

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

PRINTED: 10/31/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHAMPTON CONVALESCENT AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1028 TOPPING LANE</b> <b>HAMPTON, VA 23666</b>		
(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 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated standard survey was conducted 10/22/19 through 10/23/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 70 certified bed facility was 63 at the time of survey. The survey sample consisted of 3 current Resident reviews and 1 closed record review. One complaint was investigated during the survey.	F 000			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3)  §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.  §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline	F 655			11/8/19

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

TITLE

(X6) DATE

Electronically Signed

10/30/2019

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 655	<p>Continued From page 1</p> <p>care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to develop a baseline care plan within 48 hours of admission for 1 of 4 residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>Resident # 3 was admitted to the facility on 9/27/19 with diagnoses to include, but not limited to, diabetes mellitus type 2, anxiety, and bipolar disorder.</p> <p>The most recent Minimum Data Set (MDS) was an admission assessment with an Assessment Reference Date (ARD) of 10/4/19. The MDS coded Resident #3 with moderate cognitive impairment as indicated by a score of 11 out of 15</p>	F 655	<p>1. The baseline care plan for resident #3 was updated and provides instructions needed to ensure effective person centered care.</p> <p>2. The Director of Nursing/ designee has reviewed the baseline care plans of all newly admitted residents for whom the comprehensive care plan has not yet been created. The review was to ensure baseline care plans are created with in a 48 hour timeframe to include the instructions needed to provide effective person centered care. Baseline care plans were updated as needed.</p> <p>3. The Director of Education/designee will reeducate RNs and LPNs on "Development and Implementation of Baseline Care Plans". The in-service will</p>		

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F 655	<p>Continued From page 2</p> <p>on the Brief Interview for Mental Status (BIMS). The resident was also coded as requiring extensive assistance from staff for bed mobility, transfers, walking, dressing, toileting, and hygiene; set up assistance with eating; and total dependence with bathing.</p> <p>On 10/22/19 at 1:50 p.m. Resident #3's clinical record was reviewed. The review revealed a baseline careplan was developed on 10/10/19 which was 13 days after admission.</p> <p>On 10/22/19 at 3:05 p.m. an interview was conducted with the Assistant Director of Nursing Operations (Admin-D). Admin-D stated the resident came in as respite and then stayed. Admin-D concurred that the timely baseline careplan development got missed.</p> <p>On 10/22/19 at 3:50 p.m., the Administrator was made aware of the finding. No further information was provided by facility staff.</p>	F 655	<p>include but not limited to a review of the baseline care plan creation process and assessment of resident's individual needs. The care plan should also include instructions to ensure the delivery of effective person-centered care.</p> <p>4. The Director of Nursing /designee will review the baseline care plans of all newly admitted residents weekly for six weeks. The review will ensure baseline care plans include the instructions needed to provide effective person centered. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p>		