

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

PRINTED: 07/07/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495424</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKE MANASSAS HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>14935 HOLLY KNOLL LANE</b> <b>GAINESVILLE, VA 20155</b>	
(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 standard survey was conducted 06/13/2023 through 06/14/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three complaints were investigated during the survey (VA00059012-substantiated without deficiency, VA00056480-substantiated with deficiency, and VA00056187-unsubstantiated).  The census in this 120 certified bed facility was 102 at the time of the survey. The survey sample consisted of seven resident reviews.	F 000		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		7/11/23

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

TITLE

(X6) DATE

Electronically Signed

06/29/2023

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 656	<p>Continued From page 1</p> <p>rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, it was determined the facility staff failed to implement the comprehensive care plan for one of seven residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>For Resident #3, the facility staff failed to implement the comprehensive care plan for turning and repositioning.</p> <p>Resident #3's most recent MDS (minimum data set) assessment, a quarterly assessment, with an</p>	F 656	<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 <input type="checkbox"/>s allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F656- Develop and Implement Comprehensive Care Plan</p> <p>1. Resident # 3 no longer resides in the facility.</p>		

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F 656	<p>Continued From page 2</p> <p>assessment reference date of 9/29/22, coded the resident as scoring 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. MDS Section G- Functional Status: coded the resident as extensive assistance with bed mobility. Section M- Skin Conditions: 5/25/22 one Stage 3 pressure ulcer (1), present on admission 5/22/22; Section M-Skin Conditions 8/14/22- readmitted from hospital on 8/8/22 with one Stage 4 pressure ulcer (2), present on admission. Both pressure ulcers were located on sacrum.</p> <p>A review of the comprehensive care plan dated 6/3/22 documented in part, "FOCUS: SKIN: Resident has actual skin impairment and is at risk for worsening pressure ulcers or the development of additional pressure ulcers/skin breakdown related to advanced age, chronic health conditions, anticoagulant therapy, cognitive deficit, diuretic therapy, impaired mobility, protein malnutrition and left knee skin infection. Overall decline in function. Resident is on an Atmos 9000 Air Mattress with Pump to prevent/minimize skin breakdown. INTERVENTIONS: Air mattress as ordered. assist the resident to turn and reposition often. draw sheet for turning and repositioning while in bed..."</p> <p>A review of the wound care NP's (nurse practitioner) note dated 5/31/22, 6/16/22, and 7/22/22 included:, Ensure compliance with turning protocol...Wedge/ foam cushion for offloading...Specialty Bed."</p> <p>A review of the ADL records, documenting "Turn and Reposition Every Two Hours- Did you turn and reposition? Y= yes, N=no", revealed no</p>	F 656	<p>2. Current residents who are unable to change their own position and realign their body have the potential to be affected. An audit was conducted by the Director of Nursing /designee to verify current residents who require turn and reposition and verified their current care plan reflect turn and reposition with documentation.</p> <p>3. The Regional Director of MDS or designee will educate Nursing management (DON, ADON, Unit Managers and Supervisors on the process for resident's care plan initiation, implementation to reflect the actual needs of the residents' conditions such as turning and repositioning and subsequent documentation.</p> <p>4. The MDS Staff or designee will audit 5 comprehensive care plans weekly x 4 weeks then monthly x 2 months to ensure residents comprehensive care plans reflect residents' conditions and have required documentation. The results of the audits will be discussed at the monthly QAPI meeting. Once the QAPI committee determines that the problem no longer exists, the reviews will be completed on a random basis. The Administrator/Director of Nursing is responsible for the implementation of the plan of correction.</p> <p>5. Date of Compliance 07/11/2023</p>		

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F 656	<p>Continued From page 3</p> <p>documentation on multiple shifts: May 2022- two out of 10 evening shifts and nine out of 10 night shifts; June 2022- one out of 30 day shifts, four out of 30 evening shifts and 23 out of 30 night shifts; July 2022-1 out of 30 day shifts, four out of 30 evening shifts and 1 out of 30 night shifts; August 2022- 1 out of 23 day shifts, five out of 23 evening shifts and three out of 23 night shifts, and September 2022-one of 30 evening shifts.</p> <p>An interview was conducted on 6/14/23 at 8:10 AM, with CNA (certified nursing assistant) #1. When asked to describe interventions to prevent pressure ulcers, CNA #1 stated, they turn and reposition the residents, have cushions on chairs and a specialty mattress on the bed, and use a cream when we do incontinence care. When asked where the interventions are documented, CNA #1 stated, it is documented on the ADL (activities of daily living) task form. CNA #1 was asked if there is no documentation, is there evidence the care has been provided, CNA stated, "No, it does not."</p> <p>An interview was conducted on 6/14/23 at 9:45 AM, with RN (registered nurse) #3. When asked to describe the purpose of the care plan, RN #1 stated, the purpose of the care plan is to have the goals and interventions for the resident documented, so all the team can follow them. When asked if the care plan is being followed if the interventions are not documented as done, RN #1 stated, "No, the care plan is not being followed."</p> <p>On 6/14/23 at 3:00 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #3, the assistant director of nursing and ASM #5, the regional director of</p>	F 656			

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F 656	Continued From page 4 clinical services were made aware of the above concern.  No further information was provided prior to exit.  References: (1) Stage III: There is a full-thickness loss of skin that extends to the subcutaneous tissue but does not cross the fascia beneath it. The lesion may be foul-smelling. (2) Stage IV: There is full-thickness skin loss extending through the fascia with considerable tissue loss. There might be possible involvement of the muscle, bone, tendon, or joint. <a href="https://www.ncbi.nlm.nih.gov/books/NBK553107/">https://www.ncbi.nlm.nih.gov/books/NBK553107/</a>	F 656			
F 686 SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to provide the care and services to promote healing and prevention of	F 686	F686- Treatment Services to Prevent and Heal Pressure Ulcers 1. Resident # 3 no longer resides in the facility.	7/11/23	

