

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 507541	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2017
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NAME OF PROVIDER OR SUPPLIER SEASONS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 177 Holt Lane Lewisburg, WV 24901
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E 120	<p>64CSR14-5.4.c. Staffing Requirements</p> <p>One employee who has current first aid training and current cardiopulmonary resuscitation (CPR) training, as applicable, shall be on duty at all times. A record of this training shall be available for review. (Class I)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on record review and interview on July 31- August 2, 2017, the licensee and administrator failed to ensure there is at least one (1) employee on duty at all times who has current first aid training and current cardiopulmonary resuscitation (CPR) training, and there is a record of this training available for review for three (3) of five (5) employees (#s 18, 19 and 24).</p> <p>1. Review of documentation provided for first aid and CPR training revealed three (3) employees who worked the night shift who did not have current first aid or CPR training as follows:</p> <p>a. The CPR and first aid training for Employee #s 18 and 24, both resident care partners, expired in June 2017.</p> <p>b. The CPR training for Employee #19, a licensed practical nurse, expired in April 2017.</p> <p>2. Review of the staff schedule for the period of July 2 through 29, 2017, revealed ten (10) days on which none of the employees who worked the night shift (11:00 p.m.-7:00 a.m.) had current CPR or first aid training. On July 2, 3, 4, 10, 11, 16, 18, 23, 24, and 25, 2017, Employee #s 18,</p>	E 120	<p>July 31- August 2, 2017</p> <p>PLAN OF CORRECTION</p> <p>Submission of this response and plan of correction is NOT a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>Employee #19 was inservice so that current LPN'S are First Aide/CPR certified. This training was completed by Friday August 18, 2017.</p> <p>ED/CSM/Designee will audit employee files quarterly to ensure that First Aide/CPR is up to date.</p> <p>COMPLETION DATE: SEPTEMBER 1, 2017</p>	09/01/17

Office of Health Facility Licensure and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 08/28/2017
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	<p>19, and 24 worked together on the night shift. None of these employees had current CPR or first aid training.</p> <p>3. Review of the facility's policy and procedure manual revealed the following excerpts related to provision of first aid and CPR.</p> <p>a. The Emergency Care policy on page 14-2 stated:</p> <p>"Staff will respond to resident emergency situations and will provide basic first aid as indicated. Staff will be trained in basic first aid. The following basic elements of emergency response (key procedures) will be followed in emergency situations: ASSESS SITUATION; SUMMON ASSISTANCE; PROVIDE FIRST AID; AWAIT HELP; RE-ESTABLISH ORDER..."</p> <p>b. The Emergency Care policy on page 14-4 stated:</p> <p>"In the event of an emergency situation with a resident, staff will respond with basic first aid...Until assistance arrives you should be prepared to control bleeding if necessary, provide CPR if indicated..."</p> <p>c. The Emergency Care policy on page 14-6 stated:</p> <p>"...If the resident has a "CPR" status:...For those states that require a CPR certified staff member to be on duty at all times, initiate CPR and continue the CPR until emergency personnel arrive..."</p> <p>4. During interview the administrator stated all employees had first aid and CPR training done</p>			

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E 003	<p>by JanCare Ambulance service in October 2016, and this training was scheduled to be re-done the end of August 2017.</p> <p>5. Although the administrator did obtain documentation of training that was completed in October 2016, there was no evidence Employee #s 18, 19, and 24 participated in that training.</p> <p>Annual Licensure Survey</p> <p>July 31 - August 2, 2017 Census 39 Deficiencies cited.</p>	E 003	<p>July 31- August 2, 2017</p> <p>PLAN OF CORRECTION</p> <p>Submission of this response and plan of correction is NOT a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any concussions set forth in this allegation by the survey agency.</p> <p>Employee #19 was inservice so that current LPN'S are First Aide/CPR certified. This training was completed by Friday August 18, 2017.</p> <p>ED/CSM/Designee will audit employee files quarterly to ensure that First Aide/CPR is up to date.</p>	09/01/17

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E 230	<p>64CSR14-7.7.c. Health Care Standards</p> <p>Upon a resident's death, the licensee shall release all of the resident's belongings and funds to the estate administrator or executor. (CLASS III)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview on July 31-August 2, 2017, the licensee and administrator failed to ensure the resident's personal belongings and funds were released to the estate administrator or executor upon a resident's death for two (2) of two (2) applicable residents (#s C1 and C2).</p> <p>1. Review of resident's records revealed the following problems related to the release of resident's personal belongings and funds:</p> <p>a. Review of resident #C1's Death Information Form revealed the resident expired on January 11, 2017.</p> <p>b. Review of resident #C2's Death Information Form revealed the resident expired on April 16, 2017.</p> <p>2. During interview Employee #22, a licensed practical nurse, stated the following:</p> <p>a. The personal belongings for Resident #C1</p>	E 230	<p>COMPLETION DATE: SEPTEMBER 1, 2017</p> <p>July 31- August2, 2017</p> <p>PLAN OF CORRECTION</p> <p>Executive Director and Care Service Manager (R.N.) will inservice LPN's regarding the required documentation to verify that the state administrator and or the executor of the estate is picking up the personal belongings of an expired resident.</p> <p>COMPLETION DATE: SEPTEMBER 1, 2017</p>	09/01/17

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	<p>were picked up by the resident's daughters, and that one of the daughters was the medical power of attorney (MPOA) for the resident.</p> <p>b. The family of Resident #C2 lived out of state. The resident only had one (1) brother and it was a while before someone came to pick up their belongings.</p> <p>c. She was not sure who came to pick up the belongings.</p> <p>3. During interview the administrator stated the following:</p> <p>a. It was the brother of Resident #C2 who had come to get the resident's personal belongings.</p> <p>b. He was not present when the brother came, but he had spoken with Employee #29 who let him know that the resident's brother had come on a Saturday to retrieve the belongings.</p> <p>c. He was not sure of the exact date the brother came to the facility.</p> <p>4. There was no documentation the MPOA for Resident #C1 or Resident #C2's brother was the estate administrator or executor authorized to have the resident's belongings and funds released to them.</p>			