



Petersburg  
HEALTHCARE CENTER  
Serving with Pride.

November 25, 2019

Mr. Paul Wade, LTC Supervisor  
Office of Licensure and Certification  
Division of Long Term Care Services  
9960 Mayland Drive, Suite 401  
Richmond, Virginia 23233

Re: Petersburg Healthcare Center  
Provider Number 495144

Dear Mr. Wade:

Enclosed is our revised plan of correction in response to the complaint survey ending October 17, 2019 for your consideration and acceptance. I thank you for your support and kind consideration you always give to us.

Sincerely,

Ibrahim Kamara, Executive Director  
Petersburg Healthcare Center



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>10/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PETERSBURG HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>287 EAST SOUTH BOULEVARD PETERSBURG, VA 23805</b>
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F 657	<p>Continued From page 1</p> <p>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 observation, resident interview, staff interview, clinical record review, and in the course of a complaint investigation, the facility staff failed to revise the care plan for 1 resident (Resident #2) in a sample size of 7 residents. For Resident #2, the facility staff failed to revise the care plan pertaining to a skin tear on his penis discovered on 07/23/2019.</p> <p>The findings included:</p> <p>Resident #2, a 54-year old male, was admitted to the facility on 02/14/2019.</p> <p>Diagnoses included but not limited to quadriplegia, diabetes, chronic kidney disease, and neuromuscular dysfunction of the bladder.</p> <p>Resident #2's most recent Minimum Data Set with an Assessment Reference Date of 09/13/2019 was coded as an annual assessment. The Brief Interview for Mental Status was coded as "15" out of possible "15" indicative of no cognitive impairment. Functional status for bed mobility was coded as requiring extensive assistance from staff. Transferring, toileting, dressing, and personal hygiene were coded as total dependence and full staff performance required.</p> <p>On 10/11/2019 at approximately 10:05 AM, Resident #2 was interviewed in his room by this surveyor. When asked about when it was discovered his penis was split, Resident #2 stated it was sometime after April. Resident #2 also</p>	F 657	<p><b>F657: Care Plan Timing and Revision</b></p> <p><b>I</b></p> <p><b>Corrective Action</b></p> <p>Resident #2, who still resides in the facility, no longer has a skin tear on his penis. The skin tear has been healed and the care plan revised.</p>	
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F 657	<p>Continued From page 2</p> <p>stated that it was first discovered by a CNA and the CNA told the nurse. Resident #2 stated that he had a foley for about a year and half and it was because of the foley his penis split. When asked if the indwelling catheter was anchored to his leg, Resident #2 stated, "Sometimes." He stated that sometimes "it would come off during changing and they wouldn't get back to it." Resident #2 stated he went to see a urologist about it and the urologist suggested a suprapubic catheter. Resident #2 also stated he currently does not have an indwelling catheter nor a suprapubic catheter and he does not experience pain with urination.</p> <p>On 10/11/2019 at 12:25 PM, this surveyor and Licensed Practical Nurse D (LPN D) entered Resident #2's room to perform a targeted skin assessment. There was a split observed along the ventral side of his penis. Each edge of the penile split along the ventral shaft appeared healed. There was a gauze dressing over the subrapubic site which LPN D removed to reveal a small, pink, healing area where the suprapubic catheter had been.</p> <p>A physician's order dated 06/28/2019 documented, "Anchor foley to leg as tolerated."</p> <p>The progress notes ranging from February through September 2019 were reviewed. A nurse's note dated 07/23/2019 at 9:38 AM documented, "Res. [resident] noted with split noted on tip (underside) of penis. No bleeding or drainage noted, c/o pain. Foley cath was repositioned. New order was obtained per MD for Zinc to be applied q [every] shift, and urology consult. RP [responsible party] aware. "</p>	F 657	<p style="text-align: center;"><b>II</b> <b>Identification</b></p> <p>All residents residing in the facility have the potential to be affected. The Director of Nursing (DON) or designee has completed an audit of care plans related to skin tears for revision. No new issue identified.</p> <p style="text-align: center;"><b>III</b> <b>Systemic Changes</b></p> <p>The DON or designee will in-service all clinical staff on the requirement of care plan revision and or completion and revision.</p>	
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F 657	<p>Continued From page 3</p> <p>A nurse's note dated 07/23/2019 at 11:28 PM documented, "Resident remains alert and is able to make his wants known. Resident had no c/o pain or discomfort this shift. Foley remains patent and intact draining 400cc [cubic centimeters equivalent to milliliters] of clear yellow urine into his drainage bag. Will continue to monitor." An excerpt of a nurse's note dated 07/24/2019 at 3:55 PM documented, "S/T [skin tear] remains to tip of penis. Tx [treatment] in effect. An excerpt of a nurse's note dated 07/24/2019 at 10:48 PM documented, "Tx continues to tip of penis."</p> <p>A nurse's note dated 07/25/2019 at 2:04 PM documented, "Skin tear remains to tip of penis. Tx in place. No further issues noted." An excerpt of a nurse's noted dated 07/26/2019 at 10:50 PM documented, "Tx continues to penis tip." An excerpt of a nurse's note dated 07/29/2019 at 3:11 PM documented, "Skin tear remains to tip of penis. Tx in place." "Resident had appointment with urologist this shift."</p> <p>A document entitled, "Report of Consultation" completed by the urologist on 07/29/2019. An excerpt under the header, "Findings" documented, "Chronic foley dependence causing penile erosion. Recommend observation or SP [suprapubic] tube."</p> <p>A nurse's noted dated 07/29/2019 at 8:00 PM documented, "Met with client regarding urologist recommendation for a possible SP catheter. Client has decided to keep foley in place. He states that as long as the foley is positioned as it is (up) there is minimal discomfort and he has no further complaints at this time."</p> <p>The care plan was reviewed. There was no focus</p>	F 657	<p style="text-align: center;"><b>IV</b> <b>Monitoring</b></p> <p>The DON or designee will audit compliance of care plan completion and revision weekly for four weeks and once a month for two months. Data collected will be forwarded to Quality Assessment and Assurance Committee for review and action, as appropriate. The Quality Assessment and Assurance Committee will determine the need for further audits and/or action plans.</p> <p style="text-align: center;"><b>V</b> <b>Date of Compliance</b> <b>11/21/2019</b></p>	
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F 657	Continued From page 4 identifying the penile split skin issue that was discovered on 07/23/2019.	F 657		
F 745 SS=D	<p>On 10/17/2019 at approximately 10:10 AM, the DON was asked if she would expect to see the penile tear on the care plan and she stated, "Yes, because it was a new skin issue." When asked what interventions would be associated with that focus, the DON stated, "Pericare, new treatment, wound nurse assessment, get a urology consult." When asked if there was documentation of the anchor placement, the DON stated that staff does not document anchor placement.</p> <p>On 10/17/2019 at approximately 1:30 PM, the administrator and DON had no further information or documentation to offer.</p> <p>Provision of Medically Related Social Service CFR(s): 483.40(d)</p> <p>§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on resident observation, resident interview, staff interviews, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to provide social services for 1 resident (Resident #3) in a sample size of 7 residents.</p> <p>The findings included:</p> <p>Resident #3, a 58-year old male, was admitted to the facility on 03/12/2018. Diagnoses included but not limited to paraplegia, anxiety, and depression.</p>	F 745	<p><b>F745: Provision of medically-related social services</b></p> <p><b>I</b></p> <p><b>Corrective Action</b></p> <p>Resident #3 has been met by the social worker. Medically-</p>	

