

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

PRINTED: 04/10/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49E075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKYLINE TERRACE CONV HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>123 LAKEVIEW ROAD WOODSTOCK, VA 22664</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	
E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 10/22/2019 through 10/23/2019. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.  INITIAL COMMENTS	F 000			
F 580 SS=D	An unannounced Medicare/Medicaid standard survey was conducted 10/22/2019 through 10/23/2019. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.  The census in this 70 certified bed facility was 69 at the time of the survey. The survey sample consisted of 26 resident reviews.  Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to	F 580			

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

TITLE

(X6) DATE

11/07/2019

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 580	<p>Continued From page 1</p> <p>commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to notify the physician of a change in condition for one of 26 sampled residents, (Resident #31). The facility staff failed to notify and consult with the physician as ordered</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>when Resident #31 had a greater than three pounds weight gain in one day on 8/27/19 and 9/7/19.</p> <p>The findings include:</p> <p>Resident #31 was admitted to the facility on 8/23/19, with diagnoses that included but were not limited to: stroke, high blood pressure, diabetes, morbid obesity and heart failure [inability of the heart to pump enough blood to maintain normal body requirements. It may be caused by congenital defects or by any condition that damages or overloads the heart muscle]. (1)</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 9/4/19, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. Resident #31 was coded as requiring extensive assistance for one or more staff members for all of her activities of daily living.</p> <p>The physician order dated, 8/23/19, documented, "Daily weights, notify MD (medical doctor) if weight gain is greater than a 3 lbs. (pounds) in one day."</p> <p>The comprehensive care plan dated, 8/23/19, documented in part, "Focus: (Resident #31) is at risk for cardiac distress r/t (related to) hypertension (high blood pressure), CHF (congestive heart failure), stroke, seizures, morbid obesity." The "Interventions" documented in part, "Monitor/document/report PRN (as needed) any s/sx (signs and symptoms) of congestive heart failure: dependent edema of</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>legs and feet, periorbital edema, SOB (shortness of breath) upon exertion, cook skin, dry cough, distended neck veins, weakness, weight gain unrelated to intake, crackles and wheezes upon auscultation of the lungs...Weight Q (every) months and as indicated." The care plan further documented, "Focus: (Resident #31) has potential for fluid volume alterations r/t disease process of renal failure, diuretic use and gross edema." The "Interventions" documented in part, "Monitor/document/report PRN any s/sx of fluid overload: anorexia, anxiety, mood/behavior changes. confusion, edema, nausea/vomiting, shortness of breath, difficulty breathing (dyspnea), increased respirations (tachypnea), difficulty breathing when lying flat (orthopnea, congestion, cough, fatigue, jugular venous distention (JVD), sudden weight gain...Monitor/document/report PRN the following s/sx: edema, weight gain of over 2 lbs. a day...Weigh at same time of day and record: (Q day). Notify MD, RD (registered dietician) of sudden wt (weight) changes as indicated."</p> <p>Review of Resident #31's "Weights" in the computerized medical record revealed the following: The weight on 8/28/19 was documented as 359 lbs. The weight on 8/29/19 was documented as 363 lbs. (a four-pound gain). Review of the nurse's notes failed to evidence documentation that the physician was notified of the four-pound weight gain on 8/29/19.</p> <p>The weight on 9/6/19 was documented as 361.5 lbs. The weight on 9/7/19 was documented as 364 lbs. (a three and a half pound gain).</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>Review of the nurse's notes failed to evidence documentation that the physician was notified of the three and a half pound weight gain in one day as ordered.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1, on 10/23/19 at 2:11 p.m. When asked what the staff should do if the physician order documents parameters for notification of greater than three pound weight gain in one day, LPN #1 stated, "If it's greater than a three pound gain, call the doctor's office, where the call is triaged to the doctor. Then wait for the doctor's response back."</p> <p>An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 10/23/19 at 2:16 p.m. The physician's order above was reviewed with ASM #2. When asked what is expected of the staff, ASM #2 stated, "If the weight is outside the prescribed parameters, they should call the doctor and see if there are any new orders."</p> <p>The facility policy, "Physician Orders," documented in part, "If order contains parameters, licensed nursing staff should follow physician orders and notify MD as indicated."</p> <p>ASM #1, the administrator and ASM #2 were made aware of the above concern on 10/23/19 at 3:50 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 262.</p>	F 580			

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F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care</p>	F 656			

