

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

PRINTED: 11/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/19/2022
NAME OF PROVIDER OR SUPPLIER ALBEMARLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1540 FOUNDERS PLACE CHARLOTTESVILLE, VA 22902	
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F000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 10/18/2022 through 10/19/2022. One complaint was investigated during the survey. Complaint VA00056468 substantiated with no deficient practice. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirement(s). The census in this 120 certified bed facility was 112 at the time of the survey. The survey sample consisted of 11 current Resident reviews (Residents # 101 through 107, and 109 through 112), and one closed record review (Resident # 108).	F000		
F550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) 483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. 483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. 483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical	F550	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F550 Resident Rights 1. Staff members interviewed during the survey were educated during the survey on how to provide a dignified dining experience for Resident #112. 2. Current residents that require feeding have the potential to be affected.	10/27/22

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

TITLE

(X6) DATE

Electronically Signed

10/25/2022

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F550	<p>Continued From page 1</p> <p>policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and clinical record review, the facility staff failed to provide dignity during dining for one of twelve residents in the survey sample (Resident #112). Resident #112 waited approximately 45 minutes for lunch while all other residents in the dining area were served and consumed their meals. Staff members referred to Resident #112 as a "feeder."</p> <p>The findings include:</p> <p>Resident #112 was admitted to the facility with diagnoses that included Alzheimer's, dysphagia, cognitive communication deficit, protein-calorie malnutrition and diabetes. The minimum data</p>			F550	<p>The DON or designee will educate current staff on the maintaining a dignified dining experience for current residents and proper terminology to use when refereeing to residents that need assistance with meals.</p> <p>3. The DON or designee will audit residents during mealtimes weekly to ensure a dignified dining experience is maintained for current residents and staff are referring to residents in appropriate terminology.</p> <p>4. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted on a random basis</p> <p>5. Date of Compliance 10/27/22</p>		

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F550	<p>Continued From page 2</p> <p>set (MDS) dated 10/4/22 assessed Resident #112 with short and long-term memory problems and severely impaired cognitive skills.</p> <p>On 10/18/22 starting at 12:20 p.m., a dining observation was conducted on the 100 unit. Resident #112 was seated in a reclining chair at this time and was positioned by a staff member at a table in the dining area. Eleven other residents came and/or were assisted to the dining area with the first resident served lunch at approximately 12:45 p.m. From 12:45 p.m. to 1:00 p.m., all the residents in the dining area were served and ate their lunch except Resident #112. At 1:00 p.m., staff members began delivering lunch trays to the residents on the unit eating in their rooms. During this time, Resident #112 continued to sit at a table alone while other residents in the dining area consumed their meals.</p> <p>On 10/18/22 at 1:22 p.m., the certified nurses' aide (CNA #1) serving meal trays on the 100 unit was interviewed about Resident #112. CNA #1 stated, "She's a feeder." CNA #1 stated that Resident #112 would be fed after all the trays were delivered to the floor. CNA #1 stated staff would have more time to feed Resident #112 after the other residents were served.</p> <p>On 10/18/22 at 1:20 p.m., all the other residents seated in the dining area had finished their meals with some residents exiting the dining area. A housekeeping employee began sweeping debris from the dining area floor. Resident #112 remained seated in the reclining chair at a dining room table alone without food and/or drink.</p> <p>On 10/18/22 at 1:30 p.m., licensed practical nurse (LPN #2) obtained Resident #112's</p>			F550			

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F550	<p>Continued From page 3</p> <p>food/drink from the kitchenette and started assisting the resident with eating lunch. From the start of the meal service to residents in the dining area, Resident #112 waited approximately 45 minutes for her plate.</p> <p>On 10/18/22 at 2:15 p.m., LPN #2 was interviewed about Resident #112's lunch service. LPN #2 stated it was routine for staff to serve other residents in the dining room and on the unit prior to those requiring assistance. LPN #2 stated "feeders" were fed last.</p> <p>On 10/18/22 at 2:25 p.m., the unit manager (LPN #1) was interviewed about Resident #112's lunch observation. LPN #1 stated regarding Resident #112, "She's a feeder." LPN #1 stated Resident #112 should not have waited while others ate in the dining room. LPN #1 stated if the resident was seated in the dining area she should have been served/fed along with the other residents.</p> <p>Resident #112's plan of care (revised 10/18/22) documented the resident required assistance with activities of daily living including eating due to weakness and cognitive impairment, exhibited adverse mood symptoms related to Alzheimer's and was at risk of impaired psychosocial well-being due to vision impairment, dysphagia and dementia. Interventions to promote eating and prevent mood and/or psychosocial problems included providing extensive assistance with eating as needed, monitoring for feelings of sadness, loss of pleasure and/or interests, communication with resident and allowing time for resident to express feelings.</p> <p>This finding was reviewed with the administrator, director of nursing and regional director of clinical services during a meeting on 10/19/22 at</p>			F550			

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F550	Continued From page 4 9:15 a.m.			F550			

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