

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

PRINTED: 03/12/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/21/2020
NAME OF PROVIDER OR SUPPLIER HEALTH CARE CENTER LUCY CORR			STREET ADDRESS, CITY, STATE, ZIP CODE 6800 LUCY CORR BLVD CHESTERFIELD, VA 23832		
(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 complaint survey was conducted on 2-21-2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 216 certified bed facility was 203 at the time of the survey. The survey sample consisted of 3 current Resident reviews (Residents #1 through #3).	F 000			
F 760 SS=E	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, facility documentation review, clinical record review and in the course of a complaint investigation, the facility failed to ensure Residents were free from significant medication errors for 3 Residents (Resident #1, #2, #3) in a survey sample of 3 Residents. This happened multiple times. The findings included: 1. For Resident #1, the facility staff failed to administer significant anticoagulation and insulin medications, or administer timely, per physician orders. Resident #1 was admitted to the facility on 8-26-19. Diagnoses for Resident #1 included but were not limited to: Alzheimer's disease, atrial fibrillation and pulmonary embolus with chronic	F 760	F 760 Corrective Action(s): A medication regimen review was completed by the attending physician for Resident # 1. The Director of Nursing conducted a Medication order review for order accuracy and availability of prescribed medications. The facility has completed a Risk Management Incident and Accident form including notification to the physician and responsible party of the medications that were not received at the hour prescribed and/ or where the documentation was omitted for administration. A medication regimen review was	3/31/20	

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

TITLE

(X6) DATE

Electronically Signed

03/11/2020

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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F 760	<p>Continued From page 1</p> <p>anticoagulant therapy, heart disease, and diabetes.</p> <p>Resident #1's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 1-2-2020 was coded as a quarterly assessment. Resident #1 was coded as having had a BIMS (brief interview for mental status) score of 14, which indicated mild to no cognitive impairment. Resident #1 was coded as extensive to limited assistance needed from one staff member for ADL's (activities of daily living), however, could eat, and wheel herself in a wheel chair, with supervision.</p> <p>On 2-21-2020 a review of the clinical record physician's orders revealed an order for Coumadin 6 mg (milligrams) by mouth every other day Monday, Wednesday, Thursday, and Saturday, to alternate with 7.5 mg every other day Tuesday, Friday, and Sunday all at a 6:00 p.m. administration time. The order began 1-30-2020, and was discontinued on 2-14-2020. A new order was received on 2-14-2020 for an change to Coumadin 6.5 mg to be given every day at 6:00 p.m.</p> <p>The Medication Administration Record (MAR), and audit report review revealed that Resident #1 received the coumadin dosage as prescribed, however, not at the hour it was prescribed. The anticoagulant drug was given late on 4 occasions out of the 14 days reviewed from 2-7-2020 to 2-20-2020. Those days and times follow below;</p> <p>2-8-2020 due at 6:00 p.m., given at 1:31 a.m., on 2-9-2020 2-10-2020 due at 6:00 p.m., given at 11:30 p.m. 2-16-2020 due at 6:00 p.m., given at 8:39 p.m.</p>	F 760	<p>completed by the attending physician for Resident # 2. The Director of Nursing conducted a Medication order review for order accuracy and availability of prescribed medications. The facility has completed a Risk Management Incident and Accident form including notification to the physician and responsible party of the medications that were not received at the hour prescribed and/ or where the documentation was omitted for administration.</p> <p>A medication regimen review was completed by the attending physician for Resident # 3. The Director of Nursing conducted a Medication order review for order accuracy and availability of prescribed medications. The facility has completed a Risk Management Incident and Accident form including notification to the physician and responsible party of the medications that were not received at the hour prescribed.</p> <p>Identification of Deficient Practice & Corrective Action(s):</p> <p>The facility has determined that all residents have the potential to be affected.</p> <p>A 100% audit of medication/treatment orders will be completed for accuracy and availability. Any/all negative findings or deficient practice will be corrected at the time of discovery and audit results will be communicated to the Administrator and</p>		

