

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/31/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FREDERICKSBURG HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3900 PLANK ROAD</b> <b>FREDERICKSBURG, VA 22407</b>
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey was conducted 05/29/19 through 05/31/19. Three complaints were investigated during the survey. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 177 certified bed facility was 111 at the time of the survey. The survey sample consisted of 12 current resident reviews (Residents #1 through #6 and #11 through #16) and four closed record reviews (Residents #7 through #10).	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure one of 16 sampled residents, (Resident #11), was free from physical	F 600	F600 Free from Abuse and Neglect  Affected resident is in stable condition per baseline physically and mentally.	6/19/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>06/19/2019</b>
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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 600	<p>Continued From page 1</p> <p>and verbal abuse. The facility staff failed to protect Resident #11 from being kicked and cursed at by OSM (other staff member) # 14, speech therapist.</p> <p>The findings include:</p> <p>Resident #11 was admitted to the facility on 06/09/2017 and a readmission on 05/14/2019 with diagnoses that included but were not limited to: dementia (1), diabetes (2), seizures (3) and mood disorder.</p> <p>Resident # 11's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 05/21/19, coded Resident # 11 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3 (three) - being severely impaired of cognition intact for making daily decisions. Resident # 11 was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>The Facility Reported Incident (FRI) for Resident # 11 documented "Incident date: July 6, 2018" and "Report date: July 9, 2018." Under "Incident Type" it documented, "Allegation of abuse/mistreat." The FRI further documented, "Describe incident, including location and action taken: Three CNAs (certified nursing assistants) reported witnessing (OSM # 14) kick and curse at (Resident # 14). Head to toe assessment completed on (Resident # 14) with no injuring noted." Under "Employee action initiated or taken" it documented, "(OSM # 14) has been suspended pending investigation."</p> <p>The facility's "Investigative Report" documented,</p>	F 600	<p>There were no negative outcomes identified for the alleged deficient practice. Residents residing in the facility have the potential to be affected.</p> <p>Current employees will be re-educated by the Director of Nursing, Director of Social Services, Department Heads, and Designees on the required notification of any allegation of abuse immediately to their supervisor.</p> <p>Newly hired employees will continue to receive education on identifying resident abuse, resident rights, and required abuse reporting during orientation per the facility's policy. This education will be performed annually and as needed. PRN staff will be in-serviced prior to working their first shift.</p> <p>In-services to be completed by date of compliance.</p> <p>The Director of Nursing/Social Services Director/Designee will do a random audit/testing of five (5) employees weekly x four (4) weeks by interviewing them to assess and ensure that alleged violations are promptly identified and investigated according to facility policy. Negative patterns will be presented and discussed at the QAPI monthly/quarterly meeting for reviews/recommendations.</p>		

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F 600	<p>Continued From page 2</p> <p>"Date of Incident 7/6/18" and "Date of Investigation: 7/13/18." Under "Summary of Alleged Incident" it documented, "On July 9, 2018, 2 (two) CNAs reported to DON (director of nursing) that speech therapist, (Name of OSM # 14), kicked resident (Name of Resident # 11) as she was being combative &amp; (and) kicked the speech therapist. The CNAs reported the resident took a flower arrangement from the dining room. In attempting to retrieve it, (Resident # 11) became aggressive, kicking and hitting. The incident occurred at the nurse's station on east hall. The speech therapist attempted to assist however Res (Resident) kicked and cursed at the therapist, who kicked and cursed back at her." Under "Action Taken During Investigation" it documented, "Suspension - term (termination) of employee (OSM # 14), Resident assessment and monitoring, Appropriate agency notification and referrals, Interviews/rounds." Under "People Interviewed" it documented, "(CNA # 3). Date 7/9/18. CNA # 12. Date 7/9/18." Under "Conclusion" it documented, "Facility substantiated abuse r/t (related to) 2 (two) [sic] CNA witnessing the therapist kicked (Resident # 11). Police were notified and interviewed (OSM # 14). In the interview w/police (with police) and administrator, (OSM # 14) did not deny the incident, she stated, "I don't recall if I kicked her or cursed at her." The speech therapist also a contractor was terminated from employment. Staff were Reeducated on abuse prevention and reporting guidelines. (Resident # 11) was without signs of psychosocial distress following incident."</p> <p>The facility's "Progress Notes" dated "7/9/2018 1323 (1:23 p.m.)" documented, "Writer made aware of incident that occurred on 7/6/18"</p>	F 600			

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F 600	<p>Continued From page 3</p> <p>involving resident and staff attempting to redirect behaviors and agitation. Writer spoke with dtr (daughter) (Name of Daughter) by phone this date and informed of incident and investigation follow up. Resident is throughout facility as normal. Social services will follow. Author: [ASM (administrative staff member) # 5, previous administrator] - executive director."</p> <p>The facility's "Progress Notes" dated "7/9/2018 1435 (2:35 p.m.)," documented, "Head to toe skin assessment completed. No new injuries, redness, bruising or open areas observed at this time. Author: [RN (registered nurse) # 5].</p> <p>The facility's "Progress Notes" dated "7/9/2018 1737 (5:37 p.m.)," documented, "SOCIAL SERVICES PSYCHOSOCIAL ASSESSMENT. Please note that the resident presents [sic] alert and responsive to this writer's questions. She is currently in her wheelchair sitting quietly with other residents near the nurse's station. She continues to enjoy self-propelling throughout the facility but prefers sitting near the nurse's station with other residents. The resident actually extended her hand to a passing resident and asked, "How are you doing?" She then rolled back so that he could get by with his wheelchair. The resident has not [sic] noted behavior or rejection concerns for today. The resident maintains that her appetite but she has some difficulty sleeping. Neither her movements nor her speech pace are slow and she does not appear fidgety or restless. She denied feeling sick or having any pain at this time. She has been scheduled to be seen by psych [psychiatric] services. Staff will continue to observe the resident for mood changes and behaviors and will implement interventions accordingly. Please</p>	F 600			

