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	495336	A. BUILDING _____ B. WING _____	C 07/26/2018

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AUGUSTA NURSING & REHAB CENTER	83 CROSSROADS LANE FISHERSVILLE, VA 22939

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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 7/24/18 through 7/26/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000	The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 7/24/18 through 7/26/18. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. Five complaints were investigated. The Life Safety Code survey/report will follow. The census in this 112 certified bed facility was 102 at the time of the survey. The survey sample consisted of 21 current Resident reviews and two closed record reviews.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation and resident interview, the facility failed to ensure reasonable accommodation of needs were met for one of 23 residents in the survey sample, Resident #15. Resident #15 was unable to freely move about the room where he resided due to obstruction.	F 558	F558: Reasonable accommodation of needs/ preferences 1. Resident #15 no longer resides in the facility 2. Quality reviews of current residents completed by the Executive Director (ED)/DON to ensure residents with trapeze bars are able to move freely about their rooms. Follow up based on findings. 3. Current Certified Nursing Assistants (CNA's), Licensed nurses and Maintenance staff re-educated by the ED/DON/designee regarding the use of trapeze bars and ensuring that it does not impede on a residents ability to move freely around their room 4. DON/UM/ED/Maintenance Director/designee to conduct quality monitoring of current residents through mock survey rounds to ensure residents with trapeze bars are able to move freely about	8/29/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Alyssa Cark (Digitally signed by Alyssa Cark. DN: cn=Alyssa Cark, o=Consulate Health Care, ou=Augusta Nursing, email=Alyssa.L.Clark1@consulatehc.com, c=US Date: 2018.08.13 09:50:10 -04'00')	Executive Director	8/10/2018

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 558	Continued From page 1 The findings Include: Resident #15 was admitted to the facility on 10/29/16. The most current MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 4/24/18. Resident #15 was assessed with a cognitive score of 13, indicating he was cognitively intact. Diagnoses for Resident #15 included: Osteomyelitis, bilateral below knee amputations, and depression. Resident #15 used a wheelchair for mobility. On 07/24/18 at 11:36 AM, an interview was conducted with Resident #15. When asked about ability to move about his room, Resident #15 verbalized that he is unable to get to the closet because the wheel chair is to wide to go between the bottom of the bed and the bathroom door. Resident #15 resideds in the "A" bed (closest to the door). Resident #15's closet is located in the corner close to the window and at the foot of "B" bed. A portable trapeze is at the head of Resident #15's bed (for mobility while in bed) which makes the head of Resident #15's bed be positioned away from the wall, resulting in a narrow passage between the foot of the bed and the door to the bathroom. On 07/25/18 at 01:51 PM, the maintenance supervisor (other staff, OS #1) was asked to come to Resident #15's room and measure the space between the bottom of the bed and the bathroom door. The measurement was 21.5 inches. The width of the wheelchair from wheel to wheel, measured 27 inches, indicating that Resident #15 could not move about the room and get to the closet located near the window of the	F 558	their rooms 2 times weekly x 2 weeks, weekly x 2 weeks then monthly and PRN as indicated. Finding to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.	

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F 558	Continued From page 2 room. OS #1 was unable to push the bed closer to the wall to allow more room at the bottom of the bed and verbalized that he would figure something out. On 07/26/18 12:35 PM during a surveyor and facility staff meeting the above information was presented to the administrator and director of nursing. No other information was provided prior to exit conference on 7/26/18.	F 558		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to provide adequate supervision and services to prevent falls for one of 24 residents, Resident #42. Findings were: Resident #42 was admitted to the facility on 04/25/2018. Her diagnoses included but were not limited to: Alzheimer's disease, hypertension, dementia, anxiety, depressive disorders, unsteadiness on feet, and urinary tract infection.	F 689	F689: Free of Accident Hazards/Supervision/device 1. Resident #42 received adequate supervision and services per professional standards r/t falls. Fall interventions reviewed using root cause analysis (RCA) with updates as indicated to include :30 minute safety checks, therapy screen. Resident on OT services as of 7/30/2018. Care Plan Meeting held for resident #42 on 8/9/2018; bowel and bladder patterning initiated; safety checks increased to every 15 minutes. Further follow up based on findings. 2. A quality review of current residents with falls over the last 30 days completed b the DON/UM/ designee to ensure interventions are current and appropriate. Follow up based on findings. 3. Current licensed nurses re-educated by the DON/UM/designee regarding ensuring interventions are current and appropriate for residents with falls. Falls reviewed through Morning Clinical meeting process. 4. DON/UM/designee to conduct quality monitoring through morning clinical meeting for residents with falls ensuring interventions are current and appropriate 5 times weekly x 4 weeks, 3 times weekly	8/28/18

