| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495123 | A. BUILDING _____ B. WING _____ | C 03/10/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WONDER CITY REHABILITATION AND NURSING CENTER | 905 COUSINS AVENUE HOPEWELL, VA 23860 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>An unannounced Medicare/Medicaid Abbreviated standard survey was conducted 3-9-21 through 3-10-21. The facility was in substantial compliance with 42 CFR Part 483.25(l) "Dialysis" Federal Long Term Care requirement.<br><br>The survey sample consisted of 3 residents. The census in this 130 certified bed facility was 115 at the time of the survey. One complaint was investigated during the survey. | F 000 | | |
| F 698 SS=D | Dialysis<br>CFR(s): 483.25(l)<br><br>§483.25(l) Dialysis.<br>The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, facility documentation review, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure dialysis Residents were transported to scheduled dialysis treatments as ordered by the physician for 1 Resident (Resident #1) in a survey sample of 3 Residents.<br><br>The findings included:<br><br>Resident #1 was admitted to the facility on 2/12/21 and discharged on 2/21/21. Diagnoses for Resident #1 included but were not limited to: encephalopathy, chronic respiratory failure with hypoxia, chronic kidney disease (stage 4), anoxic | F 698 | Past noncompliance: no plan of correction required. | 3/19/21 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/19/2021

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| F 698 | Continued From page 1 | F 698 | | |

brain damage, COVID-19 pneumonia, and wounds to the feet, toes and sacrum.

Resident #1's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 2/18/21 was coded as an admission assessment. This assessment was coded as Resident #1 having had a BIMS (brief interview for mental status) score of 0, of a possible 15. This indicated Resident #1 had severe cognitive impairment. Resident #1 was also coded on this assessment as having required total assistance of facility staff for assistance with ADL's (activities of daily living) which included: transfers, dressing, personal hygiene, bed mobility and bathing.

On 3/9/21 and 3/10/21, a closed record review was conducted. This review revealed that Resident #1 was scheduled to receive dialysis on Tuesday, Thursday, and Saturdays. Upon admission Resident #1 was receiving antibiotics to include IV antibiotics for a UTI (urinary tract infection) which were scheduled to continue through 2/18/21.

Records at the time of discharge to the skilled nursing facility, indicated Resident #1 would be scheduled for dialysis on Tues., Thurs., and Saturdays. His first scheduled treatment following hospital discharge was 2/16/21. The closed clinical record revealed that Resident #1 did go to dialysis on 2/16/21, as scheduled. Resident #1 did not go to dialysis on 2/18/21, as scheduled due to transportation issues because of an ice storm. Resident #1 again missed dialysis on 2/18/21, due to transportation not showing up to transport the Resident.

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| F 698 | Continued From page 2 | F 698 | | |

In written statements provided to the survey team, and during an interview with RN A on 3/10/21, RN A reported that she attempted to find alternate transportation to dialysis but was not successful. Upon RN A learning Resident #1 had missed his previously scheduled dialysis appointment, in addition to the one on 2/18, she decided to send him to the hospital to receive dialysis. RN A reports that Resident #1 "was in bed and very sleepy the other nurse said this wasn't his norm [normal] so I decided to send him to the hospital to receive dialysis. I called the nurse practitioner and his wife and let them know what I was going to do". RN A stated she transferred Resident #1 to the hospital on the same day of the second missed dialysis treatment, which was 2/20/21.

On 3/10/21 at approximately 10:00 AM, an interview was conducted with Employee D, the medical doctor/physician. The doctor stated, that people missing one dialysis appointment happens quite often due to various transportation reasons but recalls "my NP (nurse practitioner) called me and the patient was ok". The doctor reports Resident #1 had a lot of other medical issues but doesn't feel his hospitalization was caused by missing two dialysis treatments. The doctor went on to say, "there are people that only get dialysis two days a week, it takes a toll on your body and some people choose not to go for a week or two and then will resume. He wasn't having any problems from not receiving dialysis. Its not like he had symptoms, I will be honest, I don't see any negligence".

On 3/10/21, an interview was conducted with the Director of Nursing (DON). The DON stated, "my expectation is when someone misses a dialysis

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| F 698 | Continued From page 3 | F 698 | | |

appointment for them to notify the MD & RP [physician and responsible party], call dialysis and put them on the report so they can document and monitor for symptoms of hypervolemia". When asked if it is acceptable for a Resident to miss their scheduled dialysis treatment, the DON stated, "no".

Review of the facility policy titled, "End Stage Renal Disease, Care of a Resident with" read, "Residents with end stage renal disease will be cared for according to currently recognized standards of care".

The facility Administrator and DON provided the survey team with evidence that the facility staff had identified the deficient practice and had taken necessary measures to prevent reoccurrence. This information was reviewed and revealed the facility staff did conduct a 100% audit of all dialysis Residents for other instances of missed dialysis treatments, educated all nursing staff, discussed the non-compliance during an ad-hoc QA (Quality Assurance) meeting and are conducting audits to monitor for on-going compliance. The survey team investigated 2 other Residents who receive dialysis services and found the issue to be corrected. Therefore, past non-compliance is accepted with a correction date of 3/8/21.

COMPLAINT RELATED DEFICIENCY.