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F 600	<p>Continued From page 4 continue POC (plan of care)."</p> <p>The facility's "Progress Notes" dated "7/10/2018 0539 (5:39 a.m.)," documented, "Resident has been in and out of bed most of the night, which is her norm, interacting with peers, pleasant mood."</p> <p>The facility's "Progress Notes" dated "7/10/2018 1332 (1:32 p.m.)," documented, "SOCIAL SERVICES PSYCHOSOCIAL ASSESSMENT. Please note that the resident presented alert and pleasant when approached by this writer earlier today. She was sitting quietly in her wheelchair in her room eating breakfast ...stating it was good. She even offered this writer some of her breakfast. The resident seemed a little confused when asked about her night's sleep but was able to say she did not feel sick or in pain. She has since self-propelled to the hallway near the nurse's station where she was greeted by the residents she usually sits with and whom she classifies as her friends. She pleasantly greeted each person who passed by. Of late, resident has not presented with any behaviors involving wandering in rooms of others and/or taking things that do not belong to her. Staff continues to observe the resident for mood changes and behaviors. Please continue POC."</p> <p>The "Psychiatric Evaluation" for Resident # 11 dated 7/12/2018 documented, "Recommendations: Patient continues to benefit without adverse effect from current psychotropic medication regimen. Continue medication(s) as prescribed, the patient is stable at current and/or needs more time to see beneficial effects. Does reduction attempted and/or reduction will cause decompensation of patient. Monitor for changes in mood or behavior."</p>	F 600			

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F 600	Continued From page 5  Review of the facility's grievance logs dated May 2018 through May 2019 failed to evidence any concerns regarding resident abuse from facility staff.  Review of the facility's "Resident Council Meeting Minutes" dated May 2018 through May 2019 failed to evidence any concerns regarding resident abuse from facility staff.  Review of the FRIs (facility reported incidents) dated May 2018 through May 2019 failed to evidence any concerns regarding resident abuse from facility staff.  On 05/30/19 at 9:55 a.m., an interview was conducted with CNA # 3. When asked to describe the types of abuse CNA # 3 stated, "Any form of physical hitting, emotional, mental, and talking down to them in a way that makes them feel uncared for or unloved." When asked the describe when and to whom she would report abuse when she observed it, CNA # 3 stated, "I would report it as soon as it happens to the unit manager, assistant director of nursing and the director of nursing. When asked if she was a witness to the abuse to (Resident # 11) CNA # 3 stated, "Yes." When asked to describe the incident CNA # 3 stated, "I heard commotion in the hallway, I went into the hallway, and (Resident # 11) was there with two CNAs. The resident (Resident #11), had taken a small flower vase from the sitting room and wouldn't give it back. The speech therapist stepped in, grabbed it really fast from the resident and that's when the resident kicked the speech therapist, the speech therapist kicked and swore back at her." When asked when she reported the incident CNA # 3	F 600			

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F 600	<p>Continued From page 6</p> <p>stated, "It happened really fast and I really didn't know what to do at the time. I waited through the weekend and reported it on Monday. I was fairly-new, I started in March (2018). I was informed by (ASM # 5), previous administrator and (ASM # 3), previous director of nursing, that I should have reported it right after it happened. I was given reeducation about reporting abuse. When asked if she received training regarding preventing, recognizing and reporting abuse as part of her initial orientation CNA # 3 stated, "Yes."</p> <p>On 05/30/19 at 11:00 a.m., a telephone interview was conducted with CNA # 12. When asked to describe the types of abuse CNA # 12 stated, "Anything that will harm them (residents) or preventing them from doing what they are able to do." When asked if she was a witness to the abuse to (Resident # 11), CNA # 12 stated, "Yes." When asked to describe the incident CNA # 12 stated, "(Resident # 11) was in her wheelchair and she had a fake potted plant. She thought it was real and had put some water in it. We tried to get it away from her so she didn't spill the water on her. The speech therapist came over to speak with her because she was able to speak Spanish to (Resident # 11). When the speech therapist tried to take it away she (Resident #11) kicked and swore at the speech therapist and the speech therapist swore back at (Resident # 11) in Spanish." When asked the describe when and to whom she would report abuse when she observed it, CNA # 12 stated, "I would report it to the unit manager or the director of nursing as soon as possible."</p> <p>On 05/30/19 at 1:30 p.m., an interview was conducted with ASM (administrative staff member) # 1, administrator. ASM # 1 was asked</p>	F 600			

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F 600	<p>Continued From page 7</p> <p>if retraining had been provided to the facility staff regarding preventing, recognizing and reporting abuse following the abuse incident with Resident # 11 and OSM # 14. ASM # 1 stated, "Outside of the annual retraining on 'Relias' (computerized training program), no." When asked how all the residents in the facility were protected from abuse following the incident ASM # 1 stated, "All employees go through initial training at the time of hire and annual retraining through 'Relias' and I would retrain the department where the deficiency occurred." ASM # 1 then provided this surveyor with a copy of an attendance log of the (Name of Rehabilitation Department) staff. The attendance sheet documented the signatures of all rehabilitation department staff members and was dated "7/12/18 at Time: 8:15 am (a.m.)." Attached to the attendance sheet revealed documentation regarding preventing, recognizing and reporting abuse.</p> <p>On 05/30/19 at 11:12 a.m., an interview was conducted with CNA # 8. When asked to describe the types of abuse CNA # 8 stated, "It's could be physical, emotional like yelling, calling someone names." When asked the describe when and to whom she would report abuse when she observed it CNA # 8 stated, "I would tell the unit manager or the nurse on duty right away and soon as you see it."</p> <p>The facility's policy "YOUR RESIDENT RIGHTS AND PROTECTIONS UNDER STATE AND FEDERAL LAW" documented, "Freedom from abuse and restraints. Abuse. You have the right to be free from verbal, sexual, physical, and mental abuse and involuntary seclusion by anyone. This includes, but is not limited to nursing home staff, other residents, consultants,</p>	F 600			



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F 600	<p>Continued From page 8</p> <p>volunteers, staff from other agencies, family members, friends, or other individuals. If you feel you have been abused or neglected (your needs not met), report this to the nursing home, your family, your local long-term care ombudsman, or the state survey and certification agency."</p> <p>The facility's policy "Resident Abuse" documented, "2. No employee may at any time commit an act of physical, psychological, or emotional abuse, neglect, mistreatment, and/or misappropriation of property against any resident. Violation of this standard will subject employees to disciplinary action, including dismissal, provided herein."</p> <p>On 05/30/19 at approximately 5:50 p.m., ASM #1, administrator, and ASM #2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided.</p> <p>References:</p> <p>(1) A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a>.</p> <p>(2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a>.</p> <p>(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:</p>	F 600			

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F 600	Continued From page 9 <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .	F 600			
F 607 SS=D	<p>Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to implement abuse policies for one of 16 residents in the survey sample, Resident #11. The facility staff failed to immediately report abuse to the administrator after observing OSM (other staff member) # 14, speech therapist, kicking and cursing at Resident # 11 on 7/6/18. The staff did not report the incident until 7/9/18.</p> <p>The findings include:</p> <p>Resident #11 was admitted to the facility on 06/09/2017 and a readmission on 05/14/2019 with diagnoses that included but were not limited to: dementia (1), diabetes (2), seizures (3) and mood disorder.</p>	F 607	<p>F607 Develop/Implement Abuse/Neglect Policies</p> <p>Affected resident is in stable condition per baseline physically and mentally. There were no negative outcomes identified for the alleged deficient practice.</p> <p>Residents residing in the facility have the potential to be affected.</p> <p>Current employees will be re-educated by the Director of Nursing, Director of Social Services, Department Heads, and Designees on the required notification of any allegation of abuse - immediately to their supervisor. Newly hired employees will continue to receive education on identifying resident</p>	6/19/19	