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F 689	Continued From page 3 The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 06/09/2018. Resident #42 was assessed as being moderately impaired with a cognitive summary score of "08". On 07/24/2018 Resident #42's daughter was interviewed regarding her mother's care at the facility. She stated that her mother had fallen numerous times while at the facility. She stated that her mother was unable to remember to use the call light due to her dementia and tried to take herself to the bathroom without assistance. The clinical record was reviewed on 07/25/2018 at approximately 9:00 a.m. The nurse's notes section was reviewed. From 05/25/2018 through 07/24/2018, Resident #42 had a total of seven falls. "5/25/2018 Patient continues to be alert with confusion. Heard a noise and heard patent yell out. Went to room to observe patient sitting on the floor at the foot of her bed with pants around her ankles. Patient stated she was putting pants on because people were outside talking..." "6/22/2018 ...Res (resident) fall was unwitnessed...found on hands and knees rollator beside resident with bowel on seat. Res pants and brief were pulled down and there was stool in trashcan. Appears resident was attempting to defacant [sic] in trash can..." "6/24/2018 Resident with witnessed fall...stood beside her bed with her cane...reached for curtain and rollator losing her balance falling to her buttocks..."	F 689	x 4 weeks, then twice weekly and PRN as indicated. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule based on findings.	

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F 689	Continued From page 4	F 689		

"7/12/2018 Resident had a witnessed fall..."

"7/13/2018 Resident s/p [status post] fall/lowered to floor..."

"7/18/2018 Was walking into room when patient noted to be sitting on the side of the bed and slid off of the bed..."

"7/25/2018 At 2310 (11:10 p.m.) on 7/24 heard noise in patient room...patient sitting on the floor between toilet and sink..."

The care plan was reviewed. A focus area was "...has the potential for falls/injury r/t Alzheimer's with impaired safety awareness, impaired mobility, wandering..." Interventions listed included but were not limited to: "Adaptive equipment, uses walker for mobility (initiated 05/07/2018); Be sure call light is within reach when in room and encourage her to use it (initiated 05/07/2018); Ensure that (name) is wearing appropriate footwear when ambulating or mobilizing in wheelchair (initiated 05/07/2018); Non-skid strips to bedside (initiated 07/16/2018); Offer to assist (name) to restroom after breakfast (initialed 6/25/2018); Remind to use assistive device with ambulation (initiated 06/09/2018); Will encourage to sleep with nonskid socks on (initiated 06/27/2018). Also reviewed on the care plan was the following focus area: "(Resident name) has an actual and potential ADL (activities of daily living) self care performance deficit r/t (related to) impaired mobility, weakness, Alzheimer's, OA (osteoarthritis). Prefers to keep multiple times on her bedside table and night stand." Interventions included but were not limited to: "Restorative program ambulation and transfer 6 X (times) week to improve ambulation

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F 689	Continued From page 5	F 689		

and transfer safety with rollator device r/t poor insight into bed for assistive device. Date initiated: 06/19/2018".

Observed in the clinical record were two "Restorative Tracking Form[s]" Both forms were dated June 2018. The first form contained the following information: "Programs: Transfer training; Restorative Nurse Summary Frequency of program: 6Xwk; Use of adaptive equipment: Gait belt; Average time to exercise: 15 minutes; Additional Observations: Pt. (patient) does well with transfer training. Will continue program.; Summary: Pt making progress with transfer training. Will continue." The second from also dated June 2018 contained the following information: Restorative Nurse Summary Frequency of program: 6Xwk; Amount and kind of assistance: 25 % apply belt Use of adaptive equipment: Gait belt; Average time to exercise: 15 minutes; Additional Observations: Pt. does well with ambulation. Pt does have a hard time keeping center with walker. Will continue program.; Summary: Pt making progress with ambulation. Will continue to work on walker placement." The back of each form had a grid to track minutes per day that restorative was provided, percent of task completed, tolerance, and verbal cues as related to the restorative program. Both forms were blank.

