

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

PRINTED: 09/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2019
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HEALTH AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5968 WALL TRIANA HIGHWAY MADISON, AL 35757	
(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
F 685 SS=D	<p>Treatment/Devices to Maintain Hearing/Vision CFR(s): 483.25(a)(1)(2)</p> <p>§483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident-</p> <p>§483.25(a)(1) In making appointments, and</p> <p>§483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by: Based on interview, resident record review, review of a facility "GRIEVANCE/COMPLAINT REPORT" for Resident Identifier (RI) #364, and review of the facility "ADMISSION AGREEMENT", the facility failed to assist RI #364 with locating resources for and making appointments to have hearing aids replaced that were lost during RI #364's stay at the facility.</p> <p>This affected one of two residents reviewed for sensory communication.</p> <p>Findings include:</p> <p>Review of a blank facility "ADMISSION AGREEMENT" dated 2/7/13 revealed the following: "... 3. ... (e.) Social Services ... The Social Services Director will use reasonable efforts within time limitations to identify the social and emotional needs of each resident and to intervene where feasible. Services may be arranged to attempt to meet your needs, either</p>	F 685	<p>I. On 9-4-19 the Social Service Director and Social Service Assistant were in-serviced by the Administrator on the following: Offering assistance and resources to help resolve any grievance or complaint that involves treatment/devices to maintain hearing/vision. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary assist the resident in making appointments, arranging transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing devices.</p> <p>II. Starting om 9-5-19 any grievance or complaint that involves assistive devices to maintain vision and hearing abilities will</p>	9/26/19

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

TITLE

(X6) DATE

Electronically Signed

09/12/2019

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 685	<p>Continued From page 1 through staff at the Facility or by referral to appropriate prudent agencies or professionals. ..."</p> <p>RI #364 was admitted to the facility on 7/15/19.</p> <p>Review of RI #364's quality of life care plan with a start date of 7/24/19 described RI #364 as having impaired communication related to being hearing impaired and wearing hearing aides.</p> <p>Review of a facility "GRIEVANCE/COMPLAINT REPORT" dated 7/26/19 for RI #364, revealed the resident's hearing aid was missing and after searching RI #364's room and the facility laundry and kitchen, the hearing aid could not be located. The portion of the "GRIEVANCE/COMPLAINT REPORT" for resolution, revealed the sponsor was told the facility did not replace hearing aids.</p> <p>On 8/22/19 at 10:44 AM, the surveyor spoke with RI #364's sponsor/daughter, on the phone. The surveyor asked RI #364's sponsor if the resident had hearing aides upon admission to the facility. RI #364's sponsor said, yes. The surveyor asked her how the facility assisted her with locating the hearing aide. RI #364's sponsor said, the staff assisted her with looking for the device in RI #364's room, and the staff searched the facility kitchen and laundry area. She stated that RI #364 lost his/her hearing aide the day after being admitted to the facility on 7/15/19. The surveyor asked the sponsor if the facility did anything specific to assist with attempting to locate funds for missing hearing aids and the sponsor replied no. The surveyor asked RI #364's sponsor if the facility offered her any assistance with arranging an appointment for replacement of the hearing aid and the sponsor said, no. The surveyor asked</p>	F 685	<p>be reviewed by the social service director, social service assistant or designee daily. Grievances or complaints involving treatment/devices to maintain hearing/vision will result in staff assisting the resident with resources, making appointments and transportation to a vison/hearing practitioner or professional as needed. This will be documented in the medical record.</p> <p>III. Starting 9-5-19 the Assistant Administrator or designee will monitor grievance forms and presence of documentation in corresponding medical records three times a week for four weeks then monthly thereafter to ensure that residents that are in need of treatment or assistive devices for vision or hearing, to maintain abilities, are offered resources, transportation to and from their appointment, and assistance in making the appointments. Monitoring will be documented with use of a monitoring sheet. Any concerns identified will result in immediate corrective action, education and continued monitoring.</p> <p>IV. Monitoring sheets will be turned into the Administrator weekly for review. The monitoring sheets will be kept in a binder in the Administrators office. Results of the monitoring will be reviewed in monthly QAPI meetings.</p>		

