

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

PRINTED: 11/22/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 11/13/2019
NAME OF PROVIDER OR SUPPLIER  RIDGECREST MANOR NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 157 ROSS CARTER BOULEVARD DUFFIELD, VA 24244		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid second revisit to the standard survey conducted 07/15/2019 through 07/18/2019 and the first revisit conducted 09/10/2019 through 09/12/2019, was conducted 11/13/2019. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. One complaint was investigated during the survey. Corrected deficiencies are identified on the CMS 2567-B.  The census in this 120 certified bed facility was 100 at the time of the survey. The survey sample consisted of 11 current Resident reviews (Residents #201 through #211).	F 000	This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by State and Federal Law.		
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and during a medication pass and pour observation, the facility staff failed to ensure that residents receive treatment and care by following physician's orders. The facility staff administered 25 mg of seroquel when the physicians order was for 50 mg of seroquel for 1 of 11 residents in the	F 684	F684  1. Resident 211 was given the correct dose of medication in the proper time frame. Physician clarified the order. 2. Current residents have potential to be affected by this deficient practice. Current medication orders were compared to the medications on hand to ensure that they match. 3. Licensed nursing staff educated and demonstrated competency concerning medication administration before working by the DON/ designee. Licensed Nurses upon hire will be educated on medication administration to include competency by DON/designee. 4. The DON or designee will audit 25 medication orders each week for 4 weeks and then monthly for 2 months to ensure that the order matches the medication on hand. 5. Director of nursing and/or designee will report findings from audit to the QAPI committee monthly for three months for review and or revision as needed. 6. Date of correction: 11/15/2019		

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

TITLE

(X6) DATE

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 684	<p>Continued From page 1 survey sample, Resident #211.</p> <p>The findings included:</p> <p>During a medication pass and pour observation the facility nursing staff administered 25 mg of seroquel when the physician order was 50 mg of seroquel. The Residents clinical record was reviewed on 11/13/2019.</p> <p>Resident #211 had been admitted to the facility on 10/12/2018. The Residents face sheet included, but was not limited to, the following diagnoses, Alzheimer's disease, major depressive disorder, anxiety disorder, vascular dementia without behavioral disturbances, delusional disorders, and cognitive communication deficit.</p> <p>Section C (cognitive patterns) of the Residents annual MDS (minimum data set) assessment with an ARD (assessment reference date) of 10/19/2019 had been coded 1/1/3 to indicate the Resident had problems with long and short term memory and was severely impaired in cognitive skills for daily decision making.</p> <p>On 11/13/2019 beginning at approximately 4:10 p.m., the surveyor observed LPN (licensed practical nurse) #4 prepare and administer Resident #211's 5:00 p.m. medication. LPN #4 was observed to remove 1 tablet of 25 mg seroquel from the medication package, place this medication into a clear medication cup with applesauce, and administer this medication to Resident #211.</p> <p>A review of the Residents current physician's orders revealed that Resident #211 had two</p>	F 684			

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F 684	<p>Continued From page 2</p> <p>seroquel orders.</p> <ol style="list-style-type: none"> <li>1. Seroquel 25 mg 1 tablet by mouth two times a day.</li> <li>2. Seroquel 50 mg 1 tablet by mouth two times a day.</li> </ol> <p>A review of Resident #211's eMARs (electronic medication administration records) revealed that the 25 mg seroquel was to be administered at 9:00 a.m. and 9:00 p.m. The 50 mg seroquel was to be administered at 9:00 a.m. and 5:00 p.m. indicating LPN #4 had not administered the 50 mg seroquel as ordered.</p> <p>On 11/13/2019 at 5:15 p.m., LPN #4 was asked about the seroquel dosage. LPN #4 and the surveyor checked the medication cart. The medication cart contained 2 medication cards of seroquel. Both of these cards were labeled seroquel 25 mg. LPN #4 reread the medication order and verbalized to the surveyor that the order for 5:00 p.m. read to administer 50 mg of seroquel and she had only administered 25 mg. LPN #4 then stated all I have is 25 mg.</p> <p>On 11/13/2019 at approximately 5:30 p.m., the DON (director of nursing) was made aware of the medication error involving the seroquel.</p> <p>On 11/13/2019 at approximately 5:50 p.m., an end of the day meeting was held with the administrator, DON, administrator in training, regional director of clinical services, and vice president of operations. During this meeting, the DON verbalized to the survey team that the nurse had administered another 25 mg tablet of seroquel and that they were still in the medication window to give the medication. However, LPN #4 would not have been aware of the incorrect</p>	F 684			