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F 656	<p>Continued From page 6</p> <p>plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to develop and/or implement the comprehensive care plan for one of 26 residents in the survey sample, Residents # 31. The facility staff failed to implement the comprehensive care plan for notifying the physician of a greater than three pound weight gain in one day for Resident #31.</p> <p>The findings include:</p> <p>Resident #31 was admitted to the facility on 8/23/19, with diagnoses that included but were not limited to: stroke, high blood pressure, diabetes, morbid obesity and heart failure [inability of the heart to pump enough blood to maintain normal body requirements. It may be caused by congenital defects or by any condition that damages or overloads the heart muscle]. (1)</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 9/4/19, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. Resident #31 was coded as requiring extensive assistance for one or more staff members for all of her activities of daily living.</p> <p>The comprehensive care plan dated, 8/23/19, documented in part, "Focus: (Resident #31) is at risk for cardiac distress r/t (related to)</p>	F 656			

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F 656	<p>Continued From page 7</p> <p>hypertension (high blood pressure), CHF (congestive heart failure), stroke, seizures, morbid obesity." The "Interventions" documented in part, "Monitor/document/report PRN (as needed) any s/sx (signs and symptoms) of congestive heart failure: dependent edema of legs and feet, periorbital edema, SOB (shortness of breath) upon exertion, cook skin, dry cough, distended neck veins, weakness, weight gain unrelated to intake, crackles and wheezes upon auscultation of the lungs...Weight Q (every) months and as indicated." The care plan further documented, "Focus: (Resident #31) has potential for fluid volume alterations r/t disease process of renal failure, diuretic use and gross edema." The "Interventions" documented in part, "Monitor/document/report PRN any s/sx of fluid overload: anorexia, anxiety, mood/behavior changes. confusion, edema, nausea/vomiting, shortness of breath, difficulty breathing (dyspnea), increased respirations (tachypnea), difficulty breathing when lying flat (orthopnea, congestion, cough, fatigue, jugular venous distention (JVD), sudden weight gain...Monitor/document/report PRN the following s/sx: edema, weight gain of over 2 lbs. a day...Weigh at same time of day and record: (Q day). Notify MD, RD (registered dietician) of sudden wt (weight) changes as indicated."</p> <p>The physician order dated, 8/23/19, documented, "Daily weights, notify MD (medical doctor) if weight gain is greater than a 3 lbs. (pounds) in one day."</p> <p>Review of Resident #31's "Weights" in the computerized medical record revealed the following: The weight on 8/28/19 was documented as 359</p>	F 656			

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F 656	<p>Continued From page 8</p> <p>lbs. The weight on 8/29/19 was documented as 363 lbs. (a four pound gain). Review of the nurse's notes failed to evidence documentation that the physician was notified of the four-pound weight gain on 8/29/19.</p> <p>The weight on 9/6/19 was documented as 361.5 lbs. The weight on 9/7/19 was documented as 364 lbs. (a three and a half pound gain). Review of the nurse's notes failed to evidence documentation that the physician was notified of the three and a half pound weight gain.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1, on 10/23/19 at 2:11 p.m. regarding physician orders for daily weights and physician notification of weight gains per the physician ordered parameter of three pound weight gain in one day, LPN #1 stated, "If it's greater than a three pound gain, then I would call the doctor's office, where the call is triaged to the doctor. I then wait for the doctor's response back. But as a nursing judgement, I would make sure the resident is being weighed at the same time every day." When asked if the nurse is following physician orders if they do not call the physician for a three-pound weight gain in one day, LPN #1 stated, "No, they should call." When asked if staff are implementing the comprehensive care plan if the physician s not notified of a three pound weight gain in one day and the care plan intervention documents to obtain weights as indicated and notify the physician of changes, LPN #1 stated, "No, we should follow the care plan."</p> <p>An interview was conducted with administrative</p>	F 656			

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F 656	Continued From page 9 staff member (ASM) #2, the director of nursing, on 10/23/19 at 2:16 p.m. The physician's order above was reviewed with ASM #2. When asked what is expected of the staff, ASM #2 stated, "If the weight is outside the prescribed parameters, they should call the doctor and see if there are any new orders. When asked if staff are following the physician's orders if they do not notify the physician of a weight gain per the ordered parameters, ASM #2 stated, "No, Ma'am, it's not." When asked the purpose of the comprehensive care plan, ASM #2 stated it's the plan of care to follow for how we care for the resident." When asked if the comprehensive care plan was followed if weights and notifying the physician are interventions, and the physician was not notified, "No, Ma'am."  The facility policy, "Care Plan Policy" documented in part, "Care plans will be accessible for facility staff. Facility staff should utilize plan of care accordingly to ensure resident care is appropriate and follows plan of care."  ASM #1, the administrator and ASM #2 were made aware of the above concern on 10/23/19 at 3:50 p.m.  No further information was provided prior to exit.  (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 262.	F 656			
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	F 657			

