| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 495296 | A. BUILDING _____ B. WING _____ | C 02/03/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COURTLAND REHABILITATION AND HEALTHCARE CENTER | 23020 MAIN STREET COURTLAND, VA 23837 |

| (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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| F 000 | INITIAL COMMENTS<br><br>An unannounced Medicare/Medicaid abbreviated complaint survey was conducted 2/1/2 through 2/3/22. Two complaints were investigated during survey: VA00054213: Allegation #1 was substantiated with no deficiency; VA00054056: Allegation #1 was substantiated with no deficiency, Allegation #2 was unsubstantiated, Allegation #3 was substantiated with no deficiency, Allegation #4 was substantiated with a deficiency and Allegation #5 was unsubstantiated. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.<br><br>The census in this 90 certified bed facility was 87 at the time of the survey. The survey sample consisted of 1 current resident review (Residents #1) and 1 closed record review (Resident #2). | F 000 | | |
| F 553 SS=E | Right to Participate in Planning Care<br>CFR(s): 483.10(c)(2)(3)<br><br>§483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:<br>(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.<br>(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.<br>(iii) The right to be informed, in advance, of changes to the plan of care. | F 553 | | 3/7/22 |

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

Electronically Signed | 02/17/2022

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| F 553 | Continued From page 1<br>(iv) The right to receive the services and/or items included in the plan of care.<br>(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.<br><br>§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-<br>(i) Facilitate the inclusion of the resident and/or resident representative.<br>(ii) Include an assessment of the resident's strengths and needs.<br>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.<br>This REQUIREMENT is not met as evidenced by:<br>Based on a complaint investigation, medical record review, staff interviews and facility document review the facility staff failed to ensure that 1 of 2 residents in the survey sample and their Responsible Party was invited to participate in their person-centered care planning process on 1/6/2 and 10/7/21, Resident #1.<br><br>The facility staff failed to ensure that Resident #1 and her son was invited to participate in her person-centered care planning process for 1/6/21 and 10/7/21.<br><br>The findings included:<br><br>Resident #1 was admitted to the facility originally on 7/21/2016 and readmitted on 6/19/2020. Resident #1's diagnoses included but were not limited to Left above the knee amputation, Phantom Limb Syndrome with pain and Dementia. | F 553 | 1. The facility is not able to retroactively correct the<br>deficient practice for resident #1 on 1/6/21 and 10/7/21.<br>The facility self-identified the issue and corrected the<br>practice prior to complaint survey on 2/3/22. Resident #1<br>and family representative have been duly served care<br>plan invitations for current care plan meeting of 1/5/22<br>and attended the meeting.<br><br>2. Invitations to current residents and family representatives due for care plan meetings<br>have been duly served.<br><br>3. The interdisciplinary team (IDT)<br>has been re-educated on the care plan | |

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| F 553 | Continued From page 2<br><br>Resident #1's most recent Minimum Data Set (MDS) is a quarterly with an Assessment Reference Date of 1/15/22. The Brief Interview for Mental Status (BIMS) was coded as a 12 out of a possible 15 for Resident #1, indicating she was cognitively intact and capable of daily decision making.<br><br>On 2/1/21 at 12:00 p.m. an interview was conducted with Resident #1. Resident #1 was asked if she received invitations from the facility for her care plan meetings. Resident #1 stated, "I don't receive any maybe they send them to my son."<br><br>On 2/2/22 at 12:40 p.m. an interview was conducted with Resident #1's son regarding a complaint he submitted with the state agency to include Resident #1's care plan meetings. Resident #1's son was asked if he had received care plan invitations from the facility for his mom's care plan meetings. Resident #1's son stated, "No, I find out about the meetings when I'm up here visiting her. I never know when the meeting are in advance."<br><br>On 2/3/21 at 2:02 p.m. an interview was conducted the Medical Records staff member. The Medical Records staff member was asked if she was in charge of sending out the care plan invitations for residents and family members. The Medical Records staff member stated, "Yes, the care plan invitations are given to me by the MDS department and I make a copy and mail it to the responsible party and then scan a copy into the medical record." The Medical Record staff member was asked if she had documentation to show that Resident #1 or her son had received | F 553 | process to include invitations. The Social Services department is responsible for issuing care plan invitations to residents and family representatives.<br><br>4. The SS Director, or designee, will send invitations in advance of the care plan meeting using a trifold approach: one copy to resident, one copy to family when applicable, and one copy to filed in the medical record.<br>The Administrator, or designee, will audit compliance weekly for 4 weeks, monthly for 3 months, and quarterly for 2 quarters. | |

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| F 553 | Continued From page 3 | F 553 | | |

care plan invitations for 1/6/21 and 10/7/21. The Medical Records staff member stated, "I do not send any care plan invites in the medical record for 1/6/21 or 10/7/21."

