

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

PRINTED: 04/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2022
NAME OF PROVIDER OR SUPPLIER HARRISONBURG HLTH & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 3/23/2022 through 3/24/2022. One complaint was investigated during the survey. Complaint #VA00054711 was substantiated with deficient practice. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 180 certified bed facility was 169 at the time of the survey. The survey sample consisted of ten current resident reviews and one closed record review.	F 000			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a	F 655			4/8/22

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

TITLE

(X6) DATE

Electronically Signed

04/01/2022

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 655	<p>Continued From page 1</p> <p>comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review and complaint investigation, the facility staff failed to develop a baseline care plan for one of eleven residents in the survey sample, Resident #11. Resident #11 had no baseline care plan regarding prohibited smoking due to oxygen use.</p> <p>The findings include:</p> <p>Resident #11 was admitted to the facility with diagnoses that included emphysema, acute respiratory failure, COPD (chronic obstructive pulmonary disease), pneumonitis, metabolic encephalopathy, hypertension, benign prostatic hyperplasia and cerebral infarction. A nursing assessment dated 8/11/21 assessed Resident #11 as alert and oriented to person, place, time</p>	F 655	<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>F655=</p>		

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F 655	<p>Continued From page 2</p> <p>and situation and listed the resident as a current smoker.</p> <p>Resident #11's closed clinical record documented a physician's order dated 8/11/21 for oxygen administered at 4 liters per minute (lpm) continuously via nasal cannula.</p> <p>A nursing note dated 8/12/21 at 10:45 a.m. documented notification to the nurse practitioner (NP) of Resident #11's desire to smoke. This note documented, "...Resident is currently on 4L (liters) of O2 (oxygen) via NC (nasal cannula), and becomes SOB (short of breath) quickly when O2 is removed... (NP) stated that it is not medically safe for resident to smoke d/t (due to)... (Resident #11) requiring 4L of oxygen..."</p> <p>A nursing note dated 8/12/21 at 2:30 p.m. documented, "...This writer explained to daughter that it is absolutely not safe to smoke while wearing oxygen and (Resident #11) would not be allowed to do such while in the facility...This writer explained to daughter that the provider and the management team had assessed the situation...previously in the day and the decision had been made that (Resident #11) is not safe to smoke currently and to wear a nicotine patch would be the option currently..."</p> <p>Resident #11's baseline care plan (dated 8/12/21) included no problems, goals and/or interventions regarding smoking, use of the nicotine patch or the prohibited smoking due to oxygen use. The baseline care plan listed the resident used oxygen due to COPD but included no interventions related to the resident's smoking status.</p>	F 655	<p>1- Resident #11 no longer a resident in the center.</p> <p>2- An audit of current residents in the center who smoke, who also use oxygen, will be conducted to ensure care plans, including baseline care plans, are up to date to reflect current smoking status.</p> <p>3- Licensed Nurses will be educated by the Director of Nursing/Designee on the admission process for new residents who smoke, to ensure the smoking assessment, is completed and the baseline care plan reflects the residents' smoking status and the prohibiting of smoking when resident requires oxygen.</p> <p>4- DON/designee will audit new admission charts during clinical meeting 5x weekly to ensure the smoking assessment has been completed and the baseline care plan reflects the resident's smoking status and the prohibiting of smoking if the resident requires oxygen.</p> <p>5- The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the audits will be conducted on a random basis. The Administrator/DON are responsible for implementation of the plan of correction.</p> <p>Date of compliance 4/8/2022.</p>		

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F 655	Continued From page 3 On 3/23/22 at 1:40 a.m., the registered nurse unit manager (RN #1) was interviewed about the protocol for baseline care plans. RN #1 stated the admitting nurse initiated the baseline care plan based upon the admission assessment. RN #1 stated oxygen use and concerns regarding smoking were typically part of the baseline plan. On 3/23/22 at 1:20 p.m., the director of nursing (DON) was interviewed about Resident #11's baseline care plan. The DON stated the resident's prohibited smoking due to oxygen use and interventions implemented related to the resident's smoking history had not been included on the baseline care plan. The nurse that completed Resident #11's admission assessment on 8/11/21 and initiated the baseline care plan was not available for interview, as she no longer worked at the facility. This finding was reviewed with the administrator and director of nursing during a meeting on 3/23/22 at 4:25 p.m.	F 655			
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 684			4/8/22

