STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495282	A. BUILDING _____ B. WING _____	C 10/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISA HEALTH & REHABILITATION CENTER	210 ELM STREET LOUISA, VA 23093

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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 10/2/18 through 10/4/18. The facility's Emergency Preparedness Plan was found to be in compliance with CFR 483.73, the Federal requirements for Emergency Preparedness in Long Term Care facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 10/2/18 through 10/4/18. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. Two complaints were investigated during the survey. The Life Safety Code survey/report will follow. The census in this 90 certified bed facility was 74 at the time of the survey. The survey sample consisted of eighteen current resident reviews and three closed record reviews.	F 000		
F 567 SS=C	Protection/Management of Personal Funds CFR(s): 483.10(f)(10(i)(ii) §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section.	F 567		10/19/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/11/2018

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F 567	Continued From page 1 (ii) Deposit of Funds. (A) In general: Except as set out in paragraph (f)(l0)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, resident interview, and staff interview, the facility staff failed to ensure residents had ready access to petty cash in their Resident Fund Account. Resident withdrawals of petty cash from the Resident Fund Account could only be made Monday through Friday. The findings were: Upon entering the facility at 10:30 a.m. on 10/2/18, a small sign was observed on a filing cabinet located next to the Reception Desk. The	F 567	The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center□s allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.	

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F 567	Continued From page 2 sign read as follows: Resident Banking Hours Monday - Friday 8:30 am - 4:00 pm At 11:15 a.m. on 10/2/18, an individual resident interview was conducted with Resident # 48. The resident was admitted to the facility on 7/8/13, and most recently readmitted on 11/7/14 with diagnoses that included hypertension, neurogenic bladder, anxiety disorder, depression, generalized muscle weakness, cerebrovascular disease, chronic pain, heart disease, edema, and cerebrovascular accident. According to the most recent Minimum Data Set, a Quarterly Review with an Assessment Reference Date of 8/21/18, Resident # 48 was assessed under Section C (Cognitive Patterns) as being cognitively intact, with a Summary Score of 15 out of 15. During the interview, Resident # 48 was asked if she had money in the Resident Fund Account. The resident said that she did. Asked if she could get petty cash from the Resident Fund Account, she said that she could, but only on Monday through Friday. "You can't get money on the weekend," Resident # 48 said. "I need to plan ahead if I need, or if I think I might need, money on the weekend. I took some out last Friday (9/28/18) for the weekend." At 10:55 a.m. on 10/3/18, the Receptionist was interviewed about how residents obtain petty cash from the Resident Fund Account. Asked who a resident would see, the Receptionist said, "That would be me." The Receptionist went on to say that, "The safe (with the petty cash) is locked Monday through Friday. The only people who	F 567	F567 1) All residents have access to their personal funds 7 days per week. 2) All residents are at risk. 3) Administrator or designee will educate office staff responsible for providing banking/management of resident□s funds on the established banking hours every day that residents can access funds. 4) Administrator or designee will audit 10 residents every Monday for assurance of availability of personal residential funds availability x 4 weeks and report to residential council findings, then quarterly during QA.	

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F 567	Continued From page 3 can unlock the safe are the Administrator, the Payroll Clerk, and the Business Office Manager. If a resident wants money during the week, I can get it for them." Asked about the weekends, the Receptionist said, "On the weekends, there is nobody here that is authorized to open the safe." At 1:05 p.m. on 10/3/18, the Business Office Manager was interviewed about resident access to petty cash. "Our business hours are Monday through Friday," the Business Office Manager said. Asked about weekends, the Business Manager said, "We don't have hours on the weekend. All the residents know this. We recently hired a receptionist for the weekends, and we are looking at the feasibility of having banking hours on the weekend." The findings were discussed during a meeting at 3:00 p.m. on 10/3/18 that included the Administrator, Director of Nursing, Corporate Nurse Consultant, and the survey team.	F 567		
F 623 SS=B	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section;	F 623		10/19/18

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F 623	Continued From page 4	F 623		

and
(iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.
(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how

