

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

PRINTED: 12/29/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINDSORMEADE OF WILLIAMSBURG</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3900 WINDSOR HALL DRIVE WILLIAMSBURG, VA 23188</b>		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 657 SS=B	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of	F 657		1/15/21	

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

TITLE

(X6) DATE

Electronically Signed

12/23/2020

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 657	<p>Continued From page 1</p> <p>the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility documentation review, and clinical record review, the facility staff failed to review and revise the careplan for 2 Residents (Resident #10 and Resident #13) in a survey sample of 16 Residents.</p> <p>1. For Resident #10, the facility staff failed to revise the careplan to remove the intervention of one on one observation, when this service was discontinued.</p> <p>2. For Resident #13 the facility staff failed to review and revise careplan to reflect Resident</p>	F 657	<p>F657</p> <p>1. 2 residents, Resident #10 and Resident #13 were identified with 1 occurrence each of the care plan not having been updated with the most current condition or most current services being provided. Resident #10 was discharged to an Assisted Living Facility on 12-7-2020, therefore, all care plans were inactivated at that time. For Resident #13, the foley catheter care plan was corrected to indicate the care area as resolved, and this was corrected during the survey. Resident #13's care plan has been</p>		

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F 657	<p>Continued From page 2</p> <p>#13's Foley catheter was removed on 12/4/19.</p> <p>The findings included:</p> <p>1. For Resident #10, the facility staff failed to revise the careplan to remove the intervention of one on one observation, once this service was discontinued.</p> <p>Resident #10 was admitted to the facility on 10/9/2020. Diagnoses for this Resident included but were not limited to: unspecified fracture of lower end of right humerus, fracture of right pubis, acute cystitis without hematuria, and Alzheimer's disease with late onset.</p> <p>Resident #10's most recent MDS (minimum data set) (an assessment tool), with an ARD (assessment reference date) of 10/15/2020, was coded as an admission assessment. Resident #10 was coded as having had a BIMS (brief interview for mental status) score of 9, which indicated moderately impaired cognitive skills. Resident #10 was also coded on this same assessment as having required, limited assistance of staff for ADL's (activities of daily living), including: bed mobility, transfers, walking, dressing, eating, toilet use and personal hygiene.</p> <p>On 12/2/2020 during initial tour, Resident #10 was observed to be in her room, asleep in her recliner chair. No other persons were observed in the room.</p> <p>On 12/2/2020 at 2:40 PM, Resident #10 was observed sitting in the doorway of her room, no other people were observed with her.</p>	F 657	<p>reviewed for other potential corrections and updated to this residents current condition and potential risks.</p> <p>2. All residents residing in the facility household have the potential to be affected by not having an updated resident-centered comprehensive care plan or having a care plan focus that is not assigned to a department for review. An audit will be completed of all current residents care plans to determine if any other residents have active care plans in place that need to be revised/resolved to reflect the current status of the resident.</p> <p>3. The MDS Coordinator and the Interdisciplinary Team will be re-educated on the importance of revising care plans in a timely manner and updating the care plan to reflect the current status of the resident in a person-centered approach.</p> <p>4. The MDS coordinator and/or designee will perform an initial 100% audit of all comprehensive care plans. This will be followed by monthly audits of 10% of all care plans to monitor for any care plan approaches that need to be revised/resolved. Monthly ongoing audits will be conducted and reported quarterly through the QAPI process.</p> <p>5. The corrective actions will be completed by 1/15/2021.</p>	

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F 657	<p>Continued From page 3</p> <p>On 12/4/2020, mid-morning, Resident #10 was observed laying in bed. Surveyor E entered into the room to talk with Resident #10, no other people were noted in the room.</p> <p>On 12/4/2020 during a record review, Resident #10's fall careplan had an intervention that read, "10/11/20 Family going to provide a private sitter due to impaired cognition". Review of the progress notes for Resident #10 revealed no entries to indicate 1:1 was being provided, why or when this service ended.</p> <p>On 12/4/2020 at 11:29 AM, an interview was conducted with CNA A. CNA A stated, "she [referring to Resident #10] is doing much better now, when she came here, she was very confused and would come out of her room saying, where is my car, I don't know what happened, or why am I here". CNA A confirmed that Resident #10 no longer has a sitter or 1:1.</p> <p>On 12/4/2020, review of the requested copies of the clinical record, revealed that the facility had provided Surveyor E with a schedule of the times Resident #10 had a sitter. These documents revealed Resident #10's 1:1 took place from 10/13/2020 at 10:30 PM and ended on 11/16/2020 at 10:00 PM. Resident #10's careplan had not been reviewed and revised since this service ended on 11/16/2020.</p> <p>Review of the facility policy titled "Care Planning" with a revision date of 6/1/20, read: "A person-centered comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs shall be developed for each resident. 8. The resident will receive the services</p>	F 657			

