

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

PRINTED: 01/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2019
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF WILLOW CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 12/09/19 through 12/11/19. Four complaints [VA00046562 - unsubstantiated, VA00046553 - unsubstantiated, VA00046727 - unsubstantiated, VA00046547 - unsubstantiated with deficiency] were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. The Life Safety Code survey/report will follow. The census in this 120 certified bed facility was 116 at the time of the survey. The survey sample consisted of seven current Residents reviews (Residents #1 through #5, #8 and #9) and two closed record review (Residents #6 and #7).	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility	F 550		1/13/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/24/2019
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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 550	<p>Continued From page 1</p> <p>must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview and staff interview, it was determined that the facility staff failed to promote dignity by providing timely incontinence care for one of nine residents in the survey sample, Residents # 4.</p> <p>The findings include:</p> <p>Resident # 4 was admitted to the facility with diagnoses that included but were not limited to: high blood pressure, muscle weakness, heart failure and obesity.</p> <p>Resident # 4's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 11/25/19, coded</p>	F 550	<p>The Laurels of Willow Creek wishes to have this submitted plan of correction stand as its allegation of compliance. Our date of alleged compliance is January 13, 2020.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.</p>		

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F 550	<p>Continued From page 2</p> <p>Resident # 4 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 4 was coded as dependent of one staff member for activities of daily living. Section H "Bladder and Bowel" coded Resident # 4, as always incontinent of bowel and bladder.</p> <p>On 12/10/19 at 11:00 a.m., an interview was conducted with Resident # 4. During the interview, Resident # 4 stated that her brief was soiled. When asked if the call bell was activated or a staff member was notified, Resident # 4 stated that she told her CNA [certified nursing assistant] at 10:45 a.m. When asked how it felt being left in a soiled brief, Resident # 4 stated, "It makes me feel like, I'm a, nobody."</p> <p>On 12/10/19 at 12:30 p.m., an interview was conducted with CNA # 1. When asked if Resident # 4 was on their caseload, CNA # 1 stated yes. When asked about Resident # 4's incontinence care, CNA # 1 stated, "I changed her at 10:30 [a.m.] and she called me back in and said she needed to be changed again. I told her I would get to her after lunch. I had just changed her and I didn't want to go and find two other staff to change her again. She can't move to help and I don't know if anyone has had the conversation with her to tell her the reality of the situation. If she could roll I could do it myself and it wouldn't be an issue." When asked if Resident # 4 had received incontinence care as of now, CNA # 1 stated, "No, I'll change her after she finishes eating." When asked if it was dignified to leave Resident # 4 in a soiled brief since 10:45 a.m., CNA # 1 stated, "No but what else could I do about it"</p>	F 550	<ol style="list-style-type: none"> 1. Resident #4 still resides in the facility, and has had a toileting schedule implemented. 2. All residents requiring assistance for incontinence care have the potential to be affected by this alleged deficient practice. 3. All nursing staff will be educated on providing timely incontinence care. 4. DON or designee will conduct random audits on 10 residents requiring incontinence 5 times a week for 1 week, then 3 times a week for 2 weeks and then once weekly for 2 weeks to ensure timely incontinence care is provided. Variances will be corrected at the time of observation, education and corrective actions will be provided as needed. Ongoing compliance will be monitored through routine audits and will be reported to the facility's QA committee for 3 months. 5. Corrective action will be completed by 1/13/2020 	

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F 550	<p>Continued From page 3</p> <p>On 12/10/19 at 12:30 p.m., an interview was conducted with RN [registered nurse] # 1, unit manager. When asked to describe the procedure for providing incontinence care, RN # 1 stated, "The residents should be checked every two hours if they are able to tell us if they need incontinence care or not." When asked how soon incontinence care should be provided when staff are informed a resident requires care, RN # 1 stated, "As soon as you can, 20 to 30 minutes." When asked why it was important to provide incontinence care in a timely manner, RN # 1 stated, "To prevent skin breakdown and urinary tract infections." When asked if it was dignified to leave Resident # 4 in a soiled brief since 10:45 a.m., RN # 1 stated, "It's not dignified or acceptable."</p> <p>On 12/10/19 at 12:55 p.m., an interview was conducted with Resident # 4. When asked if she had received incontinence care Resident # 4 stated no.</p> <p>On 12/10/19 at 1:40 p.m., CNA # 1 stated that Resident # 4 was provided with incontinence care at 1:00 p.m.</p> <p>On 12/10/19 at 2:30 p.m., an interview was conducted with Resident # 4. Resident # 4 stated that incontinence care was provided at 1:00 p.m.</p> <p>The comprehensive care plan for Resident # 4 dated 11/19/2019 documented, "Need: [Resident # 4] is incontinent of B&B [bowel and bladder]. Date Initiated: 11/19/2019." Under "Interventions" it documented, "BRIEF USAGE: Resident uses 3XL [three extra-large] disposable briefs. Change frequently and prn [as needed]. Date Initiated: 11/19/2019."</p>	F 550			

