

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

PRINTED: 05/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495415</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAGE AT ORCHARD RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 PROCESSION WAY WINCHESTER, VA 22603</b>		
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E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 4/2/19 through 4/3/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	F 000			
F 695 SS=D	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 4/2/19 through 4/3/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code Survey/Report will follow.  The census in this 20 certified bed facility was 20 at the time of the survey. The survey sample consisted of 17 current resident reviews and 3 closed record reviews. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide respiratory care and services for two of 20 residents in the survey	F 695	F695 How corrective action will be accomplished for those residents found to have been affected by the deficient practice.	5/10/19	

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

TITLE

(X6) DATE

Electronically Signed

04/30/2019

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 695	Continued From page 1 sample, Residents #12 and #68.  1. a. The facility staff failed to obtain a physician's order for Resident #12's use of an incentive spirometer (1).  b. The facility staff failed to store Resident #12's incentive spirometer mouthpiece in a clean and sanitary manner.  2. a. The facility staff failed to obtain a physician's order for Resident #68's use of an incentive spirometer.  b. The facility staff failed to store Resident #68's incentive spirometer mouthpiece in a clean and sanitary manner.  (1) "An incentive spirometer is a device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. Deep breathing keeps your lungs well-inflated and healthy while you heal and helps prevent lung problems, like pneumonia. How to use an Incentive Spirometer Many people feel weak and sore after surgery and taking big breaths can be uncomfortable. A device called an incentive spirometer can help you take deep breaths correctly. By using the incentive spirometer every 1 to 2 hours, or as instructed by your nurse or doctor, you can take an active role in your recovery and keep your lungs healthy." This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000451.htm">https://medlineplus.gov/ency/patientinstructions/000451.htm</a>	F 695	1. An order was immediately obtained for the two residents who were identified with the incentive spirometer on 4-3-19.  2. The mouthpieces were immediately stored in a clean and sanitary manner for the two residents who were identified.  How facility will identify other residents having the potential to be affected by the same deficient practice.  An audit was completed immediately on 4-3-19 by the charge nurse to ensure that all residents who were using an incentive spirometer had orders, care plan updated for use, and that all mouthpieces were stored in a clean and sanitary manner. Any issues identified were corrected.  Measure or system change to ensure the deficient practice will not recur.  New process implemented whereby if a resident presents with an incentive spirometer on admission, the charge nurse will verify indication for use with the physician and obtain an order for use. All team members re-educated to store mouthpieces in a clean and sanitary manner. Night shift charge nurse will change the storage bags weekly.  How the facility plans to monitor its performance to make sure that solutions are sustained.  MDS QAPI Manager, Director of Nursing		

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F 695	<p>Continued From page 2</p> <p>The findings include:</p> <p>1. a. The facility staff failed to obtain a physician's order for Resident #12's use of an incentive spirometer.</p> <p>Resident #12 was admitted to the facility on 3/13/19. Resident #12's diagnoses included but were not limited to left hip fracture, chronic kidney disease and high blood pressure. Resident #12's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 3/20/19, coded the resident as being cognitively intact. Section G coded Resident #12 as requiring limited assistance of one staff with bed mobility and walking.</p> <p>Review of the active physician's orders for Resident #12's as of 4/2/19, failed to reveal a physician's order for an incentive spirometer. Review of Resident #12's care plan, last reviewed on 3/25/19 failed to reveal documentation regarding an incentive spirometer.</p> <p>On 4/2/19 at 10:09 a.m., observation revealed Resident #12 was out of the room. An incentive spirometer sitting on the table in the resident's room. On 4/2/19 at 1:03 p.m., observation revealed, Resident #12 was sitting up in bed. An incentive spirometer was sitting on the table in the resident's room. An interview was conducted with Resident #12 regarding the incentive spirometer. Resident #12 stated she uses the incentive spirometer a few times a day. On 4/3/19 at 10:34 a.m., observation revealed, Resident #12 was ambulating in the room. An incentive spirometer was sitting on the table in the room.</p>	F 695	<p>or designee will audit 10% monthly of all residents with incentive spirometers and verify compliance. Any actionable trends or patterns will be reported monthly to the Quality Assurance Performance Improvement (QAPI) committee</p>		

