

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

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

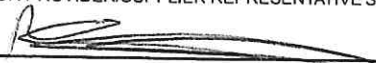
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
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NAME OF PROVIDER OR SUPPLIER CANTERBURY REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238
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(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
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 6/21/23 through 6/22/23. Six complaints were investigated (VA00059030-substantiated with no deficiency; VA00057522-substantiated with deficiency; VA00057467-substantiated with no deficiency; VA00056763-substantiated with deficiency; VA00056757- substantiated with no deficiency; VA00059088-substantiated with deficiency). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 190 certified bed facility was 174 at the time of the survey. The survey sample consisted of nine current resident reviews and two closed record reviews.	F 000		July 24, 2023
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis,	F 550	F550 Residents Rights/Exercise of Rights SS=D C N A # 3 was educated on Resident Rights and upholding the residents' privacy and dignity during activities of daily living. Resident #10 - the facility staff will uphold the resident's privacy and dignity during ADL care, and will provide privacy while accomplishing person care/shaving.	

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



TITLE

Administration

(X6) DATE

07/14/23

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 550

Continued From page 1
severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

§483.10(b) Exercise of Rights.
The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview, clinical record review, and facility document review, it was determined that the facility staff failed to uphold the resident's privacy and dignity during ADL (activities of daily living) care for one of 11 residents in the survey sample, Resident #10.

The findings include:
For Resident #10 (R10), the facility staff failed to provide privacy while shaving him.
R10 was admitted to the facility with diagnoses that included but were not limited to: Parkinson's disease (1).

F 550

All residents who reside at Canterbury Rehabilitation and Healthcare who receive ADL have the potential to be affected by this practice.

C N A staff / Nursing Staff were educated by the Staff Development Coordinator/Designee on Resident Rights/Exercise of Rights and upholding the residents' privacy and dignity during activities of daily living / having.

The Unit Manager/designee on all three units will audit 5 residents per week x 3 weeks x 1 month, then 5 residents per month x 3 months to ensure ongoing compliance with this practice.

The DON/Designee will conduct random audit of 10 residents per month x 3 months to ensure ongoing compliance with this process.

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F 550	<p>Continued From page 2</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/07/2023, the resident scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely impaired of cognition for making daily decisions. Section G "Functional Status" coded R10 as requiring extensive assistance of one person for personal hygiene.</p> <p>On 06/21/2023 at approximately 3:30 p.m., R10 was observed sitting in a wheelchair at the sink next to the door to the room, and CNA #3 standing next to R10 shaving his face. Further observation revealed R10's room door was open and a female resident sitting in a wheelchair in the hallway outside of R10's room was watching CNA #3 shave R10. Further investigation into R10's assigned room was not the same resident room he was being shaved in.</p> <p>On 06/22/2023 at approximately 1:06 p.m., a telephone interview was conducted with CNA #3. When informed of the observation from the previous day, CNA #3 stated she recalled shaving R10. When asked if shaving was considered personal care or personal hygiene CNA #3 stated yes, and stated that she should have closed (R10's) door for privacy and that it did not provide privacy. When asked why R10 was shaved in another resident's room, CNA #3 stated that the water pressure was stronger in that room and it rinsed off the razor better.</p> <p>The facility's policy "Resident Rights" documented in part, "Federal and state law guarantees certain basic rights to all residents of this facility. These rights include the resident's</p>	F 550	Audits will be submitted to QAPI committee monthly for review and recommendation.	
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F 550	<p>Continued From page 3</p> <p>right to: a. a dignified existence. B. be treated with respect, kindness, and dignity."</p> <p>The facility's policy "Dignity" documented in part, "Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feeling of self-worth and self-esteem. 1. Residents are treated with dignity and respect at all times."</p> <p>On 06/22/23 at approximately 1:50 p.m., ASM (administrative staff member) #1, administrator and ASM #2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) A type of movement disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html.</p> <p>2. For Resident #11 (R11), the facility staff failed provide privacy while shaving him.</p> <p>R11 was admitted to the facility with diagnoses that included but were not limited to: stroke.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 03/22/2023, the resident scored 2 (two) out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely impaired of cognition for making daily decisions. Section G "Functional Status" coded R11 as requiring extensive assistance of one person for personal hygiene.</p>	F 550		
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F 550	Continued From page 4 On 06/21/2023 at approximately 4:00 p.m., R11 was observed sitting in a wheelchair at the sink next to the door to the room and CNA #3 standing next to (R11) shaving his face. Further observation revealed R11's room door was open and a female resident was sitting in a wheelchair in the hallway outside of R11's room watching CNA #3 shave R11. On 06/22/2023 at approximately 1:06 p.m., a telephone interview was conducted with CNA #3. When informed of the observation from the previous day, CNA #3 stated she recalled shaving (R11). When asked if shaving was considered personal care or personal hygiene CNA #3 stated yes, and stated that she should have closed (R11's) door for privacy and that it did not provide privacy. On 06/22/23 at approximately 1:50 p.m., ASM (administrative staff member) #1, administrator and ASM #2, director of nursing, were made aware of the above findings.	F 550		
F 580 SS=D	No further information was provided prior to exit. Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical,	F 580	F580 Notify of Changes (Injury/Decline/Room) SS=D Resident #4 was discharged from	

