

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2019
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER CANTERBURY BLUE RI	STREET ADDRESS, CITY, STATE, ZIP CODE 250 PANTOPS MOUNTAIN RD CHARLOTTESVILLE, VA 22911
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 7/16/19 through 7/18/19. One complaint was investigated. The facility was in not compliance with the Virginia Regulations for the Licensure of Nursing Facilities, and the Virginia Code at 32.1-138 and 63.2-1808.</p> <p>The census in this fifty-two bed facility was 46 at the time of the survey. The survey sample consisted of fifteen current resident reviews and two 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: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-220 Nursing Services 12VAC5-371-220 (C) Cross Reference to F-684 12VAC5-371-220 (A) Cross Reference to F-689 12VAC5-371-220 (C.5) Cross Reference to F-692</p> <p>12VAC5-371-250 Resident Assessment and Care Planning 12VAC5-371-250 (B.1) Cross Reference to F-636 12VAC5-371-250 (F) Cross Reference to F-657</p> <p>12VAC5-371-300 Pharmaceutical Services 12VAC5-371-300 (B) Cross Reference to F-761</p> <p>12VAC5-371-370 Maintenance and Housekeeping 12VAC5-371-370 (A) Cross Reference to F-909</p>	F 001	<p>Plan of Correction <input type="checkbox"/> WCBR</p> <p>This plan of correction is prepared and executed because it is required by the provisions of the State and Federal Law. Westminster Canterbury of the Blue Ridge (WCBR) does not admit that the deficiencies listed exist, nor admit to any statements, findings, facts, or conclusions that form the basis for these alleged deficiencies.</p> <p>WCBR is committed to taking all actions necessary to remain in substantial compliance with the State and Federal Regulations. This Plan of Correction addresses our intention to promote a safe and sanitary environment, and promote the highest practical level of physical, mental, and psychosocial well being.</p>	8/20/19

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

TITLE

(X6) DATE

Electronically Signed

08/02/19

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F 001	<p>Continued From page 1</p> <p>Virginia Code 32.1-138 and 63.2-1808 Sex Offender Registry Information and Assistance Based on staff interview and review of facility documents, the facility staff failed to obtain written acknowledgements from residents and/or family members on how to access the Sex Offender Registry.</p> <p>The findings were:</p> <p>On 7/18/19 at 10:30 a.m., the Administrator and the Director of Nursing (DON) were interviewed. They were asked whether or not the facility had residents and/or family members sign a written acknowledgement on how to access the Sex Offender Registry. The DON said they were not getting the written acknowledgements.</p> <p>At the request of the survey team, the Administrator provided a copy of the facility's Sexual Offender Registry Disclosure Statement. Upon review of the Statement, the following was noted:</p> <p>"3) Ensure every resident, prospective resident, or his legal representative is fully informed, as evidenced by signing an acknowledgement...prior to admission that the resident has been informed of the way to access the sex offender registry. The link to the registry is: www.sex-offender.vsp.virginia.gov."</p>	F 001	<p>WCBR has elected to use this Plan of Correction as the allegation of compliance. The deficiencies cited in the 2567 have been or will be in compliance by the dates described in the Plan of Correction.</p> <p>F 636 Comprehensive Assessments & Timing</p> <p>¿483.20(b)(1)(2)(i)(iii) Resident Assessment</p> <p>Westminster Canterbury of the Blue Ridge (WCBR) will conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>Resident's #109, 110, 112, 113, 208 & 209 were not adversely affected.</p> <p>Residents residing in the facility who were in a non-certified bed on June 30, 2019, which became a certified bed on July 1, 2019, had the potential to be affected.</p> <p>The facility changed from 12 certified beds to 27 certified beds on July 1, 2019.</p> <p>The Resident Assessment Instrument (RAI) Manual does not have instructions relating to if a facility changes its number of certified beds or if the residents residing in those beds require a new entry and comprehensive assessment on the date of</p>	

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F 001	Continued From page 2	F 001	<p>the change.</p> <p>Resident□s #109, 110, 112, 113, 208 & 209 had an entry and comprehensive assessment completed when the originally admitted to WCBR.</p> <p>An additional entry assessment has been completed for Resident #109, 110, 112, 113, 208 & and 209 by the MDS Coordinator and / or ADON by 07/22/19.</p> <p>An additional comprehensive assessment for Resident #109, 110, 112, 113, 208 & 209 by the MDS Coordinator and / or ADON by 08/12/19.</p> <p>The Administrator (LNHA) will monitor and report any findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p> <p>F 657 Care Plan Timing and Revision</p> <p>¿483.21(b)(2)(i)-(iii) Comprehensive Care Plans</p> <p>WCBR will develop a comprehensive care plan which is</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to</p> <p>(A) The attending physician.</p>	

