

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

PRINTED: 12/22/2021
FORM APPROVED
OMB NO. 0938-0391

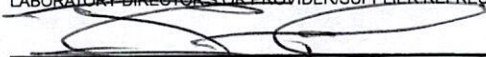
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2021
NAME OF PROVIDER OR SUPPLIER ELIZABETH ADAM CRUMP HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	
(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 abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted from 12/13/2021 to 12/15/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.	
F 000	INITIAL COMMENTS An unannounced abbreviated COVID-19 Focused Survey was conducted onsite on 12/13/2021 through 12/15/2021. The facility was found to be in compliance with F-880 of 42 CFR Part §483 Federal Long Term Care requirement(s). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. On 12/13/2021, the census in this 180 certified bed facility was 117. Of the 117 current residents, two residents were currently positive for the COVID-19 virus. The survey sample consisted of 4 current resident reviews and 2 closed record reviews. Four complaints were investigated during the survey, [VA00053701, VA0005141 and VA00051545, were Substantiated with deficiencies and VA00051312 was substantiated without deficiency].	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The	F 623		

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

TITLE

(X6) DATE



Administrator

12-31-2021

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 623	<p>Continued From page 1</p> <p>facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p>	F 623	<p>3) Social services and medical have been re-educated on providing written notification to a resident's responsible party upon a facility discharge.</p> <p>4) The Administrator or designee will conduct audits regarding notice requirements before transfer/discharge weekly x four (4) weeks and monthly x two (2) months. These results will be forwarded to the QA committee for review. The committee will determine the need for further audits and/or action.</p> <p>5) Compliance Date: 1/11/22</p>		

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F 623	<p>Continued From page 2</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is</p>	F 623			

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F 623	<p>Continued From page 3</p> <p>the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, facility document review, staff interview and in the course of a complaint investigation it was determined that the facility staff failed to evidence written notification was provided to the responsible party for a facility-initiated transfer on 4/3/2021 for one of 6 residents in the survey sample, Resident #5.</p> <p>Resident #5 no longer resided at the facility and could not be observed during the survey. A complaint allegation regarding facility staff failing to notify the resident and/or responsible party of discharge from the facility resulted in the citation.</p> <p>Findings include:</p> <p>Resident #5 was admitted to the facility with diagnoses that included but were not limited to heart failure (1) and diabetes (2). Resident #5's most recent MDS (minimum data set), a five-day assessment with an ARD (assessment reference date) of 4/3/2021, coded Resident #5 as being moderately impaired for making daily decisions.</p> <p>The progress notes for Resident #5 documented in part the following:</p> <p>- "4/4/2021 16:56 (4:56 p.m.) Note Text: Call placed at [Name of hospital] checking on Resident status. Resident is admitted in [Room</p>	F 623			

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F 623	Continued From page 4 number], but no info. (information) was provided." - "4/3/2021 17:34 (5:34 p.m.) Situation: Resident found unresponsive. Background: Resident has dx. (diagnosis) of PNA (pneumonia), heart failure, cognitive deficit, and DM (diabetes mellitus). Assessment: Upon floor rounds Resident was found in bed unresponsive to touch and verbal and self. Lying in bed and face drawling [sic] left side of face. Skin dry and warm to touch. Lungs CTA. (clear to auscultation). BS (blood sugar) 247, bp (blood pressure) 150/109, 83 (pulse), 16 (respirations), 92% RA (room air). NP (nurse practitioner) notified orders receive to send Resident to ER (emergency room) for eval. (evaluation). Response: Resent [sic] sent via EMT (emergency medical technician)." - "4/3/2021 17:35 (5:35 p.m.) Late Entry: Situation: Background: Assessment: Response: RP (responsible party) has been made aware of all events." - "4/3/2021 21:12 (9:12 p.m.) Late Entry: Note Text: This Resident was last seen sitting in her bed alert and verbally responsive before shift changed. About 4:30p writer was doing med [medication] pass. Resident was lying in bed with her back facing to the window, appearing to be asleep. Writer told resident time for BS (blood sugar) and was 247. Upon exiting resident room after roommate's feeding resident was noted with what appeared to be drooling and eyes closed. Resident was unresponsive to verbal and opened eyes to pain stimulation, but did not [sic] keep eyes opened. Vital signs was obtained. Resident was still not responding. NP (nurse practitioner) was notified of findings and order was given to send Resident to ER (emergency room) for further evaluation. 911 was called and Resident was transferred to [Name of hospital] via EMT (emergency medical technician)."	F 623			