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F 745	<p>Continued From page 5</p> <p>Resident #3's most recent Minimum Data Set with an Assessment Reference Date of 09/05/2019 was coded as an annual assessment. The Brief Interview for Mental Status was coded as "15" out of possible "15" indicative of no cognitive impairment. Functional status for bed mobility, transferring, toileting, eating, dressing, and personal hygiene were coded as requiring extensive assistance from staff.</p> <p>The care plan was reviewed. There were 4 problems on the care plan where the social worker had input. One focus dated 09/21/2017 and revised on 08/29/2019 documented, "[Resident #3] has end of life choices." The intervention associated with this focus documented, "Facility will perform CPR."</p> <p>A focus dated 02/02/2018 and revised on 07/22/2019 documented, "[Resident #3] is/has potential to demonstrate verbally abusive behaviors r/t [related to] ineffective coping skills, refuses medication." Interventions associated with this focus documented, "Evaluate for side effects of medications. Psychiatric/psychogeriatric consult as indicated. When resident becomes agitated: Intervene before agitation escalates; guide away from source of distress; engage calmly in conversation; if response is aggressive, staff to walk calmly away, and approach later."</p> <p>A focus dated 05/29/2018 and revised on 08/07/2019 documented, "[Resident #3] uses antidepressant medication r/t depression." Interventions associated with this focus documented, "Encourage [Resident #3] to reminisce and review life to identify past coping skills and personal strengths. Give antidepressant</p>	F 745	<p>related social services assessment made, and social services support offered.</p> <p style="text-align: center;"><b>II</b> <b>Identification</b></p> <p>All residents currently residing in this facility have the potential to be affected. The administrator or designee will audit all the charts of current residents to assess for the provision of medically-related social services.</p>	
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F 745	<p>Continued From page 6</p> <p>medications as ordered by physician. Monitor/document side effects and effectiveness. Antidepressant side effects: dry mouth, dry eyes, constipation, urinary retention, suicidal ideations."</p> <p>A focus dated 09/21/2017 and revised on 08/29/2019 documented, "[Resident #3] desires to return to community but must wait for community resources to be organized prior to returning to community." Interventions associated with this focus documented, "Resident is in the process of applying for a housing voucher. Referral will be made to any local agency regarding as needed."</p> <p>A focus initiated on 01/10/2019 and revised on 10/09/2019 documented, "[Resident #3] is resistive to care r/t [related to] offloading pressure from sacrum, refusing shower, refusing meals, hoarding food from meals, refusing to offload bottom on wheelchair...". Interventions associated with this focus documented, "Provide consistency in care to promote comfort with ADLs [Activities of Daily Living]. Maintain consistency in timing of ADLs, caregivers and routine, as much as possible. Provide resident with opportunities for choice during care provision. Psych consult."</p> <p>The social worker progress notes from April 2019 through October 2019 were reviewed. There were two entries. One entry dated 07/30/2019 at 12:23 documented, "At approx [approximately] 1130am informed by staff that resident had ran [sic] his wheelchair into the glass door (1) after he became upset that staff did not immediately open the door for him. Per receptionist resident was waiting for her to open the door and before she could she heard a loud bang and resident stated, "too late" and forced the door open with his</p>	F 745	<p style="text-align: center;"><b>III</b></p> <p style="text-align: center;"><b>Systematic Changes</b></p> <p>The Administrator or designee will complete a re-education of the social worker related to the provision of medically-related social services to residents that may require it.</p> <p style="text-align: center;"><b>IV</b></p> <p style="text-align: center;"><b>Monitoring</b></p> <p>The Administrator or designee will audit five resident's chart for compliance weekly for four weeks and monthly for two</p>	
