

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

PRINTED: 10/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2021
NAME OF PROVIDER OR SUPPLIER THE HAVEN AT BRANDERMILL WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 2100 BRANDERMILL PKWY MIDLOTHIAN, VA 23112		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 805 SS=D	<p>Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure one (Resident (R) 35) of 15 residents observed eating in the dining room received food in a pureed form to</p>	F 805	<p>Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) ; 483.60(d) Food and drink Each resident receives and the facility</p>	4/29/21	

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

TITLE

(X6) DATE

Electronically Signed

04/21/2021

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 805	<p>Continued From page 1</p> <p>meet her individual needs. This failure had the potential to cause swallowing difficulties, choking, or aspiration (accidental inhalation of food particles into the lungs).</p> <p>Findings include:</p> <p>Review of R35's physician "Orders" tab in the electronic health record (EHR) revealed an order, which originated on 06/18/20, for "Puree Diet with Nectar liquids - no straws!"</p> <p>R35's 03/16/21 Change of Condition Minimum Data Set (MDS) assessment, with an assessment reference date (ARD) of 03/16/21, documented she received a mechanically-altered diet.</p> <p>R35's most recent "Quarterly Nutritional Assessment," dated 10/09/20, documented, "Slow decline in overall status is noted . . . Current diet, restricted diet and consistency, is provided for comfort and support. Supplemental nutrition is provided. Fair intake noted. Staff assist and encourage intake. Will continue diet as tolerated" The assessment documented R35 was to receive a diet of pureed consistency.</p> <p>Review of R35's 04/16/20 "Care Plan," located in the EHR Care Plans tab, documented R35 was at risk for malnutrition/dehydration. The "Care Plan" went on to document, "02/08/21: [R35] requested ham salad sandwich approved by nurse Kelly and Angela." The approaches included: "provide a puree diet with nectar liquids - no straws! . . . record food intake each meal . . . [and] encourage resident to eat 100% of diet for adequate nutrition and hydration."</p> <p>On 03/30/21 at 12:00 PM in the dining room, R35</p>	F 805	<p>provides-</p> <p>Based on observation, staff interview, and record review, the facility failed to ensure one (Resident (R) 35) of 15 residents observed eating in the dining room received food in a pureed form to meet her individual needs. This failure had the potential to cause swallowing difficulties, choking, or aspiration (accidental inhalation of food particles into the lungs).</p> <p>1. During a Recertification survey R35 was served a pureed sandwich (made of slurred bread and pureed meat. R35 requested a ham salad sandwich and was served a regular consistency deli sliced ham and regular white bread. Immediate action was taken by the facility to remove the regular deli sandwich and education was provided to NHW2</p> <p>2. All residents with a need to have food in a form to meet their needs are potentially affected</p> <p>3. Actions taken/systems put into place to reduce risk</p> <p>Speech therapy will provide education to Nursing, Cooks and dietary staff and on textures and consistencies</p> <p>Speech therapy will update resident textures and preferences as needed</p> <p>4. On a weekly basis x 4 weeks then monthly x 3 months the Food Service Director or designee will conduct daily</p>	

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F 805	<p>Continued From page 2</p> <p>was served a pureed sandwich (made of slurred bread and pureed meat, by Nursing Home Waitstaff (NHW) 2. NHW2 told her it was a chicken salad sandwich, and R35 stated, "No, I ordered ham salad. Ham." The pureed sandwich was left in front of the R35, and she began to eat small bites. Her tray card was left at the table, and documented she was to receive a pureed diet. At 12:07 PM, NHW2 served R35 a sandwich made of regular consistency deli-sliced ham and regular white bread; it was not pureed. When served, R35 asked NHW2 what kind of bread she had received, stating it did not look like the usual bread and it seemed undercooked to her. NHW2 responded it was white bread and walked away.</p> <p>On 03/30/21 12:10 PM, the NHW2 stated he was unsure why R35 received a regular sandwich as opposed to pureed, but he was told by his manager that if a resident asked specifically for a different consistency, it was their right to receive it. NHW2 stated R35 did not request a different consistency than puree and again stated he was unsure why she was given a regular consistency ham sandwich.</p> <p>On 03/30/21 at 12:11 PM, a staff member alerted NHW2 that the R35 requested a ham salad sandwich and would not eat the regular deli ham sandwich. At 12:14 PM, the resident was served a ham salad sandwich on regular white bread; it was not pureed.</p> <p>In an interview on 03/31/21 at 9:30 AM, the Director of Nursing (DON) stated that if the family or the resident asked for a different consistency than what was ordered by the physician, the facility tried to honor their rights if they thought it was something the resident could manage. She</p>	F 805	<p>preparation and resident meal accuracy audit for consistency and compliance</p> <p>5.All identified issues related to Diets Consistencies and finding will be reported to the QA committee for trending and analysis monthly</p>		

