STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495383	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS N SANDERS NURSING HOME, INC	7385 WALKER AVE GLOUCESTER, VA 23061

(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 3/1/22 through 3/3/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare standard survey was conducted 3/1/22 through 3/3/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this 55 certified bed facility was 50 at the time of the survey. The survey sample consisted of 23 resident reviews and 5 staff reviews.	F 000		
F 574 SS=D	Required Notices and Contact Information CFR(s): 483.10(g)(4)(i)-(vi) §483.10(g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section; (B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act.	F 574		4/15/22

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

Electronically Signed | 03/18/2022

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F 574	Continued From page 1 (C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and (D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.) (iii) Information regarding Medicare and Medicaid eligibility and coverage; (iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program;	F 574		

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F 574	Continued From page 2 (v) Contact information for the Medicaid Fraud Control Unit; and (vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the facility staff failed to provide required postings, including a list of names, addresses, and telephone numbers for State Agencies and advocacy groups which are accessible and understandable for the resident population for one of three buildings (Heron 2). The findings included: During this surveyor's initial tour of the facility on 3-1-22 observations included all resident rooms and common areas of one of three all inclusive neighborhood buildings. No posting which listed the required names, addresses, and telephone numbers for State Agencies and advocacy groups which are accessible and understandable for the resident's could be found. LPN B (Licensed Practical Nurse) was asked where the posting could be found, and she stated it had fallen off of the wall and broken, and it had not as yet been replaced. When asked how long ago that happened, she stated she could not remember, and further stated "it was awhile ago." On 3-2-22 the LPN unit Manager was asked	F 574	F- 574 Required Notices and Contact Information CFR(s): 483.10(g)(4)(i)-(vi) State Tag – 12VAC5-371-150 (C) 1. Administration replaced the required postings, including a list of names, addresses, and telephone numbers for State Agencies and Advocacy group on 03/2/2022. 2. 100% audit on the nursing units of the required postings of State Agencies and Advocacy groups was conducted. 3. Administrator/designee will educate the leadership team on the required postings and proper procedures for reporting broken or missing postings of State Agencies and Advocacy groups by 03/31/2022. 4. Will audit all units for the required postings weekly for 8 weeks. The results of the audits will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. 5. All corrective actions will be completed by April 15, 2022.	

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F 574	Continued From page 3 about the posting, and she stated they were going to replace it immediately. On 3-3-22 at the time of survey exit, the posting had still not been replaced. The Administration was made aware of the findings and had nothing further to add.	F 574		
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is	F 582		4/15/22

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F 582	Continued From page 4 reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review and clinical record review, the facility staff failed to continue skilled care services following the issuance of a SNF ABN (skilled nursing facility advance beneficiary notice), when the Resident's representative selected to continue services and they would pay for them, for one Resident (Resident #15) in a sample of 3 Residents selected for review of ABN notices. The findings included: Resident #15, was admitted to the facility on 11/30/21, for skilled care services following hospitalization.	F 582	F- 582 Medicare/Medicaid Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) 1. Social Worker spoke with resident #15 who declined further skilled services on 03/03/2022. 2. 100% audit of all current residents who received ABN's in the last 30 days for clarification of resident care preferences. 3. Director of Clinical Reimbursement/designee will educate all social workers and other clinical leaders on appropriate issuance of SNF ABN notices by 03/31/2022. 4. Will audit 2 ABN's weekly for 8 weeks	

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F 582	Continued From page 5 On 12/15/21, Resident #15's responsible party (RP) was issued an ABN notice to notify them that skilled care services, to include physical therapy (PT) and occupational therapy (OT), would be ending. This notice also informed Resident #15 that as of 12/18/21, the Resident would no longer qualify for skilled care. The RP for Resident #15 selected option 2 on the ABN. This option read, "I want the care listed above. I understand that I may be billed now because I am responsible for payment of care. I cannot appeal because Medicare won't be billed". Review of the clinical record revealed that PT and OT services ended, despite the RP for Resident #15 indicating they wanted the Resident to continue to receive services [PT and OT] and agreeing to pay for such services. PT ended 12/17/21, and OT ended 12/17/21. On 3/2/22 at 3:26 PM, an interview was conducted with Employee F, the discharge planner. Employee F said that her supervisor had trained her last month, in February because she had been doing the ABN forms wrong. Employee F said she thought they were indicating they wanted the custodial care and not that they wanted to continue with the skilled services. Employee F went on to say, "It makes sense now, I was doing it wrong". On 3/2/22 at 4:41 PM, an interview was conducted with Employee G, the Regional Therapy Director. Employee G was asked about what it meant if someone selected option 2 on an ABN. Employee G said, "We would bill them privately for that therapy. If that happens, we do	F 582	for accuracy of resident care preferences. The results of the audits will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. 5. All corrective actions will be completed by April 15, 2022.	

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F 582	Continued From page 6	F 582		

education with the patient and family on why Medicare denied and why we don't see that it is clinically appropriate and discuss restorative nursing and other things that may be more appropriate". Employee G said if this conversation is held, it would be charted. Employee G was given Resident #15's name and asked if she saw any such documentation and if the family changed their mind. Employee G agreed to review the chart and let Surveyor F know if she found such documentation. Employee G didn't follow-up with any additional information before the conclusion of the survey.

On 3/3/22, the facility Administrator provided Surveyor F with documents of training they received with regards to ABNs. This information gave the following explanation that read, "Option 2: I want to stay and I don't want to appeal".

