

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: 495405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2019
NAME OF PROVIDER OR SUPPLIER SUMMIT SQUARE			STREET ADDRESS, CITY, STATE, ZIP CODE 501 OAK AVENUE WAYNESBORO, VA 22980		
(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 6/4/19 through 6/5/19. The facility's Emergency Preparedness Plan was reviewed and found to be in compliance with CFR 483.73, the Federal requirements for Emergency Preparedness in Long Term Care facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 06/04/19 through 06/05/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints was investigated during this survey.	F 000			
F 641 SS=D	The census in this 18 certified bed facility was 18 at the time of the survey. The survey sample consisted of 8 current resident reviews and two closed record reviews. Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on clinical record review, resident interview and staff interview, the facility staff failed to ensure one of 10 residents in the survey sample (Resident #14), had a complete and accurate MDS (minimum data set). Findings include: Resident #14 was admitted to the facility on 1/30/17. Diagnoses for this resident included, but	F 641	1. The MDS was modified to correct the coding of Section C0100 to "yes" indicating that an interview should be conducted. The MDS section C0200 through C0400 was corrected to "not assessed, or no information" due to resident #14's refusal to participate. MDS section 0500 BIMS summary score was corrected to "not assessed, no information". The staff assessment was	6/30/19	

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

TITLE

(X6) DATE

Electronically Signed

06/20/2019

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 641	<p>Continued From page 1</p> <p>were not limited to: atrial fibrillation, high blood pressure, arthritis, anxiety disorder, congestive heart failure, depressive disorder, chronic kidney disease, and diabetes mellitus.</p> <p>Resident #14 had no BIMS (Brief Interview for Mental Status) Score in the LTCSP (long term care software program).</p> <p>A review of Resident #14's most current quarterly MDS assessment dated 3/5/19 was completed. In Section "C Cognitive Patterns C0100. Should Brief Interview for Mental Status be Conducted?" The facility documented "0" (No - resident is rarely/never understood). In Sections C Brief Interview for Mental Status C0200, C0300. (A. B. C.), C0400. (A. B. C.), and Section C0500. (BIMS Summary Score) all were blank.</p> <p>In Section C Cognitive Patterns C0600. "Should the Staff Assessment for Mental Status (C0700 - C1000) be conducted?" Section C0600. was blank. Section C0700. (short term memory) documented, "memory ok" and Section C0800. (long term memory) documented, "memory ok." Section C0900. (memory/recall ability) this section was marked that the resident was normally able to recall current season, location of own room, staff names and faces, and that the resident was in a nursing home. In Section C01000. Cognitive Skills for Daily Decision Making, the resident was assessed as "0" (independent for daily decision making skills).</p> <p>This MDS was further reviewed. In Section B. Hearing, Speech, and Vision it was documented that the resident was not in a coma, had adequate hearing, has clear speech, and is able to make self understood and has ability to</p>	F 641	<p>then completed because of resident refusal to participate.</p> <p>2. The MDS Coordinator will review the last quarter of MDS's for residents who are able to be interviewed to assure proper coding of section C and will make modifications as necessary by June 30, 2019.</p> <p>3. A. The Social Worker received additional training regarding accurately completing assessments. B. The MDS Coordinator will review all assessments for correlation/accuracy based on resident's condition.</p> <p>4. The Clinical Coordinator and the Director of Nursing will provide the quarterly oversight of the MDS's for the next twelve months to assure accuracy.</p> <p>5. The Director of Nursing will forward results of compliance to the Administrator and the QA Committee will monitor quarterly for one year.</p>		

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F 641	<p>Continued From page 2 understand others.</p> <p>On 6/4/19 at 10:30 AM, a group meeting was conducted with several residents, including Resident #14. Resident #14 was interviewed and participated in the group meeting, answering and asking questions appropriately.</p> <p>On 6/4/19 at 4:20 PM, the SW (social worker) who completed the cognitive section of this MDS was interviewed. The SW was asked why this resident did not have a cognitive score and why the cognitive section was completed as described above. The SW stated that the resident was sleepy and that the resident refused. The SW stated that if the residents refuse or if she makes three attempts she will put a zero in Section C0100., so that it will trigger in the next section for her to enter no impairments in Section C0700, C0800, and C0900. The SW stated that she made a note about the resident being sleepy.</p> <p>The SW note was presented. The note dated 3/5/19 documented, "...completed MDS interview with staff due to (name of resident) being sleepy and not wanting to be disturbed. Staff report that (name of resident) is able to recall recent and past events...has been tired for several days in the last two weeks. She has also been short tempered for half or more of the days in the last two weeks...signature of SW."</p> <p>Resident #14's CCP (comprehensive care plan) was reviewed and documented, "...anxiety...assess changes in mental status, assess and record behaviors, determine pattern of behavior (time of day, precipitating factors/situations)..."</p>	F 641			

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F 641	Continued From page 3 The Unit Manager and the administrator were made aware of the above findings. The administrator stated that, "it is simply a need for education" on completing the MDS accurately.	F 641			
F 744 SS=D	No further information and/or documentation was presented prior to the exit conference on 6/5/19. Treatment/Service for Dementia CFR(s): 483.40(b)(3) §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by: Based on staff interview, and clinical record review, the facility staff failed to develop a dementia care plan for one of 10 residents , Resident #12 The findings include: Resident #12 was admitted to the facility on 5/7/18. Diagnoses for Resident #12 included; Anxiety disorder, depression, obsessive compulsive behavior, Alzheimer's disease, and dementia. The most current MDS (minimum data set) was a initial assessment with an ARD (assessment reference date) of 5/20/19. Resident #12 was assessed with short and long-term memory problems with moderately impaired decision making skills. Review of Resident #12's medical record evidenced that Resident #12 had a diagnoses of dementia. A comprehensive MDS with an ARD of	F 744	1. The care plan for resident # 12 was updated and individualized by the MDS Coordinator with a dementia care plan. 2. A chart audit was done by the MDS Coordinator to assure every resident with a diagnosis of dementia has an individualized care plan for dementia. 3. The MDS Coordinator will have additional training in developing individualized care plans. 4. The Clinical Coordinator and the Director of Nursing will provide quarterly oversight of the MDS's for the next twelve months to assure accuracy. 5. The Director of Nursing will forward results of compliance to the Administrator and the QA Committee will monitor quarterly for one year.	6/30/19	

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F 744	<p>Continued From page 4</p> <p>5/20/19 section "V" indicated that Resident #12 would be care planned for cognitive loss for dementia.</p> <p>Review of Resident #12's medical record showed no evidence that a care plan was developed for dementia or cognitive concerns.</p> <p>On 06/05/19 at 9:34 AM, licensed practical nurse (LPN #1, unit manager) was interviewed. LPN #1 stated that she was responsible for creating resident care plans. LPN #1 reviewed Resident #12's care plan and stated that the cognitive/dementia care plan was probably missed due to being on a leave of absence from the facility at the time the care plan was developed.</p> <p>On 06/05/19 at 10:13 AM, the above information was presented to the administrator and unit manager's during a staff/surveyor meeting.</p> <p>No other information was presented prior to exit conference on 6/5/19.</p>	F 744			