

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/11/2019
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted from 9/10/19 through 9/11/19. One complaint was investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 of the Federal Long Term Care requirements. The life safety code survey/report will follow. The census at this 128 certified bed facility was 91 at the time of the survey. The survey sample consisted of two current residents and four closed records.	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			

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

TITLE

(X6) DATE

10/01/2019

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 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, facility document review and clinical record review, it was determined that the facility staff failed to develop a complete baseline care plan for one of six residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>The facility staff failed to develop a baseline care to include respiratory care for Resident #3 who required scheduled nebulizer (1) breathing treatments and newly required the use of as needed oxygen.</p> <p>Resident #3 was admitted to the facility on 8/13/19. Resident #3's diagnoses included but were not limited to urinary tract infection, prostate</p>	F 655			

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F 655	<p>Continued From page 2</p> <p>cancer and diabetes. Resident #3's most recent MDS (minimum data set) (prior to discharge), a 14 day Medicare assessment with an ARD (assessment reference date) of 8/25/19, coded the resident as being cognitively intact. Section O coded Resident #3 as having received oxygen therapy during the last 14 days. Resident #3 discharged from the facility on 9/2/19.</p> <p>Review of Resident #3's clinical record revealed physician's orders including but not limited to: -8/13/19- Ipratropium-Albuterol (2) solution 0.5-2.5 (3) mg (milligrams)/3ml (milliliters) - 1 vial inhale orally every six hours for Anti asthmatic (to be used via nebulizer). - 8/29/19- Oxygen at two liters per minute as needed for shortness of breath if oxygen saturation level was below 90%.</p> <p>A nurse's note dated 8/29/19 documented, "Resident with increased shallow respirations, even and labored. Abdominal breathing observed. Right lung clear throughout all bases. Left Lower Lung has inspiratory rhonchi, slight rales (abnormal breath sounds) observed. Left Upper base clear. RPM (Respirations per minute) 28rpm. SpO2 (oxygen saturation level) 92% RA (room air). HR (Heart rate) increased and irregular. Apical pulse (heart rate) 110bpm (beats per minute). Dr. On call for (name of physician) notified. Awaiting response. Resident repositioned in bed, oxygen applied..."</p> <p>Resident #3's baseline care plan initiated on 8/14/19 failed to document information regarding respiratory care or the resident's use of oxygen or nebulizer treatments.</p> <p>On 9/11/19 at 9:26 a.m., an interview was</p>	F 655			

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F 655	<p>Continued From page 3</p> <p>conducted with LPN (licensed practical nurse) #3 (MDS coordinator). LPN #3 stated she reviews and revises residents' baseline and comprehensive care plans twice a day at IDT (interdisciplinary team meetings) but sometimes the nurses on the floor will also update care plans. LPN #3 was asked if a resident's care plan should include respiratory care if a resident presents with a new onset of shortness of breath and a new order for as needed oxygen. LPN #3 stated a respiratory care plan should be created and include oxygen as ordered. LPN #3 was asked if a resident's care plan should include respiratory care if a resident is prescribed scheduled nebulizer treatments. LPN #3 stated a respiratory care plan should be developed if the resident routinely receives nebulizer treatments so the staff can monitor the resident. At this time, LPN #3 reviewed Resident #3's care plan per this surveyor's request. LPN #3 confirmed she did not see any respiratory documentation on the care plan and there should have been.</p> <p>On 9/11/19 at 9:47 a.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility document titled, "INTERDISCIPLINARY CARE PLANNING" documented, "The facility must develop and implement a baseline person-centered care plan for each patient that includes the instructions needed to provide effective and person-centered care that meets professional standards of quality of care..."</p> <p>No further information was presented prior to exit.</p>	F 655			