On 07/25/2018 at approximately 9:30 a.m., Resident #42 was observed sitting at a table in the common area of her unit. She did not have an assistive device with her. LPN (licensed practical nurse) #1 was asked if Resident #42 had walked to the table by herself. He looked over at her and stated, "Yes, she walked out there." He was asked where her walker was. He stated, "I don't

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F 689	Continued From page 6	F 689		

see it...she probably left it in her room, she forgets...I'll go get it for her."

At approximately 1:30 p.m. a "Documentation Survey Report" was presented which documented the amount of time and day that restorative services were provided. The DON was asked how the weeks were divided. She stated that Sunday started a new week. The month of July was reviewed. From 07/01/2018 through 07/21/2018, Resident #42 was provided restorative nursing services a total of six times, it was also offered on two other occasions and documented that she refused. The DON was asked why the services had not been offered six times per week as indicated on her care plan. She stated, "If we have call outs they get pulled to the floor to provide care." The DON was asked how many restorative CNAs were at the facility. She stated, "We have four, two are full time and two are part time." She was asked if other CNAs had been cross trained to provide restorative nursing if those four were not available. She stated, "No, if they are pulled to provide resident care then restorative is not done."

On, 07/26/18 at approximately 9:20 a.m., the corporate consultant (who had recently transitioned from the the DON position at the facility) was interviewed. Concerns were voiced regarding the number of time Resident #42 had fallen. The observation of Resident #42 sitting without her walker, the lack of restorative nursing care to work on her ambulation and transfer, and the concerns of her daughter were discussed. He stated that the staff was offering frequent toileting and doing 30 minute safety checks. He also stated he would order a consult with occupational therapy.

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F 689	Continued From page 7 A meeting was held with the regional nurse consultant, the administrator and the DON on 07/26/2018 at approximately 11:55 a.m. and the above information was discussed. No further information was obtained prior to the exit conference on 07/26/2018.	F 689		
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, and resident interview, the facility staff failed for three of 21 residents in the survey sample	F 700	F700: Bedrails 1. Residents #97, #34 and #33 need for use of side rails completed by the licensed nurse using the side rail evaluation form. Residents #33 and #34 diagnosis reviewed as it relates to the use of side rails. Diagnoses include muscle weakness for resident #33 and Rheumatoid Arthritis for resident #34. Alternative measures were reviewed and updated as indicated. Alternative measures include but are not limited to: bed in lowest position or low bed, periodic assist to rise/transfer from bed, assist with toileting, frequent check/observation, and therapy services. Resident's re-evaluated; plan of care updated related to side rail use as indicated by resident current condition. 2. Quality review of current residents with side rail orders completed by DON/UM/designee to ensure side rail evaluations are current and indicate need for use. Follow up based on findings. Quality review of current residents with side rail orders completed by DON/UM/designee to ensure appropriate diagnoses for use of side rails. Follow up based on findings. Quality review of current residents with side rail orders completed by DON/UM/designee to ensure alternative interventions are being evaluated and used when appropriate. Follow up based on findings.	8/28/2018

