

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

PRINTED: 11/16/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2009
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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, BRISTOL	STREET ADDRESS, CITY, STATE, ZIP CODE 245 NORTH STREET BRISTOL, VA 24201
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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
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F 428 Continued From page 102
asthma, and peripheral neuropathy. F 428

Resident #4 's minimum data set assessment (MDS) with an assessment reference date (ARD) of 7/24/09 revealed resident was coded for problems with both short term memory (1) and long term memory (1) and moderately impaired cognitive skills for daily decision making (2=decisions are poor and cues/supervision required).

The surveyor reviewed the clinical record of Resident #4 on 10/6/09. The form titled 'CONSULTANT PHARMACIST PATIENT EVALUATION' revealed the pharmacist reviewed the drug regimen for April 2009, June 2009 through September 2009. There was no drug regimen review for May 2009.

The surveyor informed the administrator, the director of nursing (DON), and the corporate registered nurse (administrative/corporate #3) of the above finding on 10/6/09.

Prior to the exit conference on 10/8/09, the corporate registered nurse (administrative/corporate #3) stated the May 2009 drug regimen review had not been done.

F 490 483.75 ADMINISTRATION F 490
SS=E

A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:

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F 490 Continued From page 103

F 490

Based on staff interview, facility document review, clinical record review, the findings of F492 in which staff was not appropriately educated regarding Code of Virginia, §§ 63.2-1606, it was determined that the facility was not administered in a manner which enabled it to use its resources effectively to insure residents received the necessary care as evidenced by the failure of staff to report abuse and neglect and the failure of the staff to understand their role in reporting abuse and neglect.

1. Two of the 35 staff interviewed did not state that they would report abuse to their supervisor and follow the facility's chain of command.
2. Twenty-one of the 35 staff interviewed were not aware they were required to report the allegation to the appropriate state agency. Two of 35 staff members interviewed were unable to answer what agency they would report the suspected abuse to.
3. Twenty-three of the 35 staff interviewed were unable to correctly identify themselves as a mandated reporter of abuse or were able to define the term.

Findings include:

The facility staff failed to insure that licensed and/or certified employees correctly understood and carried out their role as mandated reporters of abuse and/or neglect and failed to educate the employees on the proper procedures for reporting allegations of abuse and/or neglect.

Members of the survey team interviewed all licensed/certified employees working at the facility during the night shift (7pm to 7am) on 10/7/09 and on the day shift (7am to 7 pm) on 10/8/09.

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F 490 Continued From page 104
Licensed/certified staff on all nursing units were interviewed.

Licensed/certified staff were asked to whom they would report abuse? What they would do if they felt their report was not acted upon? And if they could define what a mandated reporter was and state if they themselves were a mandated reporter. A total of 35 licensed/certified staff were interviewed.

Thirty-three of the 35 staff interviewed stated that they would report abuse to their supervisor and follow the facility 's chain of command. These included LPN #15, LPN #5, LPN #6, LPN #7, LPN #9, LPN #10, LPN #8, LPN #9, LPN #4, RN #2, RN #3, RN#7, RN #5, social worker #2, social worker #3, CNA #11, CNA #20, CNA #18, CNA #19, CNA #6, CNA #1, CNA #2, CNA #4, CNA #5, CNA #6, CNA #7, CNA #17, CNA #8, CNA #16, CNA #12, CNA #13, CNA #14, and CNA #15.

Twenty-one of the 35 staff interviewed were not aware they were required to report the allegation to the state agency and other appropriate agencies. These included: LPN #4, LPN #15, LPN #6, LPN #8, RN #5, #11, CNA #20, CNA #18, CNA #1, CNA #2, CNA #4, CNA #5, CNA #6, CNA #7, CNA #17, CNA #8, CNA #16, CNA #12, CNA #13, CNA #14, and CNA #15.. Two of 35 staff members interviewed were unable to answer what agency they would report the suspected abuse to. These included: RN #7 and RN #3.

Twenty-three of the 35 staff interviewed were unable to correctly identify themselves as a mandated reporter of abuse or were able to

F 490