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F 805	<p>Continued From page 3</p> <p>stated R35 had been seen by speech therapy, and it was determined a pureed diet was appropriate, but if she requested a different food consistency, the facility would try to honor it with education on the risks. She stated the pureed food should always be tried first, and different consistencies only provided upon resident or family request. The DON added that any time a different consistency was requested, the facility would educate the resident on the risks of consuming a less restrictive consistency. The DON stated in the case of R35, the resident's responsible party was notified and had approved the provision of regular ham salad sandwiches back in February 2021.</p> <p>On 03/31/21 at 9:50 AM, Speech and Language Pathologist (SLP) 1 stated a pureed consistency was the preferred and safest consistency for R35. She stated R35 should be offered pureed foods at every meal unless she were to request something different. SLP1 stated she would expect the staff to offer her foods in a pureed form first, and only provide a less restrictive consistency if requested. SLP1 stated the ham salad would be more of a ground or pureed texture, where the deli sliced ham was definitely not; it was a regular consistency. The SLP stated she was not involved in the development of the care plan regarding serving regular ham salad sandwiches to R35, as she was not seeing R35 in February 2021.</p> <p>On 04/01/21 at 9:03 AM, the Dietary Manager (DM) stated he was involved in the development of the "Care Plan" regarding serving a regular ham salad sandwich, which was discussed with the resident and her responsible party. He stated if R35 requested a ham salad sandwich, it should</p>	F 805			

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F 805	Continued From page 4 be served in pureed form first with slurred bread and pureed meat. If R35 refused to eat the pureed sandwich, the nursing staff or speech therapist should be notified, the resident should be educated on the risks, and the requested food provided if approved by both the resident and nursing staff or speech therapist. The DM stated all dietary staff were educated on the need to get approval from nursing or speech therapy before serving any food that was not in the appropriate consistency as ordered by the physician. The DM stated R35 should always be served pureed foods first, and only offered a different consistency if she refused to eat the pureed food. The DM stated the sliced deli ham was not at all appropriate for a pureed diet, and the ham salad would be more of a chopped consistency. The DM stated NHW2 should have provided a pureed ham salad sandwich to R35 when she requested a ham salad sandwich. The DM did not know why a regular deli ham sandwich, and then a regular ham salad sandwich, were served to R35 on 03/30/21. The facility's 03/16/20 "Therapeutic Diet Orders" policy documented, "The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment/plan of care, in accordance with his/her goals and preferences per resident rights . . . Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescribed."	F 805			
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		5/7/21	

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F 812	Continued From page 5 §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of facility policies, the facility failed to ensure proper food handling and hand hygiene was performed in the dining room for 15 residents (R) (R4, R23, R30, R11, R16, R3, R18, R14, R35, R37, R192, R13, R17, R28, and R12). This failure has the potential to cause contamination of foods served to residents in the facility. Findings include: Review of the facility's policy titled, "Dietary Employee Personal Hygiene," revised date 10/2020, stated the purpose of the policy was to, "utilize the following guidelines for employee personal hygiene to prevent contamination of food by foodservice employees." In the section	F 812	¿483.60(i) Food safety requirements. The facility must - ¿483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not		

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F 812	<p>Continued From page 6</p> <p>titled, "Hands and Fingernails," the policy stated, "Employees should never use bare hand contact with any foods, ready-to-eat or otherwise." In addition, the policy stated, "Gloves are to be worn as indicated and changed appropriately to reduce the spread of infection."</p> <p>A review of the facility's "Hand Hygiene" policy, revised on 04/07/20, stated, "All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors." The facility further stated, This applies to all staff working in all locations within the facility."</p> <p>1. Observations conducted on 03/29/21 at 11:32 AM revealed Nursing Home Waitstaff (NHW)11 was observed preparing drinks for 15 residents (R4, R23, R30, R11, R16, R3, R18, R14, R35, R37, R192, R13, R17, R28, and R12) who were eating in the dining room area of the 200 unit of the facility. NHW11 was observed to wipe her hands on a towel but did not wash her hands, use hand sanitizer, or wear gloves while pouring and serving the drinks to the residents in the dining room. In addition, NHW11 was observed placing her left thumb inside the ice bucket while putting ice in resident cups. NHW11 was further observed removing plastic wrap from pitchers of water and lemonade while serving drinks without performing any hand hygiene or wearing gloves. In addition, NHW11 was observed opening cartons of thickened cranberry juice and thickened lemonade for two residents from paper cartons without performing hand hygiene or wearing gloves.</p> <p>Observations conducted on 03/29/21 at 11:43 AM revealed Dietary Aide (DA)17 was observed in the</p>	F 812	<p>procured by the facility.</p> <p>¿483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observations, interviews, and review of facility policies, the facility failed to ensure proper food handling and hand hygiene was performed in the dining room for 15 residents (R) (R4, R23, R30, R11, R16, R3, R18, R14, R35, R37, R192, R13, R17, R28, and R12). This failure has the potential to cause contamination of foods served to residents in the facility.</p> <p>1. During a Recertification survey the facility failed to ensure proper food handling and hand hygiene was performed in the dining room for 15 residents (R4, R23, R30, R11, R16, R3, R18, R14, R35, R37, R192, R13, R17, R28, and R12). Immediate action was taken by the facility to address the dietary staff involved on hand hygiene and donning of gloves while on the serving line. All dietary/nursing staff was in-serviced on proper sanitary techniques for service on the tray line and hand hygiene during dining services .</p> <p>2. The facility has determined that all residents who consume food by mouth have the potential to be affected.</p> <p>3. Actions taken/ systems put into place to</p>		

