

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

PRINTED: 05/04/2022  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>495156</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br><b>04/28/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHOICE HEALTHCARE AT ROANOKE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>324 KING GEORGE AVE SW<br/>ROANOKE, VA 24016</b> |
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| F 000         | <p><b>INITIAL COMMENTS</b></p> <p>An unannounced Medicare/Medicaid abbreviated survey was conducted 04/26/2022 through 04/28/2022. Corrections were required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated.</p> <p>The census in this 130 certified bed facility was 56 at the time of the survey. The survey sample consisted of 4 current resident reviews and 1 closed record review.</p> <p>1. #VA00054896: Substantiated with no related deficiencies.</p>   | F 000 | <p>1. Resident #3 MDS BIMs scores section C could not be corrected to reflect the MDS, BIMs score corrected in PCC. MDS Coordinator, received education on accurately coding section C resident BIMs score within coding timeframe.</p>  | 6/9/22 |
| F 641<br>SS=D | <p><b>Accuracy of Assessments</b><br/>CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by:<br/>Based on staff interview and clinical record review the facility staff failed to ensure the MDS (minimum data set) assessment was accurate for 1 of 5 residents, Resident #3.</p> <p>The findings were:</p> <p>For Resident #3 the facility staff failed to ensure the most recent MDS assessment included an accurate code for the resident's BIMS (brief interview for mental status) score.</p> <p>Resident #3's face sheet listed diagnoses to include, but not limited to, acute and chronic respiratory failure with hypoxia (low blood</p> | F 641 | <p>2. An audit of all current residents BIMs Score will be conducted to assure that their most recent MDS reflects their appropriate Cognitive Pattern. In servicing by the Director of Nursing or Designee to the MDS Coordinator on correct coding of section C on the MDS</p> <p>3. The MDS Coordinator educated on the facility policy on resident assessment and cognitive patters.</p> <p>4. Audit will be conducted by the Director of Nursing or Designee on 5 random residents, Section C of the MDS for accuracy twice weekly times 6 weeks then monthly times two months Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy</p> <p>The Administrator will be responsible for overseeing all audit of findings and subsequent disciplinary action, if applicable, will be reported to the facility QAPI Committee monthly for three months to review the need for continued intervention or amendment of plan.</p> |        |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Egrie Sauber* TITLE *administrator* (X6) DATE *5-9-22*

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 641   | <p>Continued From page 1</p> <p>oxygen), chronic kidney disease stage 4, atrial fibrillation, acute embolism (obstruction of an artery) and thrombosis (clotting of the blood) of tibial vein bilateral (both legs), type 2 diabetes mellitus, metabolic encephalopathy (neurological disorder) and dysphagia (difficulty swallowing).</p> <p>The most recent MDS was for a significant change and had an assessment reference date of 04/15/2022. In Section C (cognitive patterns) failed to code a BIMS score and instead showed a dash (-). A staff assessment for mental status coded the resident for having no problem with long or short-term memory and able to recall the current season, location of own room, staff names and faces, and that he was in a nursing home bed. The resident was coded to independently make consistent/reasonable decisions.</p> <p>The MDS coordinator was interviewed on 04/27/2022 at 9:55 a.m. in the conference room and explained that when she input a dash in the BIMS score box instead of a numerical score, it meant the score was not done within the required timeframe. The coordinator pointed out that Resident #3 was alert and oriented, his long and short term memory was okay and he was aware of the correct season, day, his room and staff. The MDS coordinator stated that no one had covered this task while she was out of work and she had been playing catch up since she returned.</p> <p>The administrator, assistant director of nursing, regional director of clinical services, vice president of clinical services, director of nursing, and regional director of operations were notified of this concern in a summary meeting with the</p> | F 641   |   |                      |   |

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| F 641   | Continued From page 2 survey team on 04/27/2022 at 5:00 p.m.  | F 641   |  |   |
| F 684<br>SS=D   | <p>Quality of Care<br/>CFR(s): 483.25</p> <p>§ 483.25 Quality of care<br/>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 resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:<br/>Based on resident interview, staff interviews and clinical record review the facility staff failed to provide care according to the resident's person-centered care plan for 1 of 5 residents reviewed, Resident #3.</p> <p>The findings were:</p> <p>For Resident #3 the facility staff failed to provide 2 staff members to assist the resident with bed mobility as indicated on the comprehensive care plan.</p> <p>Resident #3's face sheet listed diagnoses to include, but not limited to, acute and chronic respiratory failure with hypoxia (low blood oxygen), chronic kidney disease stage 4, atrial fibrillation, acute embolism (obstruction of an artery) and thrombosis (clotting of the blood) of tibial vein bilateral (both legs), type 2 diabetes</p> | F 684   | <p>1. Resident #3 was sent to ED for further evaluation. Returned with no further.</p> <p>2. An 100% audit to be conducted of section G and current residents careplan that require 2-person bed mobility assistance, to ensure staff following plan of care.</p> <p>3. In servicing by the Director of Nursing or Designee on providing 2 CNAs for residents who require 2 CNAs for bed mobility. MDS Coordinator educated on accurate performance of functional ability documentation.</p> <p>4. Audit will be conducted by the Director of Nursing or Designee on 5 random residents, Section G of the MDS for accuracy of residents requiring two person assist and that CNAs are following assessment and careplan for 2 person assist for bed mobility twice weekly times 6 weeks then monthly times two months Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy</p> <p>The Administrator will be responsible for overseeing all audit of findings and</p> | 6/9/21  |