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F 623	<p>Continued From page 5</p> <p>The clinical record failed to evidence documentation of written notification provided to the responsible party for the transfer of Resident #5 to the hospital on 4/3/2021.</p> <p>On 12/14/2021 at approximately 11:24 a.m., a request was made by written list to ASM (administrative staff member) #1, the administrator for evidence of written notification provided to the responsible party for the transfer of Resident #5 to the hospital on 4/3/2021.</p> <p>On 12/14/2021 at approximately 3:45 p.m., ASM #1 stated that they did not have evidence of written notification to the responsible party of the transfer on 4/3/2021 for Resident #5.</p> <p>On 12/14/2021 at 10:00 a.m., an interview was conducted with OSM (other staff member) #5, the director of admissions. OSM #5 stated that they contacted the responsible party after a resident was admitted to the hospital to see if they wanted to hold the bed but did not send any written notices out to responsible parties.</p> <p>On 12/14/2021 at 10:10 a.m., an interview was conducted with OSM #6, the social services director. OSM #6 stated that the notice of discharge would be provided through the admissions office and they did not send any written notification of discharge to the responsible parties when they were transferred from the facility.</p> <p>On 12/14/2021 at 1:30 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the unit manager. LPN #2 stated that when residents were transferred to the hospital they</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>sent an envelope containing a face sheet, the physician orders, any pertinent labs [laboratory tests] or x-rays, the care plan goals, the immunizations and the bed hold policy. LPN #2 provided a manila envelope kept at the nurses station which contained a notice of bed hold policy and patient transfer communication checklist. LPN #2 stated that the envelopes were used for each resident transfer. LPN #2 stated that they did not provide a written notification of transfer to residents or responsible parties and was not sure who at the facility did this.</p> <p>On 12/14/2021 at approximately 4:55 p.m., a request was made to ASM (administrative staff member) #1 for the facility policy for transfers and discharges.</p> <p>On 12/15/2021 at approximately 7:30 a.m., ASM #1 provided the policy and procedure "Discharge and Transfers" dated 4/2021. It documented in part, "...Emergency Transfers A. When a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer may be provided to the resident and resident representative as soon as practicable..."</p> <p>On 12/14/2021 at approximately 4:30 p.m., ASM #1, the administrator, ASM #3, the regional director of clinical services and ASM #4, the regional vice president of operations were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency</p> <p>References:</p>	F 623			

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F 623	Continued From page 7 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: https://medlineplus.gov/heartfailure.html 2. Diabetes mellitus: A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm	F 623			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on clinical record review, facility document review, staff interview and in the course of a complaint investigation it was determined that the facility staff failed to follow professional standards of care for the monitoring vital signs on a regular basis for one of 6 residents in the survey sample, Resident #5. The facility staff failed to monitor Residents #5's vital signs daily while receiving skilled services on Multiple dates in February and March 2021. Resident #5 no longer resided at the facility and	F 658	F658 1) Resident #5 vital signs are being monitored on a regular basis. 2) Residents in the facility receiving skilled services have the potential to be affected. 3) The DON or designee will re-educate licensed nurses on following professional standards and monitoring resident vitals as needed.		

