

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

PRINTED: 02/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2020
NAME OF PROVIDER OR SUPPLIER FRANCIS MARION MANOR HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 02/19/20 through 02/21/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No complaints were investigated during the survey.	F 000			
F 684 SS=D	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 2/19/20 through 2/21/20. Corrections are required for compliance with the following Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 110 certified bed facility was 88 at the time of the survey. The survey sample consisted of 18 current Resident reviews and 2 closed record reviews. Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, facility staff failed to ensure that residents receive treatment and care in accordance with the comprehensive	F 684			

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

TITLE

(X6) DATE

02/28/2020

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 684	<p>Continued From page 1</p> <p>person-centered care plan as evidenced by failure to obtain daily weights for 1 of 20 residents in the survey sample, Resident #23.</p> <p>For Resident #23, facility staff failed to obtain daily weights as ordered by the physician.</p> <p>Resident #23's diagnosis list indicated diagnoses, which included, but not limited to Chronic Kidney Disease Stage 4, Unspecified Systolic (Congestive) Heart Failure, Chronic Obstructive Pulmonary Disease, and Essential Primary Hypertension.</p> <p>The most recent annual MDS (minimum data set) with an ARD (assessment reference date) of 11/20/19 assigned the resident a BIMS (brief interview for mental status) score of 15 out of 15 in section C, Cognitive Patterns.</p> <p>A review of Resident #23's medical record revealed an active physician's order dated 10/02/18 stating Lasix 20 mg (milligrams) (Furosemide) give 20 mg by mouth every 24 hours as needed for weight gain, check daily weights, if weight 2-3 lbs. (pounds) in 24 hours or 5 lbs. in one week, give Lasix.</p> <p>Resident #23's comprehensive care plan included the problem area of "(Name omitted) is at risk for fluid imbalance", approaches included, but were not limited to "administer medications as ordered, refer to MAR (Medication Administration Record)" and "weigh and record as ordered, notify physician of significant findings".</p> <p>A review of the TAR (Treatment Administration Record) and the resident's Weights and Vitals Summary Report revealed weights were being</p>	F 684			

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F 684	Continued From page 2 obtained weekly. February 2020 weights were obtained on 2/03/20, 2/10/20, and 2/17/20. On 2/20/20 at approximately 10:00am, surveyor notified the DON (director of nursing) of the above findings. The DON did not provide any additional information. On 2/20/20 at approximately 3:30pm, the administrative team consisting of the administrator and the DON were made aware of staff not following the physician's order to obtain daily weights for Resident #23. No further information regarding this issue was presented to the survey team prior to the exit conference on 2/21/20.	F 684			
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: §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	F 880			

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F 880	<p>Continued From page 3</p> <p>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> <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.</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>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 document review, it was determined the facility staff failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections as evidenced by a failure of a staff member to cleanse an injection site prior to the administration of a subcutaneous injection for 1 of 20 residents in the survey sample (Resident #40).</p> <p>The findings include:</p> <p>On 2/20/20 at 8:00 a.m., Staff Member (SM) #21 was observed to administer Humalog (insulin) 10 unit via subcutaneous injection to Resident #40. SM #21 did not cleanse the injection site prior to administering the medication. SM #21 confirmed the injection site was not cleansed prior to the injection. SM #21 reported always cleansing an injection site prior to administering an injection and was unsure why he/she did not cleanse the injection during the aforementioned observation.</p> <p>Resident #40's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 1/11/20, had the resident assessed as requiring assistance with eating, hygiene, and dressing. Resident #40's diagnoses included, but were not limited to: diabetes, dysphagia,</p>	F 880			

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F 880	<p>Continued From page 5 respiratory disease, and high blood pressure.</p> <p>The following information was found in facility infection control and/or injection procedure documents provided to the survey team by the facility's Director of Nursing on 2/20/20 at 10:25 a.m.: "Subcutaneous Injection ... 12. Examine the patient's skin to select an appropriate injection site ... 15. Clean the intended injection site with an alcohol swab or facility approved antiseptic solution and allow it to air-dry 16. Uncap the needle and administer the injection ..."</p> <p>Resident #40's care plan included Diabetes Mellitus as a focus area. This focus area had "administer diabetes medication" as an intervention.</p> <p>During a meeting on 2/20/2020 at 3:20, the failure of SM #21 to cleanse Resident #40's injection site prior to a subcutaneous injection was discussed with the facility's Administrator and Director of Nursing.</p>	F 880		