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F 760	<p>Continued From page 2</p> <p>2-19-2020 due at 6:00 p.m., given at 7:19 p.m.</p> <p>A further MAR and audit report review revealed Finger Stick Blood Sugar (FSBS) testing, with Sliding Scale Insulin Dosing (SSI) physician's orders, that were not conducted and administered timely. The order for Novolin (R) Insulin solution, was dictated by a sliding scale dose. The dose of insulin depended each time on the blood sugar readings obtained by way of FSBS. The testing time and resulting Insulin administration were ordered to be before meals and at bedtime, (7:30 a.m., 11:00 a.m., 4:00 p.m., and 9:00 p.m.). The four times per day order began 8-26-19, and was current at the time of survey.</p> <p>The Medication Administration Record (MAR) and audit report review revealed that Resident #1 received the SSI dosage amount as prescribed, however, not at the hour it was prescribed, and on 3 occasions it was omitted. On (2-4-2020, 2-6-2020, and 2-15-2020) all three days at 11:00 a.m.. The FSBS and SSI was given late on 34 occasions, out of the 56 opportunities reviewed from 2-7-2020 to 2-20-2020. Those days and times follow below;</p> <p>2-7-2020 due at 7:30 a.m., given at 9:46 a.m. 2-7-2020 due at 11:00 a.m., given at 1:17 p.m. 2-8-2020 due at 11:00 a.m., given at 2:35 p.m. 2-8-2020 due at 4:00 p.m., given at 1:30 a.m. on 2-9-2020 2-8-2020 due at 9:00 p.m., given at 1:30 a.m. on 2-9-2020 2-9-2020 due at 7:30 a.m., given at 9:17 a.m. 2-9-2020 due at 11:00 a.m., given at 2:44 p.m. 2-10-2020 due at 7:30 a.m., given at 8:00 p.m. 2-10-2020 due at 11:00 a.m., given at 8:05 p.m. 2-10-2020 due at 4:00 p.m., given at 6:10 p.m.</p>	F 760	<p>Director of Nursing.</p> <p>Systemic Change(s):</p> <p>The facility Policies and Procedures have been reviewed. No revisions are warranted at this time.</p> <p>All Licensed and Registered Nurses will be educated by the Director of Nursing or designee on preparing, administering and documenting medication administration and treatments accurately and timely per physician orders.</p> <p>Monitoring:</p> <p>The Director of Nursing is responsible for maintaining compliance. The QA Program includes an audit tool for monitoring compliance.</p> <p>The Director of Nursing, or designee, will conduct random Medication pass observations for 10% of the residents weekly to ensure medication administration accuracy for twelve (12) weeks. Any/all negative findings will be corrected at the time of discovery and communicated to the Administrator and Director of Nursing.</p> <p>Aggregate findings of these audits will be provided to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p>		

