

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

PRINTED: 07/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2021
NAME OF PROVIDER OR SUPPLIER AUGUSTA MEDICAL CTR SKILLED CA			STREET ADDRESS, CITY, STATE, ZIP CODE 78 MEDICAL CENTER DRIVE FISHERSVILLE, VA 22939		
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E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 7/13/2021 through 7/14/2021. The facility's Emergency Preparedness Plan was reviewed and found to be in compliance with CFR 483.73, the Federal requirements for Emergency Preparedness in Long Term Care facilities. INITIAL COMMENTS	F 000			
F 625 SS=B	An unannounced Medicare standard survey was conducted 7/13/2021 through 7/14/2021. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code report will follow. The census in this seventeen certified bed facility was eleven at the time of the survey. The survey sample consisted of eight current record reviews and two closed record reviews. Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;	F 625	8/27/21		

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

TITLE

(X6) DATE

Electronically Signed

07/29/2021

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 625	<p>Continued From page 1</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility policy review and clinical record review, the facility staff failed to provide written notice of the bed-hold policy for one of ten residents in the survey sample, Resident #10. No written notice of the bed-hold policy was provided to Resident #10 upon admission or at the time of transfer to the hospital.</p> <p>The findings include:</p> <p>Resident #10 was admitted to the facility on 4/7/21 and discharged to the hospital on 4/16/21. Diagnoses for Resident #10 included pleural effusion, pneumonia, hypoxia, rheumatoid arthritis, peripheral vascular disease, hypertension and bladder cancer. The minimum data set (MDS) dated 4/14/21 assessed Resident #10 as cognitively intact.</p> <p>Resident #10's clinical record documented the resident was discharged to the hospital on 4/16/21 due to increased shortness of breath and</p>	F 625	<ol style="list-style-type: none"> 1. Resident affected by deficient practice had been transferred to home setting prior to discovery. 2. All current residents were provided a written transfer/discharge notice, including the bed-hold notice. 3. Written bed-hold notice informing the resident (or legal representative) of the facility's readmission policy, including the bed-hold policy, when a resident is transferred to the hospital or take therapeutic leave will be provided on admission to the facility and shall be issued in conjunction with the notice of transfer at the time of transfer. A signed copy will be kept in the patient's record. 4. All admitted residents will be audited for 30 days to verify the signed written notice is provided to resident or legal representative on admission and upon 		

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F 625	Continued From page 2 tachycardia. The clinical record documented no evidence a written notice of the bed-hold policy was provided to the resident or the resident's representative. There was no documentation the resident or his representative was informed of a bed-hold policy at the time of admission or transfer to the hospital. On 7/14/21 at 11:41 a.m., the director of nursing (DON) was interviewed about the facility's bed-hold policy and written notices to residents. The DON stated beds were held for residents for three days for residents out of the facility on leave or after transfer to the hospital. The DON stated no written notice about bed-holds was provided to residents. The DON stated at the time of discharge the admissions nurse talked with the resident or family about bed-holds. The DON stated, "I don't think there is anything in writing." The facility's admission packet included no information about a bed-hold policy. The facility's policy titled Leave of Absence (issued 5/95) documented, "...If a patient is sent emergently off the unit, a courtesy bed-hold will be in place for three (3) consecutive nights until the account is discharged."	F 625	transfer, if indicated.		
F 655 SS=F	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident	F 655		8/27/21	

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F 655	<p>Continued From page 3</p> <p>that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <p>(i) Be developed within 48 hours of a resident's admission.</p> <p>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-</p> <p>(A) Initial goals based on admission orders.</p> <p>(B) Physician orders.</p> <p>(C) Dietary orders.</p> <p>(D) Therapy services.</p> <p>(E) Social services.</p> <p>(F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p>	F 655			

