

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

PRINTED: 04/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/21/2022
NAME OF PROVIDER OR SUPPLIER COVENANT WOODS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111		
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E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness Survey was conducted on 4/19/22 through 4/21/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. INITIAL COMMENTS	F 000	F 000		
F 700 SS=D	An unannounced Medicare standard survey was conducted 4/19/22 through 4/21/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 62 certified bed facility was 48 at the time of the survey. The survey sample consisted of 17 current resident reviews and 3 closed record reviews. Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions	F 700	This Plan of Correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Covenant Woods is committed to sustaining compliance with regulations.		

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

TITLE

(X6) DATE

Came Davis, LHA

Administrator

5/02/2022

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 700	<p>Continued From page 1</p> <p>are appropriate for the resident's size and weight.</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and facility document review, it was determined the facility staff failed to assess the risks and benefits of side rails for one of 20 residents in the survey sample, Resident #52.</p> <p>The findings include</p> <p>The facility staff failed to evidence that Resident #52 had the risks / benefits reviewed for her use of side rails.</p> <p>Resident #52 was observed in bed with bilateral half side rails on 4/19/22 at 1:10 PM, 2:48 PM, 4:15 PM and on 4/20/22 at 8:30 AM.</p> <p>Resident #52 was admitted to the facility on 4/1/22. Resident #52's diagnoses included but were not limited to: acute respiratory failure, chronic obstructive pulmonary disease 'COPD', atrial fibrillation and arthritis.</p> <p>Resident #52's most recent MDS (minimum data set) assessment, a Medicare 5 day assessment, with an assessment reference date of 4/8/22, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. MDS Section G- Functional Status: coded the resident as requiring extensive assistance for bed mobility, transfers, walking/locomotion, and dressing; personal</p>	F 700	<p>F 700</p> <ol style="list-style-type: none"> 1. Assessment and consent completed. 2. Audit of all residents with a side rail have a bed rail assessment and consent on their record. 3. Weekly audits will be completed by DON or designee to ensure assessments and consent are current to any change in the use of a siderail(s). 4. Results of audits will be reviewed monthly at QAPI meetings for three months and reported to QA. 	<p>20-Apr-22</p> <p>26-Apr-22</p> <p>03-Jun-22</p> <p>03-Jun-22</p>	

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F 700	<p>Continued From page 2</p> <p>hygiene/bathing Resident #52 is totally dependent and the resident is independent for eating.</p> <p>A review of Resident #52's comprehensive care plan dated 4/8/22, documents in part, "PROBLEMS-Turning/positioning in bed requires extensive assistance. INTERVENTIONS-Half side rails when in bed for repositioning and independence."</p> <p>A review of the physician orders dated 4/4/22, which revealed, "One-half side rails up when in bed to assist with repositioning and independence."</p> <p>An interview was conducted on 4/19/21 at 2:48 PM with Resident #52. When asked if she used the side rails, Resident #52 stated, yes, I use them to turn and move around in the bed.</p> <p>A request was made on 4/20/22 at approximately 10:00 AM for the bed rail assessment and consent for Resident #52.</p> <p>On 4/20/22 at 3:45 PM, an interview was conducted with OSM (other staff member) #1, the social worker stated, we do not have any assessment, consent of bed inspection for the rails for Resident #52.</p> <p>On 4/20/22 at 4:25 PM, an interview was conducted with LPN (licensed practical nurse) #2. When asked who assesses the resident and obtains consent for use of bed rails, LPN #2 stated, nursing does the initial assessment and obtains consent. I believe that therapy comes after that and does another assessment. When asked who and when the bed with the rails is inspected, LPN #2 stated, we have a</p>	F 700			

