

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

PRINTED: 02/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 02/10/2023
NAME OF PROVIDER OR SUPPLIER YORK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 113 BATTLE ROAD YORKTOWN, VA 23692		
(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 revisit to the abbreviated standard survey conducted 12/28/22 through 12/29/22, was conducted on 02/10/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The census in this 80 certified bed facility was 74 at the time of the survey. The survey sample consisted of 3 resident reviews.	{F 000}			
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.	F 726		3/21/23	

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

TITLE

(X6) DATE

Electronically Signed

02/20/2023

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 726	<p>Continued From page 1</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review, and facility documentation the facility staff failed to show competency of the comprehensive care plan for 1 Resident (#12) in a survey sample of 3 Residents.</p> <p>The findings include:</p> <p>Resident # 12's CNA incorrectly stated that Resident #12 transfers by stand and pivot. However, the CNA worksheet and the care plan read that the resident was to use a sit to stand lift for transfers.</p> <p>On 2-10-23 at approximately 11:20 PM Resident #12 was observed in her wheelchair in the area near the nurses station. Attempts at interview were unsuccessful as Resident was unable to follow the conversation and or questions that were asked. A review of the most recent BIMS (Brief Interview of Mental Status) dated 12-12-22 revealed the Resident scored a 10/15 indicating moderate cognitive impairment.</p> <p>On 2-10-23 at approximately 11:40 AM, an interview was conducted with CNA D who was asked if Resident #12 was on her assignment and she stated that she was. She was then asked how Resident #12 transfers from bed to chair or wheel chair. CNA D stated, "[Resident</p>	F 726	<p>F726 Based on interview, clinical record review, and facility documentation the facility staff failed to show competency of the comprehensive care plan for Resident (#12) in a survey sample of 3 residents.</p> <p>1. CNA D was provided additional education regarding the identified competency gap related to her understanding and verbalization of the resident's plan of care. An individual competency-based training for CNA D was initiated to ensure resident safety, quality of care, and service are being delivered per the resident's care plan.</p> <p>2. All Certified Nurse Aides currently working in facility will be evaluated to ensure they are able to demonstrate their ability and knowledge of the CNA Worksheet as it relates to the transfer method in the resident's plan of care. Any staff members who fail to demonstrate proper use of the CNA Worksheet will have an individual competency- based training program initiated.</p>		

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F 726	<p>Continued From page 2</p> <p>#12 name redacted] transfers by stand and pivot." When asked if she was sure of this information she stated that she was. When asked where she would locate information on how a resident is to transfer, she stated that "The CNA Worksheet has all of that information." When asked if she has a CNA worksheet she stated that she did and indicated some folded papers sticking out of her pocket. When asked where she gets the "CNA Worksheet" she stated that they are given a copy at the beginning of each shift. When asked if she has anyone on her assignment that uses the sit to stand lift she stated that she did not.</p> <p>On 2-10-23 a review of the clinical record revealed that Resident #12's most recent MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 12-12-22, coded the Resident as follows in section G 0110:</p> <p>Transfers - #3-Extensive assistance with #2 One-person physical assistance. The Resident was also coded as using a wheelchair with assistance of 1 person for mobility.</p> <p>Section G 0300 coded as follows:</p> <p>"A - Moving seated to standing - #2 Not steady only able to stabilize with human assistance." "D - Moving on and off toilet -#2 Not steady only able to stabilize with human assistance." "E - Surface to Surface - #2 Not steady only able to stabilize with human assistance."</p> <p>Resident #12's care plan read as follows: "FOCUS: Restorative Nursing - Transfer</p>	F 726	<p>3. CNA Orientation to the facility for all scheduled/working CNA's will include education on how to obtain information about resident's plan of care and the CNA Worksheet. The facility assessment was reviewed to ensure that the staff training and competency section included transfers and resident centered care plans.</p> <p>4. The DON/Designee will evaluate 5 CNA's weekly for 8 weeks to ensure that CNA's are able to demonstrate ability and knowledge of the CNA Worksheet as it relates to the transfer method in the resident's plan of care. The DON/ designee will review the audit results for any patterns or trends and report any findings to our Quality Assessment and Assurance Committee.</p> <p>5. All corrective actions will be completed by March 21, 2023.</p>		

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F 726	<p>Continued From page 3</p> <p>Potential for decline in ability to ambulate or transfer STATUS: Active (Current)"</p> <p>"GOAL: [Resident #12 name redacted] will maintain the ability to transfer self independently [Resident #12 name redacted] will maintain ability to assist with transfers with use of sit to stand lift STATUS: Active (Current)"</p> <p>"Interventions: PT, OT screen as indicated STATUS: Active (Current)</p> <p>Notify nurse of any change in participation or endurance STATUS: Active (Current)</p> <p>Provide cues and assist as needed STATUS: Active (Current)"</p> <p>A review of the "CNA Worksheet" Revealed that Resident #12 is listed as requiring a sit to stand lift.</p> <p>On 2/10/23 at approximately 11:55 AM an interview was conducted with LPN C, who was asked if she had a copy of the CNA Worksheet. She indicated that she did when asked to look at Worksheet and see how Resident #12 transfers. She was asked how the Resident transfers and she stated that she uses a sit to stand lift. When asked if the CNA assigned to her should be aware of this information if they are in possession of the worksheet she stated that they should. When asked if the CNA should be following the guidelines of the worksheet she stated that they</p>	F 726			

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F 726	<p>Continued From page 4</p> <p>should. When asked what could happen if they do not follow the guidelines, she stated they could be injured or fall.</p> <p>On 2/10/23 at approximately 12:45 PM an interview was conducted with the DON who was asked about the "CNA Worksheet" and if it should align with the care plan for each resident. The DON stated that the "Worksheet" was developed to aid the CNA's in knowing how to care for each Resident. She stated that among other things it outlines the type of transfers and equipment used with each Resident.</p> <p>On 2/10/23 during the end of day meeting the Administrator was made aware of the findings and no further information was provided.</p>	F 726			