

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

PRINTED: 01/14/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/08/2020
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
(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
{E 000}	Initial Comments	{E 000}	<p>The completion and submission of this credible allegation of compliance does not constitute an admission that the facility agrees with the allegations in the 2567. The facility is completing the allegation of compliance because it is required by State and Federal law. The facility disagrees with and disputes the deficiencies as stated and the scope and severity at which they are cited. Further, the facility disputes and disagrees with the accuracy of statements and other information relied upon in support of the stated deficiencies. The facility reserves its right to dispute, appeal and contest the stated deficiencies and take any action related to or arising therefrom in any other forum as needed.</p> <p>F 695</p> <p>It is the practice of this facility that oxygen be delivered per physician's orders.</p> <p>I</p> <p>Upon discovery of the oxygen concentrator for residents # 108 not being on the correct liter flow, the unit manager adjusted the concentrator to the correct liter of 2L/PM</p> <p>II</p> <p>Unit managers conducted an audit of other residents who were utilizing concentrators to ensure that they were on the</p>		<p>RECEIVED JAN 31 2020 VDH/OLC</p>
{F 000}	INITIAL COMMENTS	{F 000}			
{F 695}	<p>An unannounced Medicare/Medicaid revisit to the standard survey conducted 11/12/19 through 11/15/19 and 11/18/19 was conducted 1/7/2020 through 1/8/2020. One complaint [VA00048020] was investigated and unsubstantiated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements.</p> <p>The census in this 120 certified bed facility was 110 at the time of the survey. The survey sample consisted of 111 current Resident reviews.</p> <p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide respiratory services per the physician order for one of eleven, Resident #108. The facility staff failed to administer oxygen to Resident #108 at the physician ordered rate of 2 liters per minute (LPM). Resident #108 was observed receiving</p>	{F 695}			

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

TITLE

(X6) DATE

Pamela Sue P. Stryker, RN, LNAHA

Administrator

1/28/2020

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.

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{F 695}	<p>Continued From page 1</p> <p>oxygen at 3 LPM on 1/7/20 during separate observations.</p> <p>The findings include:</p> <p>Resident #108 was admitted to the facility on 4/20/19 with diagnoses that include but were not limited to: COPD (chronic obstructive pulmonary disease a non-reversible lung disease) (1), atherosclerotic heart disease (disease in which plaques consisting mostly of cholesterol and lipids form on inner arterial wall) (2) and hypertension.</p> <p>The most recent MDS (minimum data set) assessment, a quarterly Medicare assessment, with an ARD (assessment reference date) of 10/27/19, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating Resident #108 is cognitively intact. In Section G- Functional Status, Resident #108 was coded as being independent for bed mobility, transfers, toileting, and dressing; and as needing limited assistance with personal hygiene and bathing. In Section O- Specialty treatments, the resident was coded as receiving oxygen therapy.</p> <p>On 1/7/20 at 2:40 PM Resident #108 was observed with continuous O2 (oxygen) via a nasal cannula connected to an oxygen concentrator. The oxygen concentrator- flow rate was set at three liters per minute. A second observation of Resident #108 at 4:33 PM revealed the oxygen concentrator - flow rate remained set at 3 liters of oxygen per minute via nasal cannula. Resident #108 was sleeping during both of these observation times.</p>	{F 695}	<p>correct liter per physician's orders.</p> <p style="text-align: center;">III</p> <p>The facility NHA conducted an educational in-service on 1/15/2020 to the nursing staff on</p> <ul style="list-style-type: none"> • F 695 as it relates to respiratory care, that oxygen is provided consistent with professional standards of practice and delivered per physician's orders. <p style="text-align: center;">IV</p> <p>The Unit Managers, ADON or DON will complete an audit of residents with oxygen to ensure that oxygen concentrator is set on the appropriate liter flow per physician orders. This audit will be conducted 5 days per week for 2 weeks, then weekly for 4 weeks, then monthly. Any discrepancy noted during the audit will be addressed at that time.</p> <p>The DON will submit results of the audit monthly to the QAPI committee for its review and recommendations.</p> <p>Date of compliance: 01/20/2020</p>		

