

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE HALL KING GEORGE		STREET ADDRESS, CITY, STATE, ZIP 10051 FOXES WAY KING GEORGE, VA 22485	
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility documentation review, and in the course of a complaint investigation, the facility staff failed to implement their abuse policy for 1 Resident (Resident #2) in a survey sample of 4 Residents. The findings included: For Resident #2, the facility staff failed to implement their abuse policy by not reporting an allegation of abuse and failure to protect the Resident from their alleged abuser during the course of an investigation. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #2's most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/2020 was coded as a quarterly assessment. Resident #2 was coded as having a BIMS (brief interview for mental status) score of 15, which indicated Resident #2 was cognitively intact. Resident #2 was coded as having required supervision for bed mobility, transfers, dressing, eating toileting and personal hygiene. On 9/9/2020 Surveyor A asked the facility to provide all FRI's (facility reported incidents) and grievances for the past year. Review of these documents revealed no information about Resident #2's grievance of being abused by a staff member. On 9/9/2020 during the late morning the facility Administrator provided Surveyor A with a red 3 ring binder and stated, these are for internal use. Review of the documents revealed a Grievance Form dated 12/12/2019 which had not been logged on the grievance logs previously submitted. The form stated, Resident #2 complained that one of the nurses (LPN C) snatched an inhaler from his hand and ended up scratching his palm. Resident #2 also said the nurse hit him but recanted that statement when I asked which part of his body was hit and indicated date complaint/grievance occurred: 12/11/2019. On 9/9/2020 at 5:39 PM when Surveyor A asked the Administrator to explain the red binder, the Administrator stated, this is our grievance book, I keep if I look into it I keep records for our internal records. The Administrator was asked if these allegations were reported to the state, he responded no. I asked if he considered this an allegation of abuse, he said yes. When asked if it should have been reported, the Administrator said yes. Surveyor A asked if it was reported and the Administrator said this wasn't, when I heard of it I had passed the reporting period. I decided to investigate and based on the findings I addressed it. When asked if the alleged perpetrator (LPN C) was suspended or removed from the premises while the investigation was being conducted, the Administrator stated no, we changed her assignment to not take care of Resident #2. The alleged perpetrator remained on the premises and therefore continued to have access to Resident #2 following an allegation of abuse while an investigation was ongoing to determine if abuse had occurred. Review of the clinical record for Resident #2 revealed no documentation of the allegation of abuse or any staff response. On 9/10/2020 at 10:20 AM an interview was conducted with RN A. RN A was asked about the abuse policy/process if a Resident reported they had been mistreated by a staff member, and RN A stated, I would immediately make sure they are ok, I would separate them and whomever if needed, intervene and make sure to report to the chain of command. We have a 2 hour window to report to the state. When asked who makes the report to the state (referring to the OLC), RN A stated, the Director of Nursing, Administrator or Assistant Director of Nursing, I've never been unable to reach them but if I can not reach them then I would file the report. When asked the next steps, RN A stated I've never had it happen but I would send the employee home. On 9/10/2020 at 5:44 PM, an interview was conducted with LPN C, the alleged perpetrator. LPN C was aware of the allegation of abuse Resident #2 made. LPN C stated, she never abused or mistreated Resident #2. LPN C was asked if she was suspended or taken out of work while an investigation was conducted and she said no. LPN C did acknowledge that she was removed from the assignment of Resident #2 and that Resident #2 had approached the nursing station following the incident trying to apologize but she didn't engage in conversation with the Resident. Review of the facility policy titled, Abuse, Neglect and Exploitation Preventing and Reporting stated, The Administrator, Director of Nursing or facility appointed designee should report allegations or suspected abuse, neglect or exploitation immediately to: Administrator, OLC, other state Agencies in accordance with state law. 8. The facility will make efforts to protect all residents after alleged abuse, neglect and/or exploitation. 13 c. Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in process. The facility Administrator was made aware of the concerns during the end of day meetings held on 9/9/2020 and again on 9/10/2020. No further information was provided. COMPLAINT DEFICIENCY.</p>		
F 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, clinical record review, facility documentation, and in the course of a complaint investigation, the facility staff failed to report an allegation of abuse to state agencies for 1 Resident (Resident #2) in a survey sample of 4 Residents. The findings included: For Resident #2, the facility staff failed to report an allegation of abuse to the state agency (Office of Licensure and Certification (OLC)) and Adult Protective Services (APS). Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #2's most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/2020 was coded as a quarterly assessment. Resident #2 was coded as having a BIMS (brief interview for mental status) score of 15, which indicated Resident #2 was cognitively intact. Resident #2 was coded as having required supervision for bed mobility, transfers, dressing, eating toileting and personal hygiene. On 9/9/2020 Surveyor A asked the facility Administrator to provide all Facility Reported Incidents (FRI's) for the past year and all grievances for the past year. There was no FRI regarding Resident #2. On 9/9/2020 in the late morning the facility Administrator provided Surveyor A with a red 3 ring binder and stated, these are for internal use. Review of the documents revealed a Grievance Form dated 12/12/2019 which stated Resident #2 complained that one of the nurses snatched an inhaler from his hand and ended up scratching his palm. Resident #2 also said the nurse hit him but recanted that statement when I asked which part of his body was hit and indicated date complaint/grievance occurred: 12/11/2019. On 9/10/2020 at 10:20 AM an interview was conducted with RN A. RN A was asked about the abuse policy/process if a Resident reported they had been mistreated by a staff member, and RN A stated, I would immediately make sure they are ok, I would separate them and whomever if needed, intervene and make sure to report to the chain of command. We have a 2 hour window to report to the state. When asked who makes the report to the state (referring to the OLC), RN A stated, the Director of Nursing, Administrator or Assistant Director of Nursing, I've never been unable to reach them but if I can not reach them, then I would file the report. On 9/9/2020 at 5:39 PM when Surveyor A asked the Administrator to explain the red binder, the Administrator stated, this is our grievance book, I keep if I look into it I keep records for our internal records. The Administrator was asked if these allegations were reported to the state, he responded no. I asked if he considered this an allegation of abuse, he said yes. When asked if it should have been reported, the Administrator said yes. Surveyor A asked if it was reported and the Administrator said this wasn't, when I heard of it I had passed the reporting period. I decided to investigate and based on the findings I addressed it. Review of the facility policy titled, Abuse, Neglect and Exploitation Preventing and Reporting stated, The Administrator, Director of Nursing or facility appointed designee should</p>		