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F 580	<p>Continued From page 5</p> <p>mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p>	F 580	<p>Canterbury Rehabilitation and Healthcare on 6/13/23</p> <p>RN #1 was educated on Notification of Changes in resident status, and notification to the physician of a need to alter resident treatment / holding of resident weekly weight.</p> <p>All residents who reside at Canterbury Rehabilitation and Healthcare who have orders for weights have the potential to be affected by this practice.</p> <p>A 100% audit was accomplished by the Unit Manager /Designee of all current residents that their weights are accomplished per physician order, and to ensure if on hold for medical reasons that there is documentation in the medical record that the physician has been made aware and a hold order has been obtained.</p>	
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F 580

Continued From page 6

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review, and clinical record review, the facility staff failed to notify the physician of a need to alter treatment for one of 11 residents in the survey sample, Resident #4.

The findings include:

For Resident #4 (R4), the facility staff failed to notify the physician that the resident's ordered weekly weights were not obtained.

A review of R4's clinical record revealed a physician's order dated 5/25/23 for weekly weights every Monday for four weeks. Further review of R4's clinical record failed to reveal any weights after 5/25/23. R4's May 2023 and June 2023 MARs (medication administration records) documented the code, "5=Hold" on 5/29/23, 6/5/23 and 6/12/23. R4 was discharged on 6/13/23.

A review of R4's clinical record revealed a physician's order dated 5/25/23 for weekly weights every Monday for four weeks. R4's baseline care plan dated 6/1/23 documented, "I have a nutritional problem r/t (related to) NPO (nothing by mouth) requiring enteral infusion to meet nutrition & hydration needs, altered skin integrity, dx (diagnosis) of stroke, respiratory failure, malnutrition, dementia, HTN (hypertension), anemia, tracheostomy, and PEG (percutaneous endoscopic gastrostomy [feeding tube]) in place. Obtain weights at ordered intervals..."

On 6/22/23 at 9:41 a.m., an interview was

F 580

The Staff Development Coordinator provided education to the Licensed Nursing staff on Notification of Changes in resident status, and notification to the physician of a need to alter resident treatment / holding of resident weekly weights.

An audit will be accomplished by the UM/Designee on all three units of 5 residents per week x 3 weeks, then 5 residents per month x 3 months to ensure ongoing compliance with this practice.

