

9407 CUMBERLAND ROAD · NEW KENT, VIRGINIA 23124 · (800) 368-3472

March 18, 2019

Elizabeth King

Division of Acute Care Services

Commonwealth of Virginia Department of Health

Office of Licensure and Certification

9960 Mayland Drive - Suite 401

Henrico, VA 23233

RE: Cumberland Hospital, 49-3300

Hospital Medicare/Medicaid Abbreviate (Complaint Survey) #VA00045340

Dear Ms. King,

Please accept the attached CMS-2567 from Cumberland Hospital for Children and Adolescents with included response and plans of correction to the CMS condition and standard level deficiencies which were cited in our final report from the VDH's unannounced complaint survey that was conducted at our facility on February 19, 2019.

Sincerely,

Leslie D. Bowery, Director, Standards and Regulatory Compliance Lustice D. Bowley 3/18/19

Cc: Carrissa Nandial, RN, MS, CCM

CMS - Certification and Enforcement Branch

Suite 216 - The Public Ledger Building

150 South Independence Mall West

Philadelphia, PA 19106

RECEIVED

MAR 1 9 2019

PRINTED: 02/28/2019 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING				E SURVEY PLETED
İ		40000		99			
		493300	B. WING			02/	/19/2019
NAME OF P	ROVIDER OR SUPPLIER			٤	STREET ADDRESS, CITY, STATE, ZIP CODE		
CUMBER	LAND HOSPITAL LLC				H07 CUMBERLAND ROAD		
				,	YEW KENT, VA 23124		
(X4) ID		ATEMENT OF DEFICIENCIES	ID.	••	PROVIDER'S PLAN OF CORRECTION	_	(XS) COMPLETION
PREFIX TAG		/ MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		DATE
		14.	_ ""		DEFICIENCY)		
					By submitting this Plan of Correction, the		3/18/2019
A 000	A 000 INITIAL COMMENTS		A	000	Hospital does not agree that the facts all		
			1		true or admit that it violated the rules. T		į i
	An unannounced Me	dicare/Medicaid Hospital			Hospital submits this Plan of Correction		
		s conducted February 19,	1		document the actions it has taken to add		
		cal Facilities Inspectors from	İ		citations and the allegations of deficienc	ies with	
_		ent of Health's Office of	ł		respect to compliance with Conditions o	f	
	Licensure and Certific		1		Participation for hospitals.		
	Licensure and Cerunc	ation.					
	The surrey process in	cluded: a review of the					
		s; Quality; Medical Staff;					
	and Nursing Services						
		cords and policies and					
	procedures were revie	•					
	biocedures were leve	web.					
	Complaints #VA00045	5340 and #VA00045403					
	were investigated duri	ing the survey. Complaint	i			- 1	
- 1		substantiated. Complaint					
	#VA00045340 was su	bstantiated with deficient					
	practice.		ŀ				
	The facility was determ	mined to not be in				ļ	
i		ederal regulations as stated	ì				1
		Conditions of Participation	1	İ			
	for Hospitals.	Contraction of Fathopaudit			RECEIVED)	
	The following Condition 482.13(c)(1) Condition	n level finding was cited:			MAR 1 9 2019		
		n i eneri iziAina			VDH/OLC		
	Significant corrections	are required.			V D111 3000	ľ	
A 115	PATIENT RIGHTS	-	A -	115	A tag 115		ļ
	CFR(s): 482.13		''		The corrective actions implemented for t	his	
	• •			,	condition level finding are satisfied by th	e	
ĺ	A hospital must protec	t and promote each			facility's corrective actions to resolve the		
ŀ	patient's rights.				standard level findings elsewhere noted i		
					report. Including A tags: 145, 162, 168,		
	This CONDITION is no	ot met as evidenced by:			179, 186, 188 &194.	,	ı
		llance review, interview					
		view, the facility staff failed	1				
	to protect patient rights		1			ŀ	[
	hintery hangilt tigutt	a 101 0110 (1) 01 0118 (1)	1			- 1	
AROPATORY	IDECTORS OF BOOM OF BROW	IDDI IED BEODESCATATIVES SIGNATI DE	<u> </u>		7-71 F		

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 80 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 svaliable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD			ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			Production of the Comments		c		
		493300	B. WING		02/19/2019		
NAME OF P	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
OUMBER	LAND HOSPITAL ILC			9	407 CUMBERLAND ROAD		
CUMBER	LAND ROSPITAL LLC			N	IEW KENT, VA 23124		
(X4) 1D		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(XE) COMPLETION
PREFIX TAG		MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
			+		32.10.0.7		<u> </u>
A 115	Continued From page	1	A	115			
	patients, Patient #1, t	y failing to:					ļ
	protect the patient fro						1
		Restraints and Seclusion,		i			
		rder for seclusion within 30	1				
	minutes,						l i
	within one hour,	a trained staff member					
		ydration, nutrition and					
	elimination,	y a duality in a little					
	document alternative	or less restrictive			A tag 145		
	interventions prior to s	seclusion,					
	document patient response to seclusion and		1		Upon recognition of this incident at the t	ime of	2/20/19
		nued use of seclusion,			the complaint survey, the CEO terminate observed staff member.	d the	1
	provide safe seclusion).			observed starr member.		
	See Tags 0145, 0162	, 0168, 0175, 0179, 0186,			The CEO notified the local Child Protect	ive	2/20/19
		tailed information related to			Services Office and Virginia Board of No	ursing	
	this Condition.		1		of the observed event.		
A 145	PATIENT RIGHTS: FI	REE FROM	A1	45			
i	ABUSE/HARASSMEN	NT	1		The Chief Nursing Officer reviewed and		3/11/19
	CFR(s): 482.13(c)(3)		1		affirmed the facility policy for recognitio reporting of abuse clearly defines abuse a		
	The estimat has the si-	ahi ta ta faa faa faan all faan	ļ		reporting of abuse clearly defines abuse a reporting requirements to the state agency		
	of abuse or harassme	tht to be free from all forms	ļ		within 24 hours of the event. The CNO a		
ļ	O abuse of Herestile	iic.			confirmed that the policy requires immed		
1	This STANDARD is no	ot met as evidenced by:			notification to the supervisor on duty and		1
		illance review, interview			Administrator On-Call.		!
Í	and documentation re	view, the facility staff failed		ı			
		patients, Patient #1, was	1		The Chief Nursing Officer conducted train		4/1/19
		by nursing staff when Staff			during staff meetings and/or individually		
		ir foot to push Patient #1 on			direct care staff including nurses and tech		1
	or about the head into	seciusion.			training included the definition of abuse a provided specific examples of what is abu		
	The findings include:				provided specific examples of what is an including, but not limited to, staff- to- par		
	ma manda mana:				aggression (verbal and/or physical) and h		
	On 2/19/19 at approxi	mately 10:00 A.M. a video			report witnessed incidents. Staff signed a		
		on incident on 1/18/19 from			acknowledgment demonstrating understa		
		M. was viewed with Staff			of this policy on patient abuse and neglec		[
					their adherence to this policy.		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 7YRM11

