

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

PRINTED: 02/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 02/13/2019
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005		
(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 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid first revisit, to the abbreviated survey conducted on 01/09/19 through 01/10/19, was conducted 02/12/19 through 02/13/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report.	{F 000}			
{F 584} SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	{F 584}		2/27/19	

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

TITLE

(X6) DATE

Electronically Signed

02/25/2019

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 584}	<p>Continued From page 1</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, facility staff failed to maintain a clean, comfortable, homelike environment in one of 98 resident rooms, room #127.</p> <p>There was damage to the wall near the sink exposing the metal wall brace in room 127.</p> <p>The findings included:</p> <p>A tour of the facility was conducted on 02/12/19 at 1:45p.m. During this tour, it was observed that room #127 had a gouge in the drywall/paint on the right hand side of the room's sink, on the protruding corner where the room wall met the indentation/nook for the sink. This gouge was deep enough that the metal brace, which ran the vertical length of the wall corner, was exposed. During this observation, it was noted that Room</p>	{F 584}	<p>1. The damage to the wall near the sink exposing the metal wall brace in room 127 was repaired.</p> <p>2. Quality Review observation has been conducted by the ED and Maintenance Director to ensure all of the residents walls are in good repair. Follow up based on findings.</p> <p>3. The Administrator and or designee re-educated facility staff on process for attaining/maintaining a homelike environment.</p> <p>4. The Administrator and or designee to conduct Quality monitors of resident's walls in good condition promoting homelike environment. Quality Monitoring to be conducted weekly x8 weeks and as needed there after. Findings to be reported to QAPI</p>		

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{F 584}	Continued From page 2 127 included furnishings belonging to a Resident, such as a football team themed blanket on the bed. On 02/13/2019, at 1:00 p.m., an interview was conducted with OSM (Other Staff Member) #1, the Director of Maintenance. OSM #1 was shown the gouge in the wall of room 127. Upon seeing the wall, OSM #1 stated, "That should have been patched, I don't know how we missed it." The Administrator (administrative staff member) #1 and ASM #2, Director of Nursing were informed of the findings at the end of day meeting on 02/13/2019. No further documentation was provided.	{F 584}	committee monthly and updated as indicated.		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the	F 657		2/27/19	

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F 657	<p>Continued From page 3</p> <p>resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to review and revise the comprehensive care plan for one of 8 residents in the survey sample; Resident #5.</p> <p>The facility staff failed to revise Resident #5's comprehensive care plan to include the administration of oxygen ordered on 1/28/19.</p> <p>The findings include:</p> <p>Resident #5 was admitted to the facility on 12/7/18, with the diagnoses that included but not limited to: stroke, insomnia, Alzheimer's disease, depression, alcohol abuse, and coronary artery disease. The most recent MDS (Minimum Data Set) was an admission assessment with an ARD (Assessment Reference Date) of 12/19/18. The resident was coded as cognitively intact in ability to make daily life decisions. The resident was coded as requiring total care for bathing; extensive assistance for hygiene and dressing; limited assistance for transfers and toileting; independent for eating; and as continent of bowel and bladder.</p>	F 657	<ol style="list-style-type: none"> 1. The Care Plan for Resident #5 was updated to reflect he is receiving oxygen. 2. A quality review of all residents with oxygen was conducted by MDS coordinator or designee to ensure that all residents with oxygen is care planned as appropriate. 3. The DON has re-educated staff regarding Oxygen being care planned for all residents receiving oxygen. 4. DON or designee to conduct quality monitors of Care Plans with oxygen weekly x8 weeks and as needed thereafter. Findings to be reported to the QAPI committee monthly and updated as indicated. Quality Monitoring schedule modified based on findings. 		

