

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

PRINTED: 03/06/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/29/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKE PRINCE WOODS, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 ANNA GOODE WAY SUFFOLK, VA 23434</b>		
(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	
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 8/27/19 through 8/29/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. ne complaint was investigated during this survey. The Life Safety survey/report will follow.  The census in this 40 certified bed facility was 26 at the time of the survey. The survey sample consisted of 12 current Resident reviews and 3 closed record reviews.	F 000			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that---  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and	F 758		8/30/19	

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

TITLE

(X6) DATE

Electronically Signed

10/01/2019

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 758	<p>Continued From page 1</p> <p>behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to ensure that a 1 of 15 residents in the survey sample was free from administration of an unnecessary psychotropic medication. (Resident #16)</p> <p>The findings included:</p> <p>The facility staff failed to have a 14 day stop date on the use of Ativan that was ordered by the physician for Resident #16.</p> <p>Resident #16 was readmitted to the facility on</p>	F 758	<p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Lake Prince Woods of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the</p>		

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F 758	<p>Continued From page 2</p> <p>7/25/19 with the following diagnosis of, but not limited to anemia, cancer, atrial fibrillation, blood clot, cirrhosis, anxiety disorder and urinary tract infection. On the admission, MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 8/1/19 coded the resident as having a BIMS (Brief Interview for Mental Status) score of 14 out of a possible score of 15. Resident #16 was also coded as requiring extensive assistance of 1 staff member for dressing, personal hygiene and bathing.</p> <p>During the clinical record review on 8/29/19 by the surveyor, it was noted that the physician ordered Ativan 2 mg/ml (milligram/milliliter) 0.25 ml as needed every four hours for anxiety. This order was written on 7/29/19. There was not a stop date provided for the medication to be given for 14 days and then be re-evaluated by the physician to assess if the resident would need continued need of this medication or if this needed to be discontinued.</p> <p>The surveyor notified the DON (Director of Nursing) of the above documented findings on 8/29/19 at 11:13 am. The DON stated that the order for the Ativan was received when the resident was admitted to hospice services and the thinking of not having a stop date for the Ativan was "OK because the resident was in Hospice."</p> <p>No further information was provided to the surveyor prior to the exit conference on 8/29/19.</p>	F 758	<p>survey date, and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance.</p> <p>Prefix Tag: F758 483.45(c)(3)-(1)-(5) It is the intent of this facility to ensure that residents remain free from administration of an unnecessary psychotropic medication and to ensure that medication orders for PRN psychotropic medications are renewed every 14 days.</p> <p>1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice The Director of Nursing, received an order from the hospice physician, on August 29, 2019 to discontinue Resident #16 PRN psychotropic medication for nonuse. The Director of Nursing met with representatives from hospice on August 30, 2019, to review the citation and approved not having this type of order unless a resident is actively using the medication.</p> <p>2) How the facility will identify other residents having the potential to be affected by the same deficient practice</p>		

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F 758	Continued From page 3	F 758	<p>The Director of Nursing, on August 29, 2019, reviewed PRN psychotropic medication orders for all residents using the Medication Administration Records to assure compliance. No discrepancies were identified.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur The Director of Nursing met with hospice representatives, on August 30, 2019 and discussed the regulation pertaining to the PRN psychotropic use All of the nurses who work in health care were educated on August 29, 2019 on the regulation/requirement to renew PRN psychotropic medication every 14 days. Nurses upon hire will receive training on the regulation requiring PRN psychotropic renewal with a new order every 14 days. If medication has not been given, order should be discontinued. . A monitoring tool was developed to monitor compliance with the 14 day stop date (attached) and to provide information on non-use of the PRN psychotropic for orders not to be renewed. The Director of Nursing will oversee monitoring daily for 1 month, then weekly for 3 months, then bi-weekly for 4 months and monthly for 4 months.</p> <p>4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed.</p>		

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F 758	Continued From page 4	F 758	These corrective measures will be monitored by the Director of Nursing with oversight by the Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Director of Nursing will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness for a minimum of 12 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner.		