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F 658	<p>Continued From page 8</p> <p>could not be observed during the survey. A complaint allegation regarding facility staff failing to monitor Resident #5's blood pressure resulted in this citation.</p> <p>The findings include:</p> <p>Resident #5 was admitted to the facility with diagnoses that included but were not limited to heart failure (1) and diabetes (2). Resident #5's most recent MDS (minimum data set), a five-day assessment with an ARD (assessment reference date) of 4/3/2021, coded Resident #5 as being moderately impaired for making daily decisions.</p> <p>The physician orders for Resident #5 documented in part the following: - "Lisinopril Tablet 2.5 MG, Give 2.5 mg (milligram) by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION. Order Date: 2/22/2021." - "Carvedilol Tablet 12.5 MG, Give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION. Order Date: 2/19/2021."</p> <p>The eMAR (electronic medication administration record) for Resident #5 dated 3/1/2021-3/31/2021 documented Resident #5 received the Lisinopril 2.5mg tablet each day at 9:00 a.m., 3/1/2021 through 3/29/2021. It further documented Resident #5 received the Carvedilol 12.5mg tablet each day at 9:00 a.m. and 5:00 p.m., 3/1/2021 through 3/29/2021 at 9:00 a.m. The eMAR failed to evidence documentation of blood pressure monitoring with medication administration.</p> <p>The eMAR for Resident #5 dated</p>	F 658	<p>4) DON or designee will complete five (5) random audits to ensure vital signs are being monitored. These audits will be done weekly x four (4) and monthly x two (2). These results will be forwarded to the QA committee for review. The committee will determine the need for further audits and/or action.</p> <p>5) Compliance Date: 1/11/22</p>		

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F 658	<p>Continued From page 9</p> <p>4/1/2021-4/30/2021 documented Resident #5 had vital signs taken every shift starting on 4/2/2021, day shift.</p> <p>The progress notes for Resident #5 documented in part the following:</p> <p>- "4/2/2021 10:32 (10:32 a.m.) Late Entry: Note Text: NURSE PRACTITIONER PROGRESS NOTE: DOS (date of service): 4/02/21, PATIENT: [Resident #5] [Date of Birth], CC (chief complaint): H&P (history and physical) INTERVAL HISTORY (also see PMSH below): [Age and sex of Resident #5] readmitted to SNF (skilled nursing facility) after recent hospitalizations. Patient was recently hospitalized at [Name of hospital] related to weakness. Patient was at Neurology appointment when it was noticed that her BP (blood pressure) was low. She was sent to the ER (emergency room) and later admitted related to weakness. Patient was found to have Sepsis (3) related to UTI (urinary tract infection) and received IV (intravenous) antibiotics. Patient also with hypotension related to decreased PO (by mouth) intake and BP (blood pressure) meds [medications] ..."</p> <p>- "3/29/2021 13:43 (1:43 p.m.) Situation: Resident out to ER (emergency room) from Dr. Appointment. Background: Resident 77 y.o (year old) female with HX (history) of pneumonia related to coronavirus (4), heart failure, COPD (5). Assessment: Resident left facility at 1015 AM for Dr. Appointment Resident awake and alert baseline confusion noted no c/o (complaints of) of pain or discomfort at this time. Dr. office called facility and reported they were sending resident to ER BP (blood pressure) 60/40. Resident is listed as her own RP (responsible party). NP (nurse</p>	F 658			

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(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 658	<p>Continued From page 10</p> <p>practitioner) aware. Response: will continue to monitor."</p> <p>Review of Resident #5's clinical record failed to evidence documentation of complete vital signs including blood pressure, pulse and respirations on 2/22/2021, 2/26/2021, 3/1/2021, 3/3/2021, 3/7/2021, 3/8/2021, 3/10/2021, 3/13/2021, 3/15/2021, 3/18/2021, 3/19/2021, 3/20/2021, 3/21/2021, 3/22/2021, 3/25/2021 and 3/29/2021. The clinical record documented oxygen saturations completed on the dates listed above.</p> <p>On 12/14/2021 at 8:13 a.m., an interview was conducted with LPN (licensed practical nurse) #2, the unit manager. LPN #2 stated the nurses obtained vital signs when they administered medications. LPN #2 stated that they monitored blood pressures and documented them on the eMAR before administering any blood pressure medication. LPN #2 stated that the CNA (certified nursing assistants) obtained routine vital signs. On 12/15/2021 at 9:00 a.m., LPN #2 stated that residents receiving skilled services had vital signs taken every shift and (the vital signs) were documented in the progress notes. LPN #2 stated that the skilled notes and COVID-19 screening assessments pulled in the most recent vital signs in the note when the nurses opened them to document and the nurses were to enter the new current vital signs into the note before signing.</p> <p>On 12/14/2021 at 9:18 a.m., an interview was conducted with LPN #4. LPN #4 stated that residents receiving skilled services had vital signs and a skilled note documented every shift. LPN #4 stated that they did not check blood pressure prior to administering blood pressure medication</p>	F 658			

