

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

PRINTED: 02/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2020
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NAME OF PROVIDER OR SUPPLIER

BATTLEFIELD PARK HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

250 FLANK ROAD
PETERSBURG, VA 23805

(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 Abbreviated survey was conducted 2/11/2020 through 2/12/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.	F 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review and clinical record review the facility staff failed to accurately code an MDS (minimum data set) assessment for two Residents (Resident #4 and Resident #2) in a survey sample of 4 Residents. The findings included: 1. For Resident # 4, the facility staff failed to assess the Resident's cognitive functioning. Resident #4 was a 67 year old who was admitted to the facility in 2018. Resident # 4's diagnoses included but were not limited to Dysphagia, Dementia, Psychosis, Seizures, Atrial Fibrillation, Transient Ischemic Attack, Hypertension and Cerebral Infarction.	F 641	F-641 1.) Resident #4 and #2 cognitive patterns evaluated and completed, if changes identified then care plan revision(s) completed. 2.) MDS Coordinator/designee to review current resident's most recent assessments to identify residents that have the potential to be affected. If any resident assessments identified with dashes in Section C, resident's cognitive pattern evaluated and documented in resident's chart. 3.) Regional Resident Care Coordinator re-educated MDS staff on the timely completion of interviews in Section C per the RAI manual.	

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

TITLE

(X6) DATE

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 641	<p>Continued From page 1</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 1/8/2020 was reviewed. Resident # 4 did not have the cognitive assessment assessed. Resident # 1 was coded as requiring total assistance of one staff person for Activities of Daily Living (ADLs).</p> <p>Review of the Clinical record was conducted on 2/12/2020.</p> <p>Review of the Minimum Data Set Assessment revealed Resident # 4 was not assessed for cognitive functioning on this assessment on 1/8/2020.</p> <p>Review of Resident #4's MDS with an ARD of 1/8/2020 revealed that in section C, items C0100-C0500, the Resident interview had not been conducted and a dash (-) had been entered. Review of section C, questions C0600-C1000, also had a dash (-) entered. Questions C0600-C1000 are in regards to a staff assessment for mental status.</p> <p>2. For Resident # 2, the facility staff failed to assess the Resident's cognitive functioning on the Minimum Data Set Quarterly Assessment on 1/22/2020.</p> <p>Resident #2 was a 58 year old who was admitted to the facility in 2018. Resident # 2's diagnoses included but were not limited to Cerebral Infarction.</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date</p>	F 641	<p>4.) Resident Assessment Coordinator and/or designee to audit Section C of ten MDS assessments weekly x 3 weeks then ten MDS Section C assessments monthly x 3 months with results presented to QAPI Committee for review and recommendations.</p> <p>5.) 3/17/2020.</p>		

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F 641	<p>Continued From page 1</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 1/8/2020 was reviewed. Resident # 4 did not have the cognitive assessment assessed. Resident # 1 was coded as requiring total assistance of one staff person for Activities of Daily Living (ADLs).</p> <p>Review of the Clinical record was conducted on 2/12/2020.</p> <p>Review of the Minimum Data Set Assessment revealed Resident # 4 was not assessed for cognitive functioning on this assessment on 1/8/2020.</p> <p>Review of Resident #4's MDS with an ARD of 1/8/2020 revealed that in section C, items C0100-C0500, the Resident interview had not been conducted and a dash (-) had been entered. Review of section C, questions C0600-C1000, also had a dash (-) entered. Questions C0600-C1000 are in regards to a staff assessment for mental status.</p> <p>2. For Resident # 2, the facility staff failed to assess the Resident's cognitive functioning on the Minimum Data Set Quarterly Assessment on 1/22/2020.</p> <p>Resident #2 was a 58 year old who was admitted to the facility in 2018. Resident # 2's diagnoses included but were not limited to Cerebral Infarction.</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date</p>	F 641			