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F 607	<p>Continued From page 10</p> <p>Resident # 11's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 05/21/19, coded Resident # 11 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3 (three) - being severely impaired of cognition intact for making daily decisions. Resident # 11 was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>The Facility Reported Incident (FRI) for Resident # 11 documented "Incident date: July 6, 2018" and "Report date: July 9, 2018." Under "Incident Type" it documented, "Allegation of abuse/mistreat." The FRI further documented, "Describe incident, including location and action taken: Three CNAs (certified nursing assistants) reported witnessing (OSM # 14) kick and curse at (Resident # 14). Head to toe assessment completed on (Resident # 14) with no injuring noted." Under "Employee action initiated or taken" it documented, "(OSM # 14) has been suspended pending investigation."</p> <p>The facility's "Investigative Report" documented, "Date of Incident 7/6/18" and "Date of Investigation: 7/13/18." Under "Summary of Alleged Incident" it documented, "On July 9, 2018, 2 (two) CNAs [certified nursing assistant] reported to DON (director of nursing) that speech therapist, (Name of OSM # 14), kicked resident (Name of Resident # 11) as she was being combative &amp; (and) kicked the speech therapist. The CNAs reported the resident took a flower arrangement from the dining room. In attempting to retrieve it, (Resident # 11) became aggressive, kicking and hitting. The incident occurred at the nurse's station on east hall. The speech therapist</p>	F 607	<p>abuse, resident rights, and required abuse reporting during orientation per the facility's policy. This education will be performed annually and as needed. PRN staff will be in-serviced prior to working their first shift. In-services to be completed by date of compliance.</p> <p>The Director of Nursing/Social Services Director or Designee will do a random audit/testing of five (5) employees weekly x four (4) weeks by interviewing them to assess and ensure that alleged violations are promptly identified and investigated according to facility policy. Negative patterns will be presented and discussed at the QAPI monthly meeting for reviews/recommendations until such time as consistent substantial compliance has been met.</p>		

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F 607	<p>Continued From page 11</p> <p>attempted to assist however Res (Resident) kicked and cursed at the therapist, who kicked and cursed back at her." Under "Action Taken During Investigation" it documented, "Suspension - term (termination) of employee (OSM # 14), Resident assessment and monitoring, Appropriate agency notification and referrals, Interviews/rounds." Under "People Interviewed" it documented, "(CNA # 3). Date 7/9/18. CNA # 12. Date 7/9/18." Under "Conclusion" it documented, "Facility substantiated abuse r/t (related to) 2 (two) [sic] CNA witnessing the therapist kicked (Resident # 11). Police were notified and interviewed (OSM # 14). In the interview w/police (with police) and administrator, (OSM # 14) did not deny the incident, she stated, "I don't recall if I kicked her or cursed at her." The speech therapist also a contractor was terminated from employment. Staff were Reeducated on abuse prevention and reporting guidelines. (Resident # 11) was without signs of psychosocial distress following incident."</p> <p>The facility's "Progress Notes" dated "7/9/2018 1323 (1:23 p.m.)" documented, "Writer made aware of incident that occurred on 7/6/18 involving resident and staff attempting to redirect behaviors and agitation. Writer spoke with dtr (daughter) (Name of Daughter) by phone this date and informed of incident and investigation follow up. Resident is throughout facility as normal. Social services will follow. Author: [ASM (administrative staff member) # 5, previous administrator] - executive director."</p> <p>The facility's "Progress Notes" dated "7/9/2018 1435 (2:35 p.m.)," documented, "Head to toe skin assessment completed. No new injuries, redness, bruising or open areas observed at this</p>	F 607			

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F 607	<p>Continued From page 12 time. Author: [RN (registered nurse) # 5].</p> <p>On 05/30/19 at 9:55 a.m., an interview was conducted with CNA # 3. When asked to describe the types of abuse CNA # 3 stated, "Any form of physical hitting, emotional, mental, and talking down to them in a way that makes them feel uncared for or unloved." When asked the describe when and to whom she would report abuse when she observed it, CNA # 3 stated, "I would report it as soon as it happens to the unit manager, assistant director of nursing and the director of nursing. When asked if she was a witness to the abuse to (Resident # 11) CNA # 3 stated, "Yes." When asked to describe the incident CNA # 3 stated, "I heard commotion in the hallway, I went into the hallway, and (Resident # 11) was there with two CNAs. The resident (Resident #11), had taken a small flower vase from the sitting room and wouldn't give it back. The speech therapist stepped in, grabbed it really fast from the resident and that's when the resident kicked the speech therapist, the speech therapist kicked and swore back at her." When asked when she reported the incident CNA # 3 stated, "It happened really fast and I really didn't know what to do at the time. I waited through the weekend and reported it on Monday. I was fairly-new, I started in March (2018). I was informed by (ASM # 5), previous administrator and (ASM # 3), previous director of nursing, that I should have reported it right after it happened. I was given reeducation about reporting abuse. When asked if she received training regarding preventing, recognizing and reporting abuse as part of her initial orientation CNA # 3 stated, "Yes."</p> <p>On 05/30/19 at 11:00 a.m., a telephone interview was conducted with CNA # 12. When asked to</p>	F 607			

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F 607	<p>Continued From page 13</p> <p>describe the types of abuse CNA # 12 stated, "Anything that will harm them (residents) or preventing them from doing what they are able to do." When asked if she was a witness to the abuse to (Resident # 11), CNA # 12 stated, "Yes." When asked to describe the incident CNA # 12 stated, "(Resident # 11) was in her wheelchair and she had a fake potted plant. She thought it was real and had put some water in it. We tried to get it away from her so she didn't spill the water on her. The speech therapist came over to speak with her because she was able to speak Spanish to (Resident # 11). When the speech therapist tried to take it away she (Resident # 11) kicked and swore at the speech therapist and the speech therapist swore back at (Resident # 11) in Spanish." When asked the describe when and to whom she would report abuse when she observed it, CNA # 12 stated, "I would report it to the unit manager or the director of nursing as soon as possible."</p> <p>On 05/30/19 at 11:30 a.m., an interview was conducted with OSM (other staff member) # 2, COTA (certified occupational therapist assistant). When asked if she received training regarding preventing, recognizing and reporting abuse, OSM # 2 stated, "Yes." When asked to describe the types of abuse OSDM # 2 stated, "It's could be physical, emotional, sexual or verbal." When asked the describe when and to whom she would report abuse when she observed it, OSM # 2 stated, "I would report it to the supervisor and try to remove them (resident) from the situation and report it immediately."</p> <p>On 05/30/19 at 1:30 p.m., an interview was conducted with ASM (administrative staff member) # 1, administrator. ASM # 1 was asked</p>	F 607			