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F 695	<p>Continued From page 3</p> <p>On 4/3/19 at 10:54 a.m., an interview was conducted with LPN (licensed practical nurse) #1 regarding the purpose of an incentive spirometer. LPN #1 stated an incentive spirometer provides good airflow and movement in the lungs and prevents pneumonia. When asked if a physician's order should be obtained for the use of an incentive spirometer, LPN #1 stated an order should be obtained because an order is needed for everything.</p> <p>On 4/3/19 at 11:23 a.m., LPN #1 stated she identified residents who were using incentive spirometers and obtained physician's orders for the devices.</p> <p>On 4/3/19 at 11:17 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Incentive Spirometer" documented, "Physician Order: A physician order must be obtained for the use of the incentive spirometer..."</p> <p>No further information was presented prior to exit.</p> <p>b. The facility staff failed to store Resident #12's incentive spirometer mouthpiece in a clean and sanitary manner.</p> <p>Review of the active physician's orders for Resident #12's as of 4/2/19, failed to reveal a physician's order for an incentive spirometer. Review of Resident #12's care plan, last reviewed on 3/25/19, failed to reveal documentation or interventions addressing the use of an incentive spirometer.</p>	F 695			

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F 695	Continued From page 4  On 4/2/19 at 10:09 a.m., Resident #12 was out of the room. Observation revealed an uncovered incentive spirometer on a table in the resident's room. The mouthpiece was exposed to potential contaminates in the air. On 4/2/19 at 1:03 p.m., observation revealed, Resident #12 sitting up in bed. An uncovered incentive spirometer was sitting on the table in the resident's room. An interview was conducted with Resident #12 regarding the incentive spirometer. Resident #12 stated she uses the incentive spirometer a few times a day. When asked if the facility staff had ever provided a bag to cover the incentive spirometer, Resident #12 confirmed they had not. On 4/3/19 at 10:34 a.m., Resident #12 was ambulating in the room. Observation revealed, an uncovered incentive spirometer sitting on the table in the room.  On 4/3/19 at 10:54 a.m., an interview was conducted with LPN (licensed practical nurse) #1, regarding how an incentive spirometer should be stored. LPN #1 stated, "In a bag." When asked why, LPN #1 stated, "Infection control." LPN #1 confirmed an uncovered incentive spirometer may be exposed to potential contaminates in the air.  On 4/3/19 at 11:23 a.m., LPN #1 stated she identified all residents who have incentive spirometers and bagged all the incentive spirometers.  On 4/3/19 at 11:17 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.	F 695			

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F 695	<p>Continued From page 5</p> <p>The facility policy titled, "Incentive Spirometer" documented, "Store incentive spirometer in a bag..."</p> <p>No further information was presented prior to exit.</p> <p>2. a. The facility staff failed to obtain a physician's order for Resident #68's use of an incentive spirometer.</p> <p>Resident #68 was admitted to the facility on 3/29/19. Resident #68's diagnoses included but were not limited to aftercare following joint replacement surgery, high blood pressure and pain. Resident #68's admission MDS (minimum data set) assessment was not complete. Resident #68's admission nursing assessment dated 3/29/19 documented the resident was alert and oriented to person, place and time.</p> <p>Review of active physician's orders for Resident #68 as of 4/2/19, failed to reveal a physician's order for an incentive spirometer. Resident #68's care plan with a print date of 4/2/19 failed to reveal documentation regarding an incentive spirometer.</p> <p>On 4/2/19 at 10:14 a.m., observation revealed, Resident #68 was out of the room. An incentive spirometer was sitting on the table in the resident's room. On 4/2/19 at approximately 1:30 p.m., observation revealed, Resident #68 sitting in a chair in the room. An incentive spirometer was sitting on the table in the room. An interview was conducted with Resident #68 regarding the incentive spirometer. Resident #68 stated she brought the incentive spirometer from the hospital and uses it once or twice a day. On 4/3/19 at 10:35 a.m., observation revealed, Resident #68</p>	F 695			