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F 685	<p>Continued From page 2</p> <p>how RI #364 responded to his/her missing hearing aid and the sponsor replied, RI #364 was very agitated.</p> <p>On 8/22/19 at 12:19 PM Employee Identifier (EI) #5 Administrative Assistant, who had spoken with RI #364's sponsor to inform her that the facility did not replace hearing aids, was asked if there was an appointment made regarding following up on RI #364's missing hearing aid. EI #5 stated, she did not set up an appointment but she would ask the social services personnel if she did.</p> <p>On 8/22/19 at 12:25 PM EI #4 Social Services, was asked if there was an appointment made for RI #364 regarding his/her missing hearing aid. EI #4 stated, she did not make an appointment regarding the hearing aids. EI #4 was asked what services the facility provided to help residents with locating funding for missing hearing aids. EI #4 stated the facility will refer the residents to local audiologists. EI #4 was asked who usually assisted residents with appointments when they lost hearing aids, EI #4 stated, she would assist the families, if they asked.</p> <p>On 8/22/19 at 12:55 PM EI #1, Administrator, was asked why the facility did not assist RI #364 with transportation to an appointment. EI #1 replied he was unsure. EI #1 was asked if the facility should have arranged the appointment and assisted with locating funding for replacement of RI #364's lost hearing aid. EI #1 said, "Yes, we should have offered."</p> <p>On 8/22/19 at 1:08 PM EI #4 Social Services was asked what was specifically done and what efforts were made by her for RI #364, to locate funds/resources for the lost hearing aid. EI #4</p>	F 685			

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F 685	Continued From page 3 stated, "I did not do anything." EI #4 was asked why she did not offer any assistance to RI #364 for resources or appointments for the lost hearing aid. EI #4 stated, "I know (RI #364's) daughter personally. I don't mind assisting the family if they ask." EI #4 was asked if there was any documentation regarding any efforts to assist RI #364's family with the lost hearing aid, and she stated "I did not document."	F 685			
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p>	F 880		9/26/19	

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F 880	<p>Continued From page 4</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Based on observation, interview, record review, review of "CDC INFECTION PREVENTION DURING BLOOD GLUCOSE MONITORING AND INSULIN ADMINISTRATION", and review of a facility policy titled "HAND HYGIENE", the facility failed to ensure licensed staff:</p> <ol style="list-style-type: none"> 1. Did not place the glucose meter and vial of glucose test strips in his pocket while washing hands, 2. Did not open a vial of glucose test strips with a gloved hand, after performing a finger stick on Resident Identifier (RI) #19, and 3. Washed hands after removal of gloves, before touching the medication cart and preparing RI #19's medications. <p>This was observed during medication administration on 8/21/2019 at 5:25 PM and affected one of four nurses observed during medication administration observation.</p> <p>Findings include:</p> <p>Review of a CDC (Centers for Disease Control and Prevention) article for "Infection Prevention during Blood Glucose Monitoring and Insulin Administration", with a last reviewed date of 3/2/11, revealed the following: "... Recommended Practices ... General ... Do not carry supplies and medications in pockets. ..."</p> <p>Review of a facility policy titled, "Hand Hygiene", with an effective date of 9/1/17, revealed the following: "... PROCESS: ... III. Hand Hygiene ... continues to be the primary means of preventing the transmission of infection. ... some situations that require hand hygiene. ... Before and after performing any invasive procedure ... finger stick blood sampling...</p>	F 880	<p>I. On 8-21-19 the ADON in-serviced EI#2, Licensed Practical Nurse on the following policies and procedures: Hand hygiene, blood glucose testing, blood glucose monitor cleaning and infection control. On 8-21-19 the ADON assured all blood glucose monitors on each medication cart were cleaned per policy.</p> <p>II. On 8-22-19 an in-service was initiated with all licensed Nursing staff on the following policies and procedures: Hand hygiene, blood glucose testing, blood glucose monitor cleaning, hand hygiene and infection control.</p> <p>III. Starting 9-2-19 the ADON, RN unit managers or designee will randomly monitor licensed nursing staff the correct checking of blood glucose, blood glucose monitor cleaning, hand hygiene and infection control per policy and procedure three times a week for four weeks then monthly thereafter. Monitoring will be documented with use of a monitoring sheet. Any concerns identified will result in immediate corrective action, education and continued monitoring.</p> <p>IV. Monitoring sheets will be turned into the DON weekly for review. The monitoring sheets will be kept in a binder in the Administrators office. Results of the monitoring will be reviewed in monthly QAPI meetings.</p> <p>This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and</p>		

