

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/26/2021
NAME OF PROVIDER OR SUPPLIER ST. BARBARA'S MEMORIAL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 134 ST BARBARAS ROAD PO BOX 9066		
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F 000	INITIAL COMMENTS An unannounced complaint survey was conducted at St. Barbara's Nursing Home on 10/25/21 to 10/26/21. A Federal Infection Control Survey (FICS) was conducted simultaneously with complaint survey. The deficiencies contained in this report are based on observations, review of residents' clinical records, resident interviews and staff interviews, and/or review of other facility documentation as indicated. The facility's census on the first day of the complaint investigation survey was 48 residents. --Complaint #25881 was unsubstantiated with unrelated deficiencies cited.	F 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the facility that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who may be discussed in this response. This plan of correction is being executed solely because it is required by federal and state law and is being submitted as the facility's credible allegation of compliance.		
F 578 SS=E	483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult	F 578	1. How the corrective action will be accomplished for those residents and/or areas of the facility found to be affected by the deficient practice. On 10/26/21 the facility's LSW received reeducation from the Administrator regarding completion on POST forms per the directions specified by the WV Center for End-of-Life Care. Additionally, on 11/2/2021 the DON / ADON initiated an in-service for all nurses regarding the need for POST FORMS to be signed and dated by the physician in order to be valid. On 11/19/21 the LSW completed new	11/06/21	

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

TITLE

(X6) DATE

11/22/2021

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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	<p>residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>Based on record review and staff interview, the facility failed to ensure six (6) of eleven (11) residents had a Physician Orders for Scope of Treatment (POST) form completed per directions specified by the West Virginia Center for End-of-Life Care. Resident identifiers: #1, #2, #8, #9, #10, and #11. Facility census: 48.</p> <p>Findings included:</p> <p>a) Resident #1</p> <p>Review of Resident #1's POST form found verbal orders were received from the physician and two (2) nurses had signed the POST form under the</p>		<p>POST FORMS for resident(s) #1, 2, and 8. Please note that the other 3 resident (#9, 10, & 11) no longer reside within the facility.</p> <p>Attachment: A-1 LSW Inservice</p> <p>Attachment: A-2 Nurse In-service Sign In Sheet</p> <p>Attachment: A-3 New POST FORMS (Resident #1, 2, & 8)</p> <p>2. How the facility will identify other residents and/or areas of the facility having the potential to be affected by the same deficient practice.</p> <p>All residents had the potential to be affected</p> <p>3. What measure will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>On 11/18/21 an auditing tool was developed by the Administrator that the LSW will utilize to conduct an initial review of all current POST FORMS to ensure that all have been completed per directions specified by the WV Center for End-of-Life Care including dated physician signatures and with any corrective action immediately upon discovery.</p> <p>The LSW will continue to utilize this auditing tool to conduct a 72 hour review of all new admissions to the facility times</p>		

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	<p>Physician Signature line then signed and dated the form for 10/19/21 at 5:30 PM. The physician also signed the POST form on the physician's next visit but there was no date or time associated with the physician's signature.</p> <p>b) Resident # 2</p> <p>Review of Resident #2's POST form found verbal orders were received from the physician and two (2) nurses had signed the POST form under the Physician Signature line then signed and dated the form for 06/09/21 at 10:35 AM. The physician also signed the POST form on the physician's next visit but there was no date or time associated with the physician's signature.</p> <p>c) Resident #8</p> <p>Review of Resident #8's POST form found verbal orders were received from the physician and two (2) nurses had signed the POST form under the Physician Signature line then signed and dated the form for 07/20/21 at 3:15 PM. The physician also signed the POST form on the physician's next visit but there was no date or time associated with the physician's signature.</p> <p>d) Resident #9</p> <p>Review of Resident #9's POST form found verbal orders were received from the physician and two (2) nurses had signed the POST form under the Physician Signature line then signed and dated the form for 09/27/21 at 3:10 PM. The physician also signed the POST form on the physician's next visit but there was no date or time associated with the physician's signature.</p> <p>e) Resident #10</p>		<p>monthly for 6 months and then randomly thereafter to ensure that all new POST FORMS are being completed per directions specified by the WV Center for End of Life Care.</p> <p>Attachment A-4 POST Form Audit</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?</p> <p>The LSW will report the results of the POST Form audit to the QAA Committee at each quarterly meeting until such time that the committee feels substantial compliance has been met and randomly thereafter.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>Review of Resident #10's POST form found verbal orders were received from the physician and two (2) nurses had signed the POST form under the Physician Signature line then signed and dated the form for 08/11/21 at 12:24 PM. The physician also signed the POST form on the physician's next visit but there was no date or time associated with the physician's signature.</p> <p>f) Resident #11</p> <p>Review of Resident #11's POST form found verbal orders were received from the physician and two (2) nurses had signed the POST form under the Physician Signature line then signed and dated the form for 10/15/21 at 1:00 PM. The physician also signed the POST form on the physician's next visit but there was no date or time associated with the physician's signature.</p> <p>g) Interview with Social Worker</p> <p>During an interview on 10/26/21 at 12:45 PM, the Social Worker explained she reviews the POST form with all new admissions. If a resident chooses to be a Do Not Resuscitate (DNR), the Social Worker then takes the POST form to the nurses station for the nurses to obtain a verbal order from the physician. Once the verbal order is received, two nurses sign the POST form and the DNR order is placed in the resident's electronic record. The Social Worker stated the physician would then sign the POST form on his next visit.</p> <p>h) "Using the POST Form Guidance for Healthcare Professionals", 2020 Edition</p> <p>Review of the POST Form Guidance stated the</p>				

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	<p>physician must sign the form, noting the signature is mandatory. A form lacking these signature is NOT valid. The physician should then print the date and time the orders were written.</p> <p>i) Interview with Social Worker and Director of Nursing (DON)</p> <p>During an interview on 10/26/21 at 1:20 PM, the Social Worker and DON reported they did not know that the POST form required the physician's signature before it is to be considered valid.</p> <p>.</p>				