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F 695	<p>Continued From page 6</p> <p>was out of the room. An incentive spirometer was sitting on the table in the room.</p> <p>On 4/3/19 at 10:54 a.m., an interview was conducted with LPN (licensed practical nurse) #1, regarding the purpose of an incentive spirometer. LPN #1 stated an incentive spirometer provides good airflow and movement in the lungs and prevents pneumonia. When asked if a physician's order should be obtained for the use of an incentive spirometer, LPN #1 stated an order should be obtained because an order is needed for everything.</p> <p>On 4/3/19 at 11:23 a.m., LPN #1 stated she identified residents who were using incentive spirometers and obtained physician's orders for the devices.</p> <p>On 4/3/19 at 11:17 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>b. The facility staff failed to store Resident #68's incentive spirometer mouthpiece in a clean and sanitary manner.</p> <p>Review of active physician's orders for Resident #68 as of 4/2/19, failed to reveal a physician's order for an incentive spirometer. Resident #68's care plan with a print date of 4/2/19 failed to reveal documentation regarding an incentive spirometer.</p> <p>On 4/2/19 at 10:14 a.m., observation revealed, Resident #68 was out of the room. An uncovered</p>	F 695			

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F 695	<p>Continued From page 7</p> <p>incentive spirometer was sitting on the table in the resident's room. The mouthpiece was exposed to potential contaminates in the air. On 4/2/19 at approximately 1:30 p.m., observation revealed, Resident #68 sitting in a chair in the room. An uncovered incentive spirometer was sitting on the table in the room. An interview was conducted with Resident #68 regarding the incentive spirometer. Resident #68 stated she brought the incentive spirometer from the hospital and uses it once or twice a day. When asked if the facility staff had ever provided a bag to cover the incentive spirometer, Resident #12 confirmed they had not. On 4/3/19 at 10:35 a.m., observation revealed, Resident #68 was out of the room. An incentive spirometer was sitting on the table in the room.</p> <p>On 4/3/19 at 10:54 a.m., an interview was conducted with LPN (licensed practical nurse) #1 regarding how an incentive spirometer should be stored. LPN #1 stated, "In a bag." When asked why, LPN #1 stated, "Infection control." LPN #1 confirmed an uncovered incentive spirometer may be exposed to potential contaminates in the air.</p> <p>On 4/3/19 at 11:23 a.m., LPN #1 stated she identified all residents who have incentive spirometers and bagged all the incentive spirometers.</p> <p>On 4/3/19 at 11:17 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p>	F 695			



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F 812	Continued From page 8	F 812			
F 812 SS=F	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility documentation review, it was determined the facility staff failed to store and prepare food and maintain kitchen equipment in a sanitary manner in 3 of 3 kitchens, main kitchen, country kitchen and sunshine kitchen.</p> <p>1. The facility staff failed to store food in a safe and sanitary manner in the main kitchen.</p> <p>2. The facility staff failed to store dishware in a safe and sanitary manner in the main kitchen.</p> <p>3. The facility staff failed to sanitize a food thermometer prior to use.</p>	F 812 F 812	<p>1. As noted, the clear, closed container containing shredded cheese was discarded same day.</p> <p>2. Serving pas rewashed 4-3-19. Applicable team member re-educated.</p> <p>3. Supervisor sanitized thermometer. As noted, applicable team member re-educated.</p> <p>4. New log implemented. Dishes considered dirty.</p> <p>5. Sunshine kitchen refrigerator freezer drawers cleaned; country kitchen microwave cleaned.</p> <p>How facility will identify other residents</p>	5/10/19	