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|  |  |  | <p>subsequent disciplinary action, if applicable, will be reported to the facility QAPI Committee monthly for three months to review the need for continued intervention or amendment of plan</p> |  |
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| F 684                    | <p>Continued From page 3</p> <p>mellitus, metabolic encephalopathy (neurological disorder) and dysphagia (difficulty swallowing).</p> <p>The most recent MDS was for a significant change and had an assessment reference date of 04/15/2022. In Section C (cognitive patterns) failed to code a BIMS score and instead showed a dash (-). A staff assessment for mental status coded the resident for having no problem with long or short-term memory and able to recall the current season, location of own room, staff names and faces, and that he was in a nursing home bed. The resident was coded to independently make consistent/reasonable decisions. Section G (functional status) coded Resident #3 as requiring two plus personal physical assist for bed mobility and transfers.</p> <p>Resident #3's care plan contained a focus area regarding "ADL (activities of daily living) self-care performance deficit..." with interventions that included "BED MOBILITY: extensive assist on 2 staff for repositioning and turning in bed; and as necessary." This care plan was initiated on 03/03/2022 with the latest revision on 04/27/2022.</p> <p>Resident #3 was interviewed in the afternoon of 04/26/2022 in his room. The resident reported he fell out of his bed while at the facility recently. The resident described how a staff member was standing on one side of his bed and instructed him to roll away from her while she assisted with cleaning the resident. He described rolling away from the staff member and said he kept rolling until he hit the floor. Resident #3 said the staff member was trying to reach for him to keep him from rolling out of the bed but she could not stop him because she was on the wrong side of the bed to prevent his fall. The resident pointed to</p> | F 684               |  |                            |

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| F 684   | <p>Continued From page 4</p> <p>the right side of his face to indicate he hit his head. He reported going to the hospital to be checked and returned to the facility. The resident's face was observed to be slightly swollen on the right side near his eye.</p> <p>The regional director of clinical services was interviewed on 04/26/22 at 5:35 p.m. and was aware of Resident #3's fall on 04/23/2022. She provided investigation documents related to the resident's fall.</p> <p>A progress note dated 04/24/22 at 1:36 a.m. was written by a respiratory therapy (RT) and read the resident was in the floor at approximately 11:30 p.m. (4/23/2022). A CNA (certified nursing assistant) had requested his help with the patient saying she had rolled him and "he kept going." The resident had hit his head on the side table. No other injuries were visible and patient confirmed his head was the only injury. The RT, a nurse, and CNA placed the resident back in bed. The patient was sent to the emergency department (ED) for evaluation. A different progress note dated 04/24/2022 at 10:00 a.m. read the resident returned from the hospital in stable condition with no new orders and bruising noted on his face.</p> <p>The respiratory therapist who had made the progress note regarding the fall was interviewed via phone on 04/27/22 at approximately 1:45 p.m. He recalled the incident and described it the same as his progress note read. He stated the emergency medical services (EMS) was at the facility within 10 minutes of being called. The RT did not witness the fall and said there was only one CNA who came to request help after the fall.</p> | F 684  |  |                            |

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| F 684   | <p>Continued From page 5</p> <p>The regional director of clinical services provided the names and phone numbers of the nurse and CNA involved in the incident. The surveyor's attempts to contact both via phone were unsuccessful.</p> <p>The Director of Therapy, an occupational therapist (OT), was interviewed on 04/28/2022 at 11:00 a.m. She described providing the staff education on the importance of rolling residents towards you and utilizing the enablers (1/4 side rails) on Resident #3's bed to help with positioning. Evidence of staff training following Resident #3's fall was provided.</p> <p>The facility's investigation documentation included a statement from the CNA, RT, and Resident #3. The regional director of clinical services reported not being able to contact the nurse, who worked for an agency, at this point. The CNA's emailed statement read that she responded to the resident's light being on and went in to change his brief. The statement did not indicate there was anyone other than the one CNA in the room when the resident fell.</p> <p>The After Visit Summary from the hospital ED visit dated 04/24/2022 was reviewed. The resident was seen for a fall and head injury. Diagnoses included closed head injury, on apixaban (blood thinner) therapy, fall from bed, contusion of face, and facial abrasion. Imaging tests included a CT cervical spine without contrast, CT head/brain without contrast, and chest X-ray one view. Resident #3 received acetaminophen and a tetanus, diphtheria, and pertussis vaccine.</p> <p>The administrative team, which included the</p> | F 684   |   |   |

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| F 684   | Continued From page 6<br>director of nursing, assistant director of nursing, regional director of clinical services, administrator, and regional director of operations, was informed of this concern during a summary meeting.<br><br>No further information was provided prior to the exit conference. | F 684   |   |                      |   |