

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

PRINTED: 02/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT RURAL RETREAT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 NORTH MAIN STREET RURAL RETREAT, VA 24368	
(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)

F 000 INITIAL COMMENTS

An unannounced Medicare/Medicaid abbreviated survey was conducted onsite on 1/13/21 and offsite 1/14/21 through 1/25/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements.

One complaint was investigated during the survey which was unsubstantiated with no deficient practice.

The census in this 120 certified bed facility was 97 at the time of the survey. The survey sample consisted of seven (7) current resident reviews.

F 609 Reporting of Alleged Violations
SS=D

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all

F 000

This POC is submitted to serve as the facility's allegation of compliance. This POC in an of itself does not serve as admission to the citations as being accurate but rather an action place to ensure that the facility is found in compliance to F 609 Reporting of Alleged Violation CFR(s):
483.12(c)(1)(4)

F 609

The facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. The reports will be made to the facility Administrator, Director of Nursing and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

3/5/17

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

Stephen Reynolds Adm

TITLE:

[Signature]

(X6) DATE:

2-16-21

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 609	<p>Continued From page 1</p> <p>investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews, clinical record reviews, and review of facility documents, the facility staff failed to ensure that all alleged violations involving abuse are reported to the State Survey Agency for 1 of 7 residents in the survey sample, Resident #5</p> <p>The findings included:</p> <p>For Resident #5, facility staff failed to report incidents with other residents on two separate occasions.</p> <p>Resident #5's diagnosis list indicated diagnoses, which include, but not limited to Personal History of Traumatic Brain Injury, Acute Embolism and Thrombosis of Unspecified Deep Veins of Lower Extremity Bilateral, Restlessness and Agitation, and Traumatic Subdural Hemorrhage with Loss of Consciousness of Unspecified Duration Subsequent Encounter</p> <p>The admission MDS (minimum data set) with an ARD (assessment reference date) of 11/02/20 assigned the resident a BIMS (brief interview for mental status) score of 8 out of 15 in section C, Cognitive Patterns.</p> <p>A review of Resident #5's medical record revealed the following documentation.</p>	F 609	<ol style="list-style-type: none"> 1. Facility Reported Incident Reports Completed along with Investigation Summary have been submitted to state VDH, Adult Protective Services and Ombudsman on February 11, 2021 on both separate incidents involving Resident #5. Nurses 1 and 2 and C N A 1 were given one on one instruction and training on when, what and how to report any alleged violations involving alleged abuse. Resident #5 remains in facility and denies any further incidents or allegations of abuse. 2. Interviews conducted by Facility Social Worker and Facility Director of Nursing interviewing both Residents and Staff that determined no other violations of unreported allegations of abuse. Facility hot line compliance call number re-educated to both Residents and Family members. 3. The facility DON/Designee has educated staff on immediately reporting of alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. That such reports must be within 2 	3/15/17

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F 609	<p>Continued From page 2</p> <p>A nursing progress note dated 11/30/20 5:39pm states "Resident had altercation with another resident at 1725 (5.25pm) Resident hit other residents wheelchair with (his/her) wheelchair then continued to call other resident inappropriate names. Other resident hit this resident. CNA (certified nursing assistant) stopped this resident from hitting the other resident back. Both residents separated and encouraged to use appropriate language. No areas or injury noted at this time. Unit manager and DON (director of nursing) notified".</p> <p>A nursing progress noted dated 12/30/20 at 5.09pm states "Resident got into an altercation with another resident. Striking out at the other resident. No physical harm was done. Complete physical assessments were completed on both residents. Both residents were separated and placed on frequent checks. Will continue to monitor".</p> <p>On 1/18/21 at 4:15pm, surveyor spoke with DON #1 concerning Resident #5's altercations with other residents occurring on 11/30/20 and 12/30/20. Surveyor asked DON #1 if the facility did an FRI (facility reported incident) for 11/30/20 and 12/30/20. DON #1 stated "no" because there were no injuries. DON #1 stated that with the 12/30/20 incident, there was only a "swat" and "fingertip" contact between the two residents and no injuries.</p> <p>On 1/22/21 at approximately 4.07pm surveyor spoke with the administrator and DON #2 concerning FRIs not being submitted for Resident #5's altercations with other residents occurring on 11/30/20 and 12/30/20. The administrator stated the occurrences were not reported because there</p>	F 609	<p>hours after the allegation is made but no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. The facility will report to the facility Administrator and Director of Nursing who will report to the State Survey Agency, Ombudsman, and Adult Protective Services in according to requirements of 483.12(c)(1).</p> <p>4.The facility Social Services and Director of Nursing will conduct interviews with 5 Residents and 5 Staff members weekly for 4 weeks, 5 Residents and 5 Staff members bi-weekly for four weeks and 5 Residents and 5 Staff members monthly for 2 months to ensure that measures are in place to identify the reporting of all alleged violations. These interviews will be reported monthly to the facility QAPI Committee for review/oversight and/or directions. The facility administrator will ensure compliance to F 609.</p> <p>5. Allegation of Compliance March 5, 2021</p>

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was no harm and no medical treatment provided for either resident. The administrator stated the protocol is if there is medical intervention then it is reported. The administrator stated that they recall Resident #1 being hit on the arm on 11/30/20.

Surveyor requested and received the facility policy entitled, "Abuse Prevention Program" which states in part:

3. Comprehensive policies and procedures have been developed to aid our facility in preventing abuse, neglect, or mistreatment of our residents. Our abuse prevention program provided policies and procedures that govern, as a minimum:

g. The reporting and filing of accurate documents relative to incidents of abuse;

14. The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency, the local police department, the ombudsman, and others as may be required by state or local laws, within five (5) working days of the reported incident.

No further information regarding this issue was presented to the surveyor prior to the remote exit conference on 1/25/21.

During the remote exit conference on 1/25/21 at 10:02am, the administrator stated the "willful" inflection of injury is not there for these occurrences to be reportable and both residents have 8 and 9 BIMS scores. Administrator also stated that Resident #1 has been seen by psych and moved to a different unit.