

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0173</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTHAMPTON NURSING AND REHABILITATION CE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1028 TOPPING LANE HAMPTON, VA 23666</b>
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F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid Standard Survey and State Licensure survey were conducted 03/05/19 through 03/06/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 70 certified bed facility was 70 at the time of the survey. The survey sample consisted of 18 current Resident reviews and 2 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371-150. Quality of Life. 12 VAC 5-371-150 (A, B.1-3): Cross reference to F-550.</p> <p>12 VAC 5-371-150. Quality of Life. 12 VAC 5-371-150 (A, B.1-3): Cross reference to F-561.</p> <p>12 VAC 5-371-220. Quality of Care. 12 VAC 5-371-220 (A THRU G) Cross reference to F-698.</p> <p>12 VAC 5-371-180. Infection Control. 12 VAC 5-371-180 (A,B,C) Cross reference to F-880.</p> <p>12 VAC 5-371-360. Clinical Records 12 VAC 5-371-360 (A,E,f,j) Cross Reference to F-842.</p>	F 001	<p>F 550 The dates of completion serve as my allegation of compliance</p> <ol style="list-style-type: none"> <li>1. Facility staff interviewed resident # 6 and discussed the plan to ensure she will be treated with dignity and respect during the dining experience. CNA involved was re-educated on treating residents with dignity and respect during the dining experience.</li> <li>2. All residents have been observed during multiple meals in the main dining room to ensure they were treated with dignity and respect.</li> <li>3. The Social Worker / Designee educated staff on Resident Rights /</li> </ol>	4/12/19

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

TITLE

(X6) DATE

Electronically Signed

03/28/19

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F 001	Continued From page 1	F 001	<p>Exercise of Rights to include but not limited to offering choices, introducing self / explaining task, treating resident with dignity and respect during the dining experience.</p> <p>4. The Director of Nursing / Designee will observe five meals in the main dining room weekly for six weeks to ensure residents are treated with dignity and respect during the dining experience. The Director of Nursing / Designee will identify any patterns or trends and report them to the Quality Assurance and Assessment Committee at least quarterly.</p> <p>F 561 The dates of completion serve as my allegation of compliance</p> <p>1. Staff discussed with resident # 6 her preference in seating during her dining experience. CNA I was re-educated regarding honoring resident's preferences.</p> <p>2. Facility staff met with residents who receive their meals in the main dining area to ensure their seating preferences were honored.</p> <p>3. The Director of Nursing / Designee re-educated staff on Resident Rights / Exercise of Rights to include but not limited to offering choices such as seating preferences, introducing self / explaining task, treating resident with dignity and respect during the dining experience.</p>	

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F 001	Continued From page 2	F 001	<p>4. The Director of Nursing / Designee will observe five meals in the main dining room weekly for six weeks to ensure residents are offered choice in seating during the dining experience. The Director of Nursing / Designee will identify any patterns or trends and report them to the Quality Assurance and Assessment Committee at least quarterly.</p> <p>F 698 The dates of completion serve as my allegation of compliance</p> <p>1. The dialysis center for residents # 29 and # 262 were notified of the expectation of written communication related to the resident's dialysis treatment. The method of communication was established to ensure continuity of care. The residents' record have been updated with current dialysis communication.</p> <p>2. The dialysis centers of all residents currently receiving hemodialysis were contacted and informed of the communication expectation to ensure continuity of care. The charge nurse / designee will monitor medical records to ensure communication is received from dialysis centers.</p> <p>3. The Director of Nursing / Designee educated RNs / LPNs on Dialysis Center Communication to include but not limited to ensuring a transfer clinical summary is sent with each visit along with a consult sheet so the dialysis center can relay pertinent information such as pre /post weights and vital signs.</p>	

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F 001	Continued From page 3	F 001	<p>4. The Director of Nursing / Designee will audit 100% of all dialysis communication consult forms for six weeks to ensure the communication is being received. The Director of Nursing / Designee will identify any patterns or trends and report them to the Quality Assurance and Assessment Committee quarterly.</p> <p>F880</p> <p>1. There were no negative outcomes related to the staff member not performing proper hand hygiene during medication administration. The responsible nurse was re- educated on hand hygiene and infection control.</p> <p>2. The responsible nurse will be observed for five medication passes focusing on hand hygiene and infection control. Facility nursing staff will be monitored by Director of Nursing/Designee to ensure adherence to the facility infection control and hand hygiene policy.</p> <p>3. Staff will be re-educated by the Director of Clinical Performance/Designee on "Infection Control". The in-service includes but is not limited to a review of medication administration and the importance of hand hygiene to prevent the spread of infection as well as review of proper hand washing technique.</p> <p>4. The Director of Nursing/Designee will perform five medication pass observations weekly for six weeks to ensure appropriate</p>	

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F 001	Continued From page 4	F 001	<p>hand hygiene is performed. The Director of Nursing will report any trends or patterns to the Quality Assurance and Assessment Committee at least quarterly.</p> <p>F 842 The dates of completion serve as my allegation of compliance</p> <ol style="list-style-type: none"> <li>The medical record for residents # 10 and # 2 were updated to reflect a legible, complete and accurate Durable Do Not Resuscitate (DDNR) and advance care plan.</li> <li>All current resident medical records were reviewed to ensure that the DDNR and advance care plan were legible, complete and accurate.</li> <li>The Administrator / Designee educated the Admission Coordinator and Social Worker on Advance Care plan and DDNRs to include but not limited to ensuring the documents are legible, complete, accurate and filed into the medical record.</li> <li>The Administrator / Designee will review 100% of the resident records upon admission for six weeks to ensure the advance care plan is legible, complete and accurate. The Administrator / Designee will identify any patterns or trends and report them to the Quality Assurance and Assessment Committee at least quarterly.</li> </ol>	

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