

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

PRINTED: 09/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/02/2020
NAME OF PROVIDER OR SUPPLIER HANOVER HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111		
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 9/1/20 and continued with offsite review through 9/2/20. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000			
F 000	The census in this 120 certified bed facility was 62 at the time of the onsite survey. INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted onsite 9/1/2020 and continued with offsite review through 9/2/2020. The facility was in not in compliance with 42 CFR Part 483.80 infection control regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. Two complaints were investigated during the survey. The survey sample consisted of 4 residents (Residents 1, 2, 3, and 7)	F 000			
F 692 SS=D	The census in this 120 certified bed facility was 62 at the time of the onsite portion of the survey. Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (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	F 692		9/28/20	

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

TITLE

(X6) DATE

Electronically Signed

09/18/2020

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 692	<p>Continued From page 1 ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observations, resident interview, staff interviews, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to maintain adequate nutritional status for one Resident (Resident #3) in a sample size of 4 residents.</p> <p>For Resident #3, the facility staff failed to assess for food preferences in a timely fashion. The food preference assessment was completed 35 days after admission.</p> <p>The findings included:</p> <p>Resident #3, a 79-year old male, was admitted to the facility on 07/27/2020. Diagnoses included but not limited to fracture of the right femur, anemia, dementia, and Parkinson's disease.</p> <p>Resident #3's Minimum Data Set with an Assessment Reference Date of 07/30/2020 was</p>	F 692	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F692 Nutrition/Hydration Status Maintenance</p> <p>1) Resident #3 medical record was updated to include food preferences.</p>		

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F 692	<p>Continued From page 2</p> <p>coded as an admission assessment. The Brief Interview for Mental Status was coded as an "11" out of possible "15" indicative of moderate cognitive impairment. Functional status for bed mobility, transferring, dressing, and personal hygiene were coded as requiring extensive assistance from staff. Functional status for eating was coded as independent with "set up only" assistance from staff. Height was coded at 67 inches and weight was coded as 185 pounds.</p> <p>On 09/01/2020, the weight record was reviewed. The weight summary was viewed in Resident #3's electronic health record documented the following:</p> <p>184.5 lbs [pounds] (mechanical lift) dated 07/27/2020 at 4:51 PM 167 lbs [pounds] (mechanical lift) dated 08/05/2020 at 5:25 PM 156.4 lbs [pounds] (mechanical lift) dated 08/26/2020 at 4:33 AM</p> <p>The progress notes were reviewed. A nutrition note entitled, "Nutrition Assessment" written by Employee J, a registered dietitian, dated 07/29/2020 at 9:37 AM did not document food preferences.</p> <p>A nurse's note dated 07/31/2020 at 3:42 PM documented, "Pt's [patient's] appetite seems to have increased. Pt consumed about 50-75% of meals. Despite appetite increase, he was also offered snacks (peanut butter crackers). Also encouraged fluids throughout the shift in which he was cooperative."</p> <p>A nurse's note dated 08/19/2020 at 1:44 PM documented, "Pt ate <50% of meals. Stated he</p>	F 692	<p>2) All residents are at risk of failing to be assessed for meal preferences.</p> <p>3) The Registered Dietitian or Designee will educate Dietary manger, and Diet tech on timely assessment of meal preferences of all new admissions.</p> <p>4) The DON or Designee will audit 5 new admission charts to ensure meal preferences are completed timely 3 times a week for 2 weeks, weekly for 2 weeks, monthly x 2. Any variance will be reviewed through QAPI process</p> <p>5) Date of Compliance is September 28th, 2020</p>		