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F 684	<p>Continued From page 4</p> <p>Based on staff interview, clinical record review and complaint investigation, the facility staff failed to follow physician orders for one of eleven residents in the survey sample, Resident #11. Resident #11 was not administered a nicotine patch for smoking cessation as ordered by the provider for five consecutive days.</p> <p>The findings include:</p> <p>Resident #11 was admitted to the facility with diagnoses that included emphysema, acute respiratory failure, COPD (chronic obstructive pulmonary disease), pneumonitis, metabolic encephalopathy, hypertension, benign prostatic hyperplasia and cerebral infarction. A nursing assessment dated 8/11/21 assessed Resident #11 as alert and oriented to person, place, time and situation. This assessment listed the resident as a current smoker.</p> <p>Resident #11's closed clinical record documented a nursing note on 8/12/21 about the resident's desire to smoke and his oxygen use. The nursing note dated 8/12/21 at 10:45 a.m. documented, "Spoke with (nurse practitioner) NP (other staff #1) and (NP - other staff #2), regarding resident's wishes to smoke. Resident is currently on 4L (liters) of O2 (oxygen) via NC (nasal cannula), and becomes SOB (short of breath) quickly when O2 is removed... (NP - other staff #1) stated that it is not medically safe for resident to smoke d/t (due to)... (Resident #11) requiring 4L of oxygen. (NP - other staff #1) stated that she would order a nicotine patch..."</p> <p>A nursing note dated 8/12/21 at 2:30 p.m. documented, "...This writer explained to daughter that it is absolutely not safe to smoke while</p>	F 684	<p>F684</p> <p>1- Resident # 11 is no longer a resident in the center.</p> <p>2- Current residents who smoke have the potential to be affected. A review of the last 30 days was conducted for residents with orders for a nicotine patch to ensure the patch had been applied as ordered.</p> <p>3- Licensed Nurses will be educated by the DON/ Designee on the 5 R(s) of medication administration to ensure medications are administer as ordered including the application of the nicotine patch.</p> <p>4- DON/designee will observe 3 nurses per week during medication administration to ensure the 5 R(s) of medication administration are followed. In addition, the missed medication report will be reviewed in clinical meeting 5x weekly to ensure medications are administer as ordered including nicotine patches.</p> <p>5- The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the audits will be conducted on a random basis. The Administrator/DON are responsible for implementation of the plan of correction. The Administrator/DON are responsible for implementation of the plan of correction.</p> <p>Date of compliance 4/8/2022.</p>		

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F 684	<p>Continued From page 5</p> <p>wearing oxygen and (Resident #11) would not be allowed to do such while in the facility. Explained to daughter that the provider was writing an order for a nicotine patch...This writer explained to daughter that the provider and the management team had assessed the situation...previously in the day and the decision had been made that (Resident #11) is not safe to smoke currently and to wear a nicotine patch would be the option currently..."</p> <p>Resident #11's clinical record documented a physician's order dated 8/12/21 for Nicotine Step 1 Patch 21 milligrams/24 hours with instructions to apply 21 mg (milligrams) transdermal every 24 hours for two weeks for treatment of nicotine dependence. Resident #11's medication administration record (MAR) documented no administration of the nicotine patch. The MAR spaces for the patch were blank from 8/12/21 through 8/17/21. There were no nursing or MAR notes explaining why the nicotine patch was not administered. There was no documentation or coding indicating the resident refused the prescribed patch.</p> <p>On 3/24/22 at 9:00 a.m., the director of nursing (DON) was interviewed about the nicotine patch not administered to Resident #11. After reviewing the clinical record, the DON stated she did not know why Resident #11's nicotine patch was not applied. The DON stated the nicotine patch was a house stock item and was usually available because it did not require delivery from the pharmacy. The DON stated if the resident refused the patch, nobody documented the refusal. The DON stated the nicotine patch was not administered and she did not know why.</p>	F 684			

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F 684	Continued From page 6 This finding was reviewed with the administration and DON on 3/24/22 at 9:20 a.m.	F 684			
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review and clinical record review, the facility staff failed to implement safety interventions for safe storage of smoking supplies for four of 11 residents in the survey sample. Residents #4, #7, #2 and #5 had cigarettes and/or lighters stored in their rooms when smoking assessments and care plans required facility storage of the supplies. Findings include: 1. Resident #4 was admitted to the facility with diagnoses that included, anxiety disorder, major depression, and COPD (chronic obstructive pulmonary disease). Resident #4's most current MDS (minimum data set) was a quarterly assessment dated 01/31/22. This MDS assessed the resident with a cognitive score of 10, indicating the resident had moderate impairment in daily making skills. Section J.1300. assessed Resident #4 as a current tobacco user	F 689	F689 1- Residents #4, 7, 2, and #5 were reassessed and deemed safe to manage their own smoking supply storage. 2- A review of current residents in the center who smoke was conducted to ensure based on their current smoking assessment, the smoking supplies are stored in such a manner as indicated on their smoking assessment. 3- Licensed nurses will be educated by the DON/designee on ensuring smoking assessments are complete and assesses the resident's current ability to safely store smoking supplies. 4- DON/designee will review new admissions who smoke in clinical meeting 5x weekly to ensure the smoking assessment was completed and it accuracy demonstrates the resident's ability to safely store their own smoking supplies.		4/8/22

