017 and going forward will audit 10% of MDS's weekly x 4 weeks and then monthly x 2 to ensure falls in section "J", diagnosis codes in section "I" are accurately based upon resident documentation. Results will be reported to QA Committee and any variances addressed.

1. Completion date: 4/18/17

LABORATORY DIRECTOR OR PROVIDER SUPERVISOR REPRESENTATIVE SIGNATURE

Amy Oakley

Administrator

5/1/17

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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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495398	X2 CLIA TYPE: N/A X3 DATE SURVEY COMPLETED 03/15/2017
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NAME OF PROVIDER OR SUPPLIER DINWIDDIE HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23803
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X4-01 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	X5 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY THE APPROPRIATE DEFICIENCY	X6 PREFIX TAG
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(1) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.

(2) Clinical disagreement does not constitute a material and false statement.
This REQUIREMENT is not met as evidenced by

Based on staff interview and clinical record review it was determined that the facility staff failed to ensure complete and accurate Minimum Data Set (MDS) assessments for 4 of 12 Residents in the sample survey. Resident #7, Resident #9, Resident #12 and Resident #5.

The Findings Included

1. For Resident #7 the facility staff failed to capture a fall that occurred on 2/16/17 on a 14 Day Medicare MDS assessment with an Assessment Reference Date (ARD) of 2/20/17.

Resident #7 was a 92 year old female who was admitted on 2/7/17. Admitting diagnoses included, but were not limited to, femur fracture, chronic kidney disease, falls, congestive heart failure, anxiety and major depression.

The most current MDS located in the electronic clinical record was 14 Day Medicare MDS assessment with an ARD of 2/20/17. The facility staff coded that Resident #7 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #7 required extensive (3-3) to total nursing care (4/2) with Activities of Daily Living (ADL's). In Section J, Health Conditions, J1700 A, B, C and J1800 the facility staff did not code/capture any falls.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495398	MULTIPLE INSTRUCTION A. PREFIX _____ B. ZONE _____	DATE SURVEY COMPLETED: 03/15/2017
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NAME OF PROVIDER OR SUPPLIER DINWIDDIE HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23805
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STATE 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)	DATE PREFIX TAG
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On March 15, 2017 at 8:35 a.m. the surveyor reviewed Resident #7's electronic clinical record. Review of the electronic clinical record produced nursing "Progress Notes." The facility staff documented on 2/16/17 at 1700 (5 p.m.) the following: "Resident states while in PT (physical therapy) during ambulation she fell to the floor unable to state if she hit the floor, but stated there was a PT/OT person with her, catching her under each arm as fell, spoke to resident sister, she states resident knees did not touch the floor, but PT department had difficult time putting resident back in chair, resident denies any new pain or discomfort, no noted new bruising to body, received scheduled pain medication as ordered, daughter in room, NP (nurse practitioner) (name of NP withheld) aware of incident, new order X-ray to right hip, RP (responsible party) aware" (sic).

On March 15, 2017 at 9:10 a.m. the surveyor spoke with the traveling MDS Nurse, who was a Registered Nurse (RN). The surveyor notified the traveling MDS Nurse that Resident #7's 14 Day Medicare MDS with the ARD of 2/20/17 was incorrect. The surveyor reviewed the 14 Day Medicare MDS assessment with the traveling MDS Nurse. The surveyor specifically pointed out that Section J, Health Conditions did not code/capture any falls. The surveyor then reviewed the nursing progress notes and specifically pointed out the fall with the therapy department on 2/16/17. The traveling MDS Nurse stated she would do a modification to the MDS.

On March 15, 2017 at 2:50 p.m. the survey team met with the Administrator (Adm), traveling MDS Nurse and the Corporate MDS Nurse. The

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NAME OF PROVIDER OR SUPPLIER DINWIDDIE HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23805
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EXAMINER PREFIX TITLE	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION.	EXAMINER PREFIX TITLE	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY.	EXAMINER PREFIX TITLE
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surveyor notified the Administrative Team (AT) that Resident #7's 14 Day Medicare MDS was not accurate. The surveyor notified the AT that Resident #7 had a fall of 2/16/17 and that the fall was not coded/captured on the 14 Day Medicare MDS with the ARD of 2/20/17.

No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure a complete and accurate MDS for Resident #7.

2. For Resident #9 the facility staff failed to code/capture a fall that occurred on 2/18/17 on a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/24/17.

Resident #9 was an 86 year old female who was originally admitted on 10/26/16 and readmitted on 1/14/17. Admitting diagnoses included, but were not limited to: dysphagia, Alzheimer's, hypertension, pulmonary emboli, psychosis and major depression.

