

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49A044 Initial Medicaid	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2020
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
(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) COMPLETE DATE	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000	<p>Kissito Healthcare shares the state's focus on the health, safety, and well being of facility residents. Although the facility does not always agree with some of the findings and conclusions of the surveyors, we have implemented a plan of correction to demonstrate our continuing effort to provide quality care to our residents.</p>		
F 578	Request/Refuse/Discontinue Treatment; Form for Advance Directive (SS=D) CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)	F 578	<p>Resident #256 has a physician to reflect her DNR status.</p> <p>A review of current residents in the center was completed to ensure resident's who are a DNR has a current physician order to reflect their code status.</p> <p>Licensed nurses have been educated by the Director of Nursing/designee to ensure residents in the center have a physician order to reflect their current code status. In addition, education will also include reviewing the medical record of new admissions to ensure the code status is part of the physician orders.</p> <p>New admissions will be reviewed daily in morning clinical meeting six weekly by the Director of Nursing/designee to ensure there is a physician order to reflect the current code status of the resident.</p> <p>The results of the review will be reported monthly to the Quality Assurance Committee for review and discussion. Once the Quality Assurance Committee determines the problem no longer exists, review will be conducted on a random basis.</p> <p><i>CAO/DON are responsible for implementation of the plan of correction.</i></p>		
	<p>An unannounced Emergency Preparedness survey was conducted 1/29/2020 through 1/30/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <p>An unannounced Medicare/Medicaid initial survey was conducted 1/29/2020 through 1/30/2020. Corrections are required for compliance with 42 CFR Part 483 Requirements for Federal Long Term Care facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this facility was 207 at the time of the survey. The survey sample consisted of 35 current Resident reviews.</p> <p>\$483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>\$483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>\$483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <p>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse</p>				

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

TITLE

(X8) DATE

Kathy Handas, RPN

Chief Nursing Officer - Kissito Healthcare

2/4/2020

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 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.

RECEIVED

If continuation sheet Page 1 of 6

FEB 05 2020

VDH/OLC

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49A044 <i>Initial Medicaid</i> 4A0422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2020
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
(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 578	Continued From page 1 medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility staff failed to ensure the resident's right to formulate an advanced directive as evidenced by failure to enact a physician order in accordance with the advance directive for 1 of 35 residents in the survey sample (Resident #256). The findings included: For Resident #256, the facility staff failed to obtain a physician's order for code status. Resident #256's diagnosis list indicated diagnoses, which included, but not limited to	F 578			

RECEIVED
FEB 05 2020
VDH/OLC

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49A044 Integral Medicaid VA0422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2020
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
(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 578	Continued From page 2 Acute Respiratory Failure with Hypoxia, Pneumonia, Dementia with Behavioral Disturbance, Essential Hypertension, Atherosclerotic Heart Disease of Coronary Artery without Angina Pectoris, and Epilepsy, Intractable, without Status Epilepticus. The most recent admission MDS (minimum data set) with an ARD (assessment reference date) of 1/24/20 assigned the resident a BIMS (brief interview for mental status) score of 0 out of 15 in section C, Cognitive Patterns. A review of Resident #256's medical record revealed the following documentation: The clinical record included a completed DDNR (Durable Do Not Resuscitate Order) from the Virginia Department of Health dated 6/22/18 that was signed by the physician and Resident #256's power of attorney. Resident #256's current physician's orders with the review date of 1/13/20, do not include a code status order of DNR (do not resuscitate). On 1/30/20 at 9:35 am, the surveyor notified Unit Manager #1 and the director of nursing that Resident #256's current physician's orders do not include an order for the DNR code status. Unit Manager #1 reviewed the resident's orders and stated they would take care of it. No further information was provided prior to the exit conference on 1/30/20.	F 578			
F 761	Label/Store Drugs and Biologicals SS=D CFR(s): 483.45(g)(h)(1)(2)	F 761			

