

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

PRINTED: 01/24/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/23/2020
NAME OF PROVIDER OR SUPPLIER  DINWIDDIE HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23803		
(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	
E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 01/21/2020 through 01/23/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted on 1/21/2020 through 1/23/2020. No complaints were investigated. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. The Life Safety Code survey/report will follow.  The census in this 80 certified bed facility was 68 at the time of the survey. The survey sample consisted of 14 current Resident reviews and three closed record reviews.	F 000			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, and staff interview, the facility staff failed to provide assistive devices to prevent accidents for one of 17 in the survey sample. Resident #202.	F 689	1. Director of Nursing implemented fall mats per care plan. Resident #202 experienced no negative outcomes.  2. Any resident has the potential to be effected if fall mats are not implemented per physician orders. Audit completed to identify residents with fall mat orders, no other residents have been identified to not have fall mats in place according to care plan and physician orders.  3. Nursing staff will be educated on this standard to ensure compliance for all fall mats to be in place as indicated per the residents care plan.  4. Director of nursing or designee will conduct random rounds of residents with fall mats care planned to ensure proper placement (weekly 5 times a week by four weeks, then weekly for two months )	02/13/2020	

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*Kenneth M. Byers*

TITLE  
Administrator

(X6) DATE  
01/31/2020

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495398	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/23/2020
NAME OF PROVIDER OR SUPPLIER  DINWIDDIE HEALTH AND REHAB CENTER			STREET ADDRESS CITY, STATE, ZIP CODE 48 DIAMOND DRIVE PETERSBURG, VA 23803		
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F 689	<p>Continued From page 1</p> <p>Resident #202 was observed without fall mats to each side of the bed per physician orders and care plan interventions.</p> <p>The findings include:</p> <p>Resident #202 was admitted to the facility on 01/07/2020 with diagnoses that included hospice encounter, heart disease, hyperlipidemia, congestive heart failure, sleep apnea, chronic kidney disease - stage 3, and chronic obstructive pulmonary disease (COPD).</p> <p>The most recent minimum data set (MDS) dated 01/14/2020 which was the admission assessment assessed Resident #202 as moderately impaired for daily decision making with a score of 12 out of 15. Under section G, Functional Status of the MDS, Resident #202 was assessed as total dependent with two person physical assistance for transfers; extensive assistance with one person physical assistance for bed mobility, dressing, hygiene, and locomotion.</p> <p>On 01/21/2020 at 10:45 a.m. Resident #202 was observed laying in the bed asleep. No fall mats were observed at this time. On 01/21/2020 at 1:45 p.m., Resident #202 was observed laying in the bed asleep. No fall mats were observed at this time.</p> <p>On 01/22/2020 at 7:15 a.m., Resident #202's electronic clinical record was reviewed. Observed on the physician orders was the following order: "Fall mats utilized while in bed every shift for Prophylaxis, Order Date 01/08/2020, Start Date 01/08/2020."</p> <p>A review of Resident #202's care plans</p>	F 689	5. Director of nursing or designee will review audit findings, and report to the QAPI committee monthly times three. For further analysis and recommendations.		

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NAME OF PROVIDER OR SUPPLIER  DINWIDDIE HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23803		
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F 689	<p>Continued From page 2</p> <p>documented the following: "Is at risk for falls; deconditioning and general decline dx (diagnoses) ARF (acute renal failure) with hypoxia and COPD - admitted to Hospice Services .... Interventions: ...Fall mats while in bed .... Date Initiated 01/07/2020, Revised 01/15/2020 ...."</p> <p>A review of the "Fall Risk Assessment, dated 01/07/2020" assessed #Resident #202 as a moderate fall risk. The assessment documented a history of 1-2 falls within the last six months. Under the "Gait Analysis" section of the assessment, Resident #202 was assessed as "unable to independently come to a standing position, exhibits loss of balance while standing, and requires hands-on assistance to move from place to place."</p> <p>On 01/22/2020 at 7:45 a.m., Resident #202 was observed laying in the bed. No fall mats were observed at this time.</p> <p>On 10:10 a.m., Resident #202 was observed laying in the bed watching television, with no fall mats in place. Resident #202 was interviewed at this time regarding his stay at the facility. Resident #202 stated he had been at the facility a few days and he was not doing too well. Resident #202 was asked if he required assistance getting up for transfers and/or walking. Resident #202 stated he mostly felt weak and tired and that he preferred to lay in the bed and just rest. Resident #202 continued and stated the "girls come in to help me get up and help me move around."</p> <p>On 01/22/2020 at 10:30 a.m., the certified nursing assistance (CNA #1) who routinely provided</p>	F 689			

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NAME OF PROVIDER OR SUPPLIER  DINWIDDIE HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23903
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assistance to Resident #202 was interviewed regarding safety interventions including the use of fall mats. CNA #1 stated "he (Resident #202) is on hospice and I'm not aware of hospice or anyone else saying he needs fall mats." CNA #1 continued and stated "he doesn't get up, he lays in the bed most of the time because he is weak."

On 01/22/2020 at 3:00 p.m., the director of nursing (DON) was interviewed regarding how it was communicated to staff if a resident required safety devices such as fall mats. The DON stated the intervention would show on the care plan and then transfer/print on the Kardex for the staff which the CNA reviews for the resident's care needs.

On 01/22/2020 at 3:35 p.m., the above findings were discussed with the facility administrator, the director of nursing (DON) and the nurse consultant.

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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0387	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/23/2020
NAME OF PROVIDER OR SUPPLIER  DINWIDDIE HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 46 DIAMOND DRIVE PETERSBURG, VA 23803		
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F 000	Initial Comments  An unannounced biennial State Licensure inspection was conducted on 1/21/2020 through 1/23/2020. The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities.  The census in this 60 bed facility was 56 at the time of the survey. The survey sample consisted of 14 current Resident reviews and three closed record reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in compliance with the following Regulations for the Licensure of Nursing Facilities:  12VAC5-371-220 Nursing Services 12VAC5-371-220(A) Cross Reference to F-689	F 001	12VAC5-371-220 Nursing Services 12VAC5-371-220(A) Cross Reference to F-689 Please cross reference to Plan of Correction for F-689.	02/13/2020

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TITLE

(X5) DATE

*Reemata M. Am...*

Administrator

01/31/2020