

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

PRINTED: 12/22/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495359</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/07/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD VILLAGE OF ORANGE COUNTY HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 DOGWOOD LANE</b> <b>ORANGE, VA 22960</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	E 000			
F 000	INITIAL COMMENTS	F 000			
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)  §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is	F 622		1/10/23	

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

TITLE

(X6) DATE

Electronically Signed

12/19/2022

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 622	<p>Continued From page 1</p> <p>endangered due to the clinical or behavioral status of the resident;</p> <p>(D) The health of individuals in the facility would otherwise be endangered;</p> <p>(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record</p>	F 622			

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F 622	Continued From page 2 must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to provide evidence that all required information was provided to the receiving hospital when one out of 46 residents in the survey sample was transferred to the hospital,	F 622	F622 Corrective Action(s): Resident #31's responsible party has been notified that the facility staff failed to document what information was sent to the receiving provider when Resident #31		

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F 622	<p>Continued From page 3 Resident # 31.</p> <p>The findings include:</p> <p>The facility staff failed to evidence provision of required resident information to the receiving facility at the time of discharge for Resident #31. Resident #31 was transferred to the hospital on 10/15/22.</p> <p>Resident #31 was admitted to the facility on 9/18/20 with diagnosis that included but were not limited to: COPD (chronic obstructive pulmonary disease), PNA (pneumonia), Chronic respiratory failure and OSA (obstructive sleep apnea).</p> <p>The most recent MDS (minimum data set) assessment, a 5-day Medicare assessment, with an ARD (assessment reference date) of 11/7/22, coded the resident as scoring a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. A review of the MDS Section G-functional status coded the resident as being totally dependent for transfer and bathing; requiring extensive assistance for bed mobility, dressing and is independent for eating. Walking and locomotion did not occur.</p> <p>A review of the comprehensive care plan with a revision date of 10/17/22 and 11/2/22, revealed, "CATEGORY: Resident is at risk for impaired gas exchange related to COPD, chronic respiratory failure and OSA. He has a history of PNA and acute respiratory failure. Readmitted to the facility post hospitalization with a diagnosis of pneumonia. INTERVENTIONS: Administer medications as ordered. Report any increased cough or shortness of breath. Monitor for</p>	F 622	<p>was transferred to the emergency room on 10/15/2022.</p> <p>Identification of Deficient Practices/Corrective Action(s): All other residents discharged and/or transferred from the facility may have been affected. The DON, ADON and/or Unit Managers will conduct a 100% audit of all residents who have been discharged and/or transferred from the facility in the past 30 days to identify any residents that did not have documentation that resident clinical information was sent with the resident to the receiving provider. A facility Incident &amp; Accident Form will be completed for each negative finding.</p> <p>Systemic Change(s): The facility policy and procedure has been reviewed and revised to reflect the required documentation that is to be sent with the resident when discharging and/or transferring to another provider for treatment. The DON and/or Administrator will inservice facility licensed staff on the information required to be submitted to the receiving facility/provider when a resident is being transferred or discharged to the hospital or other outside health care facility. The inservice will also include the requirement that there be documentation in the medical record of what information is being sent to the receiving provider/facility.</p> <p>Monitoring: The DON and/or ADON will be responsible for maintaining compliance.</p>		

