

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

PRINTED: 11/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2019
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(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 revisit to the standard survey conducted 09/15/19 through 09/17/19, was conducted 10/22/19 through 10/23/19. The facility was in compliance with 42 CFR Part 483.73, Emergency Preparedness requirements for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.				
{F 000}	INITIAL COMMENTS	{F 000}			
	An unannounced Medicare/Medicaid revisit to the standard survey conducted 09/15/19 through 09/17/19, was conducted 10/22/19 through 10/23/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey.				
	The census in this 120 certified bed facility was 112 at the time of the survey. The survey sample consisted of 22 resident reviews.				
{F 554} SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)	{F 554}		11/8/19	
	§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review and clinical record review, the facility staff failed to assess a Resident to determine if they were safe to administer medications, before leaving medications at the bedside for one Resident (Resident #122) in a survey of 22 Residents.		This plan of correction is prepared and executed because it is required by the provisions of state and federal law not because Battlefield Park Healthcare Center admits or denies the validity of the allegations and citations listed on the pages of this Statement of Deficiencies.		

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

TITLE

(X6) DATE

Electronically Signed

11/07/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2019
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 554}	Continued From page 1 The findings included: For Resident #122 the facility staff left medications at the bedside for the Resident to self administer when the Resident had not been assessed or determined to be clinically appropriate to do so. Resident #122 was admitted to the facility on 12/6/17, with a recent readmission date of 4/15/19. Resident #122's diagnoses included but were not limited to: encounter for surgical aftercare following surgery on the digestive system, muscle weakness, restlessness and agitation, bipolar disorder, schizophrenia and age-related cognitive decline. Resident #122's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 9/10/19 was coded as a quarterly assessment. Resident #122 was coded as having had a BIMS (brief interview for mental status) score of 12, which indicated moderately impaired cognitive skills. Resident #122 was coded as being independent in transfers, ambulation, and toileting. Resident #122 was coded as having required supervision of one staff member for dressing, eating, and personal hygiene. On 10/23/19 at 9:34 AM during facility rounds, Resident #122 was observed laying in bed and on the over-bed table at the bedside, was a medicine cup with a small, green, round pill. No staff were present. Surveyor B was asked to step into the room to confirm the observation. On 10/23/19 at approximately 9:36 AM, RN B was	{F 554}	CommuniCare, Battlefield Park Healthcare Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following plan of correction. F-554 1.) Upon notification from surveyor the medication at bedside was removed for Resident #122. 2.) Current residents who have treatment orders to be administered by licensed nurses reviewed to identify those that have the potential to be affected. 3.) Director of Nursing educated licensed nursing staff on self-administration policy. 4.) Assistant Director of Nursing and/or designee will audit 3 resident rooms per audit to ensure no medications at bedside 3x a week x 3 weeks then monthly x 3 months with results presented to QAPI Committee for review and recommendations. 5.) The facility's alleged date of compliance is 11/8/2019.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2019
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 554}	<p>Continued From page 2</p> <p>observed at the medication cart in the hallway a few doors down from Resident #122's room. RN B was asked to step into the room. When RN B was asked what the medicine cup was and it's contents she stated "her iron pill, she didn't take it". Resident #122 stated, "I get loose bowels with iron". RN B was asked if it was her practice to leave medications at the bedside, unattended. RN B stated, "no ma'am it is not my practice".</p> <p>Review of Resident #122's current physician orders revealed an order "Ferrous Sulfate Tablet 325 (65 Fe) MG [iron] give 1 tablet by mouth one time a day for supplement". The order date was 9/16/19 and continued as an active order for Resident #122.</p> <p>Review of Resident #122's careplan and entire clinical record revealed no assessment of, or determination that Resident #122 had been assessed for self-administration of medication.</p> <p>Review of the facility policy titled "Resident Self-Administration of Medications" with a review date of 5/29/19 read on page 2, "a. Resident may not self-administer medication until the assessment is completed by the IDT team and determined to be safe to do so".</p> <p>Review of the facility policy titled "Medication Administration" with a review date of 5/29/19 read on page 4, "remain with resident until the medication is swallowed, do not leave medication at bedside".</p> <p>The facility administrator and Director of Nursing (DON) were advised during an end of day meeting on 10/23/19 at 10:40 AM of RN B leaving medications at the bedside of Resident #122.</p>	{F 554}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2019
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 554}	Continued From page 3 The DON confirmed that Resident #122 had not been assessed or determined by the interdisciplinary team to be clinically appropriate to self-administer medications. The DON stated she had been made aware of the observation and "I pulled her off the cart" [referring to RN B]. The DON provided the surveyor a copy of disciplinary action for RN B in regard to leaving medication unattended at the bedside of Resident #122. No further information was provided.	{F 554}			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review and clinical record review, the facility staff failed to follow professional standards for one Resident (Resident #122) in a survey of 22 Residents. The findings included: For Resident #122 the facility staff documented administration of medication which had been left at the bedside for the Resident to self administer, and was not taken. Resident #122 was admitted to the facility on 12/6/17, with a recent readmission date of	F 658	F-658 1.) Upon notification from surveyor the RN B was re-educated on professional standards, five rights of medication administration regarding medication left at bedside of Resident 122. 2.) Current residents who have medication orders to be administered by licensed nurses reviewed to identify those that have the potential to be affected. Medication pass observation will be conducted on all licensed nurses. 3.) Director of Nursing educated licensed nursing staff on professional standards including but not limited to medication	11/15/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2019
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 658	<p>Continued From page 4</p> <p>4/15/19. Resident #122's diagnoses included but were not limited to: encounter for surgical aftercare following surgery on the digestive system, muscle weakness, restlessness and agitation, bipolar disorder, schizophrenia and age-related cognitive decline.</p> <p>Resident #122's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 9/10/19 was coded as a quarterly assessment. Resident #122 was coded as having had a BIMS (brief interview for mental status) score of 12, which indicated moderately impaired cognitive skills. Resident #122 was coded as being independent in transfers, ambulation, and toileting. Resident #122 was coded as having required supervision of one staff member for dressing, eating, and personal hygiene.</p> <p>On 10/23/19 at 9:34 AM during facility rounds, Resident #122 was observed laying in bed and on the over-bed table at the bedside, was a medicine cup with a small, green, round pill. No staff were present. Surveyor B was asked to step into the room to confirm the observation.</p> <p>On 10/23/19 at approximately 9:36 AM RN B was observed at the medication cart in the hallway a few doors down from Resident #122's room. RN B was asked to step into the room. When RN B was asked what the medicine cup was and it's contents she stated "her iron pill, she didn't take it". Resident #122 stated, "I get loose bowels with iron". RN B was asked if it was her practice to leave medications at the bedside, unattended. RN B stated, "no ma'am it is not my practice".</p> <p>Review of Resident #122's current physician</p>	F 658	<p>administration.</p> <p>4.) Assistant Director of Nursing and/or designee will audit 3 licensed nurses regarding practice of medication administration utilizing professional standards 3x a week x 3 weeks then monthly x 3 months with results presented to QAPI Committee for review and recommendations.</p> <p>5.) The facility's alleged date of compliance is 11/15/2019.</p>		