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F 700	Continued From page 8 (Residents # 97, 34, and 33) to assess the residents for the use of side rails. The facility staff failed to determine a medical diagnosis for the use of side rails for Residents # 34 and 33, and failed to attempt alternative measures prior to the use of side rails for all three residents.. The findings were: 1. Resident # 97 in the survey sample, was admitted to the facility on 7/3/18 with diagnoses that included hypertension, peripheral vascular disease, renal insufficiency, septicemia, diabetes mellitus, hyperlipidemia, depression, generalized muscle weakness, and hypokalemia. According to an Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/10/18, the resident was assessed under Section C (Cognitive Patterns) as being cognitively intact, with a Summary Score of 15 out of 15. Under Section G) Functional Status, the resident was assessed as needing limited assistance with one person physical assist for bed mobility and transfer. Resident # 97 had the following order, dated 7/15/18, "Side rails as an enabler for turning and re-positioning." The indication/diagnosis for the use of the side rails was listed as "muscle weakness." The resident's care plan, dated 7/13/18, included the following problem, "Mr. (name of resident) has an actual and potential ADL (Activities of Daily Living) Self Care Performance Deficit r/t (related to) impaired mobility d/t (due to) DM	F 700	3. Current licensed nurses and CNA's re-educated by the DON/UM/designee to ensure side rail evaluations are completed accurately in order to determine the resident;s need for use of side rails, physician orders contain supporting diagnoses indicating need for use of side rails and alternate interventions are initiated when appropriate. 4. DON/UM/designee to conduct quality monitoring of current residents through Morning Clinical Meeting to ensure appropriate use of side rails and/or alternate interventions are in place 3 times per week x 2 weeks. weekly x 2 weeks then monthly and PRN. DON/UM/designee to conduct quality monitoring of current residents through Morning Clinical Meeting to ensure an appropriate diagnosis for side rail use is present in the medical record per physician order 3 times per week x 2 weeks, weekly x 2 weeks then monthly and PRN. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.	

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(Diabetes Mellitus) with diabetic foot ulcer with a wound vac in place and a L (Left) BKA (Below the Knee Amputation) with LLE (Left Lower Extremity) limb prosthetic. Mr. (name of resident) also has a PICC (Peripherally Inserted Central Catheter). Mr. (name of resident) had reading glasses that he chooses not to wear at times."

The goal for the problem was listed as, "Mr. (name of resident) will receive appropriate staff support with ADL's through the review date. Mr. (name of resident) will improve current level of function in ADL's through the review date."

The interventions to the stated problem included, "Side rails as an enabler for turning and repositioning." The intervention was added on 7/16/18.

During the orientation tour at 11:00 a.m. on 7/24/18, the resident was observed in his room, seated in a chair by the door. The one-quarter side rails on his bed were in the raised position. During an interview with the resident at 10:30 a.m. on 7/25/18, he was asked if he used the side rails. The resident looked at the side rails and said, "No."

On 7/26/18 at approximately 2:00 p.m., during a meeting that included the Administrator, Director of Nursing, the Corporate Nurse Consultant, and the survey team, the use of siderails for Resident # 97 was discussed.

Following the meeting, the surveyor was presented with a page from an Admission/Readmission Data Collection form for Resident # 97. The page was number 8 of 10, and was titled SECTION N SAFETY (continued).

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Under Side Rail Evaluation, the form indicated the resident was using side rails for positioning or support. The recommendation listed on the form was "Side rails are indicated and serve as an enabler to promote independence."

There were no recommendations listed on the form for alternate measures in lieu of side rails. The page presented to the surveyor was undated.

2. Resident # 34 in the survey sample, was admitted to the facility on 5/11/18 with diagnoses that included anemia, congestive heart failure, hypertension, orthostatic hypotension, pneumonia, respiratory failure, hypothyroidism, rheumatoid arthritis, general muscle weakness, dysphagia, contracture of the right knee, bradycardia, and myocardial infarction.

According to a Medicare 14-Day MDS with an ARD of 5/25/18, the resident was assessed under Section C (Cognitive Patterns) as being cognitively intact, with a Summary Score of 15 out of 15.

Under Section G) Functional Status, the resident was assessed as needing extensive assistance with two persons physical assist for bed mobility, and as totally dependent with two persons physical assist for transfer.

Resident # 34 had the following order, dated 7/15/18, "Side rails as an enabler for turning and repositioning." The indication/diagnosis for the use of siderails was listed as "Hypotension." (NOTE: Hypotension is defined as abnormally low pressure of the blood - also called low blood pressure. Ref. Langenscheidt's Merriam-Webster Medical Dictionary, 2002, page

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312.)

The resident's care plan, dated 5/24/18, included the following problem, "Mr. (name of resident) has an actual and potential ADL Self Care Performance Deficit r/t impaired mobility and weakness, s/p (status post) recent myxedema coma, PNA (pneumonia) , type 2 MI (Myocardial Infarction), RA (Rheumatoid Arthritis) with contractures involving all 4 extremities, has only 2 natural teeth."