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F 657	<p>Continued From page 10</p> <p>be-</p> <p>(i) Developed within 7 days after completion of 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 staff interview, facility document review, and clinical record review, it was determined the facility staff failed to revise the comprehensive care plan for one of 26 residents in the survey sample, Residents # 22. 2. The facility staff failed to review and revise Resident #22's comprehensive care plan to address the administration and use of an antidepressant for Resident #22.</p> <p>The findings include:</p>	F 657			

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F 657	<p>Continued From page 11</p> <p>The facility staff failed to develop a comprehensive care plan to address Resident #22's use of an antidepressant.</p> <p>Resident #22 was admitted to the facility on 2/19/19 with diagnoses that included but were not limited to: insomnia, diabetes, anxiety and heart failure.</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 8/18/19, coded the resident as scoring a "13" on the BIMS (brief interview for mental status) score, indicating the resident is capable of making daily cognitive decisions. In Section N - Medications, the resident was coded as having received an antidepressant for seven days of the look back period.</p> <p>The physician order dated, 5/20/19, documented, "Trazadone HCL (hydrochloride) [used to treat depression and insomnia (1)] 50 mg (milligrams) give 25 mg by mouth at bedtime for sleep."</p> <p>Review of the MARs (medication administration records) evidenced the above order for Trazadone. The trazadone was documented as administered each night for the past three months, July, August, September 2019 and the current month of October.</p> <p>Review of the comprehensive care plan dated, 2/19/19 with a revision on 9/25/19, failed to evidence any documentation related to the resident being on an antidepressant or a medication for insomnia.</p> <p>An interview was conducted with ASM</p>	F 657			

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F 657	<p>Continued From page 12</p> <p>(administrative staff member) #2, the director of nursing, on 10/23/19 at 3:29 p.m. When asked who revises the comprehensive care plans, ASM #2 stated the MDS coordinator and people from different departments and the IDT (interdisciplinary team)."</p> <p>An interview was conducted with RN (registered nurse) #3, the MDS coordinator, on 10/23/19 at 3:35 p.m. When asked if a prescribed antidepressant should be included on the care plan, RN #3 stated, "Yes, it should be care planned." RN #3 was asked to review Resident #22's current comprehensive care plan. When asked to review Resident #22's comprehensive care plan for an antidepressant and insomnia, RN #3, reviewed the care plan and stated, "It's not there." When asked if it should be there, RN #3 stated, "Yes, it should be."</p> <p>The facility policy, "Care Plan Policy" documented in part, "Care plans will reflect care needs including medications, treatments and other care needs."</p> <p>ASM #1, the administrator and ASM #2 were made aware of the above concern on 10/23/19 at 3:50 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a681038.html">https://medlineplus.gov/druginfo/meds/a681038.html</a>.</p>	F 657			
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p>	F 684			

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F 684	<p>Continued From page 13</p> <p>§ 483.25 Quality of care</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure one of 26 sampled residents, (Resident #31), received the care and services in accordance with professional standards of practice and the comprehensive care plan, Resident #31. The facility staff failed to follow the physicians order to notify the physician of a weight gain of greater than three pounds in one day for Resident #31.</p> <p>The findings include:</p> <p>Resident #31 was admitted to the facility on 8/23/19, with diagnoses that included but were not limited to: stroke, high blood pressure, diabetes, morbid obesity and heart failure [inability of the heart to pump enough blood to maintain normal body requirements. It may be caused by congenital defects or by any condition that damages or overloads the heart muscle]. (1)</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 9/4/19, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive</p>	F 684			

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F 684	<p>Continued From page 14</p> <p>decisions. Resident #31 was coded as requiring extensive assistance for one or more staff members for all of her activities of daily living.</p> <p>The physician order dated, 8/23/19, documented, "Daily weights, notify MD (medical doctor) if weight gain is greater than a 3 lbs. (pounds) in one day."</p> <p>Review of Resident #31's "Weights" in the computerized medical record revealed the following: The weight on 8/28/19 was documented as 359 lbs. The weight on 8/29/19 was documented as 363 lbs. (a four-pound gain). Review of the nurse's notes failed to evidence documentation that the physician was notified of the four-pound weight gain on 8/29/19.</p> <p>The weight on 9/6/19 was documented as 361.5 lbs. The weight on 9/7/19 was documented as 364 lbs. (a three and a half pound gain). Review of the nurse's notes failed to evidence documentation that the physician was notified of the three and a half pound weight gain in one day as ordered.</p> <p>The comprehensive care plan dated, 8/23/19, documented in part, "Focus: (Resident #31) is at risk for cardiac distress r/t (related to) hypertension (high blood pressure), CHF (congestive heart failure), stroke, seizures, morbid obesity." The "Interventions" documented in part, "Monitor/document/report PRN (as needed) any s/sx (signs and symptoms) of congestive heart failure: dependent edema of legs and feet, periorbital edema, SOB (shortness</p>	F 684			