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 745	<p>Continued From page 7</p> <p>wheelchair and left facility. Police called and they recommended going to magistrate to file a complaint. Complaint filed with magistrate, a warrant will be served to the resident and a court date will be set." The other entry dated 09/19/2019 at 2:42 PM documented, "Received another invoice from [vision company] for glasses. Resident not eligible for [public health resource], he is aware. Invoice given to resident."</p> <p>There were no progress notes to support that the social worker performed evaluations of Resident #3's psychosocial and social needs in the past 6 months.</p> <p>On 10/16/2019 at 8:35 AM, an interview with Employee H, the social worker, was conducted by Surveyor A and Surveyor B. When asked about her process for offering social services, Employee H stated that when residents are admitted, she will see them and obtain information pertaining to social history, discharge planning, and code status. When asked how frequently she meets with residents, Employee H stated she just sees residents on an as needed basis. Employee H also stated, "I see everybody everyday; I walk around, I talk to people." Employee H stated that she does not regularly document all encounters with residents.</p> <p>When asked about how she assesses if a resident has a concern, she stated, "Everyone knows where my office is" and stated that staff and residents "can come to me." When asked if she was aware of Resident #3's weight loss, she stated, "Yes." Employee H also stated that his dislike for the meals they serve has" been an ongoing thing." Employee H stated that Resident #3 is often not in the facility for meals. She stated</p>	F 745	<p>months to ensure social work assessment and or provision for medically related services. The administrator or designee will also validate the visits with the resident or Responsible Party Data collected will be forwarded to Quality Assessment and Assurance Committee for review and action, as appropriate. The Quality Assessment and Assurance Committee will determine the need for further audits and/or action plans.</p> <p style="text-align: center;"><b>V</b> <b>Date of Compliance</b> <b>11/21/2019</b></p>	
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F 745	<p>Continued From page 8</p> <p>she is aware he prefers more fresh fruit so they tried to "get him more fruit." When asked about the effectiveness of the fruit options, Employee H stated she had not talked with [Resident #3] about "how that's working out."</p> <p>On 10/16/2019 at 10:20 AM, Employee H confirmed she conducts Minimum Data Set Section E and Section Q by chart audit. When shared concerns that social services staff doesn't meet with resident regularly to assess for needs, services, or psychosocial health, Employee H stated, "I see what you're saying but there's not an assessment for me to do." Employee H also stated, "I can't document every time I see someone. The CNAs see residents all day so they'll come to me if there's a problem." Employee H also confirmed that Resident #3 had not received psych services. Employee H then stated she was now in the process of developing a way to have a quarterly assessment documented in the chart. She also stated they will be assessing for any changes in behavior with the IDT [interdisciplinary team] and getting updates. She also stated that [Resident #3] can be invited to the meetings as well as other staff members. When asked if she will be meeting with residents on a one-to-one basis, Employee H stated that she will be working to "see how to do that" as well.</p> <p>The facility staff provided a copy of their job description for social worker dated April 2019. Under the header, "Job Duties &amp; Responsibilities" and the subheader, "Responsible for the performance of all psychosocial functions", it was documented, "Under the direction of the Director of Social Services and in cooperation with the Administrator and the Director of Nursing, [sic] is</p>	F 745		
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F 745	Continued From page 9 responsible for the evaluation of resident's psychosocial and social needs."  On 10/16/2019 at approximately 1:00 PM, the administrator and DON were notified of concerns and the administrator stated that the social worker should be seeing residents quarterly.  On 10/17/2019 at approximately 1:30 PM, the administrator and DON had no further information or documentation to provide.	F 745	<b>F 801- Qualified Dietary Staff</b>	
F 801 SS=D	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2)  §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)  This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of	F 801	<b>1. Correction</b>  Resident #3's nutritional needs have been assessed and evaluated by the Registered Dietician and the RD's face-to-face visit was validated by the resident at this time. The facility continues to work with resident to provide some of his preferred foods as able.	

