

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

PRINTED: 06/23/2023
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495107 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/16/2023 |
| NAME OF PROVIDER OR SUPPLIER PINEY FOREST HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 450 PINEY FOREST RD DANVILLE, VA 24540 | |
| (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 6/14/23 - 6/16/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One (1) complaint (VA00058996 - Compliant with regulations) was investigated. The census, in this 120 certified bed facility, was 116 at the time of the survey. The survey sample consisted of three (3) resident reviews. | 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 | | 7/3/23 |

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

TITLE

(X6) DATE

Electronically Signed

06/23/2023

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>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;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(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> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed</p> | F 842 | | | |

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| F 842 | <p>Continued From page 2</p> <p>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 interviews, facility document review, and clinical record review, the facility staff failed to maintain a complete and/or accurate clinical record for one (1) of three (3) sampled residents (Resident #1).</p> <p>The findings include:</p> <p>Resident #1's clinical records failed to include documentation of the administration of acetaminophen which Licensed Practical Nurse (LPN) #1 stated they gave to the resident on 5/29/23.</p> <p>Resident #1's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 5/19/23, was dated as completed on 5/24/23. Resident #1 was assessed as being able to make self understood and as being able to understand others. Resident #1's Brief Interview for Mental Status (BIMS) summary score was assessed as a 11 out of 15; this indicated moderate cognitive impairment. Resident #1 was assessed as requiring supervision with walking in their room and in the corridor. Resident #1 was assessed as requiring assistance for bed mobility, transfers, and toilet use.</p> <p>Resident #1's clinical documentation included evidence of a fall on 5/29/23 at 12:45 a.m.; the resident was documented as complaining of right hip pain. Resident #1's clinical record included evidence of the Nurse Practitioner (NP) providing</p> | F 842 | <p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. 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> <ol style="list-style-type: none"> 1. Resident # 1 was assessed for pain at the time of survey and no evidence of pain 2. Current residents that have orders for PRN Tylenol were assessed for pain and medication administered as indicated. 3. Licensed staff educated for documentation of PRN Tylenol for pain by SDC by June 30, 2023. 4. DON/ Designee will monitor documentation of PRN Tylenol for pain after falls and review to assure documentation in place to show usage for the next quarter. 5. Documentation of PRN Tylenol usage will be reported to the QAPI committee for tracking and trending and any non-compliance will have progressive disciplinary action as needed. | | |

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| F 842 | <p>Continued From page 3</p> <p>orders for acetaminophen 1000 mg every six (6) hours as needed for pain in the note dated 5/29/23 at 12:45 a.m. No evidence was found to indicate the medication was provided to Resident #1.</p> <p>The following information was found in a facility policy/procedure titled "Documentation Summary" (with an effective date of 11/1/19):</p> <ul style="list-style-type: none"> - "Licensed Nurses and CNAs will document all pertinent nursing assessments, care interventions, and follow up actions in the medical record." - "Document all of the facts and pertinent information related to an event, course of treatment, patient condition, response to care, and deviations from standard treatment along with the reason for the deviation." <p>On 6/14/23 at 12:24 p.m., LPN #1 was interviewed via telephone related to Resident #1's aforementioned acetaminophen order. LPN #1 stated they administered one (1) dose of the acetaminophen to Resident #1. LPN #1 acknowledged they did not document that the medication had been administered. LPN #1 reported, after Resident #1's 5/29/23 fall, the resident was comfortable unless the injured leg was manipulated.</p> <p>On 6/16/23 at 9:47 a.m., the surveyor discussed the failure of LPN #1 to document the administration of Resident #1's acetaminophen with the facility's Director of Nursing (DON). No additional information related to this issue was provided to the surveyor.</p> | F 842 | 6. Date of compliance July 3, 2023 | | |