

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

PRINTED: 09/21/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/31/2021
NAME OF PROVIDER OR SUPPLIER CULPEPER HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 08/30/2021 through 08/31/2021. Two complaints were investigated during the survey (VA00051892- Unsubstantiated with unrelated deficiencies and VA00052988- Unsubstantiated). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 180 certified bed facility was 168 at the time of the survey. The survey sample consisted of three current Resident reviews and two closed record reviews.	F 000			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record reviews, staff interview, facility document review and in the course of a complaint investigation, it was determined that the facility staff failed to provide care and services, consistent with professional	F 686	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited	9/17/21	

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

TITLE

(X6) DATE

Electronically Signed

09/10/2021

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 686	<p>Continued From page 1</p> <p>standards of practice, to promote healing and prevent infection of a pressure ulcer (1) for one of five residents in the survey sample, Resident #4. During an observation of pressure ulcer care for Resident #4 on 8/31/2021, LPN (licensed practical nurse) #3 failed to change gloves between the cleaning of two separate pressure ulcers.</p> <p>The findings include:</p> <p>Resident #4 was admitted to the facility with diagnoses that included but were not limited to Parkinson's disease (2), paraplegia (3) and atrial fibrillation (4). Resident #4's most recent MDS (minimum data set) assessment, a quarterly assessment with an ARD (assessment reference date) of 7/16/2021, coded Resident #4 as being severely impaired for making daily decisions. Section G coded Resident #4 as requiring total assistance of two or more staff for bed mobility, transfers, dressing, toileting and personal hygiene. Section M coded Resident #4 as having one stage three pressure ulcer/injury and one stage four pressure ulcer/injury.</p> <p>Resident #4's comprehensive care plan dated 7/7/16 documented in part, "Skin: [Resident #4] has actual skin impairment to the ischium (5) (admitted with) and to the sacrum (6), left calf PAD (peripheral artery disease) (7) and a potential for skin impairment r/t (related to) decreased mobility, weakness, impaired cognition, and recurrent bowel/bladder incontinence. Created on: 07/07/2016, Revision on: 04/16/2021." Under "Interventions" it documented in part, "...Treatment as ordered. Created on: 03/10/2020; Revision on: 06/10/2020..."</p>	F 686	<p>in support of the alleged deficiencies. 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 alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F686</p> <ol style="list-style-type: none"> Resident #4 has not experienced any deterioration in wound status since the observed deficient practice on 8/31/2021. Affected staff received 1-1 remediation on professional standard of practice relating to wound treatment administration. DON/ADON/Unit Managers/SDC/Supervisors to complete treatment observations with all current charge nurses to ascertain that they followed professional standard of practice. Any nurse noted with deficient practice will receive a 1-1 remediation with return demonstration on professional standard of practice in treatment observation. SDC in coordination with the Unit Managers will in-service the charge nurses on the following topics: <ol style="list-style-type: none"> Professional standard of practice in treatment administration Maintaining standard precaution during treatment administration DON/ADON/UMs will complete a random wound treatment observation with the charge nurses during all shifts weekly x4 weeks, and then monthly x3 months to ascertain their adherence to professional 		

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F 686	Continued From page 2 On 8/31/2021 at approximately 10:50 a.m., an observation was conducted of LPN #3 performing pressure ulcer care to the ischial and sacral wounds. LPN #3 was assisted by two other staff members during the observation. After positioning Resident #4 on their right side, the previous dressings were removed by LPN #3, the sacral dressing was observed to have bleeding from the tissue surrounding the wound onto the brief and sheet underneath the resident. LPN #3 was observed washing their hands and applying a pair of gloves. LPN #3 stated that they were going to do the treatment to the ishium first due to the sacral dressing being non-adherent and prone to coming off with movement. LPN #3 proceeded to use a spray bottle containing wound cleanser and gauze to clean the ishial wound. LPN #3 was observed moving to the sacral wound and clean the wound with wound cleanser wearing the same gloves worn while cleaning the ishium pressure injury. On 8/31/2021 at approximately 11:10 a.m., an interview was conducted with LPN #3. LPN #3 stated that they start with the lower ishial wound for Resident #4, due to the dressing ordered for the sacral wound was non-adherent and would fall off. LPN #3 stated that the pressure ulcers were treated as two separate sites because they had two separate treatment orders. When asked about changing gloves between wounds, LPN #3 stated that they should have changed their gloves but did not because the sacral wound was bleeding and they were concerned that it may have gotten to the ishial wound. LPN #3 stated that they should have re-cleaned the wound after they changed their gloves.	F 686	standard of practice in treatment administration. Any noted deficient practice will be rectified immediately as appropriate. Findings will also be forwarded to the QAPI Committee for further review and recommendation where applicable. 5. Date of compliance: 9/17/2021.		