Facility ID VA0528

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	FEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		493300	B. WING		02/	/19/2019
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 1407 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	occurrences on that di 6:48 P.M. Patient #1 v At 6:49 P.M. Patient # video, lying on the floot the timeout room. Star observed stepping ove the sleeve of his/her ja into the timeout room. registered nurse, was door frame and the do about the head with S Staff Member #1 state when I viewed the vide occurring on 2/2/19. Review of medical rec documentation of abus surveillance video. Per Staff Member #3, full time employee. A r Guidelines (as worked Member #11 worked th hours per week and ex worked 7:07 A.M. until unit 6A. On 2/19/19 at approxir Member #3 provided to Staff Member #11 had managing patients. Sta "[SM#11] received [his 7/12/18 and had an ant 1/11/18 show proficien	or revealed the following ate and during those times: was placed in timeout. It was observed, via the or slithering out the door of if Member #12 was ar Patient #1 and grabbing acket and pulling hlm/her. Staff Member (SM) #11, a observed holding onto the for pushing Patient #1 on or M #11's foot. Id, "I never even saw that sool" Id is a contained no se as depicted in the service of the Daily schedule) indicated Staff hirty-eight (38) or more ridenced Staff Member #11 7:07 P.M. on 1/18/19 on the service of the Daily schedule) indicated Staff hirty-eight (38) or more ridenced Staff Member #1 7:07 P.M. on 1/18/19 on the service of the Daily schedule) indicated Staff hirty-eight (38) or more ridenced Staff Member #1 7:07 P.M. on 1/18/19 on the service of the plated to inf Member #3 stated, when in the service of the stated in the service of the servic		Monitoring for Compliance: An ongoing monitoring process was implemented to ensure that abuse is bein recognized and reported including the in use of restraint and seclusion. The processincludes: Nursing Management daily in-persorounds. Nursing management observation of staff to patient interactions is inclused a portion of daily rounding. Administrator on Call will monitor of weekly rounding. AOC rounding all includes observation of staff to patient interactions. The Risk Manager conducts 21 came audits per month to monitor staff to interaction and to monitor safe and application of restraint/seclusion techniques application of restraint/seclusion techniques improper application of restraint/sec identified by the camera review procand/or in-person observation rounds result in immediate corrective action the responsible employee. The experis 100% compliance. The aggregated data will be reviewed at Performance Improvement, Medical Executed and Governing Body Committee meeting Responsible Person: Chief Nursing Office Responsible Person: Chief N	nproper ss in vation uded as during so ent era patient correct hnique. Etion or lusion eess will with ectation ecutive ss.	3/15/19

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Event ID: 7YRM11

Facility ID: VA0528

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AND DIAN OF CORRECTION IDENTIFICATION AS MITTER		1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
-		13.	A. BUILDING			С	
		493300	B. WING		02	02/19/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		10,2010	
CUMBERI	LAND HOSPITAL LLC		1	9407 CUMBERLAND ROAD			
				NEW KENT, VA 23124			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B		(%) COMPLETION DATE	
A 145	Continued From page	3	A 1	45			
	On 2/19/19 at 4:00 P.	M., the findings were					
		embers #2 and #3 who					
	confirmed actions will						
	reporting to the appro						
A 162	PATIENT RIGHTS: R SECLUSION		A 1	62 A tag 162			
	CFR(s): 482.13(e)(1)(îi)		The Chief Nursing Officer reviewed	l and	3/11/19	
	0 - 1.121 - 1.141 - 1.1.14			affirmed the facility's Restraint and	Seclusion	0,11,19	
		untary confinement of a more or area from which the		policy to ensure that the policy addi			
	·			compliance to the CMS regulations.			
	patient is physically prevented from leaving. Seclusion may only be used for the management			L		4/1/19	
	of violent or self-destri		1	The Chief Nursing Officer conducte		ا ۱۳۰۳	
			•	with direct care staff including nurs		1 1	
	This STANDARD is no	ot met as evidenced by:		technicians covering the definition of expectations for obtaining physician		1	
	Based on video surve	illance review, interview		within 30 minutes of the procedure,		1	
		view, the facility staff failed		the face-to-face assessment in the re			
	to identify seclusion a	nd follow the facility's policy	[frame along with timely notifying the		1	
	for seclusion for one o	f one patients, Patient #1.		the results of the assessment and mo	nitoring the		
	The findings include:			patient for one hour following admir an emergency medication during grant	oup		
	On 2/19/19 at approxi	mately 10:00 A.M., a video		meetings and/or individually. Staff	nembers		
İ	of Patient #1's seclusion	on incident on 1/18/19 at		completed a post test and signed an acknowledgment of understanding of	.f.tha		
		II. was viewed with Staff		policies on use of restrictive procedu	I IIIE		
	Member #1.			their adherence to this policy.	n es and	İ	
	The video surveillance	review on 2/19/19					
	revealed:			Monitoring for Compliance:			
	Patient #1 being place	d in seclusion by two Staff		The CNO implemented a process to		3/15/19	
		ers #11 (Registered Nurse)		review of all restraint and seclusion conducted. The review will include			
		egress from the room was		for correct technique during restricti			
	procked from 6:48 P.M	I. until 11:31 P.M. (4 hours		procedures as well as for thorough	10	<u> </u>	
	and 43 minutes) by va			documentation of restraint, seclusion	is and		
		blocked in the following		medication restraints.] [
	ways: at times the doo	r was held by a staff					
	member's foot, arm or	body; blocked by a chair					
						1	