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

PRINTED: 12/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/15/2021
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F 658	<p>Continued From page 11</p> <p>unless the physician's order documented parameters to hold the medication.</p> <p>On 12/14/2021 at 1:36 p.m., an interview was conducted with ASM (administrative staff member) #3, the regional director of clinical services. ASM #3 stated that all residents receiving skilled services had vital signs taken at least daily and they were documented in the electronic medical record.</p> <p>On 12/13/2021 at approximately 2:00 p.m., a request was made to ASM (administrative staff member) #3, the regional director of clinical services for documentation of complete vital signs for Resident #5 on the dates listed above.</p> <p>On 12/13/2021 at approximately 3:45 p.m., ASM #3 stated that the vital signs were documented in the assessments completed daily under the COVID-19 screening or the daily skilled nursing note. Review of the Daily skilled nursing notes and COVID-19 Screening assessments failed to evidence documentation of blood pressure, pulse or respirations completed the date the note was written. The COVID-19 Screening dated 3/27/2021 at 10:09 a.m. documented a most recent blood pressure, temperature and pulse on 3/24/2021 at 6:14 p.m. It further documented in part, "If no vitals taken in last 8 hours, take new vitals and enter as new..." The COVID-19 Screening dated 3/26/2021 at 2:47 p.m. documented a most recent blood pressure, temperature and pulse on 3/24/2021 at 6:14 p.m. There were no assessments completed for 3/28/2021 or 3/29/2021. The daily skilled note dated 3/25/2021 at 3:36 p.m. documented the most recent blood pressure, pulse and temperature as 3/24/2021 at 6:14 p.m. The daily</p>	F 658			

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

PRINTED: 12/22/2021
FORM APPROVED
OMB NO. 0938-0391

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F 658	<p>Continued From page 12</p> <p>skilled nursing note dated 3/22/2021 documented a most recent blood pressure, pulse, temperature and respirations of 3/17/2021.</p> <p>On 12/14/2021 at 11:24 a.m., a request was made to ASM #1, the administrator for the dates that Resident #5 received skilled services during their stay at the facility.</p> <p>On 12/14/2021 at 12:18 p.m., ASM #1 stated that Resident #5 received skilled services their entire stay at the facility.</p> <p>On 12/14/2021 at approximately 4:55 p.m., a request was made to ASM (administrative staff member) #1 for the facility policy for vital sign monitoring of skilled residents.</p> <p>On 12/15/2021 at approximately 9:30 a.m., ASM #3 provided the policy and procedure "Vital Signs Flow" dated 2/2017. It documented in part, "Vital signs may be recorded on the Vital Signs Flow Sheet this may be in Point Click Care electronic documentation..."</p> <p>On 12/14/2021 at 11:50 a.m. ASM (administrative staff member) #1, the administrator stated that the facility followed Lippincott as their standard of practice and provided a photocopy of the cover page of Lippincott Nursing Procedures Eighth Edition.</p> <p>According to Fundamentals of Nursing, Lippincott Williams & Wilkins 2007 Lippincott Company Philadelphia, pages 149 and 172. "When you care for a patient in your day-to-day nursing practice, one of the most crucial skills you bring to the bedside is your ability to administer medications...it is a highly technical skill that</p>	F 658			

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

PRINTED: 12/22/2021
FORM APPROVED
OMB NO. 0938-0391

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F 658	<p>Continued From page 13</p> <p>requires you to exercise wide-ranging knowledge, analytical skill, professional judgment and clinical expertise...the nurse must have a sound knowledge of drug terminology...and effects the drugs produce after they're inside the body..." Further documented, "For some drugs you may need to measure the patient's therapeutic response before determining whether it's the right time to administer another dose."</p> <p>On 12/14/2021 at approximately 4:30 p.m., ASM #1, the administrator, ASM #3, the regional director of clinical services and ASM #4, the regional vice president of operations were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency</p> <p>References:</p> <p>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: https://medlineplus.gov/heartfailure.html</p> <p>2. Diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm.</p>	F 658			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 658	Continued From page 14 3. Sepsis An illness in which the body has a severe, inflammatory response to bacteria or other germs. The symptoms of sepsis are not caused by the germs themselves. Instead, chemicals the body releases cause the response. This information was obtained from the website: < https://medlineplus.gov/ency/article/000666.htm >. 4. COVID-19 COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and may different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV and SARS-CoV, and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. This information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads 5. Chronic obstructive pulmonary disease (COPD) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html .	F 658			
F 677 SS=E	ADL Care Provided for Dependent Residents	F 677			