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F 812	<p>Continued From page 9</p> <p>4. The facility staff failed to monitor the dishwasher temperatures in the sunshine kitchen.</p> <p>5. The facility staff failed to maintain kitchen equipment in a sanitary manner in the country and sunshine kitchens.</p> <p>The findings include:</p> <p>1. The facility staff failed to store food in a safe and sanitary manner in the main kitchen.</p> <p>On 4/2/19 at 8:30 a.m., observation of the main kitchen was conducted. The following was observed: In the refrigerator: - A clear, closed container that contained shredded cheese. The container did not contain manufacturer's information. A facility sticker on the container documented a preparation date of 3/22/19 and a use by date of 3/29/19.</p> <p>On 4/3/19 at 9:39 a.m., an interview was conducted with OSM (other staff member) #1 (the director of dining services). OSM #1 was asked about the facility process for storing and labeling food. OSM #1 stated that food is labeled for 30 days after being opened. OSM #1 stated that food may be labeled with a date sooner than 30 days if there are plans to use it. OSM #1 was asked about the container of shredded cheese that had a use by date of 3/29/19. OSM #1 stated that the container of shredded cheese shouldn't have been in there. OSM #1 stated that a staff member discarded the container of shredded cheese.</p> <p>On 4/3/19 at 11:19 a.m., ASM (administrative</p>	F 812	<p>having the potential to be affected by the same deficient practice.</p> <ol style="list-style-type: none"> <li>All food in main kitchen refrigerator audited for appropriate <input type="checkbox"/> use by <input type="checkbox"/> dates.</li> <li>All dishes on rack rewashed 4-3-19. Applicable team members re-educated.</li> <li>Supervisor continued meal prep with sanitizing thermometer between each food.</li> <li>Policy distributed to Dining and Nursing Administration.</li> <li>Freezer drawers cleaned in all 3 kitchens; microwaves in all 3 kitchens cleaned.</li> </ol> <p>Measure or system change to ensure the deficient practice will not recur.</p> <p>" The Food Procurement and Storage Policy will be updated regarding storage of dishware.</p> <p>" All dining team members will be re-educated on food monitoring/<input type="checkbox"/> use by <input type="checkbox"/> dates, and storing dishware via the Food Procurement and Storage</p> <p>Policy; re-educated on proper thermometer sanitizing via the Food Temperatures Policy; and educated on dishwasher temperatures via the Kitchenette Dishwasher Policy.</p> <p>" All long-term care and short-term rehabilitation team members will be educated on dishwasher temperatures via the Kitchenette Dishwasher Policy.</p> <p>How the facility plans to monitor its</p>		

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F 812	<p>Continued From page 10</p> <p>staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Food Procurement and Storage Policy" documented, "Refrigerated food are labeled and dated and monitored for expiration, of which expired foods are discarded."</p> <p>No further information was presented prior to exit.</p> <p>2. The facility staff failed to store dishware in a safe and sanitary manner in the main kitchen.</p> <p>On 4/2/19 at 8:30 a.m., observation of the main kitchen was conducted. The following was observed: - A dirty serving pan was on the top shelf rack with clean serving pans. The serving pan had dried food on the edges.</p> <p>On 4/2/19 at 12:15 p.m., the dirty serving pan was observed on another shelf on the rack and still had dried food on the edges.</p> <p>On 4/3/19 at 9:39 a.m., an interview was conducted with OSM (other staff member) #1 (the director of dining services). OSM #1 was asked the facility process for ensuring dishware was stored in a sanitary manner. OSM #1 stated that dishware should be ran through the dishwasher and sanitized at the dishwashing station. OSM #1 stated that after dishware is washed and sanitized, it air dries to prevent wet nesting and placed on shelf rack. OSM #1 stated the kitchen supervisor inspects dishware to ensure cleanliness prior to use. OSM #1 was asked what would happen if dirty dishes were found during inspection. OSM #1 stated, "If dirty dishware was</p>	F 812	<p>performance to make sure that solutions are sustained.</p> <p>Director of Dining or designee will audit 10% monthly of the three applicable kitchens to verify proper storage and sanitation in refrigerators, storage, and dishwashers. Any actionable trends or patterns will be reported monthly to the Quality Assurance Performance Improvement (QAPI) committee.</p>		

