

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

PRINTED: 02/11/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/15/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALBEMARLE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1540 FOUNDERS PLACE</b> <b>CHARLOTTESVILLE, VA 22902</b>		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 1/14/2020 through 1/15/2020. Two complaints were investigated during the survey. Complaint VA00047046 was unsubstantiated. Complaint VA00048108 was substantiated with deficiencies. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 120 certified bed facility was 117 at the time of the survey. The survey sample consisted of one current resident review (Resident #2) and two closed record reviews (Residents #1 and #3).	F 000			
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident,	F 583		2/10/20	

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

TITLE

(X6) DATE

Electronically Signed

01/24/2020

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 583	<p>Continued From page 1 including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility document review and complaint investigation, the facility staff failed to ensure confidentiality of a medical record for one of three residents in the survey sample. A report listing Resident #2's name, date of birth, medical diagnoses, medications and physician ordered treatments was given to a family member of another resident in the facility.</p> <p>The findings include:</p> <p>Resident #2 was admitted to the facility on 12/28/19 with diagnoses that included status post right hip replacement, COPD (chronic obstructive pulmonary disease), atrial fibrillation, congestive heart failure, high blood pressure, anemia, depression, gastroesophageal reflux disease and osteoporosis. The minimum data set (MDS) dated 1/3/20 assessed Resident #2 as cognitively intact.</p> <p>On 1/14/20 at 2:00 p.m., the facility's social</p>	F 583	<p>The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this plan of correction. In addition, the following plan constitutes the centers allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p> <p>F583</p> <ol style="list-style-type: none"> <li>Resident #2 and family were informed of violation of privacy and were informed of this plan of correction.</li> <li>RN #1 was educated by one on one on confidentiality of medical records on 1/24/2020.</li> </ol>		

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F 583	<p>Continued From page 2</p> <p>worker (other staff #5) was interviewed regarding complaint allegations that Resident #1's family member, after requesting a list of her father's medications, was given a copy of Resident #2's prescriptions. The social worker stated Resident #1's family member reported to her on 12/30/19 that she requested a list of her father's medications and a nurse gave her a copy of another resident's medicines. The social worker stated Resident #1's family member had a copy of Resident #2's medications and physician orders. The social worker stated Resident #1's family member gave her Resident #2's medication list. The social worker stated she reported the issue to nursing and shredded Resident #2's medication report.</p> <p>On 1/14/20 at 2:10 p.m., the registered nurse (RN #1) caring for Residents #1 and #2 on 12/30/19 was interviewed about the medication list given to an unauthorized family member of another resident. RN #1 stated Resident #1's daughter requested a list of her father's medications. RN #1 stated Residents #1 and #2 were new admissions to the facility and she was printing medication lists for both residents as part of the admission process. RN #1 stated when Resident #1's family member requested the medication list, she gave the family member Resident #2's list instead of Resident #1's. RN #1 stated, "It was so much going on." RN #1 stated she should have given more attention to the requested paperwork.</p> <p>On 1/14/20 at 2:45 p.m., the licensed practical nurse unit manager (LPN #1) was interviewed about the breach of confidentiality of Resident #2's medical record. LPN #1 stated the report given to residents and/or families when a</p>	F 583	<p>3. All licensed staff will be educated by the staff development coordinator or designee on personal privacy and confidentiality of medical records.</p> <p>4. Any requests for printed medical information will be verified by the Director of Nursing or designee daily as need arises x 4 weeks. Any identified issued will be corrected immediately and presented to the QAPI committee for review.</p> <p>5. Date of compliance; 02/10/2020.</p>		

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F 583	<p>Continued From page 3</p> <p>medicine list was requested was the physician order summary report in their computer system. This report included the resident's name, date of birth, admission date, physician name, allergies, medical diagnoses, diet orders, treatment orders, therapy orders and a listing of all prescribed medications including medication dosage and frequency of administration. LPN #1 stated Resident #1's family member reported to the nursing team during a meeting that she was given Resident #2's medication list instead of the requested medicine list for Resident #1. LPN #1 stated nurses were supposed to provide documentation from the clinical record only to the resident and/or their authorized representatives. LPN #1 stated Resident #2's medical information should not have been given to Resident #1's family member. LPN #1 stated RN #1 printed the medication reports for Resident #1 and #2 and gave the wrong list to Resident#1's family member.</p> <p>On 1/14/20 at 3:20 p.m., the director of nursing (DON) was interviewed about failure to keep Resident #2's clinical record confidential. The DON stated nurses were not supposed to give copies and/or information from the medical record to anyone other than the resident or those designated by the resident.</p> <p>The facility's policy titled, Confidentiality (effective 11/1/19) documented the confidentiality policy was implemented to comply with the privacy/security regulations that were part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This policy stated, "...It is the policy of our company to protect the confidentiality of Protected Health Information...of its patients..." Steps to ensure confidentiality of</p>	F 583			

