

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

PRINTED: 05/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2019
NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE			STREET ADDRESS, CITY, STATE, ZIP CODE 132 LANCASTER DRIVE IRVINGTON, VA 22480		
(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			
	An unannounced Emergency Preparedness survey was conducted 4/23/19 through 4/24/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced Medicare/Medicaid standard survey was conducted 04/23/19 through 04/24/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.				
F 689 SS=D	The census in this 42 certified bed facility was 38 at the time of the survey. The survey sample consisted of 18 resident reviews. 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 staff interview, facility documentation and clinical record review the facility staff failed to ensure freedom from accident hazard for 1 Resident in a survey sample of 18 Residents.	F 689		6/5/19	
			The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.		

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

TITLE

(X6) DATE

Electronically Signed

05/09/2019

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 689	<p>Continued From page 1</p> <p>For Resident # 91 the facility failed to ensure foot rests were in place on wheelchair while transporting Resident in wheelchair.</p> <p>The findings include:</p> <p>Resident #91 a 92 year old woman was admitted to the facility on 11/17/15 with diagnoses of but not limited to Dementia, osteoporosis, Atrial Fibrillation, Chronic Kidney Disease, HTN, and generalized weakness.</p> <p>According to last (Minimum Data Set) MDS (screening tool) with an (Assessment Reference Date) ARD date of 9/14/18, Resident #91 was coded as having a (Brief Interview of Mental Status) BIMS score of 3 indicating severe cognitive impairment. She was also coded as requiring extensive assistance of 2 person physical assistance with all aspects of (Activities of Daily Living) ADL care to include transfers and bed mobility. The Resident used a wheelchair for locomotion in facility however was unable to propel self needed staff assistance to push wheelchair.</p> <p>The investigation was conducted as a result of a (Facility Reported Incident) FRI sent to the Office of Licensure and Certification on 9/24/18. The report was in the category of injury of unknown origin. The FRI stated Resident #91 was found with bruising and swelling to the proximal tibia and fibula (lower leg). The investigation was conducted as closed record as Resident expired in facility on 10/14/18.</p> <p>According to the FRI the Resident was fine until she was brought down to activities on 9/23/18</p>	F 689	<p>To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates included.</p> <p>The care plan for the identified resident can not be updated. Resident has been discharged.</p> <p>All residents using a wheelchair without a footrest and pose risk for accident will be evaluated. Care plans will be reviewed and updated.</p> <p>MDS Coordinator and Nursing will be re-educated on revising care plans for resident's changes in wheelchair use without footrest.</p> <p>DON or designee will review care plans weekly x 4 weeks for accuracy with resident's using wheelchair without footrest. All findings will be brought to the QAPI committee.</p> <p>June 5, 2019</p>		

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F 689	<p>Continued From page 2</p> <p>when a staff member noticed she was hurting when she repositioned her in the chair. According to the care plan the Resident she would often say ouch or complain of pain when ADL care was being performed.</p> <p>According to the FRI the staff noticed bruising to the Residents foot and left ankle. This was then reported to the Nurse and DON and she was subsequently sent to the ER for X-Rays when they realized she had extensive bruising up her left leg.</p> <p>On 4/24/19 the Administrator provided the facility investigation which included statements from staff. The injury of unknown origin was submitted as bruising discoloration and swelling to lower leg. According to written statement, dated 9/23/18, in the investigation file RN B (no longer employed at facility) states:</p> <p>"Staff nurse on the Blue Marlin [unit] came to this nurse about 10:00 AM stating that [employee name redacted] in activities had brought to her attention that [Resident #91] was complaining of pain and expressing discomfort by calling out. Staff nurse and I asked Resident multiple times where she hurt, but the Resident's dementia prevents her from being able to be specific and expressive. Took Resident to supervisor's office to check her feet, because when the foot was moved she expressed pain. Derasavers [skin sleeves] prevented seeing up to the knee, but at that time did not see bruising about the ankle. This nurse took Resident to lunch at noon and the Resident did drag left foot, and at one point had it behind the right foot, had to stop and place her foot in a better position, but Resident did not express anything but discomfort, not outright pain</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>at the time. She quite often expressed dislikes and discomfort when moving her from her bed to W/C [wheelchair] and also when ambulating in her W/C. Staff laid Resident in her bed after lunch and noted more bruising at the top of Derasaver, so she removed the Derasaver and noted the swelling just below the left knee and extensive bruising. [Name of NP Redacted] was called and Administrator was in the building and she was informed. DON called and statements taken. [NP name Redacted] in to evaluate and new orders for X-rays and scheduled Tylenol."</p> <p>According to the nurses notes dated 9/23/18 at 6:21 PM the RP [responsible party] wanted the Resident evaluated at the Hospital and the Resident was taken to the Emergency room at 5:45 PM</p> <p>According to X ray results dated 9/23/19 at 6:28 PM:</p> <p>FINDINGS: 4 views of the left knee demonstrate a non-displaced transverse fracture involving the proximal Tibial metaphysis. No other acute fracture or dislocation is seen. There is osteopenia. Osteoarthritis is present in the knee and there is anterior soft tissue swelling.</p> <p>IMPRESSION: Non-displaced transverse fracture of the proximal Tibial metaphysis with overlying tissue swelling. Signed 9/23/19 7:28 PM [MD name redacted]</p> <p>Upon care plan review it was noted that the family was advised that the Resident should have the Hoyer Lift used when moving between bed and</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>chair. According to the care plan the family stated they felt she should use a turn and pivot with the assistance of 2 staff to avoid the anxiety of using the lift. They felt she would be afraid or anxious about using the lift. They wrote a statement that they expected some bumps or bruises from using 2 staff vs using the lift would like to "Avoid this as long as possible."</p> <p>On 4/24/19 an interview with the DON was conducted. The DON was asked about the incident involving Resident #91 if she remembered the resident and the incident to which she answered, "yes."</p> <p>She was asked regarding the statement by Nurse B who admitted that the Resident dragged her left foot while being transported in the wheelchair at lunchtime that day, did that mean she had no foot rest on her wheelchair, she responded, "yes." She went on to explain that Resident #91 was a small framed woman and she would sit in the wheelchair and hold her feet up as the staff propelled her in the wheelchair.</p> <p>The DON stated again that the Resident did not like to have the foot rest on the chair and would hold up her feet. When asked if this was the normal procedure for using a wheelchair. She stated "no, ideally we would like the foot rests to be on."</p> <p>Review of care plan did not mention the use of the wheelchair without foot rests. The DON was asked if there were any reason she could think of why there should be foot rests on the wheelchair and she stated yes for safety.</p> <p>On 4/25/19 the Administrator was notified of the</p>	F 689			

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F 689	Continued From page 5 issue with not using the wheelchair foot rests and no further information was provided.	F 689			