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F 657	<p>Continued From page 4 and/or items included in the plan of care".</p> <p>On 12/4/2020, during an end of day meeting, the facility Administrator and Director of Nursing were made aware of the findings. During this meeting, Employee F confirmed Resident #10 no longer has 1:1.</p> <p>No further information was provided.</p> <p>2. For Resident #13 the facility staff failed to review and revise care plan to reflect Resident #13's Foley catheter was removed by facility staff on 12/4/19.</p> <p>Resident #13, a 92 year old woman, was admitted to the facility on 11/06/19 with diagnoses of but not limited to CHF, fracture right pubis, muscle weakness, macular degeneration, osteoporosis, UTI, dysphagia and left ventricular failure.</p> <p>Resident #13's most recent MDS with an ARD date 11/17/20 coded the Resident as requiring limited assistance with bed mobility and most aspects of ADL's. The Resident uses a walker and wheelchair with assistance for mobility.</p> <p>On 12/3/30 a review of the care plan revealed that Resident #13 was care planned for Foley Catheter since admission. During the investigation into this matter it was discovered that the Resident's MDS's from 2/26/20, 8/18/20 and 11/17/20 all reflect no catheter present. A review of the progress notes revealed the Resident was admitted to the facility from hospital with the Foley catheter on 11/6/19 and it was</p>	F 657			

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F 657	Continued From page 5 removed by facility nursing staff on 12/4/19 per physician order.  On 12/4/20 an interview was conducted with the LPN A who stated she did not remember Resident #13 ever having a catheter, however she explained " I used to work PRN and maybe that is when she had it."  On 12/4/20 at approximately 11:00 AM an interview was conducted with the DON and the MDS Coordinator. The MDS Coordinator stated "It's my mistake that the Foley didn't get removed from the care plan. I overlooked it and didn't assign it to Nursing so it got missed."  The DON was asked how often the care plans reviewed and she are stated quarterly unless there are any changes in condition. When asked her expectation of her nurses when documenting changes in care, she stated they should document a Foley being discontinued and they can update care plans as well.  On 12/4/20 during the end of day conference the Administrator was made aware of the concerns with the care plans and no further information as provided.	F 657			
F 679 SS=E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)  §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities,	F 679		1/15/21	

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F 679	<p>Continued From page 6</p> <p>designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, Resident interview, facility documentation review, and clinical record review, the facility staff failed to provide and document an ongoing activity program based on the preferences of the Resident, to support the physical, mental and psychosocial well-being for 4 Residents (Resident #7 , Resident #10, Resident #13, and Resident #16 ) in a survey sample of 16 Residents.</p> <p>The findings included:</p> <p>1. For Resident #7 the facility staff failed to document in the clinical record, an ongoing program of activities based on the Resident's preferences to support the physical, mental and psychosocial well-being.</p> <p>Resident #7 was admitted to the facility on 3/12/2020. Diagnoses for this Resident included but were not limited to: dementia without behavioral disturbance, chronic kidney disease stage 3, major depressive disorder and anxiety disorder.</p> <p>Resident #7's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 9/15/20, was coded as a quarterly assessment. Resident #7 was coded as having had a BIMS (brief interview for mental status) score of 9, which indicated moderately impaired cognitive skills. Resident #7 was coded as having required assistance of one</p>	F 679	<p>F679</p> <p>1. Resident #7, Resident #10, Resident #13, and Resident #16 were identified as not having a consistent, well documented ongoing activity program based on the preferences of each resident. These residents will be interviewed for documentation of their current preferences to provide activities that will meet their physical, mental, and psychosocial well-being. Residents will be offered activities that meet their preferences and/or be provided with materials to meet those preferences.</p> <p>2. All other residents in the facility household have the potential to be affected by not having consistent stimulating activity programs that meet their preferences. The Recreation Therapist, Household Leader, and Social Worker will interview the residents to identify current preferences and update the needs of the residents. The IDT Team will then provide meaningful activities of the residents choice.</p> <p>3. The Activity documentation will be revised to include participation, barriers to participation, accurate accounts of 1:1 visits, and when the resident is unavailable or uninterested in the activity. The team will attempt to provide alternate</p>		