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F 801	<p>Continued From page 10</p> <p>supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.</p> <p>(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.</p> <p>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.</p> <p>§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who-</p> <p>(i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is:</p> <p>(A) A certified dietary manager; or</p> <p>(B) A certified food service manager; or</p> <p>(C) Has similar national certification for food service management and safety from a national certifying body; or</p> <p>(D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and</p>	F 801	<p style="text-align: center;"><b>II</b></p> <p style="text-align: center;"><b>Identification</b></p> <p>All residents have the potential to be affected. The DON or designee will conduct an audit of current residents for nutritional needs. The face-to-face visits will be verified by the DON or designee by making a follow-up visit.</p>	
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F 801	<p>Continued From page 11</p> <p>(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and</p> <p>(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the dietician failed to assess and evaluate nutritional needs for 1 resident (Resident #3) in a sample size of 7 residents.</p> <p>The findings included:</p> <p>Resident #3, a 58-year old male, was admitted to the facility on 03/12/2018. Diagnoses included but not limited to paraplegia, anxiety, and depression.</p> <p>Resident #3's most recent Minimum Data Set with an Assessment Reference Date of 09/05/2019 was coded as an annual assessment. The Brief Interview for Mental Status was/not coded as "15" out of possible "15" indicative of no cognitive impairment. Functional status for bed mobility, transferring, toileting, eating, dressing, and personal hygiene were coded as requiring extensive assistance from staff.</p> <p>Pertaining to weight loss concerns:</p> <p>On 10/10/2019 at approximately 3:10 PM, Resident #3 stated he had lost a lot of weight recently and had not seen a dietician for months.</p>	F 801	<p style="text-align: center;"><b>III</b></p> <p style="text-align: center;"><b>System change</b></p> <p>The facility has hired a new qualified Dietitian. The dietitian is going to be re-educated on the need to assess and evaluate residents' nutritional needs by completing a face-to-face assessment and evaluation with the resident.</p> <p style="text-align: center;"><b>IV</b></p> <p style="text-align: center;"><b>Monitoring</b></p>	
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F 801	<p>Continued From page 12</p> <p>He also stated he does not receive food he prefers to eat such as fried eggs in the morning, chocolate milk, fresh fruit, and fried chicken.</p> <p>On 10/15/2019 at 9:20 AM, Resident #3 was observed in his bed with the head of the bed elevated approximately 60 degrees. His breakfast meal was on the tray table in front of him. There were scrambled eggs and potatoes on the plate in front of him and appeared uneaten. When asked if he was going to eat his breakfast, he stated he didn't like the eggs. When asked if he takes a supplement because of his weight loss, Resident #3 stated he takes "Prostat."</p> <p>A physician's order dated 03/30/2018 documented, "Regular diet, regular texture, thin consistency, double portions; fortified foods, fortified pudding with lunch and dinner." A physician's order dated 07/03/2019 entered as a telephone order from the wound care nurse documented, "Prostat two times a day for wound healing give 30 ml." A physician's order dated 03/30/2018 documented, "Ascorbic Acid capsule, give 500 mg [milligrams] by mouth two times a day for supplement." A physician's order dated 03/30/2018 documented, "Multivitamins tablet, give one tablet by mouth one time a day for supplement."</p> <p>The current dietician (Employee N)'s dietary notes were reviewed. There were 5 notes documented from 09/04/2019 through 10/10/2019. An excerpt of a dietary note dated 09/04/2019 at 1:00 PM written by Employee N documented, "See RD [registered dietitian] assessment from 8/28; continue POC [plan of care]." An excerpt of a dietary note dated 09/26/2019 at 8:02 PM written by Employee N</p>	F 801	<p>In order to ensure ongoing compliance, the DON or designee will conduct random audits for dietary assessments of five residents weekly for four weeks and once a month for two months. The DON or designee will complete a follow-up visit with the resident to validate that the assessment was done face-to-face. Data collected will be forwarded to Quality Assessment and Assurance Committee for review and action, as appropriate. The Quality Assessment and Assurance Committee will determine the need for further audits and/or action plans.</p> <p style="text-align: center;"><b>V.</b> <b>Date of Compliance</b> <b>11/21/2019</b></p>	