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F 550	Continued From page 4 The facility's "Resident's Rights" documented, "[1] Dignity, Respect & [and] Quality of Life. A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the right of the resident." On 12/10/19 at approximately 4:35 p.m. ASM (administrative staff member) # 1, the administrator, ASM # 2, director of nursing, ASM # 3, regional clinical coordinator and ASM # 4, regional director of operations, were made aware of the findings.	F 550			
F 600 SS=D	No further information was provided prior to exit. Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced	F 600		1/13/20	

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F 600	<p>Continued From page 5</p> <p>by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure two of nine residents in the survey sample, Resident #8 and Resident #9, were free from abuse. On 8/8/19 at 11:30 a.m., Resident #9 slapped Resident #8's hand and Resident #8 then slapped Resident #9's hand.</p> <p>The findings include:</p> <p>A "Facility Reported Incident" dated, 8/8/19, documented in part, "Incident date/time: 8/8/19 11:30 AM. Resident's involved (Resident #8) and (Resident #9). Injuries: (A check mark was documented next to)"No." Describe Incident: Resident to resident altercation between (Resident #8) and (Resident #9). Resident #8 was sitting at table in the activity room when Resident #9 approached from behind and asked Resident #8 to move because he was sitting in Resident #9's regular spot. Resident #8 declined to move and Resident #9 kicked Resident #8's chair. Both residents began yelling at each other with Resident #8 cursing at Resident #9. Resident #9 slapped Resident #8's hand, then, Resident #8 slapped Resident #9's hand. The residents were immediately separated. Assessment of both residents revealed no injury to either resident. Every 15-minute checks were initiated on Resident #8 and Resident #9.</p> <p>The "Final Report" dated 8/15/19, regarding the initial FRI (facility reported incident) allegation of abuse regarding (Resident #8) and (Resident #9), documented in part, "Resident #8 was sitting at table in the activity room when Resident #9 approached from behind and asked Resident #8</p>	F 600	<ol style="list-style-type: none"> 1. Residents #8 and #9 both still reside in facility and have had no additional incidents. 2. All residents have the potential to be affected by this alleged deficient practice. 3. All staff will be educated on the facility Abuse and Neglect Policy and Procedure Manual, specifically as it relates to resident to resident incidents and the window to report. 4. Facility will monitor all incidents between residents to identify abuse, or potential for abuse, to ensure investigation and reporting of incidents. Incidents reports will be reviewed 5 times a week for 1 week, then 3 times a week for 2 weeks, and then 1 time a week for 4 weeks to ensure that all potential abuse is identified and reported as required. Variances will be corrected at the time of observation, education and corrective actions will be provided as needed. Ongoing compliance will be monitored as part of the facility's QA process for 3 months. 5. Corrective action will be completed by 1/13/2020 		

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F 600	<p>Continued From page 6</p> <p>to move because he was sitting in Resident #9's regular spot. Resident #8 declined to move and Resident #9 kicked Resident #8's chair. Both residents began yelling at each other with Resident #8 cursing at Resident #9. Resident #9 slapped Resident #8's hand, then, Resident #9 slapped Resident #8's hand. Both residents were cursing at each other throughout the interaction. The residents were separated and evaluated by nursing, and there were no injuries from the altercation. Both residents were started on every 15-minute checks by facility initially and were evaluated by psychiatric nurse practitioner on the day of the altercation. The NP (nurse practitioner) felt that neither resident presented a continued danger to the other. Increased monitoring of both residents continued for 72 hours without additional incident and was then discontinued."</p> <p>Resident #8 was admitted to the facility on 12/30/14 with diagnosis that included but were not limited to: diverticulitis (presence of abnormal pouch like sacs through the muscular layers of the colon) (1), epilepsy (neurological disorder with convulsive seizures) (2), anemia (defect in the production of hemoglobin and the red blood cell) (3).</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 10/4/19, coded the resident as scoring a 9 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. The resident was coded as requiring extensive assistance for bed mobility, transfer, locomotion on and off the unit, dressing, eating, toilet use and personal hygiene.</p>	F 600			

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F 600	Continued From page 7 A review of the comprehensive care plan documented in part, The Focus: dated 2/20/18 "At risk for adverse effects related to psychoactive medication." The Goal: dated 5/4/18 "Resident demonstrates presence of verbal behavioral disturbance symptoms directed towards others-behaviors has potential to interfere with participation in social interactions and has potential to disrupt living environment." The Interventions: dated 5/7/18 "During behavioral episodes- staff to remove guest from stressor, may eat meals in room for decreased stimulation. Emphasize the positive aspects of following treatment regimen. Encourage activities as appropriate and desired for diversion." A nurse progress note in Resident #8's clinical record dated 8/8/19 at 11:45 AM, documented, "Resident to resident altercation in the activity room with both residents cursing and slapping each other's hands. This was in response to (Resident #9) asking (Resident #8) to move out of his spot. Residents on every 15-minute checks. No injuries noted." An interview was conducted on 12/11/19 at 8:35 AM, with Resident #8. When asked if he remembered altercation with another resident on 8/8/19, Resident #8 stated, "No, I don't." Resident #9 was admitted to the facility on 11/26/16 with diagnosis that included but were not limited to: dementia (progressive state of mental decline) (4), intracranial hemorrhage (large amount of blood within the cranium) (5), anemia (defect in the production of hemoglobin and the red blood cell) (6).	F 600			