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F 641	<p>Continued From page 3</p> <p>"Almost all MDS 3.0 items allow a dash (-) value to be entered and submitted to the MDS QIES ASAP system. - A dash value indicates that an item was not assessed. This most often occurs when a resident is discharged before the item could be assessed."</p> <p>CMS's RAI Version 3.0 Manual CH 3: Overview of Guide to MDS Items page C2 read, "Coding Tips: Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and is not contingent upon item B0700, Makes Self Understood. the resident interview was not conducted within the look-back period (preferably the day before or the day of) the ARD, item C0100 must be coded 1, Yes, and the standard "no information" code (a dash "-") entered in the resident interview items. Do not complete the Staff Assessment for Mental Status items (C0700-C1000) if the resident interview should have been conducted, but was not done."</p> <p>During the end of day debriefing on 2/12/2020, the facility Administrator and Director of Nursing were informed of the findings.</p> <p>No further information was provided.</p>	F 641			
F 693 SS=E	<p>Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p>	F 693	<p>F-693</p> <ol style="list-style-type: none"> 1.) Medication error form completed for resident #1 with RP and MD notification of medication not administered timely. Resident experienced no adverse effects. 2.) Current residents requiring tube feeding administration reviewed to identify those that have the potential to be affected. 		

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F 693	<p>Continued From page 4</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility documentation review and in the course of a complaint investigation, the facility staff failed to ensure physician ordered enteral feeding water flushes and enteral feeding checks for residuals were administered timely for one resident (Resident #1) in a survey sample of 4 residents. This happened on multiple occasions.</p> <p>The Findings included:</p> <p>1. For Resident #1, the facility staff failed to administer physician ordered PEG tube water flushes, and enteral feeding checks for residual timely as ordered. This happened on multiple occasions.</p> <p>Resident #1 was a 64 year old who was admitted to the facility on 11/8/18. Resident #1's diagnoses included but were not limited to Cerebral Infarction, Aphasia, Dysphagia, Chronic Kidney Disease, Hypertension and Major Depressive</p>	F 693	<p>3.) All licensed nurses re-educated by DON/ADON on 6 rights of medication administration with emphasis on timely/accurate medication administration and documentation.</p> <p>4.) Director of Nursing/ designee to audit MARs and documented time of administration on 5 residents regarding tube feeding to ensure compliance 3x a week x 3 weeks then monthly x 3 months with results presented to QAPI Committee for review and recommendations.</p> <p>5.) 3/17/2020.</p>		

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F 693	<p>Continued From page 5 Disorder.</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 12/23/19 was reviewed. Resident #1 was coded as having severe cognitive impairment. Resident # 1 was coded as requiring total assistance of one to two staff persons for Activities of Daily Living (ADLs).</p> <p>Review of the clinical record was conducted on 2/11/2020 and 2/12/2020</p> <p>Resident #1's signed physician orders read:</p> <p>"Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director). D/C 2/1/2020 "</p> <p>"Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours D/C 2/1/2020"</p> <p>According to review of the Medication Administration Records for November 2019 through February 2020, the water flushes and checks for residual were not administered timely as ordered by the physician on several occasions.</p> <p>Review of the Medication Admin Audit Report from 11/1/2019-2/11/2020 of only late administration greater than 1 hour after scheduled time revealed 62 pages of instances of medications administered late indicating outside the one hour window of acceptable administration. There were 7 medications on each of the first 61 pages and 4 on the last page</p>	F 693			

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F 693	<p>Continued From page 6</p> <p>equaling 431 times that medications were administered past the one hour time of acceptable range.</p> <p>Thorough review revealed documentation of several instances where Enteral Feed orders for flushes and Enteral Feed order to check for residual were administered more than one hour after the scheduled time of administration. There were many instances of more than an hour and a half past the time of scheduled administration.</p> <p>Some examples of late administration included but were not limited to:</p> <p>On 11/19/2019 due at 12 noon, Administered at 14:24 (2:24 PM), Page 13 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 11/7/2019 due at 9:00 AM, administered at 11:29 AM, Page 8 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 11/9/2019 due at 9:00 AM, administered at 11:07 AM, Page 10 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 11/23/2019 due 12 noon, administered at 14:27 (2:27 PM), Page 15 of 62 Enteral Feed Order every 6 hours Flush PEG</p>	F 693			

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F 693	<p>Continued From page 7 tube with 200 milliliters of water every 6 hours</p> <p>On 11/24/2029 due at 9:00 AM, administered at 10:50 AM, Page 15 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 11/24/2019 due at 12 noon, Administered at 14:11 (2:11 PM) Page 16 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 11/24/2019 due at 6:00 PM, Administered at 19:59 (7:59 PM) Page 40 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 11/24/2019 due at 9:00 AM administered at 11:14 AM Toujeo SoloStar Pen-Injector 300 units per milliliter (Insulin Glargine) inject 100 units subcutaneously one time a day for Type 1 Diabetes</p> <p>On 11/24/2019 due at 12:00 noon, administered at 14:11 (2:11 PM) on Page 16 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 12/4.2019 Due at 9:00 AM Administered at 11:01 AM, Page 20 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if</p>	F 693		