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F 657	<p>Continued From page 4</p> <p>On 2/12/19 at 3:45 p.m., an observation was made of Resident #5's oxygen. The oxygen concentrator flow meter was observed with the flowrate ball hovering between the line mark for 2.5L/M (liters per minute) and the line mark for 3.0L/M.</p> <p>A review of the clinical record revealed a physician's order dated 1/28/19 for Oxygen at 2 L/M prn (as needed).</p> <p>A review of the care plan failed to reveal one for the use of oxygen.</p> <p>On 2/13/19 at 2:10 p.m., in an interview with LPN #1 (Licensed Practical Nurse) she stated that any nurse can revise the care plan. LPN #1stated she did not on this occasion when she took the order for oxygen, but that she could have revised it.</p> <p>A review of the facility policy, "Plans of Care" documented, "Review, update and/or revise the comprehensive plan of care based on changing goals, preferences and needs of the resident and in response to current interventions after the completion of each OBRA MDS assessment (except discharge assessments), and as needed.</p> <p>According to Fundamentals of Nursing Lippincott Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team members that helps ensure continuity of care...The nursing care plan is a vital source of information about the patient's problems, needs, and goals. It contains detailed instructions for achieving the goals established for the patient and is used to direct care...expect to review,</p>	F 657			

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F 657	Continued From page 5 revise and update the care plan regularly, when there are changes in condition, treatments, and with new orders..."	F 657			
F 695 SS=D	On 2/13/19 at 2:05 p.m., the Administrator (ASM #1) (Administrative Staff Member) and Director of Nursing (ASM #2) were made aware of the findings. No further information was provided by the end of the survey. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to administer oxygen at the physician ordered rate for one of 8 residents in the survey sample; Resident #5. The facility staff failed to ensure Resident #5's oxygen was administered at the rate ordered by the physician. The findings include: Resident #5 was admitted to the facility on	F 695	1. Resident number 5 is receiving oxygen as per Physician order. 2. A Quality review of all residents <input type="checkbox"/> receiving oxygen has been completed to ensure all residents are receiving oxygen as ordered by Physician. 3. DON or designee to re-educate licensed staff on oxygen being administered according to the Physician order. 4. DON/designee to conduct quality monitoring to ensure residents with oxygen are receiving oxygen as ordered by the Physician.	2/27/19	

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F 695	<p>Continued From page 6</p> <p>12/7/18 with the diagnoses that included but are not limited to stroke, insomnia, Alzheimer's disease, depression, alcohol abuse, and coronary artery disease. The most recent MDS (Minimum Data Set) was an admission assessment with an ARD (Assessment Reference Date) of 12/19/18. The resident was coded as cognitively intact in ability to make daily life decisions. The resident was coded as requiring total care for bathing; extensive assistance for hygiene and dressing; limited assistance for transfers and toileting; independent for eating; and as continent of bowel and bladder.</p> <p>On 2/12/19 at 3:45 p.m., an observation was made of Resident #5's oxygen. The oxygen concentrator flowmeter was observed with the flowrate ball hovering between the line mark for 2.5L/M (liters per minute) and the line mark indicating 3.0L/M.</p> <p>A review of the clinical record revealed a physician's order dated 1/28/19 for Oxygen at 2 L/M prn (as needed).</p> <p>On 2/13/19 at 11:18 a.m., in an interview with LPN #1 (Licensed Practical Nurse), when asked about how to set the flow rate on the oxygen concentrator, she stated that the ball in the flowmeter should be centered on the line of the corresponding flow rate, with the line crossing through the center of ball.</p> <p>A review of the care plan failed to reveal one for the use of oxygen.</p> <p>A review of the manufacturer's instructions for the oxygen concentrator documented on page 22, "To properly read the flowmeter; locate the</p>	F 695	<p>Quality Monitoring to be conducted weekly x8 weeks and as needed thereafter. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.</p>		

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F 695	<p>Continued From page 7</p> <p>prescribed flowrate line on the flowmeter. Next, turn the flow knob until the ball rises to the line. Now, center the ball on the L/min line prescribed."</p> <p>A review of the facility policy, "Oxygen Therapy" documented, "7. Adjust the flow of oxygen as ordered by the physician...."</p> <p>According to Fundamentals of Nursing, 6th edition, Potter and Perry, 2005, page 1122, "Oxygen should be treated as a drug. It has dangerous side effects, such as atelectasis or oxygen toxicity (Thomson, 2002). As with any drug, the dosage or concentration of oxygen should be continuously monitored. The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration."</p> <p>On 2/13/19 at 11:17 a.m., the Administrator (ASM #1) (Administrative Staff Member) and Director of Nursing (ASM #2) were made aware of the findings. No further information was provided by the end of the survey.</p>	F 695			