

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

PRINTED: 10/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2023
NAME OF PROVIDER OR SUPPLIER CHELSEA REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063		
(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 9/27/2023 through 9/28/2023. One complaint, VA00059731 (substantiated with deficiency), was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 84 certified bed facility was 70 at the time of the survey. The survey sample consisted of two current resident reviews and two closed record 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			11/11/23

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

TITLE

(X6) DATE

Electronically Signed

10/16/2023

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 resident interview, staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain a complete and accurate clinical record for two of four residents in the survey sample, Residents #2 and #3.</p> <p>The findings include:</p> <p>1. For Resident #2 (R2), the facility staff failed to document the resident's bowel movements.</p> <p>On the most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 8/16/2023, the resident scored a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions. In Section G - Functional Status the resident was coded as being dependent upon one staff member for his toileting needs. In Section H - Bowel and Bladder, the resident was coded as being always incontinent of bowel.</p> <p>In the facility computer system, the "Dashboard," had documented on 9/26/2023 and 9/27/2023, "No BM (bowel movement) X (for) 3 days."</p> <p>The ADL documentation for bowel movements for August 2023 was reviewed and revealed in part, there were blanks on the following days and shifts: 8/17/2023 - 7:00 a.m. to 7:00 p.m. 8/21/2023 - 7:00 a.m. to 7:00 p.m.</p>	F 842	<p>1.Residents #2 did not suffer a negative or adverse outcome due to resident documentation not accurately reflecting his daily bowel movement. Resident #2 record is monitored daily for completion, with staff charting bowel movements on each shift. Resident #3 could have potentially suffered a negative or adverse outcome due to resident record not accurately documenting bowel movements. Resident #3 is no longer a resident of the facility.</p> <p>2.Current residents are at risk of incomplete documentation. Current resident documentation will be reviewed for completion and documentation of bowel movements after each shift by November 11, 2023.</p> <p>3.DON educated all direct care staff (nurses and certified nurse aides) on ADL documentation on October 2, 2023, and October 3, 2023.</p> <p>4.POC documentation will be reviewed daily by DON/designee. The facility will audit POC charting daily 5 days a week x 8 weeks capturing care provided for the facility residents.</p> <p>5.Date of Compliance November 11, 2023.</p>		

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F 842	<p>Continued From page 3</p> <p>8/21/2023 - 7:00 p.m. to 7:00 a.m. - a "RR" was documented, indicating resident refused.</p> <p>8/22/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>8/23/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>8/24/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>8/25/2023 - 7:00 a.m. to 7:00 p.m. - a "RR" was documented. A blank was on the 7:00 p.m. to 7:00 a.m. shift.</p> <p>8/26/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>8/27/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>8/28/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>8/29/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>8/31/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>The ADL documentation for bowel movements for September 2023 documented in part, there were blanks on the following days and shifts:</p> <p>9/1/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>9/2/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>9/3/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/4/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/5/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>9/6/2023 and 9/7/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>9/8/2023 and 9/9/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>9/10/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/11/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>9/12/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/13/2023, 9/14/2023 and 9/15/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>9/16/2023 and 9/17/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/18/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>9/19/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m.</p>	F 842			

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F 842	<p>Continued From page 4</p> <p>to 7:00 a.m. 9/20/2023 - 7:00 p.m. to 7:00 a.m. 9/21/2023 and 9/22/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. 9/23/2023 - 7:00 a.m. to 7:00 p.m. 9/24/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. 9/25/2023, 9/26/2023 and 9/27/2023 - 7:00 p.m. to 7:00 a.m. On 9/27/2023 for the 7:00 a.m. to 7:00 p.m. there was a "0" documented, indicating no bowel movement.</p> <p>An interview was conducted with R2 on 9/27/2023 at approximately 2:00 p.m. When asked how often he has a bowel movement, R2 stated he doesn't eat much but he usually goes after lunch. He stated it's something about eating lunch but that's his time of day to have a bowel movement. When asked if he had gone today, R2 stated, yes, but not very much.</p> <p>An interview was conducted with CNA (certified nursing assistant) #1 on 9/27/2023 at 2:39 p.m. When asked where she documents that a resident had a bowel movement during her shift, CNA #1 stated it is documented in PCC (facility computer program). CNA #1 was asked how often should it be documented if a resident had a bowel movement or no bowel movement, CNA #1 stated every shift.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 9/27/2023 at 3:15 p.m. When asked how are BMs documented, LPN #1 stated the CNAs document it in their charting. LPN #1 stated, the nurses get an alert if there is no BM in three days, it's a dashboard alert. When asked what the blanks on the ADL documentation</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>indicated, LPN #1 stated, it wasn't documented on. When asked how often should it be documented on, LPN #1 stated every shift.</p> <p>The facility policy, "Activities of Daily Living (ADLs), Supporting," failed to evidence documentation related to bowel movements.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of operations, were made aware of the above concern on 9/28/2023 at 10:41 a.m.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #3 (R3), the facility staff failed to document the resident's bowel movements.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 8/25/2023, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired for making daily decisions. In Section G - Functional Status, the resident was coded as being independent for toileting.</p> <p>In the facility computer system, the "Dashboard" had documented on 9/26/2023, "No BM (bowel movement) X (for) 3 days."</p> <p>The ADL (activities of daily living) documentation for bowel movements for August 2023 was reviewed and revealed in part, there were blanks on the following days and shifts: 8/6/2023 and 8/7/2023 - 7:00 p.m. to 7:00 a.m. 8/10/2023 - 7:00 a.m. to 7:00 p.m.</p>	F 842			

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F 842	<p>Continued From page 6</p> <p>8/12/2023, 8/14/2023 and 8/16/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>8/19/2023 and 8/20/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>8/21/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>8/23/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>8/25/2023 and 8/26/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>8/27/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>8/29/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>The ADL (activities of daily living) documentation for bowel movements for September 2023 documented in part, there were blanks on the following days and shifts:</p> <p>9/2/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>9/3/2023 and 9/4/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/5/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>9/6/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>9/7/2023 and 9/8/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/9/2023 - 7:00 a.m. to 7:00 p.m.</p> <p>9/10/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/11/2023 and 9/12/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>9/13/2023 and 9/14/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/15/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/16/2023 - 7:00 a.m. to 7:00 p.m., an "NA" was document for this shift indicating "Not applicable."</p> <p>9/17/2023 through 9/21/2023 - 7:00 p.m. to 7:00 a.m.</p> <p>9/22/2023 through 9/25/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>9/26/2023 - 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.</p> <p>An interview was conducted with CNA (certified</p>	F 842			

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F 842	<p>Continued From page 7</p> <p>nursing assistant) #1 on 9/27/2023 at 2:39 p.m. When asked where she documents that a resident had a bowel movement during her shift, CNA #1 stated it is documented in PCC (facility computer program). CNA #1 was asked how often you should document a bowel movement or no bowel movement, CNA #1 stated every shift.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 9/27/2023 at 3:15 p.m. When asked how are BMs documented, LPN #1 stated the CNAs document it in their charting. LPN #1 stated, the nurses get an alert if there is no BM in three days, it's a dashboard alert.</p> <p>An interview was conducted with R3 on 9/28/2023 at 10:21 a.m. When asked if she needs assistance with toileting, R3 stated she toilets herself. R3 was asked if the staff ask her if she has had a bowel movement, R3 stated, "No, but they did ask me today."</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of operations, were made aware of the above concern on 9/28/2023 at 10:41 a.m.</p> <p>No further information was provided prior to exit.</p>	F 842			