

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH2625	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2021
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NAME OF PROVIDER OR SUPPLIER MARTHA JEFFERSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 GORDON AVENUE CHARLOTTESVILLE, VA 22903
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F 001	<p>Continued From page 1</p> <p>and totally dependent upon staff for most all ADL's [activities of daily living].</p> <p>During the clinical record review on 12/20/21, Resident #2's care plan was reviewed. The most current care plan in the resident's EMR [electronic medical record] was last updated in January of 2020.</p> <p>At approximately 2:00 PM, the DON [director of nursing] was asked for the most current care plan for Resident #2. The DON stated that she would look for it.</p> <p>At approximately 3:00 PM, the DON returned and presented a "care plan meeting sign-in sheet" dated 06/28/21 and stated this was all she had. The DON stated that when care plan meetings are completed, the care plan in the EMR should be updated to reflect the review and any changes. The documentation included the names of attendees and notes, which documented, "eating well, no dislikes, prefers orange juice, dislikes bath but better with shower bed..." The care plan did not include any interventions or measurable objectives and timetables to meet the resident's needs for care and treatment.</p> <p>The DON stated the above information was kept in her office, not the resident's clinical record and had not been added to the resident's care plan. The DON was made aware that the resident's care plan had not been updated in over a year, and January 2022 would make two years that the care plan had not been updated. The DON stated that she was behind.</p> <p>No further information and/or documentation was presented prior to the exit conference on 12/20/21 to evidence that the resident's care plan</p>	F 001		

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ADMISSIONS

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F 001	<p>Continued From page 2</p> <p>had been reviewed and revised in a timely manner.</p> <p>12VAC-371-250 (G, H) Resident assessment and care planning</p> <p>Based on staff interview, and clinical record review, the facility failed to develop a comprehensive care plan for one of 3 residents, Resident #3.</p> <p>The Findings Include:</p> <p>Resident #3 was admitted to the facility on 3/2/21. Diagnoses for Resident #3 included; Hypertension, atrial fibrillation, hypothyroidism, and scoliosis. Resident #3 was assessed as being cognitively intact.</p> <p>On 12/20/21 Resident #3's clinical record was reviewed. There was no evidence that a comprehensive care plan had been developed since admission.</p> <p>On 12/20/21 at 11:30 AM the director of nursing (DON) was interviewed. The DON said she may have Resident#3's care plan her her office and would go check.</p> <p>On 12/20/21 at 12:30 PM the DON presented three care plan meetings sheets regarding Resident #3 and said that the care plans were not developed because of being behind in getting the care plans done "and that's on me."</p> <p>The care plan meeting sheets were reviewed and indicated meetings were held on 3/5/21, 8/10/21, and 11/19/21 for Resident #3 and concerns were documented. However, concerns were not</p>	F 001	<p>12VAC-371-250 Resident assessment and care planning</p> <p>Care plan for resident #3 admitted on 3/2/21 was updated on 1/6/22 using data gathered in previous quarters care plan meetings 3/5/21, 8/10/21 and 11/19/21 and attended by resident, son and daughter-in-law. Resident added to new "care plan process" and "care plan log" for monitoring by management and supervisory team to insure continued compliance. Next care plan meeting pre-scheduled for 4/19/22. Systemic change: all initial care plans will be documented in medical record within 24 hours of admission after initial conference with family and resident. This will be documented on the Care plan log for review by team.</p>	1/6/22

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F 001	<p>Continued From page 3</p> <p>developed into care plans with problem, goals, and interventions.</p> <p>No other information was provided prior to exit conference on 12/20/21.</p> <p>12VAC5-371-300 (I.) Pharmacy Services</p> <p>Based on clinical record review and staff interview, the facility staff failed to ensure pharmacy recommendations were completed for one of 3 residents in the survey sample, Resident #2.</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility on 06/11/18. Diagnoses for Resident #2 included, but were not limited to: high blood pressure, B12 deficiency, chronic pain, bell's palsy, cataracts, hypothyroidism and major depressive disorder.</p> <p>The facility's assessment tool documented the resident as alert and oriented to person and place and totally dependent upon staff for most all ADL's [activities of daily living].</p> <p>During the resident's clinical record review, the resident's pharmacy recommendations were reviewed. Resident #2 had a pharmacy recommendation dated 10/15/21. The pharmacy recommendation documented, "...currently receiving...Haloperidol 0.5 milligrams (Began 11/30/20). Within first year...facility must attempt a GDR [gradual dose reduction]...unless clinically contraindicated...the physician has documented the clinical rationale...if appropriate, please consider a GDR at this time...please document rationale...(prescriber's response...physician</p>	F 001	<p>12VAC5-371-300 (I.) Pharmacy Services</p> <p>All Pharmacy Service recommendations for past 3 months will be reviewed by DON and Physician Director to determine that all have had response and are filed in medical records. This review will include all recommendations for all residents of the Carlyle. A Pharmacy Recommendations Log is being developed to track incoming recommendations, distribution by date, and response follow-up. This log will be maintained by the DON and monitored by the Health and Wellness Coordinator on a monthly basis. The process will be maintained on an on-going basis and the log will be complete and in place by 1/30/22.</p>	1/30/22

