

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

PRINTED: 01/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2021
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NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT GREENE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 355 WILLIAM MILLS DRIVE STANARDSVILLE, VA 22973
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E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted 1/19/2021. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey and Focused Infection Control survey were conducted 1/19/2021. One complaint was investigated during the survey (VA00050549) with allegations unsubstantiated, with related deficiencies. Corrections are required for the facility to be in compliance with 42 CFR Part 483 Federal Long Term Care requirements, 42 CFR Part 483.80 infection control regulations, and the CMS and Centers for Disease Control (CDC) recommended practices for COVID-19. The census in this 90 certified bed facility was 62 at the time of the survey. The survey sample consisted of five current resident reviews. There were 30 COVID-19 positive residents in the facility. The last complete testing of 57 staff was conducted 1/18/21 with results pending.	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits,	F 583		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Helene Malnar, Administrator 1.28.2021

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 583	Continued From page 1 and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by:	F 583			
F 657 SS=D	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 the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to--	F 657			

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F 657	<p>Continued From page 2</p> <p>(A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and complaint investigation, the facility staff failed to review and revise the comprehensive care plan for one of five residents in the survey sample. Resident #1's care plan was not revised to include a protocol for safe incontinence/personal care when the resident was standing and/or wandering in her room.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 8/4/17 with diagnoses that included dementia, depression, hypertension, dysphagia, gastroesophageal reflux disease and COVID-19. The minimum data set (MDS) dated 11/16/20 assessed Resident #1 with short and long-term</p>	F 657		

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F 657	<p>Continued From page 3</p> <p>memory problems and severely impaired cognitive skills. This MDS documented the resident required the extensive assistance of one person for dressing, toileting and total assistance of one person for hygiene.</p> <p>During investigation of a complaint, certified nurses' aide (CNA) #1 was interviewed about performing incontinence care with Resident #1 on the evening of 1/5/21. On 1/19/21 at 12:30 p.m., CNA #1 stated Resident #1 frequently wandered about the living unit and most of the time she changed the resident's clothing and incontinence brief with the resident standing in her room or bathroom. CNA #1 stated that on the evening of 1/5/21 she changed the resident's clothes and incontinence brief after dinner at approximately 5:45 p.m. or 6:00 p.m. CNA #1 stated the resident was constantly "on the go" and she changed the resident's clothing and brief with the resident standing in the room near the sink. CNA #1 stated it was routine for her to change the resident's brief and clothing with the resident standing as the resident was not cooperative with clothing changes in bed. CNA #1 stated on the evening of 1/5/21, after removing the soiled brief, she held the clean brief in place by placing her knee against the resident buttocks and then reached around the resident to secure the adhesive tabs. CNA #1 stated she then removed the resident's shirt and put on a clean top. CNA #1 stated she directed the resident to the bed to change her pants. CNA #1 stated the resident attempted to sit prior to reaching the bed surface so she grabbed the back of the resident's brief and under the resident's arm to prevent her from sitting in the floor. CNA #1 stated the resident frequently attempted to sit prior to reaching the seat surface.</p>	F 657			

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F 657	Continued From page 4 On 1/19/21 at 12:45 p.m., CNA #2 that routinely cared for Resident #1 was interviewed regarding personal/incontinence care. CNA #2 stated the resident frequently wandered in the evenings and at night and at times refused care. CNA #2 stated she routinely performed incontinent brief changes with the resident standing, as she was not cooperative with brief/clothing changes in the bed. CNA #2 stated she usually directed the resident to her room or restroom and had the resident hold the safety bar. CNA #2 stated the resident was usually cooperative if you talked with her and did not rush. CNA #2 stated she asked other staff to help her if needed when she was unable to complete brief changes or hygiene. CNA #2 stated the resident frequently sat down too early when going from standing to sitting. CNA #2 stated during sitting, she at times had to redirect the resident so she would not sit in the floor. Resident #1's plan of care (revised 12/30/20) included no problems, goals and/or interventions regarding safety during incontinence care, clothing changes or when attempting to sit. The care plan documented the resident had dementia, impaired vision, was combative at times, refused personal care and wandered mostly in the evenings and at nights. The only care plan intervention regarding incontinence and personal care was under the potential for skin breakdown and stated, "Encourage toileting, provide incontinence care as needed." The care plan documented the resident was at risk for falls/injury due to dementia and poor safety awareness. Interventions to prevent falls/injury included call light accessible, hazard-free environment, assistance when ambulating	F 657			

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F 657	<p>Continued From page 5</p> <p>outside room, non-skid footwear and safety education. The plan made no mention of the resident's tendency to sit prior to reaching the seat surface and included no interventions for fall/injury prevention when performing brief/clothing changes with the resident standing or walking about in the room.</p> <p>On 1/19/21 at 3:30 p.m., the director of nursing (DON) was interviewed about Resident #1's plan of care. The DON stated the care plan should include the individualized care needs of the resident. The DON stated the MDS coordinator was responsible for updates to care plans.</p> <p>On 1/19/21 at 3:55 p.m., the licensed practical nurse (LPN #1) responsible for updating caring plans was interviewed about Resident #1 and safety concerns when incontinence/personal care was provided with the resident standing and/or constantly walking. LPN #1 stated she was not sure what every shift did as far as changing the resident's clothing/briefs. LPN #1 stated the resident was non-compliant at times with care. LPN #1 stated potential safety concerns regarding care provided with the resident standing and the resident's tendency to sit prior to reaching her seat had not been discussed in the last care plan meeting and therefore not addressed on the care plan.</p> <p>On 1/19/21 at 4:00 p.m., the DON stated Resident #1's last care plan meeting was held on 12/30/20.</p> <p>This finding was reviewed with the administrator and DON on 1/19/21 at 4:00 p.m.</p>	F 657	<p style="text-align: right;">RECEIVED FEB 10 2021 VDH/OLC</p>	

Plan of Correction F 657

Care Plan Timing and Revision

1. **Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:**

Care Plan was revised to include a protocol for resident #1 for safe incontinence/ personal care when the resident is standing and/or wandering in her room on February 29, 21. MDS Coordinator educated on reviewing and revising the comprehensive care plan by Regional Director of Clinical Reimbursement.

2. **Address how the facility will identify other residents having the potential to be affected by the same deficient practice:**

The facility will conduct at 100% audit of care plans for incontinent residents with dementia to ensure accuracy of safe incontinence/personal care on February 2, 2021. Any identified issues will be addressed and care plans will be updated.

3. **Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:**

Education will be provided to the nursing leadership, nursing staff and IDT on the Accordius policy and procedures for care plan timing and revision on February 4, 21.

4. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:**

MDS Coordinator to audit Care Plans 3 times weekly for 8 weeks and results of weekly audits will be submitted to the QAPI committee monthly.

5. **Include dates when corrective action will be completed:**

Corrective actions will be complete by February 19, 2021.

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Plan of Correction F 583

Personal Privacy/ Confidentiality of Records

- 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:**

Education will be provided on February 4, 2021 to clinical team on resident rights regarding privacy and confidentiality

- 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:**

The facility will conduct at 100% audit on all residents to ensure privacy maintained. Any identified issues will be addressed and communicated to the Administrative team according to the facility policy and procedures.

- 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:**

Education will be provided to clinical staff on February 4, 2021 addressing resident rights in regards to privacy and confidentiality

- 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:**

Director of Nursing (or designee) to monitor resident rights regarding privacy and confidentiality 3 X week x 8 weeks and results of weekly audits will be submitted to the QAPI committee, monthly

- 5. Include dates when corrective action will be completed:**

Corrective actions will be complete by February 19, 2021.