

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

PRINTED: 10/04/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495358</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMELIA REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8830 VIRGINIA STREET</b> <b>AMELIA, VA 23002</b>		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated standard survey was conducted 9/25/23 through 9/26/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated (VA00059778 - substantiated with deficiency).  The census in this 100 certified bed facility was 95 at the time of the survey. The survey sample consisted of three current resident reviews and two closed record reviews.	F 000			
F 656 SS=D	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 rehabilitative services the nursing facility will provide as a result of PASARR	F 656		10/5/23	

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

TITLE

(X6) DATE

Electronically Signed

10/02/2023

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>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, facility document review, and clinical record review, the facility staff failed to implement the care plan for one of five residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>For Resident #1 (R1), the facility staff failed to implement the care plan to monitor the urine output, on multiple days in September 2023.</p> <p>On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 9/9/23, R1 was coded as having an indwelling urinary catheter.</p>	F 656	<p>Corrective Action:</p> <ol style="list-style-type: none"> <li>1. Resident #1 no longer resides in the facility.</li> <li>2. A facility audit will be completed by 10/03/2023 by the DON or designee for residents with foley catheters to ensure their care plan is updated to reflect daily monitoring of urine output.</li> <li>3. Nursing and nurse management team will be educated by 10/05/2023 by the DON or designee to initiate care plans that coincide with physician orders in regards to monitoring foley catheter</li> </ol>		

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F 656	<p>Continued From page 2</p> <p>A review of R1's physician's orders revealed the following order dated 9/4/23: "Foley catheter (1) 16 fr (French)/10 cc (cubic centimeters) monitor output q shift (every shift)."</p> <p>A review of R1's clinical record revealed documentation of urinary out put on 9/7/23 at 3:26 p.m., 9/8/23 at 12:48 p.m., and 9/12/23 at 4:26 p.m. Other than these three entries in the nurses' notes, a review of R1's September 2023 MAR (medication administration record), TAR (treatment administration record), and nurses' notes revealed no evidence of urinary output documentation.</p> <p>A review of R1's care plan dated 9/13/23 revealed, in part: "The resident has alteration or potential for alteration in renal (kidney) function r/t (related to)...Foley catheter...Monitor intake and output as per facility policy."</p> <p>A review of the facility policy, "Catheter Care, Urinary," revealed, in part: "General Guidelines...Input/Output...Monitor the resident's daily output."</p> <p>On 9/26/23 at 11:19 a.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns.</p> <p>On 9/26/23 at 11:41 a.m., ASM #2 stated the care plan is developed by the nursing staff in response to an individual resident's particular needs. She stated the whole clinical team is responsible for implementing the resident's care plan. The purpose of the care plan is to provide individualized care to the resident in a way that makes sense for the resident and is relevant for</p>	F 656	<p>output.</p> <p>The facility DON or designee will educate the nursing management team by 10/05/2023 to ensure care plans reflect the need to monitor residents with foley catheters output as ordered by the physician.</p> <p>4. DON or designee will complete education weekly x4 and then monthly x2 or residents with foley catheters to ensure care plans accurately reflect the need for daily monitoring of urine output. Results of audit will be brought to QAPI for review and comments.</p>		

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F 656	Continued From page 3 the resident.  A review of the facility policy, "Care Plans, Comprehensive Person-Centered," revealed, in part: "The interdisciplinary team, in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident."  No further information was provided prior to exit.  References (1) "A urinary catheter (brand name Foley) is a tube placed in the body to drain and collect urine from the bladder." This information is taken from the website <a href="https://medlineplus.gov/ency/article/003981.htm">https://medlineplus.gov/ency/article/003981.htm</a> .	F 656			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an	F 690		10/5/23	

