

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

PRINTED: 12/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/25/2019
NAME OF PROVIDER OR SUPPLIER FRANKLIN HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 720 ORCHARD AVENUE ROCKY MOUNT, VA 24151		
(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 complaint investigation survey was conducted on 10/22/19 through 10/25/19. Three (3) complaints were investigated during the survey. The facility was found to be in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 112 at the time of the survey. The survey sample consisted of six (6) resident 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, regardless of the form or storage method of the	F 842		12/6/19	

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

TITLE

(X6) DATE

Electronically Signed

11/25/2019

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>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 professional's progress notes; and</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>(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 interviews, review of documents, and during the course of a complaint investigation, it was determined the facility staff failed to maintain complete and/or accurate clinical documentation for one (1) of six (6) sampled residents (Resident #5).</p> <p>The findings include:</p> <p>Facility staff members failed to identify which RP (Responsible Party) was contacted and/or attempted to be contacted for notification of Resident #5's falls (one (1) of the falls included a suspected injury).</p> <p>Resident #5 was admitted to the facility on 3/6/19. Resident #5's diagnoses included, but were not limited to: high blood pressure, dementia, Parkinson's disease, and history of falling. Resident #5's quarterly minimum data set (MDS) assessment, with an assessment reference date (ARD) of 8/23/19, had the resident documented as 'sometimes understands' for 'ability to understand others'. This MDS also has the resident's Brief Interview for Mental Status (BIMS) scored as 3 out of 15.</p> <p>Resident #5's clinical documentation identified three (3) individuals listed as RPs (the resident himself/herself and two (2) of the resident's adult children).</p> <p>Resident #5's admission fall-risk assessment was reviewed with the facility's DON (Director of Nurses). The DON reported the assessment</p>	F 842	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed</p> <p>F842 Resident Records-Identifiable Information identify which RP was contacted and/or attempted to be contacted.</p> <p>An audit will be completed to ensure RP notification (to include name) of all in house residents that had a fall or X-ray orders for the past month by 12/6.</p> <p>The SDC will give education to Licensed Nurses by 12/6 regarding RP notification to include name and 2nd RP if resident is listed as their own RP.</p> <p>Unit Managers/ House Supervisor/DON will audit documentation for RP notification (to include RP name) post fall and x-ray orders 3-5 xweek for 2 months. Any noncompliance will be reported to the</p>		

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F 842	<p>Continued From page 3</p> <p>indicated the patient was at risk for falls. A note documented on 3/12/19 at 1:21 p.m. read as: "fall meeting held today unit managers and don present, trigger for falls (related to) new admit, care plan reviewed and interventions appropriate at this time. dr. (name omitted) and rp (responsible party) aware". This note did not specifically identify which RP was made aware of the resident's fall care plan.</p> <p>A fall was documented on 8/26/19 at 7:02 p.m. Documentation indicated the RP (responsible party) was aware but documentation did not state which RP was notified.</p> <p>A licensed practical nurse (LPN) documented the following information in a "Health Status Note" dated 10/7/19 at 4:46 p.m.: "3 view right Ankle, 2 view right Femur, 3 view right foot, 2 view of right HIP, 3 view right knee, 2 vie Tibia/Fibula. R/T right hip and leg pain post FALL. Per DR. (name omitted). RP aware." This note did not identify the specific RP that the LPN contacted. This note did not document what information was reported to the RP and did not document the RP's response to the notification.</p> <p>A licensed practical nurse (LPN) documented the following information in a "Health Status Note" dated 10/7/19 at 4:46 p.m.: "resident c/o hip pain, MD notified. new orders for x ray. RP not replying. vm left." (vm = voice mail) This note did not identify the specific RP that the LPN had attempted to contact.</p> <p>On 10/23/19 at 10:52 a.m., the facility's administrator provided a copy of a facility policy titled "Admissions Policy" (with an effective date of 7/27/16). The policy was provided in response</p>	F 842	<p>Administrator and DON and result in education and/or disciplinary action. Results of audits will be reviewed in QA meeting for trending.</p>		

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F 842	<p>Continued From page 4</p> <p>to a request for a policy that guides the facility's staff related to residents' 'responsible party'. The following information was found in this policy: "All applicants deemed approved for admission are required to have a responsible party, or a current power of attorney, or a legally recognized guardian. In the absence of the above, an Immediate or Conditional Power of Attorney must be executed prior to or at the time of admission." The administrator was asked about a policy/procedure to guide when a resident could be considered his/her own responsible party; the administrator reported the facility did not have a policy/procedure that addresses that specifically.</p> <p>The following information was found in a facility policy entitled "Incident Report": " ... 3. A licensed nurse will immediately notify the responsible party of the occurrence. 4. Documentation and verification of the follow up to the care and treatment of the patient as well as notification of the physician and responsible party will be completed in the Nurses Notes ..."</p> <p>The following information was found in a facility policy entitled "Duties" (this policy was labeled as being in the Medical Records Policies and Procedures manual with a policy effective date of 2/25/15): "POLICY: The MRC is responsible for maintaining an organized record system that assures that medical records are maintained, completed, and preserved according to policy and applicable state and federal requirements. PROCEDURE: 1. An accurate and complete clinical record is to be maintained for each patient ..."</p> <p>During a meeting with the facility's Administrator, Director of Nursing, and Corporate Nurse</p>	F 842			

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F 842	Continued From page 5 Consultant on 10/25/19 at 11:46 p.m., Resident #5's incomplete and/or inconsistent documentation related to RP notification was discussed for a final time. The failure of facility policies to address when a resident's cognitive issues would prevent him/her from being considered his/her own RP related to notification of changes in condition was also discussed for a final time. This is a complaint deficiency.	F 842			