

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/27/2019
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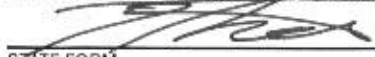
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WINDSOR	STREET ADDRESS, CITY, STATE, ZIP CODE 23352 COURTHOUSE HIGHWAY WINDSOR, VA 23487
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 6/24/19 through 6/27/19. Corrections are required to be in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Seven complaints were investigated during survey. The Life Safety Code survey/report will follow.</p> <p>The census at this 114 certified bed facility was 110 at the time of the survey. The survey sample consisted of 49 current record reviews and 8 closed records.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was out of compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents Under section (F). Each resident shall receive tub or shower baths as often as needed, but not less than twice weekly.</p> <p>Based on complaint investigation, resident interview, staff interviews and clinical record review the facility staff failed to provide personal care to include showers for 2 residents in the survey sample (Resident #55 and 465) who was unable to independently carry out activities of daily living (ADL's).</p> <p>1. The facility staff failed to ensure Resident #55</p>	F 001		

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

TITLE

(X8) DATE



Executive Director

7/24/19

State of Virginia

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F 001	<p>Continued From page 1</p> <p>was offered and received a scheduled twice-weekly showers to maintain good personal hygiene.</p> <p>2. The facility staff failed to offer and provide 2 showers per week for Resident #465.</p> <p>The findings included:</p> <p>1. Resident #55 was originally admitted to the facility on 01/24/19. Diagnosis for Resident #55 included but are not limited to *Right below the knee amputation. Resident #55's Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 04/26/19 coded the resident with an 11 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating moderate cognitive impairment. In addition, the MDS coded Resident #55 extensive assistance of one with bathing and toilet use, limited assistance of one with dressing and personal hygiene for Activities of Daily Living care.</p> <p>Resident #55' comprehensive care plan with a revision date of 05/23/19 documented Resident #55 has an ADL self-care performance deficit related to Activity Intolerance as evidence by: increased need for assist with ADL's, bilateral lower extremity amputation and surgical wound. The goal: will improve and maintain current level of function in late loss ADL's through the next review (08/02/19). One of the interventions to manage goal include that resident is totally dependent on staff to provide bath/shower.</p> <p>An interview was conducted with Resident #55 on 06/25/19 at approximately 4:05 p.m. Resident #55 stated, "The nurses are not giving me my showers like they are suppose too." The resident</p>	F 001	<ol style="list-style-type: none"> 1. Resident #55 and #465 shower preferences where updated and received shower. 2. All residents that reside in the facility are at risk for not having shower preferences followed as indicated in the comprehensive care plan. An audit was completed to ensure showers were offered and provided. 3. The DCS or designee will educate nursing staff to residents receive showers as preferred 4. The DCS or designee will audit to ensure shower preferences are honored for 5 residents weekly for four weeks, then 5 residents monthly for 3 months. The results will be reported to the Quality Assurance Performance Improvement Committee (QAPI) by the Executive Director monthly for 3 months for further compliance and/or revision. 5. AOC Date: 08/06/19 	
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F 001	<p>Continued From page 2</p> <p>said the staff are not even asking me if I want my showers." The surveyor asked, "When was the last time you received a shower" the resident stated, "I can't remember but it has been awhile." The surveyor asked, "Do want showers" he said, "Of course I do, I know my rights and I should be getting showers, I should not have to tell them, they should know when my showers are should be given."</p> <p>The review of Blue Unit (skilled) schedule indicated that Resident #55 was scheduled to receive his twice weekly showers every Thursday (7 a.m.-7 p.m.) and Sunday (7 p.m.-7 a.m.).</p> <p>Review of Resident 55's ADL Verification Worksheet revealed the following: Showers were not given on the following shower days:</p> <p>April 2019 (4/9, 4/7, 4/11, 4/14, 4/21, 4/25 and 4/28/19). May 2019 (5/2, 5/5, 5/9, 5/12, 5/19, 5/23, 5/26 and 5/30/19). June 2019 (6/2, 6/13, 6/16, 6/20 and 6/23/19).</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) #3 on 06/28/19 at approximately 3:52 p.m. The surveyor asked, "When does Resident #55 receive his bi-weekly showers?" The CNA stated, "I'm not really sure but I know he has never asked me to give him a shower." The CNA reviewed the shower schedule with the surveyor then stated, "Oh, Resident #55 is scheduled to receive his showers on two different shift; he is to receive showers on Thursdays (7a-7p) and Sunday's (7p-7a)." She stated, "I was not aware that Resident #55 received his showers on the night shift; no one has ever told me." She said, "I am new to this side; I did not know but I can give him one</p>	F 001		
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F 001	<p>Continued From page 3</p> <p>tonight." The CNA stated, "I should have check the shower sheet to see who was scheduled to receive showers and when."</p> <p>On 06/26/19 at approximately 2:14 p.m., an interview was conducted with LPN #2 who stated, "Showers are to be given twice a week." The LPN stated, "If the resident refuses their shower then the CNA should document the refusal and also let the nurse know."</p> <p>The Administrator, Director of Nursing (DON) and Regional Director of Clinical Services was informed of the finding during a briefing on 06/27/19 at approximately 3:40 p.m. The facility did not present any further information about the findings. The surveyor asked, "What are the expectation for the nursing staff to give showers" the DON, stated, "Each unit has a shower schedule and each CNA is to pull the shower schedule to see who receives their showers." The DON said the CNA's are to give showers at least twice a week.</p> <p>The facility's policy titled Bathing/Showering (Revision date: 09/01/17). -Policy: Assistance with showering and bathing will be provided at least twice a week and as needed to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and as needed cleaning. The residents frequency and preferences for bathing will be reviewed at least quarterly during care conference.</p> <p>2. The facility staff failed to ensure Resident #465 was offered and provided at least two showers</p>	F 001			