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F 607	<p>Continued From page 14</p> <p>if retraining had been provided to the facility staff regarding preventing, recognizing and reporting abuse following the abuse incident with Resident # 11 and OSM # 14. ASM # 1 stated, "Outside of the annual retraining on 'Relias' (computerized training program), no." When asked how all the residents in the facility were protected from abuse following the incident ASM # 1 stated, "All employees go through initial training at the time of hire and annual retraining through 'Relias' and I would retrain the department where the deficiency occurred." ASM # 1 then provided this surveyor with a copy of an attendance log of the (Name of Rehabilitation Department) staff. The attendance sheet documented the signatures of all rehabilitation department staff members and dated "7/12/18 at Time: 8:15 am (a.m.)." Attached to the attendance sheet revealed documentation regarding preventing, recognizing and reporting abuse.</p> <p>The facility's policy "Resident Abuse" documented, "2. No employee may at any time commit an act of physical, psychological, or emotional abuse, neglect, mistreatment, and/or misappropriation of property against any resident. Violation of this standard will subject employees to disciplinary action, including dismissal, provided herein." Under "IV. Employee Obligation" it documented, "A. All employees have a duty to respect the rights of all residents, to treat them with dignity and to prevent others from violating their rights. Any employee who witnesses or has knowledge of an act of abuse to a resident is obligated to report such information to the Licensed Nurse in charge, Director of Nursing or the Administrator."</p> <p>On 05/30/19 at approximately 5:50 p.m., ASM #1,</p>	F 607			

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F 607	Continued From page 15 administrator, and ASM #2, director of nursing, were made aware of the above findings.  No further information was provided.  References: (1) A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a> .  (2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a> .  (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .	F 607			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §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	F 609		6/19/19	



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F 609	<p>Continued From page 16</p> <p>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> <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 staff interview, facility document review and clinical record review, it was determined the facility staff failed to immediately report to the administrator of the facility observed abuse for one of 16 residents in the survey sample, Resident #11. On 7/6/18, facility staff observed OSM (other staff member) # 14, speech therapist, kicking and cursing at Resident # 11 and failed to immediately report the abuse to the administrator until 7/9/18.</p> <p>The findings include:</p> <p>Resident #11 was admitted to the facility on 06/09/2017 and a readmission on 05/14/2019 with diagnoses that included but were not limited to: dementia (1), diabetes (2), seizures (3) and mood disorder.</p>	F 609	<p>F609 Reporting of Alleged Violations</p> <p>The affected resident was at the time of the incident, and is currently as of this writing, in stable condition per baseline both physically and mentally. There were no subsequent negative outcomes identified for the alleged deficient practice. Residents residing in the facility have the potential to be affected.</p> <p>The required reporting of allegations and instances of abuse (in accordance with State law) to State Survey Agency and to Adult Protective Services will be inserviced/re-educated to current employees.</p> <p>This will be re-education will be performed by the following; Director of Nursing, Director of Social Services, and/or by</p>		

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F 609	<p>Continued From page 17</p> <p>Resident # 11's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 05/21/19, coded Resident # 11 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3 (three) - being severely impaired of cognition intact for making daily decisions. Resident # 11 was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>The Facility Reported Incident (FRI) for Resident # 11 documented "Incident date: July 6, 2018" and "Report date: July 9, 2018." Under "Incident Type" it documented, "Allegation of abuse/mistreat." The FRI further documented, "Describe incident, including location and action taken: Three CNAs (certified nursing assistants) reported witnessing (OSM # 14) kick and curse at (Resident # 14). Head to toe assessment completed on (Resident # 14) with no injuring noted." Under "Employee action initiated or taken" it documented, "(OSM # 14) has been suspended pending investigation."</p> <p>The facility's "Investigative Report" documented, "Date of Incident 7/6/18" and "Date of Investigation: 7/13/18." Under "Summary of Alleged Incident" it documented, "On July 9, 2018, 2 (two) CNAs reported to DON (director of nursing) that speech therapist, (Name of OSM # 14), kicked resident (Name of Resident # 11) as she was being combative &amp; (and) kicked the speech therapist. The CNAs reported the resident took a flower arrangement from the dining room. In attempting to retrieve it, (Resident # 11) became aggressive, kicking and hitting. The incident occurred at the nurse's station on east hall. The speech therapist</p>	F 609	<p>various Department Heads/Designees. Specifically, to include the two-hour (2) mandated deadline to report allegations and instances of abuse involving serious bodily injury, the 24-hour mandated deadline to report allegations/instances of that are made but do not involve abuse or serious bodily injury, the mandated reporting to the Administrator of allegations and instances of abuse involving serious bodily injury, and on the required notification of any allegation of abuse immediately to their supervisor.</p> <p>Additionally, newly hired employees will continue to receive education on identifying resident abuse, resident rights, and required abuse reporting during orientation per the facility's policy. This education will be performed annually and as needed.</p> <p>PRN staff will be in-serviced prior to working their first shift. In-services to be completed by date of compliance.</p> <p>The Director of Nursing/Social Services Director or Designee will do a random audit/testing of five (5) employees weekly x four (4) weeks by interviewing them to assess and ensure that alleged violations are promptly identified and investigated according to facility policy.</p> <p>Negative patterns will be presented and discussed at the QAPI monthly/quarterly meeting for reviews/recommendations.</p>		

