

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

PRINTED: 05/10/2021
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 05/05/2021
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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 Emergency Preparedness survey was conducted 05/04/2021 through 05/05/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. INITIAL COMMENTS	F 000		
F 584 SS=D	An unannounced Medicare/Medicaid standard survey was conducted 5/4/21 through 5/5/21. 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 164 certified bed facility was 137 at the time of the survey. The survey sample consisted of 31 resident reviews. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for	F 584	F584 Corrective Action(s): The shower room was deep cleaned after the observation was made by the surveyor. Identification of Deficient Practice(s) and Corrective Action(s): All other resident shower rooms may have potentially been affected. A complete documented review of all resident shower rooms will be conducted by the Maintenance Director and/or Maintenance Assistant to identify areas at risk. All negative findings will be corrected at the time of discovery.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nertalia Largent</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/17/21</i>
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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 584	<p>Continued From page 1</p> <p>the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, observation, staff interview and facility document review, it was determined that the facility staff failed to maintain a clean and homelike environment for one of four shower rooms observed in the facility, (Unit two shower room). The facility staff failed to maintain the shower room on Unit two in a sanitary manner.</p> <p>The findings include:</p> <p>On 5/4/2021 at approximately 4:40 p.m., an interview was conducted with Resident #108. Resident #108 stated that the care they received</p>	F 584	<p>Systemic Change(s): The facility's policy & procedure for providing a safe, sanitary, and comfortable environment has been reviewed. No changes are warranted at this time. The Environmental Services director will provide inservices to all housekeeping staff on facility policy and procedure for cleaning and deep cleaning resident shower rooms.</p> <p>Monitoring: The Director of Environmental Services is responsible for maintaining compliance. Documented rounds of all resident shower rooms will be completed weekly to monitor compliance. The Director of Environmental Services will review the findings of the audits weekly to ensure negative findings are being corrected. Cumulative findings will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice</p> <p>Completion Date: June 9, 2021</p>	

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F 584	<p>Continued From page 2</p> <p>at the facility was excellent and the staff were wonderful however there was always visible mold in the shower room when they took a shower. Resident #108 stated that they were a former housekeeper and noticed things like that.</p> <p>Resident #108 was admitted to the facility with diagnoses that included but were not limited to heart failure (1) and diabetes (2). Resident #108's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 4/19/21, coded the resident 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.</p> <p>On 5/5/2021 at approximately 9:30 a.m., an observation was made of the shower unit on Unit two. Observation revealed a black substance along the border near the floor between the tile flooring and the shower wall. Observation revealed the black substance came off when scraped with a finger. The black substance on the border was observed isolated to the interior of the shower stall walls only.</p> <p>On 5/5/2021 at approximately 9:35 a.m., an interview was conducted with OSM (other staff member) #2, the director of environmental services. OSM #2 observed the black substance along the border of the shower stall on Unit two and touched the film with their finger to determine that it scraped off. OSM #2 stated that housekeeping staff cleaned the shower room walls each day with a peroxide cleaner. OSM #2 stated that housekeeping staff performed a deep cleaning of the shower rooms weekly where they clean the tiles with bleach and scrub them with a brush. OSM #2 stated that they had looked at the</p>	F 584			

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F 584	<p>Continued From page 3</p> <p>shower room the past week and it did not look like it currently did. OSM #2 stated that staff did not have a set schedule of when to do the deep clean so they were not sure when this was last done. OSM #2 stated that the black film along the shower floor border may have been a little more than a week's worth of buildup. OSM #2 stated that they had discussed that the possible cause of the black film in the area may have been caused by the caulking coming up. OSM #2 stated that they had not discussed a plan to fix the problem and they planned to put in a maintenance request to have them look at the area. OSM #2 stated that the area "Needed a good scrubbing," and that they would have a staff member take care of it. OSM #2 stated that the presence of the black film around the shower border did not promote a homelike environment for residents.</p> <p>The facility policy, "Support Area" documented in part, "...Support Areas: Pantries, Shower rooms, soiled and clean linen, storage, central bathing, public bathrooms, offices, employee breakroom, locker rooms, and any other rooms that residents do not have access to without supervision. These are rooms that are used to support the staff and building..." The policy further documented, "...Restroom/bathing areas: Clean and disinfect using disinfectant and ORANGE cleaning rags. Change rag as needed to ensure saturation. No double dipping...Wipe shower or tub/shower...Clean tile for mold and dirt..."</p> <p>On 5/5/2021 at approximately 2:15 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concern.</p>	F 584			

