

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

PRINTED: 05/24/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHAMPTON CONVALESCENT AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1028 TOPPING LANE HAMPTON, VA 23666</b>	
(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
E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 03/05/19 through 03/06/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No complaint(s) was/were investigated during the survey.	E 000		
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid Standard Survey was conducted 03/05/19 through 03/06/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.	F 550		4/12/19

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

TITLE

(X6) DATE

Electronically Signed

03/28/2019

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 550	<p>Continued From page 1</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview and clinical record review it was determined the facility staff failed to treat a resident with dignity and respect during her dining experience (Resident #6).</p> <p>Findings:  Resident #6 was not treated with dignity and respect during her dining experience. Her clinical record was reviewed on 3/5/19 at 2:00 PM.</p>	F 550	<p>F 550 The dates of completion serve as my allegation of compliance</p> <ol style="list-style-type: none"> <li>1. Facility staff interviewed resident # 6 and discussed the plan to ensure she will be treated with dignity and respect during the dining experience. CNA involved was re-educated on treating residents with dignity and respect during the dining experience.</li> <li>2. All residents have been observed</li> </ol>	

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F 550	<p>Continued From page 2</p> <p>The resident was admitted to the facility on 5/1/17. Her diagnoses included hypertension and dementia, adult failure to thrive, chronic atrial fibrillation and chronic muscle weakness.</p> <p>The latest MDS (minimum data set) assessment dated, 12/17/18, coded the resident with slightly impaired cognitive skills. Her communication ability was unimpaired. The resident required the assistance of at least one staff member for all the ADLs (activities of daily living) with set-up and oversight only to eat.</p> <p>The resident's latest CCP (comprehensive care plan) reviewed and revised on 12/19/18 documented the resident had a potential for weight change due to oral intake. The staff were to report if the resident did not consume her entire meal.</p> <p>Resident #6's physician ordered diet, signed and dated on 3/5/19, was for a mechanical soft diet with thin liquids. The resident did receive the appropriate diet during meal observations.</p> <p>On 03/05/19 at 08:35 AM Resident #6 was observed seated at table with another resident who already had her meal tray. Resident #6 was sipping a cup of coffee while her companion began eating her breakfast.</p> <p>CNA I grabbed Resident #6's wheelchair and began wheeling her to another table without asking her if she wanted to move or telling her what she was doing. Resident #6 started protesting loudly that she did not want to move.</p> <p>CNA I stated, "You can't sit here." She proceeded to move the resident to another table despite her</p>	F 550	<p>during multiple meals in the main dining room to ensure they were treated with dignity and respect.</p> <p>3. The Social Worker / Designee educated staff on Resident Rights / Exercise of Rights to include but not limited to offering choices, introducing self / explaining task, treating resident with dignity and respect during the dining experience.</p> <p>4. The Director of Nursing / Designee will observe five meals in the main dining room weekly for six weeks to ensure residents are treated with dignity and respect during the dining experience. The Director of Nursing / Designee will identify any patterns or trends and report them to the Quality Assurance and Assessment Committee at least quarterly.</p>		

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F 550	<p>Continued From page 3</p> <p>protests. Resident #6 stated, "Can I at least have my coffee back?" CNA I did retrieve the resident's coffee and place it on the second table for her.</p> <p>Resident #6 continued to complain very loudly, "I don't know why you always move me. You know I want to sit there and you move me everytime." CNA I turned her back and walked away without comment.</p> <p>The surveyor asked her if she knew why they were moving her. Resident #6 stated, "I don't have my plate and they don't know where it is so I can't sit where I want to sit." The resident continued to complain loudly and other staff members and residents were listening.</p> <p>Resident #6 said "they do this to me all the time". She stated, "Because I don't have my tray--they move me all around and leave me out in the middle of nowhere! I am getting mighty tired of it too!" Meanwhile staff were delivering trays to other residents at other tables and bypassing Resident #6 as if she weren't there.</p> <p>CNA I walked by and the surveyor asked why resident had to move. CNA I stated, "Because they say we can't seat her with someone who already has a tray." She then walked off and left the area with Resident #6 practically in tears at that point.</p> <p>CNA I into to kitchen and brought Resident #6's tray out about ten minutes later. She then grabbed Resident #6's wheelchair and rolled her back to the first table, where her chosen dining companion was still eating. Resident #6 again complained, "Where are your moving me to now? What are you doing?" The CNA had no comment,</p>	F 550		