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F 001	Continued From page 4 signature)..." A pharmacy recommendation dated, 10/15/21 documented, "...resident is currently receiving...Buspirone 15 mg (Began 10/07/19)...Citalopram 10 ml [10 mg/5 ml=20 mg]...facility must attempt a GDR [gradual dose reduction]...unless clinically contraindicated...the physician has documented the clinical rationale...if appropriate, please consider a GDR at this time...please document rationale... (prescriber's response...physician signature)..." The resident's clinical records were further reviewed and did not evidence that a GDR had been attempted for Resident #2 for any of the medications listed above or that the physician had been informed of the recommendation. There was no documentation in the resident's clinical records regarding these pharmacy recommendations from October 2021 to present [12/20/21], and no documentation that the recommendation was addressed by the DON or the physician. The DON [director of nursing] was interviewed at 3:00 PM on 12/20/21 regarding the location of completed pharmacy recommendations. The DON stated that they [pharmacy recommendations] are sent to her via computer, she in turn will then send to the appropriate physician or put in the "house" physician's box and after that, they are sent to medical records department to be put into the resident's chart. The DON was asked who was checking to make sure that the recommendations are actually seen by the physicians and followed up on. The DON stated, "I don't know, I haven't been checking them."	F 001		

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F 001	<p>Continued From page 5</p> <p>The DON stated that she did not know if these recommendations had been sent to the physician or had been followed up on. A policy was requested from the DON on pharmacy services.</p> <p>The policy was presented and reviewed. The policy titled, "Pharmacy Consultant" documented, "...engage the services of a licensed consulting pharmacist...provides consultation on all aspects...of pharmacy services...Reviews each medication of all residents in the facility...contraindications...periodic reductions attempted...d. Reports any irregularities, issues or problems to the resident's physician and the director of nursing services. e. Ensures that these reports are acted upon...2. ...make sure: a. All recommendations are acted upon. b. All of the recommendations are reported to the residents' physicians. c. There is documentation in the residents' charts that notification and follow up occurred..."</p> <p>The DON stated that she could not explain why this wasn't done, but stated that she had not been checking to see if they were completed or acted upon by the physician.</p> <p>No further information or documentation was presented prior to the exit conference on 12/20/21 to evidence that pharmacy recommendations were acted upon and documented on in the resident's clinical record.</p> <p>12VAC5-371-360 (E. 10.) Clinical records</p> <p>Based on clinical record review and staff interview, the facility staff failed to ensure a complete and accurate clinical record for one of 3 residents in the survey sample, Resident #2.</p>	F 001	<p>12VAC5-371-360 (E.10.) Clinical Records Subsequent to the development of the Pharmacy Recommendations Log, a 2 copies will be recorded of all "follow-up" documents containing final determination of the physician(s) will be maintained- one copy will be submitted to pharmacy, the second will be kept in the log book housed in the DON office, while the original will be submitted directly to the medical records office for filing. To ensure no missed recommendations, an audit will be completed quarterly by the nursing supervisor comparing log data and documents filed in medical records. The process will be on-going and the initial log set up completed bu 1/15/22.</p>	1/15/2022

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F 001	<p>Continued From page 6</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility on 06/11/18. Diagnoses for Resident #2 included, but were not limited to: high blood pressure, B12 deficiency, chronic pain, bell's palsy, cataracts, hypothyroidism and major depressive disorder.</p> <p>The facility's assessment tool documented the resident as alert and oriented to person and place and totally dependent upon staff for most all ADL's [activities of daily living].</p> <p>On 12/20/21, the resident's clinical record was reviewed for pharmacy medication reviews/recommendations. None were located in the resident's chart [EMR/electronic medical record or paper chart].</p> <p>At approximately 2:30 PM, the DON [director of nursing] was asked for the above information for Resident #2. The DON stated that they are supposed to be in the resident's paper chart under the "consults" tab. The DON was made aware that the resident's clinical records were reviewed and none were found. The DON stated that she would attempt to find the requested information.</p> <p>At approximately 3:10 PM, the DON returned with pharmacy reviews and recommendations. The DON stated that they are sent to her in the computer and she will print them off, give to the physician and then medical records will put them in the chart. The DON stated that these had not been part of the resident's clinical record.</p> <p>No further information and/or documentation was presented to evidence that the resident's</p>	F 001		

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F 001	Continued From page 7 pharmacy reviews and pharmacy recommendations were in the resident's clinical record.	F 001			

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{F 000}	<p>Initial Comments</p> <p>An offsite paper revisit survey was conducted on 1/30/22 for all previous deficiencies cited on 12/20/21. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed.</p>	{F 000}		

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

TITLE

(X6) DATE