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.

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F 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few F 0908 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) report allegations or suspected abuse, neglect or exploitation immediately to: Administrator, OLC, other state Agencies in accordance with state law. The facility Administrator was made aware of the concerns regarding the failure to report the allegation of abuse for Resident #2 during the end of day meetings held on 9/9/2020 and again on 9/10/2020. No further information was provided. COMPLAINT DEFICIENCY.</p> <p>Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, clinical record review, facility documentation, and in the course of a complaint investigation, the facility staff failed to maintain care equipment 1 Resident (Resident #4) in a survey sample of 4 Residents. The findings included: Resident #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #2's most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/24/2020 was coded as a quarterly assessment. Resident #4 was coded as having a BIMS (brief interview for mental status) score of 15, which indicated Resident #4 was cognitively intact. Resident #4 was coded as having required limited assistance of staff for transfers, personal hygiene and dressing. On 9/9/2020 Surveyor A reviewed the clinical record of Resident #4 to include the Treatment Administration Record (TAR) and physician orders. There was an order dated 12/5/2019 that read, SCD's to BLE x 1 hour BID (sequential compression devices to bilateral lower extremities for one hour twice a day). The TAR for August 2020 revealed that on the following dates the device was not signed off as being administered: 8/19/2020- note indicated on hold til repaired 8/20/2020- note read Special requirement not met 8/22/2020- note indicated Broken 8/23/2020- note read Special requirement not met and was held. 8/24/2020- note read Special requirement not met 8/25/2020- note indicated SCD not available and another note read, Out of order 8/26/2020- note read SCD not available. 8/27/2020- note read Special requirement not met 8/28/2020- note read Special requirement not met On 9/9/2020 at approximately 2 PM during an interview with the DON and Assistant Director of Nursing (ADON) when asked about the SCD's not being administered the ADON stated that she recalled they had to replace the hose twice and then had to replace the machine. The ADON added that this is not equipment that the facility maintenance is able to repair so they have to call the supply company. On 9/9/2020 in the afternoon the ADON provided Surveyor A with a document showing that on 8/19/2020 the facility supply person called the supplier of the SCD's and reported the need for replacement and the company had replaced the leg garments portion of the SCD's on the same day. A second document indicated that on 8/28/2020 the facility supply person (Employee E) called the supplier again and requested a pump for the SCD machine. Surveyor A shared the concern that from 8/22/2020 to 8/28/2020 the facility staff had been unable to provide Resident #4 with the SCD's as ordered by the physician due to the equipment being broken. The facility had no evidence of any measures being taken for 6 days to make any repairs. Employee E stated, on the 24 hour report they had it was the hose (garments) they didn't tell me it was the pump not working. During the end of day meetings held on 9/9/2020 and again on 9/10/2020 the facility Administrator and DON were made aware of the concern of failure to provide a physician ordered treatment for [REDACTED]. No further information was provided. Complaint Related Deficiency.</p>		