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Event ID: 7YRM11

Facility ID VA0525

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		493300	a. wing	8. WING		C 02/19/2019	
	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE 407 CUMBERLAND ROAD NEW KENT, VA 23124	1 02	11892.018
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD 8 TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			(XS) COMPLETION OATE
A 162	both while staff stepp while staff sat beside doorway; and sitting to blocking Patient #1's Patient #1 was remove P.M. A physician's on obtained at 10:30 P.M. The nurse's note date documents, "Patient to beginning of shift. Patifloor, kicked walls, do paced around time our unning into walls. Pasecluded at 21:49 (9: Thorazine 50 mg IM awas effective. Benadi 23:15 (11:15 P.M.)" The Physician's order P.M. included Thoraz Benadryl for extreme On 2/19/19 at approximate Member #3 stated, "I secluded until about § The Hospital Policy or with a revision date of Staff Member #3 and information: Page 10 section C de involuntary confinemerom or area from who	sat in the chair; locked door ed away from the door or or directly in front of the with the door open but egress. The directly in front of the with the door open but egress. The directly in front of the with the door open but egress. The directly at 11:05 P.M. The directly at 1	A		The process includes expectations for of a physician's order within 30 minutes of initiation of the restraint or seclusion, the required elements of the physician order notification of the Nursing Supervisor of event and the need to complete the 1 hot to face and notification of the physician results of the 1 hour face to face, as well monitoring of the patient for one hour a administration of a chemical restraint. The review will be completed at the time of event by a member of the nursing manageam. Any deficiencies will be reviewed immediately with the involved staff. The expectation is 100% compliance. Aggregated data will be reported month Performance Improvement Committee, Executive Committee and the Governing Responsible Person: Chief Nursing Office and the Committee of the nursing of the nursing Office and the Committee of the nursing of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the Committee of the nursing Office and the nursing Office	f the e f, f the ur face of the l as fter The the gement d he Medical g Board	

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Event ID: 7YRM11

Facility ID VA0528

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		493300	B. WING		C 02/19/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	02/18/2018	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
A 162	room or giving the per patient with physical is attempts to leave the considered locked, what actually locked or not actually locked or not Page 11 Authorization following: "An RN (responding to the color of the procedures of the which she/he writes in for Restrictive procedures of the which she/he writes in for Restrictive Procedures of the reason for using specific behaviors and the type of restraint color of the type of restraint color of the RN and MD name the telephone order. B. The nurse must consume the page of the page of the patient, making physician we care of the patient, making physician we care of the patient, making physician we actually locked.	the patient form leaving the reption that threatens the intervention if the patient room, the room is hether or not the door is the hether or not the door is the hether or not the door is the hether or not the door is the hether or not the door is the hether or not the door is the hether or not the door is the hether or not the door is the hether or not the gistered nurse) conducts the hether is the use of the hether of the Physician for a verbal order of the Physician order must be physician's order must be physician's order will restraint/seclusion including disafety issues, or seclusion used, Time hours for adults, 2 hours for ents ages 9-17 and 1 hour age of 9, discontinuation/release of the with dates and times of the perform the One Hour ment within one hour of the	A 16			
		consultation should If the findings of the one eed fro other interventions				

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					С	
		493300	B. WING_		02/19/2019	
NAME OF P	ROVIDER OR SUPPLIER		i	STREET ADDRESS, CITY, STATE, ZIP CODE		
CUMBER	AND HOSPITAL LLC			9407 CUMBERLAND ROAD		
OGMBENEAU HOGETINE EEG		- 1	NEW KENT, VA 23124			
(X4) ID		ATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION		
PREFIX		/ MUST BE PRÉCÉDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		
TAG	REGULTIONIONI	SO IDENTIFIED HE OTHER TONY	1/4/5	DEFICIENCY)		
			 			
A 162	Continued From page	6	A1	62		
	or treatments and the					
		f restraint/seclusion. The				
		ays be conducted prior to a				
	renewal of the order	•				
		of Patient #30: Section A:				
		e every 15 minutes) by the				
	RN include:					
	1. Vital signs (at least	every 2 hours)	1	1		
	2. Nutrition	(harres)				
i	3. Hydration (offered of 4. Circulation	every 2 nours)		1		
		ion) (at least every hour				
	6. Elimination (offered		i			
	7. Injuries/adverse ev					
	8. Psychological Statu					
}	#31 For Emergency &	ledications the patient will				
		ur or per the physician		İ		
		cluding vital signs will be		1		
		owing administration of the	Į			
	Emergency Medication	n and then every 15				
	minutes for one hour.		ŀ			
	notified of any signific	ant findings"				
	The findings were say	iewed with Staff Members				
i		I. during the exit interview.				
A 168	PATIENT RIGHTS: R		A 4	88		
7 100	SECLUSION	LOTTO IN CIT	^'	68 A tag 168		
	CFR(s): 482.13(e)(5)			The Chief Namine Officer environder	.	
				The Chief Nursing Officer reviewed and affirmed that the facility's restraint and	¹ 3/11/19	
	The use of restraint o	r seclusion must be in		seclusion policy required that the RN of	ntain a	
		order of a physician or other		physician's orders within 30 minutes of		
	licensed independent			initiation of a seclusion or restraint epise		
j		re of the patient as specified				
		authorized to order restraint				
		al policy in accordance with				
	State law.					
			90			