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F 609	<p>Continued From page 18</p> <p>attempted to assist however Res (Resident) kicked and cursed at the therapist, who kicked and cursed back at her." Under "Action Taken During Investigation" it documented, "Suspension - term (termination) of employee (OSM # 14), Resident assessment and monitoring, Appropriate agency notification and referrals, Interviews/rounds." Under "People Interviewed" it documented, "(CNA # 3). Date 7/9/18. CNA # 12. Date 7/9/18." Under "Conclusion" it documented, "Facility substantiated abuse r/t (related to) 2 (two) [sic] CAN witnessing the therapist kicked (Resident # 11). Police were notified and interviewed (OSM # 14). In the interview w/police (with police) and administrator, (OSM # 14) did not deny the incident, she stated, "I don't recall if I kicked her or cursed at her." The speech therapist also a contractor was terminated from employment. Staff were Reeducated on abuse prevention and reporting guidelines. (Resident # 11) was without signs of psychosocial distress following incident."</p> <p>The facility's "Progress Notes" dated "7/9/2018 1323 (1:23 p.m.)" documented, "Writer made aware of incident that occurred on 7/6/18 involving resident and staff attempting to redirect behaviors and agitation. Writer spoke with dtr (daughter) (Name of Daughter) by phone this date and informed of incident and investigation follow up. Resident is throughout facility as normal. Social services will follow. Author: [ASM (administrative staff member) # 5, previous administrator] - executive director."</p> <p>The facility's "Progress Notes" dated "7/9/2018 1435 (2:35 p.m.)," documented, "Head to toe skin assessment completed. No new injuries, redness, bruising or open areas observed at this</p>	F 609			

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F 609	<p>Continued From page 19 time. Author: [RN (registered nurse) # 5].</p> <p>On 05/30/19 at 9:55 a.m., an interview was conducted with CNA # 3. When asked to describe the types of abuse CNA # 3 stated, "Any form of physical hitting, emotional, mental, talking down to them in a way that makes them feel uncared for or unloved." When asked the describe when and to whom she would report abuse when she observed it CNA # 3 stated, "I would report it as soon as it happens to the unit manager, assistant director of nursing and the director of nursing. When asked if she was a witness to the abuse to (Resident # 11) CNA # 3 stated, "Yes." When asked to describe the incident CNA # 3 stated, "I heard commotion in the hallway and I went into the hallway and (Resident # 11) was there with two CNAs. The resident had taken a small flower vase from the sitting room and wouldn't give it back. The speech therapist stepped in, grabbed it really fast from the resident and that's when the resident kicked the speech therapist, the speech therapist kicked and swore back at her." When asked when she reported the incident CNA # 3 stated, "It happened really fast and I really didn't know what to do at the time. I waited through the weekend and reported it on Monday. I was fairly new, I started in March (2018). I was informed by (ASM # 5), previous administrator and (ASM # 3), previous director of nursing, that I should have reported it right after it happened. I was given reeducation about reporting abuse. When asked if she received training regarding preventing, recognizing and reporting abuse as part of her initial orientation CNA # 3 stated, "Yes."</p> <p>On 05/30/19 at 11:00 a.m., a telephone interview was conducted with CNA # 12. When asked to</p>	F 609			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/31/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>FREDERICKSBURG HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3900 PLANK ROAD</b> <b>FREDERICKSBURG, VA 22407</b>		
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F 609	<p>Continued From page 20</p> <p>describe the types of abuse CNA # 12 stated, "Anything that will harm them (residents) or preventing them from doing what they are able to do." When asked if she was a witness to the abuse to (Resident # 11) CNA # 12 stated, "Yes." When asked to describe the incident CNA # 12 stated, "(Resident # 11) was in her wheelchair and she had a fake potted plan. She thought it was real and had put some water in it. We tried to get it away from her so she didn't spill the water on her. The speech therapist came over to speak with her because she was able to speak Spanish to (Resident # 11). When the speech therapist tried to take it away she kicked and swore at the speech therapist and the speech therapist swore back at (Resident # 11) in Spanish." When asked the describe when and to whom she would report abuse when she observed it CNA # 12 stated, "I would report it to the unit manager or the director of nursing as soon as possible."</p> <p>On 05/30/19 at 1:30 p.m., an interview was conducted with ASM (administrative staff member) # 1, administrator. ASM # 1 was asked if retraining had been provided to the facility staff regarding preventing, recognizing and reporting abuse following the abuse incident with Resident # 11 and OSM # 14. ASM # 1 stated, "Outside of the annual retraining on 'Relias' (computerized training program), no." When asked how all the residents in the facility were protected from abuse following the incident ASM # 1 stated, "All employees go through initial training at the time of hire and annual retraining through 'Relias' and I would retrain the department where the deficiency occurred." ASM # 1 then provided this surveyor with a copy of an attendance log of the (Name of</p>	F 609			

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F 609	<p>Continued From page 21</p> <p>Rehabilitation Department) staff. The attendance sheet documented the signatures of all rehabilitation department staff members and dated "7/12/18 at Time: 8:15 am (a.m.)." Attached to the attendance sheet revealed documentation regarding preventing, recognizing and reporting abuse.</p> <p>The facility's policy "Resident Abuse" documented, "2. No employee may at any time commit an act of physical, psychological, or emotional abuse, neglect, mistreatment, and/or misappropriation of property against any resident. Violation of this standard will subject employees to disciplinary action, including dismissal, provided herein." Under "IV. Employee Obligation" it documented, "A. All employees have a duty to respect the rights of all residents, to treat them with dignity and to prevent others from violating their rights. Any employee who witnesses or has knowledge of an act of abuse to a resident is obligated to report such information to the Licensed Nurse in charge, Director of Nursing or the Administrator." Under "VII. Procedure for Reporting Abuse" it documented, "A. All incidents of resident abuse are to be reported immediately to the Licensed Nurse in charge, Director of Nursing or the Administrator."</p> <p>On 05/30/19 at approximately 5:50 p.m., ASM #1, administrator, and ASM #2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided.</p> <p>References: (1) A loss of brain function that occurs with certain diseases. It affects memory, thinking, language,</p>	F 609			

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F 609	Continued From page 22 judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a> .  (2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a> .  (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .	F 609			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 656		6/19/19	

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F 656	<p>Continued From page 23</p> <p>treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, facility document review, and in the course of a complaint investigation, it was determined that the facility staff failed to implement a comprehensive care plan for one of 16 residents in the survey sample, Resident #13.</p> <p>The findings include:</p> <p>Resident # 13 was admitted to the facility on 08/10/2012 with diagnoses that included but were not limited to dementia (1), depressive disorder (2), and dysphagia (3). Resident # 13's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/01/19, coded Resident # 13 as</p>	F 656	<p>F656 Develop/Implement Comprehensive Care Plans</p> <p>The affected resident was at the time of the incident, and is currently as of this writing, in stable condition per baseline both physically and mentally. There were no subsequent negative outcomes identified for the alleged deficient practice. Affected resident care plan was updated during survey once alleged deficiency was identified.</p> <p>Residents who require assistance with transfers have the potential to be affected.</p>		



