

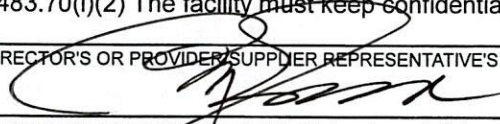
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/14/2021
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT NANSEMOND POINTE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST CONSTANCE ROAD SUFFOLK, VA 23434	
(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
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted onsite on 1/12/21 and continued offsite through 1/14/21. One complaint was investigated during the course of survey. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 148 certified bed facility was 66 at the time of the survey. The survey sample consisted of 1 current resident review, Resident #1 and two closed Resident record reviews; Resident #2 and #3.	F 000		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential	F 842		

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



TITLE

Administrator

(X6) DATE

02/04/2021

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 842	<p>Continued From page 1</p> <p>all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p>	F 842		

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F 842	<p>Continued From page 2</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, facility staff failed to ensure a complete and accurate record for one of three sampled Residents, Resident #2. Physician visit progress notes were not included the resident's clinical record.</p> <p>The findings included:</p> <p>Resident #2 as admitted to the facility on 7/7/20 with diagnoses that included but were not limited to acute on chronic congestive heart failure, high blood pressure, muscle weakness, and atherosclerotic heart disease. Resident #2's most recent MDS (Minimum data set assessment) was quarterly assessment dated 12/17/20. Resident #2 was coded as being moderately impaired in cognitive function scoring 11 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>Review of Resident #2's clinical record revealed the last physician note documented was on 9/17/20.</p> <p>On 1/12/21 at approximately 2:30 p.m., ASM (Administrative Staff Member) #3, the Nurse Practitioner stated that she would send all physician notes after September 2020 via email. ASM #3 stated that she would have to pull her visits before sending.</p> <p>On 1/12/21 at approximately 10:35 p.m., ASM #3</p>	F 842	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F842</p> <ol style="list-style-type: none"> 1. Resident # 2 currently do not reside in the facility. 2. All residents in the facility have been identified as having the potential to be affected. 3. All current residents' medical records will be audited to ensure physician progress notes are updated in residents' clinical records. 4. Medical Records Clerk/designee will audit five (5) residents charts weekly X 12 weeks to ensure physician progress notes are updated in residents' clinical records. 5. Physicians/ Nurse Practitioner will be educated on the facility policy and procedures regarding frequency and timeliness of updating physician progress note on resident clinical records. Medical record clerk/designee will notify Administrator of Physician(s) not in compliance. 	02/25/2021

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F 842	<p>Continued From page 3</p> <p>emailed Resident #2's physician visit progress notes after 9/17/20. ASM #3 sent physician notes for the following visit dates: 9/28/20, 10/7/20, 11/4/20, 11/5/20, 11/11/20, and 12/22/20.</p> <p>On 1/13/21 at 3:27 p.m., an interview was conducted with ASM #3, the Nurse Practitioner. When asked who was responsible for ensuring physician visits were on the resident's clinical record, ASM #3 stated that she was, that she normally writes physician visits under progress notes in the resident's electronic record. When asked why Resident #2's visit notes were not on the clinical record since 9/17/20, ASM #3 stated that she had just started in August of 2020 and that she sees about 20 patients a day. ASM #3 then stated that "Things aren't going in as fast."</p> <p>On 1/13/21 at 4:24 p.m., an interview was conducted with ASM (Administrative Staff Member) #2, the DON (Director of Nursing). When asked her expectations for the turn around time for the physician and Nurse Practitioner (NP) to get notes onto the clinical record following a visit, ASM #2 stated that the physician had 90 days to see each long-term resident; but did not provide any additional information. ASM #2 then stated then that sometimes the NP and physician were behind due to having "a lot of people to see."</p> <p>Facility policy titled, "Maintenance of Electronic Record," documented in part, the following: "A complete and accurate electronic clinical record will be maintained on each resident and kept accessible and systematically organized for appropriate personnel to deliver the appropriate level of care for each resident while maintaining the confidentiality of the residents' information</p>	F 842	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>6. Results of audit will be taken to the monthly Quality Assurance Performance Improvement (QAPI). The QAPI committee will be responsible for ongoing monitoring for compliance.</p>	02/25/2021	

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F 842	Continued From page 4 ...Archiving of the electronic clinical records must be done in accordance with state and federal regulations and/or the acceptable standard of practice but at a minimum the current month plus three months prior of information should be maintained on the active record with the exception of MDS ...Electronically archived records must be readily accessible to appropriate personnel for the delivery of care. Electronic records will contain at least, but are not limited to: ...Physician Documentation ..." No further information was presented prior to exit.	F 842			

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