

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

PRINTED: 01/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2021
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL LEESBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 122 MORVEN PARK ROAD NW LEESBURG, VA 20176		
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E 000	Initial Comments	E 000			
F 000	An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted 1/21/21-1/22/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	F 000			
F 607 SS=D	<p>An unannounced abbreviated COVID-19 Focused Survey was conducted 1/21/21-1/22/21. Complaints (VA00050599, VA00050587) were investigated during the survey. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).</p> <p>The census in this 164 certified bed facility was 111. Of the 111 current residents, 21 residents were currently positive for the COVID-19 virus. The survey sample consisted of eight current resident reviews (Residents #2 through #9) and one closed resident review (Resident #1).</p> <p>Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by:</p>	F 607	<p>F607 Corrective Action(s): A thorough investigation of the incident reported to the SA and other required agencies on 1/13/21 has been completed. Findings of the investigation have been reported to the SA and other required agencies. One on one education has been completed with the DON and Assistant Administrator regarding the policy for reporting allegations of abuse within 2 hours. One on one education has been completed with the VP of regional operations by the VP of Clinical Services for reporting allegations of abuse within 2 hours.</p>	<p>RECEIVED FEB 05 2021 VDH/WOLC</p>	

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

Mary Joyah, Administrator

TITLE

1/4/21

(X6) DATE

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 607	<p>Continued From page 1</p> <p>Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to implement its policy to report an allegation of abuse for one of eight residents in the survey sample, Resident #7. The facility staff failed to report an allegation of sexual abuse for Resident #7 within two hours.</p> <p>The findings include:</p> <p>Resident #7 was admitted to the facility on 11/28/2020 with diagnoses including, but not limited to: recent broken ribs, history of stroke, dementia (1), and delusional disorder (2). On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 12/4/202, Resident #7 was coded as being moderately impaired for making daily decisions, having scored 10 out of 15 on the BIMS (brief interview for mental status). He was coded as expressing feeling down and feeling tired more than once during the lookback period. He was coded as having no hallucinations or delusions during the lookback period. He was coded as requiring the extensive assistance of staff for all activities of daily living, as being unsteady for balance, and as using a wheelchair and walker for locomotion.</p> <p>On 1/21/21 at 12:29 p.m., Resident #7 was observed sitting on the side of his bed in his room. Resident #7 did not respond to attempted interview questions from the surveyor.</p> <p>A review of the FRI (facility reported incident) submitted by the facility to the state agency on 1/13/21 revealed, in part: "Incident: Allegation of</p>	F 607	<p>Identification of Deficient Practices and Corrective Action(s): All residents who may have been potentially affected. A 100% review of all Facility Incident & Accident Forms for the previous 90 days has been completed to identify residents at risk. Any/all findings of reportable occurrences will be reviewed to ensure an FRI has been completed timely and an internal investigation with appropriate notification of outcomes to the State agencies, attending physician and responsible parties has occurred.</p> <p>Systemic Change(s): The Policy & Procedure for reporting and investigating abuse, neglect, misappropriation of resident property and injuries or unusual/unknown occurrences has been reviewed. No changes are warranted at this time. All staff will be inserviced and issued copies of the Abuse and Investigation Policy and Procedure. These educational in-services will focus on, identifying, reporting, and investigating incidents and allegations of abuse, neglect or mistreatment of residents timely. As well as resident to resident altercations and misappropriation of resident property that are reported.</p>		

