

9407 CUMBERI AND ROAD - NEW KENT, VIRGINIA 23124 (800) 368 3472

December 18, 2020

Ruthanne Risser
Director, Division of Acute Care Services
Commonwealth of Virginia Department of Health
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, VA 23233

Dear Ms. Risser,

Please find the attached CMS-2567 form submitted by Cumberland Hospital for Children and Adolescents to address the Immediate Jeopardy findings from the unannounced complaint survey conducted on December 1, 2020 by the Office of Licensure and Certification. As you will see, Cumberland Hospital for Children and Adolescents is addressing the identified deficiencies in a manner that resolves the issues with expediency as well as providing a framework to create sustainable change. Cumberland Hospital for Children and Adolescents is dedicated to providing quality, safe care for our patients, and we are committed to demonstrating continuous quality improvement. The corrective actions detailed within will show robust actions designed to ensure that our dedication and commitment are realized resulting in high level patient care.

Sincerely.

Garrett Hamilton
Chief Executive Officer

**Cumberland Hospital for Children and Adolescents** 

PRINTED: 12/15/2020 FORM APPROVED OMB NO. 0938-0391

A 000 INITIAL COMMENTS  An unannounced Medicare/Medicaid comples survey was conducted 11/30/2020 through 12/9/2020 by three (3) Medical Facilities Inspectors (MFI's) from the Office of Licensur and Certification (OLC), Virginia Department Health (VDH). The facility was not in compliant with 42 CFR Part 482 for the Conditions of Participation for Hospitals.  During the investigation a finding of Immediat Jeopardy was identified at 482.13 Patient Rig	A 00	facility does not admit that it violated the regulations. The facility also reserves the	
CUMBERLAND HOSPITAL LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION AND UNITIAL COMMENTS  An unannounced Medicare/Medicaid complets survey was conducted 11/30/2020 through 12/9/2020 by three (3) Medical Facilities Inspectors (MFI's) from the Office of Licensum and Certification (OLC), Virginia Department Health (VDH). The facility was not in compliant with 42 CFR Part 482 for the Conditions of Participation for Hospitals.  During the investigation a finding of Immediate	LL PREFIX TAG	9407 CUMBERLAND ROAD  NEW KENT, VA 23124  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  By submitting this Plan of Correction, the facility does not admit that it violated the regulations. The facility also reserves the	COMPLETIC DATE
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Areas of concern identified included the follow 482.12 Governing Body - Concern of Participation 482.13 Patient Rights- Condition 482.13(c)(2) Patient Rights in a Safe setting 482.13(c)(3) Patient Rights from Abuse 482.21 QAPI - Condition of Participation 482.21(a),(c)(2),(e)(3) QAPI - Patient A82.23 Nursing Services - Concern of Participation 482.23(b)(6) Nursing Services - Concern of Participation 482.23(b)(6) Nursing Services 482.23(c)(1),(c)(1)(i),(c)(2) Nursing Services 482.23(c)(1),(c)(1)(i),(c)(2) Nursing Services Condition of Participation 482.25 Pharmaceutical Services Condition of Participation 482.25(b)(2)(i) Pharmaceutical Services - Secure Storage  Complaint #VA00050091 and VA00050244 we found to be SUBSTANTIATED with deficient	of nice  te phts.  wing: dition ion of s-Care s- Free  t Safety ndition ices ces- es-	right to amend the Plan of Correction as necessary and to contest the deficiencies, findings, conclusions, and actions of the agency.	

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.

FORM CMS-2567(02-99) Previous Versions

Event ID: 5F9P11

Facility ID: VA0528

CUMBERLAND HOSPITAL LLC  S407 CUMBERLAND ROAD  NEW KENT, VA 23124  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  S407 CUMBERLAND ROAD  PROVIDER'S PLAN O PREFIX CORRECTIVE ACTION TAG REFERENCED TO		IDENTIFICATION NUMBER		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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			ICH (X5) SS- COMPLETION		
A 000	Continued From page practice at the condition of 12/9/2020, the Immediate Jeopardy acceptable plan of reactors of the GOVERNING BODY CFR(s): 482.12  There must be an effect legally responsible for if a hospital does not governing body, the pfor the conduct of the functions specified in governing body  This CONDITION is a Based on complaint a immediate Jeopardy, did not provide oversit the protection of the stalling to substantially.  The findings include:	facility remained in due to failure to present an moval.  Sective governing body that is the conduct of the hospital. have an organized ersons legally responsible hospital must carry out the this part that pertain to the survey findings of the facility Governing Body ght of the hospital to ensure afety of all patients thus comply with this condition.	A 000		d on and by ifts ing se ext ere lad beipt ation n
	An unlocked medication patients of the facility which could have result harm or death to the properties of the investigation of reported, thus allowing	on cart was accessed by and drugs were removed litted in injury, permanent attents involved. The lits policy and procedures the first allegation when g a recurrence of a second oving medications from an		<ul> <li>The Chief Operating Officer revision the Observation Rounds Audit to Unit Coordinators and Nursing Supervisors to include observation medication carts once per shift by nurse manager. Observation statincludes that unit medication cart were locked and properly secured upon observation.</li> </ul>	ol for ons of y a tus