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F 623	Continued From page 5	F 623		

to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate

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F 623	Continued From page 6 relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview the facility failed to notify the state ombudsman's office and the responsible party in writing for discharge to hospital for one of 21 Resident's, Resident #2 . The Findings Include: Resident #2 was admitted to the facility on 3/24/18. Diagnoses for Resident #2 included: Alzheimer's disease, dementia with behaviors, breast cancer, and sundowner syndrome. The most current MDS (minimum data set) was an initial assessment with an ARD (assessment reference date) of 4/8/18. Resident #2 was assessed with have long and short-term memory loss with a cognitive status of moderately impaired. Resident #2's medical record was reviewed on 10/3/18. A progress note dated 4/8/18 documented that Resident #2 was admitted to the hospital due to treatment of fractured left hip. Resident #2 did not return to the facility. On 10/3/18 at 2:30 PM this surveyor asked the director of nursing to present evidence that written notification was sent to Resident #2's responsible party (RP) and to the state ombudsman's office regarding the discharge of Resident #2. On 10/04/18 09:08 AM the facilities nurse consultant verbalized that they did not notify RP or Ombudsman's office in writing of Resident #2's	F 623	F 623 1) Family and Ombudsmen made aware of resident #2□s discharge to hospital. 2) All residents with a transfer to hospital are at risk. 3) Administrator or designee will educate Discharge Planning department on providing written notification to all patient□s responsible party and Ombudsmen upon transfer or discharge to hospital. 4) Administrator or designee will Audit 100% of resident transfers or discharges for written notification to the responsible party and Ombudsmen weekly x 4 weeks, then review findings in following QA.	

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F 623	Continued From page 7 discharge. No other information was presented prior to exit conference on 10/4/18	F 623		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of	F 880		10/19/18

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F 880	Continued From page 8 communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility staff failed to follow proper handwashing technique during a medication pass and pour observation. Staff touched the motion-activated paper towel dispenser after washing their hands.	F 880	F 880 1) Nurse was educated on correct process for handwashing including activating the paper towel dispensers in	

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F 880	Continued From page 9 Findings include: On 10/3/18 beginning at 8:00 a.m. a medication pass and pour observation was conducted with LPN (licensed practical nurse) # 1, who was the unit manager. During the first administration observation, LPN # 1 went to the sink in the resident's room and proceeded to wash his hands. After washing his hands, he touched the paper towel dispenser with his thumb to activate the motion sensor on the dispenser. After drying his hands, he then touched the dispenser with his thumb again, and turned off the water faucet. After administering medications to the second resident in a different room, LPN # 1 again slid his thumb over the sensor on the paper towel dispenser, dried his hands, and slid his thumb again over the sensor to obtain paper towel to turn of the water faucet. LPN # 1 was asked why he had touched the dispenser. LPN # 1 stated "I must have done it inadvertently; I guess I have big hands. I didn't realize I touched it." LPN # 1 then proceeded to re-wash his hands, and did not touch the sensor again. On 10/3/18 at 8:25 a.m. the DON (director of nursing) was made aware of the above findings, and asked for the facility policy on handwashing. The DON stated "The policy speaks to when to wash hands, and drying with a paper towel, but it does not speak to the motion activated dispensers. The expectation; however, is to not touch the dispenser; that's the whole reason behind the motion sensor so the dispenser doesn't have to be touched." The administrator, DON, and corporate nurse consultant were made aware of the above	F 880	rooms. 2) All residents are at risk. 3) Staff Development Coordinator or designee will educate all licensed nursing staff on: A) Appropriate hand washing techniques during medication passes including use of the motion sensor paper towel dispenser. 4) DON or designee will audit 3 licensed medication nurses daily x 5 weekly for 2 weeks on handwashing techniques during medication pass, then 1 nurse 5x weekly for 2 weeks, then review findings in next quarterly QA.	

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F 880	Continued From page 10 findings during a meeting with facility staff 10/3/18 beginning at 3:30 p.m. No further information was provided prior to the exit conference.	F 880		