

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

PRINTED: 12/18/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/17/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CONSULATE HEALTH CARE OF WOODSTOCK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>803 SOUTH MAIN ST</b> <b>WOODSTOCK, VA 22664</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 survey was conducted 12/16/19 through 12/17/19. One complaint (VA00047921 unsubstantiated) was investigated during the survey. One complaint (VA00047776) was withdrawn by the complainant. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 88 certified bed facility was 79 at the time of the survey. The survey sample consisted of six current resident reviews.	F 000			
F 710 SS=D	Resident's Care Supervised by a Physician CFR(s): 483.30(a)(1)(2)  §483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.  §483.30(a) Physician Supervision. The facility must ensure that-  §483.30(a)(1) The medical care of each resident is supervised by a physician;  §483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that	F 710	1. Resident # 1 was ordered a Foley Cath on 11/17/2019. Resident # 1 has a diagnosis of urinary retention. Care plan updated. A Urologists appointment is scheduled for 01/20/2020 for follow up.  2. Quality review by DON / designee of physician's progress notes of current residents. for the last 30 days to validate that documented plan of care have correlating physician orders if applicable.  3. Physician and Nurse Practitioner re-educated by DON / designee on medical care and standards of practice.	RECEIVED DEC 31 2019 VDH/OLC	

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

*Joseph Lawrence Burnett*

TITLE

*Administratrix*

(X6) DATE

*12/27/2019*

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 710	<p>Continued From page 1</p> <p>the facility staff failed to ensure physician supervision for one of six residents in the survey sample, Resident #1. On 11/12/19, Resident #1's physician documented that I&amp;O [in and out] urinary straight catheterization (1), every eight hours was ordered for Resident #1 but failed to ensure a physician's order for this was written and implemented.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 11/11/19. Resident #1's diagnoses included but were not limited to urinary retention, diabetes and congestive heart failure. Resident #1's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 11/17/19, coded the resident's cognition as moderately impaired. Section G coded Resident #1 as being totally dependent on one staff with toilet use. Section H coded Resident #1 as always incontinent of urine.</p> <p>A discharge summary from the hospital that was dated 11/11/19, documented, "Discharge Diagnoses: Urinary retention, intermittent, I &amp; O straight catheterization..."</p> <p>A facility admission history and physical signed by ASM (administrative staff member) #3 (Resident #1's physician) on 11/12/19 documented, "She has significant peripheral edema (swelling) with volume overload with underlying systolic heart failure decompensation, primarily right-sided heart failure. She was managed with IV (intravenous) furosemide (2) and had significant diuresis (increased urination). She tolerated the diuresis and her creatinine (3) remained stable. She required Foley catheter for large volume</p>	F 710	<p>4. DON / designee will review Physician Progress Notes at morning meeting prior to being placed on the medical record. DON / designee will quality monitor of Physician Progress Notes weekly x 4 weeks then monthly x 6 months. Variances will be reported to QAPI with follow up as indicated.</p> <p>5. Allegation of compliance date of 01/08/2020.</p>		

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F 710	<p>Continued From page 2</p> <p>diuresis and also urinary retention. She has been ordered I&amp;O's straight catheterization every 8 hours for subsequent urinary retention..."</p> <p>Review of Resident #1's clinical record failed to reveal a physician's order for any I&amp;O (in and out), straight catheterization or evidence that any I&amp;O, straight catheterization was performed with Resident #1.</p> <p>Resident #1's comprehensive care plan dated 11/27/19 failed to document information regarding I&amp;O straight catheterization.</p> <p>On 12/17/19 at 8:02 a.m., an interview was conducted with ASM #3. ASM #3 was made aware of the above documentation in her admission history and physical dated 11/12/19, and made aware that the clinical record contained no order for I&amp;O straight - catheterization and no evidence that any I&amp;O straight catheterization was completed. ASM #3 stated she may have not written the order, because she thought the order was already on the admission orders so the order possibly was not written. ASM #3 confirmed Resident #1 should have had an order for I&amp;O straight- catheterization, every eight hours, per the documentation in the history and physical. ASM #3 was asked who was responsible for ensuring the order for I&amp;O catheterization was written and implemented. ASM #3 stated she was responsible because she was responsible for Resident #1's care.</p> <p>On 12/17/19 at 9:24 a.m., ASM #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern and asked to provide any further information.</p>	F 710			

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F 710	<p>Continued From page 3</p> <p>The facility policy titled, "Medical Care/Standards of Practice" documented, "A physician supervises the medical care of each resident. Physician supervision includes, but is not limited to: Admission orders are consistent with the resident's current physical and mental status. Admission orders are verified on admission..."</p> <p>On 12/17/19 at approximately 10:00 a.m., ASM #1 and ASM #2 confirmed Resident #1's clinical record did not contain a physician's order for an I&amp;O straight catheterization.</p> <p>References:</p> <p>(1) A urinary catheter is a tube placed in the bladder to drain urine. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/003981.htm">https://medlineplus.gov/ency/article/003981.htm</a></p> <p>(2) Furosemide is used to treat swelling and fluid retention. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a682858.html">https://medlineplus.gov/druginfo/meds/a682858.h tml</a></p> <p>(3) Creatinine is a chemical waste product. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/003610.htm">https://medlineplus.gov/ency/article/003610.htm</a></p>	F 710			

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