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F 580	<p>Continued From page 7</p> <p>conducted with LPN (licensed practical nurse) #1. LPN #1 stated R4 was really sick and required a Hoyer lift so the nurse who documented the weights were held probably didn't feel comfortable with obtaining the weights. LPN #1 stated that the doctor should be called during a circumstance such as this and it is up to the doctor to decide how to proceed.</p> <p>On 6/22/23 at 9:44 a.m., a telephone interview was conducted with RN (registered nurse) #1, who was the nurse who documented, "5=Hold" on the MARs. RN #1 stated R4's respiratory status was compromised, and the resident was so fragile that she felt that putting the resident on a Hoyer mechanical lift scale was too compromising for the resident's health. RN #1 stated she was sure she discussed this with a physician or nurse practitioner, but she could not recall who she talked to.</p> <p>Further review of R4's clinical record, which included nurses' notes and physician/nurse practitioner notes, failed to reveal documentation that RN #1 made a physician or nurse practitioner aware that weights were not obtained for R4.</p> <p>On 6/22/23 at 12:13 p.m., an interview was conducted with ASM (administrative staff member) #5 (a nurse practitioner). ASM #5 stated no nurse had spoken with her regarding R4's weights.</p> <p>On 6/22/23 at 12:54 p.m., a telephone interview was conducted with ASM #6 (another nurse practitioner). ASM #6 could not recall R4 or any discussions regarding the resident.</p> <p>On 6/22/23 at 1:54 p.m., ASM #1 (the</p>	F 580	<p>A monthly audit will be conducted by the DON/ Designee of 10 residents per month x 3 months to ensure ongoing compliance with this practice. Audits will be submitted to QAPI committee monthly for review and recommendation.</p>	
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F 580	Continued From page 8 administrator) and ASM #2 (the director of nursing) were made aware of the above concern. On 6/22/23 at 2:45 p.m., an interview was conducted with ASM #4 (R4's physician, and the medical director). ASM #4 stated he believed that RN #1 made a nurse practitioner or physician aware that R4's weights were not obtained if RN #1 said she did this, but he could not recall RN #1 discussing this with him. The facility policy titled, "Change in a Resident's Condition or Status" documented, "1. The nurse will notify the resident's attending physician or physician on call when there has been a (an): e. need to alter the resident's medical treatment significantly..."	F 580		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services.	F 655	F655 Baseline Care Plan SS=D Resident #4 was discharged from Canterbury Rehabilitation and Healthcare on 6/13/23. All residents who reside at Canterbury Rehabilitation and Healthcare who are Care Planned and have orders for weights which are care planned, have the potential to be affected by this practice.	

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F 655	<p>Continued From page 9</p> <p>(E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to implement the baseline care plan for one of 11 residents in the survey sample, Resident #4.</p> <p>The findings include:</p> <p>For Resident #4 (R4), the facility staff failed to implement the resident's baseline care plan for obtaining weights.</p> <p>A review of R4's clinical record revealed a physician's order dated 5/25/23 for weekly</p>	F 655	<p>A 100% audit was accomplished by the Unit Manager/Designee of all current residents that their weights are accomplished per physician order, and to ensure if on hold for medical reasons that there is documentation in the medical record that the physician has been made aware and a hold order has been obtained, and the implementation of the baseline care plan has occurred.</p>	
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NAME OF PROVIDER OR SUPPLIER CANTERBURY REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238
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F 655	<p>Continued From page 10</p> <p>weights every Monday for four weeks. R4's baseline care plan dated 6/1/23 documented, "I have a nutritional problem r/t (related to) NPO (nothing by mouth) requiring enteral infusion to meet nutrition & hydration needs, altered skin integrity, dx (diagnosis) of stroke, respiratory failure, malnutrition, dementia, HTN (hypertension), anemia, tracheostomy, and PEG (percutaneous endoscopic gastrostomy [feeding tube]) in place. Obtain weights at ordered intervals..."</p> <p>Further review of R4's clinical record failed to reveal any weights after 5/25/23. R4's May 2023 and June 2023 MARs (medication administration records) documented the code, "5=Hold" on 5/29/23, 6/5/23 and 6/12/23. R4 was discharged on 6/13/23.</p> <p>On 6/22/23 at 8:48 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the purpose of the care plan is, "To dictate their [residents'] care, follow their plan. It's an overall picture of their care and how things are supposed to go." LPN #1 stated the staff updates residents' care plans every day as things happen, and care plans are available for nurses' review.</p> <p>On 6/22/23 at 9:44 a.m., a telephone interview was conducted with RN (registered nurse) #1 who was the nurse who documented, "5=Hold" on the MARs. RN #1 stated R4's respiratory status was compromised, and the resident was so fragile that she felt that putting the resident on a Hoyer mechanical lift scale was too compromising for the resident's health.</p> <p>On 6/22/23 at 12:13 p.m., an interview was conducted with ASM (administrative staff</p>	F 655	<p>The Staff Development Coordinator provided education to the Licensed Nursing staff on Notification of Changes in resident status, and notification to the physician of a need to alter resident treatment / holding of resident weekly weight and implementation of the baseline care plan / obtaining of weights.</p> <p>An audit will be accomplished by the UM/Designee on all three units of 5 residents per week x 3 weeks, then 5 residents per month x 3 months to ensure ongoing compliance with this practice.</p>	
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F 655 Continued From page 11 member) #5 (a nurse practitioner). ASM #5 stated the facility did not have a bed scale so a Hoyer lift would have to be used to obtain R4's weight. ASM #5 stated R4 was in a vegetative state and had a tracheostomy so obtaining a weight would have been difficult but she didn't see why the resident could not tolerate it. ASM #5 stated obtaining R4's weight may have caused increased stress on R4, while moving the resident and making sure the resident's tracheostomy collar stayed in place, but it wouldn't have caused too much distress. ASM #5 stated it is important to obtain weights to monitor a resident with malnutrition.