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F 686	<p>Continued From page 5</p> <p>pressure ulcers/injuries, for one of seven residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>The facility failed to evidence that turning and repositioning consistently occurred for Resident #3.</p> <p>Resident #3 was admitted to the facility on 5/22/22 with diagnoses that included but not limited to: wedge compression fracture T11-T12 (thoracic 11-12 vertebrae).</p> <p>Resident #3's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 9/29/22, coded the resident as scoring 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. MDS Section G- Functional Status: coded the resident as extensive assistance with bed mobility. Section H- Bowel and Bladder: coded the resident as always incontinent for bladder and bowel. Section M- Skin Conditions: 5/25/22 one Stage 3 pressure ulcer (1), present on admission (5/22/22); Section M-Skin Conditions 8/14/22- readmitted from hospital on 8/8/22 with one Stage 4 pressure ulcer (2), present on admission. The pressure ulcer was on the sacrum.</p> <p>A review of the comprehensive care plan dated 6/3/22 documented in part, "FOCUS: SKIN: Resident has actual skin impairment and is at risk for worsening pressure ulcers or the development of additional pressure ulcers/skin breakdown related to advanced age, chronic health conditions, anticoagulant therapy, cognitive</p>	F 686	<p>2. Current residents in the facility who require turning or repositioning have the potential to be affected by the alleged deficient practice. The DON /designee conducted an audit on current residents who have turn and repositioning intervention to verify that turn and repositioning occurs consistently.</p> <p>3. The Staff Development Coordinator (SDC) will educate all licensed nurses, certified Nursing Assistants on the facility policy for turning and repositioning; and how to document in the clinical record per residents <input type="checkbox"/> care plan <input type="checkbox"/> interventions/wound/pressure ulcer healing recommendations.</p> <p>4. The unit manager/designee will audit the documentation on residents who require turning or repositioning for complete documentation weekly x 4 weeks, then monthly x2months. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines that the problem no longer exists, the reviews will be completed on a random basis. The Administrator/Director of nursing is responsible for the implementation of the plan of correction.</p> <p>5. Compliance date: 07/11/2023</p>		

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F 686	<p>Continued From page 6</p> <p>deficit, diuretic therapy, impaired mobility, protein malnutrition and left knee skin infection. Overall decline in function. Resident is on an Atmos 9000 Air Mattress with Pump to prevent/minimize skin breakdown. INTERVENTIONS: ...assist the resident to turn and reposition often. draw sheet for turning and repositioning while in bed..."</p> <p>Resident #3 was admitted with a Stage 3 sacral pressure ulcer on 5/22/22 and transferred to the hospital on 7/29/22. He was readmitted from the hospital on 8/8/22 with a Stage 4 sacral pressure ulcer. Resident was placed on a specialty bed and had additional foam cushions placed in wheelchair on admission. Wound care NP (nurse practitioner) was treating Resident #3 weekly.</p> <p>A review of the wound care NP's (nurse practitioner) note dated 5/31/22, 6/16/22, 7/22/22, 7/28/22, 8/9/22, 8/16/22, 8/23/22, 8/30/22, and 9/6/22, included: Ensure compliance with turning protocol...Wedge/ foam cushion for offloading...Specialty Bed."</p> <p>A review of the ADL records, documenting "Turn and Reposition Every Two Hours- Did you turn and reposition? Y= yes, N=no", revealed no documentation multiple shifts: May 2022- two out of 10 evening shifts and nine out of 10 night shifts; June 2022- one out of 30 day shifts, four out of 30 evening shifts and 23 out of 30 night shifts; July 2022-1 out of 30 day shifts, four out of 30 evening shifts and 1 out of 30 night shifts; August 2022- 1 out of 23 day shifts, five out of 23 evening shifts and three out of 23 night shifts, and September 2022-one of 30 evening shifts.</p> <p>An interview was conducted on 6/14/23 at 8:10 AM, with CNA (certified nursing assistant) #1.</p>	F 686			

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F 686	<p>Continued From page 7</p> <p>When asked to describe interventions to prevent pressure ulcers, CNA #1 stated, they turn and reposition the residents, have cushions on chairs and a specialty mattress on the bed, and use a cream when we do incontinence care. When asked where the interventions are documented, CNA #1 stated, it is documented on the ADL (activities of daily living) task form. CNA #1 was asked if there is no documentation, is there evidence the care has been provided, CNA stated, "No, it does not."</p> <p>An interview was conducted on 6/14/23 at 8:30 AM, with CNA #2. When asked to describe actions taken to prevent pressure ulcers, CNA #2 stated, "We turn them frequently, at least every two hours, we get them out of bed, if they are able and when we clean them up, we put barrier cream on them and stated it is documented on the form in PCC (point click care). When asked if there is no documentation of turning and repositioning, has the care been provided, CNA #2 stated, "No, it has not been provided."</p> <p>On 6/14/23 at 3:00 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #3, the assistant director of nursing and ASM #5, the regional director of clinical services was made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Stage III: There is a full-thickness loss of skin that extends to the subcutaneous tissue but does not cross the fascia beneath it. The lesion may be foul-smelling. (2) Stage IV: There is full-thickness skin loss</p>	F 686			



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F 686	Continued From page 8 extending through the fascia with considerable tissue loss. There might be possible involvement of the muscle, bone, tendon, or joint. <a href="https://www.ncbi.nlm.nih.gov/books/NBK553107/">https://www.ncbi.nlm.nih.gov/books/NBK553107/</a>	F 686		