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

PRINTED: 12/22/2021
FORM APPROVED
OMB NO. 0938-0391

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F 677	<p>Continued From page 15 CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on resident interview, clinical record review, facility document review, staff interview and in the course of a complaint investigation it was determined that the facility staff failed to provide ADL (activities of daily living) care for two residents in the survey sample of 6 residents, who were coded as requiring extensive assistance and or as dependant on staff for ADL care, (Residents #1 and #4).</p> <p>1. The facility staff failed to provide incontinence care and personal hygiene for Resident #1, who was coded as requiring extensive staff assistance for toileting and personal care on multiple occasions during October 2021, November 2021, and December 2021.</p> <p>2. The facility staff failed to provide daily shaving ADL assistance/care to Resident # 4 who was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>The findings include:</p> <p>1. The facility staff failed to provide incontinence care and personal hygiene for Resident #1 on the following dates/times. On 10/9/2021 day shift, 11/17/2021 day shift, 11/30/2021 day shift and 12/1/2021 evening shift. On 12/3/2021 evening shift, 12/4/2021 evening shift, 12/5/2021 evening shift and 12/8/2021 evening shift. On 12/10/2021</p>	F 677	<p><u>F677</u></p> <p>1) Resident #1 and resident #4 received incontinence and personal hygiene care.</p> <p>2) Current residents needing assistance with personal hygiene and incontinence care have the potential to be affected.</p> <p>3) The DON or designee will re-educate clinical team members regarding incontinence, and personal hygiene care, along with proper documentation of the incontinence and personal hygiene care that is provided to residents.</p> <p>4) DON or designee will review ADL documentation weekly x four (4) weeks and monthly x two (2) months. These results will be forwarded to the QA committee for review. The committee will determine the need for further audits and/or action.</p> <p>5) Compliance Date: 1/11/22</p>		

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

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F 677	<p>Continued From page 16</p> <p>night shift, 12/11/2021 day shift, 12/12/2021 evening shift and 12/13/2021 evening shift and night shift.</p> <p>A complaint allegation regarding facility staff failing to provide incontinence care to Resident #1 resulted in this citation.</p> <p>Resident #1 was admitted to the facility with diagnoses that included but were not limited to dysphagia (1) and right and left below the knee amputation (2).</p> <p>Resident #1's most recent MDS (minimum data set), a quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 11/12/2021 coded Resident #1 as scoring a 13 on the BIMS (brief interview for mental status) assessment, 13- being cognitively intact for making daily decisions. Section G coded Resident #1 as requiring extensive assistance of two or more staff members for transfers and bed mobility. Section G further coded Resident #1 as requiring extensive assistance of two or more staff for toileting and extensive assistance of one staff for personal hygiene. Section H coded Resident #1 as being frequently incontinent of bowel and bladder.</p> <p>On 12/13/2021 at 1:00 p.m., an observation was made of Resident #1. Resident #1 was observed in her room in the wheelchair. At that time an interview was conducted with Resident #1. Resident #1 stated that the staff took care of her and that she was doing well. When asked about ADL's and incontinence care, Resident #1 stated that she wore a brief because there were times when she was not able to get help to get in the bathroom in time and preferred to wear the brief</p>	F 677			

