

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

PRINTED: 05/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/06/2018
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NAME OF PROVIDER OR SUPPLIER DOCKSIDE HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 74 MIZPAH ROAD LOCUST HILL, VA 23092
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(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
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{E 000}	Initial Comments	{E 000}		
{F 000}	INITIAL COMMENTS	{F 000}		
F 609 SS=D	<p>An unannounced Medicare/Medicaid revisit to the standard survey conducted 7-10-18 through 7-13-18 was conducted 9-5-18 through 9-6-18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey.</p> <p>The census in this 64 certified bed facility was 57 at the time of the survey. The survey sample consisted of 11 resident reviews.</p> <p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p>	F 609		9/28/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/18/2018
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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 609	<p>Continued From page 1</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, facility staff interview, clinical record review, and facility documentation review, the facility staff failed, for one resident (Resident #105) to report an allegation of abuse in a timely manner.</p> <p>For Resident #105, the facility staff failed to report an allegation of physical abuse by a staff member that occurred during incontinence care in a timely manner.</p> <p>The Findings included:</p> <p>Resident #105 was a 74 year old who was admitted to the facility on 8/18/18. Resident #105's diagnoses included Hypertension, Generalized Muscle Weakness, and Insomnia.</p> <p>The Minimum Data Set, which was a 5-Day Assessment, with an assessment reference date of 5/31/18, coded Resident #105 as having a Brief Interview of Mental Status Score of 15. The score 15 indicated that Resident #105 was cognitively intact. In addition, he was coded as requiring the physical assistance of two persons for transfers. Resident #102 was also his own Responsible Party.</p> <p>On 9/5/18 at 12:00 P.M. a tour was conducted of</p>	F 609	<ol style="list-style-type: none"> 1. A facility Reported Incident was initiated on 9/5/18 for resident # 105; staff potentially involved with the incident were suspended during the investigation. 2. All residents in the facility have the potential to be effected by this deficient practice. 3. Facility staff will be in-serviced on the abuse policy; in particular, as it relates to the reporting of any allegation of resident abuse, neglect, mistreatment, exploitation, or misappropriation of resident property. 4. Director of Nursing/Designee will review the nursing 24 hour report 5 days a week for four weeks to identify any resident areas that should be reported. Results to be brought to the QAPI Committee meeting. 		

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F 609	<p>Continued From page 2</p> <p>the facility. Resident #105 was sitting up in his bed. He was dressed appropriately, and conversed freely with little prompting. Resident #105 was observed to have multiple bruises on both of his forearms. He stated that during the previous weekend in the evening, the nurse (Registered Nurse B), who was helping a CNA (Certified Nursing Assistant A) provide him with incontinence care repeatedly hurt his arm. He stated that the bruises on his arm were from her handling him in a rough manner. He stated that he told her that she was hurting him, and to stop, but that she continued to pull on his forearms to reposition him in the bed. He stated that the CNA knew he was being hurt, but she didn't say anything to the nurse, who was her supervisor.</p> <p>On 9/5/18 a review was conducted of Resident #105's clinical record. There was no documentation of the incident. There were no skin assessments or nursing notes that documented the bruises on his forearms. Resident #105's care plan read, "8/24/18. At risk for pain related to neuropathic pain, self reports of neck, back, left shoulder and buttocks pain. Assess for increased, and decreased pain."</p> <p>On 9/5/18 a review was conducted of facility documentation, revealing no documentation of a related Facility Reported Incident, or an investigation.</p> <p>On 9/5/18 at 2:30 P.M., the Director of Nursing (Administration B) was asked to describe the condition of Resident #105's forearms. He stated, "There are several hematomas on both arms, and some scabs." Resident #105 told the DON that Registered Nurse B had repeatedly hurt his arm in the presence of CNA A during incontinence</p>	F 609			

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F 609	<p>Continued From page 3</p> <p>care. The DON stated that the facility staff had not reported the incident to him. The DON stated that injuries of unknown origin should be reported to the Office of Licensure and Certification within 2 hours, and a follow-up report sent within 5 business days.</p> <p>On 9/5/18, a review of facility documentation was conducted, revealing the Abuse Policy dated 7/28/17. It read, "This facility will not tolerate abuse, neglect, mistreatment, exploitation of residents, and misappropriation of resident property by anyone. It is the policy to investigate all allegations, suspicions and incidents of abuse, neglect, involuntary seclusion, exploitation of residents, misappropriation of resident property and injuries of unknown source. Staff should report all incidents immediately to their direct supervisors".</p> <p>On 9/5/18 at 4:00 P.M., an interview was conducted with the Director of Nursing. He submitted documentation that CNA A and RN B had been suspended pending investigation, and that a Facility Reported Incident had been submitted to OLC on 9/5/18 at 3:36 P.M. via fax.</p> <p>The Director of Nursing also submitted a written statement by CNA A which read, "He mentioned that his arm was hurting but didn't say to stop turning him."</p> <p>No further information was submitted.</p>	F 609			