The most current MDS located in the electronic clinical record was a Quarterly MDS with an ARD of 2/24/17. The facility staff coded that Resident #9 had a Cognitive Summary Score of 8. The facility staff also coded that Resident #9 required extensive (3/3) to total nursing care (4/2) with Activities of Daily Living (ADL's). In Section J Health Conditions J1700 A, B, C and J1800 the facility staff did not code/capture any falls.

On March 15, 2017 at 10:15 a.m. the surveyor reviewed Resident #9's electronic clinical record. Review of the electronic clinical record produced nursing "Progress Notes." The facility staff documented on 2/18/17 at 07:44 (7:44 a.m.) the

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NAME OF PROVIDER OR SUPPLIER DINWIDDIE HEALTH AND REHAB CENTER	STREET ADDRESS CITY STATE ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23803
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(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)	DATE COMPLETE DATE
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following "Resident found sitting on her buttocks in the doorway of room wheelchair located behind her body assessment completed no noted injuries denies pain or discomfort denies hitting head, Neuro check WNL (within normal limits); resident states I was trying to get something out of the floor. message left for RP (responsible party) to call facility. VS (vital signs) 98-66-18 126/78 O2 (oxygen) sat (saturation) 97%. will cont (continue) to monitor " (sic)

On March 15 2017 at 10 30 a.m. the surveyor spoke with the Corporate MDS Nurse The surveyor notified the Corporate MDS Nurse that Resident #9's Quarterly MDS with the ARD of 2/24/17 was incorrect The surveyor reviewed the Quarterly MDS assessment with the Corporate MDS Nurse The surveyor specifically pointed out that Section J Health Conditions did not code/capture any falls The surveyor then reviewed the nursing progress notes and specifically pointed out the fall on 2/18/17 The Corporate MDS Nurse agreed that the Quarterly MDS was not accurate as the fall on 2/18/17 was not coded/captured

On March 15 2017 at 2 50 p.m. the survey team met with the Administrator (Adm) traveling MDS Nurse and the Corporate MDS Nurse The surveyor notified the Administrative Team (AT) that Resident #9's Quarterly MDS was not accurate The surveyor notified the AT that Resident #9 had a fall of 2/18/17 and that the fall was not coded/captured on the Quarterly MDS with the ARD of 2/24/17

No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure a complete and accurate MDS for

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Resident #9

3. For Resident #12 the facility staff failed to code/capture a fall and a hip fracture on a Significant Change and 5 Day Medicare Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 2/8/17 and failed to code a hip fracture on a 14 Day Medicare MDS assessment with an ARD of 2/15/17. The facility staff also inaccurately coded "other fracture" in Section I on both the Significant Change 5 Day Medicare MDS assessment with the ARD of 2/8/17 and the 14 Day Medicare with the ARD of 2/15/17.

Resident #12 was a 70 year old male who was originally admitted on 10/19/16 and readmitted on 2/1/17. Admitting diagnoses included, but were not limited to: cerebral infarct, fractured rib, cognitive communication deficit, hypertension, diabetes mellitus, atrial fibrillation, and a hip fracture.

The most current Minimum Data Set (MDS) located in the electronic clinical record was a 14 Day Medicare MDS assessment with an ARD of 2/15/17. The facility staff coded that Resident #12 had a Cognitive Summary Score of 6. The facility staff also coded that Resident #11 required extensive (3/3) to total nursing care (4/3) with Activities of Daily Living (ADL's). In Section I Active Diagnoses the facility staff coded Musculoskeletal I4000 Other fracture. The facility staff did not code I3900 Hip Fracture-any hip fracture that has a relationship to current status treatments, monitoring (e.g. sub-capital fracture and fractures of the trochanter and femoral neck). In Section J Health Conditions J1700 A, B, C and J1800 the facility staff did not code/capture any

