STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495349	A. BUILDING _____ B. WING _____	C 10/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER	990 HOLSTON RD WYTHEVILLE, VA 24382

(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 9/30/20 through 10/08/20. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. The census in this 107 certified bed facility was 104 at the time of the survey. The survey sample consisted of three (3) current resident reviews and three (3) closed record reviews.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and during the course of a complaint investigation, the facility staff failed to ensure an accurate MDS (minimum data set) assessment for 1 of 6 residents in the survey sample, Resident #2. The findings included: For Resident #2, facility staff failed to code the MDS for the resident's use of CPAP (continuous positive airway pressure) treatment in section O, Special Treatments, Procedures, and Programs. Resident #2's diagnosis list indicated diagnoses, which included, but not limited to Lobar Pneumonia, Diabetes Mellitus, Acute and Chronic Respiratory Failure with Hypoxia, Chronic Systolic (Congestive) Heart Failure, Obstructive Sleep	F 641		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/25/2020

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F 641	Continued From page 1	F 641		

Apnea, Essential Hypertension, Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris, Unspecified Atrial Fibrillation, and Dysphagia Oropharyngeal Phase.

The admission MDS with an ARD (assessment reference date) of 2/07/20 assigned the resident a BIMS (brief interview for mental status) score of 15 out of 15 in section C, Cognitive Patterns. Resident #2 is also coded as requiring extensive assistance in bed mobility, transfers, and personal hygiene. Section O, Special Treatments, Procedures, and Programs is not coded for the use of CPAP treatment during the last 14 days while a resident.

A review of the medical record revealed the following documentation:

Resident #2 has a physician's order dated 2/01/20 stating in part, "C-PAP to [sic] worn nightly. Home settings". The February 2020 eMAR (electronic medication administration record) includes documentation that Resident #2's CPAP was applied and removed daily during the MDS lookback period of 2/01/20 through 2/07/20.

On 10/05/20 at 9:21am, surveyor notified the administrator that the 2/07/20 MDS was not coded for the use of a CPAP. Administrator stated they would have the DON (director of nursing) look into it.

On 10/05/20 at 12:17pm, the DON stated they talked to the MDS staff and the CPAP was missed on the coding.

No further information regarding this issue was

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F 641	Continued From page 2 presented to the surveyor prior to the exit conference on 10/08/20.	F 641		
	Complaint Deficiency			
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interviews, the facility staff failed to ensure a resident that is fed by enteral means receives appropriate treatment and services for 1 of 6 residents in the survey sample, Resident #4. The findings included:	F 693		

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F 693	Continued From page 3	F 693		

For Resident #4, facility staff failed to document enteral feeding were administered as ordered on five (5) occasions during September 2020.

Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Pneumonitis due to Inhalation of Food and Vomit, Dysphagia Oral Phase, Personal History of Malignant Neoplasm of unspecified site of Lip, Oral Cavity, and Pharynx, Adult Failure to Thrive, Unspecified Severe Protein-Calorie Malnutrition and Alzheimer's Disease.

The admission MDS (minimum data set) with an ARD (assessment reference date) of 8/20/20 assigned the resident a BIMS (brief interview for mental status) score of 6 out of 15 in section C, Cognitive Patterns. Resident #4 is also coded for total dependence in eating. In section K, Swallowing/Nutritional Status, Resident #4 is coded as having a feeding tube and receiving 51% or more of total calories through the feeding tube during the last 7 days.

A review of the medical record revealed the following documentation:

A physician's order dated 8/26/20 states in part, "Enteral Feeding/Bolus: Formula: Osmolite 1.5 8oz via bolus 5 times/day". On 10/02/20, this order was changed to "Enteral Feeding/Bolus: Formula: Osmolite 1.2 8oz via bolus 5 times/day". Resident #4 has an active physician's order stating "NPO" (nothing by mouth).

A review of Resident #4's September 2020 eMAR (electronic medication administration record) revealed omissions for the following enteral

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F 693	Continued From page 4 feedings for Osmolite 1.5: 9/01/20 6:00am, 9/19/20 2:00am, and 9/19/20 6:00am. On the September 2020 eMAR under the "Reasons/Comments" section for 9/09/20 2:00am and 9/09/20 6:00am documentation for each states, "not charted by previous shift". On 10/05/20 at approximately 4:40pm, the surveyor notified the DON (director of nursing) of the five omissions for Resident #4's bolus feedings of Osmolite 1.5 during September 2020. No further information regarding this issue was presented to the surveyor prior to the exit conference on 10/08/20.	F 693		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and during the course of a complaint investigation, the facility staff failed to ensure 1 of 6 residents were free of significant medication errors, Resident #2. The findings included: For Resident #2, facility staff failed to fully transcribe physician orders following a consult with the resident's cardiologist. Resident #2's diagnosis list indicated diagnoses, which included, but not limited to Lobar Pneumonia, Diabetes Mellitus, Acute and Chronic	F 760		

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F 760	Continued From page 5	F 760		

Respiratory Failure with Hypoxia, Chronic Systolic (Congestive) Heart Failure, Obstructive Sleep Apnea, Essential Hypertension, Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris, Unspecified Atrial Fibrillation, and Dysphagia Oropharyngeal Phase.

