PRINTED: 01/23/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROMOBER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS An unannounced Medicare/Medicaid complaint survey was conducted 12/10/19 through 12/12/19. Corrections are required for compliance with 42 CFR Port 483 Federal Long Term Care requirements. The census in this 107 certified bed facility was 98 at the time of the survey. The survey sample consisted of four (4) resident reviews. F 641 Accuracy of Assessments SR483.20(g) S483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REGUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to have a complete and accurate MDS (Minimum Data Set) for 1 of 4 samplet residents (Resident #1. The findings included Resident #1 was a resident in the nursing facility. On the annual MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 101/179 which coded the resident as shaving a BIMS (Rieff Interview for Mental Status) scroe of 15 cut of a possible score of 15. Resident #1 was also code as requiring extensive assistance of 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for design and personal hygiene and is totally dependent on 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for dressing and personal hygiene and is totally dependent on 1 staff member for desirally and personal hygiene and is totally dependent on 1 sta	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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totally dependent on 1 staff member for bathing. During the clinical record review and reviewing		possible score of 15. coded as requiring ex	Resident #1 was also tensive assistance of 1 staff			5.Allegation of Compliance 01/27/2020.		
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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.

Electronically Signed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
495349			B. WING		C 12/12/2019	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER			J ID	STREET ADDRESS, CITY, STATE, ZIP CODE 990 HOLSTON RD WYTHEVILLE, VA 24382 PROVIDER'S PLAN OF CORRECTION	(X5)	
(X4) ID PREFIX TAG				X (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLETION	
F 641	MDS with an ARD of surveyor reviewed the #1 and the resident's documented as being the resident's weight 288.6 lbs. These weight area in the electric The surveyor intervier 12/11/19 at 3 pm in the surveyor notified the above documented we compared these to the documented on the Market was to the surveyor notified the above documented on the Market was to the Market was to the Market was to the Market was the surveyor notified the above documented on the Market was the surveyor notified the surveyor notified the above documented on the Market was the surveyor notified the surveyor notifie	cumented on the annual 10/1/19 was 200 lbs. The weekly weights of Resident weight on 9/5/19 was as 290 lbs. ON 10/9/19, was documented as being ghts were found in the ctronic medical record. wed the dietary manager on the conference room. The dietary manager of the eights for Resident #1 and the weight that was IDS as stated above. The	F	F684- Quality of Care	n	
F 684 SS=D	weight in by mistake. to get this corrected. The administrator, DO the regional director of notified of the above surveyor on 12/12/19 No further information surveyor prior to the equality of Care CFR(s): 483.25 § 483.25 Quality of caquality of care is a further applies to all treatment facility residents. Bas assessment of a resident received accordance with professore plan, and the residents received care plan, and the residents.	a was provided to the exit conference on 12/12/19. The exit conference of the exit conference of the comprehensive dient, the facility must ensure treatment and care in essional standards of the exit conference on 12/12/19.	: F	2.Quality Monitor completed by Director Nursing/designee of current resident alle to ensure residents do not receive medithat they may be allergic to. Follow up to on findings. 3.Licensed nurses re-educated by Director of Nursing to ensure allergies to medication checked/verified for each resident prior administering medications. 4.Director of Nursing/designee to condurandom quality monitoring of resident all to ensure residents do not receive medithat they be allergic to 3 x weekly x 2 weekly x 2 weekly x 2 weeks then weekly and PR indicated. Findings to be reported to QA committee monthly and updated as indicated. Prioring schedule modified be findings. 5.Allegation of Compliance 01/27/2020.	ergles cations cased to of of one are to process lergles cations eachs, 2 RN as LP1 cated. eased on	

	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	495349	B WING			12/12/2019		
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE -	BIRDMONT CENTER		990 H	IT ADDRESS, CITY, STATE, ZIP CODE DLSTON RD HEVILLE, VA 24382			
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFI , TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			
