

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

PRINTED: 01/10/2024
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|---|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 12/07/2023 |
| NAME OF PROVIDER OR SUPPLIER HENRICO HEALTH & REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 561 NORTH AIRPORT DRIVE HIGHLAND SPRINGS, VA 23075 | | |
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| {E 000} | Initial Comments | {E 000} | | | |
| {F 000} | N/A. INITIAL COMMENTS | {F 000} | | | |
| {F 658} | An unannounced Medicare/Medicaid revisit to the standard survey conducted 9/25/23 through 10/4/23, was conducted 12/4/23 through 12/7/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. One complaint (VA00060151-unsubstantiated) was investigated during the survey. | | | | |
| SS=D | The census in this 120 certified bed facility was 109 at the time of the survey. The survey sample consisted of 16 resident reviews. | | | | |
| | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) | {F 658} | | 1/12/24 | |
| | §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to provide care and services in accordance with professional standards for 1 resident, Resident #13, in a survey sample of 16 residents. | | | | |
| | The findings included: | | | | |
| | For Resident #13, facility staff failed to administer medications as ordered by the physician on 11/23/23. | | 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 deficiencies cited have been or will be corrected by the date or dates indicated. | | |
| | | | F658 Services Provided Meet Professional Standards | | |

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

TITLE

(X6) DATE

Electronically Signed

01/04/2024

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 658} | <p>Continued From page 1</p> <p>On 12/6/23, Resident #13's clinical record was reviewed and revealed physician orders and medication administration times as follows:</p> <p>-Glipizide Oral Tablet, 10mg, give 1 tablet by mouth two times a day--ordered on 11/23/23, documented as given on 11/24/23</p> <p>-Synjardy Oral Tablet, 5-1000mg (Empagliflozin-Metformin HCl), give 1 tablet by mouth in the evening--ordered on 11/23/23, documented as given on 11/24/23</p> <p>-Tamsulosin HCl Oral Capsule, 0.4mg, give 1 capsule by mouth one time a day--ordered on 11/23/23, documented as given on 11/24/23</p> <p>On 12/6/23 at approximately 1:30 PM, an interview was conducted with the Director of Nursing (DON) who confirmed the findings and stated that medications are expected to be given as ordered by the physician. She verified Resident #13 was admitted on 11/23/23 and stated, "I do not know why he [Resident #13] did not get these meds on time, it is my expectation that if there is a question about medications then the nurse should contact the doctor for clarification and document it in a note".</p> <p>LPN (licensed practical nurse)-C was Resident #13's assigned nurse on 11/23/23 and 11/24/23, however was unavailable for interview. The DON stated that the facility's professional nursing standards reference was "Lippincott". A facility policy on medication administration was requested and received.</p> <p>Review of the facility policy entitled, "General</p> | {F 658} | <ol style="list-style-type: none"> 1. Resident #13 no longer resides in the facility. 2. Current residents in the facility have the potential to be affected. An audit by the DON or designee on the current residents since 12/8/2023 conducted to verify residents' medication were administered per physician order. Any findings will be corrected. 3. The Staff Development Coordinator or designee will educate all licensed nurses on the process and procedure for administering medications per physician orders. 4. The Unit Manager or designee will audit weekly x 4 weeks then monthly x 2 months to ensure medications are administered per physician order. Any findings will be corrected. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained, the review will be conducted on a random basis. 5. Date of compliance 1/12/2024 | | |

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| {F 658} | Continued From page 2 Guidelines for Medication Administration", revised 08-2020, heading "Policy" read, "Medications are administered as prescribed in accordance with good nursing principles and practices...". According to Lippincott "Nursing Procedures", Seventh Edition, 2016, section entitled, "Oral Drug Administration", steps in the implementation of medication administration included but were not limited to: "Verify the medication is being administered at the proper time ...to reduce the risk of medication errors". On 12/6/23 at the end of day meeting, the Facility Administrator and DON were updated on the findings. No further information was provided. | {F 658} | | | |
| {F 695} SS=D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to provide oxygen therapy consistent with infection control practices for 1 resident, Resident #15, in a survey sample of 16 residents. The findings included: | {F 695} | F695 Respiratory/Tracheostomy Care and Suctioning 1. Resident #15 oxygen tubing, humidification bottle, jet nebulizer face mask was dated /labeled, and the jet nebulizer mask placed in bag on 12/6/2023. | 1/12/24 | |

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| {F 695} | <p>Continued From page 3</p> <p>For Resident #15, facility staff failed to label and date the oxygen tubing, humidification bottle, and nebulizer mask with tubing in accordance with infection control standards of practice.</p> <p>On 12/6/23 at approximately 10:50 AM, Surveyor B observed an oxygen concentrator with a humidification bottle attached along with a nasal cannula in Resident #15's room. Resident #15 was not in her room. A facemask with a medication reservoir was attached to a nebulizer unit at her bedside. There were no labels or dates observed on any of the oxygen tubing or on the humidification bottle. The facemask attached to the nebulizer unit was not contained in a bag and was not labeled/dated.</p> <p>On 12/6/23, immediately following the observations, an interview was conducted in Resident #15's room, with LPN B [licensed practical nurse B] and the ADON [Assistant Director of Nursing], both of whom confirmed the findings. LPN B stated, "I do not see any date label on the [oxygen] tubing, the water bottle [humidification bottle], or the facemask, it is supposed to be changed weekly on Sundays." When asked about the importance of changing the oxygen tubing weekly, LPN B stated, "It needs to be changed weekly to prevent the spread of infections." The ADON concurred with LPN B's statements and added, "Without any labeling to note the date of last change, it is anybody's guess as to when it was last done, if at all."</p> <p>Review of Resident #15's clinical record revealed a physician's order that read, "Oxygen Therapy--Oxygen at 3 liters per minute via nasal cannula" and "Ipratropium-Albuterol Inhalation</p> | {F 695} | <p>2. Current residents in the facility have the potential to be affected. An audit by the unit managers was conducted to verify resident receiving oxygen, have humidification bottles or has jet nebulizer were dated/labeled and jet nebulizer mask in bag when not in use.</p> <p>3. The Staff Development Coordinator or designee will educate the licensed nurses on the procedure for dating/labeling oxygen tubing, humidification bottles and jet nebulizers mask/tubing and jet nebulizer mask and oxygen nasal cannula when not in use placed in bag.</p> <p>4. The unit manager or designee will audit weekly x 4 weeks then monthly x 2 months to verify oxygen tubing, humidification bottles and jet nebulizer/tubing are dated/labeled, and jet nebulizer mask placed in bag when not in use. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained the review will be conducted on a random basis</p> <p>5. Date of compliance 1/12/2024</p> | | |

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| {F 695} | <p>Continued From page 4</p> <p>Solution 0.5-2.5 (3)MG/3ML [nebulizer treatments]."</p> <p>Review of the facility's policy entitled, "Respiratory/Oxygen Equipment" revision date 3/13/2023, subheading "Medicated Nebulizer Treatment", item 5 read, "Rinse out nebulizer reservoir with tap water, dry, and place in plastic bag when not in use. Nebulizers and bags should be changed weekly." Subheading "Oxygen Therapy via Nasal Cannula, Simple Mask, Venturi Mask, and Oximizer", item 6 read, "Nasal cannulas, Simple masks, Venturi mask, and Oximizer and tubings should be changed weekly" and item 7 read, "...Humidifier bottles are to be changed weekly."</p> <p>On 12/6/23 during the end of day conference, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.</p> | {F 695} | | | |