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F 690	<p>Continued From page 4</p> <p>indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, the facility staff failed to monitor a resident's urine output as ordered by the physician for one of five residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>For Resident #1 (R1), the facility staff failed to monitor the urine output on multiple days in September 2023.</p> <p>On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 9/9/23, Resident #1 as having an indwelling urinary catheter.</p> <p>A review of R1's physician's orders revealed the following order dated 9/4/23: "Foley catheter (1) 16 fr (French)/10 cc (cubic centimeters) monitor</p>	F 690	<p>Corrective Action:</p> <ol style="list-style-type: none"> <li>1. Resident #1 no longer resides in the facility.</li> <li>2. A facility audit will be initiated and completed by 10/03/2023 for residents with foley catheters to ensure physician orders in regards to monitoring urine output are followed as written.</li> <li>3. Nursing and nurse management team will be educated by 10/05/2023 by the DON or designee to review physician orders for residents with foley catheters to ensure resident urine output is monitored as ordered by the physician.</li> </ol> <p>The facility DON or designee will educate the nursing management team by</p>		

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F 690	<p>Continued From page 5 output q shift (every shift)."</p> <p>A review of R1's clinical record revealed documentation of urinary out put on 9/7/23 at 3:26 p.m., 9/8/23 at 12:48 p.m., and 9/12/23 at 4:26 p.m. Other than these three entries in the nurses' notes, a review of R1's September 2023 MAR (medication administration record), TAR (treatment administration record), and nurses' notes revealed no evidence of urinary output documentation.</p> <p>A review of R1's care plan dated 9/13/23 revealed, in part: "The resident has alteration or potential for alteration in renal (kidney) function r/t (related to)...Foley catheter...Monitor intake and output as per facility policy."</p> <p>On 9/26/23 at 8:39 a.m., LPN #1 was interviewed. She stated if a resident has an order for urine output, the nurse should record the total amount of urine in the urinary collection bag at the end of every shift. She stated this is important to make sure the resident is not retaining urine, as this could result in a urinary tract infection or other more serious concerns.</p> <p>On 9/26/23 at 8:56 a.m., LPN #2 was interviewed. She stated if a resident has an order to monitor urinary output, she will monitor the catheter throughout her shift to make sure urine is flowing with no obstructions. She stated she will check the total amount of urine at the end of the shift, and record it on the TAR (treatment administration record). She stated: "We need to know how much they are putting out. If it's a small amount, we know something is wrong."</p> <p>On 9/26/23 at 9:11 a.m., LPN #3 was interviewed.</p>	F 690	<p>10/05/2023 to ensure physician orders for residents with foley catheters reflect the need to monitor residents urine output.</p> <p>4. DON or designee will complete education weekly x4 and then monthly x2 for residents with foley catheters to ensure physician orders accurately reflect the need for daily monitoring of urine output. Results of audit will be brought to QAPI for review and comments.</p> <p>5. Corrective action will be completed by October 5, 2023.</p>		

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F 690	<p>Continued From page 6</p> <p>She stated an order to monitor a resident's output requires her to check the urine collection bag at the end of the shift and to record the amount either in the progress notes or on the TAR. She stated: "We want to make sure they are urinating enough."</p> <p>On 9/26/23 at 9:30 a.m., ASM #4 was interviewed. He stated monitoring a resident's urinary output if the resident has an indwelling catheter is important to prevent urinary tract infections and to assess for some type of urinary obstruction.</p> <p>On 9/26/23 at 9:42 a.m., RN (registered nurse) #1, the unit manager, was interviewed. She stated urinary output should be calculated on all three shifts for any resident who has an indwelling catheter. She added: "We do not want a ruptured bladder."</p> <p>On 9/26/23 at 11:19 a.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns.</p> <p>On 9/26/23 at 11:41 a.m., ASM #2 stated: "We can't see the total output without a number, so we can make sure they have adequate output." She stated a potential danger of a lack of output is a resident's ruptured bladder.</p> <p>A review of the facility policy, "Catheter Care, Urinary," revealed, in part: "General Guidelines...Input/Output...Monitor the resident's daily output."</p> <p>No further information was provided prior to exit.</p>	F 690			

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