

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

PRINTED: 10/14/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/23/2021
NAME OF PROVIDER OR SUPPLIER WOODBINE REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2729 KING ST ALEXANDRIA, VA 22302		
(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	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 04/20/2021 through 04/23/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. INITIAL COMMENTS	F 000			
F 693 SS=D	An unannounced Medicare/Medicaid standard survey was conducted 4/20/2021 through 4/23/2021. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 307 certified bed facility was 278 at the time of the survey. The survey sample consisted of 34 current Resident reviews and 4 closed record reviews. Complaints were investigated during the course of the survey. Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the	F 693		5/30/21	

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

TITLE

(X6) DATE

Electronically Signed

05/27/2021

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 693	<p>Continued From page 1 resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and clinical record review the facility staff failed to provide the appropriate care and services in regards to a gastrostomy tube for 1 of 38 residents, Resident #20.</p> <p>The findings included:</p> <p>For Resident #20 the facility staff failed to ensure to correct feeding order was implemented. Resident #20's face sheet listed diagnoses which included but not limited to dementia, anorexia, anxiety, adult failure to thrive, dysphagia, and hypertension.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 01/10/21 coded the resident as having both long and short term memory loss with severely impaired cognitive skills for daily decision making. Section K, sub-section K0510, Nutritional Approaches, coded the resident as having a feeding tube. Sub-section K0710, percent intake by artificial route, indicated the resident receives 51% or more of total calories through tube feeding.</p> <p>Resident #20's comprehensive care plan was</p>	F 693	<p>Woodbine shares the state focus on the health, safety, and well being of facility residents. Although the facility does not agree with some of the findings and conclusions of the surveyors, it has implemented its plan of correction to demonstrate its continuing efforts to provide quality care to its residents.</p> <p>The deficiency cited by the surveyor will be put into the QAPI process and monitored through this system to assure compliance.</p> <p>483.25(g)(4)(5) Tube Feeding Management/Restore Eating Skills (Long Term Care Facilities)</p> <p>Corrective Action Immediate corrective action was taken by the correcting the rate of the feeding to 65cc/hr. as ordered by the physician on 4/20/21. The resident was weighed, and she had not lost any weight due to not receiving incorrect amount of feeding. An apology was rendered to the resident on 4/21/21 by the Unit Manager; the resident</p>		

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F 693	<p>Continued From page 2</p> <p>reviewed and contained a care plan for "Resident requires tube feeding r/t (related to) Dysphagia". Interventions for this care plan include "RD (registered dietitian) to evaluate quarterly and PRN (as needed). Monitor caloric intake, estimate needs. Make recommendations for changes to tube feeding as needed".</p> <p>Surveyor observed Resident #20 on 04/20/21/ at approximately 4:50 pm. Resident was resting in bed, with tube feeding running at 55 ml/hour. Surveyor checked the physician's order summary for current tube feeding order, and found two current orders, one dated 11/ 012020 for 55 ml/hour and one dated for 02/22/2021 for 65 ml/hour.</p> <p>Resident #20's clinical record was reviewed and contained a physician's order summary for the month of April. The physician's order summary contained an order, which read in part "Enteral Feed Order one time a day for dysphagia. NUTRIENT: Jevity 1.5 (ISOSOURCE 1.5 equivalent) TF (tube feeding) VIA PUMP @ 65 ml/hour x 20 hours to provide 1950 kcals, 83 gm protein, 988 cc free water-order date 02/22/2021, start date 02/23/2021"</p> <p>Resident #20's eMAR (electronic medication administration record) for the month of April 2021 was reviewed and contained entries, which read in part "Enteral Feed Order one time a day for dysphagia NUTRIENT: Jevity 1.5 (ISOSOURCE 1.5 equivalent) TF (tube feeding) VIA PUMP @ 65 ml/hour x 20 hours to provide 1950 kcals, 83 gm protein, 988 cc free water -Start Date- 02/23/2021 1200" and "Enteral Feed Order on time a day for Dysphagia related to ANOREXIA (R63.0); ADULT FAILURE TO THRIVE (R62.7);</p>	F 693	<p>representative was notified as well as attending physician. The physician issue no new orders at that time. The Licensed staff responsible for the resident was counselled and re-educated for not reading the orders correctly. (completed 4/21/21)</p> <p>Identification To ensure that no other residents were affected, all residents receiving tube feedings in the entire facility were audited to ensure that the tube feeding rate was being delivered as per current physician order. No areas of non-compliance were found. (Completed 4/21/2021)</p> <p>Systemic change All licensed staff will participate re-education on administration of tube feedings with emphasis on administering the correct and current tube feeding rates as ordered by attending physician. Registered dieticians were re-educated on ensuring that the current order is discontinued when the MD orders a change in the tube feeding order. (Completed 4/22/21.) On the unit where resident #20 resides, the night shift supervisor will review all new orders and changes made for Tube Feeding in the last 24 hours and ensure that the proper change has been made by reviewing the tube feeding and rate in the residents room. Any area of non-compliance will be corrected immediately. The nurse will receive 1:1 counseling. The MD, RR and Unit Manager will be notified. (Completed by 5/30/21)</p>		

