

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

PRINTED: 06/01/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  05/26/2021
NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL FRONT ROYAL			STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630		
(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  An unannounced Emergency Preparedness survey was conducted 5/25/2021 through 5/26/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No/# complaint(s) was/were investigated during the survey.	E 000	<b>F550</b> <b>Corrective Action(s):</b> Resident #11's attending physician has been notified that the facility staff failed to promote dignity by posting multiple signs related to the resident's feeding needs. The aforementioned signs have been taken down. Resident #13's attending physician has been notified that the facility staff failed to promote dignity by posting multiple signs related to the resident's feeding needs. The aforementioned signs have been taken down.		
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 5/25/21 through 5/26/21. No complaints were investigated during this survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.	F 000	<b>Identification of Deficient Practice(s) and Corrective Action(s):</b> All other residents may have the potentially been affected. The Social Services Director/designee will assess all resident rooms to identify residents at risk. All other negative findings will be addressed at the time of discovery.		
F 550 SS=D	The census in this 60 certified bed facility was 56 at the time of the survey. The survey sample consisted of 21 current resident reviews and 3 closed record reviews.  Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and	F 550	<b>Systemic Change(s):</b> Facility policy and procedures were reviewed. No changes are warranted at this time. The DON and/or Social Services will inservice all staff on the facility policy and procedure regarding resident rights and dignity. <b>Monitoring:</b> The Social Services Director is responsible for compliance. The DON/designee will complete 3 meal pass audit weekly to monitor for compliance. All negative findings will be corrected at the time of discovery. The audit findings will be reported to the Risk Management Committee for review. Aggregate findings will be reported to the QA Committee for review, analysis, and recommendations of change in facility policy, procedure, or practice.  <b>Completion Date: 7/9/2021</b>		

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

TITLE

(X6) DATE

*Robert Canby*

*Administrator*

*6/22/2021*

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 550	<p>Continued From page 1 promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to preserve resident dignity for two of 24 residents in the survey sample, Residents #11 and #13. For Resident #11, the facility failed to preserve her dignity by posting multiple signs regarding the resident's feeding needs in plain sight in her room. For Resident #13, the facility failed to preserve her dignity by posting multiple signs regarding the resident's feeding needs in plain</p>	F 550			

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F 550	<p>Continued From page 2 sight in her room.</p> <p>The findings include:</p> <p>1. Resident #11 was admitted to the facility on 3/9/21 with diagnoses including Parkinson's disease (1) and heart failure. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 3/16/21, she was coded as being severely cognitively impaired for making daily decisions. She was coded as being on a mechanically altered diet. Resident #11 was coded as requiring the assistance of one staff member for eating. She was coded as receiving speech therapy services.</p> <p>Resident #11 was observed in her room on 5/25/21 at 1:17 p.m. and 3:53 p.m.; 5/26/21 at 7:47 a.m. and 10:43 a.m. During each observation on both walls adjacent to Resident #11's head of bed, four signs were clearly visible. The signs read as follows: (1) "UPRIGHT at 90 degrees for meals. Supervision for meals." (2) "Go SLOW - Give time for multiple swallows between bites. SMALL BITES and SIPS. One at a time. Stay upright for 45 minutes after meals." (3) "EFFORTFUL SWALLOW. Swallow as hard as you can. 30 reps (repetitions) a day." (4) "One sip at a time. Go slow. Small. Sit up. Brush Teeth 3 times a day." Resident #11 was not able to participate in an interview.</p> <p>A review of Resident #11's Speech Therapy Discharge Summary dated 4/8/21 revealed, in part: "Discharge Recommendations and Strategies: To facilitate safety and efficiency, it is recommended the patient use the following strategies during oral intake: alternation of</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>liquid/solids, bolus size modifications, rate modification and general swallow techniques/precautions, along with the following maneuvers: upright posture during meals and upright posture for &gt;30 minutes after meals."</p> <p>A review of Resident #11's comprehensive care plan dated 3/16/21 revealed no information regarding the resident's dignity.</p> <p>The speech therapist was not available for interview during the survey.</p> <p>On 5/26/21 at 2:09 p.m., OSM (other staff member) #3, the social worker, was interviewed. When asked how the placement of signs on Resident #11's walls related to the resident's dignity, OSM #3 stated she thought those kinds of signs (instructions) should be posted out of plain sight, perhaps on the resident's closet door. She stated the signs do not promote a resident's dignity at all. OSM #3 stated she understands why the signs are posted, but the signs are for the staff's benefit, not the resident's.</p> <p>On 5/26/21 at 2:13 p.m., ASM (administrative staff member) #2, the regional director of clinical services, was interviewed. When asked how the placement of signs on Resident #11's walls related to the resident's dignity, ASM #2 stated the signs were not something she would recommend to have posted in plain sight. She stated those are instructions for the benefit of staff members who are serving/supervising/assisting residents with meals. She stated the signs do not provide dignity for the resident.</p> <p>A review of the facility document, "Resident</p>	F 550			