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F 679	<p>Continued From page 7</p> <p>staff member for help with transfers, dressing, toileting, personal hygiene and bathing.</p> <p>On 12/3/2020 at approximately 11:00 AM, Resident #7 was observed in his room with a word search puzzle. When asked if he does these often, Resident #7 stated, "this is the first one I've seen in a long time". His telephone was noted on his over bed table with no receiver or cord being in place. When asked what he does to pass by time during the day, Resident #7 replied "nothing really, just sit here". Resident #7 was asked if staff come in and talk with him and he replied "no". When asked if he plays bingo, cards, does any kind of exercise, Resident #7 said, "no they don't do that here". A television was observed in the room, no radio was observed. A newspaper was noted on the bed. No other reading material was noted.</p> <p>On 12/3/2020, a review of the clinical record for Resident #7 revealed a "therapeutic recreation assessment" that was conducted 3/16/2020. This assessment revealed Resident #7 stated the following items were "current recreation pursuits: reading, news, 1:1's [one on one], visitors, telephone, exercise, sports, music, bible study, and worship". This assessment also indicated, "Resident needs assistance from staff to participate in leisure activities: encouragement, verbal cues". The MDS conducted with an ARD of 3/18/20 revealed that Resident #7 found the following items very important to him: "use the phone in private, have books, newspapers and magazines to read, music, to keep up with the news and religious services". Review of the entire clinical record revealed no evidence of activity attendance.</p>	F 679	<p>means of activity that meet the interest and needs of each resident.</p> <p>4. The revised activity and documentation program will be reviewed and approved by the Administrator/designee. The program will be monitored by direct observation of activity programs and the documentation will be reviewed on a weekly basis for 4 weeks. Monthly audits will continue ongoing of 25% of the long stay residents and 25% of new admissions to ensure that the activity program is meeting their preferences and needs and is being documented accurately. Monthly ongoing audits will be conducted and reported quarterly through the QAPI process.</p> <p>5. The corrective actions will be completed by 1/15/2021.</p>		

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F 679	<p>Continued From page 8</p> <p>Review of the careplan for Resident #7 revealed a focus area which read, "3/18/20 I am at risk for increased anxiety, fear, and/or depression related to implementation of CMS [Centers for Medicare and Medicaid Services] guidelines to limit exposure to COVID-19 and from news media on the outbreak". An intervention for this focus area read, "3/18/20 provide 1:1 activities as indicated/requested".</p> <p>On 12/3/2020 at 4:22 PM, Employee H, the household leader, provided the surveyor with a 3-ring binder which is used to log activity attendance. Review of Resident #7's records revealed no records for December. November revealed Resident #7 participated in 3 activities which were held on 11/4-11/5. October revealed Resident #7 attended 1 activity, in Sept. he was recorded as having participated in 10 activities. In the 94 days from Sept. 1- Dec. 3, and of the 268 activities scheduled during this time, Resident #7 had only attended 14 activities and there was no record of any 1:1 visits.</p> <p>On 12/4/2020 at approximately 11:00 AM, additional records for Resident #7 were received by the survey team. These records included a December activity calendar which now had Resident #7 recorded for participating in 5 activities 12/1-12/5. Additional records of visits and calls with family were also provided, none of which was included in the clinical record for Resident #7.</p> <p>2. For Resident #10 the facility staff failed to provide and document in the clinical record, an ongoing program of activities based on the</p>	F 679			

