

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

PRINTED: 10/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2023
NAME OF PROVIDER OR SUPPLIER GUGGENHEIMER HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1902 GRACE STREET LYNCHBURG, VA 24504		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 10/10/23 through 10/11/23. Four complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Complaint VA00055472 was substantiated with a deficiency cited. Complaint VA00055922 was unsubstantiated. Complaint VA00056925 was substantiated with a deficiency cited. Complaint VA00058417 was unsubstantiated with a related deficiency cited. The census in this 130 certified bed facility was 100 at the time of the survey. The survey sample consisted of two current resident reviews and four closed record reviews.	F 000			
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to follow physician orders for one of 6 residents in the survey sample: Resident # 4. Resident # 4 was ordered	F 684			

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

TITLE

(X6) DATE

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 684	<p>Continued From page 1 to have 3 showers a week, but received bed baths.</p> <p>Findings include:</p> <p>Resident # 4 (R4) was admitted to the facility with diagnoses that included, but were not limited to: other acquired deformity of the head, encephalopahty, dementia, high blood pressure, and congestive heart failure.</p> <p>The discharge MDS (minimum data set) dated 6/10/22 had R4 assessed with severely impaired cognition with a total score of 7/15.</p> <p>R4's clinical record was reviewed 10/10/23 beginning at 10:55 a.m. Review of R4's physician order summary (POS) revealed an order dated 5/27/22 for "Pt. to shower M-W-F per MD order. If he refuses, please notify nurse." A preceding order dated 5/16/22 also documented that R4 was to have a shower three times a week. Review of the progress notes did not document any refusals by R4 for a shower.</p> <p>On 10/10/23 at approximately 2:00 p.m., the DON (director of nursing) was asked for assistance to find documentation of showers for R4. The DON stated that the information would be in a report she could print off, and proceeded to do so. When provided, this documentation was reviewed, and revealed that from R4's' admission on 4/13/22, until discharge on 6/10/22, the bathing section of the report had "BB" recorded, which the legend showed meant "Bed Bath." The DON reviewed the information, and verified that R4 had only received bed baths, or a partial bath, for the duration of his stay in the facility. The DON stated, "Maybe he refused a shower so they</p>	F 684			

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F 684	Continued From page 2 gave him a bed bath." The DON was reminded that the order stated that if he refused, to notify nurse, and there were no refusals documented in the clinical record. The DON then stated, "Yes, that's right." On 10/10/23 beginning at 3:00 p.m., this writer went to Unit 1, R4's former unit. I spoke with several staff members, but none of them could recall R4. Most of the current staff were not working in the facility during R4's stay and the wound nurse, who stated she had been there 23 years, did not recall R4 as she normally worked the second and third floor doing wound treatments, and R4 did not have a wound so she did not remember who he was. The administrator and DON were informed of the above findings 10/11/23 during a meeting with facility staff beginning at 2:45 p.m. No further information was provided prior to the exit conference.	F 684			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and	F 761			

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F 761	<p>Continued From page 3</p> <p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, and facility document review, the facility failed to ensure medications were stored correctly for one of 6 residents in the survey sample. Resident #5's (R5) inhaler medication was at the bedside.</p> <p>The Findings Include:</p> <p>Diagnoses for R5 included: Respiratory failure, dysphagia, and kidney disease. The most current MDS (minimum data set) was an admission assessment with an ARD (assessment reference date) of 10/5/23, in which Resident #5 was assessed with moderately cognitive impairment.</p> <p>On 10/10/23 at 10:30 AM, during an initial tour of the facility, R5 was observed laying in bed. During a conversation with R5, it was noted that an inhaler labeled "Trelegy 100/62.5 mcg [micrograms]" was sitting on the bed side table. When asked about the medication, R5 verbalized uncertainty why the medication was in the room.</p>	F 761			

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F 761	<p>Continued From page 4</p> <p>On 10/10/23 at 10:35 AM, registered nurse (RN1, assigned to R5) was interviewed. When questioned about the presence of the medication, RN1 went to R5's room and retrieved the medication. RN1 verbalized that she had been in R5's room earlier to administer the inhaler, had gotten busy, and forgot to pick up the medication when leaving the room. When asked if R5 self-administered medications, RN #1 verbalized no, and said that the medication should be locked in the medication storage cart.</p> <p>Review of R5's clinical record did not evidence that R5 had an assessment to self medicate.</p> <p>A facility policy titled "Medication Storage" read in part: 2. The nursing staff shall be responsible for maintaining medication storage."</p> <p>On 10/11/23 at 2:45 PM, the above finding was presented to the director of nursing (DON) and administrator. The DON was asked what the expectation was regarding storage of medications. The DON verbalized that if a resident is assessed for self medication, then the medication can be in a resident's room, but if a resident is not assessed then the medication should be locked in the medication cart.</p> <p>No other information was provided prior to exit on 10/11/23.</p>	F 761			
F 842 SS=E	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§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</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>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.</p> <p>§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-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p>	F 842			