The previous MDS staff member no longer works at the facility. This surveyor attempted to call and phone was disconnected.

The facility policy titled "Care Planning-Interdisciplinary Team" last revises 9/2013 was reviewed and is documented in part, as follows:

Policy Statement: Our facility's care planning/interdisciplinary team is responsible for the development of an individualized comprehensive care plan for each resident.

Policy Interpretation and Implementation:

4. The Social Services department will be responsible for inviting residents and family representatives via phone, email, postage and other methods deemed practical to schedule care plan meetings. Documentation of invitations will be reflected in medical records.

On 2/3/22 at 4:42 p.m. a pre-exit debriefing was held with the Administrator, the Corporate Director of Clinical Services and the Rehabilitation Director where the above information was shared. The Administrator was asked what are the expectations for residents and families in regards to care plan invitations. The Administrator stated, "Care plan invitations are to be send to residents and the responsible parties in a timely manner for all care plan meetings. Also the invitations are to be scanned

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| F 553 | Continued From page 4<br>into the medical record.:<br><br>Prior to exit no further information was provided.<br><br>This is a Complaint Deficiency. | F 553 | | |
| F 563 SS=D | Right to Receive/Deny Visitors<br>CFR(s): 483.10(f)(4)(ii)-(v)<br><br>§483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.<br>(ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;<br>(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;<br>(iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and<br>(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.<br>This REQUIREMENT is not met as evidenced | F 563 | | 3/7/22 |

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| F 563 | Continued From page 5<br>by:<br>Based on a complaint investigation, medical record review, staff interviews and facility document review the facility staff failed to allow facility entry of an immediate family member on 11/13/21 for 1 of 2 resident's in the survey sample, Resident #1.<br><br>The facility staffed failed to allow Resident #1's son entry into the facility on 11/13/21.<br><br>The findings included:<br><br>Resident #1 was admitted to the facility originally on 7/21/2016 and readmitted on 6/19/2020. Resident #1's diagnoses included but were not limited to Left above the knee amputation, Phantom Limb Syndrome with pain and Dementia.<br><br>Resident #1's most recent Minimum Data Set (MDS) is a quarterly with an Assessment Reference Date of 1/15/22. The Brief Interview for Mental Status (BIMS) was coded as a 12 out of a possible 15 for Resident #1, indicating she was cognitively intact and capable of daily decision making.<br><br>On 2/2/22 at 12:40 p.m. an interview was conducted with Resident #1's son regarding a complaint he submitted with the state agency about being denied entry into the facility on 11/13/21 to see Resident #1 after a fall. Resident #1's son stated, "I was out of town on 11/13/21 when I received a call around 2:30 p.m. that my mother had fallen and had a gash in her temple. I got to the facility at 8:15 p.m. to see my mom, however they would not let me in because I was told visiting hours were over. I had to get the | F 563 | 1. The facility is not able to retroactively correct the deficient practice on 11/13/2021 for resident #1, however, the facility had resolved the miscommunication issue with resident #1 family representative afterwards.<br><br>2. An IDT review of visitation was conducted and concluded no other violations have occurred. Facility conducted<br><br>3. Re-education regarding resident right to visitation, subject to a resident□s right to deny or withdraw consent at any time.<br><br>4. Administrator, or designee, will audit for compliance weekly for 4 weeks, monthly for 3 months, and quarterly for 2 quarters. | |

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| F 563 | Continued From page 6 | F 563 | | |

Sheriffs Department involved and have a deputy dispatched in order to get in to check on my mother. The next day the Unit Manager called and asked me why I called the sheriff. She said she was the one who told the staff not to left me in, because they had an incident the day before and did not let a family member in. I know the law and they can't keep me from seeing my mother."

On 2/2/22 at 3:00 p.m. a phone interview was conducted with Unit Manager Licensed practical Nurse (LPN) #1 regarding her conversation with Resident #1's son when he was denied entry into the facility on 11/13/21 to see his mother. Unit Manager LPN #1 stated, "I had told the staff the day before to not let another resident's family member into the facility because visiting hours were over. This is the reason they didn't let Name (Resident #1's son) in on the next day. I was not aware that family's could come in after visiting hours. I did call him the next day and told him I heard he called the sheriff and told him he didn't have to do that. It was my fault I needed to get clarification."

On 2/3/21 at 1:00 p.m. a phone interview was conducted with Sheriff's Dispatcher #1. Dispatcher #1 was asked if there was a call log where Name (Resident #1's son) called and requested a sheriff be send to the facility because he was being denied entry. Dispatcher #1 stated, "Oh yes I remember that call I was working the day the call came in. The son called and said he was at Name (facility) and they would not let him in to see his mother, who had fallen. I felt bad for him. I sent a deputy to the facility to assist him."