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F 692	<p>Continued From page 3</p> <p>did not want alternative options when offered and that he usually doesn't eat much." Excerpts of a nurse's note dated 08/25/2020 at 5:48 PM documented, "NP [nurse practitioner name] seen for low BP [blood pressure]/poor appetite - ." "Weight on 08/26/20."</p> <p>An excerpt of a nutrition note written by Employee J, a registered dietitian, entitled, "Nutrition Assessment" dated 08/31/2020 at 1:09 PM documented, "Ensure Plus BID [twice a day] added on 08/25/2020 d/t [due to] poor po [oral] intake. Suggest change Ensure Plus to Med Plus 2.0 @ 120 mL po BID [milliliters orally twice a day]." The assessment written by the dietitian did not address food preferences. An excerpt of a nurse's note dated 08/31/2020 at 2:08 PM documented, "Seen by [nurse practitioner name], NP ...make dietitian tech speak with resident about his likes and dislikes when it comes to food to address resident's weight loss."</p> <p>On 09/02/2020 at approximately 8:45 AM, Resident #3 was observed lying in bed with the head of the bed elevated approximately 30 degrees. There was a large cup of water on the tray table next to the bed. When asked if he was drinking the water, Resident #3 stated, "I won't drink it." Resident #3 then stated he didn't like it. When asked what he would prefer to drink, Resident #3 stated, "Anything but water." When asked if he liked the food at the facility, Resident #3 stated, "It's alright." When asked if he had been eating his food, Resident #3 stated, "I eat sometimes." When asked if he had been losing weight, Resident #3 stated, "Some say I'm losing weight but I can't tell." When asked if he intended to eat his breakfast, Resident #3 stated, "I'll try." When asked what his favorite foods were,</p>	F 692			

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F 692	<p>Continued From page 4</p> <p>Resident #3 stated, "Banana pudding." When asked about other foods he preferred to eat, Resident #3 stated, "I can't think of anything else." Resident #3 then stated, "Banana pudding is my favorite."</p> <p>On 09/02/2020 at approximately 9:05 AM, a facility staff member delivered the breakfast tray to Resident #3. Resident #3 told the staff he wanted something else. Registered Nurse A (RN A) stated an alternate would be ordered from the kitchen.</p> <p>On 09/02/2020 at 9:13 AM, a new tray was delivered to Resident #3. At approximately 9:16 AM, RN A exited Resident #3's room and stated that Resident #3 drank his apple juice, ate a strip of bacon, and was "working on everything else." RN B was standing nearby and stated that Resident #3 likes bacon, fruit, Ensure, and some vegetables. RN B stated that Resident #3's appetite is "getting better." RN B stated that when he first arrived at the facility, he didn't want to eat, but now he eats about 75% or more.</p> <p>On 09/02/2020 at approximately 10:00 AM, an interview with Employee I, the dietitian tech, and Employee J, the corporate registered dietitian, was conducted. Employee J stated that she comes to the facility a few days a month but always has access to the files. When Employee I was asked about his process when a resident is admitted to the facility, Employee I stated that he would check the resident's food allergies; if the resident has any swallowing difficulties; food dislikes; what the body weight is; if the resident is on supplements or needs supplements; or unintentional weight loss. When asked where food preference assessment would be</p>	F 692			

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F 692	<p>Continued From page 5</p> <p>documented, Employee I stated it would be documented in a narrative note. When Employee J was asked about the initial nutrition note she wrote dated 07/29/2020, Employee J stated that she was not in the facility when that note was written so she did not document likes and dislikes. Employee J stated the content of the note was written from a chart audit. Employee J stated that Employee I would do that.</p> <p>When Employee I was asked if he saw Resident #3, Employee I stated he attempted to visit Resident #3 the second day after Resident #3 arrived and made other attempts but [Resident #3] would either be sleeping or in therapy. When asked about Resident #3's food preferences, Employee I stated he spoke with Resident #3's wife and she indicated Resident #3 does not like boiled chicken or fish; tuna salad; or onions. Employee I stated Resident #3 likes sweets, oatmeal, fruit, orange juice, sandwiches, chips, fries. Employee I stated that according to Resident #3's wife, dinner is his main meal and he is not a big breakfast or lunch eater. When asked when he got this food preference information from the wife, Employee I stated the nurse practitioner told me on 08/31 to get his food preferences and "I just spoke with the wife yesterday (09/01/2020)."</p> <p>The facility staff provided a copy of the job description for the dietary technician and the registered dietician. A form entitled, "Job Description and Performance Appraisal Dietary Technician" under the header, "Job Specific Duties" included but not limited to the following: "Assists the Dining Services Manager in maintaining the patient traycard system for patient specific changes and preferences."</p>	F 692			

