

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

PRINTED: 11/02/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/25/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RALEIGH COURT HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1527 GRANDIN ROAD SOUTHWEST</b> <b>ROANOKE, VA 24015</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
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid revisit to the survey conducted onsite on 12/01/20 and offsite 12/01/20 through 12/14/20, was conducted onsite on 2/23/21 and offsite from 2/24/21 through 2/25/21. A complaint was investigated during the survey. The facility was not found to be in compliance with 42 CFR Part 483 of the Federal Long-Term Care regulations.  The census in this 120 certified bed facility was 93 at the time of the survey. The survey sample consisted of three current resident reviews and one closed record review.	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. §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			3/10/21

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

TITLE

(X6) DATE

Electronically Signed

03/16/2021

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 observation, staff interview, and clinical record review, the facility staff failed to maintain a complete and accurate clinical record for 1 of 4 residents, Resident #102.</p> <p>The findings included:</p> <p>The facility staff documented in Resident #102's clinical record that the resident had cellulitis to the right great big toe and this area was being treated when in fact, the resident had cellulitis to the left great big toe and the nursing staff were treating the left great big toe.</p> <p>Resident #102's clinical record included the diagnosis, cellulitis, cerebral infarction, diabetes, hallux valgus (bunion) left foot, and peripheral vascular disease.</p> <p>Section C (cognitive patterns) of the residents quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 02/10/2021 included a BIMS (brief interview for mental status) summary score of 15. Indicating the resident was alert and orientated.</p> <p>Resident #102's clinical record included the following documents: Comprehensive care plan with the focus area "The resident has cellulitis of the Right Great Toe." Creation date 02/16/2021. Physicians order dated 02/16/2021 "Cleanse Right Great Toe with NS (normal saline), apply</p>	F 842	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F 842</p> <ol style="list-style-type: none"> <li>1. Resident #102's treatment order directions were corrected to reflect accurate location of wound and treatment is currently being applied as ordered.</li> <li>2. Current residents receiving wound care were reviewed on 3-2-21 to ensure accuracy of treatment order directions and wound location. Corrections were made as necessary.</li> <li>3. Current licensed nursing staff were educated regarding treatment administration to include following order directions on the treatment administration record and ensuring accuracy of treatment and wound location. Wound</li> </ol>		



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F 842	<p>Continued From page 3</p> <p>Bactroban (antibiotic ointment) and cover with bandaid q (every) day."</p> <p>eTARs (electronic treatment administration records) indicating the nursing staff had treated the right great toe per the physicians orders beginning on 02/17/2021. Four different nurses had initialed this eTAR as completing this treatment.</p> <p>Skin evaluations completed on 02/16/2021 and 02/19/2021 indicating Resident #102 had cellulitis to the right great toe. The staff had documented this area measured 1.5 cm L (length) X 0.5 cm W (width). No depth was documented.</p> <p>Progress note documented on 02/16/2021 by LPN (licensed practical nurse) #2 "Upon, skin assessment, this writer noted purulent drainage coming from side of Right Great Toenail. After cleansing area, epithelial tissue is present measuring, L: 1.5 cm X W: 0.5 cm. Surrounding area is red and tender to touch. Notified PA (physician assistant) _____ whom assessed the area and provided new orders..."</p> <p>Medical note transcribed by the PA that read in part, "...Skin is warm and dry. There is erythema (right great toe medial side of cuticle and is inflamed with warmth)...Ingrown toenail with infection..."</p> <p>On 02/23/2021 at 11:55 a.m., LPN #1 was observed to remove a bandaid from Resident #102's left great toenail, clean the area with NS, apply bactroban, and cover the toenail with a bandaid. The toenail was thick, the area around the toenail was observed to be clean, with no odor.</p> <p>On 02/24/2021 at approximately 11:00 a.m., Resident #102 was observed with a bandaid in place to their left great toenail that was dated</p>	F 842	<p>orders will be reviewed weekly X 4 weeks to ensure accuracy of physician order directions and location of wound. Any issues will be addressed immediately at the time of identification.</p> <p>4. Process will be reviewed in next quarterly QA committee meeting.</p> <p>5. Date 3-10-21</p> <p>6. Amy Taylor, DON</p>		



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F 842	<p>Continued From page 4</p> <p>02/23/2021. The right great toenail was observed without any signs of infection.</p> <p>On 02/24/2021 at 1:30 p.m., LPN #1 was interviewed via phone. LPN #1 stated they had treated the left great toenail in the presence of the surveyor, that the orders read right great toenail, there was nothing going on with Resident #102's right great toenail, and it was an honest mistake. LPN #1 stated LPN #2 was not working and may be on vacation.</p> <p>On 02/24/2021 at 1:55 p.m., the DON (director of nursing), ADON (assistant director of nursing), and RNC (regional nurse consultant) were interviewed via phone. The DON stated they had spoken with the unit manager (LPN #2) and they had incorrectly transcribed right great toenail as the residents legs were crossed when they had assessed them. The DON stated the left great toenail is the toenail that should have been treated and was being treated.</p> <p>The facility updated the residents care plan on 02/24/2021 to read, "The resident has cellulitis of the Left Great Toe."</p> <p>The DON documented the following progress note on 02/24/2021 "Resident has cellulitis to her left great toe, the orders were indicating great R (right) toe in error. Orders updated to reflect L (left) great toe. L great toe has been treated since initial orders."</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>	F 842			