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F 655	<p>Continued From page 4</p> <p>Based on resident interview, staff interview, facility policy review and clinical record review, the facility staff failed to develop baseline care plans to address immediate care needs and failed to provide a written summary of the plan for seven of seven new admission residents in the survey sample. Baseline care plans for Residents #65, #66, #67, #69, #165, #168 and #169 did not include all immediate care needs regarding management of a PICC (peripherally inserted central catheter), pain management, therapy services, medications and/or anticoagulant use. These residents nor their representatives were provided a written summary of the baseline care plan.</p> <p>The findings include:</p> <p>1. Resident #65 was admitted to the facility on 7/8/21 with diagnoses that included COPD (chronic obstructive pulmonary disease), prostate cancer, hemorrhagic cystitis, hypoxia, coronary artery disease, hypertension, aortic stenosis and gastroesophageal reflux disease. An admission assessment dated 7/8/21 assessed Resident #65 as alert, oriented and able to understand instructions.</p> <p>Resident #65's clinical record documented physician orders dated 7/8/21 for occupational and physical therapy evaluations and treatments. The record documented a physician's order dated 7/8/21 for the opioid pain medication oxycodone 5 milligrams (mg) every 4 hours as needed and Tylenol 650 mg every 6 hours as needed for pain management.</p> <p>Resident #65's baseline care plan dated 7/8/21 included no problems, goals and/or interventions</p>	F 655	<p>1. The current residents identified as lacking a written baseline care plan were provided a written summary of their baseline care plan and medication list on the day of discovery (7/14/21).</p> <p>2. All current residents were provided a written summary of their baseline care plan and medication list on the day of discovery (7/14/21).</p> <p>3. Baseline care plans will be modified to include initial goals, physician orders, dietary orders, therapy services, medications, social services and PASRR recommendation (if applicable). A written summary of the baseline care plan will be provided to all new residents and/or their legal representative.</p> <p>4. All admitted residents will be audited for 30 days to verify the written summary of the baseline care plan is provided within 48 hours of admission and is inclusive of medical needs/goals and interventions.</p>		

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F 655	<p>Continued From page 5 regarding pain management or therapy services and included no list of current medications. There was no evidence in the clinical record that a baseline care plan summary was given to the resident or the resident's representative.</p> <p>2. Resident #66 was admitted on 6/30/21 with diagnoses that included hip fracture, congestive heart failure, history of right hip replacement, left eye blindness, hypothyroidism, glaucoma and history of pulmonary embolism. An admission assessment dated 6/30/21 listed the resident as confused with visual/hearing impairments.</p> <p>Resident #66's clinical record documented physician orders dated 6/30/21 for a bed/chair alarm and occupational/physical therapy evaluations and treatment. The record documented physician orders dated 6/30/21 for the anticoagulant Eliquis 5 mg twice per day, the opioid medication oxycodone 2.5 mg every 4 hours as needed, oxycodone 5 mg every 4 hours as needed and Tylenol 650 mg every 6 hours as needed for pain management.</p> <p>Resident #66's baseline care plan dated 6/30/21 included no problems, goals and/or interventions regarding pain management or anticoagulant use. The plan listed a speech therapy evaluation but made no mention of occupational or physical therapies. There was no evidence in the clinical record that a baseline care plan summary was given to the resident or the resident's representative.</p> <p>3. Resident #67 was admitted to the facility on 7/6/21 with diagnoses that included post hip joint replacement, fractured femur, chronic respiratory failure with hypoxia, chronic kidney disease,</p>	F 655			