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F 550	<p>Continued From page 4 but set her tray down in front of her and walked away.</p> <p>The Resident had pancakes and ground sausage, coffee juice and cold cereal. CNA I walked away--leaving resident to set up her breakfast tray herself. There was no pancake syrup or butter on the tray.</p> <p>Resident #6 began complaining to the surveyor again, "See, they never get anything right! My food is getting cold and I'm sitting here waiting on syrup and butter!" The resident then began to try to cut up the pancakes and eat them without syrup.</p> <p>Two additional CNAs walk by within in hearing distance and saw her struggling to cut up the pancakes. No one offered to get syrup or cut up the pancakes. Finally the surveyor asked CNA I for her syrup and butter and the CNA threw up her her hands and "HUFFED" turning back to the kitchen to retrieve the items. She did at least open the syrup and butter for the pancakes and cut-up the pancakes for the resident after the surveyor was seated at the table.</p> <p>The administrator, DON and corporate nurse were informed of these observations on 3/5/19 at 4:00 PM. There was no additional information provided.</p>	F 550		
F 561 SS=D	<p>Self-Determination CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but</p>	F 561		4/12/19

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F 561	<p>Continued From page 5 not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview and clinical record review it was determine the facility staff failed to accommodate a resident's choice of seating in the dining room (Resident #6).</p> <p>Findings:  The facility staff failed to accomodate Resident #6's choice of seating in the dining area. Her clinical record was reviewed on 3/5/19 at 2:00 PM.</p>	F 561	<p>F 561 The dates of completion serve as my allegation of compliance</p> <ol style="list-style-type: none"> <li>Staff discussed with resident # 6 her preference in seating during her dining experience. CNA I was re-educated regarding honoring resident's preferences.</li> <li>Facility staff met with residents who receive their meals in the main dining area to ensure their seating preferences were honored.</li> </ol>	

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F 561	<p>Continued From page 6</p> <p>The resident was admitted to the facility on 5/1/17. Her diagnoses included hypertension and dementia, adult failure to thrive, chronic atrial fibrillation and chronic muscle weakness.</p> <p>The latest MDS (minimum data set) assessment dated, 12/17/18, coded the resident with slightly impaired cognitive skills. Her communication ability was unimpaired. The resident required the assistance of at least one staff member for all the ADLs (activities of daily living) with set-up and oversight only to eat.</p> <p>The resident's latest CCP (comprehensive care plan) reviewed and revised on 12/19/18 documented the resident had a potential for weight change due to oral intake. The staff were to report if the resident did not consume her entire meal.</p> <p>Resident #6's physician ordered diet, signed and dated on 3/5/19, was for a mechanical soft diet with thin liquids. The resident did receive the appropriate diet during meal observations.</p> <p>On 03/05/19 at 08:35 AM Resident #6 was observed seated at table with another resident who already had her meal tray. Resident #6 was sipping a cup of coffee while her companion began eating her breakfast.</p> <p>CNA I grabbed Resident #6's wheelchair and began wheeling her to another table without asking her if she wanted to move or telling her what she was doing. Resident #6 started protesting loudly that she did not want to move.</p> <p>CNA I stated, "You can't sit here." She proceeded to move the resident to another table despite her</p>	F 561	<p>3. The Director of Nursing / Designee re-educated staff on Resident Rights / Exercise of Rights to include but not limited to offering choices such as seating preferences, introducing self / explaining task, treating resident with dignity and respect during the dining experience.</p> <p>4. The Director of Nursing / Designee will observe five meals in the main dining room weekly for six weeks to ensure residents are offered choice in seating during the dining experience. The Director of Nursing / Designee will identify any patterns or trends and report them to the Quality Assurance and Assessment Committee at least quarterly.</p>		

