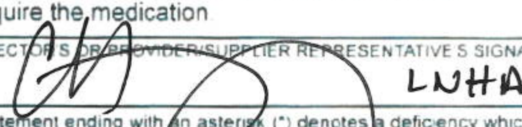
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495201	A. BUILDING ______ B. WING ______	R-C 06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER PORTSMOUTH	4201 GREENWOOD DRIVE PORTSMOUTH, VA 23701

(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	{E 000}		
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit survey to the standard survey conducted 4/28/19 through 5/1/19 was conducted 6/18/19 through 6/19/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The census in this 124 certified bed facility was 62 at the time of the survey. The survey sample consisted of 13 current resident reviews (Residents #101 through #113) and one closed record review (Resident #114).	{F 000}		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review and facility documentation the facility staff failed for one (Resident #109) of 14 residents in the survey sample, to follow professional standards of care for medication administration. The facility staff failed to administer medication to Resident #109 per physician's order on 06/17/2019 and failed to document attempts to acquire the medication.	F 658	1. The medication for Resident #109 could not be administered for the date missed as cited on the 2567. There was no negative outcome for the resident related to deficient practice. The physician was notified of the missed on 6/19/19. 2. All residents receiving medications are at risk for the deficient practice of missing a medication. 3. DON, Clinical Manager, Staff Educator or designee will educate license nurses on the 6 rights of medication administration, professional standards for following care plan as related to medication administration and when to notify the physician of missed medication. Medical records of residents in facility on June 10, 2019 will be audited for missed medications and notification to the physician. 4. DON, Clinical Manager or designee will audit 10 resident medication administration records 3 times per week for 4 weeks for missed medications and for appropriate notification to the physician. 5. Compliance Date: July 2, 2019.	

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



TITLE: LNHA

(X6) DATE: 6/28/19

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495201	A. BUILDING ______ B. WING ______	R-C 06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER PORTSMOUTH	4201 GREENWOOD DRIVE PORTSMOUTH, VA 23701

(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 658	Continued From page 1	F 658		

The findings included:

Resident #109 was admitted to the facility on 01/17/2014. Diagnoses included but were not limited to, Huntington's Disease (1) and Psychotic Disorder. Resident #109's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 05/27/2019 coded the resident with a BIMS (Brief Interview for Mental Status) score of 14 out of 15 indicating no cognitive impairment. In addition, the Minimum Data Set coded Resident #109 as requiring no assistance with bed mobility, transfer and eating, supervision with eating and total dependence of 1 with bathing.

On 06/19/2019, the "NON-PRN (as needed) Medication Notes" page of Resident #109's Medication Administration Record was reviewed and it revealed that Licensed Practical Nurse (LPN) #1 documented the following, "Austedo 12 mg (milligrams) tablet (2) Tablet Oral Every One Day" was not administered (Med Not Available) on 06/17/2019 and 06/18/2019 at 9 a.m."

On 06/19/2019 review of Resident #109's "Physician Order Sheet" revealed an order for "Austedo 12 mg Tablet Oral" which also included an ICD (International Classification of Diseases) (3)-10 code: G10-Huntington's Disease

Resident #109's comprehensive care plan was reviewed on 06/19/2019 and it revealed under "Problem: (Resident's name) has Huntington's Disease STATUS: Active (Current)." The comprehensive care plan also revealed an intervention and is documented in part, as follows: "Administer medications as ordered and

F 658 Continued From page 2 — F 658

monitor for s/s (Signs and Symptoms) of effectiveness. STATUS: Active (Current).

On 06/19/2019 at approximately 1:20 p.m., an interview was conducted with Registered Nurse (RN) #2 Clinical Manager and she was asked, "What can you tell me about the medication not being given to Resident #109 on 06/17/2019 and 06/18/2019?" RN #2 stated, "I know the medication is ordered through a special pharmacy and I think the nurse was trying to contact the family about ordering the medication." The surveyor asked RN #2, "Should LPN #1 have documented not giving the medication in the nurses note?" RN #2 stated, "Yes, she should have put a note in the progress notes." RN #2 was asked, "Did Resident #109 receive her Austedo medication for her Huntington's Disease today?" RN #2 stated, "I will go and check."

