

## COMMONWEALTH of VIRGINIA

Department of Health

M. Norman Oliver, MD, MA State Health Commissioner

Office of Licensure and Certification

TYY 7-1-1 OR 1-800-828-1120 9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485 Fax (804) 527-4502

November 15, 2019

Ms. Nichelle Jones Williams, Administrator Regency Care Of Arlington, Lic 1765 South Hayes Street Arlington, VA 22202

RF.

Regency Care Of Arlington, Llc Provider Number 495114

Dear Ms. Jones Williams:

An unannounced abbreviated standard (complaint) survey, ending November 13, 2019, was conducted at your facility by staff from the Virginia Department of Health's Office of Licensure and Certification (the State Survey Agency) to determine if your facility was in compliance with Federal long term care participation requirements for the Medicare and/or Medicaid programs and, if applicable, State licensure regulations. One (1) complaint was investigated during the survey. One (1) complaint was substantiated, with deficiencies.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

#### Survey Results

The results of this survey are reflected on the enclosed Statement of Isolated Deficiencies, "A" Form and/or the Statement of Deficiencies and Plan of Correction, CMS 2567. All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g), the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

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Ms. Nichelle Jones Williams, Administrator November 15, 2019 Page 2

This survey found that your facility was not in substantial compliance with the participation requirements. The most serious deficiency in your facility was an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy (S/S of D), as evidenced by the attached CMS-2567L, whereby corrections are required.

## Plan of Correction (PoC)

A PoC is not required for deficiencies cited on the Statement of Isolated Deficiencies, "A" Form. Nevertheless, the facility is expected to address and correct all areas of concern noted on this form.

Unless specifically otherwise indicated, a PoC for all certification and licensure deficiencies cited on the Statement of Deficiencies and Plan of Correction (CMS-2567) must be submitted within ten (10) calendar days of receipt of these survey findings to Nicole Keeney, LTC Supervisor, at: Office of Licensure and Certification, Division of Long Term Care Services, 9960 Mayland Drive, Suite 401, Richmond, Virginia 23233. If you are participating in ePOC, please submit your Plan of Correction through the ePOC website.

To be considered acceptable, the PoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and
- 5. Include dates when the corrective action will be completed. (The "outside" date by which all corrections must be made is the 45<sup>th</sup> calendar day after the survey ended.)

The PoC will serve as the facility's allegation of compliance. If an acceptable plan is not submitted, the State Survey Agency may propose to the Center for Medicare and Medicaid Services (CMS) Regional Office and/or the State Medicaid agency that remedies be imposed immediately within applicable notice requirements.

#### Informal Dispute Resolution

Following the receipt and review of your survey report, please contact the assigned supervisor to attempt to resolve any problems or concerns you may have about the citations. If those concerns are not resolved, in accordance with §488.331, you have one opportunity to question cited federal certification deficiencies through the Office's Informal Dispute Resolution Process, which may be accessed at http://www.vdh.virginia.gov/licensure-and-certification/the-division-of-long-term-care/.

To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: Director, Division of Long Term Care, Office of Licensure and Certification, 9960 Mayland Drive, Suite 401, Richmond, Virginia 23233. To be considered, the IDR request must follow the IDR guidelines and be received at the Office within 10 calendar days of your receipt of the enclosed survey findings.

An incomplete informal dispute resolution process will not delay the effective date of the imposition of any enforcement actions.

### Recommended Remedies

Based on the deficiencies cited during the survey, under Subpart F of 42 CFR Part 488 the following remedies may be imposed by the Centers for Medicare and Medicaid Services (CMS) Regional Office and/or the State Medicaid Agency (DMAS):

- Pursuant to §488.408(c)
  - Directed Plan of Correction (PoC) (§488.424).
  - State monitoring (§488.422).
  - Directed In-Service Training (§488.425).
- Pursuant to §488.408(d)
  - Denial of payment for new admissions (§488.417).
  - Denial of payment for all individuals (§488,418).
  - Civil Money Penalty, \$50 \$3,000 per day (§488.430, §488.438), effective on the survey ending date,
- Civil money penalties of \$1,000 \$10,000 per instance of noncompliance.

Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate). A change in the seriousness of the noncompliance may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

Please note: This survey cover letter does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services or the Virginia Department of Medical Assistance Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination. If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, §488.417(b) requires the denial of payment for new Medicare or Medicaid admissions. If substantial compliance is not attained within six months from the last day of the survey, §488.412(b) provides that "CMS will and the State must terminate the facility's provider agreement."

Please be advised: The facility must maintain compliance with both the Health and the Life Safety Code requirements in order to continue provider certification.

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#### Survey Response Form

The LTC Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at:

"http://www.vdh.virginia.gov/content/uploads/sites/96/2019/02/LTC-facility-survey-response-form.pdf" We will appreciate your participation.

If you have any questions concerning this letter, please contact me at (804) 367-2100.

