STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL CLINTWOOD	1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228

(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 03/13/23 through 03/14/23. One Complaint (Compliant with related regulations) was investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. The census in this 100 certified bed facility was 84 at the time of the survey. The survey sample consisted of 3 resident reviews (Residents #1 through #3).	F 000		
F 842 SS=D	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 §483.70(i)(2) The facility must keep confidential all information contained in the resident's records,	F 842		4/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/27/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL CLINTWOOD	1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228

(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 842	Continued From page 1	F 842		

regardless of the form or storage method of the records, except when release is-
(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.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-
(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.

§483.70(i)(5) The medical record must contain-
(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 and resident review evaluations and determinations conducted by the State;
(v) Physician's, nurse's, and other licensed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL CLINTWOOD	1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228

(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 842	Continued From page 2 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: Based on resident interview, staff interview, and clinical record review, the facility staff failed to maintain a complete and accurate clinical record for 1 of 3 residents, Resident #1. The findings included: The facility nursing staff failed to document Resident #1's wheelchair had flipped over on the transport van. Resident #1 was diagnosed with fracture of the right humerus and dislocation of the humeral head that required surgical interventions. Resident #1's diagnoses included, but were not limited to, fracture of unspecified part of scapula right shoulder, adult osteomalacia, spinal stenosis, diabetes, and malignant neoplasm. Section C (cognitive patterns) of Resident #1's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 11/23/22 included a brief interview for mental status (BIMS) summary score of 15 out of a possible 15 points. Resident #1's comprehensive care plan (CCP) included the problems areas had diagnosis of glaucoma, blindness one eye with low vision, uses walking stick for ambulation, likes to be as independent as much as possible, and at risk for spontaneous bleeding and skin discoloration related to receiving aspirin therapy daily. On 02/07/23 the facility staff had updated the CCP to	F 842	F842 Corrective Action(s): Resident #1's attending physician was notified that facility staff failed to document that Resident #1's wheelchair flipped over on the facility transport van. A facility Incident and Accident form has been completed for this incident. Identification of Deficient Practice(s) and Corrective Action(s): All other residents may have been potentially affected. A 100% review of all resident falls will be conducted by the DON, ADON, and/or designee to identify residents at risk. All negative findings will be clarified and/or corrected as applicable at the time of discovery. A facility Incident and Accident form will be completed for each negative finding. Systemic Change(s): The facility policy and procedure has been reviewed and no changes are warranted at this time. All licensed nursing staff, Social Services Director, Activities Director, and Dietary Manager will be in-serviced by the Regional Nurse Consultant or DON on the clinical documentation standards per facility policy and procedure. This training will include the standards for maintaining accurate medical records and clinical documentation to include departmental	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL CLINTWOOD	1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228

(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 842	Continued From page 3 include the problem area Resident out on transport via facility bus with two employees, wheelchair flipped, zero visible injuries, resident decided to come back to facility before going to emergency room (ER). Resident sent to ER after return. On 02/08/23 the Administrator reported to the Office of Licensure and Certification via a Facility Reported Incident (FRI) that Resident #1 "...sustained a fall resulting in a closed fracture of the proximal end of the right humerus...An investigation is underway with a final report to follow in 5 working days." Resident #1 was treated at two hospitals for their injuries. The final FRI was faxed to the Office of Licensure and Certification on 02/15/23. Resident #1's clinical record included the following documentation: 02/07/23 11:19 a.m., Registered Nurse (RN) #1 documented Resident #1 was out of facility via facility transport to ortho appointment. 02/07/23 8:53 p.m., Licensed Practical Nurse (LPN) #1 documented Resident #1 returned from appointment at approximately 8:00 p.m. complained of right arm pain. MD notified. New order to send to _____ emergency room (ER) for evaluation. Report called to ____ at ER. ____ called and is on the way to transport resident. During the clinical record review, the surveyor was unable to find any documentation in the clinical record that referenced the incident on the transport van. 03/13/23 11:55 a.m., Resident #1 stated they were returning to the facility after a doctor appointment and their wheelchair had rolled	F 842	notes according to the acceptable professional standards and practices. Monitoring: The DON is responsible for maintaining compliance. Falls will be discussed in morning stand-up meetings. The DON, ADON, and/or designee will conduct weekly chart audits coinciding with the Care Plan schedule to monitor for compliance. Any/all negative findings will be clarified and corrected at the time of discovery and disciplinary action will be taken as needed. The results of this audit will be provided to the Quality Assurance Committee for analysis and recommendations for change in facility policy, procedure, and/or practice.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL CLINTWOOD	1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228

(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 842	Continued From page 4	F 842		

backwards and flipped over. They had hit their head, shoulder, and elbows, and they had heard a crack. Resident #1 stated they had been treated at two different hospitals for their injuries.

03/13/23, Nurse Consultant #1 provided the surveyor with hospital information indicating Resident #1 was treated at a local emergency room (ER) on 02/07/23 and transferred to a second facility. Chief complaint upon arrival at the second facility was documented as "right shoulder fracture/dislocation." Resident #1 was sedated at the receiving hospital, reduction of the right shoulder was completed, and a sling applied. Resident #1 returned to the facility on 02/08/23.

03/13/23 3:05 p.m., LPN #1 was interviewed via phone and did not currently have access to the clinical record. LPN #1 stated the staff had reported Resident #1's wheelchair had flipped backwards, they were fastened in, and they were not sure what had happened. When asked if they had documented anything regarding the incident involving Resident #1. LPN #1 stated they should have made a note where Resident #1 had gone to the ER but nothing about the incident had been documented by them.

03/13/23 4:23 p.m., end of the day meeting with the Director of Nursing, Consulting Administrator, and Nurse Consultant #1 and #2 the issue with the missing documentation regarding the incident on the transport van was reviewed.

No further information regarding this missing documentation was provided to the surveyor prior to the exit conference on 03/14/23.