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F 801	<p>Continued From page 13</p> <p>documented, "RD [registered dietitian] attempted to visit resident on 9/25 but resident not available. Discussed resident in IDT [interdisciplinary team] meeting - social worker gave resident history of being non-compliant with behaviors (see RD note from 2/28/19, 1/31/19, 6/6/18, and 5/30/18) about documented refusal of supplements, etc. RD to continue to monitor/ follow-up per protocol." An excerpt of the dietitian's note dated 10/7/2019 at 6:57 PM documented, "Interventions: On 10/2: RD d/c [discontinued] large portions and added double portions for additional kcals and d/c regular pudding, added fortified pudding at meals." An excerpt of the dietitian's note dated 10/10/2018 at 10:27 AM documented, "Discussed resident in IDT meeting on 10/9 with MD, SW [social worker], and nursing. Continue current POC [plan of care] at this time; RD to monitor/follow-up per protocol."</p> <p>On 10/15/2019 at approximately 3:15 PM, an interview with Employee N, the dietician, was conducted by Surveyor A and Surveyor B. When asked how long she has worked at the facility, Employee N stated she has worked at facility for about "two and a half months." She also stated that she is contracted to be there 16 hours a week and works in the facility on Mondays and Wednesdays. When asked to share what she knew about Resident #3, she stated that he triggered for weight loss and he has a history of refusing meals, supplements, and snacks that are offered.</p> <p>When asked about Resident #3's food preferences, Employee N stated she didn't know what his food preferences were because she hadn't met him. Employee N stated that when she would be at facility, [Resident #3] wouldn't be</p>	F 801		
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F 801	<p>Continued From page 14</p> <p>here at the facility. She also stated that she didn't look for him every time she was here. When asked how she wrote the dietary notes in the clinical record without seeing Resident #3, she stated she gathered the information through a chart audit.</p> <p>A record of when Resident #3 signed out of the facility since June 2019 was requested and the facility staff provided a copy of documents entitled, "Resident Sign-Out Log for Short term leave from the facility." Resident #3 did not sign out for any days on August 2019. According to the sign out log, Resident #3 was in the facility (not signed out) on the following Mondays and Wednesdays when the dietician was in the facility: 09/02/2019, 09/04/2019, 09/09/2019, 09/11/2019, 09/16/2019, 09/18/2019, 09/23/2019, and 10/02/2019.</p> <p>Resident #3 signed out on the following Mondays and Wednesdays: 09/25/2019 at 11:20 AM; 09/30/2019 at 9:40 AM; 10/07/2019 at 11:20 AM; and 10/09/2019 at 4:20 PM.</p> <p>On 10/16/2019 at approximately 1:00 PM, the administrator and DON were notified of concerns and they did not comment.</p> <p>On 10/17/2019 at 12:10 PM, an interview with the facility Medical Director was conducted. When asked if he was aware of Resident #3's weight loss, he stated, "Yes, I think so." When asked if he was aware the dietician had not seen Resident #3, he stated he did not know that. When asked about his expectations when a resident triggers for weight loss, he stated that the dietician should talk with the resident directly.</p>	F 801		
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F 925	<p>Continued From page 16</p> <p>During the initial tour of the facility, flying insects were observed on Unit 2 of the facility. There were also flying insects in the conference room where the two surveyors were seated for the five days of survey.</p> <p>On 10/10/2019 at 3 PM, an interview was conducted with the Maintenance Director who stated the exterminator treated the facility just a few days ago for flying insects or "gnats". The Maintenance Director stated when the exterminator came, it was time for the regular extermination but they asked the technician to spray especially for the "gnats" on Wing 2.</p> <p>On 10/11/2019 at 10:30 AM, a Group Interview was conducted with five residents. Four residents complained that there were flies or gnats on Unit 2. The residents stated sometimes the flies were worse than other times. They stated they had seen the "pest control people spraying recently."</p> <p>On 10/11/2019 at approximately 1 PM, an interview was conducted with the Maintenance Director who stated the facility had regular extermination services. The Maintenance Director stated he noticed there were a lot of gnats on Unit 2. The Maintenance Director stated had not seen that type of "gnat" before and that the Pest Control company had taken a sample of the gnats to "send off for identification." He stated Pest Control Company sent a letter identifying the specimen.</p> <p>Observations made by Surveyor A: On 10/10/2019 at 4:32 PM, a flying insect resembling a large fruit fly, was observed in the</p>	F 925	<p>(i) The pest control company continues to treat the facility to eradicate the presence of flying insects.</p> <p>(ii) The facility continues to keep the environment inside and around the facility clean.</p> <p style="text-align: center;"><b>II</b> <b>Identification</b></p> <p>All residents have the potential to be affected by this deficient practice. The presence of the flying insects continues to decrease at this time. The facility has initiated trash and dirty linen pick-up twice per shift from the trash and dirty</p>		

