

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

PRINTED: 08/31/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2023
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NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407
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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 standard survey was conducted 8/28/2023 through 8/29/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. One complaint was investigated during the survey (VA00059533-substantiated with deficiency). The census in this 177 certified bed facility was 138 at the time of the survey. The survey sample consisted of four current resident reviews.	F 000		
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 staff interview, facility document review and clinical record review, the facility staff failed to provide ADL (activities of daily living) care for a dependent resident, for one of four residents in the survey sample, Resident #1. The findings include: For Resident #1 (R1), the facility staff failed to provide the resident a scheduled shower or bath on 8/26/23. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/7/23, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively	F 677	1. Resident #1 discharged from facility 2. Current residents have the potential to be affected. DON and/or designee will audit current residents ADL documentation to ensure scheduled shower or bath was offered and provided. 3. DON/ UM and/or designee will re-educate licensed nursing staff on ADL care to include offering and providing scheduled showers and baths and as needed and document per policy. 4. DON and/or designee will complete a random audit of 10 residents weekly x 8 to ensure scheduled shower or bath was offered and provided. 5. Compliance date 9/14/2023	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE L N L L A	(X6) DATE 9-7-2023
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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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NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
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F 677	<p>Continued From page 1</p> <p>intact for making daily decisions. Section G coded R1 as requiring extensive assistance of one staff with bathing.</p> <p>A review of R1's ADL records for August 2023 revealed the resident was scheduled for bathing during the day shift every Wednesday, Saturday, and as needed. Further review of the ADL records revealed R1 received a shower on Wednesday 8/23/23 but failed to reveal R1 was provided a shower or bath on Saturday 8/26/23. The ADL records documented, "N/A."</p> <p>On 8/28/23 at 2:33 p.m., an interview was conducted with CNA (certified nursing assistant) #1 who was the CNA caring for R1 during the day shift on 8/26/23. CNA #1 stated that on 8/26/23, there were only three CNAs on the unit, and she had 29 residents to care for, so she did not provide R1 a shower. CNA #1 stated the staffing fluctuated that day and there were eventually five CNAs that day, but she did not offer R1 a shower.</p> <p>On 8/29/23 at 9:39 a.m., an interview was conducted with CNA #2, a CNA who routinely cares for R1. CNA #2 stated showers are supposed to be provided twice a week, and R1's showers are scheduled for Wednesdays and Saturdays.</p> <p>On 8/29/23 at 12:20 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Clinical services personnel will offer AM care each day to ensure resident's overall comfort, cleanliness, good grooming, and general well-being. Residents</p>	F 677			

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F 677	Continued From page 2 who are capable of performing their own personal care are encouraged to do so. Showers, baths, and shampoos are scheduled at least weekly and more often as needed."	F 677			