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F 655	Continued From page 4 (1) "Nebulizers are used to treat asthma, Chronic Obstructive Pulmonary Disease (COPD), and other conditions where inhaled medicines are indicated. Nebulizers deliver a stream of medicated air to the lungs over a period of time." This information was obtained from the website: https://medlineplus.gov/ency/presentations/100201_1.htm (2) Ipratropium-Albuterol is a medication used to help breathing. This information was obtained from the website: https://www.thoracic.org/patients/patient-resources/resources/pulmonary-function-testing-children.pdf	F 655			
F 660 SS=D	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix) §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of	F 660			

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F 660	Continued From page 5 developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and	F 660			

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F 660	<p>Continued From page 6</p> <p>data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to implement an effective discharge process for one of six residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>Resident #3 required scheduled physician prescribed nebulizer (1) breathing treatments. The facility staff failed to address the possible need for a nebulizer machine for Resident #3's discharge home on 9/2/19.</p> <p>On 9/4/19, the Virginia Department of Health Office of Licensure and Certification received a complaint that alleged Resident #3 was discharged from the facility to home without necessary medical equipment.</p> <p>Resident #3 was admitted to the facility on 8/13/19. Resident #3's diagnoses included but were not limited to urinary tract infection, prostate</p>	F 660			

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F 660	<p>Continued From page 7</p> <p>cancer and diabetes. Resident #3's most recent MDS (minimum data set) (prior to discharge), a 14 day Medicare assessment with an ARD (assessment reference date) of 8/25/19, coded the resident as being cognitively intact. Resident #3 discharged from the facility on 9/2/19.</p> <p>Review of Resident #3's clinical record revealed physician's orders including but not limited to: -8/13/19- Ipratropium-Albuterol (2) solution 0.5-2.5 (3) mg (milligrams)/3ml (milliliters) - 1 vial inhale orally every six hours for Anti asthmatic (to be used via nebulizer).</p> <p>Review of Resident #3's August 2019 and September 2019 MARs (medication administration records) revealed the resident was administered the above medication via nebulizer every six hours during the resident's stay at the facility.</p> <p>Resident #3's "My Transition Home" computerized form (including a discharge summary and instructions) documented, "SOCIAL SERVICES...Resident will discharge home with spouse and (name of home health company) will provide HH (home health) needs. Resident has access to DME (durable medical equipment)...Medication I Will Be Taking When I Go Home...6. Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 1 vial inhale orally every 6 hours..." The form further documented, "EQUIPMENT I WILL USE WHEN I GO HOME. A. Nursing Equipment. 1. Equipment (check all that apply) Not Applicable." (Note- there was an option to include a nebulizer machine but this was not selected).</p> <p>Further review of Resident #3's clinical record</p>	F 660			

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F 660	<p>Continued From page 8</p> <p>failed to reveal the facility staff addressed the possible need for a nebulizer machine before Resident #3's discharge.</p> <p>On 9/10/19 at 1:57 p.m., an interview was conducted with OSM (other staff member) #1 (the social services director) and OSM #2 (the social services coordinator). OSM #1 and OSM #2 were asked if the need for a nebulizer machine was discussed with Resident #3 or the resident's representative before the resident's discharge on 9/2/19. OSM #2 stated a nebulizer machine was not mentioned by the resident or the family and confirmed she did not specifically ask if a nebulizer machine was needed during the discharge planning process. OSM #2 further stated the nursing department did not mention the need for a nebulizer machine. OSM #2 was made aware Resident #3 received scheduled nebulizer treatments while at the facility and was discharged with a physician's order for scheduled nebulizer treatments. OSM #2 was asked if the need for a nebulizer machine at home should have been addressed with the resident and or representative. OSM #2 confirmed it should have been addressed.</p> <p>On 9/10/19 at 2:55 p.m., an interview was conducted with LPN (licensed practical nurse) #2 (the nurse who completed the medication section of Resident #3's "My Transition Home" form). LPN #2 was asked if she communicates the possible need for a nebulizer machine at home with the social services department if she is completing the medications section of the "My Transition Home" form and documents an order for scheduled nebulizer treatments. LPN #2 stated, "No. I just complete the list of medications." LPN #2 was asked if the nursing</p>	F 660			