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F 684	<p>Continued From page 15</p> <p>of breath) upon exertion, cool skin, dry cough, distended neck veins, weakness, weight gain unrelated to intake, crackles and wheezes upon auscultation of the lungs...Weight Q (every) months and as indicated." The care plan further documented, "Focus: (Resident #31) has potential for fluid volume alterations r/t disease process of renal failure, diuretic use and gross edema." The "Interventions" documented in part, "Monitor/document/report PRN any s/sx of fluid overload: anorexia, anxiety, mood/behavior changes. confusion, edema, nausea/vomiting, shortness of breath, difficulty breathing (dyspnea), increased respirations (tachypnea), difficulty breathing when lying flat (orthopnea, congestion, cough, fatigue, jugular venous distention (JVD), sudden weight gain...Monitor/document/report PRN the following s/sx: edema, weight gain of over 2 lbs. a day...Weigh at same time of day and record: (Q day). Notify MD, RD (registered dietician) of sudden wt (weight) changes as indicated."</p> <p>An interview was conducted with LPN (licensed practical nurse) #1, on 10/23/19 at 2:11 p.m. When asked what the staff should do if the physician order documents parameters for notification of greater than three pound weight gain in one day, LPN #1 stated, "If it's greater than a three pound gain, call the doctor's office, where the call is triaged to the doctor. Then wait for the doctor's response back. But as a nursing judgement, I would make sure the resident is being weighed at the same time every day." When asked if staff are, following physician orders if they did not call the physician for a three-pound weight gain in one day, LPN #1 stated, "No, they should call."</p>	F 684			

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F 684	Continued From page 16 An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 10/23/19 at 2:16 p.m. The physician's order above was reviewed with ASM #2. When asked what is expected of the staff, ASM #2 stated, "If the weight is outside the prescribed parameters, they should call the doctor and see if there are any new orders. When asked if staff followed the physician orders if they did not call and notify the physician of a three-pound weight gain in one day, ASM #2 stated, "No, Ma'am, it's not."  The facility policy, "Physician Orders," documented in part, "If order contains parameters, licensed nursing staff should follow physician orders and notify MD [medical doctor] as indicated."  ASM #1, the administrator and ASM #2 were made aware of the above concern on 10/23/19 at 3:50 p.m.  No further information was provided prior to exit.  (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 262.	F 684			
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State	F 812			

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F 812	<p>Continued From page 17 and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, observation and facility document review, it was determined that the facility staff failed to store food in accordance with professional standards for food service.</p> <p>The facility staff failed to dispose of baked cookies with expiration date of 10/18/19.</p> <p>The findings include:</p> <p>During kitchen observation on 10/22/19 at 10:35 AM, in the dry storage room, one bag of six individually wrapped baked sugar cookies was dated 10/16/19 - 10/18/19. In addition, one bag of vanilla wafer cookies was found opened and unlabeled in the dry storage room.</p> <p>An interview was conducted with OSM (other staff member) #1, the dietary manager, on 10/22/19 at 10:45 AM. When asked what the dates on the baked sugar cookies indicated, OSM #1 stated, "It means that is how long the cookies are good." When asked if the baked sugar cookies should have been disposed on 10/18/19, OSM #1 stated "Yes." When asked if the vanilla cookies should have been dated, OSM #1 stated, "Yes, they</p>	F 812		

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F 812	Continued From page 18 should have been dated when opened."  The facility's policy "Refrigerated Food Storage" documents in part "Procedure: Food service personnel that are responsible for food preparation shall label all items. The following foods can be safely kept for the number of days listed: pies and pastries baked- two to three days."  On 10/23/19 at 11:35 AM, ASM (administrative staff member) #1, the administrator, stated, "Cookies aren't listed; they were using the pie and pastry time frame."  ASM #1, the administrator, and ASM #2, the director of nursing was informed of the expired and unlabeled food product on 10/23/19 at 4:00 PM.  No further information was provided prior to exit.	F 812			
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:	F 880			

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F 880	<p>Continued From page 19</p> <p>§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 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</p>	F 880			