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F 561	<p>Continued From page 7</p> <p>protests. Resident #6 stated, "Can I at least have my coffee back?" CNA I did retrieve the resident's coffee and place it on the second table for her.</p> <p>Resident #6 continued to complain very loudly, "I don't know why you always move me. You know I want to sit there and you move me everytime." CNA I turned her back and walked away without comment.</p> <p>The surveyor asked her if she knew why they were moving her. Resident #6 stated, "I don't have my plate and they don't know where it is so I can't sit where I want to sit." The resident continued to complain loudly and other staff members and residents were listening.</p> <p>Resident #6 said "they do this to me all the time". She stated, "Because I don't have my tray--they move me all around and leave me out in the middle of nowhere! I am getting mighty tired of it too!" Meanwhile staff were delivering trays to other residents at other tables and bypassing Resident #6 as if she weren't there.</p> <p>CNA I walked by and the surveyor asked why resident had to move. CNA I stated, "Because they say we can't seat her with someone who already has a tray." She then walked off and left the area with Resident #6 practically in tears at that point.</p> <p>CNA I into to kitchen and brought Resident #6's tray out about ten minutes later. She then grabbed Resident #6's wheelchair and rolled her back to the first table, where her chosen dining companion was still eating. Resident #6 again complained, "Where are your moving me to now? What are you doing?" The CNA had no comment,</p>	F 561		
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F 561	<p>Continued From page 8 but set her tray down in front of her and walked away.</p> <p>The Resident had pancakes and ground sausage, coffee juice and cold cereal. CNA I walked away--leaving resident to set up her breakfast tray herself. There was no pancake syrup or butter on the tray.</p> <p>Resident #6 began complaining to the surveyor again, "See, they never get anything right! My food is getting cold and I'm sitting here waiting on syrup and butter!" The resident then began to try to cut up the pancakes and eat them without syrup.</p> <p>Two additional CNAs walk by within in hearing distance and saw her struggling to cut up the pancakes. No one offered to get syrup or cut up the pancakes. Finally the surveyor asked CNA I for her syrup and butter and the CNA threw up her her hands and "HUFFED" turning back to the kitchen to retrieve the items. She did at least open the syrup and butter for the pancakes and cut-up the pancakes for the resident after the surveyor was seated at the table.</p> <p>The administrator, DON and corporate nurse were informed of these observations on 3/5/19 at 4:00 PM. There was no additional information provided.</p>	F 561		
F 698 SS=D	<p>Dialysis CFR(s): 483.25(l)</p> <p>§483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the</p>	F 698		4/12/19