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F 812	<p>Continued From page 11</p> <p>found during inspection, I would wash all the dishes to prevent cross contamination." OSM #1 stated, "If the kitchen supervisor finds anything wrong during a kitchen inspection, education and/or disciplinary action will be provided." OSM #1 was made aware of the dirty serving pan being on the top shelf rack with clean serving pans. The kitchen supervisor was not available for interview during survey.</p> <p>On 4/3/19 at 11:19 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Food Procurement and Storage Policy" did not document any information regarding storage of dishware.</p> <p>No further information was presented prior to exit.</p> <p>3. The facility staff failed to sanitize a food thermometer prior to use.</p> <p>On 4/2/19 at 12:15 p.m., observation of the main kitchen was conducted. A dietary staff member was observed using an unsanitized digital food thermometer on a pan of beets. The pan of beets was the first food to be checked by the dietary staff member. After the dietary staff member removed the digital thermometer from the pan of beets, OSM (other staff member) #1 (the director of dining services) stepped in, sanitized the thermometer and finished taking temperatures on the remaining food.</p> <p>On 4/3/19 at 9:39 a.m., an interview was</p>	F 812			

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F 812	<p>Continued From page 12</p> <p>conducted with OSM #1. OSM was asked about the process for taking food temperatures. OSM #1 stated that food temperatures must be recorded after being cooked and prior to being served to residents. OSM #1 stated that food thermometers must be sanitized prior to obtaining food temperatures and between each food. OSM #1 was asked if it was appropriate to not sanitize the food thermometer between each food. OSM #1 stated, "No. It must be done right every time." OSM #1 was made aware that the digital thermometer had not been sanitized prior to obtaining temperature on the pan of beets. OSM #1 stated that he was aware and that was the reason he took over obtaining temperatures on the remaining food products. OSM #1 stated that the dietary staff member who made the mistake was educated. The dietary staff member was not available for interview during survey.</p> <p>On 4/3/19 at 11:19 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Food Temperatures Policy" documented, "1. The cook or assigned designee will take the temperature of food 15 minutes before meal service begins. 2. Proper food temperature taking requires sanitizing the thermometer between each food product probe."</p> <p>No further information was presented prior to exit.</p> <p>4. The facility staff failed to monitor the dishwasher temperatures in the sunshine kitchen.</p> <p>On 4/2/19 at 12:30 p.m., observation of the sunshine kitchen was conducted. The dishwasher</p>	F 812			

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F 812	<p>Continued From page 13</p> <p>was observed without a temperature log. Dishware was observed inside the dishwasher.</p> <p>On 4/2/19 at 12:40 p.m., an interview was conducted with OSM (other staff member) #1 (the director of dining services). OSM #1 was asked about the temperature log for the dishwasher in the sunshine kitchen. OSM #1 stated, "I have no idea what you are talking about." OSM #1 was asked who is responsible for obtaining temperatures on the dishwasher in the sunshine kitchen. OSM #1 walked to look at the dishwasher and stated that dining services is not responsible for obtaining temperature and he did not believe the dishwasher was in use. OSM #1 stated, "I have been here less than 100 days and I am still trying to find my way around." OSM #1 was made aware that the temperature needed to be verified on the dishwasher during use. OSM #1 was asked if he had the necessary equipment to check the temperature on the dishwasher in the sunshine kitchen. OSM #1 stated, I know what equipment is needed to check the temperature on the dishwasher however, I don't believe I have it and will need to order it."</p> <p>On 4/3/19 at 8:00 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 was asked if the dishwasher in the sunshine kitchen was used. LPN #1 stated that the dishwasher is used sometimes.</p> <p>On 4/3/19 at 9:00 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 was asked about the dishwasher not having a temperature log. ASM #2 stated that dining services was responsible for ensuring the kitchen dishwashers are monitored for proper</p>	F 812			