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F 550	<p>Continued From page 4</p> <p>Rights," revealed, in part: "...Each patient admitted to such Facility...is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs."</p> <p>On 5/26/21 at 4:52 p.m., ASM #1, the administrator, and ASM #2 were informed of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>REFERENCES</p> <p>(1) "Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain chemical called dopamine. Sometimes it is genetic, but most cases do not seem to run in families." This information is taken from the website <a href="https://medlineplus.gov/parkinsonsdisease.html">https://medlineplus.gov/parkinsonsdisease.html</a>.</p> <p>2. Resident #13 was admitted to the facility 3/15/21 with diagnoses including Parkinson's disease (1) and history of a stroke. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 3/22/21, she was coded as being moderately cognitively impaired for making daily decisions, having scored nine out of 15 on the BIMS (brief interview for mental status). She was coded as requiring the extensive assistance of staff members for eating. Resident #13 was coded as being on a mechanically altered diet. She was coded as receiving speech therapy services.</p> <p>Resident #13 was observed in her room on</p>	F 550		

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F 550	<p>Continued From page 5</p> <p>5/25/21 at 1:32 p.m. and 4:01 p.m.; 5/26/21 at 2:33 p.m. During each observation on both walls adjacent to Resident #1's head of bed, two signs were clearly visible. The signs read as follows: (1) "AS UPRIGHT AS POSSIBLE FOR MEALS! Small bites and sips. One at a time." (2) "PULL MEAL TRAY, IF NOT ALERT (sic). Check mouth after meals."</p> <p>A review of Resident #13's Speech Therapy Discharge Summary dated 4/19/21 revealed, in part: "Dining/Swallowing Program: Patient currently swallows with difficulty, and tier is progressive...encourage participation."</p> <p>A review of Resident #13's comprehensive care plan dated 3/26/21 revealed no information regarding the resident's dignity.</p> <p>The speech therapist was not available for interview during the survey.</p> <p>On 5/26/21 at 2:09 p.m., OSM (other staff member) #3, the social worker, was interviewed. When asked how the placement of signs on Resident #11's walls related to the resident's dignity, OSM #3 stated she thought those kinds of signs (instructions) should be posted out of plain sight, perhaps on the resident's closet door. She stated the signs do not promote a resident's dignity at all. OSM #3 stated she understands why the signs are posted, but the signs are for the staff's benefit, not the resident's.</p> <p>On 5/26/21 at 2:13 p.m., ASM (administrative staff member) #2, the regional director of clinical services, was interviewed. When asked how the placement of signs on Resident #11's walls related to the resident's dignity, ASM #2 stated</p>	F 550		

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F 550	<p>Continued From page 6</p> <p>the signs were not something she would recommend to have posted in plain sight. She stated those are instructions for the benefit of staff members who are serving/supervising/assisting residents with meals. She stated the signs do not provide dignity for the resident.</p> <p>On 5/26/21 at 4:52 p.m., ASM #1, the administrator, and ASM #2 were informed of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>REFERENCES</p> <p>(1) "Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain chemical called dopamine. Sometimes it is genetic, but most cases do not seem to run in families." This information is taken from the website <a href="https://medlineplus.gov/parkinsonsdisease.html">https://medlineplus.gov/parkinsonsdisease.html</a>.</p>	F 550			

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