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F 600	<p>Continued From page 8</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/2/19, coded the resident as scoring a 8 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. The resident was coded as requiring extensive assistance for bed mobility, transfer, locomotion on and off the unit, dressing, eating, toilet use and personal hygiene.</p> <p>A review of the comprehensive care plan documented in part, The Focus: dated 2/5/18 "At risk for anxiety, has periods of aggression towards other residents." The Goal: dated 2/5/18 "Anxiety will have minimal effects on resident's daily life as evidenced by continuing to participate in care and will cause no harm towards others through next review." The Interventions: dated 2/5/18 "Provide a quiet environment during episodes of increased anxiety. Administer meds [medications] as ordered. Intervene as necessary to protect the rights and safety of others. Divert attention. Remove from situation and take to alternate location as needed."</p> <p>A nurse progress note in Resident #9's clinical record dated 8/8/19 at 4:46 PM, documented, "Resident to resident altercation in the activity room. The resident kicked another resident and hit him on top of his hand. Residents were separated and skin assessments performed. No injuries noted at this time. Psychiatric NP (Nurse Practitioner) saw both residents, med [medication] changes were ordered and visual checks initiated. Physician and RP (Responsible party) were made aware."</p> <p>An interview was conducted on 12/10/19 at 10:55</p>	F 600			

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F 600	<p>Continued From page 9</p> <p>AM, with CNA (certified nursing assistant) #1. When asked to describe signs of abuse, CNA #1 stated, "It is physically or verbally assaulting someone." When asked how she would respond to an allegation of abuse or witnessing abuse, CNA #1 stated, "I would first separate the residents and make sure they weren't hurt. Then I would notify their manager, who would pass it up the chain to be investigated." When asked if she remembered the 8/8/19 incident between Resident #9 and Resident #8, CNA #1 stated, "No, I don't remember it."</p> <p>An interview was conducted on 12/11/19 at 8:15 AM, with Resident #9. When asked if he remembered altercation with another resident on 8/8/19, Resident #9 stated, "No, I don't remember anything about it."</p> <p>The facility's policy "Abuse Prohibition, Investigation, and Reporting" dated 4/17 with revision of 12/17, documents in part, "The facility shall not allow verbal, mental, sexual, or physical abuse and all facility personnel will promptly report any incident. Physical abuse is defined as hitting, slapping, pinching, kicking etc."</p> <p>On 12/10/19 at 4:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing), ASM #3, the regional clinical coordinator and ASM #4, the regional director of operations was made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and</p>	F 600			

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F 600	Continued From page 10 Chapman, page 179. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 199. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 32. (4) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 154. (5) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 266/304. (6) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 32.	F 600			
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to implement the facility policy for reporting immediately, or within two hours an allegation of abuse to the State Agency,	F 607	1. Residents #8 and #9 both still reside in facility and have had no additional incidents. 2. All residents have the potential to be affected by this alleged deficient practice.	1/13/20	

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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF WILLOW CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113	
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F 607	<p>Continued From page 11</p> <p>for two of nine residents in the survey sample, Resident #8 and Resident #9. On 8/8/19 at 11:30 a.m., Resident #9 slapped Resident #8's hand and Resident #8 then slapped Resident #9's hand. The resident-to-resident altercation was reported to the State Agency on 8/8/19 2:46 PM, three hours and sixteen minutes after the incident occurred.</p> <p>The findings include:</p> <p>The facility's policy "Abuse Prohibition, Investigation, and Reporting" dated 4/17 with revision of 12/17, documents in part, "The facility shall not allow verbal, mental, sexual, or physical abuse and all facility personnel will promptly report any incident. Physical abuse is defined as hitting, slapping, pinching, kicking etc. Initial reporting of allegations of abuse: If the event that caused the allegation involves an allegation of abuse, it should be reported to the state immediately, but no later than two hours after the allegation is made."</p> <p>A "Facility Reported Incident" dated, 8/8/19, documented in part, "Incident date: 8/8/19, time 11:30 AM. Resident's involved (Resident #8) and (Resident #9). Injuries: (A check mark was documented next to)"No." Describe Incident: Resident to resident altercation between (Resident #8) and (Resident #9). Resident #8 was sitting at table in the activity room when Resident #9 approached from behind and asked Resident #8 to move because he was sitting in Resident #9's regular spot. Resident #8 declined to move and Resident #9 kicked Resident #8's chair. Both residents began yelling at each other with Resident #8 cursing at Resident #9.</p>	F 607	<p>3. All staff will be educated on the facility Abuse and Neglect Policy and Procedure Manual, specifically as it relates to resident to resident incidents and the window to report.</p> <p>4. Facility will monitor all incidents between residents to identify abuse, or potential for abuse, to ensure investigation and reporting of incidents. Incidents reports will be reviewed 5 times a week for 1 week, then 3 times a week for 2 weeks, and then 1 time a week for 4 weeks to ensure that all potential abuse is identified and reported as required. Variances will be corrected at the time of observation, education and corrective actions will be provided as needed. Ongoing compliance will be monitored as part of the facility's QA process for 3 months.</p> <p>5. Corrective action will be completed by 1/13/2020</p>	

