

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

PRINTED: 03/23/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2023
NAME OF PROVIDER OR SUPPLIER CULPEPER HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701		
(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 3/7/2023 through 3/8/2023. Five complaints were investigated during the survey (VA00057982- unsubstantiated, VA00057983- unsubstantiated, VA00057890- substantiated without deficiency, VA00056768- substantiated without deficiency, and VA00056271- unsubstantiated). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. The census in this 180 certified bed facility was 180 at the time of the survey. The survey sample consisted of five current resident reviews and three closed record reviews.	F 000			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842		4/4/23	

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

TITLE

(X6) DATE

Electronically Signed

03/21/2023

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 842	<p>Continued From page 1</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening 	F 842			

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F 842	<p>Continued From page 2</p> <p>and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, it was determined that the facility staff failed to maintain an accurate clinical record for two of eight residents in the survey sample, Resident #2 and Resident #4.</p> <p>The findings include:</p> <p>1. For Resident #2 (R2), the facility staff failed to maintain accurate ADL (activities of daily living) documentation for incontinence care provided for dates in October 2022 and November 2022.</p> <p>On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 10/11/2022, the resident scored 10 out of 15 on the BIMS (brief interview for mental status) assessment indicating the resident was moderately impaired for making daily decisions. Section G documented R2 required extensive assistance from two or more staff for toileting and personal hygiene. The assessment documented R2 was frequently incontinent of bladder and bowel.</p> <p>The comprehensive care plan for R2 documented in part, "INCONTIENCE [sic]: (Name of R2) is occasionally incontinent of bladder and continent of bowels due to: diuretic use, decreased strength and balance. Created on: 10/05/2022. Revision on: 11/11/2022..."</p>	F 842	<p>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.</p> <p>F842</p> <p>1. Resident #2 is no longer a resident in the facility. Resident #4 remains in the facility and the ADL documentation is up-to-date with continued monitoring.</p> <p>2. Current residents in the facility have the potential to be affected.</p> <p>3. The DON or designee will educate current CNA staff on how to document ADLs correctly in PCC to reflect the care given for their shift to include timeliness and accuracy of documentation.</p> <p>4. The DON or designee will monitor the POC charting of 25 residents five times per week to ensure compliance with the POC charting.</p> <p>5. Results of the audit will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists,</p>		

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F 842	<p>Continued From page 3</p> <p>The ADL documentation for R2 dated 10/1/2022-10/31/2022 documented in part, "Bowel/Bladder Elimination." Review of the ADL documentation failed to evidence incontinence care documented on the day shift (7:00 a.m. to 7:00 p.m.) on 10/19/2022, and on the night shift (7:00 p.m. to 7:00 a.m.) on 10/6/2022, 10/8/2022, 10/12/2022, 10/17/2022, 10/23/2022, and 10/26/2022. The areas for documentation on the dates listed above were observed to be blank.</p> <p>The ADL documentation for R2 dated 11/1/2022-11/30/2022 documented in part, "Bowel/Bladder Elimination." Review of the ADL documentation failed to evidence incontinence care documented on the day shift on 11/3/2022. The area for documentation on 11/3/2022 day shift was observed to be blank.</p> <p>On 3/7/2023 at 12:10 p.m., an interview was conducted with CNA (certified nursing assistant) #1. CNA #1 stated that they rounded every one to two hours for incontinence care. CNA #1 stated that they cleaned the residents, applied a barrier cream and changed their clothes if needed. CNA #1 stated that they checked the residents more often if they were known to be a more frequent wetter or if they called them.</p> <p>On 3/8/2023 at 7:20 a.m., an interview was conducted CNA #1. CNA #1 stated that blank areas in the bowel/bladder documentation indicated that they did not document the care on that shift. CNA #1 stated that they were supposed to document each shift. CNA #1 stated that they worked 12 hour shifts and some CNAs worked eight hour shifts so the day documentation covered the day and evening shift</p>	F 842	<p>the monitoring will be conducted on a random basis.</p> <p>6. Date of Compliance: April 4, 2023</p>		