Sincerely,

· Muche Keeney Nicole Keeney, LTC Supervisor

Division of Long Term Care

Enclosure

cc: Joani Latimer, State Ombudsman ( Sent Electronically )

Bertha Ventura, Dmas (Sent Electronically)

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 11/15/2019 FORM APPROVED OMB NO 0938-0391

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	standard survey was One complaint was survey. Correction	Medicare/Medicaid abbreviated as conducted on 11/13/19. Investigated during the s are required for compliance 83 Federal Long Term Care			
F 825 SS=D	171 at the time of transisted of one or (Resident #1).	240 certified bed facility was he survey. The survey sample urrent resident review ecialized Rehab Services (1)(2)	F 82	5 Resident #1 was evaluated for	11/23/201! therapy
	§483.65 Specialized rehabilitative services. §483.65(a) Provision of services.			and authorization was obtained	ed with
	If specialized rehal	oilitative services such as but cal therapy, speech-language		resident starting therapy on 1	11/4/2019.
	pathology, occupat	tional therapy, respiratory		All residents in the facility tha	t have
	therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must- §483.65(a)(1) Provide the required services; or			orders for therapy have the	
				potential to be affected	
				by this citation.	
	§483.65(a)(2) In according to the required resource that is a prehabilitative service participating in any programs pursuant the Act.  This REQUIREMED by:	ccordance with §483.70(g), I services from an outside provider of specialized ces and is not excluded from a federal or state health care to section 1128 and 1156 of ENT is not met as evidenced			· .
ABORATOR		t interview, staff interview, IDER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE	(X6) DATE

Any deficiency statement ending with an esterisk (\*) 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.

Event ID 51ZE11

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: VA0186

If continuation sheet Page 1 of 6

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/15/2019 FORM APPROVED OMB NO. 0938-0391

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### F 825 Continued From page 1

clinical record review and complaint investigation, the facility staff failed to promptly provide physical and occupational therapy services for the one resident in the survey sample (Resident #1).

The findings include:

Resident #1 was admitted to the facility on 10/23/19 with diagnoses that included end stage renal disease, status post aortic dissection repair, morbid obesity, atherosclerotic heart disease, respiratory failure, depression and obstructive sleep apnea. The minimum data set (MDS) dated 10/29/19 assessed Resident #1 as cognitively intact.

On 11/13/19 at 11:15 a.m., Resident #1 was interviewed about therapy services provided since his admission to the facility. Resident #1 stated he was admitted on 10/23/19 for rehabilitation following surgical repair of an aortic aneurysm. Resident #1 stated occupational therapy (OT) and physical therapy (PT) performed a screening exam on 10/24/19 but he did not actually start therapy until over a week and a half later. Resident #1 stated he talked with the social worker and he was told there was a delay in verification of his payer source. Resident #1 stated the business office manager was on vacation and that may have caused the delayed payment verification. Resident #1 stated he was "private pay" and had already made arrangements and payments to the facility for care. Resident #1 stated he was eager to get started with therapy upon admission so he could get home as soon as possible. Resident #1 stated he was not evaluated for therapy services until 11/2/19 with actual therapy starting on 11/4/19.

F 825

11/23/2019

Based on record review completed by Dana Chung Director of Rehabilitation Services of residents with orders for therapy needing verification which started on 11-6-2019 there were no other residents affected by this citation.

The facility administrator or designee will educate the Business Office and Rehab Director on the process for obtaining authorization for therapy services upon admission to the facility.

The Administrator or designee will audit private pay residents needing verification before starting therapy weekly for four weeks to

form assessed that the resident was a candidate for therapy services and required services for improvement in functional assistance with dressing, toileting, walking, transferring, bed

Physical therapy and OT did not evaluate Resident #1 until 10 days after his admission, with actual treatment starting twelve days after admission on 11/4/19. A physical therapy evaluation and treatment plan for Resident #1 was documented on 11/2/19. This PT evaluation assessed the resident as requiring minimal assistance for bed mobility, transfers and gait (walking 40 feet with two-wheeled walker). An occupational therapy evaluation and treatment plan for Resident #1 was documented on 11/3/19. This OT evaluation assessed the resident as

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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dressing and as independent for self-feeding. A physician's order was documented on 11/2/19 for physical therapy five times per week for four weeks; an order dated 11/3/19 required occupational therapy five times per week for four weeks.

Interdisciplinary progress notes in the clinical record made no mention of the delay in Resident #1's occupational and physical therapy services.

On 11/13/19 at 12:15 p.m., the rehab director (other staff #1) was interviewed about Resident #1's delayed therapy services. The rehab director stated Resident #1 was a private pay resident and services were not covered under Medicare. The rehab director stated OT and PT "screened" Resident #1 for needed services on the day of his admission (10/23/19). The rehab director stated this form indicated the resident was a candidate for services and the form was sent to the business office on 10/24/19 for verification of his payment arrangements. The rehab director stated, "Until we get approval, we don't do any billable services." The rehab director stated she got no response from the business office until 11/1/19. The rehab director stated once the verification form was received, therapy services were started on 11/2/19. The rehab director stated an initial evaluation was performed and then orders were entered for services. The rehab director stated the resident currently participated in OT and PT five times per week based upon the resident's assessment. The rehab director stated she was not aware of any decline in the resident's status due to the delay as the resident was "minimal assist" at the start of therapy. When asked how long it usually took to get verification for payment, the rehab director

F 825

11/23/2019

The results of the audits will be reviewed during monthly QA committee meeting and random follow-up audits to ensure continued compliance.

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

PRINTED: 11/15/2019 FORM APPROVED OMB NO. 0938-0391

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		495114	B. WING				/13/2019	
NAME OF PROVIDER OR SUPPLIER  REGENCY CARE OF ARLINGTON, LLC				1785	ET ADDRESS, CITY, STATE, ZIP COD SOUTH HAYES STREET INGTON, VA 22202	<b>E</b>		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH APPLIED TO THE A			(X5) COMPLETION DATE	
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 11/15/2019 FORM APPROVED OMB NO. 0938-0391

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