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F 655	<p>Continued From page 6</p> <p>anxiety, benign prostatic hyperplasia and ischemic heart disease. An admission assessment dated 7/6/21 as alert, oriented and able to understand instructions.</p> <p>Resident #67's clinical record documented physician orders dated 7/6/21 for the anticoagulant Eliquis 2.5 mg twice per day, Tylenol 500 mg every 6 hours as needed and the opioid medication Tramadol 50 mg every 6 hours as needed for pain.</p> <p>Resident #67's baseline care plan dated 7/6/21 included no problems, goals and/or interventions regarding pain management or daily use of an anticoagulant. There was no evidence in the clinical record that a baseline care plan summary was given to the resident or the resident's representative.</p> <p>4. Resident #69 was admitted to the facility on 7/5/21 with diagnoses that included right total knee revision, hypoxemia, chronic kidney disease, diabetes, COPD, anemia, atrial fibrillation, history of myocardial infarction and history of COVID-19. An admission assessment dated 7/5/21 assessed Resident #69 as alert and oriented.</p> <p>Resident #69's clinical record documented physician orders for surgical wound care and occupational/physical therapy evaluation and treatment. The record documented physician orders dated 7/5/21 for the anticoagulant Eliquis 2.5 mg twice per day, Metformin 500 mg each day for diabetic management, Tylenol 1000 mg three times per day for pain management and oxycodone 5 mg every 4 hours as needed for pain.</p>	F 655			

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F 655	Continued From page 7 Resident #69's baseline care plan dated 7/5/21 included no problems, goals and/or interventions regarding anticoagulant use, prescribed therapies, diabetes or pain management. There was no evidence in the clinical record that a baseline care plan summary was given to the resident or the resident's representative. On 7/13/21 at 2:54 p.m., the director of nursing (DON) was interviewed about baseline care plans and any written summary provided to residents. The DON stated, "We don't print it out [baseline plan] and hand it to them." The DON stated the baseline care plan was developed at the bedside with the nurse, resident and/or their family. The DON stated the information from the baseline plan was entered into the health record system by a unit tech and updated daily. The DON stated copies of the baseline plan were not provided to the residents and/or families. On 7/14/21 at 7:27 a.m., the DON was interviewed again about baseline care plans for Residents #65, #66, #67 and #69 that made no mention of anticoagulant use, pain management, medications or therapy services provided. The DON stated baseline care plans were completed usually within two hours of admission. The DON stated the admitting nurse reviewed the care plan goals and resident needs when the baseline care plan was developed. The DON stated again that the residents and families were not provided a written summary or copy of the baseline plan. On 7/14/21 at 7:52 a.m., Resident #65 was interviewed about his baseline care plan. Resident #65 stated he did not recall any information about a care plan and did not receive	F 655			

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F 655	<p>Continued From page 8</p> <p>a copy of a care plan. Resident #65 stated discharge instructions were provided from the hospital but he was not aware of a baseline plan since admission to the skilled unit</p> <p>On 7/14/21 at 7:55 a.m., Resident #66's family member was interviewed about a baseline care plan or written plan summary upon admission. The family member stated they received discharge papers from the hospital but did not get a written care plan summary upon admission to the skilled unit. The family members looked through papers at the bedside and stated the hospital discharge summary was all that had been provided.</p> <p>On 7/14/21 at 9:19 a.m., Resident #67 was interviewed about his baseline care plan or written plan summary. Resident #67 stated he had some papers from the hospital but he had received no copy or summary of a care plan since his admission to the skilled unit.</p> <p>On 7/14/21 at 9:21 a.m., Resident #69 was interviewed about her baseline care plan and any plan summary provided by the facility. Resident #69 stated she did not get a summary or copy of a care plan. Resident #69 stated she thought her medications were the same as when she was hospitalized but she had not received a medication list since admission to the skilled unit.</p> <p>These findings were reviewed with the DON on 7/14/21 at 12:30 p.m.</p> <p>5. Resident #165 was admitted to the facility on 06/24/21 with diagnoses that included sepsis related to methicillin resistant staphylococcus aureus (MRSA), congestive heart failure, muscle weakness, cellulitis of the left and right lower</p>	F 655			