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F 686	<p>Continued From page 3</p> <p>The physician order's for Resident #4 documented in part,</p> <ul style="list-style-type: none"> - "R (right) ischium: cleanse wound with wound cleanser, apply silver alginate (8) and cover with dry dressing every day shift for wound care. Order Date: 08/06/2021." - "sacrum: cleanse wound with wound cleanser, apply silver alginate, cover with superabsorbent dressing every day shift for wound care. Order Date: 08/06/2021." <p>Further review of Resident #4's clinical record documented weekly wound physician notes and weekly skin assessments by nursing.</p> <p>On 8/31/2021 at approximately 2:30 p.m., a request was made to ASM (administrative staff member) #1, the administrator for the facility policy regarding pressure ulcer care.</p> <p>The facility policy "Wound Care" dated 11/1/2019 documented in part, "...Licensed nurses will follow recognized standards of practice regarding dressing change(s), including date and initials on dressing..."</p> <p>The World Health Organization, "WHO Guidelines on Hand Hygiene in Health Care" documented "...gloves must be removed after care of a single patient and during the care of a patient, when moving from any body site to another such as non intact skin, mucous membrane or invasive medical device within the same patient, and that hand cleansing must be performed after glove removal....HCWs [health care workers] should be reminded that failure to remove gloves between patients or when moving between different body sites of the same patient may contribute to the transmission of</p>	F 686			

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F 686	<p>Continued From page 4</p> <p>organisms...." Website accessed: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf</p> <p>On 8/31/2021 at approximately 2:25 p.m., ASM #1, the administrator was made aware of the concern.</p> <p>No further information was presented prior to exit.</p> <p>References:</p> <ol style="list-style-type: none"> 1. Pressure ulcer is an area of the skin that breaks down when something keeps rubbing or pressing against the skin. Pressure sores are grouped by the severity of symptoms. Stage I is the mildest stage. Stage IV is the worst. Stage I: A reddened, painful area on the skin that does not turn white when pressed. This is a sign that a pressure ulcer is forming. The skin may be warm or cool, firm or soft. Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated. Stage III: The skin now develops an open, sunken hole called a crater. The tissue below the skin is damaged. You may be able to see body fat in the crater. Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000740.htm. 2. Parkinson's disease: A type of movement disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html. 	F 686			

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F 686	<p>Continued From page 5</p> <p>3. Paraplegia is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia. Most paralysis is due to strokes or injuries such as spinal cord injury or a broken neck. This information was obtained from the website: https://medlineplus.gov/paralysis.html</p> <p>4. Atrial fibrillation: A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html.</p> <p>5. Isthium: The lower and posterior of the three principal bones composing either half of the pelvis. This information was obtained from the website: https://www.merriam-webster.com/dictionary/ischium</p> <p>6. Sacrum: The sacrum is a shield-shaped bony structure that is located at the base of the lumbar vertebrae and that is connected to the pelvis. The sacrum forms the posterior pelvic wall and strengthens and stabilizes the pelvis. Joined at the very end of the sacrum are two to four tiny, partially fused vertebrae known as the coccyx or "tail bone". The coccyx provides slight support for the pelvic organs but actually is a bone of little use. This information was obtained from the website: https://medlineplus.gov/ency/imagepages/19464.</p>	F 686			