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F 698	<p>Continued From page 9</p> <p>comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to coordinate care with the dialysis facility, for 2 of 20 Residents, Residents #29 and #262.</p> <p>The findings included:</p> <p>1. For Resident #29, the facility staff failed to obtain information related to the Residents dialysis treatment from the contracting dialysis facility.</p> <p>The clinical record review revealed that Resident #29 had been admitted to the facility 11/17/17. Diagnoses included, but were not limited to, chronic kidney disease, malignant neoplasm, diabetes, dementia, depressive disorder, and dysphagia.</p> <p>Section C (cognitive patterns) of the Residents quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 01/20/19 included a BIMS (brief interview for mental status) summary score of 11 out of a possible 15 points. Section O (special treatments, procedures, and programs) had been checked to indicate the Resident received dialysis.</p> <p>The Residents comprehensive care plan included the focus area end stage renal disease and receives hemodialysis.</p> <p>The facility provided the surveyor with a document titled, "NURSING HOME DIALYSIS TRANSFER AGREEMENT." Page 2 of this</p>	F 698	<p>F 698 The dates of completion serve as my allegation of compliance</p> <p>1. The dialysis center for residents # 29 and # 262 were notified of the expectation of written communication related to the resident's dialysis treatment. The method of communication was established to ensure continuity of care. The residents' record have been updated with current dialysis communication.</p> <p>2. The dialysis centers of all residents currently receiving hemodialysis were contacted and informed of the communication expectation to ensure continuity of care. The charge nurse / designee will monitor medical records to ensure communication is received from dialysis centers.</p> <p>3. The Director of Nursing / Designee educated RNs / LPNs on Dialysis Center Communication to include but not limited to ensuring a transfer clinical summary is sent with each visit along with a consult sheet so the dialysis center can relay pertinent information such as pre /post weights and vital signs.</p> <p>4. The Director of Nursing / Designee will audit 100% of all dialysis communication consult forms for six weeks to ensure the communication is</p>	
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F 698	<p>Continued From page 10</p> <p>document read in part, "...Written documentation of care provided to the Designated Resident will be provided to the Facility upon the return of the resident to the Facility after each treatment."</p> <p>During the clinical record review, the surveyor was unable to find information related to the Residents treatments at the dialysis center.</p> <p>On 03/05/19 at 2:45 p.m., the unit manager verbalized to the surveyor that they (the facility) sent a form to the dialysis center regarding the Residents orders, care plan, weights etc...However, they did not receive any information from the dialysis center.</p> <p>The administrative staff were made aware of the issue regarding the coordination of care in regards to the Residents dialysis treatment during a meeting with the survey team on 03/05/19 at 3:59 p.m. During this meeting, the DON verbalized to the survey team that they did not routinely receive any information from the contracting dialysis center regarding the Resident.</p> <p>On 03/06/19 at 7:46 a.m., the DON verbalized to the surveyor that she had spoken with the contracting dialysis center and they were going to implement some type of form or consult sheet.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p> <p>2. For Resident #262 the facility failed to receive information from the dialysis center regarding the Resident's dialysis treatment.</p> <p>Resident #262 was admitted to the facility on</p>	F 698	being received. The Director of Nursing / Designee will identify any patterns or trends and report them to the Quality Assurance and Assessment Committee quarterly.	

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F 698	<p>Continued From page 11</p> <p>02/26/19. Diagnoses included but not limited to hypertension, chronic kidney disease, diabetes mellitus, anxiety, depression, and end stage renal disease.</p> <p>Since Resident is a new admit, a complete MDS (minimum data set) has not been completed, however Resident#262 is alert and oriented.</p> <p>Resident #262's clinical record was reviewed on 03/06/19. It contained a physician's order summary, which read in part "Dialysis M-W-F". The surveyor could not locate any information related the Resident's dialysis treatments in the clinical record. Surveyor spoke with the unit manager on 03/06/19 at approximately 1530 regarding Resident #262's dialysis. Unit manager stated the facility did not receive any information back from the dialysis center.</p> <p>Surveyor reviewed a facility document entitled "Nursing Home Dialysis Transfer Agreement", which read in part "Written documentation of care provided to the Designated Resident will be provided to the facility upon the return of the Resident to the facility after each treatment."</p> <p>The concern of not coordinating care of Residents receiving dialysis treatments was discussed with the administrative team during a meeting on 03/05/19 at approximately 1600. The DON (director of nursing) stated that the facility did not routinely receive information from the dialysis center regarding the Resident.</p> <p>On 03/06/19 at approximately 0745, the DON stated to the surveyor that she had consulted with the contracting dialysis center regarding information to be received when the Resident</p>	F 698		
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F 698	Continued From page 12 returns from dialysis treatments and that a type of consult form would be implemented.	F 698			
F 842 SS=D	No further information was provided prior to exit. 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; (iv) For public health activities, reporting of abuse,	F 842		4/12/19	

