

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

PRINTED: 12/05/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HALL - LAUREL MEADOWS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>16600 DANVILLE PIKE</b> <b>LAUREL FORK, VA 24352</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	
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey was conducted 11/14/2022 through 11/15/2022. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints (VA00056417- unsubstantiated, VA00052676- unsubstantiated), were investigated during the survey.  The census in this 60 certified bed facility was 56 at the time of the survey. The survey sample consisted of 6 resident reviews.	F 000			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to treat a stage II pressure ulcer as ordered by the provider for 1 of 6 residents, Resident #2.  The findings included:	F 686	F686 Corrective Action(s): Resident #2's attending physician was notified that the facility staff failed to apply a physician ordered dressing for two days because the order had been mistakenly	12/21/22	

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

TITLE

(X6) DATE

Electronically Signed

11/30/2022

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 686	<p>Continued From page 1</p> <p>The facility staff discontinued Resident #2's treatment orders for a stage II pressure ulcer. This resulted in the pressure ulcer not being treated for 2 days.</p> <p>Resident #2's diagnoses included, but were not limited to, stage II pressure ulcer, age related debility, and muscle weakness.</p> <p>Section C (cognitive patterns) of Resident #2's quarterly minimum data set (MDS) assessment with an assessment reference date of 11/04/22 included a brief interview for mental status (BIMS) score of 6 out of a possible 15 points.</p> <p>Resident #2's comprehensive care plan included the problem/need area at risk for skin breakdown dressing to left hip as ordered.</p> <p>The clinical record included a provider order dated 10/27/22 for a foam dressing to be applied to the left hip every day.</p> <p>A review of the clinical record revealed that the dressing to the left hip had been discontinued by the nursing staff. The surveyor was unable to find any documentation indicating the stage II pressure ulcer had healed.</p> <p>11/14/22 at 1:42 p.m., during an observation with Licensed Practical Nurse (LPN) #1 and #2 the surveyor observed a dressing in place to the residents left hip. Upon removal of the dressing the surveyor observed a red area to the left hip with the center being yellow in appearance. LPN #2 stated the dressing was dated 11/11/22. LPN #2 reviewed the clinical record with the surveyor and stated the dressing had been discontinued in</p>	F 686	<p>discontinued.</p> <p>Resident #2's wound has be assessed by the wound care physician and the physician has clarified treatment orders.</p> <p>Identification of Deficient Practice(s) and Corrective Action(s): All other residents may have been potentially affected. The DON/designee will complete a skin audit of all residents to ensure all identified wounds have current treatment orders. Any negative findings will be addressed upon discovery.</p> <p>Systemic Change(s): The facility Policy and Procedure for Wound Care has been reviewed and no changes are warranted at this time. The licensed nursing staff will be in-serviced by the Wound Care Nurse and/or the DON on the facility's Pressure Ulcer Treatment and Prevention Policy and Procedure to include transcribing physicians' orders</p> <p>Monitoring: The DON is responsible for compliance. The DON/designee will review all residents identified with pressure ulcer wounds weekly and document the progression of wound healing weekly to ensure treatments remain in place until the wound is healed. Any/all negative findings will be addressed at time of discovery and additional in-service training and/or disciplinary with will be administered at that time. The results of the audits will be sent to the Quality Assurance Committee monthly for review,</p>		

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F 686	<p>Continued From page 2</p> <p>error. Indicating Resident #2's treatment was not completed on 11/12/22 and 11/13/22 per the providers orders.</p> <p>A telemedicine follow up evaluation was completed on 11/14/22 per the request of the medical provider. LPN #2 provided the surveyor with a copy of the "WOUND CARE TELEMEDICINE FOLLOW UP EVALUATION." This document was dated 11/14/22, identified the area to Resident #2's left hip as being a stage II pressure ulcer, and included the following information "Asked to reevaluate wound due to an issue with treatment orders at the facility. The wound overall still appears to be improving, with a decrease in surface area since the last visit." This document included the following measurements wound size 3.2 cm length X 1.0 cm width X 0.1 cm depth. Surface area 3.20 cm. Wound Progress improved. The clinical record included a "WOUND EVALUATION &amp; MANAGEMENT SUMMARY" dated 11/11/22 that included the following wound measurements 3.2 cm length X 1.5 cm width X 0.1 cm depth. Surface Area 4.80 cm.</p> <p>LPN #2 transcribed the following order on 11/14/22 "Tx (treatment) to left hip-Cleanse with DWC (wound cleanser), apply alginate with foam dressing Q (every) day and PRN (as needed) until resolved."</p> <p>The Administrator and Nurse Consultant #1 were notified of the issue regarding Resident #2's stage II pressure ulcer treatment during an end of the day meeting with the survey team on 11/14/22 at 4:20 p.m.</p> <p>No further information regarding this issue was</p>	F 686	<p>analysis, and recommendations for change in facility policy, procedure, and/or practice.</p> <p>Completion Date: 12-21-2022</p>		

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F 686	Continued From page 3 provided to the survey team prior to the exit conference on 11/15/22.	F 686			