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION		SURVEY PLETED
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A 043	unlocked medicati put into place a pla promote patient sa On 12/1/2020, a Siby the arms and "s and began yelling investigated and an however the facility complaints concern patients by staff. If although may have by the facility, demorgarding systemic protection of patient facility has failed to facility in recognizing establish sustainate of these concerns.  See the following to A0115- Patient Riguing of Immedia A0144- Patient Riguing A0145- Patient Riguing A0145- Patient right A0263- QAPI-Con A0286- QAPI-Patient A0385- Nursing Separticipation A0398- Nursing Separticipation A0405- Nursing Separticipation Banda A0489- Pharmaceur Participation A0502- Secure Sto	an to prevent recurrence and afety.  Itaff Member grabbed a patient shoved' the patient into a chair at the patient. The facility and addressed the concern, y has experienced multiple ning allegations of abuse of These allegations, which is been identified and addressed constrated a recurring concern it failure of the facility regarding ints. The Governing Body of the provide oversight to the ing and ensuring the facility one plans to prevent recurrence ags:  Ints- Condition of Participation and Jeopardy phase from Abuse dition of Participation ent Safety envices- Condition of envices- Nurses must adhere to I Procedures envices - Medication	A 043	<ul> <li>Occurrences of unlocked or is secured medication carts obstrequire immediate action by the manager performing the obstactions may include securing identifying the staff responsible error, and corrective action (to disciplinary action) for the staresponsible for the cart at the observation.</li> <li>As additional corrective action observed noncompliance of a (locked) medication cart, the pharmacist is to be notified by observing manager to perforr immediate reconciliation of the medications contained in the an observation of noncompliance during off-hours, the exist hat the pharmacist on call by the nursing supervisor and reconciliation of the medication observed be performed by the pharmacist during their next is shift.</li> <li>On 12/1/2020 — Cumberland Hospimmediate action to investigate the incident of staff abuse to a patient follows:</li> <li>The Unit Coordinator immediate responded to the area of the edisruption and removed the simember from the vicinity of the The Unit Coordinator interview patient in her room to determicate of the disruption. The patient in her room to determicate of the disruption. The patient in her by grabbing her, pher into a chair and yelling at</li> </ul>	served, the ervation. I the cart, le for the up to off time of In for a secured  I the cart. If Ince is spectation is notified I a on cart e n-person  oital took e alleged as  ately unit taff he patient wed the ine the patient ad oushing	

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND HOSPITAL LLC		9	TREET ADDRESS, CITY, STATE, ZIP CODE 407 CUMBERLAND ROAD IEW KENT, VA 23124	12/09/2020	
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A 115	12:20 p.m. After revice centers for Medican the State Agency, the unacceptable and the Immediate Jeopardy p.m. The facility Lea 2, 3, 4, 8 and #13- Caregulatory Director) the plan not being ac Jeopardy remaining in PATIENT RIGHTS CFR(s): 482.13  A hospital must prote patient's rights.  This CONDITION is Based on complaint a Immediate Jeopardy, ensure the protection safe environment and abuse thus failing to a condition.  The findings include:  It was reported two parts and the protection of the medication of the medication) some of the medication of 11/01/2020. It was reported to 11/01/2020. The finity and put a investigation and investigat	findings on 12/9/2020 at few and consideration by the and Medicaid Services and e plan was determined to be a facility remained in as of 12/9/2020 at 3:00 adership (Staff Members #1, orporate Regional were notified at that time of cepted and the Immediate in effect.  In the facility staff did not of the patients rights to a lit to be free from all forms of substantially comply with this attents having access to an eart, taking the medication functional facility and "snorting" on. This occurred on ported by Patient #1 and #2 accility failed to conduct a full a plan in place to prevent a 4/2020, Patient #1 and #2 cess an unlocked	A 043	<ul> <li>Per Cumberland Policy on Suspected Abuse and Negli Patient, the Unit Coordinator notified the senior supervisor duty of the occurrence and suspended the employee perfurther investigation of the allegation. The employee immediately left the facility a not work another shift at the facility.</li> <li>The attending physician and patient's legal guardian were notified of the incident. The associated allegation was endered into the facility's internal incident reporting system for further furband investigation.</li> <li>12/2/20: The incident was reported Director of Risk Management who immediately reported the incident to New Kent County Department of So Services, and they reported the incident to Virginia Department of Health.</li> <li>On the morning of 12/2/2020, the Manager completed an investigation in the following:         <ul> <li>A camera review of the incident.</li> <li>Interviews with the patient coordinator, and of staff members present unit at the time of the</li> </ul> </li> </ul>	or on ending and did the entered dent follow-to the cial dent to the exist ation pers, cluded ent, ther