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F 842	<p>Continued From page 13</p> <p>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.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review the facility staff failed to ensure a complete and accurate clinical record for 2 of Residents, Resident #10 and Resident #2.</p>	F 842	<p>F 842 The dates of completion serve as my allegation of compliance</p> <p>1. The medical record for residents # 10 and # 2 were updated to reflect a legible,</p>	
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F 842	<p>Continued From page 14</p> <p>The findings included:</p> <p>1. For Resident #10 the facility staff failed to determine the Resident's wishes related to an Advance Care Plan.</p> <p>Resident #10 was admitted to the facility on 09/26/18 and readmitted on 12/17/18. Diagnoses included but not limited to hemiplegia, dysphagia, aphasia, apraxia, encephalopathy, atrial fibrillation, hypertension, hyperlipidemia, gastroesophageal reflux disease, constipation and hyperglycemia.</p> <p>The most recent MDS (minimum data set) with an ARD (assessment reference date) of 12/31/18 coded the Resident as having both long and short term memory loss with severely impaired cognitive skills for daily decision making. This is a quarterly MDS.</p> <p>Resident #10's clinical record was reviewed on 03/06/19. It contained an "Advance Care Plan" dated 10/23/12, which read in part "Quality of Life: I want my doctors to help me maintain an acceptable quality of life including adequate pain management. A quality of life that is unacceptable to me means when I have any of the following conditions (you can check as many of these items as you want): Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma. Permanent Confusion: I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them. Dependent in all Activities of Daily Living: I am no longer able to take clearly or move by myself. I depend on other for feeding, bathing, dressing</p>	F 842	<p>complete and accurate Durable Do Not Resuscitate (DDNR) and advance care plan.</p> <p>2. All current resident medical records were reviewed to ensure that the DDNR and advance care plan were legible, complete and accurate.</p> <p>3. The Administrator / Designee educated the Admission Coordinator and Social Worker on Advance Care Plan and DDNRs to include but not limited to ensuring the documents are legible, complete, accurate and filed into the medical record.</p> <p>4. The Administrator / Designee will review 100% of the resident records upon admission for six weeks to ensure the advance care plan is legible, complete and accurate. The Administrator / Designee will identify any patterns or trends and report them to the Quality Assurance and Assessment Committee at least quarterly.</p>		

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F 842	<p>Continued From page 15</p> <p>and walking ....End-stage Illness: I have an illness that has reached its final stages in spite of full treatment ..." All of these items were checked on the form. The form also read in part "Treatment: If my quality of life becomes unacceptable to me and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. Checking "yes" means I WANT the treatment. Checking "no" means I DO NOT want the treatment. CPR (cardiopulmonary resuscitation): To make the heart beat again and restore breathing after it has stopped. Life Support/Other Artificial Support: Continuous use of breathing machine, IV fluids, medications and other equipment that helps the lungs, heart, kidneys and other organs to continue to work. Treatment of New Conditions: Use of surgery, blood transfusions, or antibiotic that will deal with a new condition but will not help the main issue. Tube Feeding/IV Fluids: Use of tubes to deliver food and water to Patient's stomach or use of IV fluid into a vein which would include artificially delivered nutrition and hydration." This section had a notary seal stamped over the area so that the surveyor could not determine which areas were checked yes or no.</p> <p>The concern of the illegible Advance Care Plan was discussed with the administrative team during a meeting on 03/06/19 at approximately 1300.</p> <p>No further information was provided prior to exit. 2. For Resident #2, the facility failed to complete section 2 of the Residents DDNR (durable do not resuscitate) form.</p> <p>The clinical record review revealed that Resident</p>	F 842		
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F 842	<p>Continued From page 16</p> <p>#2 had been admitted to the facility on 02/28/2007. Diagnoses included, but were not limited to, adult failure to thrive, dementia, diabetes, hypertension, and dysphagia.</p> <p>Section C (cognitive patterns) of the Residents quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 12/07/18 had been coded 1/1/3 to indicate the Resident had problems with long and short term memory and severely impaired in cognitive skills for daily decision making.</p> <p>The Residents EHR (electronic health record) included a physicians order for a DNR. This order was dated 02/28/2007. The EHR also included a DDNR order form from the Virginia Department of Health. This form was dated 03/14/12 and read in part.</p> <p>Under section 1 "I further certify [must check 1 or 2]:</p> <ol style="list-style-type: none"> <li>1. The patient is CAPABLE of making an informed decision...</li> <li>2. The patient is INCAPABLE of making an informed decision..."</li> </ol> <p>Box #2 had been checked.</p> <p>Section 2 read, "If you checked 2 above, check A, B, or C below..." All three boxes (A, B, and C) had been left blank.</p> <p>On 03/05/19 at 2:02 p.m., the ADON (assistant director of nursing) was made aware of the the incomplete DDNR order form.</p> <p>The administrative staff were made aware of the incomplete DDNR order form prior to the exit conference on 03/06/19.</p>	F 842		