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F 925	<p>Continued From page 17 conference room.</p> <p>On 10/10/2019 at 5:25 PM during a wound observation in Resident #3's room, a large fruit fly-type flying insect was observed flying over his bed.</p> <p>On 10/11/2019 at 11:00 AM, more than 2 flying insects resembling a large fruit fly were observed in the conference room. Subsequent observations of a large fruit fly-type insect were also seen in the conference room on 10/15/2019, 10/16/2019, and 10/17/2019.</p> <p>On 10/11/2019 at 12:25 PM during a wound observation in Resident #2's room, a large fruit fly-type insect was observed flying over his bed.</p> <p>On 10/11/2019 at approximately 1:00 PM, an interview with Registered Nurse A (RN A) was conducted. When asked if she had seen these large fruit fly-type insects in the facility, RN A stated, "Yes." RN A also stated that it has been problematic but improved over the past month. RN A stated she had also seen these insects flying in resident rooms.</p> <p>Review of the Pest Control Logs revealed documentation of the facility service records: Treated the Whole Facility on 10/8/2019, 9/10/2019, 8/13/2019, 7/9/2019, 6/11/2019, 5/14/2019, 4/9/2019, 3/12/219, 2/12/2019 and on treated the Exterior and Kitchen on 1/15/2019.</p> <p>On 10/15/2019 at 1:57 PM, a telephone call was made to the Pest Control Company with which the facility had a contract. A message was left with the receptionist to have the manager return the call.</p>	F 925	<p>linen rooms respectively to eliminate potential habitats.</p> <p style="text-align: center;"><b>III</b> <b>System changes</b></p> <p>The administrator held a meeting on 10/ 21/2019 to review the frequency of the company's visit from monthly to weekly for one to two months. The weekly treatment visits have begun 11/8/2019</p> <p style="text-align: center;"><b>IV</b> <b>Monitoring</b></p> <p>The administrator or designee will complete walking</p>		

