

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

PRINTED: 12/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
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NAME OF PROVIDER OR SUPPLIER BEAUFONT HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 HIOAKS ROAD RICHMOND, VA 23225
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to an abbreviated standard survey conducted 04/20/2020 through 04/24/2020 was conducted 08/05/2020 through 08/07/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. One complaint was investigated during the survey. The census in this 120 certified bed facility was 85 at the time of the survey. The survey sample consisted of 8 resident reviews.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 08/21/2020
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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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, facility documentation and staff interview, the facility staff failed to develop and implement a comprehensive care plan for 1 Resident (#107) in a survey sample of 8 Residents.</p> <p>The findings include:</p> <p>For Resident # 107 the facility staff failed to develop and implement a care plan with clearly defined, measurable goals and interventions.</p> <p>Resident #107 a 58 year old woman admitted to the facility on 10/22/2019 with diagnoses of but not limited to muscle weakness, anxiety disorder, seizures, COPD, History of respiratory failure, History of CVA (stroke) and dysphagia.</p> <p>Resident #107's most recent MDS dated 7/14/2020 codes the Resident as having a BIMS</p>	F 656			

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F 656	<p>Continued From page 2</p> <p>(Brief Interview of Mental Status) score of 15 indicating no cognitive impairment. The Resident is also coded as requiring extensive assistance with all aspects of bathing, dressing, grooming, toileting with physical assistance of 1-2 persons. She is able to eat independently and she propels self in wheelchair as she is unable to walk.</p> <p>On 8/5/2020 during clinical record review it was noted that Resident # 107's care plan read as follows:</p> <p>"Focus - Resident is Resistive to care, manipulative behaviors, attention seeking, refuses neb TX, refuses CPA, also hoarding items at bedside and around room, also keeps clutter all around room, increased complaints, false accusations, talks aggressively towards staff, refuses weights, putting items behind her in wheelchair (tissue, clothes, depends), places nebulizer machine in wheelchair and on beds, attempts to ambulate with walker against nursing/ therapy (sic) advice then falls, refuses to use devices, refuses to use reacher, and rolls out of bed, yells out, hoards batteries from the office, states the vending machine has taken her money to get a refund, hanging legs off the bed, intentionally slides out of the wheelchair so she can get rehab services, noncompliant with wearing a mask, (educated on importance) eats excessively, continues to ask different members for food. Date Initiated - 1/16/20 Created on 2/13/19 Revision 7/23/20."</p> <p>"Goal - Clutter Free Environment through next review - Date initiated - 9/16/2019 Created on 2/13/2019 Revision 7/16/2020 Target date 10/12/2020."</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>"Interventions - Caregivers provide opportunity for positive interaction, attention, stop and talk with him/her as passing by. (non Pharmacological) Date Initiated: 09/26/2019 Created on 5/20/2019, Revision on 9/26/2019"</p> <p>"Encourage to wear mask while out of room." Date Initiated- 7/24/2020 Created on 7/24/2020."</p> <p>"Explain all procedures to the resident before starting and allow the resident 10 to adjust to change - Date Initiated: 09/26/2019 Created on 5/20/2019, Revision on 9/26/2019"</p> <p>"Offer assistance with organizing items around room, education regarding safety measures r/t clutter - Date Initiated: 09/26/2019 Created on 2/13/2019, Revision on 9/26/2019"</p> <p>"PT evaluation for wheelchair positioning - Date initiated 11/4/2019 Created on 11/4/2019"</p> <p>"Focus - Resident uses BIPAP at night r/t ineffective gas exchange - Date initiated 4/23/20 Created on -4/23/20 Revision on 4/23/20"</p> <p>"Goal - The resident will have no s/sx of poor oxygenation absorption through the review date. Date initiated 4/23/20 Created on -4/23/20 Revision on 4/23/20"</p> <p>"Interventions - Encourage or assist with ambulation as indicated - Date initiated 4/23/20 Created on -4/23/20."</p> <p>"Give Medications as ordered by physician -Date initiated 4/23/20 Created on -4/23/20."</p> <p>"Monitor for s/sx of respiratory distress and report to MD as needed - Date initiated 4/23/20 Created</p>	F 656			