F 684 Continued From page 2 by: Based on staff interviews, for review and clinical record refailed to ensure that resident and care for 1 of 4 sampled evidenced by the facility staff physician ordered antibiotic, though the resident was alled (Resident #4). The findings included: The facility staff failed to stote of a physician ordered antibiotic though Resident #4 was doe allergic to this antibiotic. The administrated 5 dosages of Resident #4. Resident #4 had been a restacility. On the admission Microstacility. On the admission Microstacility in the physician ordered and performed and perform	eview, the facility staff tts receive treatment I residents as If administering a Levaquin, even ergic to this antibiotic p the administration iotic, Levaquin, even cumented as being the facility staff this antibiotic to ident in the nursing IDS (Minimum Data ent Reference Date) ent as having a BIMS tatus) score of 2 out tesident #4 was coded tance of 1 staff ersonal hygiene and I or 2 staff members linical record review cord 12/12/19. On ered an antibiotic,) 1 po (by mouth) e December, 2018 ation Record), the as documented by the rk for the dates of	F	684				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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495349 B WING				12	/12/2019		
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE O HOLSTON RD		
CARRING	TON PLACE AT WYTHE	VILLE - BIRDMONT CENTER			YTHEVILLE, VA 24382		
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F 684	Continued From page	3	F	684			
	<i>'</i> -	e facility marked the box with	•				
		ts the medication was not	i				
		esident for this date at 9 am.					i
		esident for this date at 9 ans.		i			i
	The surveyor reviews	ed the face choot for					:
		2/19. Under the section of		÷			1
		documentation that listed	t				,
		an allergy of this resident.		i			i
		and January 2019 MAR was		1			1
		quin" was noted to be as	•	1			
		s that the resident was					
	allergic to.	is that the resident mas					:
	anorgio to:						
	12/31/18 for Residen	cation Form" dated for t #4 stated the following:					
	"Pharmacy called and		i				1
		rofloxin and resident is					1
		vaquin. Please advise." On	:				!
	the bottom of this "Nu	rsing Communication Form"					
		d the following: "tolerating,	į				
		ine) remove allergy" with the	1				¦
		on the bottom of this form,					
	This signature also ha	ad a date of 1/2/19.	•				
	The administrator red	gional director of clinical	:				
		V (director of nursing) were	1				j
		documented findings on		Į			1
	12/12/19 at approxim			:			<u> </u>
		or asked the DON what her	'	;			<u> </u>
	expectation of the nu		;				:
		order for a resident. The					•
		ould look and see if the					
		to this particular medication.	:				
		expect the nurses to call the	1				
		otify him of this information	1				
		nedication would work	,				
		/she just ordered." The					
		DON could tell if this had	· -				
		uation. The DON stated, "I					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A.E		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	495349 B WING				C 12/12/2019	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 980 HOLSTON RD WYTHEVILLE, VA 24382	1 12/12/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 842	and received the facili "Administering Medic9. The following inf for each resident prio medications: a. Aller No further information surveyor prior to the exestdent Records - Ic CFR(s): 483.20(f)(5), §483.20(f)(5) Resident (i) A facility may not resident-identifiable to accordance with a coagrees not to use or except to the extent the do so. §483.70(i) Medical resident must maintain medical that are- (i) Complete; (ii) Accurately docume (iii) Readily accessible (iv) Systematically org. §483.70(i)(2) The facial information contain regardless of the form records, except when (i) To the individual, o	s." The surveyor requested ity's policy titled, ations" which read in part, "ormation is checked/verified r to administering gies to medications" It was provided to the exit conference on 12/12/19. Identifiable Information 483.70(i)(1)-(5) Int-identifiable information, elease information that is to the public, lease information that is to an agent only in intract under which the agent disclose the information ine facility itself is permitted cords. It denotes the information in the facility itself is permitted cords. It is and practices, the facility if records on each resident in the resident's records, it or storage method of the release is-	F 684	F842- Resident Records- Identifiable Information 1.Resident #3 discharged from facility of 08/01/2019.	esidents re there dings. I ctor of ongings ch items ct ventory ed c weekly eekly ported d as	

F 842 Continued From page 5 (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.505; (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 by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (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. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (iii) 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;	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER DESCRIPTION PLACE AT WYTHEVILLE - BIRDMONT CENTER CAPID PRETRY (EACH OFFICIANCY MUST BE PRECEDED BY FULL TAKE THE PROVIDER'S PLAN OF CORRECTION RESOLUTION OF ALSO EXHIPPING INFORMATION) F 842 Continued From page 5 [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, regard donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. \$483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. \$483.70(i)(4) Medical records must be retained for (ii) For aminor, 3 years after a resident reaches legal age under State law. \$483.70(i)(5) The medical record must contain-(i) Sufficient information to identify the resident; (iii) 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;			405240	5			С	
ARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER (ACH)D PREENT TAG (CH)D PREENT TAG			495349	B. WING			12/	/12/2019