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F 607	<p>Continued From page 12</p> <p>Resident #9 slapped Resident #8's hand, then, Resident #8 slapped Resident #9's hand. The residents were immediately separated. Assessment of both residents revealed no injury to either resident. Every 15-minute checks were initiated on Resident #8 and Resident #9. The Fax to the State Agency [Office of licensure and Certification Virginia Department of Health] documented a date/time as follows: 8/8/19 2:46 PM, result as being OK. The time from incident to reporting to the State Agency was three hours and sixteen minutes.</p> <p>Resident #8 was admitted to the facility on 12/30/14 with diagnosis that included but were not limited to: diverticulitis (presence of abnormal pouch like sacs through the muscular layers of the colon) (1), epilepsy (neurological disorder with convulsive seizures) (2), anemia (defect in the production of hemoglobin and the red blood cell) (3).</p> <p>Resident #8's most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 10/4/19, coded the resident as scoring a 9 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. The resident was coded as requiring extensive assistance for bed mobility, transfer, locomotion on and off the unit, dressing, eating, toilet use and personal hygiene.</p> <p>A review of the comprehensive care plan for Resident #8, documented in part, The Focus: dated 2/20/18 "At risk for adverse effects related to psychoactive medication." The Goal: dated 5/4/18 "Resident demonstrates presence of verbal behavioral disturbance symptoms directed</p>	F 607			

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F 607	<p>Continued From page 13</p> <p>towards others-behaviors has potential to interfere with participation in social interactions and has potential to disrupt living environment." The Interventions: dated 5/7/18 "During behavioral episodes- staff to remove guest from stressor, may eat meals in room for decreased stimulation. Emphasize the positive aspects of following treatment regimen. Encourage activities as appropriate and desired for diversion."</p> <p>Resident #9 was admitted to the facility on 11/26/16 with diagnosis that included but were not limited to: dementia (progressive state of mental decline) (4), intracranial hemorrhage (large amount of blood within the cranium) (5), anemia (defect in the production of hemoglobin and the red blood cell) (6).</p> <p>Resident's #9 most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/2/19, coded the resident as scoring a 8 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. The resident was coded as requiring extensive assistance for bed mobility, transfer, locomotion on and off the unit, dressing, eating, toilet use and personal hygiene.</p> <p>A review of the comprehensive care plan for Resident #9, documented in part, The Focus: dated 2/5/18 "At risk for anxiety, has periods of aggression towards other residents." The Goal: dated 2/5/18 "Anxiety will have minimal effects on resident's daily life as evidenced by continuing to participate in care and will cause no harm towards others through next review." The Interventions: dated 2/5/18 "Provide a quiet environment during episodes of increased</p>	F 607		

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F 607	<p>Continued From page 14</p> <p>anxiety. Administer meds [medications] as ordered. Intervene as necessary to protect the rights and safety of others. Divert attention. Remove from situation and take to alternate location as needed."</p> <p>An interview was conducted on 12/10/19 at 2:00 PM with LPN (licensed practical nurse) #4, the unit manager of the west wing. When asked to verify the FRI (facility reported incident) dated 8/8/19 at 11:30 AM, LPN #4 stated, "Yes, that is the date and time of the incident and the notes reflect what occurred." When asked to verify the fax date and time documented on the fax confirmation form of 8/8/19 2:46 PM, LPN #4 stated, "Yes, that is the date and time of the fax."</p> <p>On 12/10/19 at 4:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing), ASM #3, the regional clinical coordinator and ASM #4, the regional director of operations was made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 179. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 199. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 32. (4) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and</p>	F 607			

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F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 609		1/13/20	