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F 693	<p>Continued From page 3</p> <p>DYSPHAGIA, OROPHARYNGEAL PHASE (R13.12) Jevity 1/5 (ISOSOURCE 1.5 equivalent) TF VIA PUMP @ 55cc/hour for 20 HRS/DAY: DOWN AT 8AM UP AT NOON -Start Date- 11/01/2020 0800". Both entries had been initiated as being administered.</p> <p>Resident #20's nurse's progress notes were reviewed and contained a progress noted dated 02/22/21 which read in part, "2/22/2021 09:45 Nutrition Note See past nutrition note for full evaluation of nutritional needs. Stage 4 PU (pressure ulcer) is healed and no longer present, will d/c (discontinue) beneprotein at this time. Wt. continues to trend down weekly unfavorably. Will advance tube feed to prevent further decline. Current nutritional needs: Kcals: 25-30 kcal/kg = 1500-1800, Protein: 1.5-2.0g/kg = 75-90g, Fluids: 1 cc/kcal or per MD. NEW enteral order: Jevity 1.5 @ 65 ml/hr x 20 hours to provide 1950 kcal, 83g protein, 988 free water. This continues to fit within nutritional needs. RD (registered dietitian) will continue to monitor to ensure weight gain is gradual and does not occur too quickly. RD Recommendation: 1. d/c beneprotein d/t (due to) PU no longer present. 2. start on new enteral order to prevent further weight loss"</p> <p>Resident #20's weight record was reviewed and indicated that resident lost 2lbs from February to March, but weights remained unchanged from March to April.</p> <p>Surveyor spoke with LPN (licensed practical nurse) #1 on 04/20/21 at approximately 5:35 pm regarding Resident #20's tube feeding order. LPN #1 stated that the tube feeding should be running at 55 ml/hour. LPN #1 stated, "That is the order that pulled over from Matrix to PCC (point click</p>	F 693	<p>Monitoring</p> <p>The ADON (or her designee) will audit tube feeding rates of 20% of the residents on the unit where resident # 20 resides each month. Any areas of non-compliance will be corrected immediately and the nurse will receive 1:1 counseling. Notifications made to the MD, resident representative, and the DON. The ADON will submit a Quarterly report of any area of non-compliance to the QAPI Team for further discussion and recommendations. (Completed by 5/30/21)</p>		

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F 693	<p>Continued From page 4 care)-[Software programs for documentation]. Surveyor asked the unit manager to confirm the order. Unit manager stated there are two order and that the order dated 02/22/21 was entered by the dietitian and is just a breakdown of the resident's nutritional needs. Unit manager stated, "It's just an FYI (for your information)"</p> <p>Surveyor spoke with the DON (director of nursing) on 04/20/21 at approximately 5:40 pm. Surveyor asked the DON when the facility changed programs from Matrix to PCC, and DON stated August of 2020. Surveyor then asked the DON which tube feeding order was correct for Resident #20 and DON stated, "The one with the latest date should be the current order"</p> <p>Surveyor observed Resident #20 on 04/21/21 at approximately 07:50 am. Resident was resting in bed with tube feed running at 65 ml/hour.</p> <p>On 04/21/21 at approximately 9:20 am the DON stated to the surveyor that she had called MD, resident's RP (responsible party), a head to toe assessment had been completed, resident weighed, and education provided to staff. DON stated the order for 65 ml/hour is the correct order. DON stated dietician forgot to D/C old order when they entered new order. DON provided surveyor with a copy of inservice training form for education on reading orders prior to administering tube-feedings.</p> <p>The concern of the facility staff failing to ensure the resident's tube feeding order was correctly implemented was discussed with the administrative team (administrator, assistant administrator, DON) during a meeting on 04/22/21 at approximately 1:45 pm.</p>	F 693			

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F 693	Continued From page 5 No further information was provided prior to exit.	F 693			