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{F 695}	<p>Continued From page 2</p> <p>On 1/7/20 at 4:35 PM RN (registered nurse) #2 verified the oxygen setting of three liters per minute on Resident #108's oxygen concentrator. RN #2 also verified the physician oxygen order was for two liters nasal cannula and then changed Resident #108's oxygen setting to two-liter per minute via nasal cannula at 4:38 PM on 1/7/20.</p> <p>On 1/8/20 at 8:30 AM, observation of Resident #108's oxygen concentrator revealed the oxygen flow rate setting at two liters per minute via nasal cannula.</p> <p>A review of the clinical record revealed the physician order that documented, "O2 (oxygen) continuous at 2 (two) liters nasal cannula PRN (as needed) for COPD" dated and timed 7/9/19 at 3:00 PM.</p> <p>A review of the comprehensive care plan dated 4/22/19, for Resident #108, documented in part, The Focus: "The resident has COPD." The Goal, dated 4/22/19: "The resident will be free of signs/symptoms of respiratory distress." The Interventions: "Oxygen per orders."</p> <p>The nurse practitioner's note of 8/7/19, documented in part, "COPD with chronic respiratory failure and continuous oxygen administration. The patient appears to be at baseline and we will continue medications and therapy as ordered."</p> <p>The January MAR (Medication Administration Record) documented in part, "O2 at 2 liters nasal cannula continuously for COPD; start date 7/9/19." The MAR documentation evidenced the</p>	{F 695}			

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{F 695}	<p>Continued From page 3</p> <p>O2 was administered continuously from 7/9/19 through 1/7/20.</p> <p>An interview was conducted with RN #2 on 1/7/20 at 4:40 PM regarding Resident #108's physician order for oxygen. RN #2 stated, "It [physician order] reads oxygen at two liters nasal cannula for COPD." When asked if there was documentation of oxygen checks, RN #2 referred to the MAR and stated, "Here is the documentation that oxygen had been checked on day shift and night shift, with a setting of two liters." When asked if she had found the oxygen on the machine at the correct ordered setting of two liters on 1/7/20, RN #2 stated, "No, I found it at three liters."</p> <p>An interview was conducted on 1/8/20 with LPN #2, the unit manager at 9:10 AM. When asked how oxygen settings could be changed on the equipment, LPN #2 stated, "Sometimes the resident will change it, although, I've never known this resident to do that. The knob could be bumped when moving the oxygen equipment to clean or for the resident to get out of bed with her walker."</p> <p>An interview was conducted on 1/8/20 at 9:15 AM with Resident #108. When asked if she adjusts her oxygen setting, Resident #108 stated, "No, if I'm having any issues with breathing, I call the nurse."</p> <p>Administrative staff members (ASM) #1, the administrator and ASM #2, the director of nursing were made aware of the above concerns on 1/8/20 at 11:50 AM.</p> <p>The facility "Oxygen Administration" policy</p>	{F 695}			

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{F 695}	Continued From page 4 documents in part, "Check physician's order for liter flow and method of administration i.e., nasal cannula, face mask, continuous flow or prn (as needed) use. Monitoring of oxygen flow rate is to be documented on the medication administration record (MAR) each shift."	{F 695}			
{F 727} SS=F	No further information was provided prior to exit. RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to ensure RN (registered nurse) coverage for at least eight hours a day, every day. The findings include: A review of the as worked staffing schedules from 12/18/19 through 1/7/2020 was conducted. On 1/1/2020. On the top of the page, it documented RN #1's name.	{F 727}	<p>F 727</p> <p>It is the practice of this facility to have RN coverage 7 days per week for 8 consecutive hours.</p> <p>I</p> <p>Past non-compliance with RN coverage of 8 consecutive hours per day cannot be corrected</p> <p>II</p> <p>A review of daily RN coverage was completed on 01/8/2020. No other days were found to be out of compliance since 12/18/19</p> <p>III</p> <p>On 1/15/2020, the facility Administrator completed an educational review for the DON, ADON and Staffing coordinator regarding:</p> <ul style="list-style-type: none"> the regulation F 727 and the requirement to have an RN for 8 consecutive hours daily. 		

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{F 727}	Continued From page 5 An interview was conducted with OSM (other staff member) #1, the scheduler, on 1/8/2020 at 8:56 a.m. OSM #1 was asked to review the schedule. When asked if there was an RN on duty on 1/1/2020, OSM #1 stated that it was not her handwriting at the top of the page with RN #1's name. An interview was conducted on 1/8/2020 at 8:56 a.m. with RN #1. When asked if she worked on 1/1/2020, RN #1 stated she didn't work that day as she worked the previous weekend to cover as the RN on duty. An interview was conducted with ASM (administrative staff member) #1, the administrator, 1/8/2020 at 10:16 a.m. ASM #1 was informed that there was no RN coverage on 1/1/2020. ASM #1 stated she was not going to argue and she was not aware the facility did not have coverage. The RN scheduled had called in sick and no one notified anyone to replace the RN. A copy of the policy on RN coverage was requested. On 1/8/2020 at 11:21 a.m. OSM #4, medical records, informed this surveyor that the facility had no policy on staffing. No further information was provided prior to exit.	{F 727}	IV The NHA or DON will review the daily staffing sheets/hours prior to posting to ensure that an RN has been scheduled. The NHA will contact a nursing staffing agency to provide an RN 8 hours a day when facility is unable to provide an RN. RN staffing sheets will be taken to the QAPI committee for its review and recommendations. Date of Compliance: 01/30/2020		

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