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Event ID: 7YRM11

Facility ID: VA0528

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STATEMENT OF DEFICIENCES		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING_		COMPLETED	
					С	
		493300	B. WING		02/19/2019	
NAME OF P	ROVIDER OR SUPPLIER		8	TREET ADDRESS, CITY, STATE, ZIP CODE		
CHARES	LAND HOSPITAL LLC			407 CUMBERLAND ROAD		
CUMBERI	LAND NOSPITAL LLC			IEW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	COMPLETION	
A 168	This STANDARD is represented the second to t	and met as evidenced by: eillance review, interview eview, the facility staff failed patients, Patient #1, had a seclusion within 30 minutes dimately 10:00 A.M., a video sion incident on 1/18/19 at a.M. was viewed with Staff atient #1 being placed in ff Members, Staff Members se) and #12. Patient #1's from 6:48 P.M. until 11:31 a minutes); during these seld by a foot, blocked by a in the chair, locked or staff tof the doorway blocking Patient #1 was removed 31 P.M. A physician's order tained at 10:30 P.M. ed 1/18/19 at 23:05 (11:05 atient was in time out at the out casing and floor. Patient ut room charging door and atient charged door and was si49 P.M.). Patient was given at 22:54 (10:54 P.M.) which laryl 50 mg Im was given at	A 168	The Chief Nursing Officer conducted to via group meetings and/or individually care staff including nurses and techs regithe appropriate implementation of the pinclude the requirement to obtain an or within 30 minutes of implementation of seclusion. Staff completed a post test a signed an acknowledgment of understathe policy on use of restraint and seclustheir adherence to this policy. Monitoring for Compliance: The CNO implemented a process that a of all restraint and seclusion documents be completed at the time of the event to obtaining the physician's order for the post of the restraint/seclusion by a member of the restraint/seclusion by a member of the restraint/seclusion by a member of the restraint/seclusion is 100% compliant. The expectation is 100% compliant. The expectation is 100% compliant in camera view. This revice completed within 96 hours of the event include monitoring for safe use of restraint-seclusion technique. The aggregated data will be reviewed a Performance Improvement, Medical Exand Governing Body Committees. Ong non-compliance will be addressed throughting the properties. Responsible Person: Chief Nursing Office is and Governing Body Committees. Responsible Person: Chief Nursing Office is and Governing Body Chief Nursing Office is and Governing Body Chief Nursing Office is appropriate.	for direct garding solicy to der f and miding of sion and sicion will include restraint sitiation of the encies involved ance. Ew pisodes ew will be and will aint or t eccutive oing agh action as	
	with a revision date of	of 04/2018, was provided by				

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Event IO; 7YRM11

Facility ID: VA0528

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
						С	
493300 B. WING		<u> </u>	02	/19/2019			
	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE \$407 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST 8E PRECEDED BY FULL		ID PREFI TAG	-	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	OKS) COMPLETION DATE
A 168	Continued From page	8	A	16	8		
A 100	Staff Member #3 and information: Page 10 section C de Involuntary confinemer room or area from wherevented from leaving to a room alone and sintervening to prevent room or giving the perpatient with physical is attempts to leave the considered locked, where we have a cually locked or not. Page 11 Authorization following: "An RN (regular colonical assessment, as restrictive procedures minutes) contacts the which she/he writes in for Restrictive Proced taken by an RN. The include: The reason for using a specific behaviors and The type of restraint of type of restraint of type of restraint of the type of restraint of type of type of type of type of type of type of type of type of type of type of type of	documents the following filines Seclusion as "the ant of a patient alone in a ich the patient is physically ig. If a patient is restricted staff are physically it the patient form leaving the reception that threatens the intervention if the patient room, the room is mether or not the door is in: #25 A: documents the gistered nurse) conducts the authorizes the use of and immediately (within 30 physician for a verbal order in the Physician Order Sheet ures. This order must be Physician's order will restraint/seclusion including if safety issues or seclusion used sed 4 hours for adults, 2 if adolescents ages 9-17 and ider the age of 9 discontinuation/release of the swith dates and times of	A	18	8		

FORM CMS-2567(02-99) Previous Versions Obeclete

Event ID: 7YRM11

Facility ID: VA0526

If continuation sheet Page 9 of 21

PRINTED: 02/28/2019 FORM APPROVED OMB NO. 0938-0391

I AND PLAN OF CORRECTION I INFINITIECATION MINIMED: I			117 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(X3) DATE SURVEY COMPLETED		
		493300	B. WING		С		
11414E OF F		483300	B. WING			02	/19/2019
	ROVIDER OR SUPPLIER LAND HOSPITAL LLC			1	TREET ADDRESS, CITY, STATE, ZIP CODE MO7 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Æ	(X6) COMPLETION DATE
A 168	hour evaluation, the n or treatments and the discontinue the use of consultation must alwa renewal of the order	consultation should If the findings of the one eed for other interventions continued need or restraint/seclusion. The ays be conducted prior to a	A	168			
	#2 and #3 at 4:00 P.M PATIENT RIGHTS: RI SECLUSION CFR(s): 482.13(e)(10) The condition of the passed and pendent plant have completed the in paragraph (f) of this determined by hospita This STANDARD is not Based on video surveit and documentation revito ensure one of one set and the statement of the statement o	atient who is restrained or altored by a physician, other practitioner or trained staff are training criteria specified section at an interval policy. It met as evidenced by: llance review, interview riew, the facility staff failed actuded patients, Patient Registered Nurse (RN) or an and/or offered hydration, in per the facility policy.	A		The Chief Nursing officer reviewed and affirmed that the facility's restraint and seclusion policy requires that the patient beoffered hydration, nutrition, and the bathroevery two hours and the requirement that twill document results of assessing the patievery 15 minutes on the restraint/seclusion form. The Chief Nursing Officer conducted trainduring group meetings and/or individually direct care staff including nurses and techs training covered the requirement that the permitted by a registered nurse every 1 minutes and that this observation is document that the property of the patients are offered hydration, nutrition, and of the bathroom every two hours. Staff completed a post test and signed an acknowledgment of understanding of the pand their adherence to this policy.	oom the RN tent for The tentent the tentent the tented that that	3/11/19 4/1/19