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F 686	Continued From page 6 htm 7. Peripheral artery disease (PAD) happens when there is a narrowing of the blood vessels outside of your heart. The cause of PAD is atherosclerosis. This happens when plaque builds up on the walls of the arteries that supply blood to the arms and legs. Plaque is a substance made up of fat and cholesterol. It causes the arteries to narrow or become blocked. This can reduce or stop blood flow, usually to the legs. If severe enough, blocked blood flow can cause tissue death and can sometimes lead to amputation of the foot or leg. This information was obtained from the website: https://medlineplus.gov/peripheralarterialdisease.html 8. "Alginate dressing are absorbent wound care products that contain sodium and calcium fibers derived from seaweed. They come in the form of flat dressings that can be placed over open ulcers and rope dressings that are used for packing the wound, which absorb fluids and promote healing with pressure ulcers, diabetic foot ulcers, or venous ulcers. An individual dressing is able to absorb up to 20 times its own weight. These dressings, which are easy to use, mold themselves to the shape of the wound, which helps ensure that they absorb wound drainage properly. This also makes these dressings ideal for using on ulcers in areas that are difficult to dress, such as heels and sacral areas." This information is taken from the website https://advancedtissue.com/2015/09/treating-wounds-with-absorbent-alginate-dressings/ .	F 686			
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)	F 693		9/17/21	

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F 693	Continued From page 7 §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record reviews, staff interviews, facility document review and in the course of a complaint investigation, it was determined that the facility staff failed to ensure appropriate treatment and services for the care of a gastrostomy tube, to prevent complications for one of five residents in the survey sample, Resident #3. During an observation of gastrostomy tube site care on 8/31/2021, LPN [licensed practical nurse] #2 failed to disinfect their scissors prior to cutting the dressing placed around the gastrostomy tube (1) site. The findings include:	F 693	F693 1. Resident #3 has not experienced any acute infection to gastrostomy tube site since the observed deficient practice on 8/31/2021. Affected nurse will receive remediation on infection control precautions during wound treatment administration 2. DON/ADON/Unit Managers/SDC/Supervisors to complete gastrostomy site dressing observations with all current charge nurses to ascertain that they followed infection control		

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F 693	<p>Continued From page 8</p> <p>Resident #3 was admitted to the facility with diagnoses that included but were not limited to cerebral infarction (2), dysphagia (3) and diabetes (4). Resident #3's most recent MDS (minimum data set) assessment, an admission assessment with an ARD (assessment reference date) of 7/7/2021, coded Resident #3 as scoring a 12 on the brief interview for mental status (BIMS) assessment, 12- being moderately impaired for making daily decisions. Section G coded Resident #3 as requiring extensive assistance of two or more staff for bed mobility and total assistance of two or more staff for transfers. Section G further documented Resident #3 requiring extensive assistance of one staff member for dressing and personal hygiene. Section K coded Resident #3 as having a feeding tube.</p> <p>Resident #3's comprehensive care plan dated 7/12/2021 documented in part, "Enteral Feed: requires tube feeding PEG (percutaneous endoscopic gastrostomy) tube r/t (related to) dysphagia. Created on 07/12/2021. Revision on 07/22/2021." Under "Interventions" it documented in part, "...Provide local care to G-Tube (gastrostomy tube) site as ordered and monitor for s/sx (signs/symptoms) of infection. Created on: 07/12/2021..."</p> <p>The physician order's for Resident #3 documented in part, "Left abd (abdomen) (peg site): cleanse wound with wound cleanser, apply silver alginate (5), cover with bordered gauze every day shift for wound care. Order Date: 08/06/2021."</p> <p>On 8/31/2021 at approximately 10:30 a.m., an</p>	F 693	<p>precautions during the dressing change. Any nurse noted with deficient practice will receive a 1-1 remediation</p> <p>3. SDC in coordination with the Unit Managers will in-service the nursing staff on the following topics:</p> <p>a) Maintaining infection control precautions during wound treatment administration</p> <p>b) DON/ADON/UMs will complete a random gastrostomy site dressing observation with the charge nurses during all shifts weekly x4 weeks, and then monthly x3 months to ascertain their adherence to infection control standard of practice during stoma care. Any noted deficient practice will be rectified immediately as appropriate. Findings will also be forwarded to the QAPI Committee for further review and recommendation where applicable.</p> <p>4. Date of compliance: 9/17/2021.</p>		

