

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

PRINTED: 02/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2020
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT RURAL RETREAT			STREET ADDRESS, CITY, STATE, ZIP CODE 514 NORTH MAIN STREET RURAL RETREAT, VA 24368	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 1/22/20-1/23/20. Corrections are required for compliance with 42 CFR Part 483 Requirements for Federal Long Term Care facilities. The Life Safety Code survey/report will follow. Complaints were investigated during the survey. The census in this 120 certified bed facility was 113 at the time of the survey. The survey sample consisted of 5 current Resident reviews (Residents 2 through 6) and 1 closed record review (Resident 1).	F000		
F684 SS=D	Quality of Care CFR(s): 483.25 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, facility staff failed to ensure the resident's care was provided in accordance with the comprehensive person-centered care plan through failure to administer a treatment as ordered for 2 of 6 residents in the survey sample (Residents # 1 and # 4).	F684	F684- Quality of Care 1. Resident #1 discharged from facility on 1/14/2020. Resident #4 is currently receiving antibiotic medication per Physician Orders. 2. Quality Monitor completed by Director of Nursing/ designee of current residents receiving antibiotics in the past 30 days to ensure antibiotics are administered per physician orders without omission. Follow up based on findings. Quality Monitor completed by Director of Nursing/ designee of current residents receiving treatments in the past 30 days to ensure treatments are administered per physician orders without omission. Follow up based on findings. 3. Licensed nurses re-educated by Director of Nursing, related to administration of medications and treatments per Physician orders. 4. Director of Nursing/designee to conduct random quality monitoring of residents receiving antibiotics to ensure antibiotics are administered per physician orders without omissions, 5 x weekly x 4 weeks, 3 x weekly x 4 weeks then weekly and PRN as indicated. Director of Nursing/designee to conduct random quality monitoring of residents receiving treatments to ensure treatments are administered per physician orders without omissions, 5 x weekly x 4 weeks, 3 x weekly x 4 weeks then weekly and PRN as indicated. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings. 5. Allegation of Compliance 02/26/2020.	02/26/2020

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LABORATORY DIRECTOR'S OR PROVIDER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____
[Signature] Administrator Electronically Signed 2/12/20

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 discloseable 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are discloseable 14 days following the date these documents were made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 498417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2020
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT RURAL RETREAT			STREET ADDRESS, CITY, STATE, ZIP CODE 514 NORTH MAIN STREET RURAL RETREAT, VA 24368	
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F684	<p>Continued From page 1</p> <p>1. For Resident #1, facility staff failed to administer a bone stimulator as ordered.</p> <p>On the most recent Minimum Data Assessment, the resident scored 1/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, or behaviors affecting care. Diagnoses included femur fracture, dementia, encephalopathy, difficulty walking, dysphagia, hallucinations, diabetes mellitus, chronic kidney disease, and atherosclerotic heart disease.</p> <p>The complaint stated that the log for the resident's bone stimulator did not record the stimulator being administered as ordered.</p> <p>Clinical record review revealed a physician order for a bone stimulator ordered 1/10/2020 for bone stimulator to left thigh 20 minutes twice a day. Treatment records indicated the treatment was administered one two times on 1/12/20. Documentation was blank on 1/10, 1/11, and in the morning of 1/13. Documentation indicated it was held "due to condition" on the evening of 1/13 and morning of 1/14. During an interview on 1/23/2020, the director of nursing reported that the holds due to condition were at the request of a family member staying with the resident. The surveyor concluded the resident did not receive the bone stimulator treatment two times a day as ordered.</p> <p>The concern was reported to the administrator and director of nursing during a summary meeting on 1/23/2020.</p> <p>2. For Resident #4, facility staff failed to administer antibiotic medications as ordered.</p> <p>On the most recent Minimum Data assessment,</p>	F684		

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F684	<p>Continued From page 2</p> <p>the resident scored 14/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, or behaviors affecting care. Diagnoses included pneumonia, methicillin resistant staph aureus as cause of infection, atrial fibrillation, vascular dementia, diabetes mellitus, congestive heart failure, hypertension, and history of falling.</p> <p>Clinical record review revealed a physician order dated 12/31/19 for Levofloxacin 500 milligrams daily for 5 days. The medication administration record indicated the medication was administered once per day on 1/1 through 1/4/2020 for a total of 4 doses.</p> <p>Clinical record review revealed a physician order dated 12/30/19 for Zyvox 600 milligrams twice daily for 10 days. The medication administration record documented the medication was administered once on 1/2 and twice per day on 1/3 through 1/12/2020 for a total of 21 doses.</p> <p>The surveyor discussed the concern that neither antibiotic was administered as ordered during an interview on 1/23/2020.</p>	F684		

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