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F 656	Continued From page 4 on -4/23/20." On 8/7/2020 at approximately 2:30 PM an interview was conducted with Employee B who was asked about the Care Plan. When asked the purpose of the care plan she stated that it was to direct the care of the Resident. When asked if the care plan item listed as having "Goal - Clutter free environment through next review" appeared accurate she responded no. When asked what was wrong she stated this is just too much in the FOCUS. She said "The focus should have been on hoarding/ cluttering up room. This focus has everything from hoarding to sliding down in the wheelchair, non compliance with Bi Pap and other behaviors as well." When asked where I would find the information on the BI-Pap usage she pointed out "Focus - Resident uses BIPAP at night r/t ineffective gas exchange." When asked if it appears correct she stated that it was not and elaborated that it should have included the time it is put on and off who is responsible for cleaning the equipment and any interventions needed for this resident who is documented as being non complaint with Bi-Pap." On 8/7/2020 during the end of day conference the Administrator was made aware of the issues with care plans and no further information was provided.	F 656			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-	F 657			

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F 657	<p>Continued From page 5</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, clinical record review, and facility documentation, the facility staff failed to review and revise care plans for 2 Residents (#101, & #107) in a survey sample of 8 Residents.</p> <p>The findings included:</p> <p>1. For Resident #101 the facility staff failed to review and revise care plan to include the PICC (Peripherally Inserted Central Catheter) Line placed for the administration of IV (intravenous) antibiotic therapy for treatment of UTI (urinary</p>	F 657			

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F 657	<p>Continued From page 6 tract infection) on 7/31/2020.</p> <p>Resident #101, a 73 year old woman admitted to the facility on 8/6/19 with diagnoses of but not limited to diabetes, chronic kidney disease, recurrent UTI, neuropathy, hypertension, anemia, acquired absence of right leg, and peripheral vascular disease.</p> <p>Resident #101's most recent MDS with an ARD of 5/6/2020 coded as a Quarterly assessment coded the Resident as having a BIMS (Brief Interview of Mental Status) score of 15 indicating no cognitive impairment. Resident is her own responsible party and makes all her own decisions. Resident has a walker, a wheelchair and uses a prosthetic for her right leg (amputated).</p> <p>On 8/5/2020 at approximately 11:15 AM an observation was conducted of Resident #101. There was a sign on the Resident room door stating " Contact Precautions," and a bin containing PPE (personal protective equipment) outside the door. RN C was interviewed and she stated " Resident 101 (name redacted) is on contact precautions for ESBL (Extended Spectrum Beta Lactamase) in urine. She has chronic UTI's."</p> <p>Upon entering room noted IV pole with empty IV bag hanging not attached to Resident. Resident was sitting in wheelchair watching television. Resident was asked about wounds and she stated that they were getting better. She was asked if there was any pain she stated there was not, and that she is followed by the wound doctor. Resident was asked if she was on IV therapy and she stated that she "has a PICC Line again." When asked what the PICC Line was for she</p>	F 657			

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F 657	<p>Continued From page 7 replied " I have another UTI."</p> <p>On 8/6/2020 the during clinical record review it was discovered that the care plan was not properly revised. The Care Plan read as follows:</p> <p>"Focus - PICC/Midline catheter Medication Administration - Date Initiated - 4/13/2020 created 4/13/2020 Revision on: 7/31/2020" "Goal - (Left Blank)" "Interventions - (Left Blank)"</p> <p>On 8/6/2020 at approximately at approximately 2:00 PM an interview was conducted with Employee B (corporate nurse) who stated she would check into why the care plan was not revised correctly.</p> <p>Employee B returned at 2:15 PM and had care plan printed in two views, the first view was with all revisions, the second view was the current care plan. Both care plans did not fully address the PICC Line. It shows revision on 7/31/2020 however the Goals and Interventions were blank. She stated that she was unaware of why it was missed.</p> <p>A Review of physician orders reveal the PICC Line was ordered on 7/29/2020 was placed on 7/30/2020 and the X Ray to verify placement was done on 7/30/2020. Antibiotics and Saline and Heparin Flushes were ordered 7/29/2020 and started on 7/30/2020.</p> <p>On 8/7/2020 during the end of day conference the Administrator was made aware of the care plan omission and no further information was provided.</p>	F 657			