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F 842	Continued From page 17	F 842			
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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;</p> <p>§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</p>	F 880		4/12/19	

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F 880	<p>Continued From page 18</p> <p>communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 staff interview, facility document review, and during a medication pass and pour observation, the facility staff failed to follow established infection control guidelines on 1 of 2 units the Bethel unit.</p>	F 880	<p>F880</p> <p>1. There were no negative outcomes related to the staff member not performing proper hand hygiene during medication</p>		

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F 880	<p>Continued From page 19</p> <p>The findings included:</p> <p>The facility staff failed to perform any hand hygiene prior to or after preparing and administering medications to 2 different Residents.</p> <p>On 03/06/19 beginning at approximately 7:49 a.m., the surveyor observed LPN (licensed practical nurse) #1 prepare and administer unsampled Resident #44's medications. During this observation, Resident #44 declined to drink all of their miralax. LPN #1 discarded the remainder of the miralax in the Residents bathroom. LPN #1 was not observed to complete any hand hygiene.</p> <p>After exiting the bathroom, LPN #1 pushed a wheeled B/P (blood pressure) machine into this same room to obtain unsampled Resident #20's B/P. LPN #1 stated the machine was "dead" exited the room and went down the hall and obtained a different B/P machine and entered the Residents room and obtained Resident #20's B/P. After obtaining, the Resident's B/P LPN #1 prepared the Residents medications. After administering the Residents medications LPN #1 returned to the medication cart replaced the Residents inhalers back into the cart, went back into the Residents room and opened the Residents blinds. LPN #1 did not complete any hand hygiene.</p> <p>Upon exiting this room, LPN #1 pushed the B/P machine into the adjoining room.</p> <p>On 03/06/19 at 9:53 a.m., the surveyor interviewed LPN #1. When asked if she had</p>	F 880	<p>administration. The responsible nurse was re- educated on hand hygiene and infection control.</p> <p>2. The responsible nurse will be observed for five medication passes focusing on hand hygiene and infection control. Facility nursing staff will be monitored by Director of Nursing/Designee to ensure adherence to the facility infection control and hand hygiene policy.</p> <p>3. Staff will be re-educated by the Director of Clinical Performance/Designee on Infection Control". The in-service includes but is not limited to a review of medication administration and the importance of hand hygiene to prevent the spread of infection as well as review of proper hand washing technique.</p> <p>4. The Director of Nursing/Designee will perform five medication pass observations weekly for six weeks to ensure appropriate hand hygiene is performed. The Director of Nursing will report any trends or patterns to the Quality Assurance and Assessment Committee at least quarterly.</p>	
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NAME OF PROVIDER OR SUPPLIER  <b>NORTHAMPTON CONVALESCENT AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1028 TOPPING LANE HAMPTON, VA 23666</b>		
(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 880	<p>Continued From page 20</p> <p>washed her hands during the medication observation LPN #1 stated, "I have hand sanitizer on my cart." When asked if she had used it, she stated, "I'm not going to lie, no I did not."</p> <p>The surveyor interviewed the designated infection control nurse (registered nurse #1) and the DON (director of nursing) on 03/06/19 at 10:11 a.m. During this interview, the staff stated they would have expected the nurse to complete hand hygiene.</p> <p>The facility provided the surveyor with a copy of their policy titled "INFECTION CONTROL HAND HYGIENE." This policy read in part, "Healthcare workers are to use effective hand hygiene frequently to help prevent the spread of microorganisms. Hand hygiene is...Practiced before and after each resident contact (even if gloves are worn)..."</p> <p>On 03/06/19 at 10:43 a.m., the DON shared an in-service sheet with the surveyor and stated the nurses had been re-educated on hand hygiene.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>	F 880			