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F 001	Continued From page 3	F 001	<p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident s representative(s). An explanation must be included in a resident s medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident s care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident s needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>1. Resident #110 was not adversely affected.</p> <p>The comprehensive care plan for Resident #110 was reviewed and / or updated by 08/15/19.</p> <p>2. Resident #4 was not adversely affected.</p> <p>The comprehensive care plan for Resident #4 was reviewed and / or updated by 08/15/19.</p> <p>Residents residing at WCBR using specialty mattresses / beds, fall mats and / or have significant weight loss have the</p>	

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F 001	Continued From page 4	F 001	<p>potential to be affected.</p> <p>An audit of care plans for residents residing on the dually certified unit will be conducted by the QA Nurse and / or designee by 08/15/19. Any adverse findings will be revised and / or updated.</p> <p>The RN, overseeing the unit, was re-educated on comprehensive care plans by the ADON by 08/15/19.</p> <p>The Registered Dietitian (RD) was re-educated on nutritional care plans by the ADON and / or the Regional Dietitian for Flik by 08/15/19.</p> <p>The ADON and / or Quality Assurance (QA) Nurse will conduct random weekly audits of three (3) charts for four (4) weeks to review resident care plans for accuracy.</p> <p>The Director of Nursing (DON) will monitor and report any findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p> <p>F 684 Quality of Care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a</p>	

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F 001	Continued From page 5	F 001	<p>resident, WCBR will ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <ol style="list-style-type: none"> 1. Resident #161 was not adversely affected. 2. Resident #110 was not adversely affected. <p>The order for the daily weight for Resident #110 has been discontinued.</p> <p>Residents residing in the facility with physician orders for daily weights or notification of weight gain have the potential to be affected.</p> <p>The RN, overseeing the unit, was re-educated on following physician orders and documentation by the DON and / or designee by 08/15/19.</p> <p>The LPN and / or RNs working on the unit will be re-educated on following physician orders and documentation by the DON and / or designee by 08/15/19.</p> <p>The CNAs working on the unit will be re-educated on obtaining weights for residents by the Head Nurse by 08/15/19.</p> <p>The Quality Assurance (QA) Nurse or designee will conduct random weekly audits of two (2) charts of residents with specific physician orders for weights for four (4) weeks to review for accuracy.</p> <p>The QA Nurse or designee will report any</p>	

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F 001	Continued From page 6	F 001	<p>findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p> <p>F 689 Free of Accidents Hazards / Supervision / Devices</p> <p>483.25(d)(1)(2)</p> <p>485.25 (d) Accidents</p> <p>WCBR will ensure that <input type="checkbox"/></p> <p>483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>1a. Resident #110 was not adversely affected.</p> <p>The resident has a physician order for the bariatric mattress and the specialty bed.</p> <p>An assessment was completed for the usage of the bariatric mattress, specialty mattress and positioning, and fall mat. The care plan has been reviewed and revised, as applicable.</p> <p>The Maintenance Supervisor, Assistant Maintenance Supervisor and / or designee will be educated on conducting</p>	

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F 001	Continued From page 7	F 001	<p>inspections on bed frames, mattresses, and / or bed rails by the DON by 08/15/19.</p> <p>Inspections on bed frames, mattresses and / or bed rails will completed by 08/15/19 by the Maintenance Supervisor or designee. Any risks identified will be addressed.</p> <p>1b. The fall mat was placed by the bed as care planned on 07/18/19.</p> <p>Residents residing in the facility with physician orders for specialty beds, specialty mattresses and / or fall mats have the potential to be affected.</p> <p>The RN, overseeing the unit, was re-educated on following physician orders; care planning; fall protocols; specialty mattresses and beds; annual bed inspections; and documentation by the DON and / or designee on 08/15/19.</p> <p>The LPN and / or RNs working on the unit will be re-educated on following physician orders; care plans; fall protocols; specialty mattresses and beds; and documentation by the DON and / or designee by 08/15/19.</p> <p>The CNAs working on the unit will be re-educated on fall protocols for residents by the Head Nurse or designee by 08/15/19.</p> <p>The Quality Assurance (QA) Nurse or designee will conduct random weekly audits up to three (3) residents with physician orders for specialty mattresses /</p>	

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F 001	Continued From page 8	F 001	<p>bed and / or fall mats for four (4) weeks to review for accuracy.</p> <p>2. No residents were adversely affected.</p> <p>The temperature of the therapy hydrocollator was changed to be within the manufacture's recommended range on 07/18/19.</p> <p>The Genesis Director of Therapy and the therapy department personnel will be re-educated on the proper use of the hydrocollator by 08/15/19.</p> <p>The Genesis Director of Therapy will conduct random temperature audits weekly for a total of four (4) weeks to ensure they are within the manufacturer's guidelines.</p> <p>The QA Nurse or designee will report any findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p> <p>F 692 Nutrition / Hydration Status Maintenance</p> <p>CFR(s) 483.25(g)(1)-(3)</p> <p>483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral</p>	

