STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49E151	A. BUILDING _____ B. WING _____	R 04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITTLE SISTERS OF THE POOR IN RICHMOND	1503 MICHAEL ROAD RICHMOND, VA 23229

(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}	INITIAL COMMENTS An unannounced Medicaid revisit to the standard survey conducted 02/09/21 through 02/17/21, was conducted 04/14/21 through 04/15/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The census in this 32 certified bed facility was 24 at the time of the survey. The survey sample consisted of 10 resident reviews.	{F 000}		
{F 695} SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review and facility documentation review, the facility staff failed to provide respiratory care therapy consistent infection control practices for 2 Residents (Resident #107 and #108) in a survey sample of 10 Residents. 1. For Resident #107, the facility staff failed to store a nebulizer mask at the bedside properly, it	{F 695}	1. Resident 107 nebulizer mask was discarded and replaced with new nebulizer set up labeled with date and placed in new ziploc bag. Resident 108 nasal cannula was discarded and replaced with new nasal cannula dated. 2. DON/ designee will obtain a list of O2 orders, nebulizer orders and ensure that all appropriate nasal cannula tubing and nebulizer are changed weekly, dated and are stored in ziploc bags. 3. DON/ designee will in-service nursing staff to ensure that residents have nasal cannula tubing and nebulizers are dated, changed weekly and stored in ziploc bags. 4. DON/ designee will audit O2 nasal cannula tubing and nebulizer dates to ensure thaey are changed weekly for 4 weeks, thereafter monthly fo a period or 3 months. 5. Results of the audit will be forwarded to the Q/A Committee for 3 consecutive months where a determination will be made if there is a need for further audits and additional action plans. Corrective action plan will be completed on May 24, 2021.	May 24,2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (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 695}	Continued From page 1	{F 695}		

was observed laying on the bedside table open to air. The facility staff failed also failed to replace the nebulizer tubing and mask every week, the date on the tubing was 4/5/21.

2. For Resident #108, the facility staff failed to date the nasal cannula tubing.

The findings included:

1. For Resident #107, the facility staff failed to store a nebulizer mask at the bedside properly, it was observed laying on the bedside table open to air. The facility staff failed also failed to replace the nebulizer tubing and mask every week, the date on the tubing was 4/5/21.

Resident #107 was admitted to the facility on 10/25/2019 with diagnoses of, but not limited to: end stage renal disease, hypertension, actinic keratosis, obstructive sleep apnea, and chronic obstructive pulmonary disease (COPD).

The most recent (Minimum Data Set) MDS assessment, a Quarterly assessment with an (Assessment Reference Date) ARD of 1/27/2021 coded Resident #107 as having a (Brief Interview of Mental Status) BIMS score of 15 indicating no cognitive impairment. Resident #107 was coded as requiring extensive assistance of one staff person with activities of daily living, to include transfers, dressing, personal hygiene, bathing, bed mobility and toileting.

On 4/14/2021 at approximately 12:30 PM, during tour of the facility, Resident #107 was not in the room. Resident #107's nebulizer mask was observed at the bedside with the mask laying on

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{F 695}	Continued From page 2	{F 695}		

the resident's beside table, open to air with a date of 4/5/21 on the tubing.

On 4/14/21, at 1:56 PM, and at approximately 3:35 PM, Resident #107's nebulizer mask was observed still at the bedside, open to air, with date of 4/5/21, on the tubing.

On 4/14/21 at approximately 3:45 PM, LPN B accompanied Surveyor A to Resident #107's room. When asked about the nebulizer mask and tubing, LPN B stated, "it should be stored in a zip lock bag" and was observed looking for the zip lock bag. LPN B was unable to locate the zip lock bag and stated she would go get one.

On 4/15/21 at 9:45 AM, Surveyor A observed Resident #107's nebulizer mask at the bedside in a zip lock bag but the tubing and mask still had the date of 4/5/21.

Review of the Physicians Orders revealed an order dated 11/1/2019 for "change nebulizer set up as needed". There was an order for "Albuterol Sulfate Nebulization Solution 1.25 MG/3ML. 1 vial inhale orally via nebulizer every 4 hours as needed for SOB [shortness of breath] related to Chronic Obstructive Pulmonary Disease" with an effective date of 10/25/2019. Review of the Medication Administration Record (MAR), for Resident #107 revealed that from 4/2-4/15/21, he has used the nebulizer on 8 occasions.

