

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

PRINTED: 01/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2020
NAME OF PROVIDER OR SUPPLIER BERRY HILL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		
(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 standard survey was conducted on 7/15/20 through 7/16/20. One complaint (VA00048903) was investigated during the survey. Complaint allegations were substantiated with deficiencies. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 68 at the time of the survey. The survey sample consisted of one current resident review (Residents #1) and one closed record review (Resident #2).	F 000			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition	F 690			

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

TITLE

(X6) DATE

07/31/2020

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 690	<p>Continued From page 1</p> <p>demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, facility policy review and complaint investigation, the facility staff failed to position a urinary catheter bag to prevent infection for one of two residents in the survey sample. Resident #1's urine collection bag for his Foley catheter was positioned in the floor.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 1/10/19 with a re-admission on 6/22/20. Diagnoses for Resident #1 included coronary artery disease, Parkinson's disease, COPD (chronic obstructive pulmonary disease), urinary tract infection, urinary retention, anemia, seizure disorder, dementia and hyperlipidemia. The minimum data set (MDS) dated 6/4/20 assessed Resident #1 with moderately impaired cognitive skills.</p> <p>On 7/15/20 at 9:55 a.m., Resident #1 was observed in bed. The resident's catheter</p>	F 690			

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F 690	Continued From page 2 collection bag was attached to the lower rail of the bed with most of the bag positioned in the floor. The catheter bag was observed in the floor again on 7/15/20 at 10:30 a.m. On 7/15/20 at 11:00 a.m., accompanied by the licensed practical nurse (LPN #1), Resident #1 was observed in bed with the catheter bag in contact with the floor. LPN #1 was interviewed at this time about the positioning of the catheter bag. LPN #1 stated the Foley bag should not be in the floor. LPN #1 stated, "We need to hang it [catheter bag] somewhere else." On 7/15/20 at 12:10 p.m., the registered nurse (RN #1) responsible for the facility's infection control program was interviewed about Resident #1's catheter with the collection bag in the floor. RN #1 stated the urine collection bags were never supposed to be in the floor. The facility's policy titled Closed Urinary Drainage System (April 2013) documented concerning catheter bag placement, "...Attach drainage bag to bed frame, below level of resident's bladder, not touching floor..." This finding was reviewed with the administrator on 7/15/20 at 1:00 p.m.	F 690			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law	F 755			

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F 755	<p>Continued From page 3</p> <p>permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility document review and complaint investigation, the facility staff failed to ensure medications were available for one of two residents in the survey sample. Resident #2 had no scheduled medications available or administered until the second day after her admission to the facility.</p> <p>The findings include:</p> <p>Resident #2 was admitted to the facility on</p>	F 755			

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F 755	<p>Continued From page 4</p> <p>2/13/20 and was discharged to the hospital on 3/18/20. Diagnoses for Resident #2 included peripheral artery disease, status post left above-knee amputation, chronic pain, MRSA infected vascular and pressure wounds, high blood pressure, hypothyroidism, congestive heart failure, chronic anemia, depression, COPD (chronic obstructive pulmonary disease), GERD (gastroesophageal reflux disease), history of cerebrovascular accident (stroke) and status post right hip replacement hardware and femur removal. The minimum data set (MDS) dated 2/19/20 assessed Resident #2 as cognitively intact.</p> <p>Resident #2 was admitted to the facility on 2/13/20 at 9:11 p.m. The resident was admitted with physician orders for the following medications.</p> <p>Breo Ellipta 110-25 mcg (micrograms)/dose, 1 puff each day for COPD Meropenem 1 gram in normal saline intravenous every 8 hours for treatment of wound infection Vancomycin 250 mg (milligrams) intravenous every 24 hours for treatment of wound infection Aldactone 25 mg twice per day for high blood pressure Amlodipine 7.5 mg each day for high blood pressure Baclofen 10 mg 3 times per day for muscle spasms Plavix 75 mg each day for stroke prevention Cymbalta 30 mg each day for depression Gabapentin 600 mg 4 times per day for neuropathy/pain Synthroid 88 mcg each day for hypothyroidism Metoprolol XL 100 mg each day for high blood pressure</p>	F 755			

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F 755	<p>Continued From page 5</p> <p>Hydrocodone 10-325 mg every 6 hours as needed for pain</p> <p>Melatonin 3 mg each bedtime as needed for insomnia</p> <p>Prevacid 30 mg as needed for GERD</p> <p>Ventolin HFA 90 mcg/actuation 2 puffs every 6 hours as needed for dyspnea</p> <p>Resident #2's medication administration record for February 2019 documented the above scheduled medications were not administered until two days after the resident's admission on 2/15/20. The Amlodipine was not started until 2/16/20 at 8:00 a.m. There was no indication of why the resident's medications were not available on 2/14/20 for administration.</p> <p>On 7/15/20 at 11:35 a.m., the licensed practical nurse (LPN #2) that reviewed Resident #2's admission orders was interviewed. LPN #2 stated the medications were not available from the pharmacy on 2/14/20. LPN #2 stated if prescriptions were faxed to the pharmacy before 4:00 p.m., the medicines were usually delivered that same night. LPN #2 stated if prescriptions were faxed after 4:00 p.m., they would not be delivered until the next night around midnight. LPN #2 stated Resident #2 was admitted late on the evening on 2/13/20 so the medicines were not available to administer on 2/14/20, as they were probably not delivered until around 12:00 a.m. on 2/15/20. LPN #2 stated she was not sure why a back-up pharmacy was not used to get the medicines. LPN #2 stated as needed pain medication was administered on 2/14/20 and probably came from the emergency supply box.</p> <p>The director of nursing (DON) was on vacation and not available for interview.</p>	F 755			

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F 755	<p>Continued From page 6</p> <p>On 7/15/20 at 12:20 p.m., the administrator was interviewed about Resident #2's medicine availability upon admission. The administrator stated if medications were not delivered on the night of the admission, nursing should have followed up with the back-up pharmacy.</p> <p>On 7/15/20 at 12:30 p.m., the physician's assistant (other staff #1) was interviewed about Resident #2's medications. The physician's assistant (PA) stated residents should not miss an entire day of medications when admitted. The PA stated delayed availability of medicines for new admissions has happened "on several occasions."</p> <p>On 7/16/20 at 9:10 a.m., the administrator was interviewed again about the delayed start of medications for Resident #2. The administrator stated currently the pharmacy delivers medications once per day and that was usually around midnight. The administrator stated Resident #2's medication orders might not have been faxed timely to the pharmacy. The administrator stated the time Resident #1's medication orders were faxed to the pharmacy was not documented so she was not sure when pharmacy got the orders.</p> <p>The facility's policy titled Procurement of Emergency and After-Hours Medications (revised 8/1/14) documented in the event that antibiotics, pain or routine medications were not promptly available from the standard pharmacy the nurse should contact the "on-call" pharmacist. This policy documented, "The 'on-call' pharmacist shall then make whatever arrangements necessary with a predetermined local pharmacy</p>	F 755			

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F 755	Continued From page 7 (back-up pharmacy) or if the back-up pharmacy cannot supply, with any other local retail pharmacy or hospital pharmacy, for procurement of the needed medications...Should attempts to contact the pharmacist 'on-call' fail...the nurse should take whatever steps necessary to secure the required medication, including contacting the 'back-up' pharmacy directly..." These findings were reviewed with the administrator on 7/15/20 at 1:00 p.m.	F 755			