

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

PRINTED: 02/10/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495045</b>	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/04/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES-RICHMOND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2125 HILLIARD ROAD RICHMOND, VA 23228</b>
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E 000	Initial Comments  An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted onsite and remotely 02/02/2021 through 02/05/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies cite herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
F 000	INITIAL COMMENTS  An unannounced abbreviated COVID-19 Focused Survey was conducted from 02/02/2021 through 02/05/2021. Three complaints were investigated during the survey. (VA00050590- Unsubstantiated with unrelated deficiency, VA00050702- Substantiated without deficiency and VA00050644- Substantiated with unrelated deficiency). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 194 certified bed facility was 121. Of the 121 current residents, two residents were positive for the COVID-19 virus. The survey sample consisted of one closed record review (Resident #1) and six current resident reviews (Residents #2 through #7).	F 000	1. Cited Residents: Resident #1 is no longer in the facility. Paper ADL documentation for Resident #2 was put into the medical record for refusals of showers for 1/14/21 and 1/19/21.  2. Like Residents: Residents admitting into the facility have the potential to be affected. Director of Nursing will complete a review of meal intakes to include nutritional supplements and snacks as well as ADLs to include showers for the last two weeks to identify any missing documentation and have staff complete late documentation in the medical record as applicable.  3. Director of Nursing or designee will provide education to licensed nurses and certified nursing assistants on ensuring that all meals, snacks, and nutritional supplements as well as all ADL care inclusive of refusals are documented into the medical record.  4. Director of Nursing or designee will audit meals, nutritional supplements, and snacks as well as ADL documentation to include showers 3 times per week for 4 weeks and then weekly for 2 weeks to ensure licenses nurses and certified nursing assistants are documenting per policy and procedure. Results of the QAPI audits will be reviewed By the facility's QAPI Committee. Recommendations will be discussed and Implemented as needed.  5. The Facility's alleged date of compliance is March 19, 2021	
F 842 SS-E	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.	F 842		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Matthe C. Jarna TITLE: Administrator (X6) DATE: 2-11-21

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 842	<p>Continued From page 1</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§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-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(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.</li> </ul> <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> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> <li>(ii) Five years from the date of discharge when</li> </ul>	F 842		
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F 842	<p>Continued From page 2</p> <p>there is no requirement in State law, or (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> <ul style="list-style-type: none"> <li>(i) Sufficient information to identify the resident;</li> <li>(ii) A record of the resident's assessments;</li> <li>(iii) The comprehensive plan of care and services provided;</li> <li>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</li> <li>(v) Physician's, nurse's, and other licensed professional's progress notes; and</li> <li>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</li> </ul> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews, facility document review, clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to ensure a complete and accurate clinical record for two of 7 residents in the survey sample, Residents #1 and #2.</p> <p>The facility staff failed to document in the clinical record, meal and nutritional intakes for Resident #1 and failed to document in the clinical record, Resident #2 receiving or refusing showers or baths on 1/14/21 and 1/19/21.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The facility staff failed to document meal and nutritional intakes for Resident #1 in the clinical record.</li> </ol> <p>Resident #1 was most recently readmitted to the</p>	F 842			



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F 842 Continued From page 3  
facility with the diagnoses of but not limited to dysphagia, diabetes, high blood pressure, dementia, and schizophrenia. The most recent MDS (Minimum Data Set) prior to discharge was a quarterly assessment with an ARD (Assessment Reference Date) of 12/28/20. The resident was coded as being severely cognitively impaired in ability to make daily life decisions. The resident was coded as requiring extensive assistance for eating and total care for all other areas of activities of daily living.

F 842

A review of Resident #1's meal intake log for January 2021 revealed the resident fluctuated frequently consumed on average 25% to 100%. As of the date the resident was sent to the hospital on 1/17/21, there should have been 51 meal intakes for Resident #1 documented. The January 2021 meal intake log for Resident #1 revealed there were eleven meal intakes that were not documented as follows:

- On 1/6/21, 1 of 3 meals were not documented.
- On 1/9/21, 1 of 3 meals were not documented.
- On 1/11/21, 1 of 3 meals were not documented.
- On 1/12/21, 2 of 3 meals were not documented.
- On 1/13/21, 2 of 3 meals were not documented.
- On 1/14/21, 1 of 3 meals were not documented.
- On 1/15/21, 1 of 3 meals were not documented.
- On 1/17/21, 2 of 3 meals were not documented.

A physician's order dated 10/8/20 documented, "Nutritional Shake: No sugar added. Two times a day between meals." This would be a total of 34 nutritional shakes for Resident #1 between 1/1/21 and 1/17/21.