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F 842	Continued From page 6 §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed 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: Based on staff interview, facility document review, and clinical record review, the facility staff failed to maintain a complete and accurate clinical record for one of six residents in the survey sample (Resident #1). The findings include: Multiple dressing changes/pressure ulcer treatments and an updated physician order were not accurately documented on Resident #1's February 2023 treatment administration record (TAR). Resident #1 (R1) was admitted to the facility with diagnoses that included dementia, mood	F 842		

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F 842	<p>Continued From page 7</p> <p>disturbance, anxiety, lower leg vascular ulcers, pneumonia, COVID-19, deep vein thrombosis, urinary tract infection, respiratory failure with hypoxia, congestive heart failure, sacral pressure ulcer, and dysphagia. The minimum data set (MDS) dated 3/16/23 assessed R1 with short and long-term memory problems and severely impaired cognitive skills.</p> <p>R1's clinical record documented the resident was re-admitted to the facility from a hospitalization on 2/1/23 with an unstageable sacral pressure ulcer. R1's physician's order dated 2/2/23 documented treatment for the pressure ulcer as follows: clean area with normal saline, pat dry, apply medi-honey to wound bed, cover with foam dressing, change daily and as needed. On 2/6/23, the wound physician changed the frequency of the dressing changes/treatments to Monday, Wednesday and Friday. On 2/11/23, the physician ordered the same treatment but changed the frequency back to daily.</p> <p>The February 2023 TAR included no documentation of dressing changes/treatments to R1's pressure ulcer from 2/6/23 through 2/10/23, nor on 2/13/23. R1's February TAR was not updated on 2/6/23 with the change to Monday, Wednesday and Friday dressing change frequency. R1's TAR did not reflect the order dated 2/11/23 returning the dressing change frequency back to daily.</p> <p>A nursing note dated 2/6/23 documented a dressing change at the time of the physician assessment on 2/6/23 with a note indicating the frequency of the dressing changes to Monday, Wednesday, Friday. A note dated 2/8/23 documented treatment to the sacral ulcer that</p>	F 842			

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F 842	<p>Continued From page 8</p> <p>included the medi-honey. A note on 2/11/23 documented the continued treatment with normal saline, medi-honey and foam dressing with the frequency back to daily and as needed.</p> <p>On 10/10/23 at 4:20 p.m., the licensed practical nurse (LPN #2) responsible for wound care/treatments was interviewed about R1's February 2023 TAR. LPN #2 stated she performed all pressure ulcer dressing changes/treatments Monday through Friday on the second and third floors. LPN #2 stated R1 was in her assigned area for dressing changes/treatments. LPN #2 stated that she was working on the days in question, did not recall why the TAR was not signed off, and that she would review/investigate.</p> <p>On 10/11/23 at 9:30 a.m., LPN #2 and the director of nursing (DON) were interviewed about R1's incomplete/inaccurate TAR. LPN #2 stated she had documented dressing changes to R1's sacrum on her personal worksheets that included dates during the week of 2/6/23. LPN #2 stated the physician assessed R1's pressure ulcer on 2/6/23 and changed the dressing change frequency to Monday, Wednesday and Friday. LPN #2 stated this order, changing the dressing frequency, did not get entered into the electronic health record and therefore did not show on the TAR. LPN #2 stated that she performed the dressing changes that week but did not sign off the TAR. LPN #2 stated that the previous order should have been discontinued and the new order with the change to Monday, Wednesday, Friday should have been added. The DON stated R1 had multiple orders for wound treatments and the old order was not discontinued when the new order was received. The DON stated the 2/11/23</p>	F 842			

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F 842	<p>Continued From page 9</p> <p>order had the same treatments, but the frequency was changed back to daily. The DON stated she thought the nurse may have seen the order already on the TAR from the previous order and did not enter a new order. The DON stated the nurse that received that order was an agency employee and no longer worked at the facility. The DON stated nurses were expected to discontinue previous/old orders when new orders were obtained/received. The DON stated the night nurses were expected to review all physician orders for accuracy and to question/clarify any discrepancies. The DON stated R1's TAR did not reflect dressing changes as completed and did not accurately document changes in physician orders.</p> <p>The facility's policy titled Charting and Documentation (undated) documented, "The following information is to be documented in the resident medical record...Treatments or services performed...Documentation in the medical record will be objective...complete, and accurate...Documentation of procedures and treatments will include care-specific details, including...the date and time the procedure/treatment was provided...the name and title of the individual(s) who provided care..."</p> <p>The facility's policy titled Medication Orders (undated) documented, "Orders must be written and maintained in chronological order..."</p> <p>On 10/11/23 at 2:45 p.m, these findings was reviewed with the administrator and DON during a meeting, with no further information provided regarding R1's inaccurate/incomplete TAR.</p>	F 842		