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F 679	<p>Continued From page 9</p> <p>Resident's preferences to support the physical, mental and psychosocial well-being.</p> <p>Resident #10 was admitted to the facility on 10/9/2020. Diagnoses for this Resident included but were not limited to: unspecified fracture of lower end of right humerus, fracture of right pubis, acute cystitis without hematuria, and Alzheimer's disease with late onset.</p> <p>Resident #10's most recent MDS, with an ARD of 10/15/2020, was coded as an admission assessment. Resident #10 was coded as having had a BIMS score of 9, which indicated moderately impaired cognitive skills. Resident #10 was also coded on this same assessment as having required, limited assistance of staff for ADL's (activities of daily living), including: bed mobility, transfers, walking, dressing, eating, toilet use and personal hygiene.</p> <p>On 12/2/2020 during initial tour, Resident #10 was observed to be in her room, asleep in her recliner chair.</p> <p>On 12/2/2020 at 2:40 PM, Resident #10 was observed sitting in the doorway of her room.</p> <p>On 12/4/2020, mid-morning, Resident #10 was observed laying in bed. Surveyor E entered into the room to talk with Resident #10, and observed magazines and word search puzzles in the window sill, and a television and telephone. No other activity supplies were noted and no other materials for sensory stimulation.</p> <p>Review of the clinical record for Resident #10 revealed no activity attendance records. A "therapeutic recreation assessment" that was</p>	F 679			

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F 679	<p>Continued From page 10</p> <p>conducted 11/16/2020 and indicated Resident #10's current interests were: "reading, news, 1:1's, small groups, visitors, telephone, trivia, word games, exercise, bible study and worship".</p> <p>On 12/3/2020 review of the activity attendance calendars Employee H provided, revealed no records for October or December for Resident #10. November records revealed Resident #10 had attended 2 group activities. In the 56 days Resident #10 had resided at the facility and of the 168 activity sessions, Resident #10 had only participated in 2.</p> <p>Review of the careplan for Resident #10 revealed a focus area which read, "10/9/20 I am at risk for increased anxiety, fear, and/or depression related to implementation of CMS [Centers for Medicare and Medicaid Services] guidelines to limit exposure to COVID-19 and from news media on the outbreak". An intervention for this focus area read, "10/09/20 provide 1:1 activities as indicated/requested".</p> <p>On 12/4/2020 at approximately 11:00 AM, additional records for Resident #10 were received by the survey team. These records included a December activity calendar which now had Resident #10 recorded for participating in 2 activities 12/1-12/5.</p> <p>3. For Resident #13 the facility staff failed to provide and document in the clinical record, an ongoing program of activities based on the Resident's preferences to support the physical, mental and psychosocial well-being.</p>	F 679			

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F 679	<p>Continued From page 11</p> <p>Resident #13 was re-admitted to the facility on 3/2/2020. Diagnoses for this Resident included but were not limited to: acute systolic congestive heart failure, fracture of superior rim of right pubis, left ventricular failure, and mild cognitive impairment.</p> <p>Resident #13's most recent MDS, with an ARD of 11/17/2020, was coded as an annual assessment. Resident #13 was coded as having had a BIMS score of 15, which indicated no cognitive impairment. Resident #13 was also coded on this same assessment as having required, limited assistance of staff for ADL's, including: bed mobility, transfers, and toileting.</p> <p>On 12/3/2020 Resident #13 was visited in her room. She reported that she likes to watch the news and has some audio books that her family and friends help coordinate getting for her. Resident #13 did acknowledge that the facility staff will turn them on and change the CD for her due to her vision impairment she is unable to do so. When asked if she attends activities, Resident #13 said "no". When asked if she participates in things like bingo she says "I can't because I can't see, before we were quarantined I had a friend from independent that would come help me". When asked if she ever gets bored, she said "yes, all the time". When advised that her assessment showed religion is important to her, Resident #13 said "yes, but I can't see to read. My pastor and deacon used to come but they can't now due to the quarantine". When asked if someone comes by to pray with her or read the Bible with her, she said "no, never".</p> <p>Review of the clinical record for Resident #13 revealed no activity attendance records. A</p>	F 679			

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F 679	<p>Continued From page 12</p> <p>"therapeutic recreation assessment" that was conducted 11/20/2020 and indicated Resident #13's current interests were: "news, 1:1's, small groups, visitors, telephone, music, sensory stimulation and audio tapes". There was evidence of the social worker visiting Resident #13 on a regular basis (several times per month). Activity progress notes are observed on a quarterly basis that read, "staff will encourage resident to attend hallway activities and provide 1:1 visits as needed".</p> <p>Review of the careplan for Resident #13 revealed a focus area which read, "3/18/20 I am at risk for increased anxiety, fear, and/or depression related to implementation of CMS guidelines to limit exposure to COVID-19 and from news media on the outbreak". An intervention for this focus area read, "3/18/20 provide 1:1 activities as indicated/requested". An additional careplan read, "I require prompting with engaging in social and leisure activities". The goal for this focus area read, "I will participate in social and leisure activities at a minimum of 3x/week". Interventions read, "encourage me to participate in hallway activities such as trivia, music, refreshments and games. Inform me of upcoming activities as I many want to participate".</p> <p>On 12/4/2020 review of the activity attendance calendars revealed from September 1-December 3 the following: in the 94 days reviewed, Resident #13 participated in activities on 8 days (3 of which was Dec. 1-3 where "books on tape" was written in. Of the 268 activities provided Resident #13 only participated in 5. There was no indication that she had been offered to attend and declined, nor was there any evidence of 1:1 activities being provided.</p>	F 679			

