

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

PRINTED: 01/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2022
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NAME OF PROVIDER OR SUPPLIER BEREA HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 55 BRIMLEY DRIVE FREDERICKSBURG, VA 22406
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000	Preparation and submission of this POC is required by State and Federal Law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding.	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure one of two residents in the survey sample, (Resident #1), received the	F 684 F684	<ol style="list-style-type: none"> MD and RP notified of medication not being administered. No negative outcome to resident There are no other residents with orders for PRN blood pressure medication. Licensed nurses educated on medication administration and following MD orders by the DON/designee. Agency and new hired nurses will be 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ba Greene</i>	TITLE <i>Administrator</i>	(X6) DATE <i>01/21/22</i>
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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 684	<p>Continued From page 1</p> <p>care and services in accordance with professional standards and the comprehensive care plan.</p> <p>The facility staff failed to administer medications for high blood pressure per the physician order for Resident #1.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 11/15/2021 with diagnoses that included but were not limited to: high blood pressure, history of a stroke, seizure disorder (a sudden, involuntary, and violent contraction of a group of muscles, sometimes with loss of consciousness. May occur in a seizure disorder or after head trauma.) (1), aphasia (inability to speak or express oneself in writing or to comprehend spoken or written language because of a brain disorder.) (2), and dementia (a progressive state of mental decline, especially memory function and judgement, often accompanied by disorientation.) (3).</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 11/17/2021, coded the resident as scoring a "1" on the BIMS (brief interview for mental status) score, indicating the resident was not capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one or more staff members for most of her activities of daily living.</p> <p>The physician order dated, 12/30/2021, documented, "Hydralazine (used to treat high blood pressure) (4) tablet give 1 tablet by mouth every 24 hours as needed for HTN (high blood pressure). give 1 tab (tablet) (50 mg [milligram])</p>	F 684	<p>educated prior to providing resident care.</p> <p>4. Medication records of residents with prn blood pressure medications with parameters will be reviewed 5 x weekly for 8 weeks for compliance by the DON/designee. Audits will be submitted to QAPI monthly for 2 months for review/recommendations.</p> <p>5. Compliance date 1/21/2022</p>	

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F 684	<p>Continued From page 2</p> <p>PO (by mouth) daily for SBP (systolic blood pressure) 180 or greater - check B/P (blood pressure) TID (three times a day) administer per parameter when needed q (every) day. Hydralazine 100 mg, give 100 mg by mouth three times a day for hypertension (high blood pressure)."</p> <p>The January 2022 MAR (medication administration record) documented the above order. On 1/5/2022 at 9:00 a.m. the BP (blood pressure) was documented as, "197/91." The 50 mg as needed Hydralazine was not administered at that time as ordered for a systolic blood pressure of 180 or greater. Documentation on the MAR revealed that only the scheduled dose of Hydralazine was administered at 9:00 a.m.</p> <p>The comprehensive care plan dated, 11/17/2021, documented in part, "Focus: At risk for altered cardiac/resp (respiratory) status R/T (related to) Dx (diagnosis) HTN, HX (history) of CVA (cerebral vascular accident - stroke) with residual effects." The "Interventions" documented in part, "meds/labs (medications/laboratory tests) as ordered. VS (vital signs - BP, temperature and pulse) as ordered and PRN, notify MD (medical doctor) of any abnormalities."</p> <p>The nurse who was on duty that morning was not available for interview.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the acting director of nursing, on 1/12/2022 at 11:30 a.m. The two orders for Hydralazine were reviewed with ASM #2. When asked if the blood pressure was above the parameters set by the physician, should the PRN (as needed) Hydralazine be</p>	F 684			

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F 684	<p>Continued From page 3</p> <p>given, ASM #2 stated, "If the blood pressure was above the parameters, the PRN should have been given in addition to the already scheduled dose." A policy on following physician orders was requested at this time.</p> <p>ASM #1, the administrator, was made aware of the above concern on 1/12/2022 at 12:00 p.m.</p> <p>On 1/12/2022 at approximately 12:30 p.m., ASM #3, the clinical quality specialist, stated the facility did not have a policy on following physician orders. A policy on medication administration was provided.</p> <p>The facility policy, "General Dose Preparation and Medication Administration" documented in part, "Facility staff should verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time for the correct resident....if necessary, obtain vital signs...Document necessary medication administration/treatment information (e.g., when medications are opened, when medications are given, injection site of a medication, if medications are refused, PRN medications, application sight [sic] on appropriate forms."</p> <p>In "Fundamentals of Nursing" 6th edition, 2005; Patricia A. Potter and Anne Griffin Perry; Mosby, Inc; Page 419. "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm clients."</p> <p>No further information was provided prior to exit.</p>	F 684			

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F 684	Continued From page 4 References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 141. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 44. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (4) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682246.html	F 684			
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, it was determined the facility staff failed to maintain RN (registered nurse) coverage for eight hours a day for every day.	F 727	F727 1. No negative outcome to residents. 2. Current residents have the potential to be affected by this deficient practice. RN coverage will be scheduled for 8 consecutive hours 7 days per week. 3. DON/scheduler and Administrator educated regarding RN coverage requirement by the RN Clinical Quality Specialist. 4. DON will ensure that there is daily RN coverage 8 consecutive hours daily. DON		

