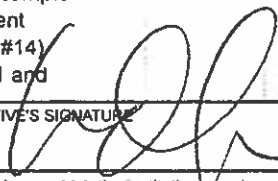


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/10/2021
NAME OF PROVIDER OR SUPPLIER BON SECOURS-MARYVIEW NURSING C			STREET ADDRESS, CITY, STATE, ZIP CODE 4775 BRIDGE ROAD SUFFOLK, VA 23435		
(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 Emergency Preparedness Survey was conducted onsite from 09/08/21-09/10/21. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid Focused Infection Control (FIC) survey was conducted 09/08/21 through 09/10/21. The facility was in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. Resident cumulative COVID-19 cases since 2020 totaled 88, 16 COVID-19 related deaths. Staff cumulative COVID-19 cases since 2020 totaled 69, all staff recovered and no deaths. At the time of the survey, there were two residents that tested positive for COVID-19, and two Staff that tested positive for COVID-19. Three (3) complaints were investigated during the survey: VA00050574, Unsubstantiated, lack of sufficient evidence; VA00051520, Substantiated, with no deficiencies and VA00052023, substantiated with deficiency. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 72 at the time of the survey. The survey sample consisted of 14 resident reviews: 12 current Resident reviews (Resident's #3 through #14) and 2 closed record reviews (Resident #1 and	F 000			

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



TITLE

Exec. Administrator 9/23/21

(X8) DATE

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 000	Continued From page 1 #2).	F 000			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §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 observation, staff interviews and clinical record review and during the course of a complaint investigation the facility staff failed to ensure 1 of 12 residents (Resident #1, a closed record review) who was unable to carry out activities of daily living (ADL) received the necessary services to include showers and or Baths. The Findings Included: Resident #1 was admitted to the facility on 11/24/20, readmitted on 04/11/21 and discharged on 8/06/21 to the community. Diagnosis for Resident #1 included but not limited to weakness and pain unspecified in Ankle and Joints. The current Minimum Data Set (MDS), a discharged assessment with an Assessment Reference Date (ARD) of 8/06/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. : This indicated Resident #1 cognitive abilities for daily decision making were moderately impaired. In section "G"(Physical functioning) the resident was coded as requiring extensive assistance of	F 677	1. Resident #1 no longer resides at the facility. She discharged on 8/6/2021. 2. Residents who reside at the facility that require ADL assistance could have the potential to be affected. 3. The following items were completed to ensure compliance: a) A facility wide audit was completed on residents and bathing documentation on 9/14/2021. b) A review and revision were completed on the process of bathing documentation in the electronic health record. A change in documentation process was implemented to ensure documentation of all types of bathing in the electronic health record. c) Education was provided to the nursing department on documentation requirements related to documenting all bathing types in the electronic health record. d) A new audit process was initiated to audit for bathing completions weekly by the unit clinical managers or designee and to provide audit findings to the DON. 4.The bathing audits will be provided to the DON weekly and will be reported to QAPI monthly for 3 months. The DON will ensure any findings with opportunities will be addressed immediately. 5. Completion date: 10/1/2021		

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F 677	<p>Continued From page 2</p> <p>two persons with bed mobility. Requiring extensive assistance of one person with transfers, dressing and toilet use. Requiring the supervision of one person with personal hygiene. Requiring Set-up help only with eating and requiring the assistance of one person with bathing.</p> <p>The Care Plan dated 2/02/21 reads: Resident #1 has trouble with her day to day activities related to her diagnoses of frequent falls, polio and muscle weaknesses therefore, requires extensive staff participation with bathing.</p> <p>The Nansemond Unit Bath Schedule Show that Resident #1 should have received baths on scheduled days/evenings according to her assigned room.</p> <p>The Chesapeake Unit Bath Schedule show that Resident #1 should have received baths on scheduled days/evenings according to her assigned room.</p> <p>A review of the ADL documentation for the month of May 2021 reveal that Resident #1 did not receive a bath or shower. A review of the ADL documentation for the month of June 2021 reveal Resident #1 did not receive a bath or shower. A review of the ADL documentation for the month of July reveal that Resident #1 did not receive a bath or shower.</p> <p>On 9/09/21 at approximately 4:45 PM an interview was conducted with LPN (Licensed Practical Nurse) #2 concerning resident #1. She stated, "She was upset and non-compliant with care. Before she left the facility she was</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>compliant with her care. She was able to do her upper body and the aides would set her up with the basin, wash cloths and towels.. She was here doing COVID-19 and bathing changed. They were not able to get showers "</p> <p>On 09/10/21 at approximately 2:45 PM., the above findings were shared with the Administrator and the Director of Nursing (DON). The DON stated, "According to ADL LOOKBACK report, there was no bathing documented for the months in questions (May, June, July, August)." An opportunity was offered to the facility's staff to present additional information but no additional information was provided.</p> <p>Complaint deficiency</p>	F 677	<p>Statements made on this POC are not an admission to and do not constitute an agreement with the alleged deficiency herein. This plan constitutes the facility's allegations of compliance.</p>	