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ALL CORRECTIONS AT. ALL CORRECTIONS AU. ALL CORRECTIONS AV. ALL CORRECTIONS AW. ALL CORRECTIONS AX. ALL CORRECTIONS AY. ALL CORRECTIONS AZ. ALL CORRECTIONS BA. ALL CORRECTIONS BB. ALL CORRECTIONS BC. ALL CORRECTIONS BD. ALL CORRECTIONS BE. ALL CORRECTIONS BF. ALL CORRECTIONS BG. ALL CORRECTIONS BH. ALL CORRECTIONS BI. ALL CORRECTIONS BJ. ALL CORRECTIONS BK. ALL CORRECTIONS BL. ALL CORRECTIONS BM. ALL CORRECTIONS BN. ALL CORRECTIONS BO. ALL CORRECTIONS BP. ALL CORRECTIONS BQ. ALL CORRECTIONS BR. ALL CORRECTIONS BS. ALL CORRECTIONS BT. ALL CORRECTIONS BU. ALL CORRECTIONS BV. ALL CORRECTIONS BW. ALL CORRECTIONS BX. ALL CORRECTIONS BY. ALL CORRECTIONS BZ. ALL CORRECTIONS CA. ALL CORRECTIONS CB. ALL CORRECTIONS CC. ALL CORRECTIONS CD. ALL CORRECTIONS CE. ALL CORRECTIONS CF. ALL CORRECTIONS CG. ALL CORRECTIONS CH. ALL CORRECTIONS CI. ALL CORRECTIONS CJ. ALL CORRECTIONS CK. ALL CORRECTIONS CL. ALL CORRECTIONS CM. ALL CORRECTIONS CN. ALL CORRECTIONS CO. ALL CORRECTIONS CP. ALL CORRECTIONS CQ. 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ALL CORRECTIONS EP. ALL CORRECTIONS EQ. ALL CORRECTIONS ER. ALL CORRECTIONS ES. ALL CORRECTIONS ET. ALL CORRECTIONS EU. ALL CORRECTIONS EV. ALL CORRECTIONS EW. ALL CORRECTIONS EX. ALL CORRECTIONS EY. ALL CORRECTIONS EZ. ALL CORRECTIONS FA. ALL CORRECTIONS FB. ALL CORRECTIONS FC. ALL CORRECTIONS FD. ALL CORRECTIONS FE. ALL CORRECTIONS FF. ALL CORRECTIONS FG. ALL CORRECTIONS FH. ALL CORRECTIONS FI. ALL CORRECTIONS FJ. ALL CORRECTIONS FK. ALL CORRECTIONS FL. ALL CORRECTIONS FM. ALL CORRECTIONS FN. ALL CORRECTIONS FO. ALL CORRECTIONS FP. ALL CORRECTIONS FQ. ALL CORRECTIONS FR. ALL CORRECTIONS FS. ALL CORRECTIONS FT. ALL CORRECTIONS FU. ALL CORRECTIONS FV. ALL CORRECTIONS FW. ALL CORRECTIONS FX. ALL CORRECTIONS FY. ALL CORRECTIONS FZ. ALL CORRECTIONS GA. ALL CORRECTIONS GB. ALL CORRECTIONS GC. ALL CORRECTIONS GD. ALL CORRECTIONS GE. ALL CORRECTIONS GF. ALL CORRECTIONS GG. ALL CORRECTIONS GH. ALL CORRECTIONS GI. ALL CORRECTIONS GJ. ALL CORRECTIONS GK. ALL CORRECTIONS GL. ALL CORRECTIONS GM. 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ALL CORRECTIONS IL. ALL CORRECTIONS IM. ALL CORRECTIONS IN. ALL CORRECTIONS IO. ALL CORRECTIONS IP. ALL CORRECTIONS IQ. ALL CORRECTIONS IR. ALL CORRECTIONS IS. ALL CORRECTIONS IT. ALL CORRECTIONS IU. ALL CORRECTIONS IV. ALL CORRECTIONS IW. ALL CORRECTIONS IX. ALL CORRECTIONS IY. ALL CORRECTIONS IZ. ALL CORRECTIONS JA. ALL CORRECTIONS JB. ALL CORRECTIONS JC. ALL CORRECTIONS JD. ALL CORRECTIONS JE. ALL CORRECTIONS JF. ALL CORRECTIONS JG. ALL CORRECTIONS JH. ALL CORRECTIONS JI. ALL