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F 655	<p>Continued From page 9</p> <p>limbs, non-pressure chronic ulcers of the left and right lower legs, and type 2 diabetes. The most recent minimum data set (MDS) dated 7/1/2021 was the 5-day admission assessment and assessed Resident #165 as moderately impaired for daily decision making with a score of 11 out of 15.</p> <p>On 07/13/2021 during the tour, observed outside of Resident #165's room was an "Isolation Contact" sign including instructions to wear personal protective equipment (PPE) before entering the room. Observed outside the room were new PPE supplies and hand sanitizer. The unit manager (RN #1) was asked why Resident #165 was on isolation. RN #1 stated the isolation was related to Resident #165 having MRSA and full PPE was required to enter the room.</p> <p>On 07/13/2021 at 2:30 p.m., Resident #165 was interviewed regarding the quality of care since her admission. Resident #165 stated things were going well and she planned to discharge home once she completed her antibiotics. Resident #165 was asked if staff wore PPE each time they entered the room. Resident #165 stated, "yes, they do. I understand between this pandemic and me having MRSA they have to protect themselves and all of the patients.</p> <p>Resident #165's clinical record was reviewed on 07/13/2021. The admission assessment dated 6/24/21 documented "...isolation contact." A review of the baseline care plan did not document goals and/or interventions isolation contact and social services/discharge goals. A review of the electronic clinical record and the paper chart did not document evidence that a copy of the baseline care plan had been provided to Resident</p>	F 655			

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F 655	<p>Continued From page 10 #165.</p> <p>On 07/14/2021 at 10:00 a.m., Resident #165 was interviewed about care plan participation. Resident #165 was asked if she had received a copy of the baseline care plan and/or medications since being admitted. Resident #165 stated, "I remember getting some papers from the hospital when I discharged. No one has had a meeting with me since I've been here about my care or given me any papers. The nurse will tell me what medications they give me each shift, but I don't have a list of medications." Resident #165 was asked if she received a summary of her initial care needs/goals developed at admission. Resident #165 stated, "no."</p> <p>On 07/14/2021 at 11:00 a.m., the DON was asked if the isolation precautions and social service/discharge interventions should have been included on the baseline care plan. The DON stated yes. The DON stated the residents were followed by case management services for assistance with discharge plans.</p> <p>6. Resident #168 was admitted to the facility on 06/29/2021 with diagnoses that included left knee septic arthritis, hypertension, atrial fibrillation, type 2 diabetes, hyperlipidemia and long term use of anticoagulants. The most recent minimum data set (MDS) dated 07/06/2021 was the 5 day admission assessment and assessed Resident #168 as cognitively intact for daily decision making with a score of 14 out of 15.</p> <p>During the initial tour Resident #168 was interviewed regarding the quality of care since his admission. Resident #168 stated, "things are fine. This is a wonderful place and they treat me</p>	F 655			

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F 655	<p>Continued From page 11</p> <p>great." Resident #168 was asked about his discharge plans. Resident #168 stated, "right now they are focusing on getting me stronger and clearing up the knee infection with the use of antibiotics. My plans are to discharge home as soon as the doctor releases me."</p> <p>Resident #168's clinical record was reviewed on 07/13/2021. Observed on the "Admission: Medical History and Functional Status" form was the following: "...Anti-Coagulant Therapy - Yes." A review of the baseline care plan did not document goals and/or interventions for anti-coagulant use and social services/discharge goals. A review of the electronic clinical record and the paper chart did not document evidence that a copy of the baseline care plan had been provided to Resident #168.</p> <p>On 07/14/2021 at 9:15 a.m., Resident #168 was interviewed regarding about care plan participation. Resident #168 was asked if he received a copy of his baseline care plan and/or medication list since his admission. Resident #168 stated, "I recall receiving some discharge papers from the hospital., but I haven't received any forms while I've been down here. I'm not aware of having a care plan meeting since I've been down here. The staff come in here daily and ask me about my goals for the day and I just simply tell them I want to get stronger and return home to my wife." Resident #168 was asked if he received a summary of his initial care needs/goals developed at admission. Resident #168 stated, "no."</p> <p>On 07/14/2021 at 11:00 a.m., the DON was asked if the anti-coagulant use and social service/discharge interventions should have been</p>	F 655			

