

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

PRINTED: 01/10/2019
FORM APPROVED
OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2018
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NAME OF PROVIDER OR SUPPLIER WYTHE CNTY COMMUNITY HOSP ECU	STREET ADDRESS, CITY, STATE, ZIP CODE 600 W RIDGE RD WYTHEVILLE, VA 24382
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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 12/11/18 through 12/12/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. The census in this 8 certified bed facility was 4 at the time of the survey. The final survey sample consisted of 4 current Resident reviews and 2 closed record reviews.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 12/11/18 through 12/12/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 8 certified bed facility was 4 at the time of the survey. The final survey sample consisted of 4 current Resident reviews and 2 closed record reviews.	F 000		
F 623 SS=C	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	F 623		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed Anita Irvin	TITLE Director Extended Care Unit	(X6) DATE January 11, 2019
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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 623	<p>Continued From page 1</p> <p>discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(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.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(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</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email),</p>	F 623		

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F 623	<p>Continued From page 2</p> <p>and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(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</p> <p>(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.</p> <p>§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.</p> <p>§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</p>	F 623			

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F 623	Continued From page 3 the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interview the facility staff failed to notify the Ombudsman of Resident transfers or discharges. The findings included: The facility failed to notify the Ombudsman when a Resident was transferred or discharged. On 12/12/18 at 11:15 a.m., during an interview with RN (registered nurse) #1 regarding Resident discharges RN #1 verbalized to the surveyor that that they do not notify the Ombudsman of transfers and/or discharges and she was not aware of the regulation. The administrative staff were notified of the issue regarding the Ombudsman notification on 12/12/18 at 12:22 p.m. No further information regarding this issue was provided to the surveyor prior to the exit conference.	F 623	F 623 Effective immediately a nurse will fax a copy of the Medicare non-coverage sheet, discharge instructions, discharge disposition and the local Ombudsman information provided to the patient to the local Long Term Care Ombudsman. This will occur on all discharges and transfers. All discharges/transfers from day of survey to implementation will be faxed to the local representative also. The deficient practice will be monitored as part of a performance improvement monitor and reported quarterly to the performance improvement meeting for no less than 6 months or until 100% compliance is achieved for 6 months.	1/18/19 a2
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 761		

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F 761	<p>Continued From page 4 applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility document review, the facility staff failed to store medications on 1 of 1 units the extended care unit.</p> <p>The findings included:</p> <p>The facility failed to store insulin and a sodium chloride flush per their facility policy.</p> <p>On 12/11/18 at 12:19 p.m., the surveyor observed a box labeled humulin R insulin on the Residents over the bed table. Inside this box, the surveyor observed an open vial of humulin R insulin. Resident #54 stated she had received insulin earlier.</p> <p>On 12/11/18 at 2:07 p.m., the surveyor observed</p>	F 761	<p>F 761- the corrective action was completed at the time of the finding. The medications were removed from the room. The nursing staff will be re-educated on the drug storage policy and documentation of the education placed in their HR file by 1/18/19. Concurrent monitoring will be performed by nursing staff. The deficient practice will be monitored as part of a performance improvement monitor and reported quarterly to the performance improvement meeting for no less than 6 months or until 100% compliance is achieved for 6 months.</p>		

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F 761	Continued From page 5 a syringe of sodium chloride used for flushing IV's on the Residents over the bed table. On 12/12/18 10:14 a.m., the surveyor spoke with RN (registered nurse) #1 regarding the insulin and sodium chloride flush at bedside. RN #1 stated the medications should not have been left at the bedside. On 12/12/18, RN #1 provided the surveyor with the facility policy/procedure titled, "Medication Administration/Review ECU (extended care unit)." This policy/procedure read in part, "... To establish guidelines for proper administration of medications in the Extended Care Unit...All resident's medications will be stored in the resident's drawer of the ECU medication cart..." The administrative staff were notified of the issues regarding the medications on 12/12/18 at 12:22 p.m. No further information regarding this issue was provided to the surveyor prior to the exit conference.	F 761			
F 947 SS=C	Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) §483.95(g) Required in-service training for nurse aides. In-service training must- §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. §483.95(g)(2) Include dementia management training and resident abuse prevention training.	F 947			

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F 947	<p>Continued From page 6</p> <p>§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.</p> <p>§483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on staff interview and employee record review, the facility staff failed to provide dementia training for 5 of 5 aides who worked on the extended care unit.</p> <p>The findings included:</p> <p>The facility did not provide dementia management training.</p> <p>The surveyor requested the facility to provide evidence of training to include dementia management training.</p> <p>On 12/12/18 at 9:45 a.m., during an interview with the HRD (human resource director). The HRD verbalized to the surveyor that they had 5 aides that worked on the ECU (extended care unit) and she did not think they had done anything regarding dementia management training.</p> <p>The administrative staff were notified of the concerns regarding dementia training on 12/12/18 at 12:22 p.m.</p> <p>No further information regarding this issue was provided to the surveyor prior to the exit</p>	F 947	<p>F 947 - The facility has assigned Dementia-Care of Resident LTD - Lippincott online learning via Life Talent to all SNF Certified Nursing Assistants to be completed by January 31, 2019. This will continue to be a required assignment annually for Certified Nursing Assistants and be included in annual Certified Nursing Assistants skills day competency checklist beginning in 2019.</p> <p><i>1/31/19</i></p> <p>RECEIVED JAN 14 2019 VDH/OLC</p>		

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