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F 693	<p>Continued From page 8 still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 12/6/2019 Medications due at 9:00 AM, Administered 10:49 AM, Page 20 of 62 Toujeo SoloStar Pen-Injector 300 units per milliliter (Insulin Glargine) inject 100 units subcutaneously one time a day for Type 1 Diabetes</p> <p>On 12/6/2019 due at 9:00 AM, Administered 11:09 AM, Page 21 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 12/8/2019 due at 12 noon Administered at 14:05 (2:05 PM), Page 23 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 12/10/2019 due at 12 noon Administered at 13:56 (1:56 PM), Page 23 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 12/22/2019 due at 9:00 AM, administered at 11:50 AM, Page 26 & 27 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 12/26/2019 due at 5 PM, administered 7:03 PM on Page 43 of 62</p>	F 693		

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F 693	<p>Continued From page 9</p> <p>Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 12/29/2019 due at 12 noon Administered at 13:48 (1:48 PM), Page 30 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 12/30/2019 due at 12 noon Administered at 13:55 (1:55 PM), Page 30 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 12/31/2019 due at 12:00 (noon), Administered at 13:25 PM, Page 31 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 1/2/2020 due at 12 noon, Administered at 14:14 (2:14 PM), Page 1 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 1/5/2020 due at 12 midnight, Administered at 03:54 (3:54 AM) Page 44 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 1/6/2020 due at 1:00 A, Administered at 03:11 (3:11 AM) Page 45 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p>	F 693			

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F 693	<p>Continued From page 10</p> <p>On 1/8/2020 due at 12 midnight, Administered at 02:03 (2:03 AM) Page 45 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 1/7 2020 due at 12 noon, Administered at 14:03 (2:03 PM), Page 2 of 62 Enteral Feed Order every 6 hours Flush PEG tube with 200 milliliters of water every 6 hours</p> <p>On 1/11/2020 due at 5 PM, administered at 7:03 PM on Page 33 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 1/29/2020 due at 1:00 AM, Administered at 02:56 (2:56 AM) Page 50 of 62 Enteral Feed Order every 4 hours for PEG tube. Check for residual, if residual is 100 ml (milliliters) or more hold feeding for 4 hours and recheck, if still greater than 100 milliliters, continue to hold and notify MD (medical director)</p> <p>On 2/11/2020 at 3:00 PM, an interview was conducted with LPN (Licensed Practical Nurse) B who stated the nurses look at the Medication Administration Record to determine the times medications are scheduled to be administered. LPN B' stated medications should be administered within one hour before or after the scheduled time of administration.</p> <p>On 2/12/2020, a review was conducted of facility documentation, revealing a Nursing Policy dated 4/29/2014, Revised 8/12/2016 and reviewed 8/12/2016. An excerpt read: "A</p>	F 693		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BATTLEFIELD PARK HEALTHCARE CENTER

**250 FLANK ROAD
PETERSBURG, VA 23805**

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F 693	Continued From page 11 physician/provider order is required to include solution, amount, frequency, rate, intermittent stop times and flushing procedures. A licensed nurse will administer nutritional feeding and care for the enteral tube. On 2/12/2020 at approximately 4:05 P.M., an interview was conducted with the Director of Nursing (DON Employee B). She was unable to state why tube feeding flushes and residual checks had not been administered timely. The Director of Nursing stated medications should be administered as ordered by the physician. The Director of Nursing stated the nurses should follow the rights of medication administration at all times and document immediately after administration of medications. On 2/12/2020 during the end of day debriefing, the facility Administrator and Director of Nursing were informed of the late administration of medications several times during the months reviewed.	F 693		
F 712 SS=D	No further information was received. Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.	F 712	F-712 1.) The facility obtained a physician visit on Resident #4. 2.) Current residents chart were reviewed to identify any resident that have the potential to be affected and ensure timely physician visit.	