The facility policy titled "Visitation Policy" last

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| F 563 | Continued From page 7<br>revised 9/28/21 was reviewed and is documented in part, as follows:<br><br>Visitation is person-centered, and facility will consider the resident's physical, mental, and psycho-social well-being, and will support quality of life.<br><br>On 2/3/22 at 4:42 p.m. a pre-exit debriefing was held with the Administrator, the Corporate Director of Clinical Services and the Rehabilitation Director where the above information was shared. The Administrator was asked what she would have expected of the staff on 11/13/21 when Resident #1's son tried to visit after she had fallen. The Administrator stated, "I would have expected that they would have let her son in the building and if they would have called me that is what I would have told them."<br><br>Prior to exit no further information was provided.<br><br>This is a Complaint Deficiency. | F 563 | | |
| F 677 SS=E | ADL Care Provided for Dependent Residents<br>CFR(s): 483.24(a)(2)<br><br>§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;<br>This REQUIREMENT is not met as evidenced by:<br>Based on a complaint investigation, medical record review, staff interviews and facility document review the facility staff failed to ensure that bi-weekly showers were offered and provided to 1 of 2 resident's in the survey sample, Resident #1. | F 677 | 1. The facility is not able to retroactively correct the missed showers of resident #1.<br><br>2. Shower schedules and preferences for all current residents have been reviewed | 3/7/22 |

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| F 677 | Continued From page 8<br><br>The facility staff failed to ensure that Resident #1 was offered and provided bi-weekly showers in September 2021, November 2021, December 2021 and January 2022.<br><br>The findings included:<br><br>Resident #1 was admitted to the facility originally on 7/21/2016 and readmitted on 6/19/2020. Resident #1's diagnoses included but were not limited to Left above the knee amputation, Phantom Limb Syndrome with pain and Dementia.<br><br>Resident #1's most recent Minimum Data Set (MDS) is a quarterly with an Assessment Reference Date of 1/15/22. The Brief Interview for Mental Status (BIMS) was coded as a 12 out of a possible 15 for Resident #1, indicating she was cognitively intact and capable of daily decision making. Under Section G Functional Status, Bathing Resident #1 was coded as requiring total dependence with one person assist for showers.<br><br>Resident #1's comprehensive care plan last revised/1/24/2022 was reviewed and is documented in part, as follows:<br><br>Focus: ADL (activities of daily living) self-care performance deficit related to left AKA (above knee amputation), old CVA (cerebro-vascular accident with left upper extremity hemiparesis and dementia. Date Initiated: 6/19/2020.<br><br>Intervention: Bathing/Showering: Offer showers twice a week. Date Initiated: 6/19/2020. | F 677 | and updated as needed.<br><br>3. Facility will provide education to all nursing staff on shower schedules and documentation<br>requirements. The Director of Nursing, or designee, will audit 5 residnets for compliance weekly for 3 months.<br><br>4. The Director of Nursing, or designee, will submit their findings to QAPI monthly for 3 months. | |

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| F 677 | Continued From page 9 | F 677 | | |

Resident #1's Activity of Daily Living Flow Sheets for September 2021, November 2021, December 2021 and January 2022 were reviewed and revealed the following:

September 2021 Resident #1 received showers on the 13th and the 20th.
November 2021 Resident #1 received showers on the 1st, 8th, 15th, 22nd and the 29th.
December 2021 Resident #1 received showers on the 2nd, 9th and the 27th.
January 2022 Resident #1 received showers on the 6th and the 12th.

Resident #1 was scheduled to receive showers on Mondays and Thursdays on the 3-11 shift.

On 2/1/22 at 12:00 p.m. an interview was conducted with Resident #1 regarding showers. Resident #1 stated, "I'm lucky to get a shower once or twice a month. I usually get a bath in the bed."

On 2/2/22 at 12:40 p.m. an interview was conducted with Resident #1's son regarding a complaint he submitted with the state agency addressing showers for his mother. Resident #1's son stated, "She didn't receive a shower the entire month of September and I couldn't tell you the last time she had a shower."

The facility policy titled "Bath, Shower/Tub" last revised 2/2018 was reviewed and is documented in part, as follows:

Purpose: The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. The residents. at minimum, shall

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| F 677 | Continued From page 10<br>be offered showers two times a week as per residents' preference.<br><br>On 2/3/22 at 4:42 p.m. a pre-exit debriefing was held with the Administrator, the Corporate Director of Clinical Services and the Rehabilitation Director where the above information was shared. The Administrator was asked what are the expectations for resident showers. The Administrator stated, "I expect the residents to be given or offered a shower twice a week and if it is refused to have appropriate documentation to address that."<br><br>Prior to exit no further information was provided.<br><br>Tis is a Complaint Deficiency | F 677 | | |