FORM CMS-2667 (02-99) Previous Versions Obsolete

Event ID: 7YRM11

Fecity ID: VA0528

If continuation sheet Page 10 of 21

RECEIVED MAR 1 9 2019

PRINTED: 02/28/2019 FORM APPROVED OMB NO. 0938-0391

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DAT	(X3) DATE SURVEY COMPLETED	
		493300	B. WING _			C	
1	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	02	2/19/2019	
(X4) ID PREFI) TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	COMPLETION DATE	
A 17	Patient #1 was placed two Staff Members, S (Registered Nurse) at 11:31 P.M. (4 hours a was monitored by varithese times. The vide Patient #1 was ever of a bathroom. There medical record of Patihydration or the bathro 1/18/19. The video shows Staff hallway where Patient P.M. At that time, Staff entrance hallway and the seclusion room with a Con 1/18/19, Staff Member #8 does until 10:50 P.M. when seclusion room with a Con 1/18/19, Staff Mem assessment of Patient Procedure RN Assess from 9:49 P.M. until 11. The nurse's note dated P.M.) documents, "Patihoginning of shift. Patificor, kicked walls, document paced around time out running into walls. Patis secluded at 21:49 (9:4). Thorazine 50 mg IM at was effective. Benadry 23:15 (11:15 P.M.)"	d in seclusion on 1/18/19 by staff Members #11 and #12, from 6:48 P.M. until and 43 minutes). Patient #1 ious staff members during on shows no evidence that affered hydration or the use is no documentation in the ient #1 being offered boom until 11:03 P.M. on If Member #8 entering the staff Member #8 stands at the does not go to or look into here Patient #1 is located. In not observe Patient #1 Staff Member #8 enters the syringe. In the Restrictive ment every 15 minutes it #1 on the Restrictive ment every 15 minutes it:16 P.M. If 1/18/19 at 23:05 (11:05 tient was in time out at the ent rolled around on the per casing and floor. Patient aroom charging door and ient charged door and was 9 P.M.). Patient was given at it didn't know he was it didn't know he was it didn't know he was it didn't know he was it in the interior in the left of the per casing in the per casing and floor. Patient was given at it didn't know he was it didn't know he was it didn't know he was it didn't know he was it didn't know he was it in the per casing in the per casing in the per casing and floor. Patient was given at it didn't know he was it didn't know he was it didn't know he was it didn't know he was it didn't know he was it didn't know he was it didn't know he was it in the per casing in	A 17	Monitoring for Compliance: The CNO implemented a process where provides for a review of all restraint a seclusion documentation. A review of episode documentation will be compliance of the event by a member of the management team. Any deficiencies remediated immediately with the involved the expectation is 100% compliance. Additionally, the Risk Manager imple process to review all restraint/seclusion which occur in camera view. This reviewed within 96 hours of the even include monitoring for safe use and a technique during restraint or seclusion procedures. The aggregated data will be reviewed Performance Improvement, Medical Fand Governing Body committees. On compliance will be addressed through training and/or disciplinary action as appropriate. Responsible Person: Chief Nursing Compliance of the event of the	nd f the eted at the nursing will be lved staff. mented a n episodes iew will be at and will propriate at executive going non- additional		

FORM CMS-2567(02-99) Previous Versions Obsotate

Event ID: 7YRM11

Facility ID. VA0528

If continuation sheet Page 11 of 21

PRINTED: 02/28/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL1 A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		493300	B. WING_		C	
	NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	02/18/2019	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST SE PRECEDED BY FULL PR		IO PREFU TAG	PROVIDER'S PLAN OF CORRECTIO ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
	not make any docume was placed in seclusic documentation by an Member #8. The Hospital Policy or with a revision date of Staff Member #3 and information: Page 10 section C delinvoluntary confineme room or area from whi prevented from leaving to a room alone and sintervening to prevent room or giving the perpatient with physical ir attempts to leave the aconsidered locked, what actually locked ornot." Page 11 Authorization following: "An RN (regulinical assessment, all restrictive procedures minutes) contacts the which she/he writes in for Restrictive Procedutaken by an RN. The Finclude:	nt during the seclusion does entation as to why Patient #1 on. There is no RN until 9:49 P.M. by Staff Restrictive Procedures, 04/2018, was provided by documents the following fines Seclusion as "the nt of a patient alone in a ch the patient is physically g. If a patient is restricted laff are physically the patient form leaving the ception that threatens the attervention if the patient from, the room is either or not the door is "#25 A: documents the listered nurse) conducts the uthorizes the use of and immediately (within 30 physician for a verbal order the Physician Order Sheet ares. This order must be	A1	DÉFICIENCY)		
	specific behaviors and The type of restraint or Time limits not to exce	safety issues, seclusion used, ed 4 hours for adults, 2 adolescents ages 9-17 and				

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Event ID: 7YRM11

Facility ID: VA0628

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PRINTED: 02/26/2019 FORM APPROVED OMB NO. 0938-0391

•	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.000		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		493300	B. WING			1	19/2019
	ROVIDER OR SUPPLIER			84	REET ADDRESS, CITY, STATE, ZIP CODE 107 CUMBERLAND ROAD EW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	AYEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(KS) COMPLETION DATE
A 175	Behavioral criteria for restraint/seclusion, The RN and MD name the telephone order. B. The nurse must consume supervisor immediate assessment of the partial assessment of the partial assessment of the partial assessment of the partial attending physician which was possible (within 30 of the evaluation. The include a discussion of the evaluation, the or or treatments and the discontinue the use of consultation must always are the consultation must always are the consultation assessing (to be don RN include: 1. Vital signs (at least 2. Nutrition 3. Hydration (offered 4. Circulation	r discontinuation/release of les with dates and times of ship to conduct a physical titent Ill perform the One Hour ment within one hour of the tive procedure. The sho is responsible for the must be consulted as soon in minutes) after completion is consultation should of the findings of the one need fro other interventions is continued need or if restraint/seclusion. The says be conducted prior to a of Patient #30: Section A: e every 2 hours)	A	175			
	Elimination (offered Injuries/adverse ev Psychological State	ents us/Behavior*					
A 179		riewed with Staff Members A. during the exit interview. ESTRAINT OR	A	179			