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F 656	<p>Continued From page 24</p> <p>scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3 (three) - being severely impaired of cognition intact for making daily decisions. Resident # 13 was coded as being totally dependent of one staff member for activities of daily living and requiring two-person assistance for transfers.</p> <p>On 05/30/19 at 3:40 p.m., an observation was conducted of Resident # 13 being transferred. Observations revealed CNA (certified nursing assistant) # 3 and CNA # 3 and CNA # 4. Resident # 13 was in her room sitting in her wheelchair. CNA # 3 and CNA # 4 positioned a Hoyer (4) lift in front of the wheelchair, connected the sling underneath Resident # 13, lift her from the wheelchair, positioned her over the bed then slowly lowered Resident # 13 onto the bed.</p> <p>The comprehensive care plan for Resident # 13 dated 11/14/2016 documented, "Focus. I have a SELF CARE/ADL (activities of daily living) deficit. I have Dx (diagnoses) of dementia, Macular degeneration, CAD (coronary artery disease), Anxiety, and generalized pain. I exhibit weakness and debility. I am blind. I experience pain and stiffness. I require assistance with all ADLs." Under "Interventions" it documented, "Transfer assistance of 1-2 (one to two) staff. Date Initiated 04/22/2017."</p> <p>On 05/31/19 at 10:15 a.m., an interview was conducted with CNA # 3. When asked if she transferred Resident # 13 on 05/30/19 CNA # 3 stated, "Yes. We used a Hoyer lift to move her from the wheelchair to the bed." When asked how she knew the procedure to transfer Resident # 13's with the Hoyer lift, CNA # 3 stated, "It's in her care plan." After reviewing Resident # 13's</p>	F 656	<p>An audit of residents requiring assistance with transfers has been completed. Nursing staff will be inserviced by the Director of Nursing/Designee on transfer policy, utilizing and updating the (Kardex) to ensure staff adherence the plan of care.</p> <p>PRN staff will be in serviced prior to working their first shift. In-service to be completed by date of compliance. Director of Nursing/Designee will audit staff transfers to ensure they are following the plan of care. The Director of Nursing and/or designee will perform episodic review of care plans at the Morning Meeting in coordination with Therapy. The Director of Nursing or Designee will audit charts of residents requiring change in transfer status in collaboration with therapy.</p> <p>The Director of Nursing/Designee will audit transfers by observing staff to ensure they are following the patient's plan of care and utilizing the Kardex. Ten (10) patients will be observed weekly x four (4) weeks, then ten (10) patients quarterly x two (2) quarters. Negative patterns will be presented and discussed at the QAPI monthly/quarterly meeting for reviews/recommendations.</p>		

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F 656	<p>Continued From page 25 care plan, CNA # 3 stated, "I don't see it."</p> <p>On 05/31/19 at 10:30 a.m., an interview was conducted with LPN (licensed practical nurse) # 2, unit manager. When asked how Resident # 13 was to be transferred, LPN # 2 stated, "It's on her care plan." After reviewing Resident # 13's care plan, LPN # 2 stated, "Transfer assistance of 1-2 (one to two) staff." At this time, LPN #2 was informed of the observation of Resident # 13 being transferred with a Hoyer lift by CNA # 3 and CNA# 4. When asked if the comprehensive care plan for Resident # 13 was properly implemented, LPN # 2 stated no.</p> <p>On 05/31/19 at 10:55 a.m., an interview was conducted with ASM (administrative staff member) # 2, director of nursing. When asked to describe the purpose of a resident's comprehensive care plan, ASM # 2 stated, "To identify care need." When asked why it was important to follow a resident's comprehensive care plan, ASM # 2 stated, "Because it is what guides us to provide care to the resident."</p> <p>On 05/31/19 at approximately 11:30 a.m., ASM (administrative staff member) # 1, administrator and ASM # 2, director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a>.</p>	F 656			

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F 656	Continued From page 26  (2) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/003213.htm">https://medlineplus.gov/ency/article/003213.htm</a> .  (3) A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a> .  (4) Used for transfers when a person requires 90-100% assistance to get into and out of bed. A pad fits under the person's body in the bed and connects with chains to the Hoyer lift frame. A hydraulic pump is used to lift the person off the bed surface. This information was obtained from the website: <a href="http://www.free-foundation.org/hoyer-lifts">http://www.free-foundation.org/hoyer-lifts</a>	F 656			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident.	F 657		6/19/19	

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F 657	<p>Continued From page 27</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, facility document review, and in the course of a complaint investigation, it was determined that the facility staff failed to develop a comprehensive care plan within 7 days after completion of the comprehensive assessment for one of 16 residents in the survey sample, Resident #9.</p> <p>The findings include:</p> <p>Resident #9 was admitted to the facility on 3/17/18 and most recently readmitted on 5/6/19 with the diagnoses including, but not limited to, dementia with behaviors, dysphagia, end stage renal disease, dialysis dependence, abnormal weight loss, depression, seizures, diabetes, chronic obstructive pulmonary disease, congestive heart failure, bipolar disorder, and high blood pressure. The most recent MDS prior to the filing of the complaint was a significant</p>	F 657	<p>F657 Care Plan Timing and Revision</p> <p>Comprehensive care plan for affected resident failed to be completed within the required seven day period.</p> <p>Comprehensive care plan was completed, but not within required timeline.</p> <p>Resident no longer at facility, recently deceased.</p> <p>Residents residing in the facility have potential to be affected by the alleged deficient practice.</p> <p>Auditing of previous four (4) weeks of comprehensive care plans submitted, to identify deficient practices and correct where applicable.</p> <p>MDS staff will be re-educated on the appropriate timing and updating the comprehensive care plan.</p>		

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F 657	<p>Continued From page 28</p> <p>change assessment with an ARD (Assessment Reference Date) 2/8/19. The resident was coded as being cognitively impaired in ability to make daily life decisions, scoring a 7 out of a possible 15 on the BIMS (Brief Interview for Mental Status) exam. The resident was coded as requiring extensive assistance for transfers, dressing, and hygiene; supervision for eating; and was coded as continent of bowel and incontinent of bladder. The resident was coded as having dialysis, which was the triggered reason for the significant change MDS assessment.</p> <p>A review of the clinical record revealed that the resident was hospitalized on 1/25/19 and readmitted on 2/1/19. The clinical record contained documents from this hospitalization which documented, "History: Renal failure, needs venous access for hemodialysis....Assessment/Plan....Acute on chronic kidney disease stage 4 with metabolic acidosis, now stage 5....plan is to start dialysis from tomorrow...." The resident was not a dialysis resident prior to this hospitalization. This was a new onset change.</p> <p>A review of the physician's orders revealed one dated 2/4/19 for "Resident is dialysis patient....M,W,F (Monday, Wednesday, Friday)...."</p> <p>A review of the comprehensive care plan revealed one dated 4/8/19 for "I have an alteration in Kidney Function Due to End Stage Renal Disease (ESRD), dependent on dialysis. This care plan included the interventions: Administer medications as ordered collaborating with Physician and/or pharmacist for optimal medication dose times. Date initiated 4/8/19.</p>	F 657	<p>Administrator/Designee to audit completed comprehensive care plans five (5) times weekly x four (4) weeks to ensure compliance.</p> <p>Review of upcoming comprehensive care plans that re due within seven (7) days will be completed in the facility Morning Meeting.</p> <p>Negative patterns will be presented and discussed at the QAPI monthly meeting for reviews/recommendations until such time as consistent substantial compliance has been met.</p>		