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F 583	Continued From page 4 medical information included, "Protect all medical information of our patients and employees...Information should only be accessed by those who have a 'need to know'...The condition of an individual patient, records regarding that patient's status and records and information concerning a patient's family, are confidential and should not be disclosed to non-caregivers, other patients, or the public at large..."  This finding was reviewed with the administrator and director of nursing during a meeting on 1/14/20 at 3:40 p.m.	F 583			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880		2/10/20	

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F 880	<p>Continued From page 5 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and complaint investigation, the facility staff failed to follow infection control practices during housekeeping on one of three nursing units (unit #3). A housekeeper failed to perform hand hygiene after cleaning a resident's room and prior to entering and cleaning the next resident room.</p> <p>The findings include:</p> <p>On 1/15/20 at 8:30 a.m., a housekeeper (other staff #6) was observed cleaning rooms on unit #3. The housekeeper, in room 328 and with gloves on, cleaned the bathroom countertop, fixtures and then mopped the floor. The housekeeper then moved the resident's over-bed table and vacuumed the floor in the room. After exiting the room, the housekeeper took off and discarded her gloves. Without performing hand hygiene, the housekeeper went to the adjacent room (#327). The housekeeper put on gloves and proceeded to empty the trashcans, clean the commode and then the restroom countertops and fixtures.</p> <p>On 1/15/20 at 8:45 a.m., the housekeeper (other staff #6) was interviewed about hand hygiene when cleaning resident rooms and bathrooms. The housekeeper stated she was supposed to change gloves between cleaning resident rooms. When asked about handwashing, the housekeeper stated, "I wash hands a lot." The</p>	F 880	<p>F880</p> <ol style="list-style-type: none"> <li>One on one education related to proper hand hygiene occurrences between room to room cleaning was provided to housekeeper (other staff #6) and was received and acknowledged on 1/15/2020.</li> <li>Routine room cleaning on assigned hall will be observed with housekeeper (other staff #6) on 1/22/2020 to ensure that proper hand hygiene is performed between rooms during routine cleaning.</li> <li>All housekeeping staff will be educated by the staff development coordinator or designee about proper hand hygiene in between rooms during routine cleaning.</li> <li>Routine room cleaning will be observed by housekeeping manager or designee to ensure that proper hand hygiene occurs between rooms 3 times a week for 1 week, 2 times a week for 2 weeks, and weekly thereafter.</li> <li>Date of compliance; 2/10/2020.</li> </ol>		

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F 880	<p>Continued From page 7</p> <p>housekeeper stated she washed her hands multiple times during the day when she felt she needed to clean her hands.</p> <p>On 1/15/20 at 9:00 a.m., the environmental services director (other staff #8) was interviewed about hand hygiene during housekeeping. The environmental services director stated the housekeepers were supposed to change gloves and wash hands after cleaning a resident room and prior entering the new room.</p> <p>On 1/15/20 at 9:30 a.m., the registered nurse (RN #2) responsible for infection control was interviewed about hand hygiene during housekeeping between resident rooms. RN #2 stated employees were supposed to wash hands between the cleaning of resident rooms and after glove changes.</p> <p>The facility's housekeeping policy titled Professional Code of Practice (effective 9/7/16) documented, "Each member of the housekeeping staff will maintain a professional appearance at all times, will promote the best standards of operational practice, and will minimize safety and infection risks to patients, staff, and families...Each staff member assures control of cross contamination by washing hands after performing duties in a patient area, before continuing to the next area, before and after eating, and after using the restroom..."</p> <p>This finding was reviewed with the administrator and director of nursing during a meeting on 1/15/20 at 10:50 a.m.</p>	F 880			