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F 760	<p>Continued From page 3</p> <p>2-10-2020 due at 9:00 p.m., given at 11:30 p.m. 2-11-2020 due at 11:00 a.m., given at 1:38 p.m. 2-11-2020 due at 4:00 p.m., given at 6:03 p.m. 2-12-2020 due at 11:00 a.m., given at 2:45 p.m. 2-12-2020 due at 4:00 p.m., given at 6:40 p.m. 2-13-2020 due at 7:30 a.m., given at 8:49 a.m. 2-13-2020 due at 11:00 a.m., given at 2:42 p.m. 2-14-2020 due at 7:30 a.m., given at 9:12 a.m. 2-14-2020 due at 11:00 a.m., given at 2:54 p.m. 2-14-2020 due at 4:00 p.m., given at 5:58 p.m. 2-15-2020 due at 11:00 a.m., given at 3:55 p.m. 2-16-2020 due at 7:30 a.m., given at 9:35 a.m. 2-16-2020 due at 11:00 a.m., given at 1:03 p.m. 2-17-2020 due at 7:30 a.m., given at 9:34 a.m. 2-17-2020 due at 11:00 a.m., given at 2:43 p.m. 2-17-2020 due at 4:00 p.m., given at 6:10 p.m. 2-18-2020 due at 7:30 a.m., given at 9:04 a.m. 2-18-2020 due at 11:00 a.m., given at 12:28 p.m. 2-18-2020 due at 4:00 p.m., given at 6:03 p.m. 2-19-2020 due at 11:00 a.m., given at 12:53 p.m. 2-19-2020 due at 4:00 p.m., given at 7:15 p.m. 2-19-2020 due at 9:00 p.m., given at 10:59 p.m. 2-20-2020 due at 7:30 a.m., given at 9:14 a.m. 2-20-2020 due at 11:00 a.m., given at 2:10 p.m.</p> <p>2. For Resident #2, the facility staff failed to administer significant anticoagulation and insulin medications, or administer timely, per physician orders.</p> <p>Resident #2 was admitted to the facility on 10-2-18. Diagnoses for Resident #2 included but were not limited to: Cardiomyopathy, psychosis, depression, anxiety, stroke, and diabetes.</p> <p>Resident #2's most recent MDS (minimum data set) (an assessment tool) with an ARD</p>	F 760	Completion Date: March 31, 2020		

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F 760	<p>Continued From page 4</p> <p>(assessment reference date) of 1-29-2020 was coded as a quarterly assessment. Resident #2 was coded as having had a BIMS (brief interview for mental status) score of 12, which indicated mild cognitive impairment. Resident #2 was coded as needing supervision only for ADL's (activities of daily living).</p> <p>On 2-21-2020 a review of the clinical record physician's orders revealed an order for Aspirin 81 mg (milligrams) by mouth at 9:00 a.m., begun 10-3-2018 for anticoagulation for transient ischemic attack (TIA) and stroke (CVA). The order was current as of the date of survey.</p> <p>The Medication Administration Record (MAR) review revealed that Resident #2 received the Aspirin dosage as prescribed, however, not at the hour it was prescribed. The anticoagulant drug was given late on 2 occasions out of the 14 days reviewed from 2-7-2020 to 2-20-2020. Those days and times follow below;</p> <p>2-10-2020 due at 9:00 a.m., given at 8:23 p.m. 2-16-2020 due at 9:00 a.m., given at 10:48 a.m.</p> <p>A further MAR and audit report review revealed Finger Stick Blood Sugar (FSBS) testing, with Sliding Scale Insulin Dosing (SSI) physician's orders, that were not conducted and administered timely. The order for Humalog (Insulin Lispro) Insulin solution, was dictated by a sliding scale dose. The dose of insulin depended each time on the blood sugar readings obtained by way of FSBS. The testing time and resulting Insulin administration were ordered to be before meals and at bedtime, (7:30 a.m., 11:00 a.m., 4:00 p.m., and 9:00 p.m.). The four times per day order began 8-10-19, and was current at the time of</p>	F 760			