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F 607	Continued From page 2 sexual abuse...Report date: 1/13/21...Incident date: 1/12/21...On 1/9/21 [Resident #7] stated there was a creepy man standing at the end of his bed. The DON looked around and there were no men around and she continued to try to reassure [Resident #7] that he was safe. [ASM (administrative staff member) #2, the director of nursing] called the spouse and she stated that 'He has those delusions; they have been going on for years.' On 1/12/21 [Resident #7] called the police and told them he had been sexually abused. The social worker went to his room and spoke to [Resident #7] and there was no one there bothering him and he was stating it occurred at work last week. She kept reassuring him that he was safe. He states there is a tall, white man, and there were only female employees working on that unit. Resident assessed and there were no injuries. Staff is providing frequent psychosocial checks for his health and wellness. Full investigation to follow. FINAL: DON [Director of Nursing] spoke with [name of Detective]. Detective did not open a case based on resident accusations and validity. There had not been any males taking care of resident on the unit meeting resident's observation. Resident had reported a large white male named Earl, creepy (sic) staring at him. [Resident #7] was assessed by NP (nurse practitioner) and there was no injury. Ongoing confusion noted. [Resident #7] was also assessed to assure all psychosocial needs are being met. Resident is able to voice his needs and voices no complaints or concerns. Social Services will continue to follow up and assess as needed to ensure [Resident #7]'s needs are being met. Social Services will continue to follow up and assess as needed to assure needs are being met. [Name of APS 9adult protective services)	F 607	Monitoring: The Administrator is responsible for compliance. The QA committee will review all FRI's not less than quarterly to ensure they have been reported timely. Any negative findings will be corrected at time of discovery and disciplinary action will be taken as warranted. Completion Date: February 26th, 2021		

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F 607	<p>Continued From page 3</p> <p>staff member] also reviewed resident's diagnoses and medications, as well as inconsistencies in reports...APS also concluded that resident was not in any danger of immediate harm."</p> <p>A review of Resident #7's clinical record revealed a note from ASM #3, the NP (nurse practitioner), which was dated 1/13/21. The note documented a full physical assessment of the resident, with no bruising or other evidence of injury or abuse. The note documented: "Confusion continues."</p> <p>On 1/22/21 at 11:03 a.m., OSM (other staff member) #4, the social worker, was interviewed. She stated that at the time of the incident described in the above referenced FRI, ASM #1, the administrator, was out sick. She stated she and ASM #2, the DON, and a regional administrator worked together to investigate the allegation. She stated staff members were interviewed, and other residents were also interviewed. She stated that based on the evidence, including Resident #7's history of dementia and delusions, the facility staff determined the allegation of sexual abuse made by the resident was unsubstantiated.</p> <p>On 1/22/21 at 11:11 a.m., ASM #4, the assistant administrator, was interviewed. She stated that at the time of the incident, "It was just [ASM #2] and me." She added a regional corporate manager was also in the building and provided guidance regarding the investigation and reporting of this incident. She stated ASM #2, (the director of nursing) reported that Resident #7 had called the police, and had told ASM #4 that he had been assaulted "last week at work." ASM #4 stated ASM #2 reported this information to her on 1/12/21, and that she completed the FRI and sent</p>	F 607			

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F 607	<p>Continued From page 4 it to the state agency on 1/13/21.</p> <p>On 1/22/21 at 11:31 a.m., ASM #2, the DON, was interviewed. She stated that at approximately 6:00 p.m. on 1/12/21, she was informed by ASM #4 that Resident #7 had contacted the police and told them that there was currently a male standing in his room. She stated she and ASM #4 had gone to Resident #7's room and had found no one there. ASM #2 stated she and ASM #4 provided reassurance to Resident #7, assuring him that he was safe. She stated that a regional administrator had provided guidance to her and to ASM #4 regarding the investigation, and the reporting of the incident. ASM #2 stated, "We knew we had 24 hours to report it."</p> <p>On 1/22/21 at 3:00 p.m., ASM #1 was notified of these concerns. She stated she was not in the facility at the time the FRI was submitted, and she did not have first-hand knowledge about the timing of the report to the SA.</p> <p>A review of the facility policy, "Abuse, Neglect and Exploitation Prevention and Reporting," revealed, in part: "'Sexual Abuse' is non-consensual contact of any type with a resident...Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury."</p> <p>No further information was provided prior to exit.</p> <p>References: (1) "Dementia is a gradual and permanent loss of</p>	F 607			