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F 842	<p>Continued From page 4</p> <p>and the evening documentation covered the evening and night shift. When asked if the blanks in the documentation indicated a complete and accurate medical record, CNA #1 stated that that the record was not complete or accurate.</p> <p>The facility policy, "Documentation Summary" dated 11/01/2019 documented in part, "Policy: Licensed Nurses and CNAs will document all pertinent nursing assessments, care interventions, and follow up actions in the medical record..."</p> <p>On 3/8/2023 at approximately 9:10 a.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional director of clinical services were made aware of the findings.</p> <p>On 3/8/2023 at 9:40 a.m., ASM #2 stated that they did not have evidence of the ADL documentation for incontinence care for the dates listed above for R2.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #4, the facility staff failed to maintain accurate ADL (activities of daily living) documentation for incontinence care.</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 1/27/23, coded the resident as scoring a 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. A review of the MDS Section G-functional status coded the resident as being totally dependent for bathing, transfer, locomotion, dressing and hygiene and requiring</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>extensive assistance for bed mobility and eating.</p> <p>A review of the comprehensive care plan dated 6/14/19 and revised 2/11/23, which revealed, "FOCUS:...Resident has episodes of bowel/bladder incontinence related to Dementia, Impaired Mobility...ACTIVITIES: notify nursing if incontinent during activities. Clean peri-area with each incontinence episode. Ensure the resident has unobstructed path to the bathroom. INCONTINENT: Peri-care as needed for incontinent episodes. Monitor/document for signs/symptoms of urinary tract infection."</p> <p>Observation during the survey period of 3/7/23 - 3/8/23 revealed incontinence care being provided to residents on Units, I, II and III.</p> <p>A review of the December 2022 ADL (activities of daily living) document revealed missing documentation of bowel/bladder elimination for 4 out of 31 day/evening shifts (7:00 AM-7:00 PM): 12/9/22, 12/15/22, 12/29/22 and 12/31/22; and 6 out of 31 evening/night shifts (7:00 PM-7:00 AM): 12/3/22, 12/9/22, 12/10/22, 12/12/22, 12/16/22 and 12/23/22.</p> <p>A review of the January 2023 ADL document revealed missing documentation of bowel/bladder elimination for 2 out of 31 day/evening shifts (7:00 AM-7:00 PM): 1/15/23 and 1/24/23; and 11 out of 31 evening/night shifts (7:00 PM-7:00 AM): 1/3/23, 1/6/23, 1/8/23, 1/9/23, 1/11/23, 1/16/23, 1/19/23, 1/20/23, 1/22/23, 1/24/23 and 1/30/23.</p> <p>A review of the February 2023 ADL document revealed missing documentation of bowel/bladder elimination for 2/28 day/evening shift (7:00 AM-7:00 PM): 2/2/23 and 2/9/23; and 6 out of 28</p>	F 842			

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F 842	<p>Continued From page 6</p> <p>evening/night shifta (7:00 PM-7:00 AM): 2/1/23, 2/5/23, 2/10/23, 2/14/23, 2/15/23 and 2/17/23.</p> <p>A review of the March 2023 ADL document revealed missing documentation of bowel/bladder elimination for 1 out of 6 day/evening shifts (7:00 AM-7:00 PM): 3/5/23; and 2 out of 6 evening/night shifts (7:00 PM-7:00 AM): 3/3/23 and 3/6/23.</p> <p>On 3/7/2023 at 12:10 p.m., an interview was conducted with CNA (certified nursing assistant) #1. CNA #1 stated that they rounded every one to two hours for incontinence care. CNA #1 stated that they cleaned the residents, applied a barrier cream and changed their clothes if needed. CNA #1 stated that they checked the residents more often if they were known to be a more frequent wetter or if they called them.</p> <p>On 3/8/2023 at 7:20 a.m., an interview was conducted CNA #1. CNA #1 stated that blank areas in the bowel/bladder documentation indicated that they did not document the care on that shift. CNA #1 stated that they were supposed to document each shift. CNA #1 stated that they worked 12 hour shifts and some CNAs worked eight hour shifts so the day documentation covered the day and evening shift and the evening documentation covered the evening and night shift. When asked if the blanks in the documentation indicated a complete and accurate medical record, CNA #1 stated that that the record was not complete or accurate.</p> <p>On 3/8/23 at approximately 9:05 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional director of clinical services was made aware of the findings.</p>	F 842			

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F 842	Continued From page 7 No further information was provided prior to exit.	F 842			