CORRECTIONS JJ. ALL CORRECTIONS JK. ALL CORRECTIONS JL. ALL CORRECTIONS JM. ALL CORRECTIONS JN. ALL CORRECTIONS JO. ALL CORRECTIONS JP. ALL CORRECTIONS JQ. ALL CORRECTIONS JR. ALL CORRECTIONS JS. ALL CORRECTIONS JT. ALL CORRECTIONS JU. ALL CORRECTIONS JV. ALL CORRECTIONS JW. ALL CORRECTIONS JX. ALL CORRECTIONS JY. ALL CORRECTIONS JZ. ALL CORRECTIONS KA. ALL CORRECTIONS KB. ALL CORRECTIONS KC. ALL CORRECTIONS KD. ALL CORRECTIONS KE. ALL CORRECTIONS KF. ALL CORRECTIONS KG. ALL CORRECTIONS KH. ALL CORRECTIONS KI. ALL CORRECTIONS KJ. ALL CORRECTIONS KK. ALL CORRECTIONS KL. ALL CORRECTIONS KM. ALL CORRECTIONS KN. ALL CORRECTIONS KO. ALL CORRECTIONS KP. ALL CORRECTIONS KQ. ALL CORRECTIONS KR. ALL CORRECTIONS KS. ALL CORRECTIONS KT. ALL CORRECTIONS KU. ALL CORRECTIONS KV. ALL CORRECTIONS KW. ALL CORRECTIONS KX. ALL CORRECTIONS KY. ALL CORRECTIONS KZ. ALL CORRECTIONS LA. ALL CORRECTIONS LB. ALL CORRECTIONS LC. ALL CORRECTIONS LD. ALL CORRECTIONS LE. ALL CORRECTIONS LF. ALL CORRECTIONS LG. ALL CORRECTIONS LH. ALL CORRECTIONS LI. ALL CORRECTIONS LJ. ALL CORRECTIONS LK. ALL CORRECTIONS LL. ALL CORRECTIONS LM. ALL CORRECTIONS LN. ALL CORRECTIONS LO. ALL CORRECTIONS LP. ALL CORRECTIONS LQ. ALL CORRECTIONS LR. ALL CORRECTIONS LS. ALL CORRECTIONS LT. ALL CORRECTIONS LU. ALL CORRECTIONS LV. ALL CORRECTIONS LW. ALL CORRECTIONS LX. ALL CORRECTIONS LY. ALL CORRECTIONS LZ. ALL CORRECTIONS MA. ALL CORRECTIONS MB. ALL CORRECTIONS MC. ALL CORRECTIONS MD. ALL CORRECTIONS ME. ALL CORRECTIONS MF. ALL CORRECTIONS MG. 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ALL CORRECTIONS OH. ALL CORRECTIONS OI. ALL CORRECTIONS OJ. ALL CORRECTIONS OK. ALL CORRECTIONS OL. ALL CORRECTIONS OM. ALL CORRECTIONS ON. ALL CORRECTIONS OO. ALL CORRECTIONS OP. ALL CORRECTIONS OQ. ALL CORRECTIONS OR. ALL CORRECTIONS OS. ALL CORRECTIONS OT. ALL CORRECTIONS OU. ALL CORRECTIONS OV. ALL CORRECTIONS OW. ALL CORRECTIONS OX. ALL CORRECTIONS OY. ALL CORRECTIONS OZ. ALL CORRECTIONS PA. ALL CORRECTIONS PB. ALL CORRECTIONS PC. ALL CORRECTIONS PD. ALL CORRECTIONS PE. ALL CORRECTIONS PF. ALL CORRECTIONS PG. ALL CORRECTIONS PH. ALL CORRECTIONS PI. ALL CORRECTIONS PJ. ALL CORRECTIONS PK. ALL CORRECTIONS PL. ALL CORRECTIONS PM. ALL CORRECTIONS PN. ALL CORRECTIONS PO. ALL CORRECTIONS PP. ALL CORRECTIONS PQ. ALL CORRECTIONS PR. ALL CORRECTIONS PS. ALL CORRECTIONS PT. ALL CORRECTIONS PU. ALL CORRECTIONS PV. ALL CORRECTIONS PW. ALL CORRECTIONS PX. ALL CORRECTIONS PY. ALL CORRECTIONS PZ. ALL CORRECTIONS QA. ALL CORRECTIONS QB. ALL CORRECTIONS QC. ALL CORRECTIONS QD. ALL CORRECTIONS QE. 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NAME OF PROVIDER OR SUPPLIER