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

PRINTED: 07/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2021
NAME OF PROVIDER OR SUPPLIER AUGUSTA MEDICAL CTR SKILLED CA			STREET ADDRESS, CITY, STATE, ZIP CODE 78 MEDICAL CENTER DRIVE FISHERSVILLE, VA 22939		
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F 655	<p>Continued From page 12 included on the baseline care plan. The DON stated yes. The DON stated the residents were followed by case management services for assistance with discharge plans.</p> <p>The above findings were discussed with the DON during a meeting on 07/14/2021 at 12:30 p.m.</p> <p>7. Resident #169 was admitted to the facility on 07/08/2021 with diagnoses that included right leg BKA (below knee amputation) revision, hypertension, gait disorder, peripheral vascular disease, chronic neuropathic pain, tobacco abuse, and Etoh dependence. The admission assessment assessed Resident #169 as alert and oriented.</p> <p>During the initial tour Resident #169 was interviewed regarding the quality of care since his admission. Resident #169 stated, "I'm glad to be here. There were several other locations that I was offered. However, this one was the best with 5 stars. So far things have been going great. I've got this PICC line in my arm they are treating the infection that started after my last surgery. I know I will be here at least until August 3 to complete these antibiotics. I hope to go home and eventually get fitted for my prosthetic leg."</p> <p>Resident #169's clinical record was reviewed 07/13/2021. Observed on the Patient Summary was the following antibiotic medications "Ceftriaxone Sodium (Rocephin), Metronidazole (Flagyl), and Vancomycin HCL. A review of the baseline care plan did not document goals and/or interventions for the use of the antibiotics and social service/discharge goals. A review of the electronic clinical record and the paper chart did not document evidence that a copy of the</p>	F 655			

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F 655	<p>Continued From page 13</p> <p>baseline care plan had been provided to Resident #169.</p> <p>On 07/14/2021 at 7:27 a.m., the director of nursing (DON) was interviewed regarding the baseline care plan. The DON stated the baseline care plan was completed at bedside with the resident and/or family usually about 2 hours after admission. The DON was asked if a copy of the baseline care plan was provided to the resident and/or family member. The DON stated "no, they are given a copy of their medications." The DON was asked if the resident and/or family member were required to sign anything to document their receipt of the medication list. The DON stated, "no". The DON was asked if the medication list was printed and provided to the resident and/or family member then why wasn't the care plan printed and provided as well. The DON stated, "we just don't print them [care plan]. It is not part of our practice to give a copy of the baseline care plan.</p> <p>On 07/14/2021 at 9:00 a.m., Resident #169 was interviewed regarding care plan participation. Resident #169 stated, "I remember getting some hospital discharge papers, but no one has discussed with me my plan of care over here. The nurses in come in and talk with me and therapy has cut me back to three days because I'm so independent." Resident #169 was asked if he was provided with a summary of his initial care needs and/or medication list. Resident #169 stated, "no."</p> <p>On 07/14/2021 at 11:00 a.m., the DON was asked if the antibiotic use and social service/discharge interventions should have been included on the baseline care plan. The DON</p>	F 655			

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F 655	<p>Continued From page 14 stated yes. The DON stated the residents were followed by case management services for assistance with discharge plans.</p> <p>The above findings were discussed with the DON during a meeting on 07/14/2021 at 12:30 p.m.</p> <p>A review of the facility's Care Plans policy (revised 6/19) documented the following under Procedure: "1. The admitting nurse will initiate the baseline plan of care by adding appropriate interventions to the work list and baseline care plan based on problems identified on the admission assessment within 8 hours of admission." "2. This includes dietary and activity orders, treatments, and patient preferences. This information is reviewed with the patient/patient representative..."</p>	F 655			