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F 657	<p>Continued From page 29</p> <p>Check access site daily fistula/graft/catheter - signs of infection (redness, hardness, swelling, pain, drainage, elevated temperature, body chills). Date initiated 4/8/19.</p> <p>Dialysis center only to access catheter site. Date initiated 4/8/19.</p> <p>Diet and fluid restrictions as ordered by Physician. Encourage patient to follow nutritional and hydration program interventions. Date initiated 4/8/19.</p> <p>Do not take blood pressure, blood samples, or insert IV in arm with access site. Encourage patient not to sleep on arm with access site. Date initiated 4/8/19.</p> <p>Emergency protocol - if bleeding occurs, apply pressure with clean gauze for 10-15 minutes. If bleeding not controlled, call 911. Notify physician if edema, chest pains, elevated blood pressure, or shortness of breath occurs. Date initiated 4/8/19.</p> <p>Labs per Physician order and PRN for change in condition/manifestation of clinical signs or symptoms. Date initiated 4/8/19.</p> <p>Observe for signs and symptoms of bleeding, i.e. hematuria, bleeding gums, tarry stools, increase in bruising. Date initiated 4/8/19.</p> <p>Written communication form with review of weights and any changes in condition between dialysis provider and living center. Date initiated 4/8/19.</p> <p>The above comprehensive care plan was dated as developed and initiated on 4/8/19, approximately 8 weeks after completion of the significant change MDS assessment with an ARD of 2/8/19.</p> <p>On 5/30/19 at 4:25 PM, in an interview with RN (registered nurse) #6 the MDS nurse, RN #6</p>	F 657			

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F 657	<p>Continued From page 30</p> <p>stated that the care plan for the new onset of dialysis should have been developed upon return from the hospital on or about 2/1/19. When asked if there was anything indicating that the care plan had been revised to include care for new dialysis prior to 4/8/19, RN #6 stated there was not. When asked who was responsible for developing the care plan for new onset dialysis, RN #6 stated that she was because she did the significant change MDS assessment (documented above) that was triggered as a result of the resident becoming dialysis dependent.</p> <p>A review of the facility policy, "Care Plan Preparation" documented, "A care plan directs the patient's nursing care from admission to discharge. This written action plan is based on nursing diagnoses that have been formulated after reviewing assessment findings, and it embodies the components of the nursing process: assessment, diagnosis, planning, implementation, and evaluation. The care plan consists of three parts: goals or expected outcomes, which describe behaviors or results to be achieved within a specific time; appropriate nursing actions or interventions needed to achieve these goals; and evaluations of the established goals. A nursing care plan should be written for each patient, preferably within 24 hours of admission....Update and revise the plan throughout the patient's stay, based on the patient's response. This document becomes part of the permanent patient record."</p> <p>On 5/30/19 at 5:49 PM, the Administrator (ASM #1 - Administrative Staff Member) and the Director of Nursing (ASM #2) were made aware of the findings. No further information was</p>	F 657			

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F 657	Continued From page 31 provided by the end of the survey.	F 657			
F 689 SS=G	<p>(1) Dialysis is a medical procedure for filtering waste products from the blood of some kidney-disease patients or for removing poisons or drugs. Barron's Dictionary of Medical Terms for the Non - Medical Reader, Rothenberg and Chapman, page 164.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§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</p> <p>§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 staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to ensure a resident was free from accidents and hazards for one of 16 residents in the survey sample, Resident # 10. The facility staff improperly performed a one-person transfer for Resident # 10, and during the transfer, the resident sustained a laceration on the right lower leg, which required ten sutures to close the laceration, resulting in harm.</p> <p>The findings include:  Resident # 10 was admitted to the facility on 07/09/2018 with diagnoses that included but were</p>	F 689	<p>F689 Free of Accident Hazards/Supervision/Devices</p> <p>Affected resident is discharged.</p> <p>Residents who require assistance with transfers have the potential to be affected. Nursing staff will be in-serviced by the Director of Nursing/Designee on transfer policy. PRN staff will be in-serviced prior to working their first shift. In-service to be completed by date of compliance. An audit of residents requiring assistance with transfers has been completed. The Director of Nursing/Designee will</p>	6/19/19	



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F 689	<p>Continued From page 32</p> <p>not limited to heart failure (1), diabetes mellitus (2), hypertension (3), and difficulty walking.</p> <p>Resident # 10's most recent MDS (minimum data set), a 5-Day assessment with an ARD (assessment reference date) of 07/16/18, coded Resident # 10 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 10 was coded as requiring limited to extensive assistance of one staff member for activities of daily living and requiring extensive assistance of two staff members for transfers. Under G0300 "Balance During Transitions and Walking" coded Resident # 10 as "Not steady, only able to stabilize with staff assistance" for "Surface-to-surface transfer."</p> <p>The comprehensive care plan for Resident # 10 dated 07/10/2018 documented, "Focus. At risk for falls related to New environment, Use of medication. Date initiated: 07/10/2018." Under "Interventions" it documented, "Two staff assist with transfers. Date initiated: 07/13/2018."</p> <p>The "Physical Therapy Plan of Care" for Resident # 10 dated 07/10/2018 documented, "Functional Deficit: Transfers, Sit to Stand and Transfers, Stand to Sit. Current Level: Moderate Assistance x (times) 2 (two) persons (Routinely requires 50% phy (physical) assistance of 2 persons to transfer.)"</p> <p>The facility's FRI (Facility Reported Incident) dated "July 13, 2018" for Resident # 10 documented, "Injuries: Yes, laceration on right lower extremity resulting in 10 sutures." Under "Describe incident, including location and action taken: Patient (Resident # 10), received</p>	F 689	<p>audit transfers by observing staff to ensure they are following the patient's plan of care and utilizing the Kardex. Auditing of ten (10) residents will be observed weekly x four (4) weeks, then ten (10) residents audited quarterly x two (2) quarters.</p> <p>The Director of Nursing/Designee will audit charts of residents requiring change in transfer status in collaboration with therapy to ensure their most current status is up to date weekly x four (4) weeks, then ten (10) residents quarterly x two (2) quarters.</p> <p>Negative patterns will be presented and discussed at the QAPI monthly/quarterly meeting for reviews/recommendations.</p>		

