

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

PRINTED: 03/25/2022
FORM APPROVED
OMB NO. 0938-0391

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 C 02/23/2022
NAME OF PROVIDER OR SUPPLIER CHARLOTTESVILLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 WEST RIO ROAD CHARLOTTESVILLE, VA 22901		
(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 2/22/22 through 2/23/22. Complaint number VA00054358 was unsubstantiated with a related deficiency cited at F658. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 105 certified bed facility was ninety at the time of the survey. The survey sample consisted of one closed record review (Resident #1).	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and complaint investigation, the facility staff failed to follow professional standards of practice for one (of one) resident in the survey sample, Resident #1. Nurses failed to thoroughly assess and initiate physician orders for treatment of Resident #1's skin tears, bruises and abrasions. The findings include: Resident #1 was admitted to the facility on 12/21/21 and discharged to the hospital on 2/7/22. Diagnoses for Resident #1 included COPD (chronic obstructive pulmonary disease),	F 658	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	3/23/22	

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

TITLE

(X6) DATE

Electronically Signed

03/07/2022

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 658	<p>Continued From page 1</p> <p>maxillary fracture, insomnia, peripheral neuropathy, vertebra compression fractures, osteoporosis, hypertension, major depressive disorder, dementia, dysphagia, atrial fibrillation, anemia, sleep apnea and anxiety. The minimum data set (MDS) dated 12/27/21 assessed Resident #1 with moderately impaired cognitive skills.</p> <p>Resident #1's clinical record documented a nursing note dated 2/5/22 at 3:06 p.m. stating, "CNA (certified nurses' aide) found resident on floor resident said she hit her head. Resident has skin tears on left and right arm. Also had bruise above her left eye, head, cheekbone has abrasions... (physician)...daughter made aware..."</p> <p>A nursing note on 2/5/22 at 6:26 p.m. documented, "Resident fell out of bed to floor...Has abrasions to head and bruise above left eye and cheekbone. She also has new skin tears to right and left arm...applied dressing, which was ripped off by resident..."</p> <p>A nursing note dated 2/5/22 at 8:27 p.m. documented, "...ST (skin tear) to rt (right) forearm, rt wrist cleansed with WC (wound cleanser), TAO (triple antibiotic ointment), non adherent pad and secured with kerlix..."</p> <p>Resident #1's clinical record documented a nursing note dated 2/6/22 at 6:31 p.m. stating, "...Resident becomes combative and has been digging at her arms and right leg. Resident has multiple skin tears on arms and right leg. I was able to put a dressing on with CNA's help..."</p> <p>Resident #1's clinical record documented no wound assessment indicating the exact location</p>	F 658	<ol style="list-style-type: none"> 1. Resident #1 no longer resides in the center. 2. Current residents will be assessed for the presence of skin impairment to ensure thorough documentation of the areas are present in the medical record with an accompanying physician order on the TAR. 3. Licensed nurses will be educated by the DON/designee on the need to complete a clinical wound review assessment upon identification of a wound. In addition, education will include entering an order on the TAR immediately upon identification. 4. Unit managers/designee will review Assessment Report and Order Listing report 5x weekly to ensure accuracy. 5. Results will be reported to the QA committee for review and discussion. Once the QA committee determines the problem no longer exists, audits will be conducted on a random basis. 6. Date of completion: 3/23/2022 		

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F 658	<p>Continued From page 2</p> <p>of the skin tears/abrasions following the 2/5/22 fall or the self-inflicted injuries of 2/6/22. There was no assessment indicating the length/size, description or appearance of the wounds. The record documented no physician orders for treatments to the skin tears, abrasions or bruise. The resident's treatment administration record (TAR) for February 2022 had no orders or entries listed.</p> <p>On 2/22/22 at 2:25 p.m., the registered nurse (RN #1) caring for Resident #1 on 2/5/22 and 2/6/22 was interviewed. RN #1 stated Resident #1 was found on the floor near her bed on 2/5/22. RN #1 stated the resident had a bruise above her left eye, abrasions on her face and skin tears on the right and left arm. RN #1 stated she attempted to put an immediate dressing on the wounds but the resident ripped them off. RN #1 stated she contacted the physician on 2/5/22 and obtained verbal orders for treatment. RN #1 stated she might not have entered the orders into the electronic health record. RN #1 stated she did not remember exactly what treatment orders were given for the skin tears/abrasions or the frequency of dressing changes. RN #1 stated, "I honestly don't remember if I put them (orders) in the computer." RN #1 stated the description in her notes of the resident's injuries did not include size, length or exact location of the injuries.</p> <p>On 2/22/22 at 3:10 p.m., the licensed practical nurse unit manager (LPN #1) was interviewed about Resident #1's injuries and orders for treatment/care. LPN #1 stated that when verbal orders were obtained from providers, nurses were supposed to enter them into the electronic health record. LPN #1 stated once entered, the orders were added to the treatment record so</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>nurses could implement the required treatments as the required frequency. On 2/22/22 at 3:40 p.m., LPN #1 stated he reviewed Resident #1's clinical record and did not find any treatment orders for the injuries from 2/5/22 or 2/6/22. LPN #1 stated Resident #1's injuries of 2/5/22 and 2/6/22 occurred on a weekend when he was not working. LPN #1 stated as unit manager he usually reviewed all orders to make sure they were entered in the computer correctly. LPN #1 stated when he reported to work on Monday 2/7/22, the resident was sent to the emergency room due to altered mental status. LPN #1 stated the documentation about the injuries was "vague" and did not include size, exact location or a description.</p> <p>On 2/23/22 at 8:15 a.m., the director of nursing (DON) was interviewed about no treatment orders or assessment of Resident #1's injuries. The DON stated nurses were expected to provide immediate care, notify the physician and obtain orders for treatment following any injuries. The DON stated nurses were supposed to enter physician orders promptly into the electronic health record with the unit managers having responsibility to review orders for accuracy.</p> <p>The facility's policy titled General Wound Care/Dressing Changes (effective 11/01/19) documented, "A licensed nurse will provide wound care/dressing change(s) as ordered by physician." Steps documented in this procedure included, "Notify the physician and obtain orders for treatment(s) and dressing changes...Assess for and implement pharmacologic and/or non-pharmacologic pain management interventions prior to providing wound care treatment...Provide treatments as</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>ordered...Remove and reapply dressing as ordered and/or indicated...Perform wound evaluation weekly...Document findings on wound evaluation, until healed..."</p> <p>The Lippincott Manual of Nursing Practice 11th edition documents on page 15 concerning standards of practice, "A deviation from the protocol should be documented in the patient's chart with clear, concise statements of the nurse's decisions, actions, and reasons for the care provided, including any apparent deviation. This should be done at the time the care is rendered because passage of time may lead to a less than accurate recollection of the specific events." This reference includes in a list of departures from standard care, "...Failure to make prompt, accurate entries in a patient's medical record..." (1)</p> <p>This finding was reviewed with the administrator, DON and corporate nursing consultant on 2/22/22 at 4:20 p.m.</p> <p>(1) Nettina, Sandra M. Lippincott Manual of Nursing Practice. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2019</p>	F 658			