The goal for the problem was listed as, "Mr. (name of resident) will receive appropriate staff support with ADL's through the review date. Mr. (name of resident) will improve current level of function in ADL's through the review date."

The interventions to the stated problem included, "Side rails as an enabler for turning and repositioning." The intervention was added to the care plan on 7/16/18.

On 7/26/18 at approximately 2:00 p.m., during a meeting that included the Administrator, Director of Nursing, the Corporate Nurse Consultant, and the survey team, the use of siderails for Resident # 34 was discussed.

Following the meeting, the surveyor was presented with a page from an Admission/Readmission Data Collection form for Resident # 34. The page was number 8 of 10, and was titled SECTION N SAFETY (continued). Under Side Rail Evaluation, the form indicated the resident was using side rails for positioning or support. The recommendation listed on the form was "Side rails are indicated and serve as an enabler to promote independence." Also

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checked on the form was the box for, "The resident has expressed a desire to have side rails raised while in bed."

There were no recommendations listed on the form for alternate measures in lieu of side rails. The page presented to the surveyor was undated.

3. Resident # 33 in the survey sample, was admitted to the facility on 5/29/18, and most recently readmitted on 7/9/18 with diagnoses that included cancer, atrial fibrillation, deep vein thrombosis, hypertension, diabetes mellitus, hyperglycemia, bipolar disorder, history of falling, difficulty walking, morbid obesity, and end stage renal disease with dialysis.

According to a Medicare 14-Day MDS with an ARD of 6/5/18, the resident was assessed under Section C (Cognitive Patterns) as being cognitively intact, with a Summary Score of 15 out of 15.

Under Section G) Functional Status, the resident was assessed as totally dependent with two persons physical assist for transfers and bed mobility.

Resident # 33 had the following order, dated 7/15/18, "Side rails as an enabler for turning and repositioning." The indication/diagnosis for the use of siderails was listed as "Kidney failure."

The resident's care plan included the following problem, "Ms. (name of resident) has an actual and potential ADL Self Care Performance Deficit r/t BiPolar disorder, episode of altered mental status, ESRD (End Stage Renal Disease) on dialysis, impaired mobility, CHF (congestive heart

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F 700	Continued From page 13 failure), on O2 (oxygen), MDS (Myelodysplastic Syndrome), pain, wears glasses." The goal for the problem was, "Ms. (name of resident) will receive appropriate staff support with ADL's through the review date. Ms. (name of resident) will improve current level of function in ADL's through the review date." The interventions to the stated problem included, "Side rails as an enabler for turning and repositioning." The intervention was added to the care plan on 7/25/18. On 7/26/18 at approximately 2:00 p.m., during a meeting that included the Administrator, Director of Nursing, the Corporate Nurse Consultant, and the survey team, the use of siderails for Resident # 33 was discussed. Following the meeting, the surveyor was presented with a page from an Admission/Readmission Data Collection form for Resident # 33. The page was number 8 of 10, and was titled SECTION N SAFETY (continued). Under Side Rail Evaluation, the form indicated the resident was using side rails for positioning or support. The recommendation listed on the form was "Side rails are indicated and serve as an enabler to promote independence." There were no recommendations listed on the form for alternate measures in lieu of side rails. The page presented to the surveyor was undated.	F 700		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff.	F 725	F725: Sufficient Nursing Staff 1. Residents #80 and #42 re-evaluated by therapy r/t need for restorative services. Residents #80 and #42 received restorative nursing services per	8/28/18