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as was documented in was no evidence the fathis issue until 11/8/20/investigation was condinterviewed by the survegarding the allegation and stated the allegation was no longer residing be interviewed.  It was reported a staff in patient by the arms and a chair and yelled at the on 12/1/2020. The facing member immediately particularly and determined it to be staff member was term presented the survey to inservices conducted which the event occume "Power Struggles and Alinservices were documed in 12/4/2020. Inservice with all direct care staff 12/8 and 12/9/2020.  The survey team discuss Members #1, 2, and #3 the concerns regarding received by the state agare issues and abuse. discussed with the facilia allegations demonstrate with regard to action plant.	uetiapine) is an a) and crush the to "snort" the medication the clinical records. There acility had begun to address 20 and no formal/full fucted. Patient #1 was reyor on 12/1/2020 In of taking the medications ons were true. Patient #2 at the facility and could not  member "grabbed" a d "shoved" the patient into e patient. This occurred illity suspended the staff ending the investigation. allegation was completed is substantiated and the inated. The facility eam with evidence of ith staff of the Unit on ed. The inservices were abuse and Neglect". ented as being conducted es were then conducted on 12/4, 12/5, 12/6, 12/7,  ased with facility staff through out the survey multiple complaints gency of ongoing patient The survey team ty leadership these		o The Assistant Director of initiated disciplinary action employee based on the substantiated findings not the Director of Risk Mananotified New Kent County Services of the incident of substantiated patient abust findings, the employee was termina From 12/1/20 to her termination on 12/4/2020, the employee did not he contact with Cumberland patients for the incident with the complaining patient abuse and to maintain patient safety on patient cunits, evening shift patient care stare-educated on "Avoiding Power Stand "Abuse and Neglect" by the As Director of Nursing upon receiving to immediate jeopardy notification. Further all nurses and other patient care starriving for shifts subsequent to jeo notification were provided with the straining prior to beginning their shift. The facility's Director of Regulatory Compliance, Chief Operating Office Chief Executive Officer, as core me of the facility's Quality Improvement Committee, met on 12/7/2020 to disthe immediate jeopardy quality findicentified by the agency. The core retrospectively reviewed recent and ongoing corrective action plans and determined that while numerous improvements have been made in to incident identification, incident	ed by gement.  Ingement Social  Ise.  Intiated ated.  Inve any collowing attent.  Ingement Social  Ise.  Intiated ated.  Intia	

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A 115	and sustainable plans prevent recurrence.  The facility presented Immediate Jeopardy (12:20 p.m. After revidenters for Medicare the State Agency, the unacceptable and the Immediate Jeopardy (12:20 p.m The facility Lea 2, 3, 4, 8 and #13- Co Regulatory Director)	in order to develop robust is to correct the concerns and is a plan of removal for the findings on 12/9/2020 at ew and consideration by the and Medicaid Services and is plan was determined to be a facility remained in eas of 12/9/2020 at 3:00 dership (Staff Members #1, imporate Regional exercises and the time of cepted and the Immediate		management and required reporting, to facility's actions to-date continue to refocus in order to achieve a desired reduction in occurrences of incidents involving Cumberland staff members, team determined that in order for its cumulative actions to be sustainable a long-term solutions, the facility's qualities are of quality and patient safety amongst its direct care staff members, team further agreed to proceed with initiatives to facilitate changes in staff's perspectives, behaviors, and actions to align with the organization's commitmed quality patient care, reduction of seriou incidents, and a culture of patient safe.  The plan for comprehensive quality improvement and culture of staff accountaincludes the following initiatives:	The s y the The fully ent to us ty.	
	CFR(s): 482.13(c)(2) The patient has the rig setting. This STANDARD is n Based on patient inte clinical record review, and during the course investigation, it was defailed to ensure each;	ARE IN SAFE SETTING  pht to receive care in a safe  of met as evidenced by: rview, staff interview, review of facility documents of a complaint extermined the facility staff patient received care in a I the potential to affect every facility.		1. Intensive Staff Training:  On 12/7/2020, the facility's CEO contact Corporate Clinical Training and Educat for scheduling of an outside resource to provide intensive staff training to Cumberland's direct patient care staff, request for training included topics related to preventing and managing power struggles with patients, milieu manager verbal de-escalation, and abuse and neglect recognition. The training is intensive to extend staff's knowledge and expertionanaging challenging patient behavior. The facility was assigned a corporate educator and course content was determined. The facility had scheduled education for all direct care staff commencing 12/11/2020 and to conclusion has been medified for all staff to collect the staff of the later than 12/31/2020. This training has been medified for all staff to	tion o The ted ment, nded ise in s. this	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILD N	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
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A 144	removing Lamactil or on 11/4/2020, crushir intent of "snorting" the self reported they had After the first report, to investigate and put a reoccurrence. There put in place to protect future occurrence after the clinical record was Nurse) Assessment" "11/1/2020 2000 (8:00 snorting crushed med cart on 10/21/20 (4:00 a.m.) it was doe observed acting strancheck (every fifteen in was attempting to hid white substance that became agitated whe eventually stated that med cart Supervisor situation" A "Medica 11/2/2020 evidenced, to staff yesterday that medications covertly to behavioral code was along with another pathave crushed and inhis unclear what medications covertly to distance the country of the	in 10/31/2020 and Seroquel ing the medications with the elemedications. The patients of taken the medications.  The patients in taken the medications.  The patients in taken the medications.  The facility failed to plan in place to prevent was no investigation or plan in the patients and prevent er the second report as well.  The de		12/27/20. The intensive education ple further specifies that this custom-desi curriculum, entitled "Prevention First Training" will be a required new-hire orientation course for all direct care si well as required annual training for exitaff continuing education and staff development.  A program description of the "Prevent First" training specifies the curriculum follows:  Provides videos and a consistent message for staff, and includes we room and nursing station scenaric examples.  Focuses on Verbal De-escalation Crisis Prevention and Workplace Violence Prevention.  2. Dual Reporting of Incidents:  The quality improvement corrective act plan also includes a process for dual reporting of serious incidents to the lost social services agency as well as the regulatory agency who has deemed oversight of the facility's compliance well-be conditions of Participation. The analysis of previously investigated incat the facility by the core quality team discovered that on multiple occasions facility identified, investigated, manage and reported known incidents approprious the local agency was reporting to the coversight agency without the results of either their own or the facility's investigations or corrective actions; let to a second regulatory investigation be deemed state agency; which were frequently disposed as "substantiated"	gned  taff as isting  ion as  vaiting os as  vith idents , the ed iately i that state f  ading y the