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F 679	Continued From page 13  4. For Resident #16 the facility staff failed to provide and document in the clinical record, an ongoing program of activities based on the Resident's preferences to support the physical, mental and psychosocial well-being.  Resident #16 was admitted to the facility on 11/11/2020. Diagnoses for this Resident included but were not limited to: Alzheimer's disease, vascular dementia with behavioral disturbance, major depressive disorder, anxiety disorder, and insomnia.  Resident #16's most recent MDS, with an ARD of 11/18/2020, was coded as an admission assessment. Resident #16 was coded as having had a BIMS score of 6, which indicated severe cognitive impairment. Resident #16 was also coded on this same assessment as having required, extensive to total assistance of staff for ADL's, including: bed mobility, transfers, toileting, dressing, eating, personal hygiene, and bathing. This assessment on section F, "preferences for customary routine and activities" was conducted by staff interview. The staff indicated that "listening to music, doing things with groups of people, spending time outdoors and participating in religious activities or practices were important.  On 12/2/2020 Resident #16 was observed mid-morning and again in the afternoon and was asleep both times.  On 12/3/2020 Resident #16 was observed to be asleep and not easily awakened.	F 679			

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F 679	<p>Continued From page 14</p> <p>On 12/4/2020 Resident #16 was observed to be in bed, asleep. On all 3 days of observation at no point was any sensory stimulation noted. There was no reading material in the room, no radio, the only personal items identified other than clothing was 2 photo books.</p> <p>Review of the clinical record for Resident #16 revealed no activity attendance records. A "therapeutic recreation assessment" that was initiated 11/18/2020 but had never been filled out. Therefore, Resident #16's past and current interests were unknown.</p> <p>Review of the careplan for Resident #13 revealed a focus area which read, "11/12/20 I am at risk for increased anxiety, fear, and/or depression related to implementation of CMS guidelines to limit exposure to COVID-19 and from news media on the outbreak". An intervention for this focus area read, "11/12/20 provide 1:1 activities as indicated/requested".</p> <p>On 12/4/2020 review of the activity attendance calendars revealed no activity attendance logs for Resident #16, from the time of admission through the date of survey. There was no indication that he had been offered to attend and declined, nor was there any evidence of 1:1 activities being provided. The only records were Social Services progress notes where she visited with the Resident on 2 occasions, met with the spouse of Resident #16 on admission to complete the paperwork and also talked with the family to coordinate careplan meetings.</p> <p>On 12/3/2020 at 4:01 PM, a telephone call was placed to Employee I, the certified recreational</p>	F 679			

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F 679	<p>Continued From page 15</p> <p>therapist. Employee I stated, "up until November we did small group activities that were socially distanced. Sometime in Nov. we had to restrict small group activities and we are going a lot of rounds". When asked how activity attendance and offerings are documented, Employee I stated, "we document on loose leaf paper that has a calendar of events and we highlight what they attend, if they do 1:1 or something separate I write it in the block for that day". Employee I stated, "activities are provided daily, throughout the week, if they do not participate in groups each team member is responsible for life engagement and I document it".</p> <p>On 12/3/2020 at approximately 4:30 PM, Employee H was interviewed. Employee H stated, "we usually do 3-4 activities per day, they last about 30 minutes each depending upon the activity". When asked about the weekend, Employee H stated "[Employee I, name redacted] [the recreational therapist] comes in on weekends. We instruct the CNA's [certified nursing assistants] to do 1:1 and encourage activities on the weekends as well". Employee H was asked what her understanding of the requirements are for activities and Employee H acknowledged, "one group activity per week in the evenings, activities are to be held on the weekends as well as during the week and if Resident's do not attend 2 group activities per week, then 1:1 visits/activities are to be provided". Employee H was asked what the importance of activities is, she stated, "it is extremely important for life enhancement and quality of life". Employee H was asked to verify how they record activities with each Resident and she stated, "we should be documenting all activities, this is a great method [referring to the monthly calendar</p>	F 679			