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F 584	Continued From page 4 No further information was presented prior to exit. References: 1. Heart failure: A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm . 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: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm .	F 584		
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 and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional	F 812	F 812 Corrective Action(s): The four bottles of Ensure were discarded during the survey. Identification of Deficient Practices & Corrective Action(s): All other residents may have been potentially affected. The Food Service Manager, and/or Registered Dietician will randomly monitor the pantry/nourishment rooms to identify any negative findings. All items identified to be out of compliance will be discarded. Systemic Change(s): Current facility policy & procedure has been reviewed and no changes are warranted at this time. The regional nurse consultant/designee will inservice the Food Service Manager and dietary staff on discarding food products after they have reached the "use by" date.	

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F 812	<p>Continued From page 6</p> <p>member) #1, the dietary manager. OSM #1 stated that the dietary staff maintained the stock of the snacks and drinks that were available for use in the pantry/nourishment rooms in the facility. OSM #1 stated that dietary staff monitor the use-by dates on everything in the rooms daily. OSM #1 stated that the four bottles of Ensure labeled with the resident's name and room number were expired and should not have been available for use. OSM #1 stated that the bottles should have been thrown away. OSM #1 stated that their staff may have thought that they did not need to check those items because they had a resident name on them. OSM #1 stated that they would remove the items and re-educate the staff that they were responsible for all items in the pantry/nourishment rooms.</p> <p>The facility policy "Covering, Labeling, Dating Food," dated "March 2.2015, Updated 12.1.2018" documented in part, "...Pantry Refrigerators Storage: 1. Follow manufacturer "expiration dates" or "use by dates" when provided to determine when a food should be discarded...4. All nutritional supplements are to be checked daily for expiration dates. All products with expired dates are to be discarded..."</p> <p>On 5/5/2021 at approximately 2:15 p.m., ASM (administrative staff member) #1, the administrator was made aware of the findings.</p> <p>No further information was provided prior to exit.</p>	F 812			

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F 812	<p>Continued From page 5</p> <p>standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility document review it was determined facility staff failed to discard food items past their use-by date in one of three pantry/nourishment rooms observed, (Unit one pantry room).</p> <p>The facility staff failed to discard four bottles of Ensure (nutritional supplement drink) that were past their use-by date and available for resident use in the Unit one pantry/nourishment room in the facility.</p> <p>The findings include:</p> <p>On 5/4/2021 at approximately 9:45 a.m., an observation was made of the refrigerator located in the pantry/nourishment room on Unit one at the facility. Observations revealed two Ensure French Vanilla flavored 11 fl. oz. (fluid ounce) bottles labeled with a resident name and room number. The two bottles were observed with a manufacturer's use-by date of "1JAN2021" (1/1/2021). Additional observations revealed another Ensure French Vanilla flavored 11 fl. oz. bottle labeled with a resident name and room number with a manufacturer use-by date of "1OCT2020" (10/1/2020). Further observation of the Unit one-refrigerator revealed one Ensure Mixed Berry 11 fl. oz. bottle labeled with a resident name and room number with a manufacturer use-by date of "1FEB2021" (2/1/2021). The bottles were observed located in the refrigerator drawer available for use.</p> <p>On 5/4/2021 at approximately 9:55 a.m., an interview was conducted with OSM (other staff</p>	F 812	<p>Monitoring:</p> <p>The Food Service Manager is responsible for maintaining compliance. The Food Service manager/designee will monitor the pantry/nourishment rooms for proper labeling and dating of food and beverage items and disposal of those items per policy to monitor and maintain compliance. The results of these audits will be reported to the Quality Assurance Committee for review, analysis, & recommendations for change in facility policy, procedure, and/or practice.</p> <p>Completion Date: June 9, 2021</p>		

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