

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

PRINTED: 06/23/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/05/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HALL CLINTWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228</b>	
(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 survey was conducted 5/03/22 through 5/05/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000		
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 5/3/2022 through 5/5/2022. Corrections are required for compliance with 42 CFR Part 483 Requirements for Federal Long Term Care facilities. The Life Safety Code survey/report will follow.	F 000		
F 693 SS=D	The census in this 100 certified bed facility was 90 at the time of the survey. The survey sample consisted of 18 current Resident reviews (Residents and 3 closed record reviews). Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)  §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and	F 693		6/7/22

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

TITLE

(X6) DATE

Electronically Signed

06/01/2022

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 693	<p>Continued From page 1</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and clinical record review, the facility staff failed to provide the appropriate care and services in regards to a gastronomy tube for 1 of 18 Residents, Resident #1.</p> <p>Resident #1's tube feeding was ordered by the physician to be cut off at 10:00 A.M. The surveyor observed it to be off at 8:25 A.M.</p> <p>The findings included:</p> <p>Section C (cognitive patterns) of Resident #1's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 03/15/22 included a Brief Interview for Mental Status summary (BIMS) score of 15 out of a possible 15 points. Due to this resident's current health condition, the surveyor was unable to complete an interview with this resident. Section K (swallowing and nutrition) was coded to indicate Resident #1 had a feeding tube in place.</p> <p>Diagnoses included, but were not limited to, multiple sclerosis, respiratory failure, and dysphagia.</p> <p>On 05/04/22 at 8:25 a.m., Resident #1's tube feeding was observed to be off.</p>	F 693	<p>F693</p> <p>Corrective Action(s): Resident #1's attending physician has been notified that Resident 1 did not receive the tube feeding per physician order.</p> <p>Identification of Deficient Practice(s) &amp; Corrective Action(s): All other tube-feeding residents may have been potentially affected. A 100% review of all tube-feeding residents was performed to identify those residents who have not received tube feedings as ordered by the physician. Any negative findings will be corrected at the time of discovery.</p> <p>Systemic Change(s): The facility Policy and Procedure was reviewed and no changes are warranted at this time. All licensed staff will be in-serviced by the DON/designee on the facility policy and procedure for administration of tube feedings as ordered by the physician. The DON/designee will make rounds on each unit daily to monitor compliance.</p> <p>Monitoring:</p>		

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F 693	<p>Continued From page 2</p> <p>On 05/04/22 at 9:11 A.M., Resident #1's tube feeding was observed to be off and the feeding bag had been removed.</p> <p>Resident #1's clinical record included a physicians order for Fibersource HN @65 ml hour X 18 hours a day. Begin tube feeding at 4:00 PM. and run at 65 ml for a total of 18 hours ending at 10:00 A.M. order date 01/11/22.</p> <p>Resident #1's comprehensive care plan included the problem area, "receives tube feeding and flushes via g-tube".</p> <p>At 05/04/21 at 3:00 p.m., Licensed Practical Nurse (LPN) #2 stated the tube feeding was off when they arrived to work, the bag was empty, and they took it down.</p> <p>Resident #1 had a documented weight of 116 pounds on 04/26/22 and 116.4 on 01/06/22. Indicating this resident did not have a weight loss.</p> <p>On 05/04/22 at 4:00 PM., during an end of the day meeting with the Administrator, Director of Nursing, and Nurse Consultants #1 and #2, the issue regarding the tube feeding not running during the physician ordered prescribed time was reviewed.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>	F 693	<p>The Director of Nursing is responsible for compliance. The DON and/or designee will perform 2 random tube feeding audits weekly to monitor for compliance. All negative findings identified during the audit will be corrected at time of discovery and appropriate disciplinary action taken. Detailed findings of these reviews will be provided to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p>		