On 6/22/23 at 1:54 p.m., ASM #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.

The facility policy titled, "Care Planning-Interdisciplinary Team" failed to document specific information regarding care plan implementation.

F 658 Services Provided Meet Professional Standards SS=D CFR(s): 483.21(b)(3)(i)

§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-

(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review and clinical record review, the facility staff failed to follow professional standards of practice for one of 11 residents in the survey sample, Resident #4.

F 655

A monthly audit will be conducted by the DON/Designee of 10 residents per month x 3 months to ensure ongoing compliance with this practice. Audits will be submitted to QAPI committee monthly for review and recommendation.

F

F 658

F 658 Services Provided Meet Professional Standards SS=D

Resident #4 was discharged from Canterbury Rehabilitation and Healthcare on 6/13/23.

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F 658	<p>Continued From page 12</p> <p>The findings include:</p> <p>For Resident #4 (R4), the facility staff failed to obtain physician ordered weekly weights.</p> <p>R4 was admitted to the facility on 5/24/23 with a diagnosis of malnutrition. R4's weight on 5/24/23 was 149.8 pounds.</p> <p>A review of R4's clinical record revealed a physician's order dated 5/25/23 for weekly weights every Monday for four weeks. Further review of R4's clinical record failed to reveal any weights after this date. R4's May 2023 and June 2023 MARs (medication administration records) documented the code, "5=Hold" on 5/29/23, 6/5/23 and 6/12/23. R4 was discharged on 6/13/23.</p> <p>On 6/22/23 at 9:44 a.m., a telephone interview was conducted with RN (registered nurse) #1 who was the nurse who documented, "5=Hold" on the MARs. RN #1 stated R4's respiratory status was compromised, and the resident was so fragile that she felt that putting the resident on a Hoyer mechanical lift scale was too compromising for the resident's health.</p> <p>On 6/22/23 at 12:13 p.m., an interview was conducted with ASM (administrative staff member) #5 (a nurse practitioner). ASM #5 stated the facility did not have a bed scale so a Hoyer lift would have to be used to obtain R4's weight. ASM #5 stated R4 was in a vegetative state and had a tracheostomy so obtaining a weight would have been difficult but she didn't see why the resident could not tolerate it. ASM #5 stated obtaining R4's weight may have caused</p>	F 658	<p>RN #1 was educated on Notification of Changes in resident status, Professional Standards, and notification to the physician of a need to alter resident treatment and holding of resident weekly weight without an order.</p> <p>All residents who reside at Canterbury Rehabilitation and Healthcare who have orders for weights have the potential to be affected by this practice.</p> <p>A 100% audit was accomplished by the Unit Manager/Designee of all current residents that their weights are accomplished per physician order, and to ensure if on hold for medical reasons that there is documentation in the medical record that the physician has been made aware and a hold order has been obtained.</p> <p>The Staff Development Coordinator provided education to the Licensed Nursing staff on Notification of Changes in resident status, Professional Standards, and notification to</p>	