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

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FORM APPROVED
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F 677	<p>Continued From page 17</p> <p>over underwear. Resident #1 stated that she liked to get up early and had to rely on the staff to come to get her up and assist her to get dressed. Resident #1 stated that most of the time they were able to get her up pretty early but it relied on who was working and the staffing. Resident #1 stated that there were times when her brief became soiled and the staff cleaned her up and changed the brief. Resident #1 stated that there were times when it took a while for them to get there to help her get changed but she understood because they were so busy.</p> <p>The comprehensive care plan for Resident #1 dated 2/23/2021 documented in part, "At risk for altered skin integrity non pressure related to: h/o (history of) skin tears, Dx [diagnosis]: Diabetes (3), PVD (peripheral vascular disease) (4), peripheral neuropathy (5), and incontinence. Date Initiated: 02/23/2015." The care plan further documented, "At risk for constipation and UTI (urinary tract infection) r/t (related to) Bowel/Bladder Incontinent episodes, requiring assistance with toileting. Date Initiated: 03/23/2015."</p> <p>The "Documentation Survey Report" dated 10/1/2021-10/31/2021 documented Resident #1 as requiring limited to total assistance of one staff member for personal hygiene. The report failed to evidence personal hygiene was provided/completed for Resident #1 on 10/9/2021 day shift (7:00 a.m.-3:00 p.m.). The report documented Resident #1 requiring total to moderate assistance of one staff member for toileting hygiene. The report failed to evidence toileting hygiene was provided/completed for Resident #1 on 10/9/2021 day shift.</p>	F 677			