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F 727	Continued From page 5 The findings include: Review of the as - worked schedules for the past 30 days was conducted. Review of the December schedules revealed, there was no RN coverage on the following days: 12/12/2021 and 12/26/2021. On 12/25/2021, there was only four hours of RN coverage. Review of the January schedules revealed, there was no RN coverage on the following days: 1/2/2022, and 1/8/2022. An interview was conducted with ASM (administrative staff member) #2, the acting director of nursing, on 1/12/2022 at 10:36 a.m. The schedules above were reviewed with ASM #2. ASM #2 stated, "Our thought process was that because we didn't have any skilled residents, we didn't need to have the eight hours of RN coverage." A copy of the policy on RN coverage was requested at this time. On 1/12/2022 at 11:10 a.m., ASM #2 stated the facility did not have a policy on RN coverage. On 1/12/2022 at 12:00 p.m., ASM #1, the administrator, was made aware of the above concern.	F 727	and NHA will review the schedule bi-weekly to ensure RN coverage. Audits of the schedule will be submitted to QAPI for review/recommendations X 2 months. 5. Compliance date 1.21.2022	
F 842 SS=D	No further information was provided prior to exit. 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	F 842	F842 1. Residents RP was called by phone, she stated that she was educated regarding flu vaccine when her mother	

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F 842	<p>Continued From page 6</p> <p>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.</p> <p>§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-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</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> <p>(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> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p>	F 842	<p>was admitted to facility. The immunization record was updated to reflect the education.</p> <ol style="list-style-type: none"> 2. An audit was done of current residents and no other resident affected. 3. Nurses will be educated regarding documenting education regarding vaccines in resident's medical records by the DON/designee. Agency and new hired nurses will be educated prior to providing resident care. 4. Immunization report will be audited 5 X weekly. Medical record of residents administered immunizations will be reviewed by DON/designee to ensure education was provided to resident and or RP X 8 weeks. Results of the audit will be submitted to QAPI monthly for 2 months for review/recommendations. 5. Compliance date 1.21.2022 	

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F 842	<p>Continued From page 7</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 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. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, family interview, facility document review and clinical record review, it was determined the facility staff failed to maintain a complete and accurate clinical record for one of two residents in the survey sample, Resident #1. The facility staff failed to document the education provided to the responsible party regarding the influenza immunization.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 11/15/2021 with diagnoses that included but were not limited to: high blood pressure, history of a stroke, seizure disorder (a sudden, involuntary, and violent contraction of a group of muscles,</p>	F 842		

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F 842	<p>Continued From page 8</p> <p>sometimes with loss of consciousness. May occur in a seizure disorder or after head trauma.) (1), aphasia (inability to speak or express oneself in writing or to comprehend spoken or written language because of a brain disorder)(2), and dementia (a progressive state of mental decline, especially memory function and judgement, often accompanied by disorientation.)(3).</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 11/17/2021, coded the resident as scoring a "1" on the BIMS (brief interview for mental status) score, indicating the resident was not capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one or more staff members for most of her activities of daily living.</p> <p>The clinical record documented the administration of the influenza vaccination on 11/17/2021. The record documented the consent was obtained on 11/17/2021. The box next to, "Education provided to resident/family" was blank.</p> <p>An interview was conducted with ASM (administrative staff member) #3, the clinical quality specialist, on 1/12/2022 at 11:41 a.m. When asked if the education provided to a responsible party related to influenza vaccines be documented in the clinical record, ASM #3 stated it is documented in the immunization tab in the computer. The above documentation was reviewed with ASM #3. A copy of the policy on a complete and accurate clinical record was requested at this time.</p> <p>An interview was conducted with Resident #1's</p>	F 842			

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F 842	<p>Continued From page 9</p> <p>responsible party on 1/12/2022 at 12:41 p.m. The responsible party stated that she had received the education on the influenza vaccine on the day (Resident #1) was admitted to the facility.</p> <p>ASM #1, the administrator, was made aware of the above concern on 1/12/2022 at 2:14 p.m.</p> <p>On 1/12/2022 at 2:16 p.m., ASM #3 stated the facility did not have a policy on a complete and accurate clinical record. A copy of the immunization policy was requested. ASM #3 requested to review the clinical record for documentation of the education for Resident #1 for the influenza vaccination.</p> <p>The facility policy, "Resident Vaccination Policy" documented in part, "The admitting nurse or another licensed clinician/provider will review the CDC (center for disease control) Vaccine Information Statement[s] (VIS) or Emergency Use Authorization (EUA) Statement[s] for any recommended vaccines with the resident/resident representative before obtaining consent. The resident/representative will have an opportunity to ask questions. Education will occur before each dose of vaccine in a multi-dose series is administered...Consents/refusals will be documented in the immunization portal in the medical record."</p> <p>On 1/12/2022 at 2:23 p.m., ASM #3 stated there is no documentation in the clinical record of the education for Resident #1's education for the influenza vaccine.</p> <p>No further information was provided prior to exit.</p> <p>References:</p>	F 842			

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