

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

PRINTED: 10/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2019
NAME OF PROVIDER OR SUPPLIER THE BRIAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ALLEGHANY REGIONAL HOSPITAL LANE LOW MOOR, VA 24457		
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E 000	Initial Comments An unannounced Medicare/Medicaid standard survey was conducted 10/01/19 through 10/02/19. 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 10/1/19 through 10/2/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.	F 000			
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. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of	F 657		10/25/19	

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

TITLE

(X6) DATE

Electronically Signed

10/11/2019

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 657	<p>Continued From page 1</p> <p>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 clinical record review, resident interview, and staff interview the facility staff failed to include interventions for monitoring/assessment of an AV (arterio-venous) fistula on the comprehensive care plan for one of 20 residents, Resident #13.</p> <p>Findings were:</p> <p>Resident #13 was admitted to the facility on 06/17/2019 with the following diagnoses, including but not limited to: Chronic kidney disease Stage 4 (severe), hypomagnesemia, hypokalemia, Morbid obesity, type 2 diabetes mellitus, atrophy of kidney, atherosclerotic heart disease, obstructive sleep apnea and personal history of TIA (transient ischemic attacks).</p> <p>The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 07/15/2019. Resident #13 was assessed as being cognitively intact with a summary score of "15".</p>	F 657	<p>Kissito Healthcare shares the state's focus on the health, safety and well being of facility residents. Although the facility does not agree with some of the findings and conclusions of the surveyors, we have implemented a plan of correction to demonstrate our continuing effort to provide quality care to our residents.</p> <p>F657 Care plan for resident #13 was updated to include the AV fistula.</p> <p>Care plans for current residents in the center with an AV fistula were reviewed to ensure the AV fistula has been care planned.</p> <p>The Interdisciplinary Team was educated by the Director of Nursing/designee on reviewing and updating care plans to ensure the care plan reflects the</p>		

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F 657	<p>Continued From page 2</p> <p>The clinical record was reviewed on 10/01/2019. The electronic POS (physician order sheet) included the following order: "Monitor AV fistula to RUE [right upper extremity]". The TAR (treatment administration record) was reviewed and also included: "Monitor AV fistula to RUE every shift".</p> <p>The care plan was reviewed. There were no entries on the care plan regarding the ongoing monitoring and assessment for Resident #13's AV fistula site. The KARDEX (care plan specific for CNAs-certified nursing assistant) was reviewed. There were no interventions for the AV fistula.</p> <p>Resident #13 was interviewed on 10/01/2019 at approximately 10:00 a.m. There was a sign above her bed that read: "No BP [blood pressure] or sticks in right arm." She was asked about the sign. She held out her right arm and stated, "Because of this..." as she pointed to her AV fistula. She was asked about her AV fistula and why she had it. She stated, "I got it as a precautionary thing. My kidneys don't work too well...I'll probably need dialysis some day, but not yet....I'll be ready when I need it."</p> <p>On 10/02/2019 at approximately 1:55 p.m., the MDS nurse, RN (registered nurse) #2 was interviewed regarding Resident #13's care plan. She was asked if she had done the care plan. She stated, "Yes." She was asked why the AV fistula was not mentioned on the care plan. She stated, "Because we aren't using it...it's never been accessed." She was asked how the CNAs would know not to do blood pressures on the right arm if the sign over her bed fell in the floor since it isn't on the KARDEX. She stated, "We can add it...we just didn't because we aren't doing</p>	F 657	<p>resident's current physical and psychological functioning.</p> <p>The Director of Nursing/designee will review three care plans weekly to ensure the care plan is complete and accurate.</p> <p>The results will be reported to the monthly Quality Committee for review and discussion. Once the QA Committee determines the problem no longer exists, then review will be completed on a random basis.</p>		

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F 657	Continued From page 3 anything with it." The physician order to monitor the fistula was discussed. She stated, "I see what you're saying, we will add it." During an end of the day meeting on 10/02/2019 at approximately 2:35 p.m., the above information was discussed. The DON (director of nursing) was asked if interventions regarding the AV fistula should be on the care plan. She stated "Yes...it is now."	F 657			
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and	F 883		10/25/19	

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F 883	<p>Continued From page 4</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review the facility staff failed to correctly assess and document the pneumococcal vaccine status for 2 of 5 records reviewed: Resident # 23 and # 13.</p> <p>Findings include:</p>	F 883	<p>F883 Dates of previous pneumonia vaccine for resident #13 and #23 was obtained and documented in the electronic medical record.</p> <p>A review for current residents in the center</p>		

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F 883	<p>Continued From page 5</p> <p>On 10/2/19 beginning at 11:30 a.m. five resident records (Residents # 23,13,15,29, and 17) were reviewed for influenza and pneumococcal vaccine status. No documentation for the pneumococcal vaccine was located in the electronic medical record for Resident # 23 and Resident # 13.</p> <p>On 10/2/19 at 1:15 p.m. the DON (director of nursing), who was also the Infection Control Nurse, was asked for assistance in locating the information. The DON stated, "There is a signed consent in the paper chart for each of those residents. They weren't given the pneumonia vaccine because they had both already received it." The DON was asked for the dates each resident had received the vaccine. The DON stated "Usually the admitting nurse gets that information; but they had both already had the vaccine prior to being admitted here." The DON was again asked if anyone had followed up on that information to retrieve the date the vaccines had been administered. The DON stated "No one got the dates; I don't know what else to tell you. For whatever reason, the dates weren't obtained." A copy of the pneumonia vaccine policy was requested at that time.</p> <p>The policy "Pneumococcal Vaccine Program" included "Admission Policy: All residents admitted to our facility will be screened to determine if they are current on adult immunizations. Documentation of the patient's immunization status will be maintained in the medical record. Pneumococcal immunization status of all residents will be determined on admission regardless of date. Vaccination will be offered to all residents who cannot provide documentation of previous vaccination. Those</p>	F 883	<p>was completed to ensure their last pneumonia vaccine has been documented in the electronic medical record.</p> <p>Current clinical staff was educated by the Director of Nursing/designee on documentation of resident's vaccines in the electronic medical record at the time the vaccine is given. In addition, the education included obtaining dates when vaccines are administered outside the center to include these dates in the electronic medical record.</p> <p>New admissions records will be review in clinical meeting 5x weekly to ensure dates of vaccines administered outside the center are documented in the electronic medical record. In addition the Director of Nursing/designee will review 5 records weekly to ensure immunizations administered have been documented in the electronic medical record.</p> <p>The results will be reported to the monthly Quality Committee for review and discussion. Once the QA Committee determines the problem no longer exist, the reviews will be conducted on a random basis.</p>		

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F 883	Continued From page 6 who are unsure or do not know of their vaccination status will be immunized." The administrator, DON, Chief Nursing Officer, and Director of Clinical Reimbursement were informed of the above findings during an end of the day meeting 10/2/19 beginning at 2:30 p.m. No further information was provided prior to the exit conference.	F 883		