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F 712	<p>Continued From page 12</p> <p>§483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.</p> <p>§483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review and facility documentation review and in the course of a complaint investigation, the facility staff failed to ensure timely physician visits for one resident (Resident # 4) in a survey sample of 4 residents.</p> <p>The Findings included:</p> <p>For Resident # 4, the facility staff did not ensure visits every 60 days. There were 89, 92 and 86 days between visits.</p> <p>Resident #4 was a 67 year old who was admitted to the facility in 2018. Resident # 4's diagnoses included but were not limited to Dysphagia, Dementia, Psychosis, Seizures, Atrial Fibrillation, Transient Ischemic Attack, Hypertension and Cerebral Infarction.</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 1/8/2020 was reviewed. Resident # 4 did not have the cognitive assessment assessed. Resident # 4 was coded as requiring total assistance of one staff person for Activities of Daily Living (ADLs).</p>	F 712	<p>3.) Executive Director educated Medical Director on timely physician visits per regulatory standards.</p> <p>4.) Medical records/ designee to audit 5 charts to ensure compliance 3x a week x 3 weeks then monthly x 3 months with results presented to QAPI Committee for review and recommendations.</p> <p>5.) 3/17/2020.</p>		

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F 712	<p>Continued From page 13</p> <p>Review of the Clinical record was conducted on 2/12/2020.</p> <p>Review of Physicians Progress Notes and Nurse Practitioner Progress Notes revealed visits for Resident # 4 were more than 60 days between visits three times between March 2019 and February 2020.</p> <p>The dates of visits by the Physician or Nurse Practitioner were:</p> <p>3/19/2019 6/16/2019 -89 days since previous visit. 7/22/2019 10/22/19--92 days 10/23/2019 1/17/2020-86 days 1/31/2020 2/1/2020 2/3/2020 2/4/2020 2/10/2020</p> <p>There were 89 days between the 3/19/2019 and 6/16/2019 visits. There were 92 days between the 7/22/2019 and 10/22/2019 visits. There were 86 days between the 10/23/2018 and 1/17/2020 visits.</p> <p>On 2/12/2020 at approximately 3:35 PM, an interview was conducted with the Director of Nursing who stated all of the Physician visits were in the electronic clinical record. The Director of Nursing stated Physician visits should be timely.</p> <p>During the end of day debriefing, the</p>	F 712		

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F 712	Continued From page 14 Administrator and Director of Nursing were informed of the failure of the Physician or Nurse Practitioner to visit the resident every 60 days. The Administrator and Director of Nursing stated the Physician or Nurse Practitioner should visit timely, at least every 60 days.	F 712		
F 760 SS=E	No further information was provided. Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility documentation review and in the course of a complaint investigation, the facility staff failed to ensure one Resident (Resident # 1) in a survey sample of 4 residents was free of significant medication errors. This happened multiple times. The Findings Included: For Resident # 1, the facility staff failed to administer Diabetic Medication and blood pressure medications as ordered by the physician. This happened multiple times. Resident #1 was a 64 year old who was admitted to the facility on 11/8/18. Resident #1's diagnoses included but were not limited to Cerebral Infarction, Aphasia, Dysphagia, Chronic Kidney Disease, Hypertension and Major Depressive Disorder.	F 760	F-760 1.) Medication error form completed for resident #1 with RP and MD notification of medication not administered timely. Resident experienced no adverse effects. 2.) Current residents requiring insulin and medication via PEG administration reviewed to identify those that have the potential to be affected. 3.) All licensed nurses re-educated by DON/ADON on 6 rights of medication administration with emphasis on timely/accurate medication administration and documentation. 4.) Director of Nursing/designee to audit MARs and documented time of administration on 5 residents regarding tube feeding to ensure compliance 3x a week x 3 weeks then monthly x 3 months with results presented to QAPI Committee for review and recommendations. 5.) 3/17/2020.	

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F 760	<p>Continued From page 15</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 12/23/19 was reviewed. Resident #1 was coded as having severe cognitive impairment. Resident # 1 was coded as requiring total assistance of one to two staff persons for Activities of Daily Living (ADLs).</p> <p>Review of the clinical record was conducted on 2/11/2020 and 2/12/2020.</p> <p>Review of the Physicians Orders revealed orders for medications for Diabetes and Hypertension.</p> <p>2/12/2020 at 11 AM-Review of the Medication Administration Record revealed check marks for each dose of insulin administered. The Checkmarks indicated the medication had been administered. Review of the Medication Administration Record entitled Location of Administration Report for 2/1/2020 thru 2/29/2020 page 1 of 1 revealed documentation of the location of where insulin injections were administered and the actual times administered.</p> <p>Insulin Glargine inject 15 unit subcutaneously two times a day for Hyperglycemia- D/C Date 2/11/2020 at 2300 (11 PM)</p> <p>Insulin Glargine 2/9/2020 scheduled at 8 am.- Given at 11:04 AM (3 hours late)</p> <p>Next dose due 2/9/2020 scheduled at 5 PM, Given at 16:04- on time but only 5 hours after last dose given.</p> <p>Review of the clinical record including Nurses Notes revealed no documentation that the Physician was notified of insulin not being given timely and 3 hours after time scheduled on 2/9/2020.</p>	F 760		