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

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F 677	<p>Continued From page 18</p> <p>The "Documentation Survey Report" dated 11/1/2021-11/30/2021 documented Resident #1 as requiring limited to total assistance of one staff member for personal hygiene. The report failed to evidence personal hygiene was provided/completed for Resident #1 on 11/17/2021 day shift and 11/30/2021 day shift. The report documented Resident #1 requiring total to moderate assistance of one staff member for toileting hygiene. The report failed to evidence toileting hygiene was provided/completed for resident #1 on 11/17/2021 day shift and 11/30/2021 day shift.</p> <p>The "Documentation Survey Report" dated 12/1/2021-12/31/2021 documented Resident #1 requiring limited to total assistance of one staff member for personal hygiene. The report failed to evidence personal hygiene was completed /provided to Resident #1 on day shift on 12/11/2021, evening shift on 12/1/2021, 12/3/2021, 12/4/2021, 12/5/2021, 12/8/2021, 12/12/2021 and 12/13/2021. The report documented Resident #1 requiring total to moderate assistance of one staff member for toileting hygiene. The report failed to evidence toileting hygiene was provided /completed for Resident #1 on day shift on 12/11/2021, evening shift on 12/1/2021, 12/3/2021, 12/4/2021, 12/5/2021, 12/8/2021, 12/12/2021 and 12/13/2021.</p> <p>On 12/14/2021 at 8:13 a.m., an interview was conducted with LPN (licensed practical nurse) #2, unit manager. LPN #2 stated that Resident #1 wore briefs because she requested them but was continent at times. LPN #2 stated that Resident #1 was alert and oriented and able to call staff when the brief needed changing or she needed</p>	F 677			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 677	<p>Continued From page 19</p> <p>toileting. LPN #2 stated that incontinence care was provided every two hours to residents. When asked what blanks on the documentation survey report meant regarding the provision of personal care and toileting hygiene by staff to Resident #1, LPN #2 stated, "It wasn't done."</p> <p>On 12/14/2021 at 9:18 a.m., an interview was conducted with LPN #4. LPN #4 stated that Resident #1 wore briefs and was continent at times but had incontinent episodes. LPN #4 stated that Resident #1 required staff assistance for toileting.</p> <p>On 12/14/2021 at 10:37 a.m., an interview was conducted with CNA (certified nursing assistant) #2. CNA #2 stated that residents were provided incontinence care every two hours and as needed. CNA #2 stated that they bathed residents, provided dental hygiene, nail care, applied lotion and deodorant daily and provided showers two to three times a week. CNA #2 stated that Resident #1 was incontinent and wore briefs. CNA #2 stated that they provided incontinence care to Resident #1 prior to breakfast and then got her out of bed after breakfast. When asked what blanks on the documentation survey report meant regarding providing Resident #1 personal care and toileting hygiene, CNA #2 stated that they were not sure, that they assumed the work had not been done.</p> <p>On 12/14/2021 at 11:50 a.m. ASM (administrative staff member) #1, the administrator stated that the facility followed Lippincott as their standard of practice and provided a photocopy of the cover page of Lippincott Nursing Procedures Eighth Edition.</p>	F 677			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 677	<p>Continued From page 20</p> <p>On 12/14/2021 at approximately 4:55 p.m., a request was made to ASM (administrative staff member) #1 for the facility policy for incontinence care.</p> <p>On 12/15/2021 at approximately 9:30 a.m., ASM #3, the regional director of clinical services provided a copy of pages 384-386 titled "Incontinence Management, Urinary" and stated that it was from the Lippincott Nursing Procedures Eighth Edition provided on 2/14/2021. It documented in part, "...Check the patient's incontinence pad or brief at least every 2 hours to ensure that it's dry...Maintain effective hygienic care to increase the patient's comfort and prevent skin breakdown and infection. Clean the perineal area frequently with an appropriate skin cleaner-preferably a no-rinse skin cleaner with a pH range similar to that of normal skin instead of soap and water- to help prevent incontinence-associated dermatitis..."</p> <p>On 12/14/2021 at approximately 4:30 p.m., ASM #1, the administrator, ASM #3, the regional director of clinical services and ASM #4, the regional vice president of operations were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency</p> <p>References:</p> <p>1. Dysphagia: A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</p>	F 677			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/15/2021
NAME OF PROVIDER OR SUPPLIER ELIZABETH ADAM CRUMP HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(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 677	<p>Continued From page 21</p> <p>2. Amputation: Leg or foot amputation is the removal of a leg, foot or toes from the body. These body parts are called extremities. Amputations are done either by surgery or they occur by accident or trauma to the body.</p> <p>3. Diabetes mellitus: A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm.</p> <p>4. Peripheral vascular disease (PVD): "PERIPHERAL VASCULAR DISEASE - (any abnormal condition, including atherosclerosis, affecting blood vessels outside the heart)" This information comes from Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 447.</p> <p>5. Peripheral neuropathy: "Peripheral nerves carry information to and from the brain. They also carry signals to and from the spinal cord to the rest of the body. Peripheral neuropathy means these nerves don't work properly. Peripheral neuropathy may occur because of damage to a single nerve or a group of nerves. It may also affect nerves in the whole body." This information is taken from the website https://medlineplus.gov/ency/article/000593.htm.</p> <p>2. The facility staff failed to provide daily shaving ADL assistance/care to Resident # 4 who was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>Resident #4 was admitted to the facility with diagnoses that included but were not limited to:</p>	F 677			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 677	<p>Continued From page 22</p> <p>cerebral vascular disease [1], heart failure [2] fracture of the right femur [3] Parkinson's disease [4] and swallowing difficulties and major depression.</p> <p>Resident # 4's most recent MDS (minimum data set), a 5-Day assessment with an ARD (assessment reference date) of 11/17/2021, coded Resident # 4 as scoring an 11 on the brief interview for mental status (BIMS) of a score of 0 - 15, 11 - being moderately impaired of cognition for making daily decisions. Resident # 4 was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>The comprehensive care plan for Resident # 4 dated 05/11/2018 documented in part, "Focus: [Resident # 4] has a physical functioning deficit related to: Self care impairment, Mobility impairment, Left Hand wrist splint with finger separators & [and] carrot. Dx [diagnoses] of CVA [cerebral vascular accident - stroke], and Hemiplegia [5], seizure d/o [disorder]. He is in a w/c [wheel chair] with a self releasing belt. Date initiated: 05/11/2018." Under "Interventions" it documented in part, "Assist resident with ADLs [activities of daily living]. Date initiated: 10/08/2012. Revision on: 01/16/2017." There was no documentation noted that Resident #4 refused shaving.</p> <p>The facility's "Concern Form" dated 03/11/2021 for Resident # 4 by Resident # 4's responsible party documented, "Receipt of Concern. Date received: 3/11/2021. Concern reported to: [Name of previous director of nursing]." Under "Documentation of Concern" it documented in part, "Resident 0 [zero] shaved." Under "Documentation of Facility Follow-up" it</p>	F 677			

