

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 495368	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 5/31/2019
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NAME OF PROVIDER OR SUPPLIER THE NEWPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 11141 WARWICK BLVD NEWPORT NEWS, VA
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 641	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Facility staff failed to complete an accurate MDS (minimum data set) assessment for one of 23 residents in the survey sample, Resident #42.</p> <p>For Resident #42, facility staff failed to ensure an accurate MDS and coded her as being hospitalized on her 3/19/19 discharge assessment.</p> <p>The findings include:</p> <p>Resident #42 was admitted to the facility on 2/1/19 and discharged on 3/19/19 with diagnoses that included but were not limited to high blood pressure, unspecified dementia without behavioral disturbance, type two diabetes, atrial fibrillation, and toe fracture. Resident #42's most recent MDS (minimum data set) assessment was a discharge assessment with an ARD (assessment reference date) of 3/19/19. Resident #42 was coded as being severely impaired in cognitive function scoring 03 out of possible 15 on the Brief Interview for Mental Status exam.</p> <p>Review of Resident #42's clinical record revealed that she was discharged home on 3/19/19. The following nursing note was documented: "Patient picked up by transport to go home. No issues noted."</p> <p>Further review of Resident #42's clinical record revealed discharge instructions and a medication list that was signed by the resident representative and the executive director of the facility.</p> <p>Review of Resident #42's MDS assessment with an ARD of 3/19/19 coded Resident #42 in section A2100. (Discharge Status) as being sent to the hospital.</p> <p>On 5/31/19 at 10:29 a.m., an interview was conducted with ASM (administrative staff member) #4, the social worker who completed section A2100. When asked how you would code A2100., ASM #4 stated that if the resident was discharged home she would code the resident as going home or if the resident went the hospital or expired, she would check the corresponding response for those options. When asked if Resident #42 was discharged home, ASM #4 stated that she was discharged home with 24 hour care. When asked if the above MDS was inaccurately coded, ASM #4 looked at her 3/19/19 MDS and stated, "I coded it wrong." When asked if ASM #4 used any reference such as the RAI (Resident Assessment Instrument) manual when completing the MDS, ASM #4 stated that she did not because she had been completing discharge MDS assessments for so long that she didn't need it.</p> <p>On 5/31/19 at 3:05 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the DON (Director of Nursing) were made aware of the above concerns. No further information was presented prior to</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 641	<p>Continued From Page 1 exit.</p> <p>The RAI 3.0 MDS manual documents the following coding instructions for Section A2100. "Steps for Assessment 1. Review the medical record including the discharge plan and discharge orders for documentation of discharge location. Coding Instructions Select the 2-digit code that corresponds to the resident's discharge status. · Code 01, community (private home/apt., board/care, assisted living, group home): if discharge location is a private home, apartment, board and care, assisted living facility, or group home. · Code 02, another nursing home or swing bed: if discharge location is an institution (or a distinct part of an institution) that is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care or rehabilitation services for injured, disabled, or sick persons. Includes swing beds. · Code 03, acute hospital: if discharge location is an institution that is engaged in providing, by or under the supervision of physicians for inpatients, diagnostic services, therapeutic services for medical diagnosis, and the treatment and care of injured, disabled, or sick persons. · Code 04, psychiatric hospital: if discharge location is an institution that is engaged in providing, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill residents. · Code 05, inpatient rehabilitation facility: if discharge location is an institution that is engaged in providing, under the supervision of physicians, rehabilitation services for the rehabilitation of injured, disabled or sick persons. Includes IRFs that are units within acute care hospitals. · Code 06, MR/DD facility: if discharge location is an institution that is engaged in providing, under the supervision of a physician, any health and rehabilitative services for individuals who are mentally retarded or who have developmental delay. · Code 07, hospice: if discharge location is a program for terminally ill persons where an array of services is necessary for the palliation and management of terminal illness and related conditions. The hospice must be licensed by the State as a hospice provider and/or certified under the Medicare program as a hospice provider. Includes community-based (e.g., home) or inpatient hospice programs. · Code 08, deceased: if resident is deceased. · Code 99, other: if discharge location is none of the above."</p>
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