

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER SPRINGTREE HEALTHCARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3433 SPRINGTREE DRIVE ROANOKE, VA 24012		
(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 COVID-19 Focused Infection Control Survey was conducted 10/12/21 through 10/14/21.	E 000			
F 000	INITIAL COMMENTS The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. An unannounced COVID-19 Focused Infection Control Survey and Medicare/Medicaid Complaint Survey was conducted 10/12/21 through 10/14/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two (2) complaints were investigated during the survey.	F 000			
F 761 SS=D	On 10/12/21, the census in this 120 certified bed facility was 93. Of the 93 current residents, 18 residents were positive for COVID-19. Two (2) staff members were also positive. The survey sample consisted of ten (10) current residents and two (2) closed record reviews. Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		11/28/21	

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

TITLE

(X6) DATE

Electronically Signed

11/24/2021

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 761	<p>Continued From page 1</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to ensure medications were secure and stored in locked compartments.</p> <p>The findings included:</p> <p>For Resident #2, the facility staff failed to ensure the resident's medications were secure and stored in a locked area. 15 individual loose pills and a packet of Miralax were observed in the resident's wash basin located on an over-bed table in the resident's room.</p> <p>Resident #2's diagnosis list indicated diagnoses, which included, but not limited to Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease Unspecified, Unspecified Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure, Major Depressive Disorder Recurrent Unspecified, and</p>	F 761	<p>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.</p> <p>F761</p> <ol style="list-style-type: none"> 1. The loose pills and Miralax packet in Resident #2's room were removed and discarded during the survey in the presence of surveyor. 2. Current Resident rooms were 		

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F 761	<p>Continued From page 2</p> <p>Unspecified Mood (Affective) Disorder.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 9/24/21 assigned the resident a BIMS (brief interview for mental status) score of 11 out of 15 in section C, Cognitive Patterns.</p> <p>On 10/14/21 at 8:53 am, while speaking with Resident #2 in their room, surveyor observed a loose white pill in a small, clear, open container. The resident picked up the small container and placed it in a wash basin located on their over-bed table. An unopened packet of Miralax and additional loose pills were observed in the resident's wash basin. Surveyor asked Resident #2 why the pills were in their wash basin and they stated "I don't know". The resident further stated "that's dangerous, you're not supposed to take other peoples medicine". At 8:57 am, LPN (licensed practical nurse) #1 entered the resident's room and observed the resident's wash basin with the loose pills and unopened packet of Miralax. LPN #1 removed the wash basin and its contents from the resident's room. In the presence of the surveyor, LPN #1 removed 15 loose pills and the unopened packet of Miralax from the wash basin and discarded the medications. The 15 loose pills included 7 orange capsules, 1 large round white tablet, 3 off-white capsules, 2 round orange tablets, 1 large brown tablet, and 1 small round white tablet. LPN #1 stated Resident #2 took their medications this morning. At 9:04 am, surveyor notified the DON (director of nursing) of the observation of the 15 loose pills and the packet of Miralax in Resident #2's room.</p> <p>Surveyor requested and received the facility</p>	F 761	<p>observed to ensure no presence of unsecured medications. Any issues were corrected at the time of identification.</p> <p>3. Current licensed nursing staff were educated regarding medication storage requirements. Nursing leadership or designee will observe medication storage areas weekly X4 weeks to ensure properly secured and will observe a 10% sample of current Residents' rooms weekly X4 weeks to ensure no presence of unsecured medications in rooms. Any issues will be corrected at the time of identification.</p> <p>4. Process will be reviewed in next quarterly QAPI meeting.</p> <p>5. 11-28-21</p>		

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F 761	Continued From page 3 policy entitled, "Storage of Medications" which states in part "Medications and biologicals are stored safely, securely, and properly, following manufacture's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications". On 10/14/21 at approximately 9:45 am, surveyor met with the administrator, DON, and Regional Nurse Consultant and discussed the concern of the observation of the loose pills and Miralax packet in Resident #2's room. No further information regarding this issue was presented to the surveyor prior to the exit conference on 10/14/21.	F 761			
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the	F 883		11/28/21	

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F 883	<p>Continued From page 4</p> <p>following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff</p>	F 883	<p>F883</p> <p>1. Residents #3 and #5 no longer reside</p>		

