

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/05/2020
NAME OF PROVIDER OR SUPPLIER ELIZABETH ADAM CRUMP HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	
(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 2/4/20 through 2/5/20. One complaint [VA00048208] was investigated during the survey. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 180 certified bed facility was 153 at the time of the survey. The survey sample consisted of 2 current resident review and 1 closed record review.	F 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.	
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.	F 583	F583 1. Facility staff is providing personal privacy to Resident #2 during care, including wound care by ensuring the privacy curtains are pulled/closed and the door is shut, if needed. 2. Each resident has the potential of being affected. 3. Staff will be re-educated on providing personal privacy of residents during care, including wound care by ensuring the privacy	2/19/2020

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

Steve Shine LNA

TITLE

Executive Director

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(X6) DATE

2/13/2020

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 15 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 583	<p>Continued From page 1</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to provide personal privacy of a resident during wound care for one of 3 residents in the survey sample; Resident #2.</p> <p>The findings include:</p> <p>Resident #2 was admitted to the facility on 11/3/15; diagnoses include but are not limited to, Alzheimer's disease, depression, pressure ulcer, contracture of left hand, dysphagia, and high blood pressure. The quarterly MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 1/17/20 coded the resident as severely impaired in ability to make daily life decisions. The resident was coded as requiring total care for all areas of activities of daily living and was coded as incontinent of bowel and bladder.</p> <p>On 2/4/20 at 12:53 PM, an observation was made of wound care to a healing stage 4</p>	F 583	<p>curtains are pulled/closed and the door is shut, if needed.</p> <p>4. Audits will be conducted during daily carekeeper rounds to ensure staff are providing personal privacy of residents during care, including wound care by ensuring the privacy curtains are pulled/closed and the door is shut, if needed weekly times 10 weeks. Results of the audits will be reviewed at the monthly QAPI meeting for three months to ensure compliance.</p> <p>Compliance Date: 2/19/2020</p>		

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F 583	<p>Continued From page 2</p> <p>pressure ulcer of the lower spine. RN #2 (Registered Nurse, the wound care nurse) and ASM #4 (Administrative Staff Member, the wound care physician) were performing the wound care. During this care, the following was observed:</p> <p>Resident #2 was in the "A" bed (the bed closest to the door). The door to the room was left open. The curtain to the "A" bed was not closed at all. Another resident, whose room was directly across the hall, was in his wheelchair at the door to his room, and had a direct visual line of sight into Resident #2's room. The curtain for the "B" bed was pulled between the two beds. The resident in the "B" bed was ambulatory and walked back and forth from her side of the room to the door several times prior to the start of wound care; however, Resident #2's blanket had been folded down, exposing her brief, for the roommate to see as she ambulated back and forth. RN #2 and ASM #4 proceeded with the wound care. Resident #2's backside was facing the door side of the room and her curtain remained open. The brief was opened and pulled back to expose the spinal wound. ASM #4 obtained a measurement of the wound. He then switched sides with RN #2, who proceeded with the actual wound care. At approximately 1:00 PM, another staff member entered the room to take something to the resident in the "B" bed. On her way out, RN #2 asked her to close the door. However, the curtain remained open completely from around Resident #2's bed.</p> <p>On 2/4/20 at 2:45 PM in an interview conducted with RN #2, when asked about the provision of privacy during wound care, she stated, "Too</p>	F 583			

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F 583	<p>Continued From page 3</p> <p>many people involved today so I just like, I know, yeah." When asked about the process staff should follow, RN #2 stated, "First close the door when I get into the room, notify roommate to stay on her side, close curtain for privacy, if anyone wanted to get in while the door was closed, they would knock. I should have pulled the curtain." When asked what was the purpose of providing privacy during wound care, RN #2 stated, "Even though they don't know or recognize anything (for cognitively impaired residents like Resident #2), everyone deserves privacy and dignity."</p> <p>A review of the facility policy, "Changing Surgical Dressings" which was copied from the facility's "Lippincott Manual of Nursing Practice" 10th Edition, 2019, page 125, documented, "3. Ensure privacy by drawing the curtains or closing the door; expose the dressing site."</p> <p>On 2/4/20 at 10:15 AM, ASM #3 (Administrative Staff Member - Regional Director of Clinical Services) and RN #1 (the Assistant Director of Nursing) were made aware of the findings. No further information was provided.</p>	F 583			

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