

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

PRINTED: 11/05/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495391</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENBURNIE REHAB &amp; NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1901 LIBBIE AVE</b> <b>RICHMOND, VA 23226</b>		
(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  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite and remotely from 9/21/2021 to 9/22/2021. The facility was in substantial compliance E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced abbreviated COVID-19 Focused Survey was conducted onsite and remotely from 9/21/2021 to 9/22/2021. One complaint was investigated during the survey. (VA00053094- unsubstantiated with unrelated deficiency). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.	F 000			
F 842 SS=D	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.	F 842			

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

TITLE

(X6) DATE

10/01/2021

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>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(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.</li> </ul> <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> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> <li>(ii) Five years from the date of discharge when there is no requirement in State law; or</li> <li>(iii) For a minor, 3 years after a resident reaches</li> </ul>	F 842			

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F 842	<p>Continued From page 2 legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on clinical record review, facility document review, staff interviews and in the course of a complaint investigation, it was determined that the facility failed to maintain a complete and accurate clinical record for one of nine residents in the survey sample, Resident #1.</p> <p>The facility staff failed to maintain a accurate clinical record for Resident #1. Resident #1's medical record was observed to contain another resident's admission agreement.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility with diagnoses that included but were not limited to heart failure (1) and major depressive disorder (2). Resident #1's most recent MDS (minimum data set) assessment, a discharge assessment with an ARD (Assessment Reference Date) of 7/17/21 coded Resident #1 as scoring a 13 on the brief interview for mental status (BIMS)</p>	F 842		

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F 842	<p>Continued From page 3</p> <p>assessment, 13- being cognitively intact for making daily decisions. The assessment coded Resident #1 as having a planned discharge to the community on 7/17/21.</p> <p>Review of Resident #1's clinical record revealed a list of scanned documents in the medical record. The document "Admissions paperwork.pdf" dated 7/22/2021 was observed to contain the facility "[Name of facility] Admission agreement." The admission agreement was observed to document an agreement between another resident and their responsible party. The document was observed to contain the electronic initials and signature of the other resident's responsible party dated 4/7/2021. The medical record failed to evidence an admission agreement for Resident #1.</p> <p>On 9/22/2021 at 10:18 a.m., an interview was conducted with OSM (other staff member) #6, medical records coordinator. OSM #6 stated that after a resident was discharged the paper portions of the record came to them for review to ensure everything was signed and contained a discharge summary. OSM #6 stated that all of the scanned documents in the medical record were scanned in by the admissions coordinator.</p> <p>On 9/22/2021 at 10:33 a.m., an interview was conducted with OSM #7, the director of admissions. OSM #7 stated that when a resident was accepted to the facility they scanned the admission documents into the medical record. OSM #7 stated that there were two staff in the admissions department and they checked behind each other to ensure the scanning was correct. OSM #7 stated that Resident #1's medical record would not be accurate if it contained another residents admission agreement. OSM #7 stated</p>	F 842			

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F 842	<p>Continued From page 4</p> <p>that they would check the scanned documents for Resident #1 and remove any other residents information contained in the record.</p> <p>On 9/22/2021 at approximately 1:00 p.m., a request was made to ASM (administrative staff member) #1, the administrator for the facility policy on maintaining a complete and accurate medical record.</p> <p>The facility policy "Clinical Records Policy &amp; Procedure" documented in part, "Policy:The nursing facility shall maintain an organized clinical record system in accordance with recognized professional practices..."</p> <p>On 9/22/2021 at approximately 1:00 p.m., ASM #1, the administrator was made aware of the concern.</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <ol style="list-style-type: none"> <li>1. Congestive heart failure A condition in which the heart can't pump enough blood to meet the body's needs. Heart failure does not mean that your heart has stopped or is about to stop working. It means that your heart is not able to pump blood the way it should. It can affect one or both sides of the heart. This information was obtained from the website: <a href="https://medlineplus.gov/heartfailure.html">https://medlineplus.gov/heartfailure.html</a></li> <li>2. Major depressive disorder Major depression is a mood disorder. It occurs when feelings of sadness, loss, anger, or frustration get in the way of your life over a long period of time. It also changes how your body</li> </ol>	F 842			

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F 842	Continued From page 5 works. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000945.htm">https://medlineplus.gov/ency/article/000945.htm</a> .	F 842		