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F 812	<p>Continued From page 14</p> <p>temperatures. ASM #2 was asked if there was proper equipment available to check the dishwasher temperatures during use. ASM #2 stated, "Yes. We have the proper equipment to check the dishwasher during use." ASM #2 left and returned with a thermometer and was observed obtaining the temperature in the dishwasher. The highest temperature while in use was 180.2 degrees Fahrenheit.</p> <p>On 4/3/19 at 11:19 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Kitchenette Dishwasher Policy" documented, "Dining will supply temperature strips or specialty thermometers at all times. Any dishwasher user will be required to place strip or thermometer in dishwasher prior to use. After use, user must record on provided log the highest temperature from thermometer or strip. If temperature does not meet 180 degrees or color code on strip, then submit work order to Maintenance; dishes need to be considered dirty and not clean."</p> <p>No further information was presented prior to exit.</p> <p>5. The facility staff failed to maintain kitchen equipment in a sanitary manner in the sunshine and country kitchens.</p> <p>On 4/2/19 at 12:30 p.m., an observation of the sunshine kitchen was conducted. The bottom of the refrigerator freezer drawer had dirt and food particles on the inside.</p> <p>On 4/2/19 at 12:35 p.m., an observation of the</p>	F 812			

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F 812	Continued From page 15 country kitchen was conducted. The inside of the microwave contained food particles and the produce drawer in the refrigerator contained dirt and food particles.  On 4/3/19 at 9:39 a.m., an interview was conducted with OSM (other staff member) #1 (the director of dining services). OSM #1 was asked what the process was for ensuring the refrigerators in the sunshine and country kitchen are cleaned out. OSM # stated, "It is the nursing department's responsibility to clean the refrigerator out." OSM #1 was made aware that the refrigerators in the sunshine and country kitchen were both unsanitary. OSM #1 was asked who is responsible for ensuring the microwave is sanitized. OSM #1 stated, "The microwave is clean as you go." OSM #1 was asked what "clean as you go" meant. OSM #1 stated, "Once you are finished using the microwave, you must clean it." OSM #1 was made aware that the microwave had food particles on the inside.  On 4/3/19 at 11:19 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concerns. ASM #1 stated that it is a collaborative effort between nursing and dining services to clean the refrigerators and microwave out. A policy regarding the cleaning of the microwaves and refrigerators was requested.  No further information was given prior to exit.	F 812			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an	F 880		5/10/19	



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F 880	<p>Continued From page 16</p> <p>infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to implement infection control practices for two of 20 residents in the survey sample, Residents #12 and #68.</p> <p>1. The facility staff failed to store Resident #12's incentive spirometer mouthpiece in a clean and sanitary manner.</p> <p>2. The facility staff failed to store Resident #68's incentive spirometer mouthpiece in a clean and sanitary manner.</p>	F 880	<p>How facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>An audit of all residents who use an incentive spirometer was completed immediately on 4-3-19 by the charge nurse to ensure that all incentive spirometers were stored appropriately. Any issues identified were corrected.</p> <p>Measure or system change to ensure the deficient practice will not recur.</p>		

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F 880	<p>Continued From page 18</p> <p>(1) "An incentive spirometer is a device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. Deep breathing keeps your lungs well-inflated and healthy while you heal and helps prevent lung problems, like pneumonia. How to use an Incentive Spirometer Many people feel weak and sore after surgery and taking big breaths can be uncomfortable. A device called an incentive spirometer can help you take deep breaths correctly. By using the incentive spirometer every 1 to 2 hours, or as instructed by your nurse or doctor, you can take an active role in your recovery and keep your lungs healthy." This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000451.htm">https://medlineplus.gov/ency/patientinstructions/000451.htm</a></p> <p>The findings include:</p> <p>1. The facility staff failed to store Resident #12's incentive spirometer mouthpiece in a clean and sanitary manner.</p> <p>Resident #12 was admitted to the facility on 3/13/19. Resident #12's diagnoses included but were not limited to left hip fracture, chronic kidney disease and high blood pressure. Resident #12's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 3/20/19, coded the resident as being cognitively intact. Section G coded Resident #12 as requiring limited assistance of one staff with bed mobility and walking.</p>	F 880	<p>New process implemented whereby all incentive spirometers will be placed in a bag, sealed and labeled. All team members re-educated to store mouthpieces in a clean and sanitary manner. Night shift charge nurse will change the storage bags weekly.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Director of Nursing, MDS QAPI Manager, and/or Designee will audit 10% monthly of all residents who use an incentive spirometer to ensure proper storage. Any actionable trends or patterns will be reported monthly to the Quality Assurance Performance Improvement (QAPI) committee.</p>		

