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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495321 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/16/2024 |
| NAME OF PROVIDER OR SUPPLIER Heritage Hall Lexington | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 Houston Street East Lexington, VA 24450 | |
| 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) | | |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>21875</p> <p>Based on staff interview, resident interview, facility document review, and clinical record review, the facility staff failed to provide timely toileting assistance for one of three residents in the survey sample (Resident #3).</p> <p>The findings include:</p> <p>According to the clinical record, Resident #3 (R3) was admitted to the facility with diagnoses that included femur fracture, urinary tract infection, degenerative disc disease, gastroesophageal reflux disease, and protein-calorie malnutrition. The minimum data set (MDS - assessment tool) dated 3/31/23 assessed R3 as cognitively intact and as occasionally incontinent of bowel and bladder.</p> <p>R3's clinical record documented a nursing note dated 4/22/23 at 10:48 p.m. stating, At approx [approximately] 2110 [9:10 p.m.] this nurse answered residents call light, resident reported her call light had been on for over an hour. Resident stated she needed assist to bathroom that she has soiled herself. This nurse told resident she would get the cna to assist her. (sic)</p> <p>R3's plan of care (dated 4/6/23) documented the resident required the assistance of one person for activities of daily living (ADLs) including toileting. Goals in providing ADL care were documented as, Resident will continue to receive assistance as needed in a timely manner .</p> <p>R3's ADL record for 4/22/23 was blank for the evening shift (2:00 p.m. until 10:00 p.m.) with no indication that toileting and/or hygiene assistance was provided.</p> <p>On 10/15/24 at 4:30 p.m., the assistant director of nursing (ADON - administration staff #3) was interviewed about R3's delayed call bell response documented on 4/22/23. The ADON stated that she worked as a floor nurse during R3's stay. The ADON reviewed the as-worked schedule and stated the evening shift CNA [certified nurses' aide] worked on 4/22/23 until 10:00 p.m. Reviewing the ADL documentation, the ADON stated R3's activities of daily living records documented no toileting assistance and/or hygiene provided during the evening of 4/22/23.</p> <p>(continued on next page)</p> | | |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 495321 |
| | | If continuation sheet Page 1 of 3 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/16/24 at 8:45 a.m., the resident council president (Resident #4) was interviewed about call bell response and delayed assistance with toileting. The council president stated there were comments in the council meetings at times about slow call bell response. The council president stated most bells were answered within 10 to 15 minutes but there were times when it took up to 30 minutes. When asked about call bell response during April 2023, the council president stated she did not remember exactly what was going on then, but that current call bell response was much improved from a year ago and had improved with the current administration.</p> <p>On 10/16/24 at 9:30 a.m., the administrator was interviewed about R3's delayed call bell response/toileting assistance documented on 4/22/23. The administrator stated there was no toileting assistance documented for R3 on the evening of 4/22/23. The administrator stated he was not working in the facility in April 2023, but he found no documented follow up and/or actions taken in response to the delayed care. The administrator stated the entire care team was expected to respond to call bells and provided needed care in a timely manner.</p> <p>On 10/16/24 at 10:05 a.m., the director of nursing (DON) was interviewed about the documented care delay for R3 on 4/22/23. The DON stated that she was not working in the facility during R3's stay. The DON stated that she expected staff to respond to call lights and requests for assistance within 3 to 5 minutes, with the goal of no lights unanswered beyond 10 minutes. The DON stated the delayed response to R3's call light documented on 4/22/23 was unacceptable. The DON stated staff working should have acted promptly to provide needed assistance and should have documented follow up regarding the reported concern.</p> <p>The nurse that documented R3's note on 4/22/23 regarding delayed call bell response was not available for interview, as she no longer worked at the facility.</p> <p>Resident council meeting minutes were requested but had not been retained from the March/April 2023 meetings.</p> <p>The facility's policy titled Activities of Daily Living (ADLs), Supporting (revised March 2018) documented, . Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .</p> <p>This finding was reviewed with the administrator, DON, and regional nurse consultants during a meeting on 10/16/24 at 11:00 a.m., with no further information provided prior to the end of the survey.</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28106</p> <p>Based on staff interview and clinical record review, the facility staff failed to provide a complete and accurate clinical record for one of three residents in the survey sample (Resident #3, R3).</p> <p>The findings include:</p> <p>R3's ADL (activities of daily living) support logs and food intake logs were not documented on multiple times during the month of April 2023.</p> <p>According to R3's clinical record, diagnoses for R3 included: Post surgical hip replacement, urinary tract infection, and venous thrombosis. The most current MDS (minimum data set - assessment tool) was a 5 day admission assessment with an ARD (assessment reference date) of 3/31/24, which assessed R3 as being cognitively intact.</p> <p>Review of R3's ADL's for the month of April 2023, particularly eating performance, personal hygiene support, and toilet use were reviewed, between 4/1/23 and 4/28/23 (R3 discharged on [DATE]). The Eating performance section indicated of 56 opportunities to document eating support, 37 opportunities had not been documented. The Personnel hygiene support section indicated of 84 opportunities to document care, 39 opportunities had not been documented. The Toilet use support section indicated of 84 opportunities to document care, 38 opportunities had not been documented.</p> <p>Review of meal percentage intake log (also for April 2023) indicated of 84 opportunities to document, 59 opportunities had not been documented.</p> <p>On 10/15/24 at 2:30 p.m. the above information was presented to the administrator, who also reviewed the documentation. The administrator verbalized awareness and said that training needed to be done. The administrator also verbalized not being employed at the time of this concern.</p> <p>No other information was presented prior to exit conference on 10/16/24.</p> | | |