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

PRINTED: 11/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2019
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 658	<p>Continued From page 5</p> <p>orders revealed an order "Ferrous Sulfate Tablet 325 (65 Fe) MG [iron] give 1 tablet by mouth one time a day for supplement". The order date was 9/16/19 and continued as an active order for Resident #122.</p> <p>Review of Resident #122's medication administration record (MAR) revealed that Ferrous sulfate had been signed off as being administered on 10/23/19.</p> <p>Review of the facility policy titled "Medication Administration" with a review date of 5/29/19 read on page 4, "remain with resident until the medication is swallowed, do not leave medication at bedside, medications will be charted when given, medications that are refused or withheld or not given will be documented".</p> <p>The DON stated the facility uses Lippincott as their nursing standard of practice.</p> <p>Guidance is given from Lippincott Solutions, "Safe Medication Administration Practices, General" 10/02/2015. "Document all medications administered in the patient's MAR or EMAR (Electronic Medication Administration Record). If a medication wasn't administered, document the reason why, any interventions taken, practitioner notification, and the patient's response to interventions."</p> <p>Additional Guidance from Lippincott's Nursing Center.com (www.nursingcenter.com) Rights of Medication Administration 6. Right documentation " Document administration AFTER giving the ordered medication. " Chart the time, route, and any other specific information as necessary. For example, the site</p>	F 658			

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

PRINTED: 11/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2019
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 658	<p>Continued From page 6 of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.</p> <p>Reference: Nursing2012 Drug Handbook. (2012). Lippincott Williams & Wilkins: Philadelphia, Pennsylvania. www.nursingcenter.com Accessed online 3/8/18.</p> <p>The facility administrator and Director of Nursing (DON) were advised during an end of day meeting on 10/23/19 at 10:40 AM that RN B left medication at the bedside for Resident #122 and documented it as being given.</p> <p>No further information was provided.</p>	F 658			