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F 880	<p>Continued From page 6 After removing gloves ..."</p> <p>On 8/21/2019 at 5:25 PM Employee Identifier (EI) #2, Licensed Practical Nurse (LPN), was observed during Medication Administration. EI #2 gathered supplies to perform a blood glucose check and placed the glucometer and test strips in his pocket while washing his hands prior to putting on gloves. While performing the finger stick on RI #19, EI #2 held RI #19's hand with both of his gloved hands. EI #2 opened the test strips and touched the strips inside the bottle. EI #2, after completing the test, removed his gloves and left the room without washing his hands or performing hand hygiene. EI #2 returned to the Medication Cart and touched the screen on the laptop and unlocked the cart. EI #2 then prepared the rest of RI #19's medications and administered them. EI #2 again returned to the Medication Cart and charted the medications administered without washing his hands.</p> <p>On 8/21/19 at 6:34 PM, EI #2 was asked if there was a concern with using his left gloved hand to touch the glucometer strips from the container with the gloved hand used to touch RI #19 prior to the finger stick. EI #2 responded, the issue would be contamination.</p> <p>On 8/22/19 at 9:30 AM EI #2, LPN, was again interviewed. EI #2 was asked where he had placed the glucometer and the container of glucose testing strips while he washed his hands. EI #2 then asked the surveyor if he put them in his pocket. EI #2 was asked what the concern would be of placing those items in his pocket when they were used for invasive procedures on other residents. EI #2 replied, his pockets were not clean and the concern would be infection</p>	F 880	Medicaid requirements.		

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F 880	<p>Continued From page 7</p> <p>control. When asked why, after performing the blood sugar check, did he not wash his hands, EI #2 said, he should have and generally used the hand sanitizer on the cart, but did not because he forgot. When asked what was the concern of performing the invasive test in the resident's room and leaving without washing his hands before touching and working on the laptop on the medication cart, EI #2 said, infection control and the spread of germs.</p> <p>On 8/22/19 at 1:30 PM EI #3, Infection Control Nurse, was asked what was the concern with staff placing the glucometer and container of glucose strips in his pocket while washing his hands. EI #3 said, that was not a clean practice. When asked what the potential harm was, EI #3 said, any source of contamination was a possible source of infection to the patient. When asked what would be the concern of staff reaching into the container of glucose testing strips with gloves used during a finger stick, EI #3 said, the hand was potentially contaminated with blood borne diseases that could be passed on to any resident that received blood sugar checks. EI #3 was asked what was the concern of staff leaving the room after performing blood glucose checks and not washing their hands prior to preparing medications and using the laptop. EI #3 said, any contamination from that resident he/she performed the glucose check on is going to contaminate the next task he/she is working on, the medication cart, laptop, and possibly infect the rest of his/her patients.</p> <p>DONNA MILSTEAD, REGISTERED NURSE JILL RUSH, REGISTERED NURSE DEBRA PARKS, REGISTERED NURSE DEBORAH CAMPBELL, REGISTERED NURSE</p>	F 880			

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F 880	Continued From page 8 BELINDA BROWN, REGISTERED NURSE	F 880		