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F 660	<p>Continued From page 9</p> <p>department should contact the facility social services department and make them aware that a resident is being discharged with a physician's order for nebulizer treatments so the possible need for a nebulizer machine at home can be addressed. LPN #2 stated, "I don't know the procedure."</p> <p>On 9/11/19 at 9:13 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 was asked to describe the nursing department's role for addressing the need for a nebulizer machine if a resident is being discharged home with a physician's order for scheduled nebulizer treatments. ASM #2 stated, "Generally social services will let nursing know if equipment is needed. Social Services sets up and informs us what they are going home with." ASM #2 was asked if nurses should communicate the potential need for a nebulizer machine with the social services department if they are completing a home medication list that contains scheduled nebulizer treatments. ASM #2 stated, "They should."</p> <p>On 9/11/19 at 9:47 a.m., ASM #1 (the administrator) and ASM #2 were made aware of the above concern.</p> <p>The facility document regarding discharges documented, "The My Transition Home booklet provides the patient with discharge instructions including, but not limited to:</p> <ul style="list-style-type: none"> -referrals for care -treatments -follow-up physician care -diet/nutrition -medications 	F 660			

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F 660	Continued From page 10 -current physical status -summary of stay. Each discipline is responsible to complete sections of the My Transition Home booklet related to their areas of expertise..." The document failed to document specific information regarding the responsibility of ensuring residents are discharged home with needed equipment such as nebulizer machines. COMPLAINT DEFICIENCY (1) "Nebulizers are used to treat asthma, Chronic Obstructive Pulmonary Disease (COPD), and other conditions where inhaled medicines are indicated. Nebulizers deliver a stream of medicated air to the lungs over a period of time." This information was obtained from the website: https://medlineplus.gov/ency/presentations/100201_1.htm (2) Ipratropium-Albuterol is a medication used to help breathing. This information was obtained from the website: https://www.thoracic.org/patients/patient-resources/resources/pulmonary-function-testing-children.pdf	F 660			
F 745 SS=D	Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and in the course of	F 745			

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F 745	<p>Continued From page 11</p> <p>a complaint investigation, it was determined that the facility staff failed to provide medically-related social services to maintain the highest practicable physical well-being for one of six residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>Resident #3 required scheduled physician prescribed nebulizer (1) breathing treatments. The facility staff failed to provide medically-related social services to address the possible need for a nebulizer machine for Resident #3's discharge home on 9/2/19.</p> <p>On 9/4/19, the Virginia Department of Health Office of Licensure and Certification received a complaint that alleged Resident #3 was discharged from the facility to home without necessary medical equipment.</p> <p>Resident #3 was admitted to the facility on 8/13/19. Resident #3's diagnoses included but were not limited to urinary tract infection, prostate cancer and diabetes. Resident #3's most recent MDS (minimum data set) (prior to discharge), a 14 day Medicare assessment with an ARD (assessment reference date) of 8/25/19, coded the resident as being cognitively intact. Resident #3 discharged from the facility on 9/2/19.</p> <p>Review of Resident #3's clinical record revealed physician's orders including but not limited to: -8/13/19- Ipratropium-Albuterol (2) solution 0.5-2.5 (3) mg (milligrams)/3ml (milliliters) - 1 vial inhale orally every six hours for Anti asthmatic (to be used via nebulizer).</p> <p>Review of Resident #3's August 2019 and</p>	F 745			