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F 760	<p>Continued From page 16</p> <p>Further review of the clinical record revealed valid orders for Medications for Diabetes-</p> <p>Toujeo SoloStar Solution Pen-injector 300 units per milliliters give 100 units subcutaneously one time a day 9 AM.</p> <p>Trulicity Pen-Injector 1.5 milligrams per 0.5 milliliters inject 1.5 milligrams subcutaneously in the morning every Friday 9 AM.</p> <p>Valid orders for Medications for Hypertension included: Losartan 100 milligrams give 1 tablet via PEG tube one time a day for hypertension Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>Review of the Medication Administration Record revealed documentation of late administration of medications to include:</p> <p>On 11/7/2019 the 9:00 AM medications were documented as administered at 11:29 AM, Page 8 of 62 Losartan 100 milligrams give 1 tablet via PEG tube one time a day for hypertension Toujeo SoloStar Pen-Injector 300 units per milliliter (Insulin Glargine) inject 100 units subcutaneously one time a day for Type 1 Diabetes Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>On 11/9/2019 the 9:00 AM medications, administered at between 11:07- 11:10 AM, Page 10 of 62 Losartan 100 milligrams give 1 tablet via PEG tube one time a day for hypertension</p>	F 760		

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F 760	<p>Continued From page 17</p> <p>Toujeo SoloStar Pen-Injector 300 units per milliliter (Insulin Glargine) inject 100 units subcutaneously one time a day for Type 1 Diabetes</p> <p>Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>On 11/24/2019 the 9:00 AM meds administered between 10:47-10:50 AM, Page 15 of 62</p> <p>Losartan 100 milligrams give 1 tablet via PEG tube one time a day for hypertension</p> <p>Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>On 11/24/2019 due at 9:00 AM administered at 11:14 AM</p> <p>Toujeo SoloStar Pen-Injector 300 units per milliliter (Insulin Glargine) inject 100 units subcutaneously one time a day for Type 1 Diabetes</p> <p>On 11/29/2019 9:00 AM meds administered at 11:44 and 11:45 AM on Page 17 of 62</p> <p>Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>Toujeo SoloStar Pen-Injector 300 units per milliliter (Insulin Glargine) inject 100 units subcutaneously one time a day for Type 1 Diabetes</p> <p>Losartan 100 milligrams give 1 tablet via PEG tube one time a day for hypertension</p> <p>Trulicity Pen-Injector 1.5 milligrams per 0.5 milliliters inject 1.5 milligrams subcutaneously in the morning every Friday 9 AM.</p> <p>On 12/6/2019 Medications due at 9:00 AM, Administered 10:49 AM, Page 20 of 62</p> <p>Toujeo SoloStar Pen-Injector 300 units per</p>	F 760		

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F 760	<p>Continued From page 18</p> <p>milliliter (Insulin Glargine) inject 100 units subcutaneously one time a day for Type 1 Diabetes</p> <p>On 12/6/2019 Medications due at 9:00 AM, Administered 11:09- 11:13 AM, Page 20 of 62 Losartan 100 milligrams give 1 tablet via PEG tube one time a day for hypertension Trulicity Pen-Injector 1.5 milligrams per 0.5 milliliters inject 1.5 milligrams subcutaneously in the morning every Friday 9 AM. Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>On 12/22/2019 Medications due at 9:00 AM, administered at 11:50 AM, Page 26 & 27 of 62 Metoprolol give 50 milligrams via PEG tube two times a day Losartan 100 milligrams give 1 tablet via PEG tube one time a day for hypertension</p> <p>On 12/26/2019 Medications due at 5 PM, administered 7:00 PM-7:03 PM on Page 43 of 62 Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>On 12/27/2019 Medications due at 9 AM, administered at 11:17 AM, Page 30 of 62 Trulicity Pen-Injector 1.5 milligrams per 0.5 milliliters inject 1.5 milligrams subcutaneously in the morning every Friday 9 AM.</p> <p>On 12/31/2019 Medications due at 9 AM, Administered at 10:56 AM, Page 31 of 62 Losartan 100 milligrams give 1 tablet via PEG tube one time a day for hypertension Toujeo SoloStar Pen-Injector 300 units per milliliter (Insulin Glargine) inject 100 units subcutaneously one time a day for Type 1</p>	F 760		