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F 622	<p>Continued From page 4</p> <p>cyanosis. Administer oxygen per physician orders. CPAP (continuous positive airway pressure) to be placed on resident at 11 PM per his request-settings per physician orders."</p> <p>A review of the nursing progress note dated 10/15/22 at 7:07 AM, revealed "Called to room at approximately 6:00 AM to assess resident. Resident noted to be very confused, had taken off CPAP (continuous positive airway pressure) mask. Refused to keep on. Several attempts made to reapply CPAP mask and oxygen nasal cannula without success. Oxygen saturation at 55%, blood pressure 154/85, pulse 124, respirations 22 and temperature 97.3. COVID test negative with no cyanosis noted. NP (nurse practitioner) made aware of assessment. Gave new order to send to ER (emergency room) to be evaluated. RP (responsible party) called and voice message left to call here concerning resident. DON (director of nursing) aware. 911 notified to transport resident to ER. Resident left via stretcher to ER."</p> <p>There was no evidence of clinical documents sent with the resident to the hospital on 10/15/22. A request for clinical documents sent to the facility with the resident was made on 12/7/22 at 8:50 AM.</p> <p>On 12/7/22 at 9:00 AM, ASM (administrative staff member) #2, the director of nursing, stated, "We do not have any evidence of the clinical documents sent for this resident."</p> <p>On 12/7/22 at 10:45 AM, ASM #1, the executive director and ASM #2, the director of nursing was made aware of the findings.</p>	F 622	<p>The DON, ADON and/or designee will conduct weekly audits of all residents who have been discharged and/or transferred to another provider from the facility to monitor for compliance. Any/all negative findings will be corrected at time of discovery. Aggregate findings of these audits will be reported to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p> <p>Completion Date: January 10, 2023</p>		

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F 622	Continued From page 5 On 12/7/22 at 11:10 AM, ASM #2 stated, we do not have any policy related to documents sent to the facility when a resident is transferred.	F 622			
F 623 SS=D	No further information was provided prior to exit. Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)  §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section.  §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of	F 623		1/10/23	

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F 623	Continued From page 6 this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.  §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and	F 623			

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F 623	<p>Continued From page 7</p> <p>email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to evidence written RP (responsible party) notification was provided when one of 46 residents in the survey sample was transferred to the hospital; Residents #31.</p> <p>The findings include:  The facility staff failed to evidence provision of written RP (responsible party) notification of transfer/discharge for Resident #31. Resident #31 was transferred to the hospital on 10/15/22.</p>	F 623	<p>F623 Corrective Action(s): Resident #31's responsible party has been notified that the facility failed to provide a discharge/transfer notice for the resident's transfer to the hospital on 10/15/22.</p> <p>Identification of Deficient Practices/Corrective Action(s): All other residents discharged and/or transferred from the facility may have been affected. The Social Services Directors and/or Admissions Director will</p>		



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F 623	<p>Continued From page 8</p> <p>Resident #31 was admitted to the facility on 9/18/20 with diagnosis that included but were not limited to: COPD (chronic obstructive pulmonary disease), PNA (pneumonia), Chronic respiratory failure and OSA (obstructive sleep apnea).</p> <p>The most recent MDS (minimum data set) assessment, a 5-day Medicare assessment, with an ARD (assessment reference date) of 11/7/22, coded the resident as scoring a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired.</p> <p>A review of the nursing progress note dated 10/15/22 at 7:07 AM, revealed "Called to room at approximately 6:00 AM to assess resident. Resident noted to be very confused, had taken off CPAP (continuous positive airway pressure) mask. Refused to keep on. Several attempts made to reapply CPAP mask and oxygen nasal cannula without success. Oxygen saturation at 55%...NP (nurse practitioner) made aware of assessment. Gave new order to send to ER (emergency room) to be evaluated. RP (responsible party) called and voice message left to call here concerning resident. DON (director of nursing) aware. 911 notified to transport resident to ER. Resident left via stretcher to ER."</p> <p>There was no evidence of written RP notification when the resident was transferred to the hospital on 10/15/22. A request for evidence of written RP notification when the resident was transferred was made on 12/7/22 at 8:50 AM.</p> <p>On 12/7/22 at 9:00 AM, ASM (administrative staff member) #2, the director of nursing, stated, "We do not have any evidence of written RP</p>	F 623	<p>conduct a 100% audit of all residents who have been discharged and/or transferred in the past 30 days to identify any residents that did not have their RP notified prior to transfer. A facility Incident &amp; Accident Form will be completed for each negative finding.</p> <p>Systemic Change(s): Facility policy and procedures have been reviewed and no revisions are warranted at this time. The Administrator will inservice the facility's social worker(s) and nursing administration on the requirement that the resident's responsible party be notified of resident discharges/transfers and that this notification is to be documented in the resident's medical record.</p> <p>Monitoring: The DON and Social Service director(s) will be responsible for maintaining compliance. The DON and/or Social Services director(s) will conduct weekly audits of all residents who have been discharged and/or transferred to another provider from the facility to monitor for compliance. Any/all negative findings will be corrected at time of discovery. Aggregate findings of these audits will be reported to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. Completion Date: January 10, 2023</p>		

