

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2018
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NAME OF PROVIDER OR SUPPLIER OUR LADY OF HOPE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 13700 NORTH GAYTON ROAD RICHMOND, VA 23233
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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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 12/18/18 through 12/20/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.</p> <p>The census in this 60 bed licensed facility was 55 residents at the time of the survey. The certified survey sample consisted of 15 current resident reviews (Residents #2, #6, #4, #13, #20, #78, #22, #128, #228, #15, #14, #19, #5, #10, and #11) and five closed record reviews (Residents #28, # 30, #129, # 29 and #80). The non-certified survey sample consisted of four current residents (Resident # L1, # L2, #L# and # L4).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-150. Resident rights.</p> <p>A. The nursing facility shall develop and implement policies and procedures that ensure resident's rights as defined in §§ 32.1-138 and 32.1-138.1 of the Code of Virginia.</p> <p>Based on observation, staff interview and facility document review it was determined that the facility staff failed to maintain a resident's dignity for one of four residents in the state licensure survey, Resident # L4.</p> <p>Facility staff failed to sever Resident # L4's breakfast in a timely manner.</p> <p>The findings include:</p>	F 001	<p>The filing of this plan of correction does not constitute an admission that the deficiencies alleged did in fact exist.</p> <p>This plan of correction is filed as evidence of Our Lady of Hope's desire to comply with the requirements of participation and to continue to provide high-quality resident care.</p> <p>Resident #4 continues to</p>	2/3/19

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

Electronically Signed

TITLE

(X6) DATE

01/04/19

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F 001	<p>Continued From page 1</p> <p>Resident # L4 was admitted to the facility on 04/27/16 with diagnoses that included but were not limited to Alzheimer's disease (1), anxiety (2), macular degeneration (3) and dysphagia (4).</p> <p>Resident # L4's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 10/08/18, coded Resident # L4 as scoring a 3 (three) on the brief interview for mental status (BIMS) of a score of 0 - 15, 3 (three) - being severely impaired of cognition for making daily decisions. Resident # L4 was coded as requiring extensive assistance of one staff member for activities of daily living including eating.</p> <p>On 12/19/18 at approximately 8:20 a.m., an observation of the breakfast meal was conducted in the health care center's dining room. At approximately 8:25 a.m., Resident # L (License) 4 was observed sitting in her wheelchair at a table with seven other residents, all who required adaptive equipment and/or staff assistance with eating. At 8:30 a.m., residents sitting at the table began receiving their breakfast plates of food and staff assisting residents with eating. At 8:42 a.m. all residents at the table except for Resident # L4. At 8:44 a.m., Resident # L4 was severed her breakfast. At 8:45 a.m., Resident # L4 was moved from the table of seven residents to a smaller table where one resident was present eating her breakfast independently. At 8:47 a.m., a staff member was seated next to Resident # L4 assisting her with her breakfast.</p> <p>On 12/19/18 at 10:12 a.m., an interview was conducted with RN (registered nurse) # 1. When asked if she assisted Resident # L4 with her breakfast earlier that morning in the dining room</p>	F 001	<p>receive assistance with each meal.</p> <p>Residents receiving all meals at the facility are at risk of not being served their food in a timely manner. Dietary and nursing staff will be inserviced on serving each resident in a timely manner.</p> <p>Residents who required total assistance with eating their meals will not be transported to the dining room, or have their meal served to them, until a staff member is available to assist the resident.</p> <p>A meal observation form will be completed by administrative staff for one meal daily 5x a week for 6 weeks. Areas of identified opportunity will be reviewed with assigned staff. The audits will be tracked for trends/patterns weekly by the DON, and/or designee, for additional action or education.</p> <p>The findings of the meal observation audit will be reviewed by the monthly QA Committee.</p> <p>Cross reference the plan of correction with F658, F757, F759, F760 and F880 according to the Federal plan of care.</p>	

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F 001	<p>Continued From page 2</p> <p>RN # 1 stated, "Yes." When asked if she assisted residents in the dining room on a regular basis RN # 1 stated, "I assist frequently." When asked about serving residents their meals in the dining room RN # 1 stated, "They should be served at the same time." When asked why it was important to serve all the residents at a table at the same time RN # 1 stated, "You don't want someone waiting to eat while the other person(s) are eating, it's a dignity issue." When asked why Resident # L4 was moved RN # 1 stated, "Because there wasn't enough room for me to sit next to her at the table to assist her with her meal." When asked if it was it dignified for Resident # L4 to wait to be assisted while everyone else ate RN # 1 stated, "No." When asked she would feel if she had to wait for her food while her family or friends had received her their meal and were already eating RN # 1 stated, "I would be upset." When asked how she thought Resident # L4 would have felt RN # 1 stated, "She probably feels about the same. When asked what should have happened RN # 1 stated, "They (staff) should make sure a staff is present to assist the resident before the food is served to everyone else. Make sure the table is served and assisted all at once."</p> <p>The facility's "Resident Rights and Responsibilities" documented, "1. To be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and in caring for resident's personal needs. This right to privacy shall not be deemed to create right to a private room."</p> <p>On 12/19/18 at 5:25 p.m., ASM (administrative staff member) # 1, acting administrator and ASM # 2 were made aware of the findings.</p>	F 001		

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F 001	<p>Continued From page 3</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) A brain disorder that seriously affects a person's ability to carry out daily activities) This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/alzheimersdisese.html.</p> <p>(2) Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary.</p> <p>(3) A disease that destroys your sharp, central vision. You need central vision to see objects clearly and to do tasks such as reading and driving. This information was obtained from the website: https://medlineplus.gov/maculardegeneration.html.</p> <p>(4) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html. 12VAC5-371-220 cross reference to F658, F757, F759 and F760.</p> <p>12 VAC 5-371-180(A) cross reference to F880</p>	F 001		