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F 679	<p>Continued From page 16</p> <p>and high lighting the groups they attend and then writing in any 1:1's on the date they were conducted]". Employee H confirmed that these logs were locked in Employee I's office and Employee I had not been at work this week.</p> <p>On 12/3/2020 at approximately 5:15 PM, Employee H provided the survey team with a December activity calendar which had group activities listed, and on the reverse side she had written notes indicating 1:1 word games has been provided on 12/1/2020, with 2 Residents and hallway bingo had been provided with 1 Resident. On 12/2/2020 sittercise [sitting exercise] had been performed with 3 Residents, reminiscing with 1 Resident and 3 received hand massages. On 12/3/2020 Employee H had written that 1:1 word games were handed out to 6 Residents and bingo was offered with no Residents being interested.</p> <p>On 12/3/2020 at approximately 5:30 PM, an interview was conducted with the 2 CNA's (CNA C &amp; CNA D) working on the non-COVID unit. They were observed to be sitting at a round table together, at the end of the hallway, talking. When asked, who is responsible for providing activities to Residents? CNA D stated, "[employee I]". CNA C stated, [Employee H] helps too". When asked if they provide any activities, CNA C and CNA D stated, "no, they are tired from appointments and things during the day so we let them rest".</p> <p>On 12/4/2020 time records were reviewed for Employees H &amp; I. Employee A, the facility Administrator indicated "[Employee H] works one weekend a month, [Employee I] works one weekend per month. On a third weekend there is [another household leader] that works and then</p>	F 679			

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F 679	<p>Continued From page 17</p> <p>on the fourth weekend of the month no staff that are specifically assigned the roles of activities are scheduled but that all staff do activities since we do the household model".</p> <p>On 12/4/2020 at 10 AM, CNA B was interviewed. When asked who is responsible for activities, CNA B stated, "[Employee I's]". When asked if the CNA's provide activities, CNA B stated, "I'm not sure". CNA B was asked if she does activities with the Residents, she replied "I don't know, I will have to get back to you". Surveyor E commented on how quiet it is, CNA B stated, "yeah, it's a little quiet", when asked if this is normal, CNA B stated, "yeah, its always quiet". Surveyor E inquired as to how often they play bingo or do things in the hallway since the Residents can't come out of their rooms due to COVID, CNA B stated, "not that often".</p> <p>On 12/4/2020 at 11:29 AM, an interview was conducted with CNA A. CNA A was asked what kind of activities she does with the Residents, CNA A stated, "I like to do what they are interested in, I pray with [Resident #7], someday's I cut nails, do showers, put lotion on them". When asked how often Employees H and Employee I do activities, CNA A stated, "every other day".</p> <p>Review of the facility policy titled "Life Enhancement Opportunities" with a revision date of 6/1/20 read, "[facility name redacted] will provide opportunities designed to meet the specialized needs and interests of the residents and to promote maximum functioning. 1. The household team will meet with all residents and families upon move in to obtain information about the resident [sic] past and present leisure</p>	F 679			

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F 679	Continued From page 18 interests and daily routines. 4. In addition to the required scheduled activities, there shall be unscheduled team and resident interaction throughout the day. 8. Participation in activities will be documented for each resident".  On 12/4/2020 during an end of day meeting, the facility staff to include the Administrator, Director of Nursing, Assistant Director of Nursing, Household leader, and Social Worker were made aware of the lack of evidence of ongoing activity programing in the clinical records for Residents. The facility staff provided the survey team with photos that they indicated were of various activities they have provided to include, staff dressing up, theme days, Veteran's Day celebration, acknowledgement of birthdays, and Residents with their hair styled. The facility staff agreed that these events are not documented in the clinical record. The survey team revealed there was no evidence of a consistent and ongoing activities program observed. Resident interviews did not indicate it is occurring, and staff interviews didn't collaborate this.	F 679			
F 773 SS=C	No further information was provided. Lab Srvcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii)  §483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall	F 773		1/15/21	

