

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

PRINTED: 04/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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		F 000		
	<p>An unannounced Medicare/Medicaid abbreviated complaint survey was conducted 12/18/18 through 12/20/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 60 certified bed facility was 58 at the time of the survey. The survey sample consisted of 2 current Resident reviews (Residents #3 and Resident #4) and 2 closed record reviews (Residents #1 and #2). Two complaints were investigated during this survey.</p>				
F 755	Pharmacy Svcs/Procedures/Pharmacist/Records SS=D CFR(s): 483.45(a)(b)(1)-(3)		F 755		1/25/19
	<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>				

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

TITLE

(X6) DATE

Electronically Signed

01/25/2019

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 755 Continued From page 1

F 755

§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

§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 resident interview, staff interview and clinical record review, the facility staff failed to ensure a medication was available for administration for 1 of 4 residents in the survey sample (Resident #3).

The findings included:

Resident #3 was admitted to the facility on 12/17/18 with the following diagnoses of, but not limited to osteoarthritis, muscle weakness, anxiety disorder and presence of artificial knee joint. The admission MDS was not completed due to the resident being admitted to the facility on 12/17/18. The resident was alert and oriented to person, place and time when speaking to the surveyor on 12/19/18. According to the admission documentation by the admission nurse, the resident requires extensive assistance of 1 staff member for dressing, personal hygiene and bathing.

The surveyor interviewed Resident #3 on 12/19/18. The resident stated to the surveyor, "I didn't have any of my medicine for pain or for my anxiety when I got here on my first day. It was way up in the night before they got it from pharmacy to give to me."

1. Resident's #3's medication reviewed 12/19/2018 to ensure medications were available to resident going forward.
2. Resident's with medication orders were reviewed to ensure medications were available. Resident's in the facility with medication orders have the potential to be affected by this deficient practice.
3. Director of Nursing/Designee re-educated Licensed Nursing Staff on the medication availability policy to include the use of the Stat Box.
4. Director of Nursing/Designee will audit new admission/readmission medication orders and change of MD orders 5 times a week for 12 weeks to ensure medications are available for administration. Results of Audit will be brought to monthly Quality Assurance and Performance Improvement (QAPI) Meetings for review and revisions as needed.

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F 755	Continued From page 2 The surveyor conducted a clinical record review on 12/19/18. During this review, the surveyor noted the following physician order: Oxycodone-Acetaminophen 5-325 mg (milligram) Give 1 tablet every 4 hours as needed for pain. There was no anxiety medication ordered for the resident at the time of admission on 12/17/18. The surveyor reviewed the MAR (Medication Administration Record) for December 2018. There was no documentation on the MAR for 12/17/18 that the resident received any pain medication. The surveyor spoke to LPN (Licensed Practical Nurse) #3 on 12/19/18 at 5:30 pm per phone. The surveyor asked if LPN #3 gave any pain medication to Resident #3 on 12/17/18 during the 11p-7 a shift that she had worked. LPN #3 stated, "The resident reported to me that she was given a pain pill around 5:30 pm but I didn't have any from pharmacy to give to her until approximately 5 am. The pharmacy run was delayed due to an accident and he was late." The surveyor asked LPN #3 if the resident asked for pain medication during her shift. LPN #3 stated, "She had asked for it before she went to sleep and I told her that I didn't have it from pharmacy yet. I checked on her every hour and she slept or was asleep when I checked on her." The surveyor asked LPN #3 if she charted any of this in the clinical record. LPN #3 stated, "I didn't. The computers were down and I didn't chart anything that shift." The surveyor asked LPN #3 what was the process was for her to chart when the computers were down. LPN #3 stated, "I could have charted on paper or chart on the computer the next time I work."	F 755			

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F 755	Continued From page 3 The administrative team was notified of the above findings on 12/20/18 at approximately 4:30 pm. No further information was provided to the surveyor prior to the exit conference on 12/20/18.	F 755			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 842		1/25/19	

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F 842	Continued From page 4 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview and clinical record review, the facility staff failed to ensure an accurate and complete clinical record for 1 of 4 residents in the survey sample	F 842	1. Resident #3's documentation reviewed on 12/19/2018. Late entry documentation completed 12/19/2018. Counseling/Education completed with		

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F 842 Continued From page 5
(Resident #3).

The findings included:

Resident #3 was admitted to the facility on 12/17/18 with the following diagnoses of, but not limited to osteoarthritis, muscle weakness, anxiety disorder and presence of artificial knee joint. The admission MDS was not completed due to the resident being admitted to the facility on 12/17/18. The resident was alert and oriented to person, place and time when speaking to the surveyor on 12/19/18. According to the admission documentation by the admission nurse, the resident requires extensive assistance of 1 staff member for dressing, personal hygiene and bathing.

The surveyor interviewed Resident #3 on 12/19/18. The resident stated to the surveyor, "I didn't have any of my medicine for pain or for my anxiety when I got here on my first day. It was way up in the night before they got it from pharmacy to give to me."

The surveyor conducted a clinical record review on 12/19/18. During this review, the surveyor noted the following physician order:
Oxycodone-Acetaminophen 5-325 mg (milligram)
Give 1 tablet every 4 hours as needed for pain.
There was no anxiety medication ordered for the resident at the time of admission on 12/17/18.

The surveyor reviewed the MAR (Medication Administration Record) for December 2018. There was no documentation on the MAR for 12/17/18 that the resident received any pain medication.

The surveyor spoke to LPN (Licensed Practical

F 842

LPN # 3 regarding documentation protocol and ensuring accuracy and completion of clinical records.
2. Current residents have the potential to be affected by this deficient practice.
3. Director of Nursing/Designee re-educated Nursing staff regarding timely/accurate documentation to include process if electronic documentation system is down.
4. Director of Nursing/Designee will audit clinical records to include MARs/TARs/ADL's 3 times a week for 12 weeks to ensure accuracy and completion of clinical records. Results of Audit will be brought to monthly Quality Assurance and Performance Improvement (QAPI) Meetings for review and revisions as necessary.

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F 842	<p>Continued From page 6</p> <p>Nurse) #3 on 12/19/18 at 5:30 pm per phone. The surveyor asked if LPN #3 gave any pain medication to Resident #3 on 12/17/18 during the 11p-7 a shift that she had worked. LPN #3 stated, "The resident reported to me that she was given a pain pill around 5:30 pm but I didn't have any fro pharmacy to give to her until approximately 5 am. The pharmacy run was delayed due to an accident and he was late." The surveyor asked LPN #3 if the resident asked for pain medication during her shift. LPN #3 stated, "She had asked for it before she went to sleep and I told her that I didn't have it from pharmacy yet. I checked on her every hour and she slept or was asleep when I checked on her." The surveyor asked LPN #3 if she charted any of this in the clinical record. LPN #3 stated, "I didn't. The computers were down and I didn't chart anything that shift." The surveyor asked LPN #3 what was the process was for her to chart when the computers were down. LPN #3 stated, "I could had charted on paper or chart on the computer the next time I work."</p> <p>The administrative team was notified of the above findings on 12/20/18 at approximately 4:30 pm.</p> <p>No further information was provided to the surveyor prior to the exit conference on 12/20/18.</p>		F 842		