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F 607	Continued From page 5 brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm . (2) "A delusion is a fixed false belief based on an inaccurate interpretation of an external reality despite evidence to the contrary. The belief is not congruent with one's culture or subculture, and almost everyone else knows it to be false...The diagnosis of a delusional disorder occurs when a person has one or more non-bizarre (situations that can take place in real life, although not real but are possible) delusional thought for one month or more, that has no explanation by another physiological, substance-induced, medical condition or any other mental health condition. An individual's cultural beliefs merit consideration before coming to the diagnosis. Cultural beliefs also impact the content of delusions." This information is taken from the website https://www.ncbi.nlm.nih.gov/books/NBK539855/	F 607			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in	F 609	F609 Corrective Action(s): A thorough investigation of the incident reported to the SA and other required agencies on 1/13/21 has been completed. Findings of the investigation have been reported to the SA and other required agencies. One on one education has been completed with the DON and Assistant Administrator regarding the policy for reporting allegations of abuse within 2 hours. One on one education has been completed with the VP of regional operations by the VP of Clinical Services for reporting allegations of abuse within 2 hours.		

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F 609	<p>Continued From page 6</p> <p>serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to report an allegation of abuse immediately, but not later than 2 hours after the allegation was made for one of eight residents in the survey sample, Resident #7. The facility staff failed to report an allegation of sexual abuse within two hours for Resident #7 to the State Survey Agency other officials.</p> <p>The findings include:</p> <p>Resident #7 was admitted to the facility on 11/28/2020 with diagnoses including, but not limited to: recent broken ribs, history of stroke, dementia (1), and delusional disorder (2). On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 12/4/202, Resident #7 was</p>	F 609	<p>Identification of Deficient Practices and Corrective Action(s): All residents who may have been potentially affected. A 100% review of all Facility Incident & Accident Forms for the previous 90 days has been completed to identify residents at risk. Any/all findings of reportable occurrences will be reviewed to ensure an FRI has been completed timely and an internal investigation with appropriate notification of outcomes to the State agencies, attending physician and responsible parties has occurred.</p> <p>Systemic Change(s): The Policy & Procedure for reporting and investigating abuse, neglect, misappropriation of resident property and injuries or unusual/unknown occurrences has been reviewed. No changes are warranted at this time. All staff will be inserviced and issued copies of the Abuse and Investigation Policy and Procedure. These educational in-services will focus on, identifying, reporting, and investigating incidents and allegations of abuse, neglect or mistreatment of residents timely. As well as resident to resident altercations and misappropriation of resident property that are reported.</p>		

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F 609	<p>Continued From page 7</p> <p>coded as being moderately impaired for making daily decisions, having scored 10 out of 15 on the BIMS (brief interview for mental status). He was coded as expressing feeling down and feeling tired more than once during the lookback period. He was coded as having no hallucinations or delusions during the lookback period. He was coded as requiring the extensive assistance of staff for all activities of daily living, as being unsteady for balance, and as using a wheelchair and walker for locomotion.</p> <p>On 1/21/21 at 12:29 p.m., Resident #7 was observed sitting on the side of his bed in his room. Resident #7 did not respond to attempted interview questions from the surveyor.</p> <p>A review of the FRI (facility reported incident) submitted by the facility to the state agency on 1/13/21 revealed, in part: "Incident: Allegation of sexual abuse...Report date: 1/13/21...Incident date: 1/12/21...On 1/9/21 [Resident #7] stated there was a creepy man standing at the end of his bed. The DON looked around and there were no men around and she continued to try to reassure [Resident #7] that he was safe. [ASM (administrative staff member) #2, the director of nursing] called the spouse and she stated that 'He has those delusions; they have been going on for years.' On 1/12/21 [Resident #7] called the police and told them he had been sexually abused. The social worker went to his room and spoke to [Resident #7] and there was no one there bothering him and he was stating it occurred at work last week. She kept reassuring him that he was safe. He states there is a tall, white man, and there were only female employees working on that unit. Resident assessed and there were no injuries. Staff is</p>	F 609	<p>Monitoring: The Administrator is responsible for compliance. The QA committee will review all FRI's not less than quarterly to ensure they have been reported timely. Any negative findings will be corrected at time of discovery and disciplinary action will be taken as warranted.</p> <p>Completion Date: February 26th, 2021</p>		