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F 689	<p>Continued From page 7</p> <p>on the most recent full MDS assessment dated 08/25/21.</p> <p>Smoking assessments completed on 11/29/21 and 03/23/22 documented, "...8. Does resident need facility to store lighter and cigarettes?...Yes..."</p> <p>On 03/23/22 at 4:00 PM, Resident #4 was interviewed. Resident #4 was asked who stored the smoking supplies such as, cigarettes, lighter and matches. Resident #4 stated that the supplies were kept with the resident and in the resident's room. Resident #4 had one cigarette in a pack laying on the nightstand and then pulled a partial pack of cigarettes, along with a lighter from a jacket pocket.</p> <p>On 03/23/22, the director of nursing (DON), corporate nurse and administrator were made aware of concerns in a meeting with the survey team. The DON stated that residents who are assessed as safe smokers can carry their smoking supplies during the day and evening, but the supplies are supposed to be locked up by the nurse at night. The DON stated that she would find out what was accurate for Resident #4.</p> <p>Resident #4's current comprehensive care plan documented, "... The resident's smoking supplies are stored with nursing...The resident can smoke UNSUPERVISED..."</p> <p>On 03/24/22 at 8:00 AM, the DON stated that they allow residents to keep their supplies on them during the day and evening, and then they are locked up at night. The DON was asked about Resident #4 and what the resident's smoking assessment and care plan documented</p>	F 689	<p>5- The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the audits will be conducted on a random basis.</p> <p>6- The Administrator/DON are responsible for implementation of the plan of correction.</p> <p>Date of compliance 4/8/2022.</p>		

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F 689	<p>Continued From page 8</p> <p>about having nursing store smoking supplies for Resident #4. The DON stated that she believed it was an inaccurate assessment, that Resident #4 is a safe smoker, and therefore would be allowed to have smoking materials during the day and evening, but have them locked at night.</p> <p>No further information and/or documentation was presented prior to the exit conference on 03/24/22 at 9:45 AM.</p> <p>2. Resident #7 was admitted to the facility with diagnoses that included, anemia, high blood pressure, major depression, and shortness of breath.</p> <p>Resident #7's most recent MDS was a quarterly assessment dated 02/24/22. The resident was assessed with a cognitive score of 7 indicating severe impairment in daily decision-making skills. Section J.1300 assessed Resident #7 as a current tobacco user on the most recent full MDS dated 09/06/21.</p> <p>Smoking assessments completed on 09/05/21 and 03/23/22 documented, "...8. Does resident need facility to store lighter and cigarettes?...Yes..."</p> <p>On 03/23/22 at 4:05 PM, Resident #7 was observed smoking a cigarette in the smoking area. Resident #7 was asked about smoking and where the resident's smoking supplies were stored. Resident #7 stated that the supplies were kept by the resident and that nursing did not store the supplies for Resident #7.</p> <p>On 03/23/22, the DON, corporate nurse and administrator were made aware of concerns in a</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>meeting with the survey team. The DON stated that residents who are assessed as safe smokers can carry their smoking supplies during the day and evening, but the supplies are supposed to be locked up by the nurse at night. The DON stated that she would find out what was accurate for Resident #7.</p> <p>The resident's current comprehensive care plan was reviewed and documented, "... The resident's smoking supplies are given to nursing to store...The resident can smoke UNSUPERVISED..."</p> <p>On 03/24/22 at 8:00 AM, the DON stated that they allow residents to keep their supplies on them during the day and evening and then they are locked up at night. The DON was asked about Resident #7 and what the resident's smoking assessment and care plan documented about having nursing store smoking supplies for the resident. The DON stated that she believed it was an inaccurate assessment, that Resident #7 is a safe smoker, and therefore would be allowed to have smoking materials during the day and evening, but have them locked at night.</p> <p>No further information and/or documentation was presented prior to the exit conference on 03/24/22 at 9:45 AM.</p> <p>3. Resident #5 was admitted to the facility with diagnoses that included hypertension, emphysema, chronic respiratory failure with hypoxia, COPD (chronic obstructive pulmonary disease), diabetes, arteriosclerotic heart disease, chronic kidney disease, major depressive disorder, anxiety, peripheral vascular disease and cerebrovascular disease. The minimum data set (MDS) dated 12/14/21 assessed Resident #5 as</p>	F 689			