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F 883	<p>Continued From page 5</p> <p>failed to offer the pneumonia vaccine for 2 of 10 residents in the survey sample, Resident #3 and #5.</p> <p>The findings included:</p> <ol style="list-style-type: none"> For Resident #3, the facility staff failed to offer the resident a pneumonia vaccine. <p>Resident #3's diagnosis list indicated diagnoses, which included, but not limited to Encephalopathy Unspecified, Dysphagia Oropharyngeal Phase, Alcoholic Cirrhosis of Liver with Ascites, and Thrombocytopenia Unspecified.</p> <p>The most recent admission MDS (minimum data set) with an ARD (assessment reference date) of 9/17/21 assigned the resident a BIMS (brief interview for mental status) score of 4 out of 15 in section C, Cognitive Patterns. Section O, Special Treatments, Procedures, and Programs, was coded to indicate Resident #3's pneumococcal vaccination was not up to date and the pneumococcal vaccine was not offered to the resident.</p> <p>Surveyor reviewed Resident #3's clinical record and was unable to locate documentation of Resident #3's pneumococcal vaccination status or documentation of the vaccine being offered to the resident.</p> <p>Surveyor requested and received the facility policy entitled, "Influenza & Pneumococcal Vaccinations" which states in part, "Vaccination against pneumonia will be offered to Center patients as indicated". The policy further states "A Patient Pneumococcal Vaccine Tracking Log will be maintained by the Infection Preventionist.</p>	F 883	<p>in the facility.</p> <ol style="list-style-type: none"> Current Residents were reviewed to determine status of pneumonia vaccine. Those without updated vaccination status were corrected. Licensed nursing staff were educated regarding policy for offering pneumonia vaccine and maintaining current vaccination status. Nursing leadership or designee will review pneumonia vaccine tracking log weekly x 4 weeks to ensure current Residents have updated vaccination status. Any issues will be corrected at the time of identification. Process will be reviewed in next quarterly QAPI meeting. 11-28-21 		

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F 883	<p>Continued From page 6</p> <p>All patients' names are to be included on the Tracking Log. New patients' names will be placed on the log at the time of admission and offered the Pneumococcal vaccination if not received as indicated".</p> <p>On 10/13/21 at 2:30 pm, the RNC (Regional Nurse Consultant) stated they did not have documentation of Resident #3 being offered a pneumococcal vaccine. The RNC stated the facility will ensure the resident is offered the pneumococcal vaccine along with the upcoming flu vaccine.</p> <p>On 10/13/21 at 3:50 pm, the Administrator, Director of Nursing, and the RNC were notified of the concern of Resident #3 not being offered a pneumococcal vaccination since admission to the facility.</p> <p>No further information regarding this issue was presented to the surveyor prior to the exit conference on 10/14/21.</p> <p>2. For Resident #5, the facility staff failed to offer the resident a pneumonia vaccine.</p> <p>Resident #5's diagnosis list indicated diagnoses, which included, but not limited to Sprain of Unspecified Ligament of Left Ankle, COVID-19, Malignant Neoplasm of Uterus Part Unspecified, and Type 2 Diabetes Mellitus without Complications.</p> <p>Resident #5's Admission Assessment/Screening dated 10/04/21 coded the resident as being alert, oriented to person, place, and time with intact cognition.</p>	F 883			

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F 883	<p>Continued From page 7</p> <p>Resident #5's physician's orders included an active order dated 10/04/21 stating "Pneumonia Vaccine per Protocol". Surveyor reviewed Resident #5's clinical record and was unable to locate documentation of Resident #5's pneumococcal vaccination status or documentation of the vaccine being offered to the resident.</p> <p>Surveyor requested and received the facility policy entitled, "Influenza & Pneumococcal Vaccinations" which states in part, "Vaccination against pneumonia will be offered to Center patients as indicated". The policy further states "A Patient Pneumococcal Vaccine Tracking Log will be maintained by the Infection Preventionist. All patients' names are to be included on the Tracking Log. New patients' names will be placed on the log at the time of admission and offered the Pneumococcal vaccination if not received as indicated".</p> <p>On 10/13/21 at 2:30 pm, the RNC (Regional Nurse Consultant) stated they did not have documentation of Resident #5 being offered a pneumococcal vaccine. The RNC stated the facility will ensure the resident is offered the pneumococcal vaccine along with the upcoming flu vaccine.</p> <p>On 10/13/21 at 3:50 pm, the Administrator, Director of Nursing, and the RNC were notified of the concern of Resident #5 not being offered a pneumococcal vaccination since admission to the facility.</p> <p>No further information regarding this issue was presented to the surveyor prior to the exit conference on 10/14/21.</p>	F 883			

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