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F 684	Continued From page 3 dosage of the seroquel if the surveyor had not brought it to their attention.  No further information regarding this issue was provided to the survey team prior to the exit conference.	F 684			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880	F880	<ol style="list-style-type: none"> <li>1. We were not able to correct deficient action as related to not using gloves while performing accucheck during med pass. The nurse was educated and demonstrated competency concerning performance of accucheck and use of gloves.</li> <li>2. Residents that have accuchecks performed have the potential to be affected by this deficient practice.</li> <li>3. Licensed Nursing staff will be educated on infection control to include use of gloves during glucometer use to include competency by DON/designee. Licensed nurses upon hire will be educated on infection control and use of gloves with use of glucometer by DON/designee.</li> <li>4. The DON or designee will audit five residents requiring use of glucometer testing for 4 weeks then 5 per month for 2 months to ensure nurse following policy and that they maintain appropriate infection control.</li> <li>5. Results of audits will be taken to QAPI committee monthly for 3 months for review and revision as needed.</li> <li>6. 11/15/2019</li> </ol>	

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F 880	<p>Continued From page 4</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility document review, the facility staff failed to maintain an infection</p>	F 880			



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F 880	<p>Continued From page 5</p> <p>prevention program to prevent the spread of infections and failed to follow their policy/procedure in regards to infection prevention. The facility staff did not wear any gloves when obtaining a blood sugar for 1 of 11 residents in the survey sample, Resident #210.</p> <p>The findings included:</p> <p>The facility staff failed to follow their policy/procedure and CDC (centers for disease control and prevention) guidelines in regards to wearing gloves when obtaining a BS (blood sugar). LPN #4 did not wear any gloves when obtaining Resident #210's BS.</p> <p>Resident #210's clinical record was reviewed on 11/13/2019.</p> <p>Resident #210 had been admitted to the facility on 05/12/2018. The Residents face sheet included, but was not limited to, the following diagnoses, type 2 diabetes, Alzheimer's disease, and dementia.</p> <p>Section C (cognitive patterns) of the Residents quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 08/16/2019 included a BIMS (brief interview for mental status) summary score of 3 out of a possible 15 points.</p> <p>On 11/13/2019 beginning at approximately 4:00 p.m., the surveyor observed LPN (licensed practical nurse) #4 obtain Resident #210's BS. LPN #4 was observed by the surveyor to pick up the Residents right hand with her bare hands, clean Resident #210's finger with an alcohol pad, obtain a lancet (device for pricking the skin), prick</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>the Residents finger, and attempt to obtain enough blood to obtain a BS reading. LPN #4 was not able to obtain a large enough sample of blood on the first try and with the Residents assistance applied pressure to the finger until enough blood was obtained for a sample. The Residents BS reading was 356. LPN #4 then preceded to administer the Residents insulin. LPN #4 was observed to use hand sanitizer after administering the Residents insulin. LPN #4 was not observed by the surveyor to apply any gloves throughout this process.</p> <p>After the medication pass and pour observation LPN #4 was interviewed by the surveyor in regards to wearing gloves when obtaining the Residents BS. LPN #4 verbalized to the surveyor that she had not worn any gloves, she was nervous, and she had realized that she had not worn any gloves when obtaining the Residents BS.</p> <p>On 11/13/2019 at approximately 4:45 p.m., during an interview with the DON (director of nursing) and designated infection control nurse the DON verbalized to the surveyor that the nurse should have worn gloves when obtaining the Residents BS.</p> <p>On 11/13/2019 at approximately 4:50 p.m., the DON provided the surveyor with a copy of their policy/procedure titled, "Blood Glucose Monitoring via Finger Stick and Cleaning of Glucometers." This policy/procedure read in part, "...PURPOSE: The purpose of this procedure is to obtain a blood sample...and to ensure proper technique is performed to reduce and prevent infections through use of glucometers meters...Don clean gloves...Obtain a blood sample by using a sterile</p>	F 880			



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F 880	<p>Continued From page 7</p> <p>lancet...Remove and dispose of gloves according to facility policy and wash hands."</p> <p>Per the CDC website <a href="https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html">https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html</a> accessed 11/14/2019 "...Wear gloves during blood glucose monitoring and during any other procedure that involves potential exposure to blood or body fluids..."</p> <p>On 11/13/2019 at approximately 5:50 p.m., an end of the day meeting was held with the administrator, DON, administrator in training, regional director of clinical services, and vice president of operations. During the meeting these staff were notified that LPN #4 had not worn any gloves when performing an invasive procedure and obtaining a BS.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>	F 880			