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F 689	<p>Continued From page 10 cognitively intact.</p> <p>On 3/23/22 at 8:15 a.m., Resident #5 was observed independently smoking a cigarette in the outdoor courtyard. On 3/23/22 at 8:30 a.m., Resident #5 returned to her room with a pack of cigarettes and lighter in hand. On 3/23/22 at 8:35 a.m., Resident #5 was in her room with the cigarettes and lighter on the top of the bed covers. Resident #5 was interviewed at this time about storage of the cigarettes and lighter. Resident #5 stated she routinely kept the cigarettes and lighter in her room and stored them in the drawer of her bedside table when not in use.</p> <p>Resident #5's clinical record documented smoking safety evaluations dated 11/29/21 and 3/23/22. Both assessments documented the facility needed to store the resident's lighter and cigarettes. Item 8. on the form documented, "Does resident need facility to store lighter and cigarettes?...Yes..."</p> <p>Resident #5's plan of care (revised 3/23/22) documented the resident routinely smoked. Interventions to prevent injury from unsafe smoking included, "...The resident's smoking supplies are given to nurse to lock up."</p> <p>4. Resident #2 was admitted to the facility with diagnoses that included atherosclerotic heart disease, peripheral vascular disease, diabetes, emphysema, hypertension, chronic pain syndrome and hyperlipidemia. The minimum data set (MDS) dated 12/12/21 assessed Resident #2 as cognitively intact.</p> <p>On 3/23/22 at 8:50 a.m., Resident #2 was</p>	F 689			

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

PRINTED: 04/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2022
NAME OF PROVIDER OR SUPPLIER HARRISONBURG HLTH & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
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F 689	<p>Continued From page 11</p> <p>interviewed about smoking and storage of the supplies. Resident #2 stated she smoked frequently during the day when she had cigarettes. Resident #2 stated she currently had no cigarettes but when she had a supply, she stored them and the lighter in her room. Resident #2 retrieved a pouch from her closet. The pouch contained a lighter and an empty pack of cigarettes. Resident #2 stated she routinely kept the lighter and cigarettes in the closet when not smoking.</p> <p>Resident #2's clinical record documented smoking safety evaluations dated 11/29/21 and 3/23/22. Both assessments documented the facility needed to store the resident's lighter and cigarettes. Item 8. on the form documented, "Does resident need facility to store lighter and cigarettes?...Yes..."</p> <p>Resident #2's plan of care (revised 3/23/22) documented the resident was a smoker. Included in interventions to prevent injury from unsafe smoking was, "...The resident's smoking supplies are stored with nursing."</p> <p>On 3/23/22 at 4:00 p.m., the licensed practical nurse (LPN #1) unit manager caring for Residents #2 and #5 was interviewed. LPN #1 stated Residents #2 and #5 kept their cigarettes and lighters with them during the day. LPN #1 stated the smoking supplies were supposed to be locked at night. LPN #1 stated Residents #2 and #5 smoked frequently during the day so kept the cigarettes and lighter with them or in their rooms.</p> <p>On 3/24/22 at 8:05 a.m., the director of nursing (DON) was interviewed about storage of smoking supplies for Residents #2 and #5. The DON</p>	F 689			

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F 689	<p>Continued From page 12</p> <p>stated the residents were assessed as independent smokers were allowed to keep their supplies during the day and evening but the supplies were supposed to be locked at night. The DON stated Residents #2 and #5 were alert and oriented and the assessments requiring facility storage of the cigarettes/lighter were possibly inaccurate.</p> <p>On 3/24/22 at 8:55 a.m., the DON stated smoking items for all residents were supposed to be locked at night. The DON stated she did not realize the care plans had been updated indicating facility required storage of cigarettes/lighter for Residents #2 and #5.</p> <p>The facility's policy titled Patient Smoking (effective 11/1/19) documented, "...All instruments that causes a spark or a flame (igniting products) will be kept in a locked location..." (sic)</p> <p>These findings were reviewed with the administrator and director of nursing during a meeting on 3/23/22 at 4:25 p.m.</p>	F 689			