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F 689	<p>Continued From page 33</p> <p>laceration on right lower extremity during one person transfer. (Resident # 10) was sent to local hospital for medical treatment." Under "Employee action initiated or taken: "CNA received re-education on patient transfer status by therapy department prior to next scheduled shift."</p> <p>The facility's "Nursing Home to Hospital Transfer Form" for Resident # 10 dated 07/12/18 documented, "Reason for transfer: Sutures to right calf."</p> <p>The facility's "Statement" by CNA # 5 dated 07/12/18 documented, "I was called into the shower room to assist (Resident # 10) while using the bathroom. He had a big mess so I decided to give him a shower. While transferring him from the shower chair to his wheelchair with his walker his leg hit the side of the wheelchair causing the skin to break and bleed."</p> <p>The facility's "Statement" taken by ASM (administrative staff member) # 5, previous administrator, dated 07/13/18 Regarding Resident # 10 documented, "This writer spoke with (CNA # 5) via (by) telephone, regarding incident which took place involving patient (Name of Resident # 10). When asked how (CNA # 5) would know (Resident # 10) was a two person assist (CNA # 5) replied, "I would get it in report from the previous shift or if I saw one of the therapist I would ask them." When asked if she knew (Resident # 10) was a two-person assist (CNA # 5) replied 'I did not know that. I never would have thought that because he can stand and pivot with his walker."</p> <p>On 05/29/19 at 5:20 p.m., ASM (administrative</p>	F 689			

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F 689	<p>Continued From page 34</p> <p>staff member) # 1 (the administrator and ASM # 2, director of nursing, were informed of the above concern for harm.</p> <p>During the days of the survey, an attempt to interview CNA # 5 was unsuccessful due to her termination of employment from the facility on 10/29/18.</p> <p>On 05/30/19 at 8:15 a.m., an interview was conducted with ASM (administrative staff member) # 2, director of nursing. When asked if facility staff were provided training for transferring residents following Resident # 10's injury ASM # 2 stated, "We completed education with the CNA involved in the incident and ongoing training regarding fall prevention, following the plan of care, following the Kardex, and discussed the action plan." ASM # 2 was then asked to provide a copy of the facility's action plan.</p> <p>On 05/30/19 at 8:45 a.m., an interview was conducted with OSM (other staff member) # 3, current rehabilitation director. When asked to describe what a two person transfer OSM # 3 stated, "Its two staff on either side of the patient with a gait belt. Each staff should be holding the gait belt on each side of the patient, assist patient to a standing position and then taking a step or two toward the destination, the bed or wheelchair." OSM # 3 further stated, "Transfer training is part is part of the CNAs basic training." When asked how a resident's transfer status is communicated to the nursing staff, OSM # 3 stated, "We inform nursing after the evaluation and they put it on the care plan."</p> <p>On 05/30/19 at 10:20 a.m., ASM # 2, director of nursing, provided a copy of the facility's training</p>	F 689			

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F 689	<p>Continued From page 35</p> <p>and staff sign in sheet titled "Fall Prevention and Education" dated March 2019. After reviewing the training and sign-in sheets ASM # 2 agreed that not all the facility staff had received training. When asked about the facility's action plan, ASM # 2 stated, "It's more like an ongoing reminder of a safety awareness." When asked how they were ensuring facility staff were using the proper techniques for transferring residents, ASM # 2 stated, "The transfer status is in the resident's Kardex and when there is a change in condition where they need additional assistance for a transfer we will update the care plan and get an evaluation by therapy."</p> <p>On 05/30/19 at approximately 5:50 p.m., ASM #1, administrator, and ASM #2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <p>(1) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000158.htm">https://medlineplus.gov/ency/article/000158.htm</a>.</p> <p>(2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a>.</p> <p>(3) High blood pressure. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/highbloodpressure.html">https://www.nlm.nih.gov/medlineplus/highbloodpr essure.html</a>.</p>	F 689			

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F 730 SS=D	<p>Nurse Aide Peform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7)</p> <p>§483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and employee record review it was determined that the facility staff failed to ensure that two of 10 CNA (certified nursing assistant) records reviewed received the required 12 hours of annual training's, to include the required training's for preventing, recognizing and reporting abuse and dementia care.</p> <p>The findings include:</p> <p>On 05/30/19, a review was conducted of the annual trainings of 10 CNAs. This review revealed the following missing data: for CNA # 3 - no evidence of 12 hours of annual training and no evidence of annual dementia care training. For CNA # 6 - no evidence of 12 hours of annual training and no evidence of annual dementia care training.</p> <p>On 05/30/19 at 5:20 p.m., an interview ASM (Administrative Staff Member), the director of nursing. After reviewing the facility's "Training Hours" sheets for CNAs # 3 and # 6, ASM # 2 was asked about the 12 hours of required training. ASM # 2 stated, "According to 'Relias' (computerized training program) (CNAs # 3 and # 6) have not completed their 12 hours of mandatory training."</p>	F 730	<p>F730 Nurse Aide Perform Review <input type="checkbox"/> 12 Hour Annual In-Service Requirement</p> <p>The nurse aides cited as being deficient in their mandatory annual training/education are in compliance with their 12 hours of required annual training as of 6/5/2019.</p> <p>Residents receiving care from nurse aides have the potential to be affected.</p> <p>The cited CNAs have been educated on the required annual training.</p> <p>Certified nurse aides will be in-serviced by the Director of Nursing/Designee on the required 12 hours of annual training to maintain their license. Director of Nursing/Designee will audit training hours to ensure substantial compliance and completion. An audit of certified nurse aide annual training requirements have been completed to determine compliance. PRN staff will be in-serviced prior to working their first shift. In-service education/training to be completed by date of compliance.</p>	6/19/19	

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F 730	Continued From page 37  On 05/31/19 at 8:12 a.m., an interview was conducted with ASM #2. When asked to describe the process for ensuring CNAs meet the required 12 hours of training, ASM # 2 stated, "I would check the 'Relias' (computerized training program) report on a regular basis, monthly, to ensure compliance."  On 05/30/19 at approximately 5:50 p.m., ASM #1, administrator, and ASM #2, director of nursing, were made aware of the above findings.  No further information was provided.	F 730	The Director of Nursing/Designee will audit nurse aides <input type="checkbox"/> required training hours to ensure compliance weekly x four (4) weeks, then monthly. Negative patterns will be presented and discussed at the QAPI monthly meeting for reviews/recommendations.	