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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495266 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/02/2020 |
| NAME OF PROVIDER OF SUPPLIER HANOVER HEALTH AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP 8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident interview, staff interviews, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to maintain adequate nutritional status for one Resident (Resident #3) in a sample size of 4 residents. For Resident #3, the facility staff failed to assess for food preferences in a timely fashion. The food preference assessment was completed 35 days after admission. The findings included: Resident #3, a [AGE] year old male, was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Resident #3's Minimum Data Set with an Assessment Reference Date of 07/30/2020 was coded as an admission assessment. The Brief Interview for Mental Status was coded as an 11 out of possible 15 indicative of moderate cognitive impairment. Functional status for bed mobility, transferring, dressing, and personal hygiene were coded as requiring extensive assistance from staff. Functional status for eating was coded as independent with set up only assistance from staff. Height was coded at 67 inches and weight was coded as 185 pounds. On 09/01/2020, the weight record was reviewed. The weight summary was viewed in Resident #3's electronic health record documented the following: 184.5 lbs (pounds) (mechanical lift) dated 07/27/2020 at 4:51 PM 167 lbs (pounds) (mechanical lift) dated 08/05/2020 at 5:25 PM 156.4 lbs (pounds) (mechanical lift) dated 08/26/2020 at 4:33 AM The progress notes were reviewed. A nutrition note entitled, Nutrition Assessment written by Employee J, a registered dietitian, dated 07/29/2020 at 9:37 AM did not document food preferences. A nurse's note dated 07/31/2020 at 3:42 PM documented, Pt's (patient's) appetite seems to have increased. Pt consumed about 50-75% of meals. Despite appetite increase, he was also offered snacks (peanut butter crackers). Also encouraged fluids throughout the shift in which he was cooperative. A nurse's note dated 08/19/2020 at 1:44 PM documented, Pt ate <50% of meals. Stated he did not want alternative options when offered and that he usually doesn't eat much. Excerpts of a nurse's note dated 08/25/2020 at 5:48 PM documented, NP (nurse practitioner name) seen for low BP (blood pressure)/poor appetite - . Weight on 08/26/20. An excerpt of a nutrition note written by Employee J, a registered dietitian, entitled, Nutrition assessment dated [DATE] at 1:09 PM documented, Ensure Plus BID (twice a day) added on 08/25/2020 d/t (due to) poor po (oral) intake. Suggest change Ensure Plus to Med Plus 2.0 @ 120 mL po BID (milliliters orally twice a day). The assessment written by the dietitian did not address food preferences. An excerpt of a nurse's note dated 08/31/2020 at 2:08 PM documented, Seen by (nurse practitioner name), NP, make dietitian tech speak with resident about his likes and dislikes when it comes to food to address resident's weight loss. On 09/02/2020 at approximately 8:45 AM, Resident #3 was observed lying in bed with the head of the bed elevated approximately 30 degrees. There was a large cup of water on the tray table next to the bed. When asked if he was drinking the water, Resident #3 stated, I won't drink it. Resident #3 then stated he didn't like it. When asked what he would prefer to drink, Resident #3 stated, Anything but water. When asked if he liked the food at the facility, Resident #3 stated, It's alright. When asked if he had been eating his food, Resident #3 stated, I eat sometimes. When asked if he had been losing weight, Resident #3 stated, Some say I'm losing weight but I can't tell. When asked if he intended to eat his breakfast, Resident #3 stated, I'll try. When asked what his favorite foods were, Resident #3 stated, Banana pudding. When asked about other foods he preferred to eat, Resident #3 stated, I can't think of anything else. Resident #3 then stated, Banana pudding is my favorite. On 09/02/2020 at approximately 9:05 AM, a facility staff member delivered the breakfast tray to Resident #3. Resident #3 told the staff he wanted something else. Registered Nurse A (RN A) stated an alternate would be ordered from the kitchen. On 09/02/2020 at 9:13 AM, a new tray was delivered to Resident #3. At approximately 9:16 AM, RN A exited Resident #3's room and stated that Resident #3 drank his apple juice, ate a strip of bacon, and was working on everything else. RN B was standing nearby and stated that Resident #3 likes bacon, fruit, Ensure, and some vegetables. RN B stated that Resident #3's appetite is getting better. RN B stated that when he first arrived at the facility, he didn't want to eat, but now he eats about 75% or more. On 09/02/2020 at approximately 10:00 AM, an interview with Employee I, the dietitian tech, and Employee J, the corporate registered dietitian, was conducted. Employee J stated that she comes to the facility a few days a month but always has access to the files. When Employee I was asked about his process when a resident is admitted to the facility, Employee I stated that he would check the resident's food allergies [REDACTED]. When asked where food preference assessment would be documented, Employee I stated it would be documented in a narrative note. When Employee J was asked about the initial nutrition note she wrote dated 07/29/2020, Employee J stated that she was not in the facility when that note was written so she did not document likes and dislikes. Employee J stated the content of the note was written from a chart audit. Employee J stated that Employee I would do that. When Employee I was asked if he saw Resident #3, Employee I stated he attempted to visit Resident #3 the