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F 773	<p>Continued From page 19</p> <p>outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, clinical record review and facility documentation the facility staff failed to obtain physician orders for labs for all 16 Residents (#'s 1-#16) in a survey sample of 16 Residents.</p> <p>The findings included:</p> <p>For all residents in the sample (#'s 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15 and 16) the facility staff failed to obtain physicians orders prior to performing routine weekly Covid testing for facility Residents.</p> <p>On 12/3/20 during clinical record reviews it was noted that the Residents did not have orders for Covid testing on their physician order sheets.</p> <p>On 12/4/20 at approximately 10:00 AM the DON was asked to provide proof of physician orders for testing. She attempted to find it in the EHR and was unable to do so. She brought in the Administrator and Infection Preventionist who stated that they had each Resident and or Responsible Party sign a consent. She submitted a form entitled "COVID-19 Testing - Resident Consent" A review of the form revealed that these forms were not signed by a physician they were only informed consent from Resident and Resident Family members giving consent to test and report results to physicians and VDH.</p> <p>The DON stated that this is the form they use.</p>	F 773	<p>F773</p> <ol style="list-style-type: none"> <li>All residents #1-#16 were found to not have a physician order in the Electronic Medical Record for weekly COVID-19 testing during an outbreak. A standing order will be entered for each resident in the EMR for COVID-19 testing per facility protocols as well as during an outbreak.</li> <li>All residents have the potential of being affected by not having an order written in the EMR from a Physician to obtain Lab/COVID-19 tests.</li> <li>The Infection Preventionist received authorization from the physician to enter standing orders for each resident admitted to the facility. All standing orders were entered into the residents electronic medical records on 12-4-2020. There is now a standing order in place to be entered on admission for all residents.</li> <li>The Infection Preventionist and/or designee will perform an audit on 10% of all admissions monthly to ensure that the standing orders are entered for the COVID testing. Monthly ongoing audits will be conducted and reported quarterly through the QAPI process.</li> <li>The corrective actions will be completed by 1/15/21.</li> </ol>		

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F 773	<p>Continued From page 20</p> <p>When asked by surveyor to they usually obtain physician orders prior to ordering lab tests and she indicated that they do.</p> <p>In an end of day meeting, the Administrator asked if it was "ok" to have a blanket or standing order to cover all the Residents and "have them sign it on admission."</p> <p>The Administrator submitted the Outbreak and Communicable Disease Policy which read: Page 2 # 8 &amp; #9</p> <p>"8. Medical Director is responsible for: a. Working with the Attending Physician(s) and the health department to determine the need for laboratory specimens; and b. Overseeing the management of the outbreak."</p> <p>"9. The Attending Physicians will be responsible for: a. Ordering isolation barriers as needed. b. Working with the Medical Director and the Health Department to determine the need for laboratory Specimens."</p> <p>The Centers for Medicare and Medicaid Services (CMS) gave direction by way of a memo "QSO memo 38",page 7, for facilities to follow the mandated instruction of the memo in regard to the associated regulation. The excerpt follows;</p> <p>"Conducting Testing" "In accordance with 42 CFR § 483.50(a)(2)(i), the facility must obtain an order from a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with State law, including scope of practice laws to provide or obtain laboratory services for a resident, which</p>	F 773			

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F 773	Continued From page 21 includes COVID-19 testing (see F 773). This may be accomplished through the use of physician approved policies (e.g., standing orders), or other means as specified by scope of practice laws and facility policy." "NOTE: Concerns related to orders for laboratory and/or POC testing should be investigated under F 773."	F 773			
F 842 SS=B	On 12/4/20 during the end of day meeting the Administrator was made aware of the concerns and no further information was provided. 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, regardless of the form or storage method of the records, except when release is-	F 842		1/15/21	

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F 842	<p>Continued From page 22</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 professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic</p>	F 842			