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F 760	<p>Continued From page 19</p> <p>Diabetes Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>On 1/11/2020 Medications due at 5 PM, administered at 7:07 PM on Page 33 of 62 Metoprolol give 50 milligrams via PEG tube two times a day</p> <p>The Director of Nursing cited Lippincott as the resource used for professional nursing standards. Guidance was given from Lippincott, Fundamentals of Nursing, which reads: "To prevent medication errors, follow the six rights of medication administration consistently every time you administer medications. Many medication errors can be linked, in some way, to an inconsistency in adhering to these rights:</p> <ol style="list-style-type: none"> 1. The right medication 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right documentation" <p>On 2/12/2020 at 3:40 PM, an interview was conducted with the Director of Nursing who stated medications should be administered as ordered by the physician. The Director of Nursing stated the nurses should give medications on time and document immediately after administration of medications.</p> <p>During the end of day debriefing, the facility Administrator and Director of Nursing were informed of the findings.</p> <p>No further information was provided.</p> 	F 760			

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F 770 F 770 SS=D	<p>Continued From page 20</p> <p>Laboratory Services</p> <p>CFR(s): 483.50(a)(1)(i)</p> <p>§483.50(a) Laboratory Services.</p> <p>§483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>(i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review and facility documentation review and in the course of a complaint investigation, the facility staff failed to ensure Laboratory services were provided to meet the needs of one resident (Residents # 4) in a survey sample of 4 residents.</p> <p>The Findings Included:</p> <p>1. For Resident # 4, the facility staff failed to obtain a Complete Blood Count and Complete Metabolic Profile as ordered to be drawn on 2/1/2020.</p> <p>Resident #4 was a 67 year old who was admitted to the facility in 2018. Resident # 4's diagnoses included but were not limited to Dysphagia, Dementia, Psychosis, Seizures, Atrial Fibrillation, Transient Ischemic Attack, Hypertension and Cerebral Infarction.</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 1/8/2020 was reviewed. Resident # 4 did not have the cognitive assessment assessed.</p>	F 770 F 770	<p>F-770</p> <ol style="list-style-type: none"> 1.) Resident #4 labs were obtain on 2/4/2020. MD and RP were notified of the result. Resident #4 cognitive patterns evaluated and # changes identified care plan revision(s) completed. 2.) Current residents requiring labs/stat labs reviewed to identify those that have the potential to be affected. 3.) All licensed nurses educated by DON/ADON on timely lab draws. 4.) Director of Nursing/ designee to audit Labs on 5 residents regarding lab draws compliance 3x a week x 3 weeks then monthly x 3 months with results presented to QAPI Committee for review and recommendations. 5.) 3/17/2020 		

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F 770	<p>Continued From page 21</p> <p>Resident # 4 was coded as requiring total assistance of one staff person for Activities of Daily Living (ADLs).</p> <p>Review of the Clinical record was conducted on 2/12/2020.</p> <p>Review of the Nurse Practitioner's Progress Notes revealed documentation of 1/31/2020 20:50 [8:50 PM]-Nursing requested visit because vomiting tube feeding. Assessment and Plan</p> <p>Aspiration-ordered stat CXR (Chest X-ray, CBC [Complete Blood Count], CMP [Complete Metabolic Profile] tomorrow. Hold tube feeding until chest x ray resulted.</p> <p>2/1/2020 8:56 PM- Chest X ray showed Pneumonitis. Under Assessment and Plan: Aspiration Pneumonitis-CBC, CMP not resulted yet. Ordered Levaquin last night.....</p> <p>2/3/2020-12:12 PM- Assessment and Plan-Aspiration Pneumonitis-on Levaquin, labs not done ordered for tonight.....</p> <p>2/4/2020-11:57 AM- Assessment and Plan-Aspiration Pneumonitis-on Levaquin, labs not done ordered for tonight.....</p> <p>On 2/12/2020 at approximately 3:35 PM, copies of all lab results for Resident # 4 were requested.</p> <p>Review of the laboratory results revealed the blood work CMP (Comprehensive Metabolic Panel) and CBC (Complete Blood Count) were drawn 2/4/2020 at 4:33 AM, received 2/4/2020 at 12:15 PM, Reported 2/4/2020 at 2:36 PM.</p> <p>Further review of the clinical record revealed no</p>	F 770		