RECEIVED
FEB 05 2020
VDH/OLC

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49A044 Initial Medicaid VA0422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2020
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
(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	
				1/31/2020	
F 761	Continued From page 3 §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to ensure resident medications were stored securely for 1 of 35 Residents (Resident #152) as evidenced by leaving medications at the bedside. The findings included: For Resident #152, the facility staff left medications unsecured and unattended at the residents beside. The resident had not been		F 761 LPN #1 was immediately educated on providing direct observation of the resident taking their medication must occur prior to exiting the room. Medications can not be left at the bedside for the resident to take at another time. Current residents in the center have the potential to be affected. Licensed nurses have been educated by the Director of Nursing/designee on the 5 R(s) of medication administration including providing direct observation to ensure residents take their medications. Medications are not to be left at bedside unless the resident has been assessed to be safe to self administer medications. Director of Nursing/designee will observe four nurses during medication pass weekly to ensure nurses are following the 5 R(s) of medication administration including direct observation by the nurse to ensure medications are taken by the resident prior to exiting the room, unless resident has been assessed to be safe to self administer medications. The results of the medication pass observations will be reported monthly to the Quality Assurance Committee for review and discussion. Once the Quality Assurance Committee determines the problem no longer exists, observations will be conducted on a random basis. <i>CAD/DON are responsible for the implementation of the plan of correction.</i>		

RECEIVED
FEB 05 2020
VDH/OLC

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49A044 <i>Initial Medicaid</i> 4A0422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2020
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
(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 761	Continued From page 4 assessed for self-administration of medications. The clinical record was reviewed on 01/29/2020. The face sheet in the clinical record included the diagnoses, paranoid schizophrenia, major depressive disorder, anxiety disorder, and essential hypertension. There was no completed MDS (minimum data set) assessment on this resident. However, section C (cognitive patterns) of this assessment had been completed. The facility had assigned the resident a score of 15 out of 15 points on the BIMS (brief interview for mental status) assessment. Indicating the resident was alert and orientated. On 01/29/2020 at 11:00 a.m., during initial tour of the facility, the surveyor observed a cup of pills on the residents over the bed table. Resident #152 was sitting directly in front of this over the bed table and when asked about the medication verbalized to the surveyor that there were probably 12 pills in the cup and began taking the medications. The surveyor immediately notified LPN (licensed practical nurse) #1. Upon entering the room and observing the medications, LPN #1 stated the resident was taking the medications when they were in the room and they had thought the resident had taken them. The resident's roommate was not in room during this observation. A review of the residents current physician order summary and MAR (medication administration record) revealed that the resident had orders for Anastrozole (arimidex), Ferrous Sulfate, Potassium Chloride, Alprazolam (xanax), Quetiapine (seroquel), Sertraline (zoloft),	F 761			

RECEIVED

FEB 05 2020

VDH/JOLC

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49A044 <i>Intnl Medicaid</i> VA0423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2020
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
(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 761	Continued From page 5 Verapamil, Amlodipine, Eliquis, Linzess, Omega Fish Oil, and Oyster Shell Calcium to be given at the morning medication pass. On 01/29/2020 at 11:12 a.m., RN (registered nurse) #1 was notified that the residents medications were left at the bedside and the facility policy on medication administration was requested. On 01/30/2020, the facility provided the surveyor with a copy of their policy titled "Medication Administration General Guidelines." This policy read in part, "...The resident is always observed after administration to ensure that the dose was completely ingested..." The residents baseline care plan did not include any information regarding self-administering of medications. It did include the statement "Resident prefers to self identify each individual medication before taking them." Prior to the exit conference on 01/30/2020 the chief nursing officer and regional nurse consultant were notified that the nursing staff had left Resident #152's medications unsecured at the residents bedside. 01/30/2020 at 2:41 p.m., the regional nurse consultant verbalized to the surveyor that this resident had not been assessed for self-administration of medications. No further information regarding this issue was provided to the survey team prior to the exit conference on 01/30/2020.	F 761			

RECEIVED

FEB 05 2020

VDH/OLC