

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

PRINTED: 05/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/25/2019
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(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 revisit to the standard survey conducted 7/30/19 through 8/2/19 and continued 8/5/19 through 8/7/19, was conducted 9/24/19 through 9/25/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 7/30/19 through 8/2/19 and continued 8/5/19 through 8/7/19, was conducted 9/24/19 through 9/25/19. One complaint was investigated. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility	F 842			10/11/19

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

TITLE

(X6) DATE

Electronically Signed

10/09/2019

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 842	<p>Continued From page 1</p> <p>must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. 	F 842			

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F 842	<p>Continued From page 2</p> <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and staff interview it was determined facility staff failed to maintain an accurate medical record for one of 20 residents in the survey sample. Resident #116's electronic medical record contained Resident #115's discharge documentation.</p> <p>The findings include:</p> <p>The facility staff failed to ensure Resident #116's clinical record was free from another resident's information. Resident #115's discharge documentation was placed in Resident #116's clinical record.</p> <p>Resident #116 was admitted to the facility on 09/18/2018 with a readmission on 10/09/2017. Resident #116's diagnoses included but were not limited to dementia (1) and diabetes (2). Resident #116's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 08/26/2019, coded Resident #116 as scoring a 10 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 10- being moderately impaired for</p>	F 842	<p>The Laurels of University Park wishes to have this submitted plan of correction stand as its allegation of compliance. Our date of compliance is October 11, 2019.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory compliance.</p> <p>T Tag 842</p> <p>Resident #116: No negative outcomes occurred as a result of this alleged deficient practice. Misfiled paperwork has been removed from Resident #116's record and filed in the correct record</p> <p>Residents currently in the facility have the potential to be affected by this practice.</p>		

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F 842	<p>Continued From page 3 making daily decisions.</p> <p>Resident #115 was admitted to the facility on 06/20/2019 with a readmission on 08/22/2019 and discharge date of 09/23/2019. Resident #115's diagnoses included but were not limited to heart failure (3) and atrial fibrillation (4). Resident #115's most recent MDS (minimum data set), a 14 day scheduled assessment with an ARD (assessment reference date) of 09/05/2019, coded Resident #115 as scoring a 14 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 14- being cognitively intact for making daily decisions.</p> <p>Review of the electronic medical record for Resident #116 revealed a document titled "Facility discharge summary.pdf (portable document format), upload date 9/24/19, uploaded by [Name of OSM (other staff member) #1], effective date 9/24/19." Further review of the document revealed a scanned document containing 13 pages; pages one through four contained the facility document, "Interdisciplinary Discharge Summary." The document was observed to have Resident #115's name, room number and medical record number at the bottom of each page. Pages five through seven contained the facility document, "Post-Discharge Plan of Care." The document was observed to have Resident #115's name and medical record number at the top of each page and Resident #115's signature on page eight. Pages eight through twelve contained the facility document, "Medication Review Report." The document was observed to have Resident #115's name and medical record number at the top of each page. Page 13 of the document titled "Dialysis Treatment Center Information, 9/20/2019" was observed to have</p>	F 842	<p>The RCC or designee will educate the medical records department on ensuring that documents are scanned into the appropriate resident's record.</p> <p>The MDS Coordinator or designee will audit all current residents records to ensure that the appropriate residents information is scanned into the corresponding records.</p> <p>The MDS Coordinator or designee will audit 5 charts at random 5 times a week for 1 week, 3 times a week for 2 weeks, weekly for 4 weeks, and monthly for 3 months. Any variances will be corrected, and additional education and/or counseling will be provided as needed. Any concerns will be reported to the quality assurance committee until resolved.</p>		

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F 842	<p>Continued From page 4</p> <p>Resident #115's name and date of birth with information regarding the schedule for outpatient dialysis.</p> <p>On 9/25/19 at 10:37 a.m., an interview was conducted with OSM #1, medical records. When asked the process for getting outside records into the electronic medical record, OSM #1 stated that records from the nursing units are picked up every day and scanned as they are received. OSM #1 stated that she scans the records in as a group; she keeps the records in order when scanning them in. When asked how the records are sorted into the correct resident's electronic medical record, OSM #1 stated that once the records are scanned in as a group they are put into the miscellaneous section of the resident's electronic medical record. OSM #1 stated that the records are scanned in for residents as a group to keep them sorted. When asked how staff know what record to put them into, OSM #1 stated that after the documents are scanned in she goes back and clicks on the document to open it and look at the resident information contained and confirms under which resident it should be filed. OSM #1 stated that an audit is performed each month to check a set percentage of charts to ensure records are being scanned accurately. After reviewing the scanned 13 pages of documents located in Resident #116's electronic medical record containing Resident #115's name on them OSM #1 stated that they were in the wrong chart. OSM #1 stated that the scanned document would be removed from Resident #116's electronic medical record and be scanned into Resident #115's electronic medical record. When asked if the electronic medical record for Resident #116 would be considered accurate with Resident #115's information in it,</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>OSM #1 stated, "No, it is not accurate."</p> <p>On 09/25/19 at approximately 2:00 p.m., a request was made to ASM (administrative staff member) #1, the regional director of operations for a facility policy for maintaining medical records.</p> <p>On 09/25/19 at 4:40 p.m., ASM (administrative staff member) #1, the regional director of operations stated that the facility did not have a policy for maintaining medical records.</p> <p>According to "Fundamental Nursing Skills and Concepts": Eighth edition, Chapter 3, pg. 36 documents: "...Nurses are held responsible or liable for information they either include or exclude in reports and documentation. Each healthcare setting requires accurate and complete documentation. The medical record is a legal document and is used as evidence in court. Records must be timely, objective, accurate, complete and legible..."</p> <p>On 09/25/19 at approximately 2:15 p.m., ASM (administrative staff member) # 1, the regional director of operations and ASM #2, the regional clinical coordinator were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>1. Dementia A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website:</p>	F 842			

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F 842	Continued From page 6 https://medlineplus.gov/ency/article/000739.htm . 2. Diabetes A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm . 3. Heart failure	F 842			