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F 609	<p>Continued From page 8</p> <p>providing frequent psychosocial checks for his health and wellness. Full investigation to follow. FINAL: DON [Director of Nursing] spoke with [name of Detective]. Detective did not open a case based on resident accusations and validity. There had not been any males taking care of resident on the unit meeting resident's observation. Resident had reported a large white male named Earl, creepy (sic) staring at him. [Resident #7] was assessed by NP (nurse practitioner) and there was no injury. Ongoing confusion noted. [Resident #7] was also assessed to assure all psychosocial needs are being met. Resident is able to voice his needs and voices no complaints or concerns. Social Services will continue to follow up and assess as needed to ensure [Resident #7]'s needs are being met. Social Services will continue to follow up and assess as needed to assure needs are being met. [Name of APS 9adult protective services] staff member] also reviewed resident's diagnoses and medications, as well as inconsistencies in reports...APS also concluded that resident was not in any danger of immediate harm."</p> <p>A review of Resident #7's clinical record revealed a note from ASM #3, the NP (nurse practitioner), which was dated 1/13/21. The note documented a full physical assessment of the resident, with no bruising or other evidence of injury or abuse. The note documented: "Confusion continues."</p> <p>On 1/22/21 at 11:03 a.m., OSM (other staff member) #4, the social worker, was interviewed. She stated that at the time of the incident described in the above referenced FRI, ASM #1, the administrator, was out sick. She stated she and ASM #2, the DON, and a regional administrator worked together to investigate the</p>	F 609			

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F 609	<p>Continued From page 9</p> <p>allegation. She stated staff members were interviewed, and other residents were also interviewed. She stated that based on the evidence, including Resident #7's history of dementia and delusions, the facility staff determined the allegation of sexual abuse made by the resident was unsubstantiated.</p> <p>On 1/22/21 at 11:11 a.m., ASM #4, the assistant administrator, was interviewed. She stated that at the time of the incident, "It was just [ASM #2] and me." She added a regional corporate manager was also in the building and provided guidance regarding the investigation and reporting of this incident. She stated ASM #2, (the director of nursing) reported that Resident #7 had called the police, and had told ASM #4 that he had been assaulted "last week at work." ASM #4 stated ASM #2 reported this information to her on 1/12/21, and that she completed the FRI and sent it to the state agency on 1/13/21.</p> <p>On 1/22/21 at 11:31 a.m., ASM #2, the DON, was interviewed. She stated that at approximately 6:00 p.m. on 1/12/21, she was informed by ASM #4 that Resident #7 had contacted the police and told them that there was currently a male standing in his room. She stated she and ASM #4 had gone to Resident #7's room and had found no one there. ASM #2 stated she and ASM #4 provided reassurance to Resident #7, assuring him that he was safe. She stated that a regional administrator had provided guidance to her and to ASM #4 regarding the investigation, and the reporting of the incident. ASM #2 stated, "We knew we had 24 hours to report it."</p> <p>On 1/22/21 at 3:00 p.m., ASM #1 was notified of these concerns. She stated she was not in the</p>	F 609			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2021
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL LEESBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 122 MORVEN PARK ROAD NW LEESBURG, VA 20176		
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F 609	<p>Continued From page 10</p> <p>facility at the time the FRI was submitted, and she did not have first-hand knowledge about the timing of the report to the SA.</p> <p>A review of the facility policy, "Abuse, Neglect and Exploitation Prevention and Reporting," revealed, in part: "Sexual Abuse' is non-consensual contact of any type with a resident...Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury."</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm.</p> <p>(2) "A delusion is a fixed false belief based on an inaccurate interpretation of an external reality despite evidence to the contrary. The belief is not congruent with one's culture or subculture, and almost everyone else knows it to be false...The diagnosis of a delusional disorder occurs when a person has one or more non-bizarre (situations that can take place in real life, although not real but are possible) delusional thought for one month or more, that has no explanation by another physiological, substance-induced, medical condition or any other mental health condition. An individual's cultural beliefs merit</p>	F 609			

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F 609	Continued From page 11 consideration before coming to the diagnosis. Cultural beliefs also impact the content of delusions." This information is taken from the website https://www.ncbi.nlm.nih.gov/books/NBK539855/	F 609			

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