DINWIDDIE HEALTH AND REHAB CENTER

STREET ADDRESS CITY STATE ZIP CODE

46 DIAMOND DRIVE

PETERSBURG, VA 23805

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SUMMARY STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION

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PROVIDER'S PLAN OF CORRECTION
EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY

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falls

F 278

On March 14, 2017 at 4:10 p.m. the surveyor reviewed Resident #12's electronic clinical record. Review of the clinical record produced nursing Progress Notes dated 1/20/17 at 2:43 (9:43 p.m.). The note read: "Fall Note Data: resident observed laid on his left side in the floor of his room. Action: Resident assessed for injury, redness noted to the front of head, able to lift both legs, unable to do R.O.M. (range of motion) on the right leg, bilateral legs were equal, no twisting of knee, resident yelled out in pain during attempted movement of the leg. Call on-call and made her aware. N/O (new order) given to send to ER (emergency room) for further eval. (evaluation)." (sic)

Continued review of the clinical record produced a Hospital Discharge Summary dated 2/1/17. The document identified that Resident #12 was admitted "because of a fall and hip pain is just a left hip fracture seen by the orthopedics no surgical intervention was recommended, patient was very restless and agitated receiving Ativan." (sic)

Further review of the electronic clinical record produced a Significant Change and 5 Day Medicare MDS assessment with an ARD of 2/8/17. The facility staff coded that Resident #12 had a Cognitive Summary Score of 8. The facility staff also coded that Resident #12 required extensive (3/3) to total nursing care (4/3) with ADL's. In Section I, Active Diagnoses the facility staff coded Musculoskeletal I4000 Other fracture. The facility staff did not code I3900 Hip Fracture-any hip fracture that has a relationship to current status, treatments, monitoring (e.g.

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495398	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2017
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NAME OF PROVIDER OR SUPPLIER

DINWIDDIE HEALTH AND REHAB CENTER

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)

DATE
TIME

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sub-capital fracture and fractures of the
trochanter and femoral neck In Section J
Health Conditions J1700 A, B, C and J1800 the
facility staff did not code/capture any falls

On March 15, 2017 at 8:20 a.m. the surveyor
notified the traveling MDS Nurse that Resident
#11's Significant Change/5 Day Medicare and 14
Day Medicare were inaccurate. The surveyor
reviewed the nursing Progress Notes with the
traveling MDS Nurse. The surveyor specifically
pointed out the nursing progress note dated
1/20/17 that documented a fall and leg pain. The
surveyor also reviewed the hospital discharge
summary dated 2/1/17 that documented a hip
fracture. The surveyor then reviewed the
Significant Change/5 Day Medicare MDS
assessment with the ARD of 2/8/17 and the 14
Day Medicare MDS assessment with the ARD of
2/5/17. The surveyor pointed out Section I13900
that was not coded for a hip fracture. The
surveyor pointed out that the facility staff coded
"other fracture" I4000 which was inaccurate.
The surveyor then reviewed Section J and
pointed out that neither MDS assessment
identified that Resident #12 had had a fall with a
major injury. The traveling MDS Nurse stated
that the MDS's were not coded accurately.

On March 15, 2017 at 2:50 p.m. the survey team
met with the Administrator (Adm), traveling MDS
Nurse and the Corporate MDS Nurse. The
surveyor notified the Administrative Team (AT)
that Resident #12's Significant Change/5 Day
Medicare and 14 Day Medicare are not accurate.
The surveyor notified the AT that Resident #12
had a fall which resulted in a hip fracture on
1/20/17. The surveyor notified the AT that the
MDS's did not code/capture the fall or the hip

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NAME OF PROVIDER OR SUPPLIER

DINWIDDIE HEALTH AND REHAB CENTER

STREET ADDRESS CITY STATE ZIP CODE

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PETERSBURG, VA 23805

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(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) DATE FOR DATE
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F 278 Continued From page 8

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fracture. The surveyor notified the AT that the MDS's inaccurately coded "Other fracture."

No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure a complete and accurate MDS for Resident #12.

4. For Resident #5, facility staff failed to maintain an complete and accurate MDS (Minimum Data Set) assessment.

Resident #5 was admitted to the facility on 2/11/2016 with diagnoses including Traumatic Brain Injury, cognitive deficits, delusional disorder, hypertension, and diabetes mellitus. On the MDS assessment with assessment reference date, the resident scored 3/15 on the brief interview for mental status and was assessed as without signs of delirium or psychosis.

During clinical record review on 3/15/2017, the surveyor noted that the physician's History/Physical Examination dated 2/16/16 listed under Present Medical History TBI (traumatic brain injury), ES HTN (essential hypertension), Chr A Fib (chronic atrial fibrillation), DM (diabetes mellitus) type 2.

The annual MDS assessment dated 2/18/17 did not list traumatic brain injury as an active diagnosis.

The surveyor discussed the concern with the Regional Corporate MDS coordinator on 3/15/17. After investigation, the coordinator reported that the initial diagnosis list had been entered in the clinical record by the corporate coder. The coder had reported using diagnosis codes found in the hospital record. The physician wrote the History

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IX4 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)	IX5 COMPLETION DATE
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F 278 Continued From page 9
and Physical after those diagnoses were entered
The admitting physician's primary diagnosis was
never entered in the clinical record

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The concern was reported to the administrator
and acting administrative team during a summary
meeting on 3/15/2017

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