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F 725	Continued From page 14 The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on staff interview, resident interview, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure sufficient staff to provide restorative nursing services for 2 of 23 residents in the survey sample: Residents # 80 and # 42. Restorative nursing services were not provided six times per week per therapy referral. 1. Resident # 80 was referred for restorative nursing services to increase functional activity six	F 725	therapy recommendations and physician orders as indicated. 2. Quality review of current residents with orders for a Restorative Nursing Program (RNP) completed by DON/UM/designee ensuring resident received restorative nursing services per physician order with documentation in the medical record without omission. Follow up based on findings. 3. Current Licensed nurses/CNA's/RNP aides/ therapy re-educated by the DON/UM/designee to ensure residents receiving restorative services is consistently provided and documented timely in the medical record without omission. Executive Director provided re-education for Staffing Coordinator/ Nursing Administration Team regarding staff reassignment; including but not limited to restorative aides. ED/DON to be contacted for potential reassignment of restorative aides to ensure assignment adjustment allows for pertinent program completion. 4. DON/UM/designee to conduct quality monitoring through Morning Clinical Meeting to ensure residents receiving restorative services is consistently provided per therapy recommendations/ physician order and documented timely in the medical record without omission 5 times weekly x 4 weeks, 3 times weekly x 4 weeks then twice weekly and PRN as indicated. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule based on findings.	

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times per week.

2. Resident # 42 was referred for restorative nursing services six times per week for transfer training and strengthening exercises.

Findings include:

1. Resident # 80 was initially admitted to the facility 9/26/17 with a readmission date of 6/29/18. Diagnoses for Resident # 80 included, but was not limited to: high blood pressure, GERD (gastroesophageal reflux disease), depression, and chronic knee pain.

The most recent MDS (minimum data set) was a quarterly review dated 5/18/18 and had the resident coded with moderate cognitive impairment with a total summary score of 10 out of 15.

On 7/25/18 beginning at 9:00 a.m. the resident council president was interviewed. She stated "They (facility) are very short-staffed on weekends; there's a lot of call outs by staff which sometimes leaves one CNA (certified nursing assistant) to work a whole hall alone; that's a lot of residents to care for, and they bust their butt to do it. Some of the nurses will help them; most do not. The nurse working 7 p.m. to 7 a.m. will help, but not the others, that I have noticed."

The clinical record was reviewed 7/26/18 beginning at 8:00 a.m. Review of the initial care plan care revealed the resident had been referred from therapy for restorative nursing services on 1/17/18. The care plan focus included the resident had an actual ADL (activities of daily living) self care deficit. Interventions to address

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the deficit included "Restorative program transfer and exercise 6 times per week for sitting balance and bilateral upper extremity strength for ADL's and wheelchair management." The resident had a brief hospital stay in June 2018, and on readmission, the care plan was revised to include the referral from therapy for the continued restorative program. Documentation for the services provided was not located in the clinical record.

On 7/26/18 at approximately 9:00 a.m. the DON (director of nursing), who was in charge of the restorative program, was asked for the documentation of services provided to the resident January 2018 to July 2018. The documentation revealed the following:

January 2018: Three days of services for the month
February 2018: Six days for the month
March 2018: Fifteen days for the month
April 2018: Fifteen days for the month
May 2018: Fourteen days for the month
June 2018: Thirteen days for the month (one week of June resident was in hospital).
July 2018: Five days of nine days were provided.

On 7/26/18 at 9:45 a.m. the two CNA's identified as restorative staff, were interviewed about the provision of the restorative services to residents. Both CNA'a stated "Since the first of the year, we have been pulled to floor to do resident care so restorative services either didn't get done, or was limited. There are about twenty-two (22) residents on restorative, and each of them are to get it about six times a week; some of them have two or three different exercises to do, and that can take a while. We used to have two part-time

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restorative aides, but one went back to floor since they were always pulled to floor to cover call outs..." CNA # 1 stated "We work opposite weekends so restorative can be done on weekends; however, my weekend isn't always fully staffed, and then I am pulled to the floor. If someone comes in to work, then I am released to do restorative, but that doesn't happen sometimes until 11:00 a.m. and there's not a lot I can get done in three and half hours." CNA # 2 stated her weekend was usually staffed "pretty well; if I get pulled it's usually due to a call out. Since the first of year, though, there has been a lot of staff either quit or fired due to the call out policy..." Both CNA's were in agreement that due to staffing shortages, whether by call outs or simply not enough staff to work the shifts, especially on weekends, restorative services were not provided six times per week as referred.

On 7/26/18 during a meeting with facility staff beginning at 12:15 p.m. the administrator and regional nurse consultants were informed of the above findings.

No further information was provided prior to the exit conference.