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A 144	Patient #2 was admitt clinical record docume suicidal precautions. revealed a note dated p.m.) which documen admitted taking crush 10/31/2020 and snorth Note" dated 11/2/2020 (patient) reported to smedications from a can Afterwards (patient) clinhaled them with and documentation provid on 11/6/2020 "the patipossession of contrab (patient) turned in a portional possession of contrab (patient) turned in a portional t	ent)an investigation is  ed on 02/06/2020. The ented the Patient was on Review of the clinical record 11/1/2020 at 2000 (8:00 ted, "(Patient name) ed meds from cart ing" A "Medical Progress 0 evidenced, " Yesterday taff that (patient) stole art on 10/31/2020. taims to have crushed and other peer" Further ed by the facility evidenced tent reported (patient) was in the and (medication) and towder substance to a small plastic bag with probes that appeared to tempt to snort the  rested the facility provide investigation into both these  roximately 12:15 p.m., Staff tated, "We cannot find any of #7- former Risk Manager) Director of Nursing) had her #7) no longer works		complaints, but with no deficient practithe facility.  The facility has corrected the redundate complaint investigations by having the Director of Quality and newly hired Director of Quality and newly hired Director of Risk Management, process the finate results of internal investigations on reportable serious incidents jointly. To Director of Risk Management is responsible for reporting serious incide to the local Social Services agency and the Regulatory Oversight agency, ensithat incident reporting is consistent, till and contains evidence of a complete internal investigation with disposition, findings (if any), evidence of standard compliance, and corrective actions tall as applicable. The facility established process during a planning meeting will Director of Quality, Director of Risk Management, Chief Operating Officer Chief Executive Officer on 12/8/2020.  3. Establishment of a Performance Improvement Executive Comm  The core team further addressed the identified deficiency in quality assessing conditions by establishing a Performal Improvement Executive Committee, we provides explicit oversight of the facility internal quality control initiatives, included to the immediate improvement initiative to reduce the number of serious incidents directly involving patient care staff employed.	ancy in erector all the lents and to suring mely list the erector and lee ittee:  ment and lee ittee:  ment ance which by's adding list the left and lee ittee itt	
	with documentation with ad been filed and "Pl findings of investigation	on". Staff Member #1 and officer) also provided the		facility. The members of the Performs Improvement Executive Committee as Cumberland's Chief Executive Officer Chief Operating Officer, Director of Qualification Director of Risk Management, Chief Nursing Officer and Divisional Director	re , uality,	

AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIF			E SURVEY PLETED
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A 144	leadership staff which the October 31 reports of the October 31 reports aff Member #7 with management of the facility had made "rounds sheet" on 1 Cart is secure" was According to Staff Moround on the units at utilize this document According to these "carts were found unit 11/3, 11/4, 11/5, and documentation that to no 11/5, 11/9, 11/10, that "Medication Cardiscussed.  On 11/30/2020 at 2:3 interviewed Patient # patients therapist (Si stated, "I know why talked tothe person	ch discussed the allegation for out. In one of the documents, one on November 2 that to be taken in regards to so follow the established g and securing medication documentation presented that an adjustment to their 1/3/2020 and that "Medication added to this document. The ember #1, Leadership staff at least "once a shift" and a during those rounds, audit documents medication tocked on various units on 11/6/2020. There was there were "Staff Meetings" and 11/11/2020 with a note at being locked" was 100 p.m., the surveyor 11 in the presence of the laff Member #5). Patient #1 you're here. I figured I'd be in from Social Services, I think		Clinical Services. The addition Divisional Director of Clinical Sethe committee provides externation regulatory matters to include sustained compliance with CMS of Participation. The committee weekly basis. The meeting ager includes: compliance rates with staff training requirements, remneeds, scheduling of external thresources if needed, the current internal investigations, corrective taken as a result of substantiate investigations, monitoring of conaction plans, and status of externation	ervices on a expertise the facility's conditions meets on a enda of direct care edial training aining a status of eactions edirective enal exable.  The facility's conditions and eactions edirective enal exable enal exable enal exable enal exable.  The facility is a condition of the eaction of the eaction of the example enal enal enal enal enal enal enal en	
	her name was (name), came and talked to me about it" The surveyor asked Patient #1 if they had taken the medications. Patient #1 stated, "I sure did. I stole the pills Seroquel and Lamactil. Yes I did it twice. I took the lamactil once and then another time I took the Seroquel. There was a code going on the unit and nobody was watching and I took them out of the unlocked med cart "stole" is a relative term, I took my own pills from my drawer. I didn't take anybody else's medications I was going to crush them and snort them "The surveyor inquired as to whether anyone from the facility had interviewed			perform quarterly mock surveys facility for a period of one year. surveys will specifically focus on the facility's compliance with CN Conditions of Participation, start areas of concern. The first moche done beginning in 1st Quarter year 2021. The Director's findin observations will be communical Performance Improvement Executions will be reviewed during the meeting until the identified deficient.	The mock assessing IS ing with the k survey will of calendar gs and ted to the cutive port. The e weekly	