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F 745	<p>Continued From page 12</p> <p>September 2019 MARs (medication administration records) revealed the resident was administered the above medication via nebulizer every six hours during the resident's stay at the facility.</p> <p>Resident #3's "My Transition Home" computerized form (including a discharge summary and instructions) documented, "SOCIAL SERVICES...Resident will discharge home with spouse and (name of home health company) will provide HH (home health) needs. Resident has access to DME (durable medical equipment)...Medication I Will Be Taking When I Go Home...6. Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 1 vial inhale orally every 6 hours..." The form further documented, "EQUIPMENT I WILL USE WHEN I GO HOME. A. Nursing Equipment. 1. Equipment (check all that apply) Not Applicable." (Note- there was an option to include a nebulizer machine but this was not selected).</p> <p>Further review of Resident #3's clinical record failed to reveal the facility staff addressed the possible need for a nebulizer machine before Resident #3's discharge.</p> <p>On 9/10/19 at 1:57 p.m., an interview was conducted with OSM (other staff member) #1 (the social services director) and OSM #2 (the social services coordinator). OSM #1 and OSM #2 were asked if the need for a nebulizer machine was discussed with Resident #3 or the resident's representative before the resident's discharge on 9/2/19. OSM #2 stated a nebulizer machine was not mentioned by the resident or the family and confirmed she did not specifically ask if a nebulizer machine was needed during the</p>	F 745			

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F 745	<p>Continued From page 13</p> <p>discharge planning process. OSM #2 further stated the nursing department did not mention the need for a nebulizer machine. OSM #2 was made aware Resident #3 received scheduled nebulizer treatments while at the facility and was discharged with a physician's order for scheduled nebulizer treatments. OSM #2 was asked if the need for a nebulizer machine at home should have been addressed with the resident and or representative. OSM #2 confirmed it should have been addressed.</p> <p>On 9/10/19 at 2:55 p.m., an interview was conducted with LPN (licensed practical nurse) #2 (the nurse who completed the medication section of Resident #3's "My Transition Home" form). LPN #2 was asked if she communicates the possible need for a nebulizer machine at home with the social services department if she is completing the medications section of the "My Transition Home" form and documents an order for scheduled nebulizer treatments. LPN #2 stated, "No. I just complete the list of medications." LPN #2 was asked if the nursing department should contact the facility social services department and make them aware that a resident is being discharged with a physician's order for nebulizer treatments so the possible need for a nebulizer machine at home can be addressed. LPN #2 stated, "I don't know the procedure."</p> <p>On 9/11/19 at 9:13 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 was asked to describe the nursing department's role for addressing the need for a nebulizer machine if a resident is being discharged home with a physician's order for scheduled nebulizer</p>	F 745			

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F 745	<p>Continued From page 14</p> <p>treatments. ASM #2 stated, "Generally social services will let nursing know if equipment is needed. Social Services sets up and informs us what they are going home with." ASM #2 was asked if nurses should communicate the potential need for a nebulizer machine with the social services department if they are completing a home medication list that contains scheduled nebulizer treatments. ASM #2 stated, "They should."</p> <p>On 9/11/19 at 10:13 a.m., ASM #1 (the administrator) was made aware of the above concern. A policy regarding medically-related social services was requested.</p> <p>On 9/11/19 at 10:40 a.m., ASM #1 stated the facility did not have a specific policy regarding medically-related social services but provided a document titled, "SOCIAL SERVICE ROLE AND REGULATIONS" that documented, "The My Transition Home booklet provides the patient with discharge instructions including, but not limited to:</p> <ul style="list-style-type: none"> -referrals for care -treatments -follow-up physician care -diet/nutrition -medications -current physical status -summary of stay. <p>Each discipline is responsible to complete sections of the My Transition Home booklet related to their areas of expertise..."</p> <p>The document failed to document specific information regarding the responsibility of ensuring residents are discharged home with needed equipment such as nebulizer machines.</p> <p>COMPLAINT DEFICIENCY</p>	F 745			

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

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F 745	Continued From page 15 (1) "Nebulizers are used to treat asthma, Chronic Obstructive Pulmonary Disease (COPD), and other conditions where inhaled medicines are indicated. Nebulizers deliver a stream of medicated air to the lungs over a period of time." This information was obtained from the website: https://medlineplus.gov/ency/presentations/100201_1.htm (2) Ipratropium-Albuterol is a medication used to help breathing. This information was obtained from the website: https://www.thoracic.org/patients/patient-resources/resources/pulmonary-function-testing-children.pdf	F 745			