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F 700	Continued From page 3 computerized system for work orders for maintenance to come and do the rail checks. On 4/21/22 at 8:00 AM, ASM (administrative staff member) #2, the director of nursing brought in the requested information for Resident #52 and stated, we grabbed a screen shot of the work order for the bed rails for Resident #52 and here is the assessment and consent we obtained yesterday (4/20/22) for the resident. The facility's "Restraints (Including Side Rails)" policy dated 4/22, which reveals, "A pre-restraining assessment will be done: If the resident has a physician order for two full side rails or devices that prevent the resident from getting out of bed, a side rails assessment form will be completed in addition to the pre-restraint assessment." On 4/20/22 at 5:00 PM, ASM #1, the administrator and ASM #2, the director of nursing were informed of the above concern.	F 700			
F 814 SS=C	No further information was provided prior to exit. Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and facility document review, it was determined that the facility staff failed to dispose of refuse properly. The facility staff failed to maintain clean dumpster area during the facility task- kitchen observation 4/19/22 at 12:40 PM, for one of one	F 814			

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F 814	<p>Continued From page 4 dumpster.</p> <p>The findings include:</p> <p>On 4/19/22 at 12:40 PM, an observation was conducted in the dumpster area outside of the main kitchen, with OSM (other staff member) #3, the executive chef. Three plastic bags with garbage, two disposable gloves, paper trash and approximately one half cup of food debris were found around the dumpster. There were no other dumpsters.</p> <p>An interview was conducted on 4/19/22 at 12:40 PM with OSM #3, the executive chef. When shown the trash and food debris outside of the dumpster, and asked who is responsible for maintaining the area, OSM #3 stated, maintenance is responsible for cleaning up any debris around the dumpster. When asked how frequently the area is cleaned, OSM #3 stated, I believe they round daily out here.</p> <p>An interview was conducted on 4/20/22 at 12:50 PM with OSM #6, the environmental services and transportation manager, who stated, I am here to talk with you about the dumpster as the maintenance director is at a meeting. When asked who is responsible for maintaining a clean area around the dumpster, OSM #6 stated, maintenance has a staff person assigned to this area. There is a daily work order generated for ensure this area is kept clean.</p> <p>On 4/20/22 at 5:00 PM a request was made for any policy related to the dumpster.</p> <p>On 4/21/22 at 8:40 AM, ASM (administrative staff member) #1, the administrator, brought a draft</p>	F 814	<p>F 814</p> <ol style="list-style-type: none"> 1. Area was cleaned. 2. No residents were impacted. 3. All staff using the dumpster instructed to pick up dropped items or call Facilities for assistance. 4. The Director of Facilities or designee will observe area 4 times weekly for cleanliness and address as needed. 5. Results of observations will be reviewed monthly at QAPI meetings for three months and reported to QA. 	<p>19-Apr-22</p> <p>19-Apr-22</p> <p>06-May-22</p> <p>03-Jun-22</p> <p>03-Jun-22</p>	

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F 814	<p>Continued From page 5</p> <p>policy titled "Grounds Maintenance Protocol" dated 4/22 and stated, the maintenance department thought it would be better to have a policy to outline what is expected, so they drafted this policy. Usually they have this area clean in the morning. Here are some work order examples. ASM #1 provided work orders for the following dates of examples of the work order being in the system: 12/16/21, 1/14/22, 2/14/22, 3/10/22, 3/20/22, 4/15/22, 4/18/22, 4/19/22 and 4/20/22. The work order with the date of 4/19/22, had a completion time of 11:29 AM.</p> <p>The facility's "Ground Maintenance Policy" dated 4/22, "Maintain cleanliness of compactor and loading dock areas. Scheduled work order should be in place for the grounds man to maintain cleanliness of the compactor and recycling containers as well as the surrounding areas daily during the weekday. On the weekend, the janitor on duty will maintain these areas as part of his daily routine. Removal of trash and debris from compactor area/recycle/grease/smoking area/concrete pads."</p> <p>On 4/20/22 at 5:00 PM, ASM #1, the administrator and ASM #2, the director of nursing were informed of the above concern. No further information was provided prior to exit.</p>	F 814			