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP COD 9407 CUMBERLAND ROAD NEW KENT, VA 23124		
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and inquired as to we Member #7- Risk Member #	the patient) had admitted to thether Patient #2 knew (Staff anager). Patient #2 stated, of Staff Member #7) and No; except the social services the social services the surveyor asked tient) was telling the truth desired Patient #2 stated, "Yes the truth. I did indeed take I wish I hadn't, but I did. I am know it was wrong"  I documentation provided by that Staff Member #7 had ant dated November 10, the from 11/4/2020) "did not rise was prior to the camera how the patient accessing the a original powdery substance wall dust"  5 a.m., the surveyor reviewed ings with Staff Member #1 em regarding the lack of ervention for both reports of	A115	corrected. The facility will fur plan for sustainability in response corrective actions taken.  Additional actions based on a report:  The Governing Body directed Leadership group to take all actions needed to address find Please refer to the following: A0115- Patient Rights- Condition of Participation -finding of Immediate Jeopan A0144- Patient Rights Care is Setting A0145- Patient rights- Free following: A0145- Patient rights- Free following: A0263- QAPI -Condition of A0286- QAPI- Patient Safety A0385- Nursing Services- Condition A0398- Nursing Services- Nursing Services- Nursing Services - Nursing Services - Administration - Basic Safe In A0489- Pharmaceutical Services - Condition of Participation A0502- Secure Storage of Market Responsible: Chief Executive Officer  Please refer to the following: A0144 and A0145.	receipt of this  If the CEO and corrective indings.  Itition of in a Safe  From Abuse Participation by condition of increases must increase ices	

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	12/09/2020	
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A 144	Supervisory Staff of Immediate Jeopardy Centers for Medican (CMS). On 12/1/20. Leadership (Staff Member #1- Quality, and Staff Member #- notified of the finding a plan of removal was At 12:30 p.m., on 12 conducted a follow-u (Staff Member #5) of #5 stated, "(Patient# (patient) shared with another peer, so (patresponsibility for doin another peer, and this of characterI can't but I was told the sar would be possible for The survey team into Pharmacist on 12/1/2 Member #6 stated, "filled on Tuesday and report that tells us how in each cart for each look at the contents of was a crushed substimedications, it had a drawer it came from, drawers" When as reconciled the cart at stated, "No. That's a to look through." When	Q notified the State Agency the findings/concerns for The SA consulted the e and Medicaid Services to at 10:17 a.m., the facility ember #3- CEO, Staff Staff Member #2- COO, the Chief Nursing Officer) were g of Immediate Jeopardy and is requested.  11/2020, the surveyor p interview with the therapist Patient #1. Staff Member t) is not very reliable, but me the same information you(patient) would protect	A144	<ul> <li>The Chief Nursing Officer education nurses on safe storage of medicical carts, keeping carts locked at all and reporting when a cart is found unlock or not secured. This education was completed in Health Stream PowerPoint with competency test.</li> <li>The Chief Nursing Officer and Dof Pharmacy reviewed and revising Policy and Procedure for reconcinedications when a cart is found unlocked, not secured, or when it is a suspicion of medications mist. The current process has been enhanced as follows: The pharm will be notified by the observing manager to perform an immediate reconciliation of the medications contained in the cart. If an observing of noncompliance is made during hours, the expectation is that the pharmacist on call is notified by the nursing supervisor and a reconcil of the medication cart observed to performed by the pharmacist durate in their next in-person shift.</li> <li>The Chief Nursing Officer education missing. This education included securing and locking medication during a code or when not in use Education included the current process as written above. Education was 1:1 basis with understanding of expectations verified by written attestation</li> <li>Education regarding locking</li> </ul>	ation times, and cation via sting. irector ed the ciling there asing. nacist te rvation g off- the lliation will be ing ted the unit t was was f carts frocess	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		493300	B. WING		C 12/09/2020
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND HOSPITAL LLC		940 NE	REET ADDRESS, CITY, STATE, ZIP CODE 07 CUMBERLAND ROAD EW KENT, VA 23124		
(X4) D PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 144	the staff member state look at the crushed sustaff Member #6 state cart never reported ar were never informed a medication"  On 12/1/2020 at 3:06 presented by the facilities as follows:  A0115 Patient Rights: Conditional Finding-Tone or more federal hiregulations. PLAN Of Cumberland Hospital jeopardy finding in 12 actions as stated to confinding under CMS Conditional Finding in 12 actions as stated to confinding under CMS Conditions as stated to confind under CMS Conditions as stated to confind the condition cart was allowing a patient acceptation of the first incidence	ed they were only asked to abstance on one occasion.  Ind, "The tech who fills the sy doses missing and we a patient missed a dose of spatient was sity. The plan of removal was spatient to meet spatient, safety and/or quality of CORRECTION-will correct the immediate spatient and spatient the conditional level and store of Participation tag PONSIBLE DISCUSSION-BLE: Chief Nursing Officer 12-1-20. A144 PATIENT SAFE SETTING- Observed: unlocked on unit 6B spatient store on the comming spatient store on the spatient spatie	A 144	medication carts, securing medications been incorporated into New Emplorientation and annual nursing arpharmacy orientation.  On 12/1/20 the Chief Operating Orevised the Observation Rounds / tool for Unit Coordinators (Nurse Managers) and Nursing Supervise check if the medication carts are leand secured. This is done once poshift by the Unit Coordinator and/or Nursing Supervisors. Securing of temperature probes was added to tool. Occurrences of unlocked or improperly secured medication cawill require immediate action by the manager performing the observation Actions will include securing the cidentifying the staff responsible for error, and corrective action (up to including termination) for the staff responsible for the cart at the time observation.  The Chief Nursing Officer educate Unit Coordinators and Nursing Supervisors concerning corrective actions for staff responsible for the when policy is not followed. This education occurred 1:1 with understanding of expectations ver by signed attestation.  In order to address repeated incide and complaint investigations, the Director of Risk Management review and reconciles incidents daily duri and after, flash. Specifically, the Oursing Officer/designee reviews:	s has coyee and  fficer Audit  cors to cocked er cor the this rts ee con. art, r the and e of ed the esecart  ified  ents  ews ng, Chief