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F 001	<p>Continued From page 4</p> <p>per week.</p> <p>Resident #465 was admitted to the nursing facility on 4/30/18 with diagnoses that included malignant neoplasm of the brain, peripheral vascular disease (PVD), cellulitis of right and left lower limb with sepsis, history of blood clots of the deep veins of the left upper extremity, high blood pressure, obesity and venous insufficiency. The resident had a Do Not Resuscitate (DNR) order upon admission. Resident #465 was discharged to the local hospital on 5/25/18 and admitted due to complications in wound healing and recurrence of sepsis. He was readmitted to the nursing facility on 6/3/18. The resident was placed on hospice services on 8/27/18 and expired in the facility on 9/2/18.</p> <p>The admission Minimum Data Set (MDS) assessment dated 5/7/18 coded Resident #465 with a score of 11 out of possible score of 15 on the Brief Interview for Mental Status (BIMS) which indicated he was moderate in the skills needed for daily decision making. The resident was coded to have vascular ulcers. The resident was assessed totally dependent on two staff for bathing, and locomotion on and off the unit.</p> <p>The care plan dated 5/18/18 identified the resident had actual Activity of Daily Living (ADL) deficits related to weakness and obesity. The goal set by the staff for the resident was that the resident would receive appropriate staff support with ADLs. Some of the approaches the staff would take to ensure the goal was met included provide resident with showers and bathing. The resident was not care planned to refuse showers.</p> <p>There was no physician's order that prohibited showers based on cellulitis of bilateral legs.</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>On 6/27/19 at 3:01 p.m., an interview was conducted with Certified Nursing Assistant (CNA) #9. She stated two showers are offered all residents unless there were orders not to shower them. She stated the procedure was to offer the shower and if they refused to report it to the nurse, then go back and re-offer at a better time. She stated the nurse would document in the nurse's notes if the resident refused and what action she took. She also said, they have covered extremities in residents with wounds and successfully provided showers. According to CNA #9 the care tracker would have a record of any showers given or refused.</p> <p>There were no nurse's notes that indicated the resident refused showers. The resident's shower schedule for Resident #465 were on Monday, 3-11 shift when he was on the Green unit; Saturday 7-3 when he was on the Blue unit front hall and 7 am to 7 pm when he was on the Blue hall back hall. There were no entries in the shower section of the CNA care tracker documentation that indicated any showers were given, offered and/or refused by the resident when he resided on any the aforementioned units. It was recorded that the resident received bed baths only.</p> <p>On 6/27/19 at 4:10 p.m., the Director of Nursing (DON) stated showers were not prohibited for Resident #465. She said the CNAs should have informed the licensed nurse if they were not able to give them which would prompt the nurse to enter a nurse's note about why the showers were not provided and what action was taken to encourage the resident to accept showers at another time.</p>	F 001		
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F 001	<p>Continued From page 6</p> <p>The facility's policy and procedures titled Bathing/Showers dated 9/1/17 indicated assistance with showers would be provided at least twice a week.</p> <p>And; 12VAC5-371-220 - B- Nursing Services Cross reference to F-684</p> <p>12VAC5-371 -300- A- Pharmaceutical Services Cross reference to F-755 12VAC5-371-210. B. Nurse Staffing, Cross reference F-727.</p> <p>12VAC5-371-220. A. Nursing Services, Cross reference F-658. 12VAC5-371-250 (G) . Resident Assessment and Care Planning cross references to F-657.</p> <p>12VAC5-371-140 (A) - Policies and Procedures cross reference to F-600, F-607, F-609, F-610.</p> <p>12VAC5-371-220 (F) Nursing Services Please Cross Reference to F-561, F-580.</p> <p>12VAC5-371-200 (B) (1) (ii). Director of Nursing cross references to F-658.</p> <p>12VAC5-371-220 (B). Nursing Services cross references to F-760.</p>	F 001	<p>12VAC5-371-220 - B Refer to F684 POC 12VAC5-371-300 - A Refer to F755 POC 12VAC5-371-210. B Refer to F727 POC 12VAC5-371-220. A Refer to F658 POC 12VAC5-371-250 (G) Refer to F657 POC 12VAC5-371-140 (A) Refer to F600, F607, F609, F610 POC 12VAC5-371-220 (F) Refer to F561, F580 POC 12VAC5-371-200 (B) (1) (ii) Refer to F658 12VAC5-371-220 (B) Refer to F760 POC</p>	