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F 623	Continued From page 9 notification for this resident."  On 12/7/22 at 10:45 AM, ASM #1, the executive director and ASM #2, the director of nursing were made aware of the findings.  On 12/7/22 at 11:10 AM, ASM #2 stated they do not have any policy related to written RP notification when a resident is transferred.  No further information was provided prior to exit.	F 623			
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)  §483.15(d) Notice of bed-hold policy and return-  §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section.  §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing	F 625		1/10/23	

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F 625	<p>Continued From page 10</p> <p>facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to provide evidence that bed hold notification was provided when one out of 46 residents in the survey sample was transferred to the hospital; Residents #31.</p> <p>The findings include:</p> <p>The facility staff failed to evidence a bed hold notification was provided to the resident or the responsible party (RP) at the time of transfer for Resident #31. Resident #31 was transferred to the hospital on 10/15/22.</p> <p>A review of the nursing progress note dated 10/15/22 at 7:07 AM, revealed "Called to room at approximately 6:00 AM to assess resident. Resident noted to be very confused, had taken off CPAP (continuous positive airway pressure) mask. Refused to keep on. Several attempts made to reapply CPAP mask and oxygen nasal cannula without success. Oxygen saturation at 55%...NP (nurse practitioner) made aware of assessment. Gave new order to send to ER (emergency room) to be evaluated. RP (responsible party) called and voice message left to call here concerning resident...Resident left via stretcher to ER."</p> <p>There was no evidence of bed hold notice when the resident was sent to the hospital on 10/15/22. A request for bed hold when the resident was</p>	F 625	<p>F625</p> <p>Corrective Action(s): Resident #31 and their RP have been notified that the facility failed to review and offer notice of bed-hold when Resident #31 was transferred to the hospital on 10/15/22.</p> <p>Identification of Deficient Practice(s) and Corrective Action(s): All other residents discharged or transferred to the emergency room and/or hospital could have potentially been affected. The Bed-Hold policy and forms are now kept at each nursing station for after-hours transfers to the hospital to be completed by the charge nurse. The Social Services director(s)/Admissions director will be responsible for normal business hours transfer notification of all bed-holds to residents and/or Responsible parties.</p> <p>Systemic Change(s): The facility Policy and Procedure has been reviewed and no changes are warranted at this time. The Social Services Directors, Admissions Director and licensed staff will be inserviced by the administrator on the bed-hold requirement and the proper use and notification of the Bed-Hold policy.</p>		

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495359</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/07/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD VILLAGE OF ORANGE COUNTY HEALTH AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 DOGWOOD LANE</b> <b>ORANGE, VA 22960</b>		
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F 625	<p>Continued From page 11 sent to the hospital made on 12/7/22 at 8:50 AM.</p> <p>On 12/7/22 at 9:00 AM, ASM (administrative staff member) #2, the director of nursing, stated, "We do not have any evidence of the bed hold for this resident."</p> <p>On 12/7/22 at 10:45 AM, ASM #1, the executive director and ASM #2, the director of nursing were made aware of the findings.</p> <p>On 12/7/22 at 11:10 AM, ASM #2 stated they do not have any policy related to bed hold when a resident is transferred.</p> <p>No further information was provided prior to exit.</p>	F 625	<p>Monitoring: The Admissions Director and Social Service Director are responsible for compliance. All transfers/discharges from the facility will be audited by the Social service director and/or Admissions Director to ensure proper bed-hold notification was completed at the time of transfer or discharge. Any/all negative findings will be corrected at time of discovery. The results of these audits will be forwarded to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. Completion Date: January 10, 2023</p>	