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A 144	maintain safety and por death. PLAN OF Conurses were inservice storage, safety and ketimes by the Assistant immediately upon recipeopardy notification. For shifts this evening with the same training shiftsThe Assistant Chief Nursing Officer immediately upon recipeopardy notification to medication carts. All corporary secured and time of these observations shift by a nurse manainclude observations shift by a nurse manainclude that unit mediand property secured Occurrences of unlocemedication carts observation. Actions cart, identifying the stand corrective action the staff responsible fobservation An add observed noncomplial medication cart, the pthe observing manager reconciliation of the medication	corevent patient harm, injury correvent patient harm, injury corrections: -Day shift and on medication cart eeping carts locked at all at Director of Nursing selving the immediate. Further, all nurses arriving and night will be provided grior to beginning their Director of Nursing and the completed unit rounds selpt of the immediate to assess the status of the carts were noted to be in the locked position at the ationsThe Chief Operating poservation Rounds Audit tool and Nursing Supervisors to of medication carts once per ager. Observation status will cation carts were locked upon observation. ked or improperly secured erved, will require immediate	A	144	Management and Corporate Division Director of Clinical Services provideducation and training to the Host Director of Risk Management on reviewing, reconciling, investigation reporting incidents, and development of plans to prevent future recurre. The RM Director was also providing guidelines for timeliness of compost investigations and corrective a Understanding of expectations is in training was verified by signed attestation.  The Director of Risk Management reviews video on all incidents of pabuse and other serious incidents. Results of the video review are reported to the appropriate Senior Leader and the Chief Executive Control of the serious of the investigation.	ents to red ouse s, are nent of sional ided spital ng, nent nces. ed fetion ctions. id out  t patient s. or Officer. ve	