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F 693	<p>Continued From page 9</p> <p>observation was conducted of LPN (licensed practical nurse) #2 performing gastrostomy tube site care to Resident #3. LPN #2 was observed to place the treatment supplies on a clean barrier placed on the overbed table. As LPN #2 was preparing to place the new dressing on Resident #3's abdomen around the gastrostomy tube, it was observed LPN #2 removing a pair of bandage scissors from their right scrub shirt pocket. LPN #2 proceeded to use the scissors to cut an opening in the silver alginate dressing and the bordered gauze dressing before they placed them on Resident #3's abdomen. LPN #2 failed to clean the scissors prior to using them to cut the two dressings that were placed on Resident #3's abdomen.</p> <p>On 8/31/2021 at approximately 11:45 a.m., an interview was conducted with LPN #2. When asked about the scissors used during the treatment observed, LPN #2 stated that they should have cleaned the scissors prior to using them to cut the dressings. LPN #2 stated that they kept them in their pocket and had forgotten to take them out prior to the treatment to clean them.</p> <p>On 8/31/2021 at approximately 2:30 p.m., a request was made to ASM (administrative staff member) #1, the administrator for the facility policy regarding feeding tube care and wound care.</p> <p>The facility policy "Wound Care" dated 11/1/2019 documented in part, "...Licensed nurses will follow recognized standards of practice regarding dressing change(s), including date and initials on dressing..."</p>	F 693			

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F 693	<p>Continued From page 10</p> <p>The facility policy "Care of the Patient with a Feeding Tube" dated 11/1/2019 documented in part, "...Gastrointestinal stoma site care will be cleaned and a dressing applied as indicated by a licensed nurse in accordance with physician orders..."</p> <p>In a study conducted by the International Conference on Nosocomial and Healthcare related Infections in Atlanta Georgia, March 2000 showed that ordinary items can make your patients sick. In one study, a researcher gathered scissors that nurses and physicians kept in their pockets, as well as communal scissors left on dressing carts and tables. Three-quarters of the scissors carried microorganisms, including Staphylococcus aureus, Groups A and B streptococcus, and gram-negative bacilli. The solution is quite simple. If health care workers swab the scissors with alcohol after each use, they will virtually eliminate the risk of transmission of microorganisms. In the study, contaminated scissors were effectively disinfected after swabbing the scissors with alcohol. Reference: Embil JM, Dyck B, McLeod J, et al. Scissors as a potential source of nosocomial infection? Presented at the 4th Decennial International Conference on Nosocomial and Healthcare-Associated Infections. Atlanta; March 8, 2000.</p> <p>On 8/31/2021 at approximately 2:25 p.m., ASM #1, the administrator was made aware of the concern.</p> <p>No further information was presented prior to exit.</p> <p>References:</p>	F 693			

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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 693	<p>Continued From page 11</p> <p>1. Gastrostomy (G-Tube): A gastrostomy feeding tube insertion is the placement of a feeding tube through the skin and the stomach wall. It goes directly into the stomach. This information was obtained from the website: https://medlineplus.gov/ency/article/002937.htm.</p> <p>2. Cerebrovascular disease, infarction or accident: A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm .</p> <p>3. Dysphagia: A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</p> <p>4. Diabetes mellitus: A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm.</p> <p>5. Alginate dressing: "Alginate dressings are absorbent wound care products that contain sodium and calcium fibers derived from seaweed. They come in the form of flat dressings that can be placed over open ulcers and rope dressings that are used for packing the wound, which absorb fluids and promote healing with pressure ulcers, diabetic foot ulcers, or venous ulcers. An individual dressing is able to absorb up to 20</p>	F 693			

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

PRINTED: 09/21/2021
FORM APPROVED
OMB NO. 0938-0391

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F 693	Continued From page 12 times its own weight. These dressings, which are easy to use, mold themselves to the shape of the wound, which helps ensure that they absorb wound drainage properly. This also makes these dressings ideal for using on ulcers in areas that are difficult to dress, such as heels and sacral areas." This information is taken from the website https://advancedtissue.com/2015/09/treating-wounds-with-absorbent-alginate-dressings/ .	F 693			