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F 658	Continued From page 13 increased stress on R4, while moving the resident and making sure the resident's tracheostomy collar stayed in place, but it wouldn't have caused too much distress. ASM #5 stated it is important to obtain weights to monitor a resident with malnutrition. On 6/22/23 at 1:54 p.m., ASM #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, "Weight Assessment and Intervention" documented, "Resident weights are monitored for undesirable or unintended weight loss or gain. 1. Residents are weighed upon admission and at intervals established by the interdisciplinary team and/or as ordered by the physician..."	F 658	the physician of a need to alter resident treatment / holding of resident weekly weights / and obtaining orders for changes. An audit will be accomplished by the UM/Designee on all three units of 5 residents per week x 3 weeks, then 5 residents per month x 3 months to ensure ongoing compliance with this practice. A monthly audit will be conducted by the DON /Designee of 10 residents per month x 3 months to ensure ongoing compliance with this practice.		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview and facility document review it was determined that the facility staff failed to provide ADL (activities of daily living) care for one of 11 residents in the survey sample, Resident #3. The findings include: For Resident #3 (R3), the facility staff failed to provide incontinence care.	F 677	Audits will be submitted to QAPI Committee monthly for review and recommendation. F 677 ADL Care Provided for Dependent Residents SS=D Resident #3 was provided incontinent care. C N A staff member assigned to Resident #3 on 9/26/22 day shift/night shift and C N A staff member on 6/27/22 evening shift were educated on providing ADL care to dependent residents and documentation of ADL care.		

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F 677

Continued From page 14

R3 was admitted to the facility with diagnoses that included but were not limited to: hemiplegia (1).

On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 09/27/2022, the resident scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely impaired of cognition for making daily decisions. Section G "Functional Status" coded R3 as being totally dependent for toileting and requiring "Two + (plus) person physical asst (assistance)." Section H0300 "Urinary Incontinence" coded R3 as "Always incontinent."

The facility's ADL (activities of daily living) tracking sheet for R3 dated September 2022 revealed blanks (no documentation) on 09/26/2022 for the day shift (7:00 a.m. - 3:00 p.m.) and on the night shift (11:00 p.m. - 7:00 a.m.) and on 06/27/2022 on the evening shift (3:00 p.m. - 11:00 p.m.).

On 06/22/2023 at approximately 1:50 p.m., an interview was conducted with ASM (administrative staff member) #2, director of nursing. When asked how staff evidenced incontinence care was provided for a resident, ASM #2 stated that it is documented on the ADL tracking sheets. ASM #2 was asked to provide evidence that incontinence care was provided to R3 for the dates and shifts listed above.

On 06/22/2023 at approximately 4:00 p.m., a review of the documentation provided by the facility failed to evidence that incontinence care was proved to R3 on the dates and shifts listed above.

F 677

All residents who reside at Canterbury Rehabilitation and Healthcare and receiving ADL care are at potential risk to be affected by this practice.

An audit will be accomplished for all current residents over the last 7 days to ensure that ADL care / incontinence care is documented in the medical record.

The Staff Development Coordinator provided education to the C N A staff on providing ADL care for dependent residents and documentation of care provided.

An audit will be accomplished by the UM/Designee on all three units of ADL care provided for the

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F 677	Continued From page 15 The facility's policy "Activities of Daily Living (ADLs), Supporting" documented in part, "Policy Statement ...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene." Under "Policy and Implementation" it documented in part, "3. The resident's ability to participate in ADLs and the support provided during ADL care and resident-specific tasks will be documented each shift by Certified Nursing Assistants in the medical record." On 06/22/23 at approximately 1:50 p.m., ASM (administrative staff member) #1, administrator and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) The loss of muscle function in part of your body. This information was obtained from the website: https://medlineplus.gov/paralysis.html .	F 677	dependent resident and the documentation of care provided. This audit will be conducted on 5 residents on each unit per week x 3 weeks and then 5 residents per month x 3 months. A monthly audit will be accomplished by the DON/Designee monthly of ADL care provided for the dependent resident and the documentation of care provided. This audit will be conducted on 10 residents monthly x 3 months. Audits will be submitted to the QAPI committee monthly for review and recommendation.		