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	NOTICE TO THE PARTY OF THE PART			9407 CUMBERLAND ROAD		
CUMBER	LAND HOSPITAL LLC		}	NEW KENT, VA 23124		
	A 15 15 4 A 10 A				<del> </del>	
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A 144	Continued From page		A 14	suspended immediately final investigation.	pending	
	after 12/1/2020 will be	Nurses arriving for shifts educated on medication		Person Responsible		
	scheduled shift until a	orting to the unit for their Il staff nurses have received		Chief Nursing Officer		
		ON RESPONSIBLE: Chief		Monitoring		
	Nursing Officer. COM			The Leadership Team and Nurs	ng	
		essment and Performance		Leaders audit the medication ca		
		lity's Director of Regulatory erating Officer and Chief		assess if they are locked and loc secure area, and temperature p		
	Executive Officer, as		İ	secured and not accessible to the	e patients.	Ĭ
		vement committee, met on		every shift. Audits are conducte	d via a tool	
	12/7/2020 to discuss t	he immediate jeopardy		that contains a check if medicati		
		he agency. The core team		are locked. This tool is then give		
		ed recent and ongoing		Director of Quality. The Pharma incidents of medication cart reco	cist audits	
		and determined that while		via an audit tool that contains the		
		nts have been made in		of times the reconciliation was c		
	terms of incident ident			This data is then compared to the	e data	
		rired reporting, the facility's	1	reported by the Nursing Leaders		
		ue to require focus in order		concerning carts found to be uni		
		eduction in occurrences of		concerns with missing medication reported daily in flash, and aggre		
		mberland staff members.		is reported monthly in Performan	Raina data	
	The team determined			Improvement Committee, Medic		
		be sustainable as long-term		and in Governing Board. Any or	going non-	
	evacitionships	quality leaders need to the culture of quality and		compliance will be addressed th	rough	
	patient safety amongs			additional training and/or discipli	nary action	
		urther agreed to proceed	ł	as appropriate.		1
	with initiatives to facilit	ate changes in staff's		The Director of Risk Manageme	et troube	
	perspectives, behavior	rs, and actions to fully align		serious incidents such as medic	แ แตนหช ation	
	with the organization's	commitment to quality		diversions and incidents of abus		
		of serious incidents, and a		neglect. The Director of Risk Ma	nagement	
	culture of patient safet			sends the Midas Report (inciden	t tracking	
	comprehensive quality	improvement and culture		system) daily to the Corporate R	isk	
[	of staff accountability i	ncludes the following		Manager and Corporate Director Services for review. Timeliness	of Clinical	1
	initiatives:			thoroughness of incident investig		
	1. Intensive Staff Train	ning: On 12/7/2020, the 🐃		assessed. In the instance when		
		d UHS's Assistant Vice		quality of the reports is lacking, t		
	President of Clinical Tr	aining and Education for	[			1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING				
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A 144	intensive staff train patient care staff. included topics relamanaging power stamanagement, verb and neglect recogn to extend staff's kn managing challeng facility was assigned course content was scheduled this educommencing 12/11 later than 12/31/20 plan further specific curriculum, entitled be a required newdirect care staff as training for existing staff development. A Program descript training specifies the Training for non-dirand crisis awarenes immediate training during COVID-19. Provides-non class not required to have in preventing and mercovides videos and staff and includes we station scenarios as Can be used as rer at any time. Focuses on de-esc workplace violence Cost effective and staff.	ing to Cumberland's direct The request for training ated to preventing and truggles with patients, milieu al de-escalation, and abuse attion. The training is intended owledge and expertise in ting patient behaviors. The ad a corporate educator and a suggested. The facility has cation for all direct care staff //2020 and to conclude not 20. The intensive education as this custom-designed "Prevention First Training" will hire orientation course for all well as required annual staff continuing education and tion of the "Prevention First" as curriculum as follows: sect care staff in de-escalation as. support to facilities and staff room training for staff who are a BMS training, but need skills hanaging crisis situations. d a consistent message for vaiting room and nursing a examples. hedial training for employees allation, crisis prevention, and	A 144	of Risk Management is contacte further action. This process will at least 4 months. Incidents of noncompliance with incident repinvestigations will be reported to Executive Officer, and the Corp Regional Vice President. Data is aggregated and reported to the Committee, Medical Executive Committee, and Governing Board.	continue for corting and the Chief corate s Safety			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 144	Continued From page 2. Dual Reporting of Interprovement action page development of a pro-	ncidents: The quality	A 144			
	development of a procesorious incidents to the agency as well as the who has deemed over compliance with CMS. The analysis of previor at our facility by the control of the analysis of previor at our facility by the control of the analysis of previor at our facility by the control of the analysis of previor at our facility of the agency was moversight agency with own or the facility's improved investigation by the dewere frequently disposed complaints but with no facility. The facility will correct complaint investigation Quality and newly hire Management process investigations on repo	reas for dual reporting of e local social services state regulatory agency reight of the facility's Conditions of Participation. usty investigated incidents are quality team discovered ions the facility identified, if and reported known locial services agency but exporting to the state but the results of either their restigations or corrective econd regulatory lemed state agency which led as "substantiated" led ficient practice at the  the redundancy in les by having the Director of d Director of Risk the final results of internal rtable serious incidents				
	agency ensuring that it consistent, timely and complete internal inve of standards complian taken, as applicable. process by a planning Quality, Director of rist Operating Officer on 13. Establishment of a	s to the local Social to the regulatory Oversight incident reporting is contains evidence of a stigation, findings, evidence ce, and corrective actions The facility established this meeting with Director of Management, Chief 2/8/2020. Performance Improvement The core team further				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COMPLETED
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A 144	which will provide exinternal quality contributed to, the Immediated to Improvement executed Cumberland's CEO, Director of risk Mana Director of Clinical S Division Director of Committee will provide regulatory matters to sustained compliance Participation. The compliance rates with requirements, remediated to interest status of interesting and status of interesting and status of requirements as app. The activities of the executive Committee and reported to the fan agenda item at the scheduled meeting.  4. Condition of Part Surveys  As additional reinforcommitment to correct concerns within the resolved to engage. Director of Clinical Signal in the content of Clinical Signal Immediate Immediat	ement Executive Committee, splicit oversight of the facility's ol initiatives, including but not diate improvement initiative to of serious incidents directly estaff employed by the rs of the performance dive Committee are COO, Director of Quality, agement, CNO, Division services. The addition of the clinical Services on the de external expertise on a include the facility's se with CMS Conditions of committee will meet on a agenda will include: the direct care training dial training needs, all resources if needed, the small investigations, corrective esult of substantiated toring of corrective action external reporting olicable.  Performance Improvement ewill further be summarized facility's Governing Body as	A 144		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER	A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		94	REET ADDRESS, CITY, STATE, ZIP CODE 107 CUMBERLAND ROAD EW KENT, VA 23124	1203/2020	
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A 144	specifically focus on compliance with CM starting with the area survey will be done to calendar year 2021. observations will be Performance Improvia action-item report reviewed during the identified deficiencie will further include a response to the common on the hospit removal had been in team did not identify were not secured an revealed they had rethe facility policy/placarts were locked at that patients were be safety.  After review and cor Medicare and Medicare and Medicare will be done to the control of t	of the mock surveys will assessing the facility's S Conditions of Participation, as of concern, The first mock beginning in 1st quarter of The Director's findings and communicated to the rement executive Committee at. The report will be weekly meeting until the sare corrected. The facility plan for sustainability in active actions taken.  O p.m., the survey team made tal units to verify the plan of enplemented. The survey any medication carts that ad interviews with staff accived education regarding an of ensuring medication and secured at all times, and esing observed to ensure their asideration by the Centers for eaid Services and the State	A 144			
A 145	mmediate Jeopardy p.m The facility Le 2, 3, 4, 8 and #13- C Regulatory Director)	e facility remained in as of 12/9/2020 at 3:00 adership (Staff Members #1, corporate Regional were notified at that time of ccepted and the Immediate in effect. FREE FROM ENT	A 145	Plan of Correction  The Chief Executive Officer collaboration	12/27/2020	