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F 812	<p>Continued From page 7</p> <p>Unit 200 kitchen dipping beef and barley soup into five soup bowls without wearing gloves or washing hands prior to service after touching the countertops with hands. NHW11 was observed serving the 5 cups of soup to residents in the dining room without performing any hand hygiene or wearing gloves. In addition, the Certified Dietary Manager (CDM) was observed checking the temperatures of food on the tray line without wearing gloves. The CDM was observed wiping the food thermometer with a paper towel and placing the thermometer into a pan of potatoes without wearing gloves.</p> <p>Observations conducted on 03/29/21 at 11:51 AM revealed the Food Service Director (FSD) assisting with food service in the 200-unit kitchen. The FSD was observed dipping tomato soup into a soup bowl without wearing gloves.</p> <p>On 03/31/21 at 10:00 AM, an interview was conducted with the CDM. The CDM stated servers and waitstaff were not required to wear gloves while serving foods in the dining rooms of the facility. However, the CDM confirmed all dietary staff are required to wear gloves in the kitchen areas where food is plated prior to being served. In addition, the CDM stated he expected waitstaff to perform hand hygiene between food service to each resident.</p> <p>On 03/31/21 at 10:30 AM, an interview was conducted with the FSD. The FSD stated waitstaff are not required to wear gloves while serving food or drinks to residents in the dining room. The FSD further stated waitstaff should handle dishware, cups, and any other container with food without placing their hands on top or inside the area where foods or drinks would be</p>	F 812	<p>reduce risk</p> <p>All dietary/nursing staff will be in-serviced on the facility's policies and practices guideline for maintaining sanitary tray line/hand hygiene. In-service training will include observation for each employee performing the procedure of the tray line. A validation checklist to be completed for each dietary employee to determine if the employee was performing the procedure correctly. Finding will be reviewed with each employee and corrective action will be provided as needed.</p> <p>4.The Food Service Director or designee,IPN will complete random validation report of dietary staff/nursing performing procedures to ensure staff performance is in accordance with the facility policy. Validation checklist will be reviewed by the Registered dietitian/IPN weekly x 4 then monthly x3 months until substantial compliance has been achieved.</p> <p>5.All identified issues related to food safety/hand hygiene will be reported to the QA committee for trending and analysis</p>		

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F 812	<p>Continued From page 8 placed.</p> <p>An additional interview was conducted with the CDM on 04/01/21 at 9:01 AM. The CDM stated dietary staff are required to wear gloves when staff are plating foods. The CDM stated the FSD and DA17 should have been wearing gloves when plating foods from the tray line in the 200-unit kitchen on 03/29/21. In addition, the CDM stated proper hand hygiene to be performed by dietary staff during food service. The CDM further stated he was wearing gloves when checking the temperature of the food on the tray line. The CDM stated waitstaff should always handle plates, cups, and service ware from the outside and bottom of the dishes and should use tongs to get ice out of ice buckets during drink service. The CDM stated waitstaff should never have hands on top of plates or inside containers of foods or drinks.</p> <p>2. On 03/30/21 at 11:48 AM in the dining room, Certified Nurse Aide (CNA) 1 assisted R12 to remove her face mask and place it in a paper bag. CNA1 did not wash or sanitize her hands, then moved to R37, picked up her facemask from the table, and placed it in a paper bag.</p> <p>On 03/31/21 at 11:43 AM, CNA1 stated she had received training on the facility's established hand hygiene policy and procedures. She stated she should have washed or sanitized her hands after touching a resident's mask and before touching the next one.</p> <p>On 04/01/21 at 9:32 AM, the Assistant Director of Nursing, who also served as the facility's Infection Preventionist, stated she would expect staff to</p>	F 812			

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F 812	Continued From page 9 sanitize their hands after touching a resident's mask to avoid the potential spread of infection. Review of the facility's "Hand Hygiene" policy, revised 04/07/20, documented, "Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice . . . Hand hygiene is indicated and will be performed . . . before and after handling clean or soiled dressings, linens, etc. . . . [and] after handling items potentially contaminated with blood, body fluids, secretions, or excretions." The policy did not specifically address handling of residents' masks.	F 812			