On 06/19/2019 at approximately 1:30 p.m., RN #2 stated, "Resident #109 received her medication today. I checked in the medication cart and she has plenty of medication. The resident has a whole card of medication and another card that has 6 doses left." RN #2 stated "I will call LPN #1 and find out why she didn't administer the resident her medication. I will also start a "Medication Delay," notify the family and the MD (Medical Doctor)." RN #2 showed the surveyor 2 blister pack cards of "Austedo" medication. One blister pack had 24 pills and a second blister pack had 6 pills.

On 06/19/2019 at approximately 1:45 p.m., RN #2 stated, "I contacted LPN #1 and she stated that she did not give the medication on 06/17/2019 because she did not look through all the drawers on the medication cart. LPN #1 said

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495201	A. BUILDING ______ B. WING ______	R-C 06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER PORTSMOUTH	4201 GREENWOOD DRIVE PORTSMOUTH, VA 23701

(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 658	Continued From page 3	F 658		

that she had signed that she couldn't find the medication in the drawer on 06/18/2019 and then she found the medication and gave it." RN #2 stated, "LPN #1 stated that she notified the family."

RN #2 presented a note to the surveyor on 06/19/2019 at approximately 2:25 p.m.. RN #2 stated, "Here's an email from LPN #1 stating what happened." RN #2 was asked, "Can you provide documentation to evidence that the "Austedo" was administered to Resident #109 on 06/18/2019?" RN #2 stated, "No, nothing more than what's in that email." On 06/19/2019 at 2:30 p.m., RN #2 stated, "Resident #109 did not have any negative outcomes."

On 06/19/2019 at approximately 2:35 p.m., facility staff provided copy of "Medication Administration" procedure.

The Administrator and Director of Nursing was informed of the findings on 06/19/2019 at 2:50 p.m. at the pre-exit meeting. The facility did not present any further information about the findings.

Standard for Medication Administration: Guidance given from Potter and Perry. Fundamentals of Nursing. Eighth Edition, page 305 read: Nurses follow health care providers' orders unless they believe the orders are in error or harm patients. Therefore you need to assess all orders; if you find one to be erroneous or harmful, further clarification from the health care provider is necessary. Page 584 read. To prevent medication errors, follow the six rights of medication administration consistently every time you administer medications. Many medication errors can be linked, in some way, to an

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495201	A. BUILDING ______ B. WING ______	R-C 06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENTARA NURSING CENTER PORTSMOUTH	4201 GREENWOOD DRIVE PORTSMOUTH, VA 23701

(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 658		F 658		

Continued From page 4
inconsistency in adhering to these rights:

1. The right medication
2. The right dose
3. The right patient
4. The right route
5. The right time
6. The right documentation

Definitions:

(1) Huntington's Disease-Huntington's Disease (HD) is an inherited disease that causes certain nerve cells in the brain to waste away. People are born with the defective gene, but symptoms usually don't appear until middle age. Early symptoms of HD may include uncontrolled movements, clumsiness, and balance problems. Later, HD can take away the ability to walk, talk, and swallow."

(2) Austedo (Brand name)-Deutetrabenazine (Generic name) - Deutetrabenazine is used to treat chorea (sudden movements that you cannot control) caused by Huntington's Disease (an inherited disease that causes the progressive breakdown of nerve cells in the brain). Source (https://medlineplus.gov/druginfo/meds/a617022.html)

(3) ICD (International Classification of Diseases)-10 -The International Classification of Diseases (ICD) is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics. Source (https://www.cdc.gov.nchs/icd/icd10.htm)