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F 609	<p>Continued From page 16</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to report an allegation of abuse immediately, or within 2 hours, to the State Agency, for two of nine residents in the survey sample, Resident #8 and Resident #9.</p> <p>The findings include:</p> <p>A "Facility Reported Incident" dated, 8/8/19, documented in part, "Incident date: 8/8/19, time 11:30 AM. Resident's involved (Resident #8) and (Resident #9). Injuries: (A check mark was documented next to)"No." Describe Incident: Resident to resident altercation between (Resident #8) and (Resident #9). Resident #8 was sitting at table in the activity room when Resident #9 approached from behind and asked Resident #8 to move because he was sitting in Resident #9's regular spot. Resident #8 declined to move and Resident #9 kicked Resident #8's chair. Both residents began yelling at each other with Resident #8 cursing at Resident #9. Resident #9 slapped Resident #8's hand, then, Resident #8 slapped Resident #9's hand. The residents were immediately separated. Assessment of both residents revealed no injury to either resident. Every 15-minute checks were initiated on Resident #8 and Resident #9. The Fax to the State Agency [Office of licensure and Certification Virginia Department of Health] documented a date/time as follows: 8/8/19 2:46 PM, result as being OK. The time from incident to reporting to the State Agency was three hours and sixteen minutes.</p> <p>The facility's policy "Abuse Prohibition,</p>	F 609	<ol style="list-style-type: none"> 1. Residents #8 and #9 both still reside in facility and have had no additional incidents. 2. All residents have the potential to be affected by this alleged deficient practice. 3. All staff will be educated on the facility Abuse and Neglect Policy and Procedure Manual, specifically as it relates to resident to resident incidents and the window to report. 4. Facility will monitor all incidents between residents to identify abuse, or potential for abuse, to ensure investigation and reporting of incidents. Incidents reports will be reviewed 5 times a week for 1 week, then 3 times a week for 2 weeks, and then 1 time a week for 4 weeks to ensure that all potential abuse is identified and reported as required. Variances will be corrected at the time of observation, education and corrective actions will be provided as needed. Ongoing compliance will be monitored as part of the facility's QA process for 3 months. 5. Corrective action will be completed by 1/13/2020 		

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F 609	<p>Continued From page 17</p> <p>Investigation, and Reporting" dated 4/17 with revision of 12/17, documents in part, "The facility shall not allow verbal, mental, sexual, or physical abuse and all facility personnel will promptly report any incident. Physical abuse is defined as hitting, slapping, pinching, kicking etc. Initial reporting of allegations of abuse: If the event that caused the allegation involves an allegation of abuse, it should be reported to the state immediately, but no later than two hours after the allegation is made."</p> <p>Resident #8 was admitted to the facility on 12/30/14 with diagnosis that included but were not limited to: diverticulitis (presence of abnormal pouch like sacs through the muscular layers of the colon) (1), epilepsy (neurological disorder with convulsive seizures) (2), anemia (defect in the production of hemoglobin and the red blood cell) (3).</p> <p>Resident #8's most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 10/4/19, coded the resident as scoring a 9 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. The resident was coded as requiring extensive assistance for bed mobility, transfer, locomotion on and off the unit, dressing, eating, toilet use and personal hygiene.</p> <p>A review of the comprehensive care plan for Resident #8, documented in part, The Focus: dated 2/20/18 "At risk for adverse effects related to psychoactive medication." The Goal: dated 5/4/18 "Resident demonstrates presence of verbal behavioral disturbance symptoms directed towards others-behaviors has potential to</p>	F 609			

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F 609	<p>Continued From page 18</p> <p>interfere with participation in social interactions and has potential to disrupt living environment." The Interventions: dated 5/7/18 "During behavioral episodes- staff to remove guest from stressor, may eat meals in room for decreased stimulation. Emphasize the positive aspects of following treatment regimen. Encourage activities as appropriate and desired for diversion."</p> <p>Resident #9 was admitted to the facility on 11/26/16 with diagnosis that included but were not limited to: dementia (progressive state of mental decline) (4), intracranial hemorrhage (large amount of blood within the cranium) (5), anemia (defect in the production of hemoglobin and the red blood cell) (6).</p> <p>Resident's #9 most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/2/19, coded the resident as scoring a 8 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. The resident was coded as requiring extensive assistance for bed mobility, transfer, locomotion on and off the unit, dressing, eating, toilet use and personal hygiene.</p> <p>A review of the comprehensive care plan for Resident #9, documented in part, The Focus: dated 2/5/18 "At risk for anxiety, has periods of aggression towards other residents." The Goal: dated 2/5/18 "Anxiety will have minimal effects on resident's daily life as evidenced by continuing to participate in care and will cause no harm towards others through next review." The Interventions: dated 2/5/18 "Provide a quiet environment during episodes of increased anxiety. Administer meds ass ordered. Intervene</p>	F 609			

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F 609	<p>Continued From page 19</p> <p>as necessary to protect the rights and safety of others. Divert attention. Remove from situation and take to alternate location as needed."</p> <p>An interview was conducted on 12/10/19 at 2:00 PM with LPN (licensed practical nurse) #4, the unit manager of the west wing. When asked to verify the FRI (facility reported incident) dated 8/8/19 at 11:30 AM, LPN #4 stated, "Yes, that is the date and time of the incident and the notes reflect what occurred." When ask to verify the fax date and time documented on the fax confirmation form of 8/8/19 2:46 PM, LPN #4 stated, "Yes, that is the date and time of the fax."</p> <p>On 12/10/19 at 4:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing), ASM #3, the regional clinical coordinator and ASM #4, the regional director of operations was made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 179.</p> <p>(2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 199.</p> <p>(3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 32.</p> <p>(4) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 154.</p> <p>(5) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 266/304.</p>	F 609			