The facility policy titled, "- Notification of Non-Coverage: Medicare Part A Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN)" was reviewed. This policy read, "...The SNF Advanced Beneficiary Notice (SNFABN) will continue to be issued on two occasions: ...2. Discharge: All residents who are discharged from Medicare Part A without utilizing their 100 day benefit and remain in the building must be issued an SNFABN. This may be issued to the resident or resident representative (RR) and must have a signature with date completed on or before the date of discharge. This includes SNF to hospice..."

The facility policy regarding the SNFABN, gave no direction to the facility on how to respond in the instance that a Resident selected option 2, other than directing the staff to reference the

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F 582	Continued From page 7	F 582		

CMS (Centers for Medicare and Medicaid Services) website.

A review of the CMS website was conducted. CMS provided the following guidance: "The SNFABN provides information to the beneficiary so that s/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. SNFs must use the SNFABN when applicable for SNF Prospective Payment System services (Medicare Part A)....." Regarding the options Residents have to choose from, CMS defines option 2 as, "...OPTION 2. This option allows the beneficiary to receive the non-covered items and/or services and pay for them out of pocket. No claim will be filed and Medicare will not be billed. Thus, there are no appeal rights associated with this option..." Accessed online at: https://www.cms.gov/Medicare/Medicare-General-Information/BNI

Additional information from CMS stated, "Option 2: You want the items or services that may not be paid for by Medicare, but you don't want your provider or supplier to bill Medicare. You may be asked to pay for the items or services now, but because you ask your provider or supplier to not submit a claim to Medicare, you can't file an appeal." This information was accessed online 3/3/22, at https://www.medicare.gov/claims-appeals/your-medicare-rights/advance-beneficiary-notice-of-noncoverage

The Administrator was informed on 3/2/22 and 3/3/22, during end of day meetings of the concern regarding Resident #15.

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F 582	Continued From page 8 No further information was provided.	F 582		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions	F 880		4/15/22

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F 880	Continued From page 9 to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on Observation, staff interview, clinical record review, and facility document review, the facility staff failed to perform handwashing, and gloving during medication pour and pass observations to prevent the spread of infection, for two Residents (Resident #31, and #19) in a survey sample of 15 residents observed receiving medications.	F 880	F- 880 Infection Prevention & Control CFR(s); 483.80(a)(1)(2)(4)(e)(f) State 12VAC5-371-180-(A) 1. Clinical Educator immediately educated the staff member on proper handwashing and gloving during a medication pass on 03/02/2022. 2. All clinical staff will be audited on	

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F 880	Continued From page 10 The findings included: 1) LPN B filled a syringe and administered oral liquid Morphine pain medication without applying gloves. 2) LPN B did not wash her hands for a sufficient amout of time to prevent the spread of infection, 3) turned off the water faucet of the sink with ungloved bare hands which had been turned on with soiled hands. 4) LPN B then handled the now recontaminated oral syringe with bare hands placing it back in the medication cart and continued to prepare medications for the next resident. Resident #31's diagnoses included; second story fall with Paralysis, pain, and stage 4 pressure ulcer. Resident #19's diagnoses included; Osteoarthritis and pain. Resident #31 was observed on 3-1-22 at 11:30 AM. laying on an alternating pressure air bed, resting with eyes closed, and easily aroused. The Resident stated in a soft voice that he was experiencing pain. During observations of Medication pour and pass administration on 3-1-22 at 11:30 a.m., LPN B prepared and administered Morphine oral liquid pain medication to Resident #31 with bare hands. After administration of the medication, Licensed Practical Nurse LPN B went to the sink in the Resident's room and turned on the water faucet with her bare hands holding the contaminated oral syringe. LPN B washed the oral syringe in water only, with her ungloved bare hands in the room sink of Resident #31 for appoximately 3-5	F 880	proper handwashing and use of gloves during medication administration. 3. Clinical Educator/designee will educate clinical team on performing handwashing and gloving during medication pour and pass. 4. The results of the audits will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous analysis. 5. All corrective actions will be completed by April 15, 2022.	

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F 880	Continued From page 11	F 880		

seconds. LPN B dried her hands with a paper towel, threw the paper towel in the trash can by the sink and turned the water handle off, (while holding the syringe the entire time), with her ungloved bare hands. LPN B then returned the syringe to a drawer in the medication cart with her ungloved bare hands. LPN B then proceeded to Resident #19's room and prepared Tylenol medication for Resident #19 with ungloved bare hands and did not further sanitize her hands.

On 3-1-22 at 5:00 PM, LPN B, and the LPN (C) Unit Manager, was informed of LPN B's failure to maintain a safe and sanitary environment to prevent the spread of infections such as Covid-19 by not washing hands long enough, nor using soap after handing an oral syringe with bare hands which had been in the mouth of Resident #31, and not using gloves when coming into contact with the mucus membranes of Resident #31, and prior to administering Resident #19's oral medication.

The unit Manager LPN C was asked what infection control reference and guidlines were used in the facility, and she responded "CDC" (Centers for Disease Control).

CDC Guidelines instruct the following excerpts;

"Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur."

"Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before

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F 880	Continued From page 12 eating, and after using the restroom." On 3-2-22 at 5:00 PM, the facility administrator and Director of Nursing were informed of the findings at the end of day debrief. At that time it was re-iterated by the Administration that CDC guidelines were the infection control reference used for the facility.	F 880		