

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

PRINTED: 07/05/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/22/2022
NAME OF PROVIDER OR SUPPLIER GLENBURNIE REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 LIBBIE AVE RICHMOND, VA 23226		
(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	E 000			
	An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted 6/21/22 through 6/22/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced abbreviated and COVID-19 Focused Infection Control Survey was conducted 6/21/22 through 6/22/22. One complaint was investigated during the survey (VA00055454 - unsubstantiated). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirement(s).				
F 584	The census in this 125 certified bed facility was 115 . Of the 115 current residents, 11 residents were positive for the COVID-19 virus. The survey sample consisted of 5 current resident reviews.	F 584			
SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)				
	§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.				
	The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident				

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

TITLE

(X6) DATE

Electronically Signed

07/01/2022

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 584	<p>Continued From page 1</p> <p>independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to maintain a clean, comfortable, home like environment for one of five residents in the survey sample, Resident #2. The facility staff failed to change Resident #2's stained fitted sheet on 6/21/22.</p> <p>The findings include:</p> <p>On the most recent MDS (minimum data set), a</p>	F 584	<p>1. Resident #2 sheets were changed on 6/22/2022.</p> <p>2. All residents have the potential be affected. An audit by DON or designee conducted on all resident's sheets to assess requirement to change. Any findings of sheets stained were corrected.</p> <p>3. The Facility Educator or designee will in-service the licensed nurses, CNAs, and housekeepers on the process for changing or not applying sheets or linens when stained to maintain a clean</p>		

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F 584	<p>Continued From page 2</p> <p>quarterly assessment with an ARD (assessment reference date) of 4/7/22, Resident #2 (R2) was coded as being severely cognitively impaired for making daily decisions, having scored 3 out of 15 on the BIMS (brief interview for mental status).</p> <p>On the following dates and times, R2 was observed lying in bed: 6/21/22 at 3:00 p.m. and 4:35 p.m. and on 6/22/22 at 7:42 a.m. A brown stain approximately five inches in diameter was visible near R2's right arm at each observation.</p> <p>On 6/22/22 at 8:32 a.m., CNAs (certified nursing assistants) went in to assist R2's roommate with moving up in the bed. CNA #8 stayed in the room to assist R2 into the wheelchair to prepare to eat breakfast. CNA #8 was asked to look at R2's bed linens and identify any concerns. CNA #8 stated: "The sheet is dirty." When asked when she noticed the dirty sheet, CNA #8 stated she did not notice it until that moment. CNA #8 stated the sheet needed to be changed. When asked if sleeping through several staff shifts on a stained sheet is home like, she stated: "No, it definitely is not."</p> <p>On 6/22/22 at 4:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. ASM #1 stated the facility received a new shipment of linens late the preceding night. He stated the staff tries to change the linens as often as needed, but residents discard the linens, creating difficulties in keeping a steady supply. He stated: "We work on educating everyone." He stated sleeping on a stained sheet is not a home like environment for a resident.</p> <p>A review of the facility policy, "Quality of Life -</p>	F 584	<p>homelike environment. Discard the sheet to be washed by laundry and apply another. Sheets are to be changed on resident shower days and as needed when stained.</p> <p>4. An audit will be conducted by the DON or designee on 10 beds per week to assess cleanliness of sheets and linens with no stains, any findings will be corrected weekly x 4 weeks then monthly x 2. The findings will be review or revised in the QAPI meeting x 3 months.</p>		

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F 584	Continued From page 3 Homelike Environment," revealed, in part: "Residents are provided with a safe, clean, comfortable and home like environment, and encouraged to use their personal belongings to the extent possible...The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, home like setting...clean, sanitary, and orderly environment...Clean bed and bath linens that are in good condition." No further information was provided prior to exit.	F 584			