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F 925	<p>Continued From page 18</p> <p>On 10/15/2019 at 3 PM, the manager of the Pest Control Company returned the call. He stated he did treat the facility on the day before, 10/14/2019. He stated during the treatment of the facility on 10/14/2019, he obtained a specimen of the flying insect and submitted it to [name redacted] a local agent for positive identification by an entomologist. The specimen was later sent to Virginia Tech for verification. He stated the specimen was identified as "Flesh Flies." He stated Flesh Flies were different from most flies because they do not lay eggs but hatch maggots instead. The Pest Control Company Manager stated he could treat areas in the facility but could not treat the source if the source was wounds. The source of the Flesh Flies needed to be determined. He stated he treated the inanimate objects. He stated he treated areas on Unit 2 and specifically rooms that were identified by the facility staff. He stated his letter documented rooms in the 100's but that was typed incorrectly. The rooms were on Unit 2. He described the layout of the facility and identified where the flesh flies were observed and where he treated. The areas described were on Unit 2. He stated the life cycle of the Adult Flesh Flies was only 3-4 days, so the number of insects should diminish each day. He stated the treatment seemed to be working because there were fewer flying insects reported.</p> <p>On 10/17/2019 at 11 AM, an interview was conducted with the Administrator who stated he did not know there was a letter from the Pest Control Company which identified the of the type of flying insect. The Administrator stated the Maintenance Director communicated with the Pest Control company and probably had the</p>	F 925	<p>rounds weekly for four weeks and monthly for two months to assess the presence of flying insects. Data collected will be forwarded to Quality Assessment and Assurance Committee for review and action, as appropriate. The Quality Assessment and Assurance Committee will determine the need for further audits and/or action plans.</p> <p style="text-align: center;"><b>Date of Compliance</b></p> <p style="text-align: center;"><b>11/21/2019</b></p>	
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F 925	<p>Continued From page 19 letter.</p> <p>The Maintenance Director presented the letter from the Pest Control Company.</p> <p>Review of a letter from the Pest Control Company dated 10/7/2019 which stated " On October 3, 2019 [Maintenance Director] called for service for gnats in rooms 101, 102, 116 and the hallway of these rooms. [name of Pest Control company] went on the same day and gathered a sample of the insect and took to the [name redacted] County Extension Office which in turn sent the insect to Virginia Tech Insect ID [identification] Lab has identified the insect as a Flesh Fly. Flesh Flies differ from most flies in that they opportunistically deposit hatched maggots instead of eggs on carrion, dung, decaying material or open wounds of mammals."</p> <p>During the end of day debriefings on 10/11/2019, 10/15/2019 and 10/17/2019, the facility Administrator and Director of Nursing were informed of the findings of flying insects in the facility. During the five days of survey, flies were noted in the facility on Unit 2 and in the conference room where the surveyors were sitting. The Administrator stated he was concerned that the Pest Control Company might not be handling the problem correctly The Administrator was informed that the Pest Control Company Manager stated he could and did treat inanimate objects in the facility.</p> <p>No further information was provided by the facility.</p> <p>COMPLAINT DEFICIENCY</p>	F 925			