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Event ID: 7YRM11

Facility ID: VA0528

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		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(C3) DATE SURVEY COMPLETED	
		493300	B. WING			l	C /19/2019
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
CUMBERI	LAND HOSPITAL LLC				MO7 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		()cs)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
A 179	Contlaved Form	40			A tag 179		
V 11.9	- Trimination in Form		A	179	The Chief Nursing Officer reviewed and		
	CFR(s): 482.13(e)(12)			affirmed that the facility's policy for Re-	straint	3/11/19
	[the patient must be s	een face-to-face within 1	1		and Seclusion included the requirement	that the	. i
	hour after the initiation	n of the intervention]			Face to Face assessment by trained staff		1
	0.400.404.34403.000	1			conducted within one hour of a seclusion restraint episode. The CNO also confirm		
	§482.13(e)(12)(ii)To e				the policy states documentation of the ra		1 1
	2. The patient's reacti		1		for use of seclusion and restraint is provi	ded and	
		al and behavioral condition;	1		that the nursing supervisor document the		
	and	110	1		and time in which the I hour face to face		
		ue or terminate the restraint			assessment was completed.		
	or seclusion.				The Objective Core		
ŀ	This STANDARD is a	nt mat as suideneed to			The Chief Nursing Officer conducted tra via group meetings and/or individually w		4/1/19
		ot met as evidenced by: illance review, interview	ŀ		nurses to re-educate them on the require		
		view, the facility staff falled			that the 1 hour face to face must be comp		
	to ensure one of one i	patients, Patient #1, was			within I hour by a Registered Nurse. The		
	assessed by a trained	staff member within one	1		training also included requirement that the	ie	
	hour of initiating seclu	sion.			results of the 1 hour face to face are docu		
i	The findings include:				on the restraint/seclusion form as well as including the date and time completed ar		
İ	rne inivings include:				date and time the result of the assessmen		
	On 2/19/19 at approxi	mately 10:00 A.M., a video	1		reported to the physician. The training al		ŀ
	of Patient #1's seclusi	on incident on 1/18/19 at	1	Ì	stated that documentation for the rational	e for	
		A. was viewed with Staff			use of seclusion/restraint must be include		İ
	Member #1.				Nurses completed a post test and signed	un	
	The video revenied De	atient #1 being placed in		i	acknowledgment of understanding of the	policy	1
	seclusion by two Staff	Members, Staff Members	1		on use of restrictive procedures and their adherence to this policy.		
		e) and #12 (a Behavioral			addictioned to data portey.		[
	Tech).	*			Monitoring for Compliance:		
	**			Ì	The CNO implemented a process that a re		3/15/19
I .	Medical record review				of all restraint and seclusion documentati		
		e registered nurse (RN)			be completed at the time of the event by	.	
	RN assessment of Pal	was placed in sectusion. An		ŀ	nember of the nursing management team	Any	
		sing Supervisor) failed to			deficiencies will be reviewed immediatel		
	document the date and	time of Patient #1's			he involved staff. The expectation is 10 compliance.	770	
		mber #6 documented that	1		amoreh erassans		

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Event ID: 7YRM11

Fecility ID: VA0528

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IPLE CONSTRUCTION	(X3) DATE 8 COMPL	
		* ******	7. 55.	<u> </u>	С	
		493300	B. WING_		_	9/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CUMBER	AND HOSPITAL LLC			9407 CUMBERLAND ROAD		
				NEW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(%) COMPLETION DATE
	the seclusion started a shows Staff Member is seclusion room at 9:4 P.M. Staff Member #6 was on 2/19/19 at approxin "I don't recall the incid #1]. Sometimes the st have a patient in time rounds, I don't know it seclusion to do my as: The Hospital Policy or with a revision date of Staff Member #3 and dinformation: Page 11 Authorization following: "An RN (reg clinical assessment, a restrictive procedures minutes) contacts the which she/he writes in for Restrictive Procedutaken by an RN. The Finclude: The reason for using management in the type of restraint or Time limits not to excee hours for children and 1 hour for children und Behavioral criteria for crestraint/seclusion The RN and MD name the telephone order	at 9:49 P.M. The video #6 in the area of the 4 P.M. and exiting at 9:45 interviewed via telephone mately 3:30 P.M. and stated, ent with [Name of Patient laff don't inform me they out. So until I make hey have gone into sessment." In Restrictive Procedures, F04/2018, was provided by documents the following In the f	A1	The Risk Manager implemented a review process to review all restraint/seclusion of which occur in camera view. This review completed within 96 hours of the event a include monitoring for safe use of hands technique and appropriate staff to patient interaction. The aggregated data will be reviewed at Performance Improvement, Medical Exe and Governing Body Committees. Ongoin non-compliance will be addressed throug additional training and/or disciplinary ac appropriate. Responsible Person: Chief Nursing Office of the complex o	episodes v will be und will -on t cutive ing gh tion as	115/19
	B. The nurse must con	tact the Nursing				

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Event ID: 7YRM11

Facility ID: VA0528

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIA A. BUILDING	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED
		493300	B. WING_		С
L		493500	D. 44#40		02/19/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CUMBERI	LAND HOSPITAL LLC			9407 CUMBERLAND ROAD	
				NEW KENT, VA 23124	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	T ID	PROVIDER'S PLAN OF CORRECTION	(A)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	GOMPLETION
TAG	REGULATURTUR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA	ITE Unit
	<u> </u>			DE IOENT)	
4.450			1		
A 179			A 17	79	
		ly to conduct a physical			
	assessment of the pa	tient			
				i	
	F. RN Supervisor sha	Il perform the One Hour	1		1 1
		ment within one hour of the	-		
	initiation of the restrict				
ļ		ho is responsible for the		İ	
Ī		ust be consulted as soon			i
	as possible (within 30	minutes) after completion			
	of the evaluation. The				
		of the findings of the one			
		eed fro other interventions			
	or treatments and the				
		restraint/seclusion. The			
Ì		ays be conducted prior to a			
Ì	renewal of the order	•			
		ewed with Staff Members			
		during the exit interview.			
	PATIENT RIGHTS: RI	ESTRAINT OR	A 18	6 A tag 186	
	SECLUSION				
	CFR(s): 482.13(e)(16)((iii)		The Chief Nursing Officer reviewed and	3/11/19
ļ				affirmed that the policy for Restraint and	.
		entation in the patient's		Seclusion clearly addresses the requirement	
	medical record of]			less restrictive intervention is to be attem	pted
				prior to use of restrictive intervention and	
		ess restrictive interventions		documented in the patient's record.	
	attempted (as applicat	ole);		• •	4/1/19
	TL1. 074410	0.0		The Chief Nursing Officer conducted train	ining 1/1/19
		ot met as evidenced by:		via group meetings and/or individually fo	
		eview and interview, the		nurses and techs on the requirements that	
	racility staff failed to do	ocument all alternatives or		restrictive intervention are to be attempte	
		ntions attempted prior to		to use of restrictive intervention and	
	sectusion for one of on	e patients, Patient #1.		documented in the patient's record. Staff	
	Wh			completed a post test and signed an	
	The findings include:			acknowledgment of understanding of the	ir
	D-45			adherence to this policy.	-
	Patient #1's medical re	cord was reviewed on			
	<u>_</u>				