The admission MDS (minimum data set) with an ARD (assessment reference date) of 2/07/20 assigned the resident a BIMS (brief interview for mental status) score of 15 out of 15 in section C, Cognitive Patterns. Resident #2 is also coded as requiring extensive assistance in bed mobility, transfers, and personal hygiene.

A review of the medical record revealed the following documentation:

A cardiology office visit progress note dated 2/24/20 for Resident #2 states in part:
Lisinopril 5 should be switched to Entresto 24-26mg BID (twice a day).
Discontinue Lisinopril for two days prior to starting the Entresto
Metoprolol tartrate 25 BID should be switched to Toprol XL 100mg daily
Eliquis 2.5 BID should be switched to Eliquis 5 mg BID

On 10/02/20 the administrator provided the surveyor with an undated Physician's Progress Note signed by the cardiologist stating in part: Increase Eliquis 5 mg BID, Start Entresto 24-26 mg BID, Stop Metoprolol tart 25 mg BID, and Start Toprol XL 100mg daily.

A nursing progress note dated 2/28/20 2:38pm, states "New orders as follows, Eliquis 5 mg PO BID, Entresto 24-26 mg BID by mouth ....Toprol

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F 760	Continued From page 6	F 760		

XL 100 mg by mouth every day, d/c (discontinue) Metoprolol". Subsequent progress note on 2/28/20 2:44pm states "Eliquis, Entresto, and Toprol initiated on 2/28/20. (name omitted), NP and RP (responsible party) notified".

A review of Resident #2's physician orders revealed the following orders:
2/24/20 5:09 pm discontinue Eliquis tablet 2.5mg one tablet oral twice a day due to order changed
2/24/20 5:09 pm discontinue Metoprolol tartrate 25 mg ½ tablet oral twice a day due to order changed
2/28/20 2:15 pm Eliquis tablet 5 mg one tablet oral twice a day
2/28/20 2:21 pm Toprol XL tablet extended release 24 hr 100 mg one tablet oral once a day
2/28/20 2:49 pm Entresto tablet 24-26 mg one tablet oral twice a day

Eliquis is an anticoagulant that reduces the risk of stroke due to nonvalvular atrial fibrillation and is used to treat blood clots in the veins and reduce risk of reoccurrence.

Toprol XL is a beta-blocker used for the treatment of hypertension, long-term treatment of angina pectoris, and the treatment of stable, symptomatic heart failure.

Entresto is used to reduce the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure.

On 10/02/20 at 2:51pm, surveyor spoke with the adult child of Resident #2 who stated the heart doctor changed Resident #2's medications, they later asked to see a print out of the resident's medication list, and the changes had not been

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F 760	Continued From page 7 made. The adult child stated they were told the nurse started the orders but never finished them. On 10/05/20 at approximately 9:25am, surveyor informed the administrator that Resident #2's orders from the cardiology consult on 2/24/20 were not fully started until 2/28/20, four days later. On 10/05/20 at approximately 4:40pm, surveyor informed the DON that Resident #2's cardiology orders from 2/24/20 were not fully started until 2/28/20, four days after the consult; DON stated, "That was my understanding". No further information regarding this issue was presented to the surveyor prior to the exit conference on 10/08/20.	F 760		
F 770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, staff interviews, review of facility documents, and during the course of a complaint investigation, the facility staff failed to provide laboratory services to the meet the needs of 1 of 6 residents in the survey sample, Resident #3.	F 770		

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F 770	Continued From page 8	F 770		

The findings included:

For Resident #3, facility staff failed to obtain a Dilantin level, CMP (complete metabolic panel), B12 level, folate level, and CBC (complete blood count) lab tests as ordered by the physician.

Resident #3's diagnosis list indicated diagnoses, which included, but not limited to Generalized Idiopathic Epilepsy and Epileptic Syndromes, Chronic Combined Systolic Congestive and Diastolic Congestive Heart Failure, Cerebral Palsy, Malignant Neoplasm of Ascending Colon, Secondary Polycythemia, Coagulation Defect, Chronic Kidney Disease Stage 3, Rash and Other Nonspecific Skin Eruption, and Candidiasis of Vulva and Vagina.

The quarterly MDS (minimum data set) with an ARD (assessment reference date) of 7/31/20 assigned the resident a BIMS (brief interview for mental status) score of 10 out of 15 in section C, Cognitive Patterns. Resident #3 is also coded as requiring extensive assistance with bed mobility and personal hygiene and total dependence with transfers.

