

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

PRINTED: 06/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495152</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HALL TAZEWell</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>282 BEN BOLT AVENUE TAZEWell, VA 24651</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 5/24/2022 through 5/26/2022. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 5/24/2022 through 5/26/2022. 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 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to provide activities of daily living care (ADL) for 1 of 27 residents, Resident #138.  Resident #138's fingernails were observed to be long with debris present and their toenails were observed to be long and thick.  The findings included:	F 677	<b>F 677</b> <b>Corrective Action(s):</b> Resident #138's attending physician has been notified that the facility staff failed to provide nailcare and ensure Resident #138's fingernails and toenails were cleaned and trimmed to a safe length.  <b>Identification of Deficient Practices/Corrective Action(s):</b> All other residents may have potentially been affected. The DON/designee will complete a 100% review of all residents for nailcare. Negative findings will be corrected at the time of discovery.		

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

*Bruce Price*

TITLE

*Administrator*

(X6) DATE

*6/20/2022*

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 677	<p>Continued From page 1</p> <p>Resident #138's clinical record included the diagnoses, diabetes, major depressive disorder, and bipolar disorder.</p> <p>Resident #138's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 05/08/22 had been coded 1/1/2 to indicate the resident had problems with long and short-term memory and had modified independence in cognitive skills for daily decision-making. Section G (functional status) was coded 3/3 for personal hygiene to indicate the resident required extensive assistance of two persons to complete this task.</p> <p>Resident #138's comprehensive care plan included the problem area ADL's requires total assist with bathing, extensive assist with dressing and personal hygiene.</p> <p>05/24/22, during initial tour of the facility Resident #138 was observed to have long fingernails and toenails.</p> <p>05/26/22 8:28 a.m., Resident #138's fingernails were observed to be long with debris present. When asked who cut their nails the resident shook their head from side to side. Unlicensed aide #1 removed Resident #138's socks. Resident #138's bilateral great toenails were observed to long and thick with debris present under the nails.</p> <p>05/26/22 8:32 a.m., Licensed Practical Nurse (LPN) #1 stated they normally cut the resident's nails and stated the last time they tried to cut this resident's nails the resident threw a fit and they had not worked for a couple of days.</p>	F 677	<p><b>Systemic Change(s):</b> The facility policy and procedure has been reviewed and no changes are warranted at this time. The DON and/or designee will provide inservice training to the CNA's to address the importance of providing good grooming and hygiene to include nailcare to all residents.</p> <p><b>Monitoring:</b> The DON is responsible for maintaining compliance. The DON and/or ADON will perform nailcare audits weekly coinciding with the care plan calendar to insure that their current hygiene needs are addressed. Residents found in need of nailcare will be reported to DON and/or Designee to be corrected at time of discovery and the CNA staff assigned to the resident will receive additional training and/or disciplinary action as appropriate. Detail findings of these audits will be reported to the Quality Assurance Committee for review, analysis, and recommendations for changes in facility policy, procedure, and/or practice.</p> <p><b>Completion Date:</b> 7/5/22</p>		

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F 677	Continued From page 2  05/26/22 9:10 a.m., the administrator was made aware of the issues regarding Resident #138's toenails and fingernails and information was requested related to any podiatry visits.  05/26/22 9:38 a.m., the administrator stated Resident #138 was on the list to see the podiatrist on 06/10/22 and they did not have any information to indicate this resident had previously seen the podiatrist.  No further information regarding this issue was provided to the survey team prior to the exit conference.	F 677			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and	F 761	<b>F761</b> <b>Corrective Action(s):</b> The expired Loratadine, Cranberry supplements, Omeprazole, Vitamin D-3, Vitamin B-6, Bisacodyl suppositories, Vitamin C, Atenolol and Hydrogen Peroxide were removed and disposed of.  <b>Identification of Deficient Practices &amp; Corrective Action(s):</b> All unit medication rooms, medication refrigerators and medication carts used for the storage medications may have been potentially affected. The DON, ADON and/or Unit Manager will conduct a 100% review of the medication room, medication carts, and medication refrigerators to identify any expired medications. Any/all negative findings will be corrected at time of discovery.		

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F 761	<p>Continued From page 3</p> <p>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>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility staff failed to dispose of expired medications stored in 2 of 4 medication storage rooms and 1 of 6 medication carts.</p> <p>The facility staff failed to dispose of expired medications including Loratadine, Cranberry supplements, Omeprazole, Vitamin D-3, Vitamin B-6, Bisacodyl suppositories, Vitamin C, Atenolol and a bottle of Hydrogen Peroxide.</p> <p>The findings included:</p> <p>On 5/26/22 at 10:30 am, in the presence of licensed practical nurse (LPN) #1, surveyor observed the following unopened bottles of medication located in storage cabinets in the Unit 2 medication room: Loratadine 10 mg tablets with an expiration date of October 2021; Loratadine 10 mg tablets with an expiration date of January 2022; Cranberry Supplement 450 mg tablets with a best by date of February 2022; Vitamin D-3 400 IU with an expiration date of February 2022; Vitamin B-6 50 mg with an expiration date of March 2022; 2 bottles of Omeprazole 20 mg with an expiration date of February 2022; 16 ounce bottle of Hydrogen Peroxide 3% with an expiration date of January 2022; and</p>	F 761	<p><b>Systemic Change(s):</b> Facility policy and procedure for medication and biological storage have been reviewed and no changes are warranted at this time. All licensed nurses will be inserviced by the DON on the facility policy and procedure for storing medications and biologicals. The nursing staff will also be inserviced on the Medication Administration Policy and Procedure to include weekly review of all Medication rooms, medication refrigerators and medication carts for medications to include injectables and unrefrigerated medications and biologicals that may be expired. In addition, The Pharmacy consultant will check each medication room and each medication cart for expired medications during scheduled visits.</p> <p><b>Monitoring:</b> The DON is responsible for maintaining compliance. The DON and/or unit manager will perform weekly Medication room and Medication cart audits to monitor for compliance. All discrepancies found in these audits will be corrected at the time of discovery and disciplinary action taken as appropriate. Results of these audits will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p> <p><b>Completion Date: 7/5/22</b></p>		

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F 761	<p>Continued From page 4</p> <p>2 12-count boxes of Bisacodyl 10 mg suppositories with the expiration date of 12/31/21.</p> <p>LPN #1 stated they would dispose of the expired medications.</p> <p>On 5/26/22 at 10:55 am, in the presence of LPN #3, surveyor observed an open bottle of Atenolol 50 mg tablets for Resident #154 with a use by date of 4/06/22 located in the Unit 1 medication cart. LPN #3 took the bottle of Atenolol from the medication cart and LPN #4, who was also present at the time, stated the resident brought the medication from home.</p> <p>On 5/26/22 at 11:05 am, in the presence of LPN #2, surveyor observed an open bottle of Vitamin C 500 mg tablets with a best by date of February 2022 located in a storage cabinet in the Unit 4 medication room.</p> <p>On 5/26/22 at approximately 11:15 am, surveyor notified the administrator, corporate nurse, and the regional director of clinical services of the observations of the expired medications.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 5/26/22.</p>	F 761			