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F 760	<p>Continued From page 5 survey.</p> <p>The Medication Administration Record (MAR) and audit report review revealed that Resident #2 received the SSI dosage amount as prescribed, however, not at the hour it was prescribed, and on 2 occasions it was omitted. On (2-6-2020 at 4:00 p.m., and 2-20-2020 at 11:00 a.m.). The FSBS and SSI was given late on 25 occasions, out of the 56 opportunities reviewed from 2-7-2020 to 2-20-2020. Those days and times follow below;</p> <p>2-7-2020 due at 7:30 a.m., given at 8:49 a.m. 2-7-2020 due at 11:00 a.m., given at 1:17 p.m. 2-8-2020 due at 11:00 a.m., given at 2:34 p.m. 2-8-2020 due at 4:00 p.m., given at 1:47 a.m. on 2-9-2020 2-8-2020 due at 9:00 p.m., given at 1:51 a.m. on 2-9-2020 2-9-2020 due at 11:00 a.m., given at 2:43 p.m. 2-10-2020 due at 7:30 a.m., given at 10:23 a.m. 2-10-2020 due at 11:00 a.m., given at 8:39 p.m. 2-10-2020 due at 4:00 p.m., given at 9:37 p.m. 2-11-2020 due at 11:00 a.m., given at 1:37 p.m. 2-11-2020 due at 4:00 p.m., given at 5:57 p.m. 2-12-2020 due at 11:00 a.m., given at 2:45 p.m. 2-12-2020 due at 4:00 p.m., given at 6:12 p.m. 2-13-2020 due at 7:30 a.m., given at 8:43 a.m. 2-13-2020 due at 11:00 a.m., given at 2:41 p.m. 2-14-2020 due at 11:00 a.m., given at 2:52 p.m. 2-15-2020 due at 11:00 a.m., given at 1:37 p.m. 2-16-2020 due at 7:30 a.m., given at 10:20 a.m. 2-16-2020 due at 11:00 a.m., given at 1:57 p.m. 2-16-2020 due at 4:00 p.m., given at 6:07 p.m. 2-17-2020 due at 11:00 a.m., given at 2:41 p.m. 2-18-2020 due at 11:00 a.m., given at 12:26 p.m. 2-19-2020 due at 7:30 a.m., given at 8:54 a.m. 2-19-2020 due at 11:00 a.m., given at 1:07 p.m.</p>	F 760			

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F 760	<p>Continued From page 6</p> <p>2-20-2020 due at 11:00 a.m., given at 2:09 p.m.</p> <p>3. For Resident #3, the facility staff failed to administer significant anticoagulation medications timely, per physician orders.</p> <p>Resident #3 was admitted to the facility on 1-22-15. Diagnoses for Resident #3 included but were not limited to: Congestive heart failure, chronic obstructive pulmonary disease, pacemaker, thyroiditis, rheumatoid arthritis, acute embolism and thrombosis of unspecified deep veins of extremity, and osteoarthritis.</p> <p>Resident #3's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 12-2-19 was coded as a quarterly assessment. Resident #3 was coded as having had a BIMS (brief interview for mental status) score of 8, which indicated significant cognitive impairments. Resident #3 was coded as extensive assistance needed from one staff member for toileting and bed mobility ADL's (activities of daily living), however, only supervision was required with other ADL's.</p> <p>On 2-21-2020 a review of the clinical record physician's orders revealed an order for Coumadin 6 mg (milligrams) by mouth at 6:00 p.m., begun 1-31-2020. The order was discontinued on 2-10-10 and a new order received that day for an increase to 6.5 mg to be given at 9:00 a.m.</p> <p>The Medication Administration Record (MAR) review revealed that Resident #3 received the coumadin dosage as prescribed, however, not at</p>	F 760			

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F 760	<p>Continued From page 7</p> <p>the hour it was prescribed. The anticoagulant drug was given late on 6 occasions out of the 14 days reviewed from 2-7-2020 to 2-20-2020. Those days and times follow below;</p> <p>2-8-2020 due at 6:00 p.m., given at 1:38 a.m., on 2-9-2020</p> <p>2-13-2020 due at 9:00 a.m., given at 10:34 a.m.</p> <p>2-15-2020 due at 9:00 a.m., given at 11:38 a.m.</p> <p>2-16-2020 due at 9:00 a.m., given at 12:13 p.m.</p> <p>2-19-2020 due at 9:00 a.m., given at 2:14 p.m.</p> <p>2-20-2020 due at 9:00 a.m., given at 10:29 a.m.</p> <p>On 2-21-2020 at 2:00 p.m., during the end of day meeting, the facility Administrator and DON were made aware.</p> <p>No further information was provided.</p>	F 760			