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F 609	Continued From page 20 (6) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 32.	F 609			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document	F 656		1/13/20	

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F 656	<p>Continued From page 21</p> <p>whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview and staff interview, it was determined that facility staff failed to implement the comprehensive care plan for one of nine residents in the survey sample, Residents # 4. The facility staff failed to implement Resident #4's comprehensive care plan to change the resident frequently and as needed on 12/10/19.</p> <p>The findings include:</p> <p>Resident # 4 was admitted to the facility with diagnoses that included but were not limited to: high blood pressure, muscle weakness, heart failure and obesity.</p> <p>Resident # 4's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 11/25/19, coded Resident # 4 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 4 was coded as being totally dependent of one staff member for activities of daily living. Section H "Bladder and Bowel" Resident # 4 was coded as always incontinent of bowel and bladder.</p> <p>The comprehensive care plan for Resident # 4</p>	F 656	<ol style="list-style-type: none"> 1. Resident #4 still resides in the facility, and has had a toileting schedule implemented. 2. All residents requiring assistance for incontinence care have the potential to be affected by this alleged deficient practice. 3. All nursing staff will be educated on providing timely incontinence care. 4. DON or designee will conduct random audits on 10 residents requiring incontinence 5 times a week for 1 week, then 3 times a week for 2 weeks and then once weekly for 2 weeks to ensure timely incontinence care is provided. Variances will be corrected at the time of observation, education and corrective actions will be provided as needed. Ongoing compliance will be monitored through routine audits and will be reported to the facility's QA committee for 3 months. 5. Corrective action will be completed by 1/13/2020 		

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F 656	<p>Continued From page 22</p> <p>dated 11/19/2019 documented, "Need: [Resident # 4] is incontinent of B&B [bowel and bladder]. Date Initiated: 11/19/2019." Under "Interventions" it documented, "BRIEF USAGE: Resident uses 3XL [three extra-large] disposable briefs. Change frequently and prn [as needed. Date Initiated: 11/19/2019."</p> <p>On 12/10/19 at 11:00 a.m., an interview was conducted with Resident # 4. During the interview, Resident # 4 stated that her brief was soiled. When asked if the call bell was activated or a staff member was notified, Resident # 4 stated that she told her CNA [certified nursing assistant] at 10:45 a.m.</p> <p>On 12/10/19 at 12:30 p.m., an interview was conducted with CNA # 1. When asked if Resident # 4 was on their caseload, CNA # 1 stated yes. When asked about Resident # 4's incontinence care, CNA # 1 stated, "I changed her at 10:30 [a.m.] and she [Resident #4] called me back in and said she needed to be changed again. I told her I would get to her after lunch. I had just changed her and I didn't want to go and find two other staff to change her again. She can't move to help and I don't know if anyone has had the conversation with her to tell her the reality of the situation. If she could roll I could do it myself and it wouldn't be an issue." When asked if Resident # 4 had received incontinence care as of now, CNA # 1 stated, "No, I'll change her after she finishes eating." When asked if it was dignified to leave Resident # 4 in a soiled brief since 10:45 a.m., CNA # 1 stated, "No but what else could I do about it."</p> <p>On 12/10/19 at 12:30 p.m., an interview was conducted with RN [registered nurse] # 1, unit</p>	F 656			

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F 656	<p>Continued From page 23</p> <p>manager. When asked to describe the procedure for providing incontinence care, RN # 1 stated, "The residents should be checked every two hours if they are able to tell us if they need incontinence care or not." When asked how soon incontinence care should be provided when staff is informed a resident requires care and changing, RN # 1 stated, "As soon as you can, 20 to 30 minutes." When asked why it was important to provide incontinence care in a timely manner, RN # 1 stated, "To prevent skin breakdown and urinary tract infections."</p> <p>On 12/10/19 at 2:00 p.m., an interview was conducted with RN # 1. When asked to describe the purpose of the comprehensive care plan, RN # 1 stated, "We know what the patient needs and what interventions are in place." After reviewing Resident # 4's care plan for incontinence care, RN # 1 was asked if the comprehensive care plan was being followed by having Resident # 4 wait approximately two hours to receive incontinence care. RN # 1 stated, no. Not the prn [as needed] part."</p> <p>On 12/10/19 at 12:55 p.m., an interview was conducted with Resident # 4. When asked if she had received incontinence care Resident # 4 stated no.</p> <p>On 12/10/19 at 1:40 p.m., CNA # 1 stated that Resident # 4 was provided with incontinence care at 1:00 p.m.</p> <p>On 12/10/19 at 2:30 p.m., an interview was conducted with Resident # 4. Resident # 4 stated that incontinence care was provided at 1:00 p.m.</p> <p>On 12/10/19 at approximately 4:35 p.m. ASM</p>	F 656			