A review of the medical record revealed the following documentation:

Resident #3 was seen by the FNP (family nurse practitioner) on 3/13/20 and progress note states in part, Dilantin level ordered, CMP ordered, B12 and folate levels ordered, and CBC ordered.

A nursing progress note dated 3/13/20 12:07pm states, "NP in facility today N.O (new order) CBC, CMP, dilantin, B12, folate NLD. Lab book updated, RP (responsible party) aware."

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F 770	Continued From page 9 Upon review of Resident #3's medical record, surveyor could not locate transcribed orders or lab results for the Dilantin level, CMP, B12 level, folate level, or CBC ordered on 3/13/20. On 10/05/20 at 12:17pm, surveyor spoke with the DON (director of nursing) and requested Resident #3's lab orders for January 2020 through July 2020. On 10/05/20 at 4:36pm, the DON stated the resident did not have any lab orders during this time period. On 10/07/20 at 8:56am, surveyor informed the administrator of the 3/13/20 FNP progress note and that the surveyor did not locate the labs in the medical record. Administrator stated that they would have the DON follow up. On 10/08/20, surveyor was provided with a copy of an "Outpatient Laboratory Requisition" with the date marked out and the following lab tests checked: CMP, Phenytoin (Dilantin), Folate serum, Vitamin B12, and CDC with Auto Diff. An additional form was provided which included Resident #3's name, lab tests (CBC, CMP, Dilantin, B12, and Folate) and the date to be done as "3/16". On 10/08/20 at 8:52am, surveyor spoke with the administrator and DON concerning the lab results, DON stated as far as (he/she) could tell it was not obtained. No further information regarding this issue was presented to the surveyor prior to the exit conference on 10/08/20. Complaint Deficiency	F 770		

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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 all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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	F 842		

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F 842	Continued From page 11	F 842		

by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-
(i) The period of time required by State law; or
(ii) Five years from the date of discharge when there is no requirement in State law; or
(iii) For a minor, 3 years after a resident reaches legal age under State law.

§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 and staff interviews, the facility staff failed to ensure a complete and accurately documented clinical record for 1 of 6 residents in the survey sample, Resident #4.

The findings included:

For Resident #4, facility staff failed to ensure the correct route of administration with the physician's orders and eMAR (electronic medication

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F 842	Continued From page 12	F 842		

administration record) documentation for the medications Donepezil, Midodrine, and Tylenol.

Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Pneumonitis due to Inhalation of Food and Vomit, Dysphagia Oral Phase, Personal History of Malignant Neoplasm of unspecified site of Lip, Oral Cavity, and Pharynx, Adult Failure to Thrive, Unspecified Severe Protein-Calorie Malnutrition and Alzheimer's Disease.

The admission MDS (minimum data set) with an ARD (assessment reference date) of 8/20/20 assigned the resident a BIMS (brief interview for mental status) score of 6 out of 15 in section C, Cognitive Patterns. Resident #4 is also coded as being totally dependent in eating. In section K, Swallowing/Nutritional Status, Resident #4 is coded as having a feeding tube and receiving 51% or more of total calories through the feeding tube during the last 7 days.

A review of the medical record revealed the following documentation:

Physician's Order Report for 9/05/20 - 10/05/20 includes active physician orders for NPO (nothing by mouth), Donepezil 10mg 1 tablet oral at bedtime, Midodrine 5mg 2 tablets oral three times a day, and Tylenol 325 mg 2 tablets oral every 8 hours as needed for pain.

Resident #4's September 2020 eMAR revealed Donepezil 10mg 1 tablet oral at bedtime and Midodrine 5 mg 2 tablets oral three times a day was documented as administered per order for 9/01/20 -9/30/20. Resident #4's October 2020 eMAR also included Donepezil 10mg 1 tablet oral

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495349	A. BUILDING _____ B. WING _____	C 10/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT CENTER	990 HOLSTON RD WYTHEVILLE, VA 24382

(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
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at bedtime and Midodrine 5 mg 2 tablets oral three times a day was administered per order for 10/01/20 - 10/04/20. Tylenol 325 mg 2 tablets oral every 8 hours as needed for pain was not documented as being administered during September or October 2020.

On 10/05/20 at 1:48pm, surveyor spoke with LPN (licensed practical nurse) #2 who stated Resident #4 is NPO and takes their medicines through the tube due to a partial glossectomy. LPN #2 also stated the resident is a "huge aspiration risk".

On 10/05/20 at 4:36pm, surveyor informed the DON (director of nursing) of the concern of Resident #4 with physician orders to administer Donepezil, Midodrine, and Tylenol by mouth. DON stated, "That needs to be corrected".

No further information regarding this issue was presented to the surveyor prior to the exit conference on 10/08/20.