On 4/14/2021 at approximately 3:00 PM, an interview was conducted with Licensed Practical Nurse (LPN B) who stated the facility policy was to change the oxygen and nebulizer masks every 7 days.

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{F 695}	Continued From page 3	{F 695}		

On 4/15/2021 at 9:30 AM, an interview was conducted with the facility Administrator who stated the facility policy was to change the oxygen/respiratory equipment every 7 days.

On 4/15/21 at 9:50 AM, Surveyor A asked the facility Administrator to accompany her to room #107. The facility Administrator confirmed the date of 4/5/21, on the tubing, indicated the date when the tubing and mask had last been changed. The Administrator stated that it is to be changed "every week" and when asked if she expected it to have been changed since 4/5/21, she stated, "Yes ma'am".

Surveyor A requested a facility policy with regards to how respiratory equipment should be stored and the changing of respiratory equipment. The facility Administrator provided a policy titled "Oxygen Therapy, Nasal Cannula" which read, "....10. Nasal cannula is changed weekly and as needed". The facility Administrator also provided a policy titled, "Inhalers, Medication Alert" which did not address the storage of or changing of nebulizer equipment.

No further information was provided.

2. For Resident #108, the facility staff failed to date the nasal cannula tubing.

Resident #108 was admitted to the facility on 9/26/2018 with diagnoses of, but not limited to: heart failure, hypertension, neuralgia, atherosclerosis of aorta, and spinal stenosis.

The most recent (Minimum Data Set) MDS assessment, a Quarterly assessment with an

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{F 695}	Continued From page 4	{F 695}		

(Assessment Reference Date) ARD of 2/8/2021, coded Resident #108 as having a (Brief Interview of Mental Status) BIMS score of 7 indicating severe cognitive impairment. Resident #108 required extensive assistance of one staff person with activities of daily living, to include transfers, dressing, personal hygiene, bathing, bed mobility and toileting.

On 4/14/2021 at approximately 12:25 PM, during tour of the facility, Resident #108 was observed in bed with O2 (oxygen) infusing via nasal cannula (nc). Further observation of Resident #108's O2 tubing revealed it was not labeled with a date indicating when it was last changed.

On 4/14/21, at 1:53 PM, Resident #108's was observed still in bed, with O2 infusing, the O2 tubing had no date of when it was last changed.

On 4/14/21 at approximately 3:32 PM, observation of Resident #108's O2 tubing, revealed it was not dated to indicate when it was last changed.

On 4/14/21 at approximately 3:45 PM, LPN A and LPN B accompanied Surveyor A to Resident #108's room. LPN B looked and was unable to find any date on Resident #108's oxygen tubing to indicate when it was last changed. LPN A stated, "It fell out". LPN B stated, LPN A was referring to the tape with the date fell off. LPN B looked in the bed linen, on the floor and areas surrounding the bed and concentrator and was not able to find any labeling that fell off the oxygen tubing LPN B stated, "she was just started on it [oxygen] so I would say it was last Friday".

Review of Resident #108's Physicians Orders

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revealed an order dated 3/27/2021 for "O2 at 2 Liters nasal cannula for O2 stats below 93% as needed". There was an additional order dated 11/1/2020, that read, "O2 at 2lpm [2 liters per minute] as needed for SOB [shortness of breath] or SPO2 <92% [oxygen saturation of less than 92%]".

On 4/14/2021 at approximately 3:00 PM, an interview was conducted with Licensed Practical Nurse (LPN B) who stated the facility policy was to change the oxygen tubing every 7 days.

On 4/15/2021 at 9:30 AM, an interview was conducted with the facility Administrator who stated the facility policy was to change the oxygen/respiratory equipment every 7 days.

Surveyor A requested a facility policy with regards to how respiratory equipment should be stored and the changing of respiratory equipment. The facility Administrator provided a policy titled "Oxygen Therapy, Nasal Cannula" which read, "....10. Nasal cannula is changed weekly and as needed".

No further information was provided.