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F 677	<p>Continued From page 23</p> <p>documented, "Resident not shaved. On interview with the resident he was noted to have not been shaved in a few days. Resident had gone to the hospital on 3/8/2021, and returned to the observation unit on 3/9/2021. The resident was shaved on 3/11/2021. On interview with the resident we discussed getting shaved on daily basis. Unit Manager and CNA were in the room at the time of discussion.</p> <p>Review of the facility's ADL [activities of daily living] tracking sheets dated 01/01/2021 through 03/31/2021 for Resident # 4 documented in part, "ADL [activities of daily living] - Personal Hygiene: How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)." Review of the ADL tracking sheets for Resident # 4 dated 01/01/2021 through 01/31/2021 revealed blanks on 01/08/2021, 01/09/2021, 01/16/2021, 01/21/2021 and on 01/28/2021 during the 7:00 a.m. to 3:00 p.m. shift, and on 01/17/2021 during the 3:00 p.m. to 11:00 p.m. shift.</p> <p>Review of the ADL tracking sheets for Resident # 4 dated 02/01/2021 through 02/28/ revealed blanks on 02/01/2021, 02/09/2021, 02/13/2021, 02/14/2021, 02/15/2021, 02/18/2021 and on 02/21/2021 during the 7:00 a.m. to 3:00 p.m. shift, and on 02/11/2021, 02/16/2021, 02/18/2021 and on 02/20/2021 during the 3:00 p.m. to 11:00 p.m. shift.</p> <p>Review of the ADL tracking sheets for Resident # 4 dated 03/01/2021 through 03/31/2021 revealed blanks on 03/09/2021, 03/16/2021, 03/17/2021, 03/23/2021, and on 03/24/2021 during the 7:00 a.m. to 3:00 p.m. shift, and on 03/07/2021,</p>	F 677			

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F 677	<p>Continued From page 24</p> <p>03/15/2021, 03/19/2021, 03/21/2021, 03/22/2021 and on 08/28/2021 during the 3:00 p.m. to 11:00 p.m. shift.</p> <p>On 12/13/2021 at 1:05 p.m., an interview was conducted with Resident # 4. When asked about ADL care, Resident # 4 stated that he wanted to be shaved every day and indicated this was not always completed.</p> <p>On 12/14/2021 at approximately 8:20 a.m., an interview was conducted with LPN # 2, unit manager. When asked about the blanks on the ADL tracking sheets for Resident # 4 LPN # 2 stated, "It wasn't done."</p> <p>On 12/14/2021 at 12:59 p.m., a telephone interview was conducted with CNA # 4. When asked if they had worked with Resident # 4 and for how long, CNA # 4 stated, "For several years." When asked about Resident # 4 going to a physician's office being unshaven, with dirty hair, and having on someone else's clothes CNA # 4 stated, "I'm not aware. We make sure he is dry, clean and shaved because we know how the family is. Sometimes he doesn't want to be shaved but if we tell him that his mother wants him shaved, he will let us shave him."</p> <p>On 12/14/2021 at approximately 10:37 a.m., an interview was conducted with CNA [certified nursing assistant] # 2. When asked about providing personal care to a resident CNA 2 stated, "We shave and bathe, nail care, dental hygiene, lotion and deodorant every day, give showers two to three times a week. It there are blanks on the forms, I'm not sure, I'm assuming they haven't done the work."</p>	F 677			

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F 677	<p>Continued From page 25</p> <p>On 12/14/2021 at approximately 4:30 p.m., ASM [administrative staff member] # 1, administrator, ASM # 2, interim director of nursing, ASM # 3, regional director of clinical services and ASM # 4, regional vice president of operations, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency</p> <p>Reference:</p> <p>[1] A stroke. When blood flow to a part of the brain stops. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm .</p> <p>[2] A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm.</p> <p>[3] The thigh bone, or femur, is the large upper leg bone that connects the lower leg bones (knee joint) to the pelvic bone (hip joint). This information was obtained from the website: https://medlineplus.gov/ency/imagepages/8844.htm.</p> <p>[4] A type of movement disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html.</p> <p>[5] Also called: Hemiplegia, Palsy, Paraplegia, Quadriplegia. Paralysis is the loss of muscle function in part of your body. It happens when</p>	F 677			

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F 677	Continued From page 26 something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread This information was obtained from the website: https://medlineplus.gov/paralysis.html .	F 677			

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