

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495394</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE LAURELS OF BON AIR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235</b>	
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 0580  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on staff interview, clinical record review and review of facility documentation the facility staff failed to provide notification to the responsible party of a change in resident condition and new treatment for one of 6 residents in the survey sample, Resident #1. Resident #1's responsible party was not notified of Resident #1's urinary tract infection with new antibiotic treatment ordered on [DATE]. The findings include: Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #1's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 04/28/2020, coded Resident #1 as scoring a zero on the brief interview for mental status (BIMS) of a score of 0 - 15, 0 - being severely impaired for making daily decisions. Section G documented Resident #1 totally dependent of two persons for transfers, requiring extensive assistance of one person for dressing and eating, and total dependence of one person for toilet use. Section H coded Resident #1 as having an indwelling catheter (tube in bladder to drain urine into collection bag) and as always being incontinent (without control) of bowel. The comprehensive care plan for Resident #1 dated 12/7/19, documented in part, (Name of Resident #1) has incontinence of bladder frequent: is at risk for skin breakdown and urinary tract infection r/t (related to) Dementia, Parkinson Disease. Date Initiated: 02/12/2019. Review of Resident #1's progress notes revealed the following: - 1/14/2020 16:32 (4:32 p.m.) Nurse Practitioner note. CC: (chief complaint) follow up UA (urinalysis). UA + (positive) E.coli (bacteria commonly found in the intestines), not surprising in light of recent constipation, denies dysuria (painful urination), abdominal pain, SOB (shortness of breath), cough, pain or chest pain. A/P: (Assessment/Plan) UTI- (urinary tract infection (1)) acute- [MEDICATION NAME] (antibiotic) 100mg (milligram) po (by mouth) q12hrs (every 12 hours) x5 (for five) days. - 1/16/2020 07:37 (7:37 a.m.) T-98.9 (temperature). Pox (pulse oximetry) 95% on ra (room air). Guest is currently on abx (antibiotic) therapy for uti (urinary tract infection). No adverse reactions noted. Encourage po (by mouth) fluids while awake. Voiding qs (every shift). Repositioning q2h (every two hours) and prn (as needed). Denies any pain or discomfort. Resting comfortable at present. - 1/16/2020 19:27 (7:27 p.m.) Nurses notes. Resident presented with abdominal distention and 10/10 (ten out of possible ten) pain. MD (medical doctor) gave the ok to send to ER (emergency room) for evaluation. Dtr (daughter) present at transfer time. Review of Resident #1's progress notes failed to evidence notification of the responsible party for the diagnosed urinary tract infection and new order for antibiotic treatment documented on 1/14/2020. On 8/25/20 at 12:45 p.m., an interview was conducted with ASM (administrative staff member) #2, director of nursing. ASM #2 stated that nurses notify responsible parties of new orders or changes in treatment if the physician has not already notified them. ASM #2 stated that staff are to document the notification in the medical record. On 8/26/20 at approximately 12:15 p.m., a follow up interview was conducted with ASM #2, the director of nursing. When asked about notification of Resident #1's responsible party regarding the urinary tract infection [DIAGNOSES REDACTED].#2 stated that Resident #1's responsible party was notified of the order to obtain the urinalysis on 1/10/2020 but they would have to look to see if there was documentation for notification of the new [DIAGNOSES REDACTED]. On 8/26/20 at approximately 4:10 p.m., ASM #2 provided the following progress notes: - 1/10/2020 23:55 (11:55 p.m.) resident presented with severe abdominal distention at bedtime. Loud moaning complaints of pain more toward the right side abdomen and side pain more toward the right side abdomen and side flank area. Temp (temperature) 100.1, hr (heart rate) 105, b/p (blood pressure) 131/71, had soft bm (bowel movement) moments before showering. On call notified of issue. Rp (responsible party) called as well. Order given for STAT (now) KUB (abdominal x-ray including bladder structures), CBC w/diff (complete blood count with differential blood test) and CMP (comprehensive metabolic panel blood test). U/A (urinalysis) to be drawn. A one time (Sic.) dose of [MEDICATION NAME] (fiber supplement). - 1/12/2020 06:51 (6:51 a.m.) vs (vital signs) 101.6 (temperature), 93 (heart rate), 16 (respirations), 116/73 (blood pressure), pox (pulse oximetry) 100% on ra (room air). Monitoring guest for abd. (abdominal) distention. NP (nurse practitioner) made aware of elevated temp, with n.n.o. (no new orders) noted thus far. Given Tylenol (medication for pain/fever) po (by mouth) at 130am (1:30 a.m.) for elevated temp (temperature), rechecked temp (temperature) at 4am (4:00 a.m.) and it came down to 98. Obtained u/a (urinalysis) and C&amp;S (culture and sensitivity) as per md (medical doctor) order. Guest tolerated procedure fairly. Urine return is dark orange urine with slight odor. Lab p/u (pick up) specimen at 530am (5:30 a.m.). Awaiting results. Encourage po (by mouth) fluids. Voiding qs (every shift). Repositioning q2h (every two hours) and prn (as needed). Abd. (abdomen) is round and distended with +bs (positive bowel sounds) in all 4 (four) quads (quadrants). Denies any pain or discomfort. Resting comfortable at present. - 1/13/2020 16:14 (4:14 p.m.) Activities note; (Name of Resident #1) is a LTC (long term care) guest. She is very cooperative. Her daughter visits her everyday (Sic.). She attends bible study, special events, parties and sensory therapy. Activity will continue to transport her to and from activities of choice. The notes provided failed to evidence documentation that Resident #1's daughter was notified of the urinary tract infection with new antibiotic order on 1/14/2020. On 8/26/20 at approximately 1:00 p.m., a request was made to ASM #1, the administrator for the facility policy regarding notification of the responsible party. The facility policy Routine/Resident Care dated 10/2019, documented in part, Documentation: For acute complications, the clinical record should include the following information: - Notification of physician and any new orders, - Guest's/resident's signs and symptoms - Results of blood testing, - Interventions initiated - Guest's/resident's response to treatment, and - Notification of responsible party. On 8/26/20 at approximately 2:30 p.m., ASM #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was provided prior to exit. Complaint Deficiency References: 1. Urinary tract infection An infection in the urinary tract. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/1.htm">https://www.nlm.nih.gov/medlineplus/ency/article/1.htm</a>. 2. [MEDICAL CONDITION] A type of movement disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/[MEDICAL CONDITION].html">https://www.nlm.nih.gov/medlineplus/[MEDICAL CONDITION].html</a>. 3. Dysphagia A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a>. 4. [MEDICAL CONDITIONS] Disease that makes it difficult to breathe that can lead to shortness of breath. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/[MEDICAL CONDITION].html">https://www.nlm.nih.gov/medlineplus/[MEDICAL CONDITION].html</a>.</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.