

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

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

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|---|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495178 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 02/18/2020 |
| NAME OF PROVIDER OR SUPPLIER CHARLOTTESVILLE HEALTH & REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 505 WEST RIO ROAD CHARLOTTESVILLE, VA 22901 | | |
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| {F 000} | INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to a Medicare/Medicaid abbreviated survey conducted on 01/07/2020 through 01/08/2020 was conducted on 02/18/2020 through 02/18/2020. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. No complaints were investigated during this survey. The census in this 105 certified bed facility was 103 at the time of the survey. The survey sample consisted of three current record reviews (Residents #101, #102, and #103). | {F 000} | | | |
| F 655 SS=D | Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. | F 655 | | | 2/27/20 |

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

TITLE

(X6) DATE

Electronically Signed

02/25/2020

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 655 | <p>Continued From page 1</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review and facility document review, the facility staff failed to develop a baseline care plan for one of 3 residents in the survey sample, Resident #102. Resident #102's baseline care plan failed to include any focus areas, goals, and/or interventions for ADL assistance (activities of daily living), foley catheter, physical and occupational therapy, cervical and spinal fractures including the use of a cervical collar and CTO (cervical thoracic orthosis) brace and social services/discharge goals.</p> <p>The findings include:</p> <p>Resident #102 was admitted to the facility on</p> | F 655 | <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F655</p> | | |

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| F 655 | <p>Continued From page 2</p> <p>02/09/20 with diagnoses that included non-displaced fractures of the C3 vertebra, multiple left side rib fractures, T1 & T2 compression fractures, intracranial injury with loss of consciousness, alcohol use, anxiety disorder, urine retention, and contusion of the scalp.</p> <p>The nursing admission assessment dated 02/09/20 assessed Resident #102 as alert and oriented to person, place, time and situation. This assessment documented the resident as requiring limited assistance, with one person physical assistance for eating, total dependent, with two person physical assistance for bed mobility and transfers, and total-full staff performance every time for locomotion. Resident #102 was assessed as requiring one person physical assistance for toileting.</p> <p>During the initial tour, Resident #102 was observed in physical therapy wearing the TSO (type of back brace) brace. On 2/18/20 at 12:30 p.m., Resident #102 was observed in his room sitting in his wheelchair eating lunch wearing the TSO brace. On 02/18/20 at 1:00 p.m., Resident #102 was interviewed in his room regarding his care since his admission at the facility. Resident #102 was wearing the TSO brace during the interview. Resident #102 stated he was doing better since his admission and felt tired from therapy. Resident #102 was asked if he wore the brace often and he replied he wore it as prescribed by the doctor.</p> <p>Resident #102's clinical record was reviewed on 02/18/20. Observed on the physician order's was the following:</p> <p>"Change foley Cath (catheter) bag as needed for</p> | F 655 | <p>1. Resident #102's baseline care plan has been initiated and updated to match resident condition. Physician and RP have been notified of deficient practice. Deficient practice has been corrected.</p> <p>2. All new admissions are at risk.</p> <p>3. Staff Development Coordinator or designee will educate all floor nurses on how and when to initiate baseline care plans for new admissions.</p> <p>4. Director of Nursing or designer will audit 100% of current residents for presence of baseline careplan. Then will audit 25% of new admissions each week for two weeks, followed by 25% of new admissions monthly for two months, then followed in QAPI quarterly for 2 quarters.</p> <p>5. Date of compliance 2/27/2020</p> | | |

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| F 655 | <p>Continued From page 3</p> <p>dysfunction. Order Date: 02/09/2020. Start Date: 02/10/2020."</p> <p>"Change foley Cath (catheter) bag every night shift every 30 days. Order Date: 02/09/2020. Start Date: 02/10/2020."</p> <p>"CTO brace on when HOB (head of bed) >30 or OOB (out of bed). May remove c-collar when vista brace on. C-collar when CTO brace off. every shift. Order Date: 02/14/2020. Start Date: 02/14/2020."</p> <p>"Foley care every shift with soap and water. Order Date: 02/10/2020. Start Date: 02/10/2020."</p> <p>"Foley cath (catheter) 14f with 10cc balloon straight to drainage. Order Date: 02/09/2020."</p> <p>"OT (occupational therapy) clarification order - OT treatment 5-7x (times) week x (times) 6 weeks for there ex (therapy exercises), there act (therapy activities), ADL retrain, neuro re ed (neuromuscular re-education), w/c mgmt (wheelchair management) and group therapy until 03/22/2020. Order Date: 02/10/2020. Start Date: 02/10/2020."</p> <p>"PT (physical therapy) clarification order: Pt (patient) to be seen 5-7x/week for 8 weeks for therapeutic exercises, neuromuscular re-education, gait training, therapeutic activities and group therapy until 04/06/2020."</p> <p>The admitting history and physical dated 02/10/2020 documented Resident #102's chief complaint as: C1 burst fracture, C3, T3 compression fractures, T1, L1 fracture, right frontal hematoma, left 2-9th rib fractures and left</p> | F 655 | | | |

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| F 655 | <p>Continued From page 4</p> <p>clavicular fracture. The history and physical documented the resident was admitted with the foley catheter for urinary retention. The assessment and plan documented, "multiple fractures continue with C-Collar at all times. OT, PT, up only with supervisionfoley in place ..."</p> <p>A review of the baseline care plan did not document goals and/or interventions for the following focus areas: ADLs (activities of daily living), foley catheter, physical and/or occupational therapy, spinal and/or cervical fractures including the use of a C-collar and TSO brace, and social services/discharge goals.</p> <p>On 02/18/20 at 12:45 p.m., the director of nursing (DON) was interviewed regarding the baseline care plan. The DON stated the admitting nurse was supposed to complete the baseline care plan within 48 hours of admission. The DON was asked if the above focus areas, goals and/or interventions should have been placed on the baseline care plan. The DON stated "yes".</p> <p>A review of the facility's Care Planning policy, effective 11/01/19 documented the following: "1. The computerized baseline Care Plan is initiated and activated within 48 hours." "2.the baseline care plan that includes, but is not limited to: the initial goals of the patient, a summary of the medications list, the patient's dietary instructions, any services and treatments to be administered by the Center and personnel acting on behalf of the center...."</p> <p>These findings were reviewed with the administrator, director of nursing and corporate consultant during a meeting on 02/18/20 at 3:00 p.m. The administrator stated, "it's a work in</p> | F 655 | | | |

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| F 655 | Continued From page 5 progress, we have to review and re-educate our staff on the baseline care plans." No other information was provided to the survey team prior to exit on 02/18/20. | F 655 | | | |