A review of Resident #1's ADL (activities of daily

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F 842	<p>Continued From page 4</p> <p>living) log for January 2021 revealed that six out of 34 nutritional shakes were not documented as follows:</p> <ul style="list-style-type: none"> <li>- On 1/12/21 2 of 2 nutritional shakes were not documented.</li> <li>- On 1/13/21, 2 of 2 nutritional shakes were not documented.</li> <li>- On 1/17/21, 2 of 2 nutritional shakes were not documented.</li> </ul> <p>Further review of Resident #1's ADL log for January 2021 revealed that between 1/1/21 and 1/17/21, five out of 17 bedtime snacks were not documented.</p> <ul style="list-style-type: none"> <li>- On 1/6/21, no bedtime snack was documented.</li> <li>- On 1/9/21, no bedtime snack was documented.</li> <li>- On 1/11/21, no bedtime snack was documented.</li> <li>- On 1/14/21, no bedtime snack was documented.</li> <li>- On 1/15/21, no bedtime snack was documented.</li> </ul> <p>Further review of Resident #1's ADL log for January 2021 revealed that between 1/1/21 and 1/17/21 there were 51 shifts where the offering of fluids should have been documented. Nine of 51 shifts did not document that any fluids were offered.</p> <ul style="list-style-type: none"> <li>- On 1/6/21, 1 of 3 shifts did not document any fluids offered.</li> <li>- On 1/9/21, 1 of 3 shifts did not document any fluids offered.</li> <li>- On 1/11/21, 1 of 3 shifts did not document any fluids offered.</li> <li>- On 1/12/21, 2 of 3 shifts did not document any fluids offered.</li> <li>- On 1/13/21, 1 of 3 shifts did not document any fluids offered.</li> <li>- On 1/14/21, 1 of 3 shifts did not document any</li> </ul>	F 842		
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F 842	<p>Continued From page 5</p> <p>fluids offered.</p> <ul style="list-style-type: none"> <li>- On 1/15/21, 1 of 3 shifts did not document any fluids offered.</li> <li>- On 1/17/21, 1 of 3 shifts did not document any fluids offered.</li> </ul> <p>A review of the facility policy, "Nursing Assistant Documentation" revealed, "Nursing assistant documentation in the clinical record is expected to follow established practices...the following table identifies the more common areas of nursing assistant documentation....Meal consumption (and) Nutritional supplement offering...."</p> <p>On 2/5/21 at 12:45 PM in an interview with CNA #2 (Certified Nursing Assistant), she stated that CNAs are to document meal percentages eaten, or refused, for every meal, for every resident. CNA #2 stated that if a resident does not want a meal, alternatives should be offered and documented. She stated that supplements, snacks, and fluids should be offered and documented.</p> <p>On 2/5/21 at approximately 1:20 PM, ASM #1 (Administrative Staff Member), the Administrator, and ASM #2, the Director of Nursing (DON) was made aware of the findings. No further information was provided.</p> <p>COMPLAINT DEFICIENCY</p> <p>2. The facility staff failed to document Resident #2 receiving or refusing showers or baths on 1/14/21 and 1/19/21 in the medical record.</p> <p>Resident #2 was admitted to the facility with diagnoses included but were not limited to</p>	F 842		
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F 842	<p>Continued From page 6</p> <p>quadriplegia (1), diabetes (2) and neurogenic bladder (3).</p> <p>Resident #2's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/25/21, coded Resident #2, as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. Section G documented Resident #2 requiring extensive assistance of one person for personal hygiene and being totally dependent of two or more persons for transfers.</p> <p>Resident #2's comprehensive care plan dated 11/20/2020 documented in part, "Resistive/noncompliant with treatment/care Juven (nutrition powder) related to: Personal preference. Date Initiated: 11/20/2020." Under "Interventions", it documented in part, "Allow for flexibility in ADL (activities of daily living) routine to accommodate mood, preferences, and customary routine ... Inform of ADL that is required ahead of time and give two options of times to be done. Give choice and allow for flexibility in routines ..."</p> <p>The care plan further documented, "ADL Self care deficit r/t (related to) impaired mobility and weakness. Date Initiated: 11/11/2020." Under "Interventions", it documented in part, "Assist to bathe/shower as needed. Date Initiated: 11/11/220 ..."</p> <p>The "Documentation Survey Report v2" dated 1/1/21-1/31/21 documented in part, "Shower/Bath Thursday Evenings, Evenings (1500-2300) (3:00 p.m.-11:00 p.m.)." The report documented Resident #2 as having refused the shower on</p>	F 842		
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1/7/21, 1/21/21 and 1/28/21. The report failed to evidence documentation of a shower/bath received or refused on 1/14/21. The area for documentation dated 1/14/21 was blank. The report further documented, "Shower/Bath Tuesday Evenings, Evenings (1500-2300)." The report documented Resident #2 as having a bed bath on 1/4/21 and 1/12/21. The report failed to evidence documentation of a shower/bath received or refused on 1/19/21. The area for documentation dated 1/19/21 was blank.