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 842 Continued From page 5 (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, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. § 483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. § 483.70(i)(4) Medical records must be retained for- (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. § 483.70(i)(5) The medical record must contain- (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;			VILLE - BIRDMONT CENTER		990 HOLSTON RD	E		
(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, or gan donation purposes, research purposes, or to corners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (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. §483.70(i)(5) The medical record must contain- (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;	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREF	IX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BI		COMPLETION
(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. This REQUIREMENT is not met as evidenced by:	F 842	(ii) Required by Law; (iii) For treatment, pay operations, as permit with 45 CFR 164.506 (iv) For public health is neglect, or domestic of activities, judicial and law enforcement purp purposes, research p medical examiners, for a serious threat to he by and in compliance §483.70(i)(3) The fact record information ag unauthorized use. §483.70(i)(4) Medical for- (ii) The period of time (iii) Five years from the there is no requireme (iii) For a minor, 3 year legal age under State §483.70(i)(5) The med (ii) Sufficient information (iii) A record of the res (iii) The comprehension provided; (iv) The results of any and resident review edeterminations condu (v) Physician's, nurse' professional's progres (vi) Laboratory, radiologs ervices reports as re This REQUIREMENT	yment, or health care ted by and in compliance cativities, reporting of abuse, violence, health oversight administrative proceedings, tooses, organ donation turposes, or to coroners, tureral directors, and to avert alth or safety as permitted with 45 CFR 164.512. Ility must safeguard medical ainst loss, destruction, or records must be retained required by State law; or a date of discharge when not in State law; or ars after a resident reaches law. Idical record must contain- ton to identify the resident; ident's assessments; we plan of care and services preadmission screening valuations and cted by the State; s, and other licensed as notes; and agy and other diagnostic quired under §483.50.		842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
						С		
495349			B. WING				12/	12/2019
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER			990	REET ADDRESS, CITY, STATE, ZIP CODE HOLSTON RD THEVILLE, VA 24382				
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR I	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE		(XS) COMPLETION DATE	
F 842	Based on interviews, review of documents, and in the course of a complaint investigation, it was determined the facility staff failed to ensure complete and accurate clinical records for one (1) of four (4) sampled residents (Resident #3).		F	842				
	The findings include:			i				
	The facility staff failed to ensure Resident #3's personal property clinical documentation was complete and accurate. Resident #3's stay at the facility was less than 14		1	l I				
	days. Resident #3's assessment-return no set (MDS) assessment assessment assessed as requiring mobility, transfers, ear requiring limited assist personal hygiene. Reas continent of bowel diagnoses included, but assessment as continent of set as c	Discharge of anticipated" minimum data of the resident g supervision with bed ting, and toilet use and as oftance with dressing and esident #3 was documented and bladder. Resident #3's	i i					
	Resident #3's clinical form titled "NEW ADM form had an area to decertain items of personal the facility; the items were not limited to: g (uppers and/or lowers signature for the "Residut there was no door	documentation included a MISSION CHECKLIST". The ocument whether or not nal property was brought to in this area included, but lasses and dentures i). This form had a ident or Responsible Party"						
		RESIDENT'S VALUABLES led to the survey team; no					:	

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 495349 B WING 12/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 990 HOLSTON RD CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER WYTHEVILLE, VA 24382 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 842 | Continued From page 7 F 842 evidence of Resident #3 having this form completed was found by or provided to the survey team. A blank copy of the "DISPOSITION OF RESIDENT'S BELONGINGS AT TIME OF DISCHARGE" from was provided to the survey team; no evidence of Resident #3 having this form completed was found by or provided to the survey team The following information was found in a facility policy titled "Personal Property" (this policy had no date): "The resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished." A concern related to Resident #3's allegedly missing personal property was discussed with the facility's Director of Nursing (DON) on 12/12/19 at 9:45 a.m. The DON was unaware of the allegation of Resident #3 having personal property missing. The DON acknowledged Resident #3's personal belongings inventory sheet should have been completed at discharge but wasn't. No documentation of Resident #3's personal belongings being inventoried on admission or at the time of discharge was provided to the survey team prior to exit. This is a complaint deficiency