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Event ID: 7YRM11

Facility ID. VA0528

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PRINTED: 02/28/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ECONSTRUCTION		SURVEY PLETED
		493300	B. WING		·		C
CUMBERI (X4) ID		ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124				(XS) COMPLETION
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROBS-REPERENCED TO THE APPROPRIA DEFICIENCY)		DATE
	had been tried on 1/10 1/18/19 at 23:03 (11:0 1/18/19 at 23:03 (11:0 1/18/19 at 23:03 (11:0 1/18/19 at 23:03 (11:0 1/18/19 at 23:03 (11:0 1/18/19 at 23:03 essithrowing himself on the out of peers' rooms. Flaughing. Pt walked in 1/18/19/19 at 2:09 P.M. 1/18/19/19 at 2:09 P.M. 1/18/19/19 at 2:09 P.M. 1/18/19/19 at 2:09 P.M. 1/18/19/19/19/19/19/19/19/19/19/19/19/19/19/	s no information nat types of interventions B/19 prior to seclusion. On D/3 P.M.) a note documents: run around the unit and th staff redirections. Pt had on) twice toward staff. Pt le floor and running in and th was talking to self and into timeout." Interviewed via telephone M. and stated, "When! P.M. (Name of Patient #1) eout room. I was not aware stually in seclusion. I do not prior to placing him in In Restrictive Procedures, D4/2018, was provided by documents the following stient Rights Section #3 In staff must attempt to first live verbal and nonverbal as CPt personal safety insidering the use of Seclusion and restraint the minimum amount of ain safety, and, may not, less be used as:	A -	186	Monitoring for Compliance: The CNO implemented a process that a sof all restraint and seclusion documentative completed at the time of the event by member of the nursing management team deficiencies will be reviewed immediate the involved staff. The expectation is 10 compliance. The Risk Manager implemented a process review all restraint/seclusion episodes who occur in camera view. This review will be completed within 96 hours of the event a include monitoring for safe use of restraint/seclusion technique and appropristaff to patient interaction. The aggregated data will be reviewed at Performance Improvement, Medical Executed Governing Body Committees. Ongoin and Governing Body Committees. Ongoin and compliance will be addressed through additional training and/or disciplinary act appropriate. Responsible Person: Chief Nursing Office.	ion will a Any ly with 10% ss to hich le md will riate cutive ing th tion as	3/15/19

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Event ID: 7YRM11

Facility ID: VA0528

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AND BLANDE CORRECTION INFORMATION IN BUILDED		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING	·	c
		493300	B. WING		02/19/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CUMBERI	AND HOSPITAL LLC		1	9407 CUMBERLAND ROAD	
	<u> </u>		<u>,</u>	NEW KENT, VA 23124	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	(XS) COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA	
				DEI WEITET)	
A 186	Continued From page	17	A 18	8	
		aged (Note: it is only when	^"	<u> </u>	
		destroying or damaging			
		ient or others at risk, that			
-	seclusion or restraint	is considered an	1		
ļ	appropriate staff resp	onse)."			
ĺ	The findings were rev	iewed with Staff Members			
		1. during the exit interview.]	1.	ŀ
A 188	PATIENT RIGHTS: R	•	A 18	A tag 188	
	SECLUSION		1 7 10	1	
	CFR(s): 482.13(e)(16)(v)		The Chief Nursing Officer reviewed and	
	., .,		1	affirmed that the policy for Restraint and	
	(there must be docum	entation in the patient's		Seclusion clearly addresses the requirem justification for the continuation of restrictions and the continuation of the contin	
	medical record of the	following:]		seclusion must be documented in the pat	
				record as well as documentation of the p	
İ		e to the intervention(s)		response to chemical restraint and seclus	
		tionale for continued use of			
	the intervention.]	The Chief Nursing Officer conducted tra	ining 4/1/19
	This STANDARD is or	ot met as evidenced by:	1	via group meetings and/or individually f	or
		illance review, interview		nurses and techs on the requirements tha	
		view, the facility staff failed		justification for the continuation as well	
		ented patient response to		response to restraint or seclusion must be	
1	seclusion, medical res	straint and the continued		documented in the patient's record. Stat	F
	rationale for the use o	f seclusion for one of one		completed a post test and signed an	
ļ	patient, Patient #1.			acknowledgment of understanding of the requirements their adherence to this poli	
				requirements their adherence to this poli	.у.
	The findings include:			Monitoring for Compliance:	
	On 2/19/19 at approvi	mately 10:00 A.M., a video		The CNO implemented a process for rev	iew of 3/15/19
		on incident on 1/18/19 at		all restraint and seclusion documentation	
		M. was viewed with Staff		Documentation of restrictive procedures	
1		o revealed the following:	ļ	reviewed at the time of the event by a me	mber
	At 10:52 P.M., Staff M			of the nursing management team. Any	
		seclusion room with Staff		deficiencies will be addressed immediate	
		syringe. The Medication	ļ	the involved staff. The expectation is 10	0%
		(MAR) indicates Patient #1		compliance.	
Į	received an injection of	of Thorazine 50 mg at 22:54			
<u></u> .	···			.1	