second day after Resident #3 arrived and made other attempts but (Resident #3) would either be sleeping or in therapy. When asked about Resident #3's food preferences, Employee I stated he spoke with Resident #3's wife and she indicated Resident #3 does not like boiled chicken or fish; tuna salad; or onions. Employee I stated Resident #3 likes sweets, oatmeal, fruit, orange juice, sandwiches, chips, fries. Employee I stated that according to Resident #3's wife, dinner is his main meal and he is not a big breakfast or lunch eater. When asked when he got this food preference information from the wife, Employee I stated the nurse practitioner told me on 08/31 to get his food preferences and I just spoke with the wife yesterday (09/01/2020). The facility staff provided a copy of the job description for the dietary technician and the registered dietitian. A form entitled, Job Description and Performance Appraisal Dietary Technician under the header, Job Specific Duties included but not limited to the following: Assists the Dining Services Manager in maintaining the patient traycard system for patient specific changes and preferences. A form entitled, Job Description and Performance Appraisal Registered Dietician under the header, Job Specific Duties included but not limited to the following: Assists the Dining Services Manager in maintaining the patient traycard system for patient specific changes and preferences. On 09/02/2020 at approximately 4:00 PM, the administrator and DON were notified of findings. The DON provided a copy of a discharge planning progress note dated 08/01/2020 at 10:33 AM and highlighted the following excerpt: Resident's wife (name) was contacted via telephone with (name) DCP (discharge planner, (name) BOM (business office manager, and (name) UM (unit manager. Department roles, facility routines, medications, functional status, nutritional status, activities interests .were discussed. The DON verified that the dietary staff were not in attendance at that meeting.</p> | | |
| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and facility documentation review, the facility staff failed to adhere to infection control practices on one of two units. A facility staff member was observed dressed in full personal protective equipment (PPE) touching the rail on the wall outside room [ROOM NUMBER] with a gloved hand. The findings include: On 09/01/2020 at approximately 10:15 AM, this surveyor and the Infection Preventionist observed Employee G standing just inside the threshold of room [ROOM NUMBER] and the room door was open. Employee G had an N-95, faceshield, gown, and gloves donned. Employee G's right gloved hand was touching the room door edge and Employee G's left gloved hand was touching the corner of the rail (on the wall) outside room [ROOM NUMBER]. Employee G then adjusted her N-95 with her gloved hands. When asked about standing in the doorway, Employee G stated that she was standing in the doorway and looking for someone to pass by to help me transfer a resident. The Infection Preventionist intervened and informed Employee G to doff her PPE and wash her hands and re-apply new PPE. The Infection Preventionist stated to Employee G that her gloves were potentially contaminated and that she just touched the rail outside the room. Employee G then apologized, doffed her PPE and washed her hands. Employee G was then observed adjusting and touching her N-95 mask with her bare hands. When asked about touching her N-95 mask, Employee G stated that she needed to adjust her mask. Employee G then stated she would need to go get another N-95. Employee G then started to walk down the hall. This surveyor then asked Employee G if she needed to wash her hands since touching her N-95 with her bare hands. Employee G stated yes and walked to the isolation cart across the hall and washed her hands with hand sanitizer. This surveyor and the Infection Preventionist waited in the hall for approximately 3 minutes until another staff person arrived to don PPE and enter the room. During that time, disinfecting the rail that Employee G touched was not observed. The facility staff provided a copy of their policy entitled, COVID-19. In Section 14 entitled, Education in subpart (a), it was documented, Educate all employees on signs and symptoms of COVID-19 and recommended infection prevention and control practices. The facility staff provided a copy of a form dated 03/16/2020 entitled, Inservice/Education Record. Under the section entitled, Summary of Content, it was documented, Proper donning/doffing of PPE. Under the header, Name of Personnel Attending, the document contained Employee G's signature. A form dated 06/02/2020 entitled, Inservice/Education Record under the section entitled, Subject documented, Droplet Precautions. Under the section entitled, Summary of Content, it was documented, Understand importance of isolation precautions, hand hygiene, gown, gloves, mask. Under the header, Name of Personnel Attending Employee G's signature or name was not on the document. A form dated 08/03/2020 entitled, Inservice/Education Record under the header entitled, Subject, it was documented, Enhanced Droplet Precautions. Under the header entitled, Objectives it was documented, Understand procedure for enhanced droplet precautions. Under the header, Name of Personnel Attending Employee G's name or signature was not on the document. On 09/02/2020 at approximately 4:00 PM, the administrator and DON were notified of findings. They offered no further documentation or information.</p> | | |

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

TITLE

(X6) DATE

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.

FORM CMS-2567(02-99)
Previous Versions Obsolete

Event ID: YL1O11

Facility ID: 495266

If continuation sheet
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