

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

PRINTED: 05/29/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/08/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS AT WARWICK FOREST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 OLD DENBEIGH BOULEVARD NEWPORT NEWS, VA 23602</b>
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid remote/offsite abbreviated standard survey was conducted 5/5/2020 through 5/8/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey.  The census in this 209 certified bed facility was 177 at the time of the survey. The survey sample consisted of one closed Resident record review (Resident #1).	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records,	F 842		6/12/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <b>Electronically Signed</b>	TITLE	(X6) DATE <b>05/28/2020</b>
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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.

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F 842	<p>Continued From page 1</p> <p>regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(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.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed</p>	F 842		
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F 842	<p>Continued From page 2</p> <p>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:</p> <p>Based on staff interviews, record review, and in the course of a complaint investigation, the facility failed to document care provided to Resident #1 on 4/25/20 during the 3 PM-11 PM shift.</p> <p>A complaint was received at the Office of Licensure of Certification (OLC) on 5/04/2020. The complainant alleged that she observed Resident #1 with dried feces on her ankles and foot, in her vaginal area, and under her fingernails on 4/25/20 at 10:40 p.m. (3 PM-11 PM shift). Further review of Resident #1's clinical record revealed that no ADL care/personal hygiene tasks were documented as performed from 2:41 p.m. on 4/25/2020 through 6:08 a.m. on 4/26/2020. The facility had sent a Facility Reported Incident (FRI) to the OLC on 4/27/20 with a final follow up on 5/1/20 regarding the complaint.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 10/25/2019. Resident #1's diagnoses included, but not limited to, cognitive communication deficit, Urinary Tract Infection (UTI), displaced intertrochanteric fracture of right femur, fall history, impaired gait and muscle weakness, and dementia, hospice with Alzheimer's/dementia without behaviors.</p> <p>Resident #1's most recent MDS (Minimum Data Set) was a Significant Change Assessment with an ARD (assessment reference date) of 3/02/2020. Resident #1 was coded as severely</p>	F 842	<p>F- 842</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the fact alleged or of any conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State laws</p> <ol style="list-style-type: none"> <li>1. Resident #1 no longer resides at this facility as of 4/29/2020. CNA #4 received counseling on the importance of providing ADL care and completion of documentation by the DON/Designee.</li> <li>2. Residents on the Monticello unit who receive assistance with ADLs have the potential to be affected.</li> <li>3. Facility staff who provide assistance to residents in completing ADLs will receive education by the DON/Designee on the importance of promptly and accurately documenting resident care.</li> <li>4. DON and/or designee will select random sampling of 10% of residents that require assistance with ADLs and will audit records of those residents to validate accurate documentation of care provisions weekly for 8 weeks. The results of the audits will be reported at the QAPI meeting by the DON/Designee for evaluation of compliance and ongoing monitoring for continuous improvement</li> </ol>	
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F 842	<p>Continued From page 3</p> <p>impaired in cognitive functioning, scoring a 2 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #1 was assessed as requiring extensive one-person physical assist with toileting, dressing, and personal hygiene activities.</p> <p>A review of Resident #1's Comprehensive Care Plan dated, 10/25/2019 listed a Problem as: Resident #1 is believed to be at risk for decline in Activities of Daily Living (ADL) due to end of life care on hospice. Resident requires assistance with bed mobility, transfers, locomotion, dressing, eating toilet use, personal hygiene, and bathing. The Goal was listed as: Resident #1 will assist with ADLs to the highest degree possible through next review. The Intervention (in part), was listed as: Clean and manicure fingernails as needed.</p> <p>The Hospice Care Plan dated 1/13/2020 with a measurable time frame of 90 days listed: Intervention: Aide perform nail care. Description: Perform cleaning of nails.</p> <p>A review of Resident #1's Comprehensive Care Plan dated, 1/23/2020 listed a Problem as: Resident #1 has urinary and bowel incontinence: Functional. Resident #1 is not a candidate for a toileting plan. Resident #1 is at risk for Urinary Tract Infection (UTI) and skin breakdown. Factors related to Urinary Tract Infection (UTI) risk include: urinary incontinence, bowel incontinence and self care for toileting. The Goal was listed as: Assure Adequate (ADQ) hygiene and clothes being changed with room odor free. Interventions were listed as: Assess and monitor urinary incontinence and skin condition; Check for incontinence; change if wet/soiled. Clean skin with mild soap and water. Apply moisture barrier.</p>	F 842	analysis.	
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F 842	<p>Continued From page 4</p> <p>A review of the facility ADL Verification sheet revealed that bathing and personal hygiene was documented as provided on 4/25/2020 at 2:41 p.m. and on 4/26/2020 at 6:08 a.m.</p> <p>A phone interview with Certified Nursing Assistant (CNA) #3, who worked the 3-11 shift on 4/25/20 was attempted on 5/7/2020 at 3:19 p.m. with message left to return call. No return call was received prior to exit of the survey.</p> <p>An interview was conducted with Licensed Practical Nurse (LPN) #1 on 5/07/2020 at approximately 2:39 p.m. via telephone regarding the personal care concern originating on 4/25/2020. LPN #1 was the nurse on duty on the 3 PM-11 PM shift stated, "She had some feces in her fingernails. It was dry and under her nails."</p> <p>An interview conducted with the Nurse Supervisor, who was the 11 PM-7 AM supervisor the night of 4/25/20, via telephone on 5/07/2020 at approximately 3:28 p.m. who stated, "When I entered the room, Resident #1's blanket was in disarray, no sheets were on the bed. There was bowel movement on bottom sheet, Resident #1's hands had dry stool all over them and in her nailbeds. We had to put lotion on her hands to soften her nails in order to remove the bowel movement. We put gloves on and cleaned her hands."</p> <p>A review of the Medication Administration Record for April 2020 revealed that Resident #1 received Ensure Enlive 0.08 gram-1.5 kcal/ml oral liquid and melatonin 5 mg tablet on 4/25/2020 between 9:00 and 10:00 p.m. by LPN #1 who worked on the 3-11 shift.</p>	F 842		
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F 842	<p>Continued From page 5</p> <p>The findings were shared with the Administrator, (Director of Nursing) DON and corporate staff via telephone on 5/8/2020 at approximately 3:05 p.m.</p> <p>Additional documentation received from the facility Administrator on May 11, 2020 included an interview conducted by the Director of Nursing with CNA #4 who worked with Resident #1 on 4/25/2020 during the 3-11 shift. CNA #4, reported that she worked with Resident #1 and at, 9:00 p.m., "had some BM (bowel movement), not big, no noted BM on hands, thinks she must have been "digging" after that because (complainant) came in around 11 and said she had feces under her nails. (Complainant) upset, wanted a hospital pillow, complained about nails, we called supervisor. (Supervisor) said put her hands in glove with warm water and soap to make easier to clean."</p> <p>Complaint deficiency.</p>	F 842		
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