



ACCORDIUS
HEALTH

February 03, 2020

Dear Ms. Laura Veuhoff, LTC Supervisor:

Please find the enclosed plan of correction (POC) for the abbreviated standard (complaint) survey conducted on January 22, 2020 through January 23, 2020 for your review. If you have any questions about this plan of correction, please do not hesitate to call me.

Sincerely,

Mel Epelle, LNHA, MHSA

Administrator

757-539-8744

200 W Constance Road, Suffolk, VA 23434

Suffolk, VA 23434

Mepelle@accordiushealth-nanspointe.com

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

PRINTED: 01/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/23/2020
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT NANSEMOND POINTE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST CONSTANCE ROAD SUFFOLK, VA 23434		
(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 641	<p>Continued From page 1</p> <p>The current Minimum Data Set (MDS), an annual assessment with an Assessment Reference Date (ARD) of 10/28/19 coded Resident #1 under Section C (Cognitive Pattern) under C0100 - Should Brief Interview for Mental Status be conducted was coded "no" (resident is rarely/never understood). In addition to, the MDS coded Resident #1 with short and long-term memory problems and cognitive skills severely impaired-never/rarely made decisions.</p> <p>Review of Resident #1's annual MDS assessment with an ARD of 10/28/19, under Section G (Functional Status) was coded requiring total dependence of two with hygiene and bathing, extensive assistance of two with transfer, dressing, eating, bed mobility and toilet use for Activities of Daily Living Care.</p> <p>Resident #1's comprehensive care plan with a revision date of 12/24/19 documented resident has ADL self-care performance deficit related to anoxic brain damage. The goal: Resident #1's needs will be anticipated and met by staff through the next review period (03/23/20). Some of the interventions to manage goals included: totally dependent on staff for bathing, bed mobility (totally dependent on staff for repositioning and turning in bed), total assistance with personal hygiene care, total dependence from staff with dressing, eating (nothing by mouth - has tube feeding only), transfer (requires mechanical aid (large) sling for transfers and toilet use (Resident #1 is not toileted).</p> <p>An interview was conducted with MDS Coordinator #1, MDS Coordinator #2, and MDS Coordinator #3 on 01/22/20 at approximately 3:00 p.m. Resident #1's annual MDS with an ARD</p>	F 641	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <hr/> <p>5. Results of audit will be taken to the monthly Performance Improvement meeting which consist of Executive Director, Medical Director, Director of Nursing, Staff Development, Social Services Director, Dietitian, C.N.A & Pharmacy for review. Corrective action will be initiated if appropriate.</p>	02/14/2020	

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F 641	<p>Continued From page 2</p> <p>date 10/28/19 was reviewed verbally with all three MDS Coordinators for an accurate assessment. MDS Coordinator #2 stated, "We will have to review Resident #1's MDS and get back with you." On the same day at approximately 3:25 p.m., MDS Coordinator #2 stated, "Resident #1's annual MDS with an ARD date of 10/28/19, is not an accurate assessment. She said Resident #1 is totally dependent with all ADL's.</p> <p>A briefing was held with the Administrator and Director of Nursing (DON) on approximately 10:30 a.m. The DON said, I know Resident #1 very well, and she is dependent with all of her ADL's, she is unable do anything for herself.</p> <p>The DON stated, "The MDS with an ARD of 10/28/19 was coded incorrectly; Resident #1 is dependent with all of her ADL's."</p> <p>CMS' RAI Version 3.0 Manual (Chapter 1: Resident assessment Instrument (RAI) 1). 1.3 Completion of the RAI (1) the assessment accurately reflects the resident's status.</p> <p>Goals: The goal of the MDS 3.0 revision are to introduce advances in assessment measures, increase the clinical relevance of items, improve the accuracy and validity of the tool, increase the resident's voice by introducing more resident interview items. Providers, consumers, and other technical experts in the nursing home care requested that MDS 3.0 revision focus on improving the tool's clinical utility, clarity, and accuracy.</p>	F 641			



COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Fax (804) 527-4502

January 28, 2020

Mr. Mellanby Epelle, Administrator
Accordius Health At Nansemond Pointe Llc
200 West Constance Road
Suffolk, VA 23434

RE: Accordius Health At Nansemond Pointe Llc
Provider Number 495247

Dear Mr. Epelle:

An unannounced abbreviated standard (complaint) survey, ending January 23, 2020, 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 complaint was investigated during the survey. The complaint was unsubstantiated, with no related 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.

DIRECTOR
(804) 367-2102

ACUTE CARE
(804) 367-2104

COPN
(804) 367-2126

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

COMPLAINTS
1-800-955-1819

LONG TERM CARE
(804) 367-2100

Mr. Mellanby Epelle, Administrator
January 28, 2020

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 Laura Veuhoff, 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:

1. 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;
3. 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 45th 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.

Survey Response Form

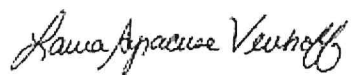
The LTC Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at:

"<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,



Laura S. Veuhoff, LTC Supervisor
Division of Long Term Care

Enclosure

cc: Joani Latimer, State Ombudsman (Sent Electronically)
Bertha Ventura, Dmas (Sent Electronically)