Review of the progress notes for Resident #2 failed to evidence documentation of shower refusal on 1/14/21 and 1/19/21.

On 2/3/21 at 8:00 a.m., a telephone interview was conducted with CNA (certified nursing assistant) #2. CNA #2 stated that they worked with Resident #2 frequently. CNA #2 stated that Resident #2 required total assistance with all activities of daily living. CNA #2 stated that residents were given a bed bath if they did not get a shower. CNA #2 stated that when a resident refused a bath or shower it was documented in the computer using the symbol "R" or "NA". CNA #2 stated that both meant that the task was refused by the resident. CNA #2 stated when a resident refused anything it was reported to the nurse. CNA #2 stated that when there were blank areas on the shower dates the CNA did not document the bath or shower.

On 2/4/21 at 10:15 a.m., a telephone interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated that when Resident #2 refused care the CNA would offer the care later, attempting two to three times and notify the nurse if they refused.

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F 842	<p>Continued From page 6</p> <p>ASM #2 stated that there should be documentation of refusals of care. ASM #2 stated that the documentation would say "R" for refused or "NA". ASM #2 stated that they all meant refused. ASM #2 stated that if the area was blank it meant that they offered the care and did not go back to follow up with documentation. ASM #2 stated that staff were expected to fill in documentation at the end of their shift. ASM #2 was made aware of the blank documentation for bath/showers on 1/14/21 and 1/19/21. ASM #2 stated they would look into these dates. A request was made to ASM #2 for the facility policy on documentation in the medical record and to speak with the staff members assigned to bathe Resident #2 on 1/14/21 and 1/19/21.</p> <p>On 2/4/21 at 12:36 p.m., ASM #2 stated that they had the skin sheets kept at the nurses' station for Resident #2 for 1/14/21 and 1/19/21, which had a note written on them that they had refused their shower/bath on those dates. ASM #2 stated that they had no other documentation policy and the CNA who worked with Resident #2 on 1/14/21 and 1/19/21 worked through an agency and was not available for interview. ASM #2 stated that the nurse who completed the skin sheets was available for interview.</p> <p>On 2/4/21 at 1:07 p.m., a telephone interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated that skin worksheets were completed by the CNAs during scheduled showers and given to the nurses. LPN #5 stated that the skin sheets were not kept in the residents medical records and they were kept in a book at the nurse's station. LPN #5 stated that they completed the skin sheets on Resident #2 when the CNA reported that they had refused the</p>	F 842			



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shower/bath on 1/14/21 and 1/19/21. LPN #5 stated that the CNAs document showers/baths on the computer kiosks. LPN #5 stated that when there were blanks in the documentation it meant that it was not documented.

On 2/4/21 at 1:30 p.m., ASM #2, the director of nursing stated that the facility follows their policies and procedures as their standard of practice.

The facility policy "Documentation" dated "2017" documented in part, "To provide general guidelines regarding the documentation of care provided by nursing personnel ... Documentation that is not a part of the clinical record is noted on the attached grids ..." The policy further documented a graph page 2 titled "Licensed Nurse documentation, updated 07/2017" which documented in part, "... Skin Worksheet, Used to Document- Skin alterations identified during bath or shower; completed by nursing assistant and validated by licensed nurse. \*Not a part of the clinical record ..." The policy further documented a graph page 3 titled "Nursing Assistant Documentation, updated 07/2017" which documented in part, "... Care area- Shower/bath, Frequency- With scheduled shower/bath, Format- EHR (electronic health record)."

According to Fundamentals of Nursing, Lippincott Williams and Wilkins Philadelphia 2007 page 53. "Accurate documentation shows the care that you (nurses) provide meets the patient's needs and expressed wishes. It proves you are following the accepted standards of nursing care mandated by the law, your profession, and your health care facility..." and on page 93, "The medical record is the main source of information and communication among nurses, doctors, physical

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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:  <b>495045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES-RICHMOND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2125 HILLIARD ROAD RICHMOND, VA 23228</b>		
(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
F 842	<p>Continued From page 10</p> <p>therapists, social workers, and caregivers. Everyone's notes and documentation is important because together they represent a complete picture of the patient's care."</p> <p>On 2/4/21 at 1:30 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>Unrelated Complaint Deficiency</p> <p>References:</p> <ol style="list-style-type: none"> <li>1. Quadriplegia (paralysis) - Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia. This information was obtained from the website: <a href="https://medlineplus.gov/paralysis.html">https://medlineplus.gov/paralysis.html</a>.</li> <li>2. Diabetes mellitus- A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a>.</li> <li>3. Neurogenic bladder is a problem in which a person lacks bladder control due to a brain, spinal cord, or nerve condition. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000754.htm">https://medlineplus.gov/ency/article/000754.htm</a></li> </ol>	F 842		