

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

PRINTED: 05/31/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2021
NAME OF PROVIDER OR SUPPLIER RIVERSIDE HEALTH & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2344 RIVERSIDE DRIVE DANVILLE, VA 24540		
(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
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted onsite 01/05/2021 and continued with offsite review through 01/06/2021. Three complaints were investigated during the survey. Two complaints were unsubstantiated and one complaint was substantiated with deficient practice. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 180 certified bed facility was 128 at the time of the onsite portion of the survey. The survey sample consisted of 2 current Resident reviews (Residents #1 and #2) and 4 closed record reviews (Residents #3 through #6).	F 000			
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident,	F 583			1/7/21

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

TITLE

(X6) DATE

Electronically Signed

02/02/2021

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 583	<p>Continued From page 1 including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility document review, and in the course of a complaint investigation. The facility staff failed to protect the personal privacy and confidentiality of the residents personal account information for 3 of 6 Residents, Residents #2, #5, and #6.</p> <p>The findings included:</p> <p>The facility staff sent a copy of checks that were made payable to the facility to the family member of Resident #3. These checks included the residents name, account number, bank account number, and the name of the banking institution.</p> <p>Resident #3's clinical record included the diagnoses dementia, chronic pain, chronic kidney disease, and depressive disorder.</p> <p>Section C (cognitive patterns) of the residents quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 12/28/2019 included a BIMS (brief interview for</p>	F 583	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F583</p> <p>1. Business Office Manager notified parties for residents 2, 5, & 6 by phone and advised of breach of banking information. Business Office corrective action with employee completed once</p>		

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F 583	<p>Continued From page 2</p> <p>mental status) summary score of 9 out of a possible 15 points.</p> <p>The residents comprehensive care plan included the focus area alteration of prior leisure activities and at risk for falls.</p> <p>On 01/05/2021 at 11:55 a.m., the administrator verbalized to the surveyor that copies of three checks were sent out by mistake that they had got caught up in the billing cycle and attached to Resident #3's statement. The administrator stated the appropriate parties were notified and provided the surveyor with copies of these three checks.</p> <p>Check #1 included Resident #2's name, bank account number, and bank name. Check #2 included Resident #5's name and account number written on the left hand bottom of the check. Check #3 included Resident #6's name, bank account number, and bank name.</p> <p>On 01/05/2021 at 12:30 p.m., the surveyor interviewed the BOM (business office manager). The BOM verbalized to the surveyor that the receptionist accidentally picked up the copies and placed them with other paperwork. The administrator stated it was a clerical error.</p> <p>On 01/06/2021 at 9:03 a.m., the DON (director of nursing) identified this staff person as CNA (certified nursing assistant) #4 and stated this staff was no longer in a clerical role.</p> <p>The facility provided the surveyor with a copy of an "EMPLOYEE CORRECTIVE ACTION." This document was identified as a first written warning.</p>	F 583	<p>notified of the breach that was brought to facility's attention.</p> <p>2. Facility audited current residents with check in this deposit cycle to show no other residents involved; determined no other affected individuals as the copy only included the three already identified checks. Additionally, identified that only two copies were made of the checks; one is attached to documentation still in house, so no other copies exist.</p> <p>3. Service Ambassadors/Receptionists trained and/or attended in-service focused on keeping work space tidy and completing one task before starting a new one to ensure privacy for all patients and family members by Christy Harvey, Business Office Manager on April 24, 2019.</p> <p>4. Administration to monitor tidy work spaces and logging of checks to ensure privacy with policy and procedures; two times weekly then monthly for two months.</p> <p>5. Any non-compliance will be reported to QA for tracking and trending and progressive disciplinary action. Business Office back in compliance on April 24, 2019.</p>		

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F 583	<p>Continued From page 3</p> <p>This document read in part, Received notification on 4-22-019 from _____ POA (power of attorney) for Resident #3 that a copy of three resident checks (_____) had been included in the monthly invoice sent to her for Resident #3's March 2019. Failure to maintain confidentiality of confidential information of patients. Describe the impact the infraction had on the patient, customer, or business: Release of confidential and/or protected information impacts our residents, family members and employees confidence in the facility's ability to maintain their personal information securely. In addition this is a HIPAA violation. This document had been signed by CNA #4 and the BOM on 04/24/2019.</p> <p>On 01/06/2021 at 9:10 a.m., during an interview with the BOM the BOM verbalized to the surveyor that no resident information was given and it was simply a clerical error.</p> <p>On 01/06/2021 at 9:15 a.m., the surveyor spoke with CNA #4 via phone. CNA #4 stated they she remembered the incident briefly and that it had been so long ago. CNA #4 stated they had everything laid out on the desk and the papers had gotten stuck together.</p> <p>On 01/11/2021 at 8:35 a.m., the surveyor called the facility, attempted to speak with the BOM, and was told by the receptionist and the administrator that they were not working today. The administrator was notified that the copies of checks provided to the surveyor did contain confidential information in regards to resident names, account numbers, and names of banking institutions. The administrator verbalized to the surveyor that they had sent out HIPAA forms to all the families involved.</p>	F 583			

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F 583	Continued From page 4 No further information was provided to the surveyor at that time. This is a complaint deficiency.	F 583			