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F 770	<p>Continued From page 22</p> <p>documentation of the nursing staff notifying the Nurse Practitioner that the labs were not drawn on 2/1/2020 as ordered. There was no documentation on the form of the Nurse Practitioner being informed of the results. There was no signature or date documenting the results had been reviewed.</p> <p>On 2/12/2020 at 3:30 PM, an interview was conducted with the Nurse Practitioner (Employee E). Employee E stated labs were supposed to be drawn for Resident # 4 on 2/1/2020. Employee E stated she ordered the blood work along with a STAT Chest X-ray on 1/31/2020. Resident # 4 had been diagnosed with Aspiration Pneumonitis on 1/31/2020 via Chest x ray and she needed the blood work CBC and CMP to determine if the electrolytes were in balance. Employee E stated her expectation was that blood work should be drawn on any day at the facility. Employee E stated she knew that the blood work would not be drawn until the next morning 2/1/2020 because she made rounds after 5:30 PM. Employee E stated the lab results were important to enable a complete diagnosis to be determined. Employee E stated "I think the blood was drawn on Saturday, 2/1. I ordered it for that day."</p> <p>The Director of Nursing stated only STAT laboratory blood work was available to be drawn on the weekends. The Director of Nursing stated if there was no order for STAT blood work, the laboratory did not come on the weekends. There was no documentation of the laboratory coming into the facility on 2/1/2020 to draw any blood work.</p> <p>A copy of the Laboratory Contract was requested from the Facility Administrator who stated she</p>	F 770		

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

PRINTED: 02/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2020
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NAME OF PROVIDER OR SUPPLIER

BATTLEFIELD PARK HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

250 FLANK ROAD
PETERSBURG, VA 23805

(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 770	<p>Continued From page 23</p> <p>had to call the corporate office for a copy. The Administrator was a new employee of approximately two weeks at the time of the survey.</p> <p>The Administrator stated she had been looking through the different files to find a copy. The Administrator presented a copy of the Laboratory Contract.</p> <p>Review of the Nursing Facility Laboratory Agreement :</p> <p>Under 1. Responsibilities of _____(Name of Laboratory)</p> <p>b.Common tests such as chemistries, CBC's, U/A's, PT's.....will be typically be reported within a 24- hour period. For tests that cannot reasonably be reported in the time frames listed above, _____will report results as soon as possible, consistent with industry standards.</p> <p>c. _____ will provide STAT (life threatening situation) service for clinical lab services 24 hours per day, 365 days per year. Laboratory STAT testing will be reported within 5 hours. The menu of available STAT tests is attached.</p> <p>i. _____will provide draw times before 8:00 am and routine lab service on Monday through Saturday lab days.</p> <p>j. _____will provide typed final reports through a mutually agreed method. Critical and STAT results will be phone to the facility when they are available."</p> <p>Under Responsibilities of Facility</p> <p>e. STAT testing and other testing ordered at special times will be ordered with extreme discretion and only when medically necessary (a fee will be applied.)</p>	F 770		

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

495252

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

C

02/12/2020

NAME OF PROVIDER OR SUPPLIER

BATTLEFIELD PARK HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

250 FLANK ROAD

PETERSBURG, VA 23805

(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 770

Continued From page 24

Review of the STAT Test List Exhibit B version
2018.7.0 revealed the tests available included:

Chemistry

1. Comprehensive Metabolic Panel (CMP)

Hematology & Coagulation

1. Complete Blood Count

Review of the Laboratory Contract revealed that
STAT laboratory services were available 24 hours
a day, 365 days and results would be available
within 5 hours. The facility staff stated only STAT
laboratory blood work was available on the
weekends. None of the staff members
interviewed stated STAT laboratory services were
available 24 hours a day.

During the end of day debriefing on 2/12/2020,
the Facility Administrator, Director of Nursing and
Medical Director were informed of the findings.

No further information was provided.

F 770