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F 657	<p>Continued From page 8</p> <p>2. For Resident # 107 the facility staff failed to develop and implement a care plan with measurable review and revise the care plan to update when the Resident began psychotropic medications on 10/22/2019</p> <p>Resident #107 a 58 year old woman admitted to the facility on 10/22/2019 with diagnoses of but not limited to muscle weakness, anxiety disorder, seizures, COPD, History of respiratory failure, History of CVA (stroke) and dysphagia.</p> <p>Resident #107 most recent MDS dated 7/14/2020 codes the Resident as having a BIMS (Brief Interview of Mental Status) score of 15 indicating no cognitive impairment. The Resident is also coded as requiring extensive assistance with all aspects of bathing, dressing, grooming, toileting with physical assistance of 1-2 persons. She is able to eat independently and she propels self in wheelchair as she is unable to walk.</p> <p>On 8/5/2020 during clinical record review it was noted that Resident # 107 has been taking psychotropic medications to include Xanax and Celexa since 10/22/2019. At that time a copy of the care plan with all revisions and dates was requested. A review of the Residents care plan revealed no "Focus, Goal, or Interventions" for psychotropic medications.</p> <p>On 8/6/2020 Employee B (corporate nurse) who stated she would check into why the care plan was not revised correctly. Employee B returned with the most recent care plan which had care plan printed for only current care plan. The current care plan read as follows:</p>	F 657			

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F 657	Continued From page 9 " Focus - The resident uses psychotropic medications's r/t behavior management -Date Initiated 6/10/2020 Created on 6/10/2020 Revision on 6/10/2020." "Goal - Resident will reduce the use of psychotropic medication through the next review date. -Date Initiated 6/10/2020 Created on 6/10/2020 Revision on 6/10/2020." "Interventions - Monitor for side effects and effectiveness -Date Initiated 6/10/2020 Created on 6/10/2020 Revision on 6/10/2020." Employee B was asked if the care plan was revised accurately and she stated it was not. She elaborated that it should have been updated to reflect the medication when it was started. It also should show any Interventions for GDR or any non-pharmalogical attempted as well as psych consults. A review of the care plan policy revealed the following excerpts: "6. Computerized care plans will be undated by each discipline on an ongoing basis as changes in the patient occur, and reviewed quarterly with the quarterly assessment." On 8/7/2020 during the end of day conference the Administrator was made aware of the issue with care plans and no further information was provided.	F 657			
F 842 SS=B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)	F 842			

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F 842	<p>Continued From page 10</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 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- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <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- (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>	F 842			

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F 842	<p>Continued From page 11</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> <ul style="list-style-type: none"> (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. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, clinical record review, and facility documentation, the facility staff failed to document medications as ordered by physician for 1 Resident (# 106) in a survey sample of 8 Residents.</p> <p>The findings include:</p> <p>Resident #106, a 57-year old female, was admitted to the facility on 06/13/2020. Diagnoses included but not limited to multiple sclerosis, muscle weakness, morbid obesity, dystonia,</p>	F 842			

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(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 842	<p>Continued From page 12</p> <p>neuromuscular dysfunction of bladder, and major depressive disorder.</p> <p>Resident #106's Minimum Data Set with an Assessment Reference Date of 06/19/2020 was coded as an admission assessment. The Brief Interview for Mental Status was coded as 15 out of possible 15 meaning intact cognition. Functional status for bed mobility, transfers, toilet use, dressing, and personal hygiene were coded as requiring extensive assistance from staff. Functional limitation in Range of Motion for lower extremity was coded as "2" meaning impairment on both sides. Mobility device was coded as "C" meaning wheelchair. For the Minimum Data Set with an Assessment Reference Date of 07/10/2020 coded as a discharge assessment, functional status for bed mobility, transfers, toilet use, dressing, and personal hygiene were unchanged and coded as requiring extensive assistance from staff.</p> <p>On 8/6/2020 a review of the clinical record was conducted and it was found among the medications that were ordered by the physician, Carvedilol 6.25 mg (used for blood pressure control) and Gabapentin 100 mg (a seizure medication - used in this Resident for neuropathic pain).</p> <p>A Review of the MAR (Medication Administration Record) Revealed that on 6/13/20 and 6/20/2020 at 6:00 PM there were blank spaces where staff initials should be for Gabapentin administration.</p> <p>A review of the MAR for Carvedilol 6.25 mg revealed a blank space on 6/13/2020 and on 6/20/2020 at 6:00 PM where staff initials should be for medication administration.</p>	F 842			

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

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F 842	Continued From page 13 On 8/7/2020 at approximately 1:00 PM an interview was conducted with the Administrator and Employee B and they were shown the MAR and asked what a blank spot means. Employee B stated "Even if it was given the assumption must be made that it was not given since there is no documentation." Employee B was asked what a nurse should do if she does not have a medication and she responded "First check the stat box and it can be taken from there. Both of these medications should have been in the stat box." On 8/7/2020 a copy of the Stat Box contents was provided and both medications were available in the stat box. On 8/7/2020 during the end of day conference the Administrator was made aware of the issues with medication administration and no further information was provided.	F 842		