THIS IS A COMPLAINT DEFICIENCY.
2. Resident #42 was admitted to the facility on 04/25/2018. Her diagnoses included but were not limited to: Alzheimer's disease, hypertension, dementia, anxiety, depressive disorders, unsteadiness on feet, and urinary tract infection.

The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 06/09/2018. Resident #42 was assessed as being moderately impaired with a

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cognitive summary score of "08".

On 07/24/2018 Resident #42's daughter was interviewed regarding her mother's care at the facility. She stated that her mother had fallen numerous times while at the facility. She stated that her mother was unable to remember to use the call light due to her dementia and tried to take herself to the bathroom without assistance.

The clinical record was reviewed on 07/25/2018 at approximately 9:00 a.m. The care plan contained the following focus area: "(Resident name) has an actual and potential ADL (activities of daily living) self care performance deficit r/t (related to) impaired mobility, weakness, Alzheimer's, OA (osteoarthritis). Prefers to keep multiple times on her bedside table and night stand." Interventions included but were not limited to: "Restorative program ambulation and transfer 6 X (times) week to improve ambulation and transfer safety with rollator device r/t poor insight into bed for assistive device. Date initiated: 06/19/2018".

Observed in the clinical record were two "Restorative Tracking Form [s]" Both forms were dated June 2018. The first form contained the following information: "Programs: Transfer training; Restorative Nurse Summary Frequency of program: 6Xwk; Use of adaptive equipment: Gait belt; Average time to exercise: 15 minutes; Additional Observations: Pt. (patient) does well with transfer training. Will continue program.; Summary: Pt making progress with transfer training. Will continue." The second from also dated June 2018 contained the following information: Restorative Nurse Summary Frequency of program: 6Xwk; Amount and kind

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of assistance: 25 % apply belt Use of adaptive equipment: Gait belt; Average time to exercise: 15 minutes; Additional Observations: Pt. does well with ambulation. Pt does have a hard time keeping center with walker. Will continue program.; Summary: Pt making progress with ambulation. Will continue to work on walker placement." The back of each form had a grid to track minutes per day that restorative was provided, percent of task completed, tolerance, and verbal cues as related to the restorative program. Both forms were blank.

At approximately 11:00 a.m., the DON (director of nursing) was interviewed regarding the Restorative Nursing Program. She stated that the CNAs (Certified nursing assistants) who did restorative documented in the computer. The documentation was requested.

At approximately 1:30 p.m. a "Documentation Survey Report" was presented which documented the amount of time and day that restorative services were provided. The DON was asked how the weeks were divided. She stated that Sunday started a new week. The month of July was reviewed. From 07/01/2018 through 07/21/2018, Resident #42 was provided restorative nursing services a total of six times, it was also offered on two other occasions and documented that she refused. The DON was asked why the services had not been offered six times per week as indicated on her care plan. She stated, "If we have call outs they get pulled to the floor to provide care." The DON was asked how many restorative CNAs were at the facility. She stated, "We have four, two are full time and two are part time." She was asked if other CNAs had been cross trained to provide restorative

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nursing if those four were not available. She stated, "No, if they are pulled to provide resident care then restorative is not done." She was asked how often they were pulled to provide care. She stated, "About once every two weeks...it's been more lately because of vacations and things."

The DON and this surveyor walked down the hall to speak with one of the restorative aids. The DON stated, "We only have one restorative aid today, (name) was pulled to the floor to provide care," The DON was asked how long the aid providing restorative would be working and how many residents she would see. The DON stated, "She gets off at 3:00 today, all the CNAs work eight hour shifts...she has about 12 residents to see today." The DON was asked how the restorative aid would be able to provide services to that many residents. She stated, "That's a good question."

CNA #4 was interviewed at 2:00 p.m. on 07/25/2018. She was asked about restorative services. She stated that she worked part time in restorative and part time on the floor. She was asked about her schedule for restorative. She stated, "Today I have about 12 residents to see...each one has exercises that take over 15 minutes for each one...I honestly won't get to all of them today. I am doing the best I can, I haven't taken lunch...when one of us get pulled one person can't do it all."

