STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495120	A. BUILDING _____ B. WING _____	06/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER-CANTERBURY -LYNCHB	501 VES RD LYNCHBURG, VA 24503

(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 An unannounced Emergency Preparedness survey was conducted 6/4/19 through 6/5/19. The facility's Emergency Preparedness Plan was reviewed and found to be in compliance with CFR 483.73, the Federal requirements for Emergency Preparedness in Long Term Care facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 06/04/2019 through 06/05/2019. 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. The census in this 80 certified bed facility was 70 at the time of the survey. The survey sample consisted of eighteen (18) current resident reviews, and two (2) closed record reviews.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).	F 578		6/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/17/2019

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 578	Continued From page 1 (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on staff interview, and clinical record review, facility staff failed to ensure an accurate Code Status for one (1) of 20 residents in the survey sample, Resident #31. Findings included: Resident #31 was admitted to the facility on 02/02/2019 with diagnoses including, but not limited to: Prostate CA (cancer) with metastasis to the vertebral column, Radiation Proctitis, Anemia, Hypertension, and Dementia.	F 578	1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. Matrix Care was notified of computer problem with resuscitate label and corrected the issue. Affected resident #31 EMR was corrected on 6/5/2019. 2. Address how the facility will identify other residents having the potential to be	

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F 578	Continued From page 2 The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 04/25/2019. Resident #31 was assessed as moderately impaired in his cognitive status with a total cognitive score of nine (9) out of 15. Resident #31's EMR (electronic medical record) was reviewed on 06/05/2019 at 10:00 a.m. While reviewing the "Profile Page" the "Resuscitate" status at the top of the page was noted as "Yes-Full Code." On the same page, a chart flag included a "DNR" box (do not resuscitate). The physician order sheet dated June 2019 included an order originally dated 02/02/19, "...Do Not Resuscitate..." RN #1 (registered nurse) was interviewed on 06/05/2019 at 10:50 a.m. regarding where to locate a resident's code status. RN #1 stated, "I look at the smart chart and then look at attachments to make sure a signed DNR is scanned into the system." LPN #1 (licensed practical nurse) was interviewed at 10:52 a.m. and she stated, "I just look at the smart chart tab. I have never looked at the Resuscitate at the top of the screen." RN #1 called the SW (social worker) and asked who is responsible for filling in the "Resuscitate" portion on the profile page. The SW came to the sixth floor nurse's station and stated, "That information is entered by [Name] (Medical Records) on admission. If the Code status changes, then the nurse should change on the profile screen."	F 578	affected by the same deficient practice. Auditing was completed on all healthcare residents and no other findings were noted. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. Education will be completed with nursing staff on documentation of code/resuscitation status to ensure that the deficient practice will not recur as well as the process for reporting a computer glitch. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The charge nurse will ensure the code status continues to be accurate throughout the medical record. The nursing supervisor will monitor and assist the charge nurse with any changes on code/resuscitation status to ensure all documentation is competed accurately. Any inconsistencies will be reported to the QAPI committee. 5. Include dates when the corrective action will be completed. (the "outside" date by which all corrections must be made in the 45th calendar day after the survey ended.) Corrective action will be completed by	

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F 578	Continued From page 3 On 06/05/19 at 01:20 p.m. the DON (director of nursing) was interviewed regarding code statuses. The DON stated, "We are working with AOD (answers on demand-computer system) right now. When the code status is Full Code or DNR this should automatically change the Resuscitate status in the computer. It is a glitch in the system and they are working on it. Hopefully it will be corrected in the next 24 hours." The Administrator was informed of the above information during a meeting with the survey team on 06/05/19. No further information was received prior to the exit conference.	F 578	6/21/2019.	