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F 001	Continued From page 9	F 001	<p>fluids). Based on a resident's comprehensive assessment, WCBR will ensure that a resident</p> <p>483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.</p> <p>Resident #110 was not adversely affected.</p> <p>The order for the daily weight for Resident #110 has been discontinued.</p> <p>The resident's plan of care has been reviewed and updated.</p> <p>New dietary interventions were put in place by the RD by 08/15/19.</p> <p>Residents residing in the facility with physician orders for daily weights or have significant weight loss have the potential to be affected.</p> <p>An audit of residents with significant weight loss will be conducted by the RD by 08/15/19.</p>	

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F 001	Continued From page 10	F 001	<p>The RD was re-educated on nutritional assessments, interventions and documentation by the Flik Regional Dietitian and / or designee by 08/15/19.</p> <p>The LPN and / or RNs working on the unit will be re-educated on following physician orders and documentation by the DON and / or designee by 08/15/19.</p> <p>The RNs, LPNs and CNAs working on the unit will be re-educated on weight loss, obtaining weights, monitoring residents during meal times and documentation of meal intake by the Dietitian and Flik Regional Dietitian by 08/15/19.</p> <p>The Quality Assurance (QA) Nurse or designee will conduct random weekly audits of two (2) charts of residents with weight loss for four (4) weeks to review for completeness and appropriate interventions.</p> <p>The QA Nurse or designee will report any findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p> <p>F 761 Label / Store Drugs and Biologicals</p> <p>CFR(s) 483.45(g)(h)(1)(2)</p> <p>483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in</p>	

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F 001	Continued From page 11	F 001	<p>WCBR will be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when acceptable.</p> <p>483.45(h) Storage of Drugs and Biologicals</p> <p>483.45(h)(1) In accordance with State and Federal laws, WCBR will store all drugs and biologicals in locked compartments under proper temperature controls, and will permit only authorized personnel to have access to the keys.</p> <p>483.45(h)(2) WCBR will provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>No resident(s) was / were adversely affected.</p> <p>On 07/17/19, the expired Lorazepam medication was removed and replaced with Lorazepam medication which was in date.</p> <p>Residents residing in the facility with a prescription for liquid Lorazepam have the potential to be affected.</p>	

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F 001	Continued From page 12	F 001	<p>The Pharmacist from Pruitt Health reviewed the resident's medical records and in house medication supplies to ensure no additional expired Lorazepam was in the current supplies.</p> <p>The Pruitt Health Pharmacy Technicians and Pharmacists were educated on properly labeling liquid Lorazepam that is being dispensed before it leaves the pharmacy by the Pharmacy Manager by 08/15/19.</p> <p>Nurse management will monitor to ensure liquid Lorazepam is properly labeled randomly one (1) times per week for three (3) weeks.</p> <p>The DON or designee will report any findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p> <p>F 909 Resident Bed</p> <p>CFR(s) 483.90(d)(3)</p> <p>483.90(d)(3) WCBR will conduct regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, WCBR will ensure that the bed rails, mattress, and bed frame are compatible.</p>	

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F 001	Continued From page 13	F 001	<p>No resident(s) was / were adversely affected.</p> <p>Residents residing in the facility have the potential to be affected.</p> <p>The Maintenance Supervisor, Assistant Maintenance Supervisor and / or designee will be educated on conducting inspections on bed frames, mattresses, and / or bed rails by the DON by 08/15/19.</p> <p>Inspections on bed frames, mattresses and / or bed rails will completed by 08/15/19 by the Maintenance Supervisor or designee. Any risks identified will be addressed.</p> <p>The DON or designee will report any findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p> <p>Virginia Code 32.1-138 and 63.2-1808 Sex Offender Registry Information and Assistance</p> <p>WCBR will obtain written acknowledgements from residents and / or family members on how to access the Sex Offender Registry.</p> <p>No resident(s) was / were adversely affected.</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2019
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER CANTERBURY BLUE RI	STREET ADDRESS, CITY, STATE, ZIP CODE 250 PANTOPS MOUNTAIN RD CHARLOTTESVILLE, VA 22911
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(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) COMPLETE DATE
F 001	Continued From page 14	F 001	<p>The Sexual Offender Registry Disclosure Statement was re-implemented on 07/18/19.</p> <p>Residents residing in the facility have the potential to be affected.</p> <p>The Social Services & Admissions Coordinator was educated on the Sexual Offender Registry Disclosure Statement by 07/18/19 by the Administrator.</p> <p>The Medical Records Coordinator and / or designee will conduct random audit on new admissions to ensure the Sexual Offender Registry Disclosure Statement is signed and present in the medical record weekly for a total of two (2) weeks. Any negative findings will be addressed.</p> <p>The Medical Records Coordinator or designee will report any findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p>	