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F 880	<p>Continued From page 20 identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. 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, facility document review and clinical record review, it was determined the facility staff failed to follow infection control practices during the medication administration observation for one of 26 sampled residents, Resident #44. RN (registered nurse) #2 dropped a pill onto a paper that was on the top of the medication cart and then administered it to Resident #44.</p> <p>The findings include:</p> <p>Observation was made on 10/23/19 at 8:36 a.m. of RN (registered nurse) #2 administering medications to Resident #44. RN #8 was popping the medications out of the medication card. When RN#2 popped Topiramate (used to treat seizures (1)) 25 mg (milligrams) out of the card, the tablet fell onto a piece of paper that she used as her report sheet that was located on the top of the medication cart. RN #2 then put on gloves and picked up the medication. RN #2 then placed the medication into a medication cup. RN #2 took the cup of pills, with the Topiramate, into Resident 44's room and administered the medications to the resident.</p>	F 880			

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F 880	<p>Continued From page 21</p> <p>Resident #44 was admitted to the facility on 7/10/18 with diagnoses that included but were not limited to: seizures, high blood pressure and diabetes. The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 9/14/19, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating she was cognitively intact to make daily decisions.</p> <p>An interview was conducted with RN #2 on 10/23/19 at 2:03 p.m. When asked how often she cleans the top of her medication cart, RN #2 stated at the beginning of the shift and at the end of the shift and as needed. When asked if her report sheet was a clean surface, RN #2 stated, "Technically no, I probably should have thrown out the pill that dropped and gotten a new one."</p> <p>An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 10/23/19 at 2:20 p.m. When asked what staff should do if a pill drops onto a piece of paper on top of the medication cart, the medication cart onto a piece of paper, ASM #2 stated, "The pill should be disposed of and a new pill should be gotten out."</p> <p>The facility policy, "Medication Administration" documented in part, "In the event that a medication is dropped, it should be disposed of properly and a new pill should be obtained."</p> <p>ASM #1, the administrator and ASM #2 the director of nursing, were made aware of the above concern on 10/23/19 at 3:50 p.m.</p>	F 880			

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

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F 880	Continued From page 22 No further information was provided prior to exit.  (1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a697012.html">https://medlineplus.gov/druginfo/meds/a697012.html</a> .	F 880			
F 947 SS=E	Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4)  §483.95(g) Required in-service training for nurse aides. In-service training must-  §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.  §483.95(g)(2) Include dementia management training and resident abuse prevention training.  §483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.  §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and employee record review, it was determined that the facility staff failed to evidence that five out of 10 employee records reviewed, (CNA [certified nursing assistant] #1 #2, #3, #4 and #5) received and completed the required 12 hours of annual training, including dementia care in -service	F 947			

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NAME OF PROVIDER OR SUPPLIER  <b>SKYLINE TERRACE CONV HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>123 LAKEVIEW ROAD WOODSTOCK, VA 22664</b>		
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F 947	<p>Continued From page 23 training.</p> <p>The findings include:</p> <p>On 10/23/19 at approximately 12:00 PM, a list of CNAs who were employed at the facility was provided by ASM (administrative staff member) #1, the administrator.</p> <p>A sample of ten CNAs were selected from the forty-one on the list provided. The dementia education was requested at this time for the ten CNAs.</p> <p>On 10/23/19 at 1:00 PM, ASM #1, the administrator, provided training documentation. Review of the records for CNA #1, CNA #2, CNA #3, CNA #4 and CNA #5, failed to evidence 12 hours of training education within the previous twelve-month period and failed to evidence the required dementia training.</p> <p>The hire dates of the CNAs were as follows: CNA #1 - 6/21/16 CNA #2 - 6/9/16 CNA #3 - 10/30/90 CNA #4 - 6/11/17 CNA #5 - 6/8/18</p> <p>On 10/23/19 at approximately 1:10 PM, in an interview ASM #1, the administrator, ASM #1, stated, "The CNA skills verification checklist should be completed every twelve months with their evaluations. I am not sure why this was missed. This will be corrected immediately."</p> <p>The facility training document titled "CNA skills verification checklist" includes mandatory education on nutrition, bathing/personal care, oral</p>	F 947			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49E075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKYLINE TERRACE CONV HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>123 LAKEVIEW ROAD WOODSTOCK, VA 22664</b>		
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F 947	Continued From page 24 care, toileting, skin care, transfers, procedures, infection control, abuse/how to report suspected abuse, communicating with cognitively impaired residents, care of confused resident with negative behaviors, resident rights, chain of command and aging process.  ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing of the findings at approximately 4:00 p.m. on 10/23/19.  No further information was provided prior to exit.	F 947		