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F 842	<p>Continued From page 23</p> <p>services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, observation, clinical record review, and facility documentation the facility staff failed to maintain an accurate clinical record for 1 Resident (#13) in a survey sample of 16 Residents.</p> <p>The findings included:</p> <p>For Resident #13 the facility staff failed to document in chart the correct number of days the resident was under quarantine, the room change and notification of POA of move back to room after being quarantined on the "Covid Unit" for 10 days.</p> <p>Resident #13, a 92 year old woman, was admitted to the facility on 11/06/19 with diagnoses of but not limited to CHF, fracture right pubis, muscle weakness, macular degeneration, osteoporosis, UTI, dysphagia and left ventricular failure.</p> <p>Resident #13's most recent MDS with an ARD date 11/17/20 coded the Resident as requiring limited assistance with bed mobility and most aspects of ADL's. The Resident uses a walker and wheelchair with assistance of staff for mobility.</p> <p>On 12/2/20 during the entrance conference the Administrator made reference to Resident #13, "Moving back to her room today," when giving surveyors the census on the Covid and Non Covid positive rooms.</p> <p>On 12/2/20 at approximately 100 PM observed</p>	F 842	<p>F842</p> <ol style="list-style-type: none"> <li>1. Resident #13 was identified as not having accurate documentation of quarantine status or notification to the POA of release from quarantine and return to her normal residence. The residents record was corrected and notification was made to POA.</li> <li>2. All residents have the potential to be affected by incomplete or inaccurate documentation of status and potential for failure to document notifications to POA's of changes in condition. The DON/Clinical Leader/designee will review all residents records of quarantined residents to ensure that the documentation in the EMR is correct, and will review the residents records to ensure that all recent status changes have been communicated and documented in the EMR.</li> <li>3. The Change in Condition policy will be reviewed and revised if changes are deemed necessary. The Nurses (RN's/LPN's) will be re-educated on the policy and the expectation of timely notification and documentation of any significant changes in status, including quarantine and room changes.</li> <li>4. The DON/Clinical Leader/designee will complete a 100% audit of current resident records within the past 30 days to identify any changes in condition or quarantine concerns that were not documented</li> </ol>		

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F 842	<p>Continued From page 24</p> <p>Resident #13 receiving assistance from staff to transfer from her wheelchair to her recliner. At that time an interview was conducted with the Resident who stated. "I feel just as good now as I did when they took me to the other room." "I didn't even know I was sick I was a little tired that's all, but I'm glad to be back in my room."</p> <p>On 12/3/20 a review of the progress notes read: "12/1/20 at 10 53 PM General Note" "Resident is on quarantine 9/14 [day 9 of 14] for transmission based precaution for COVID 19. She remains without symptoms of the virus at this time to include fever, cough, SOB, difficulty breathing, chills, muscle pain, headaches, sore throat, or new loss of taste or smell. PPE being utilized for care as recommended by the CDC. Vital signs continue to be monitored daily and any abnormalities will be reported to the MD and DON immediately."</p> <p>"12/ 3/20 at 4:15 PM" "SW [Social Worker] spoke with resident to see how she was adjusting after the move back to her regular room yesterday; resident was sitting up in her chair and listening to the news; resident was smiling and chatting and engaged in a robust discussion of the day's current events, she remains alert and oriented and says she is happy to be back in the familiar surroundings of her regular room."</p> <p>On 12/3/20 at approximately 2:00 PM an interview with the DON was conducted. When asked how long Resident #13 had been quarantined she stated "10 days because we have 2 negative tests on her she went back to her room on the 2nd."</p>	F 842	<p>and/or not communicated to RP/POA. Monthly on-going audits/chart reviews will continue for 25% of the current residents. Monthly ongoing audits will be conducted and reported quarterly through the QAPI process.</p> <p>5. The corrective actions will be completed by 1/15/21.</p>		

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

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F 842	<p>Continued From page 25</p> <p>The DON was then asked if it was her expectation that staff record room changes and quarantine time changes in the electronic health record. She indicated that the staff were expected to document any room changes, changes in treatment including quarantine and notifications of those changes in the chart."</p> <p>On 12/4/20 review of the clinical record was conducted, and the following note was found: "12/4/20 at 9:49 AM - Social Services" "SW visited with resident this morning to assess her readjustment to retuning to their regular room two days ago. Resident remains alert and oriented to her surroundings. Resident stated she feels settled back in and is her routine of listening to her audio books, and is also enjoying daily phone calls with her daughters. Resident exhibits clear cognition, aware of the month and year and knowledgeable in great detail national current events. Resident stated that on 12/2/20, the day she moved back to her regular room, she spoke to her daughter by phone and her daughter was made aware of resident's return to her regular room [Unit name redacted] Rm #3."</p> <p>On 12/4/20 during the end of day conference the Administrator was made aware of the concern and no further information was provided.</p>	F 842			