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F 656	Continued From page 24 (administrative staff member) # 1, the administrator, ASM # 2, director of nursing, ASM # 3, regional clinical coordinator and ASM # 4, regional director of operations, were made aware of the findings.	F 656			
F 677 SS=D	No further information was provided prior to exit. ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, resident interview and staff interview, it was determined that facility staff failed to provide activities of daily living assistance to maintain good personal hygiene for one of nine residents in the survey sample, Residents # 4. Resident #4, who is coded as dependant on staff for activities of daily living, notified CNA (certified nursing assistant) #1 she needed incontinence care at 10:45 a.m. CNA #1 did not provide assistance to Resident #4 until 1:00 p.m., when the resident was changed. The findings include: Resident # 4 was admitted to the facility with diagnoses that included but were not limited to: high blood pressure, muscle weakness, heart failure and obesity. Resident # 4's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 11/25/19, coded	F 677	1. Resident #4 still resides in the facility, and has had a toileting schedule implemented. 2. All residents requiring assistance for incontinence care have the potential to be affected by this alleged deficient practice. 3. All nursing staff will be educated on providing timely incontinence care. 4. DON or designee will conduct random audits on 10 residents requiring incontinence 5 times a week for 1 week, then 3 times a week for 2 weeks and then once weekly for 2 weeks to ensure timely incontinence care is provided. Variances will be corrected at the time of observation, education and corrective actions will be provided as needed. Ongoing compliance will be monitored through routine audits and will be reported to the facility's QA committee for 3 months. 5. Corrective action will be completed by	1/13/20	

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F 677	<p>Continued From page 25</p> <p>Resident # 4 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 4 was coded as being totally dependent of one staff member for activities of daily living. Section H "Bladder and Bowel" Resident # 4 was coded as always incontinent of bowel and bladder.</p> <p>On 12/10/19 at 11:00 a.m., an interview was conducted with Resident # 4. During the interview Resident # 4 stated that her brief was soiled. When asked if the call bell was activated or a staff member was notified, Resident # 4 stated that she told her CNA [certified nursing assistant] at 10:45 a.m.</p> <p>On 12/10/19 at 12:30 p.m., an interview was conducted with CNA # 1. When asked if Resident # 4 was on their caseload CNA # 1 stated yes. When asked about Resident # 4's incontinence care CNA # 1 stated, "I changed her at 10:30 [a.m.] and she called me back in and said she needed to be changed again. I told her I would get to her after lunch. I had just changed her and I didn't want to go and find two other staff to change her again. She can't move to help and I don't know if anyone has had the conversation with her to tell her the reality of the situation. If she could roll I could do it myself and it wouldn't be an issue." When asked if Resident # 4 had received incontinence care as of now CNA # 1 stated, "No, I'll change her after she finishes eating."</p> <p>On 12/10/19 at 12:30 p.m., an interview was conducted with RN [registered nurse] # 1, unit manager. When asked to describe the procedure for providing incontinence care timely RN # 1</p>	F 677	1/13/2020		

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F 677	<p>Continued From page 26</p> <p>stated, "The residents should be checked every two hours if they are able to tell us if they need incontinence care or not." When asked how soon incontinence care should be provided when informed a resident requires care RN # 1 stated, "As soon as you can, 20 to 30 minutes." When asked why it was important to provide incontinence care in a timely manner RN # 1 stated, "To prevent skin breakdown and urinary tract infections."</p> <p>On 12/10/19 at 12:55 p.m., an interview was conducted with Resident # 4. When asked if she had received incontinence care Resident # 4 stated no.</p> <p>On 12/10/19 at 1:40 p.m., CNA # 1 told this surveyor that Resident # 4 was provided with incontinence care at 1:00 p.m.</p> <p>On 12/10/19 at 2:30 p.m., an interview was conducted with Resident # 4. Resident # 4 stated that incontinence care was provided at 1:00 p.m.</p> <p>The comprehensive care plan for Resident # 4 dated 11/19/2019 documented, "Need: [Resident # 4] is incontinent of B&B [bowel and bladder]. Date Initiated: 11/19/2019." Under "Interventions" it documented, "BRIEF USAGE: Resident uses 3XL 9three extra-large] disposable briefs. Change frequently and prn [as needed. Date Initiated: 11/19/2019."</p> <p>On 12/10/19 at approximately 4:35 p.m. ASM (administrative staff member) # 1, the administrator, ASM # 2, director of nursing, ASM # 3, regional clinical coordinator and ASM # 4, regional director of operations, were made aware of the findings.</p>	F 677			

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F 842 SS=D	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted</p>	F 842		1/13/20	

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F 842	<p>Continued From page 28 by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain an accurate clinical record for one of nine residents in the survey sample, Resident #6. The facility staff failed to maintain an accurate ADL (activities of daily living) documentation for Resident #6.</p> <p>The findings include: Resident #6 was admitted to the facility on</p>	F 842	<ol style="list-style-type: none"> 1. Resident #6 no longer resides in the facility. 2. All residents have the potential to be affected by this alleged deficient practice. 3. All nursing staff will be educated on documenting ADL care on all residents. 4. DON or designee will conduct random audits on 10 residents 5 times a week for 1 week, then 3 times a week for 2 weeks and then once weekly for 2 weeks to ensure ADL care has been documented. 		