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Event ID. 7YRM11

Feeliky ID: VA0528

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PRINTED: 02/28/2019 FORM APPROVED OMB NO. 0938-0391

			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		493300	B. WING_		C 02/19/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9467 CUMBERLAND ROAD NEW KENT, VA 23124	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	E COMPLÉTION
A 188	exit the seclusion roo re-locked. 11:15 P.M., Staff Mer #14 enter the seclusion #8 carrying a syringe. Administration Reconreceived an injection (11:00 P.M.). Upon a the door is left open to remains seated in fro Patient #1's egress. Featient #1 paces the converses with the Stano attempts to exit the At 11:30 P.M., Staff Maltway where the seat 11:31 P.M. Patient. There is no document indicating why Patient. There is no document indicating why Patient. On 2/19/19 at various shared with Staff Mernot find documentation been given." The Hospital Policy of with a revision date of Staff Member #3 and information: Page 10 Definition: Seclusion as "the invegatient alone in a roopatient is physically patient is restricted to	aff Members #8 and #10 m and the room in mber #8 and Staff Member on room with Staff Member . The Medication d (MAR) indicates Patient #1 of Benadryl 50 mg at 23:00 exiting the seclusion room, but Staff Member #14 nt of the doorway blocking from 11:16 to 11:30 P.M., floor, lies down on the floor, laff Member #14, and makes e seclusion room.	A 1	The Risk Manager implemented a proceed review all restraint/seclusion episodes to occur in camera view. This review will completed within 96 hours of the event include monitoring for safe use of restraint/seclusion technique. The aggregated data will be reviewed a Performance Improvement, Medical Exand Governing Body Committees. Ong non-compliance will be addressed through additional training and/or disciplinary a appropriate. Responsible Person: Chief Nursing Office (Chief Nursing Office) (Chief N	which be and will t tecutive oing agh action as

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Event ID: 7YRM11

Facility ID: VA0628

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, a sensor		c	
		493300	B. WING_		02/19/2019	
	ROVIDER OR SUPPLIER LAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
A 188	leaving the room or githreatens the patient of the patient attempts to is considered locked, actually locked or not. F. RN Supervisor shate Face-to-Face Assessinitiation of the restrict attending physician we care of the patient, mit possible (within 30 mit the evaluation. The codiscussion of the findities evaluation, the need of treatments and the coothe use of restraint/se must always be conductive order"	iving the perception that with physical intervention if to leave the room, the room whether or not the door is. If perform the One Hour ment within one hour of the tive procedure. The ho is responsible for the least be consulted as soon as mutes) after completion of consultation should include a least of the one hour or other interventions or intinued need or discontinue clusion. The consultation acted prior to a renewal of the lewed with Staff Members It. during the exit interview.	A 18	A tag 194 The Chief Nursing Officer reviewed and affirmed that the training for restraint an		
	implementation of rest staff. This STANDARD is no Based on video survei and documentation re-	atient has the right to safe traint or seclusion by trained of met as evidenced by: Illance review, interview view, the facility staff failed tion of seclusion for one of		seclusion includes the proper technique is safe use of seclusion and restraint. The Chief Nursing Officer confirmed the nursing initial orientation training and an training includes content on the safe use seclusions. Safe seclusion is taught in the Addressing Challenging Behaviors curricand restraints via the CPI curriculum.	of e	

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Event ID: 7YRM15

Facility (D: VA0528

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PRINTED: 02/28/2019 FORM APPROVED OMB NO. 0938-0391

493300 B. WING	C	
70000	02/19	9/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOIL TAG CROSS-REFERENCED TO THE APPRICATION OF CORRECTIVE ACTION SHOIL TAG CROSS-REFERENCED TO THE APPRICATION OF CROSS-REFERENCED TO THE	LDBE	(XS) COMPLETION DATE
The Chief Nursing Officer conduct A 194 Continued From page 20 The findings include: On 2/19/19 at approximately 10:00 A.M. a video of Patient #1's seclusion incident on 1/18/19 from 6:48 P.M. to 11:31 P.M. was viewed with Staff Member #1. The video revealed the following occurrence on that date and during those times: 6:48 P.M. Patient #1 was placed in timeout. At 6:49 P.M. Patient #1 was placed in timeout. At 6:49 P.M. Patient #1 was placed in timeout. At 6:49 P.M. Patient #1 was placed in timeout. At 6:49 P.M. Patient #1, grabbing the sleeve of hisher jacket and pulling him/her in the timeout room. Staff Member #11, the registered nurse, was observed holding onto the door frame and the door wrille pushing Patient #1 on or about the head with his/her foot. On 2/19/19 at approximately 3:00 P.M., Staff Member #3 stated, "(Staff Member #8 training information related to managing patients. Staff Member #3 stated, "(Staff Member #8 training information related to managing patients. Staff Member #3 stated, "(Staff Member #8 training information related to managing patients. Staff Member #3 stated, "(Staff Member #11) received her initial training on 7/12/18 and had an annual competency review on 11/11/18 show proficiency in all areas." Training and competency assessments included seclusion and restraint review and observation. On 2/19/19 at 4:00 P.M., the findings were reviewed with Staff Members #2 and #3 who confirmed actions will be taken to include reporting to the appropriate agencies.	lly for all f restraint. d an d training lly for all f seclusion.	/1/19

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Event ID: 7YRM11

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PRINTED: 01/29/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		493300	B. WING			R-C	
	PROVIDER OR SUPPLIER		D. WING	STREET ADDRESS, CITY, STATE, ZIP (9407 CUMBERLAND ROAD NEW KENT, VA 23124		04/08/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{A 000}	An unannounced I Re-revisit survey w two (2) Medical Far Virginia Departmer Licensure and Cert Document review, determined the facility was dewith the following I	Medicare/Medicaid Hospital ras conducted April 8, 2019 by cilities Inspectors from the nt of Health's Office of diffication.	{A 00	00}			
	V 5455676566 65 5504	DER/SUPPLIER REPRESENTATIVE'S SIG	MATURE	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.

Facility ID: VA0528