CNA #2 was interviewed at approximately 2:30 p.m. CNA #2 stated that she was a full time restorative aid but had been pulled to the floor. She was asked why she was pulled. She stated, "Since the first of the year we have been pulled all

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F 725	Continued From page 21 the time...if someone calls in we get pulled to cover patient care." CNA #2 was asked who provided restorative if they were pulled to the floor. She stated, "No one...the residents just don't get it if we don't have enough staff." A meeting was held with the regional nurse consultant, the administrator and the DON on 07/26/2018 at approximately 11:55 a.m. and the above information was discussed. No further information was obtained prior to the exit conference on 07/26/2018.	F 725		
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on Resident interview, staff interview, and in the course of a complaint investigation, the facility failed to ensure essential equipment was in safe working condition. Hoyer lift batteries were not being charged, resulting in residents getting stuck in the Hoyer lift until another battery was obtained or being released manually. The Findings Include: During the course of the complaint investigation, three Resident's were identified as using Hoyer lift and sit to stand lift for transfers. Resident #15 with a BIMS (Brief Interview for	F 908	F908: Essential equipment, safe operating condition 1. Current mechanical lifts and batteries checked and found to be fully functioning and capable of maintaining full charge. 2. Quality review of mechanical lifts and batteries completed b ED/Maintenance Director/designee ensuring mechanical lift batteries charge is maintained and lifts are in good working condition. Charging schedule established and new back-up batteries ordered. Follow up based on findings. 3. Current licensed nurses and CNA's re-educated by the ED/Maintenance Director/DON/UM/designee r/t ensuring mechanical lift batteries charge is maintained, implementation of the lift charging schedule and that lifts are in good working condition. Validation of battery docked for charging completed each shift by nurse and logged; Mainenance staff to conduct weekly testing to ensure proper battery function. 4. ED/Maintenance Director/designee to conduct quality monitors through random facility rounds of mechanical lifts to ensure the lift batteries charge is maintained, battery charging schedule is	8/28/2018

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F 908	Continued From page 22 Mental Status) score of 13 and diagnoses that included bilateral below knee amputations and uses a Hoyer lift for transfers. Resident #15 was interviewed on 07/24/18 at 12:06 PM. When asked about getting stuck in a Hoyer lift, Resident #15 verbalized he has gotten stuck in the Hoyer lift several times and the staff claims the battery is dead. Resident #5 with a current BIMS of 15 and diagnoses of peripheral vascular disease and uses a Hoyer lift for transfers. Resident #5 was interviewed on 07/24/18 at 02:48 PM, concerning getting stuck in a Hoyer lift. Resident #5 verbalized that the batteries get low and has prevented Resident #5 from getting up. Resident #35 with a current BIMS of 15 and diagnoses of severe obesity and muscle weakness uses a sit to stand lift. Resident #35 was interviewed on 07/24/18 at 03:33 PM, and verbalized she has been stuck in Hoyer lift (sit to stand) twice within the last couple weeks. On 7/25/18 at 2:10 PM, certified nursing assistant (CNA #5) was interviewed concerning residents getting stuck in the Hoyer lifts. CNA #5 verbalized that it had not happened to her, but has happened to others and the staff have to go and get another battery or release the resident manually. CNA #5 verbalized that the batteries seem to run down quick. On 7/25/18 at 2:50 PM, CNA #6 (working the evening shift) was interviewed concerning the	F 908	followed and logged and lifts are in good working order 5 times weekly x 2 weeks, 3 times weekly x 2 weeks, then weekly and PRN as indicated. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.	

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AUGUSTA NURSING & REHAB CENTER	83 CROSSROADS LANE FISHERSVILLE, VA 22939

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F 908	Continued From page 23 Hoyer lifts. CNA #6 verbalized that Resident's do get stuck in the lifts because the batteries are not being charged up over night and they (batteries) run down. CNA #6 also verbalized that management is aware of the problem and has told the staff to charge the batteries but sometimes the staff does not charge them up. On 07/26/18 at 12:35 PM, the above finding was brought to the attention of the administrator and director of nursing. The administrator verbalized awareness of batteries going low and has been trying to fix the problem by educating staff and had an outside contractor try to determine the cause of the batteries going low. No other information was presented prior to exit conference on 7/26/18. This is a compliant deficiency.	F 908		