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F 842	<p>Continued From page 29</p> <p>5/31/19 with diagnosis that included but were not limited to: Parkinson's Disease (slowly progressive neurological disorder characterized by resting tremor, shuffling gait, slow movement) (1), dysphagia (impairment in the ability to swallow) (2), gastroesophageal reflux (backflow of the contents of the stomach into the esophagus caused by malfunction of the sphincter muscle) (3).</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 6/3/19, did not code the resident on the BIMS (brief interview for mental status) score. The resident was coded as requiring extensive assistance for bed mobility, dressing, toilet use and personal hygiene. The resident was coded as requiring supervision for eating. The resident was coded as "activity occurred only once or twice or did not occur" for transfer, walk in room/corridor and locomotion on/off the unit.</p> <p>A review of the baseline care plan dated 5/31/19, for Resident #6, documented in part, The Focus: "Pressure Sores/Skin Care". The Goal: "Prevent/heal pressure sores/skin breakdown." The Interventions: "Turn every two hours and PRN (as needed), preventive measures: barrier cream, provide incontinence care as needed, immediately report any redness or skin breakdown to charge nurse/physician." Additional Focus areas: "ADL Functional." Goal: "Guest will achieve maximum functional mobility." Interventions: "One person assist with bathing, dressing/grooming, toileting. Supervision with eating and two person assist with transfers." Additional Focus area: "Bladder/bowel incontinence." Goal: "Guest will establish</p>	F 842	<p>Variances will be corrected at the time of observation, education and corrective actions will be provided as needed. Ongoing compliance will be monitored through routine audits and will be reported to the facility's QA committee for 3 months.</p> <p>5. Corrective action will be completed by 1/13/2020</p>		

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F 842	<p>Continued From page 30</p> <p>individual bowel/bladder routine." Interventions: "Start continence tracking form, incontinent care every two hours, observe skin." Additional Focus area: "Cardiac/Respiratory." Goal: "No complications." Interventions: "Obtain vital signs as indicated, diet as ordered, observe endurance and report complications as indicated, observe for edema and report as indicated, observe for complaints of headache/dizziness/change in endurance."</p> <p>Resident #6's ADL (activities of daily living) documentation report for June 2019 documents the following: ADL Care- three of nine opportunities were not documented Bed mobility- three of nine opportunities were not documented Dressing- three of nine opportunities not documented Behavior monitoring- three of nine opportunities was not documented Locomotion on unit- three of nine opportunities were not documented Locomotion off unit- three of nine opportunities was not documented Personal hygiene-three of nine opportunities was not documented Shower/bath- three of nine opportunities was not documented Toilet use and continence- three of nine opportunities was not documented Transferring- three of nine opportunities was not documented Eating- three of nine opportunities was not documented</p> <p>An interview was conducted on 12/11/19 at 8:20 AM with LPN (licensed practical nurse) #4, the</p>	F 842			

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F 842	<p>Continued From page 31</p> <p>unit manager of the west wing. When asked what blank spaces on the ADL documentation form indicates, LPN #4 states, "If it's blank it means the CNA (certified nursing assistant) forgot to chart."</p> <p>An interview was conducted on 12/11/19 at 10:10 AM with ASM (administrative staff member) #2, the director of nursing. When ASM #2 was shown Resident #6's ADL documentation form and asked what the blank spaces indicate, ASM #2 states, "If it's blank it means it was not documented. The CNA didn't chart." When asked the standard of practice followed in the facility, ASM #2 stated, "We use Lippincott."</p> <p>According to Lippincott Nursing Procedures, "Documentation is the process of preparing a complete record of a patient's care and is a vital tool for communication among health care team members. Document information as soon as possible to ensure the accuracy of the information and to reflect ongoing care. Delayed documentation increases the potential for omissions, errors and inaccuracy due to memory lapse." (4)</p> <p>On 12/11/19 at 10:45 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing) and ASM #3, the regional clinical coordinator was made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and</p>	F 842			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/11/2019
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF WILLOW CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113		
(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 842	Continued From page 32 Chapman, page 435. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 176. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 240.(4) Lippincott Nursing Procedure, 8th edition, Wolters Kluwer, pages 236-238.	F 842			