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F 692	Continued From page 6 A form entitled, "Job Description and Performance Appraisal Registered Dietician" under the header, "Job Specific Duties" included but not limited to the following: "Assists the Dining Services Manager in maintaining the patient traycard system for patient specific changes and preferences." On 09/02/2020 at approximately 4:00 PM, the administrator and DON were notified of findings. The DON provided a copy of a discharge planning progress note dated 08/01/2020 at 10:33 AM and highlighted the following excerpt: "Resident's wife [name] was contacted via telephone with [name] DCP [discharge planner, [name] BOM [business office manager, and [name] UM [unit manager. Department roles, facility routines, medications, functional status, nutritional status, activities interests ...were discussed." The DON verified that the dietary staff were not in attendance at that meeting.	F 692			
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 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. §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:	F 880		9/28/20	

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F 880	Continued From page 7 §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880			

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F 880	<p>Continued From page 8</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, staff interview, and facility documentation review, the facility staff failed to adhere to infection control practices on one of two units. A facility staff member was observed dressed in full personal protective equipment (PPE) touching the rail on the wall outside Room 409 with a gloved hand.</p> <p>The findings include:</p> <p>On 09/01/2020 at approximately 10:15 AM, this surveyor and the Infection Preventionist observed Employee G standing just inside the threshold of Room 409 and the room door was open. Employee G had an N-95, faceshield, gown, and gloves donned. Employee G's right gloved hand was touching the room door edge and Employee G's left gloved hand was touching the corner of the rail (on the wall) outside Room 409. Employee G then adjusted her N-95 with her gloved hands. When asked about standing in the doorway, Employee G stated that she was standing in the doorway and looking for someone to pass by to "help me transfer a resident." The Infection Preventionist intervened and informed Employee</p>	F 880	<p>F880 Infection Prevention & Control</p> <p>1) Employee G re-educated on doffing PPE</p> <p>2) All residents are at risk of infection regarding staff failing to doff PPE prior to exiting room or touching handrail</p> <p>3) The Nurse Educator or Designee will educate all staff on appropriate doffing of PPE prior to exiting patient room or touching handrails.</p> <p>4) The DON or Designee will audit 10% of staff to validate appropriate doffing PPE prior to exiting room 3x a week for 2 weeks, then weekly for 2 weeks than monthly x 2. Any variance will be reviewed through QAPI process.</p> <p>5) Date of Compliance is September 28th, 2020</p>		

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F 880	<p>Continued From page 9</p> <p>G to doff her PPE and wash her hands and re-apply new PPE. The Infection Preventionist stated to Employee G that her gloves were potentially contaminated and that she just touched the rail outside the room. Employee G then apologized, doffed her PPE and washed her hands. Employee G was then observed adjusting and touching her N-95 mask with her bare hands. When asked about touching her N-95 mask, Employee G stated that she needed to adjust her mask. Employee G then stated she would need to go get another N-95. Employee G then started to walk down the hall. This surveyor then asked Employee G if she needed to wash her hands since touching her N-95 with her bare hands. Employee G stated yes and walked to the isolation cart across the hall and washed her hands with hand sanitizer. This surveyor and the Infection Preventionist waited in the hall for approximately 3 minutes until another staff person arrived to don PPE and enter the room. During that time, disinfecting the rail that Employee G touched was not observed.</p> <p>The facility staff provided a copy of their policy entitled, "COVID-19." In Section 14 entitled, "Education" in subpart (a), it was documented, "Educate all employees on signs and symptoms of COVID-19 and recommended infection prevention and control practices."</p> <p>The facility staff provided a copy of a form dated 03/16/2020 entitled, "Inservice/Education Record." Under the section entitled, "Summary of Content", it was documented, "Proper donning/doffing of PPE." Under the header, "Name of Personnel Attending", the document contained Employee G's signature. A form dated 06/02/2020 entitled, "Inservice/Education Record"</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>under the section entitled, "Subject" documented, "Droplet Precautions." Under the section entitled, "Summary of Content", it was documented, "Understand importance of isolation precautions, hand hygiene, gown, gloves, mask." Under the header, "Name of Personnel Attending" Employee G's signature or name was not on the document. A form dated 08/03/2020 entitled, "Inservice/Education Record" under the header entitled, "Subject", it was documented, "Enhanced Droplet Precautions." Under the header entitled, "Objectives" it was documented, "Understand procedure for enhanced droplet precautions." Under the header, "Name of Personnel Attending" Employee G's name or signature was not on the document.</p> <p>On 09/02/2020 at approximately 4:00 PM, the administrator and DON were notified of findings. They offered no further documentation or information.</p>	F 880			