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F 880	<p>Continued From page 19</p> <p>Review of the active physician's orders for Resident #12's as of 4/2/19, failed to reveal a physician's order for an incentive spirometer. Review of Resident #12's care plan, last reviewed on 3/25/19 failed to reveal documentation regarding an incentive spirometer.</p> <p>On 4/2/19 at 10:09 a.m., observation revealed Resident #12 was out of the room. An incentive spirometer sitting on the table in the resident's room. On 4/2/19 at 1:03 p.m., observation revealed, Resident #12 was sitting up in bed. An incentive spirometer was sitting on the table in the resident's room. An interview was conducted with Resident #12 regarding the incentive spirometer. Resident #12 stated she uses the incentive spirometer a few times a day. On 4/3/19 at 10:34 a.m., observation revealed, Resident #12 was ambulating in the room. An incentive spirometer was sitting on the table in the room.</p> <p>On 4/3/19 at 10:54 a.m., an interview was conducted with LPN (licensed practical nurse) #1 regarding the purpose of an incentive spirometer. LPN #1 stated an incentive spirometer provides good airflow and movement in the lungs and prevents pneumonia. When asked if a physician's order should be obtained for the use of an incentive spirometer, LPN #1 stated an order should be obtained because an order is needed for everything.</p> <p>On 4/3/19 at 11:23 a.m., LPN #1 stated she identified residents who were using incentive spirometers and obtained physician's orders for the devices.</p> <p>On 4/3/19 at 11:17 a.m., ASM (administrative</p>	F 880			

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F 880	<p>Continued From page 20</p> <p>staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Incentive Spirometer" documented, "Physician Order: A physician order must be obtained for the use of the incentive spirometer..."</p> <p>No further information was presented prior to exit.</p> <p>2. The facility staff failed to store Resident #68's incentive spirometer mouthpiece in a clean and sanitary manner.</p> <p>Resident #68 was admitted to the facility on 3/29/19. Resident #68's diagnoses included but were not limited to aftercare following joint replacement surgery, high blood pressure and pain. Resident #68's admission MDS (minimum data set) assessment was not complete. Resident #68's admission nursing assessment dated 3/29/19 documented the resident was alert and oriented to person, place and time.</p> <p>Review of active physician's orders for Resident #68 as of 4/2/19, failed to reveal a physician's order for an incentive spirometer. Resident #68's care plan with a print date of 4/2/19 failed to reveal documentation regarding an incentive spirometer.</p> <p>On 4/2/19 at 10:14 a.m., observation revealed, Resident #68 was out of the room. An incentive spirometer was sitting on the table in the resident's room. On 4/2/19 at approximately 1:30 p.m., observation revealed, Resident #68 sitting in a chair in the room. An incentive spirometer was sitting on the table in the room. An interview</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAGE AT ORCHARD RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 PROCESSION WAY WINCHESTER, VA 22603</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 880	<p>Continued From page 21</p> <p>was conducted with Resident #68 regarding the incentive spirometer. Resident #68 stated she brought the incentive spirometer from the hospital and uses it once or twice a day. On 4/3/19 at 10:35 a.m., observation revealed, Resident #68 was out of the room. An incentive spirometer was sitting on the table in the room.</p> <p>On 4/3/19 at 10:54 a.m., an interview was conducted with LPN (licensed practical nurse) #1, regarding the purpose of an incentive spirometer. LPN #1 stated an incentive spirometer provides good airflow and movement in the lungs and prevents pneumonia. When asked if a physician's order should be obtained for the use of an incentive spirometer, LPN #1 stated an order should be obtained because an order is needed for everything.</p> <p>On 4/3/19 at 11:23 a.m., LPN #1 stated she identified residents who were using incentive spirometers and obtained physician's orders for the devices.</p> <p>On 4/3/19 at 11:17 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p>	F 880			