	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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CUMBER	ROVIDER OR SUPPLIER LAND HOSPITAL LLC SUMMARY ST	ATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE  9497 CUMBERLAND ROAD  NEW KENT, VA 23124  PROVIDER'S PLAN OF CORRECTION (E.	
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A 145	The patient has the ri of abuse or harassme. This STANDARD is represented a seed on staff interview of facility docu course of a complaint determined the facility. Patient #5 was free from abuse have the potent residing at the facility. The findings included. On 12/1/2020, Patient Member #12 and pust chair, as the staff member #12 and pust chair, as the staff member #28/2020. According clinical record, the foll "12/1/2020 2220 (10:2 incident w/a (with a) snot want to clean up (equipment after treatm Staff repeatedly prom PT got aggressive and hands on staff's chest over and physically sa explained to (patient) hands on staff and pusing the investment of the investment of the investment of a staff mediaruption of a st	ight to be free from all forms ent.  not met as evidenced by: ew, clinical record review, aments and during the tinvestigation, it was a staff failed to ensure form abuse. Allegations of initial to affect every patient.  It #5 was "grabbed" by Staff shed the patient down into a mber "yelled" at the patient.  It to documentation in the lowing was evidenced: 22 p.m.) PT (patient) had an initial member when PT did (patient's) medical ment in (patient's) room.  In the patient down in chair and that (patient) should not put	A 145	with the Corporate UHS Clinical Educt Team to identify the appropriate educt for all direct care staff. This training is hour long computer based learning si (Health Stream) module. Prevention training is intended to extend staffs knowledge and expertise in managing challenging patient behaviors.  The Prevention First Training include following:  1. A solution to deepen staff's awar of risk and helps unify the organi by establishing a common langue informed by shared values. A tru culture of safety means everyone staff has the skills to reduce work violence.  2. Provides videos and a consistent message for staff, and includes waitin room and nursing station scenarios a examples. 3. Focuses on Verbal De-escalation, Prevention and Workplace Violence Prevention.  Specific objective for the course inclu following:  1. Introduction to Crisis- Stage Crisis  2. Responding to Someone in Distress- Communication in 3. Perceptions and Unknown Contributors to Crisis  4. Responding to Defensive Be 5. After the Crisis- Debriefing  All current staff will complete the Prev First training with competency assess post-test.	cation s a 1.5 ystem First  g  les the eness zation age e e on kplace  Crisis  de the s of  Crisis  chavior

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A 145	(patient's) room to tall had happened. Staff patient to room and content as (patient) at sent staff member aw Patient was tearful and by staff to pack up (patient) at had not packed it to sepatient felt (they) were staff did not. (Patient's) root the staff from (patient's) root the staff from (patient's) to leave (patient's) root the staff from (patient's taff grabbed the patient of the chair and beguinto the chair and beguinto the chair and beguinted the staff from the floor and senior supervisors. Serom the floor and senior senior supervisors. Serom the floor and senior s	ching and took patient to a with (patient) as to what Member followed UC and ontinued to argue with empted to talk with UC. UC ay from patient and room. It detated (patient) was told attent's) breathing states (patient) apparently taff's expectations as a done packing it up and a wanted the staff member on and admits to pushing s) room. Patient stated ent and "shoved (patient) an to yell at (patient)". It tely reported to immediate taff member was pulled at home pending further documentation of the (Unit Manager Staff ient #5. Further ed: "Camera Review: The mager) reviewed the e camera system and 45 p.m.) the patient is not om but the staff member or way of the Pt's room. At pt. can be seen pushing the door then the staff to let in the staff member does.	A 145	Prevention First training has be added New Employee Orientation and annual training.  After the training, the Director of Clinic Services and the Chief Nursing Officer staff meetings for all direct care staff to discuss their comfort level, knowledge expertise in managing challenging path behaviors. Staff requesting more help individually with the Director of Clinical Services or Chief Nursing Officer to as questions.  In order to address repeated incident complaint investigations, the Director of Risk Management manincident reconciliation. Specificall Chief Nursing Officer/designee rethe Nursing Supervisor report in Fand reports incidents from the pashours. The Director of Risk Management compares the incidence reported in flash and the Midas (incident reporting system) report assure that all incidents are entered and investigated. Incidents of ab and neglect, and serious incidents then reported to Virginia Departmental the Prevental Corporate Director of Risk Management and Corporate Divis Director of Clinical Services provided ducation and training to the Hosp Director of Risk Management on reviewing, reconciling, investigations provided guidelines for timeliness of complete of investigations and corrective according investigations and corrective accordinal corrections.	al held o , and ient met l , and ients hages ly, the views lash st 24 ents to ed use a, are ent of ional ded bital held bital bital held bital held bital held bital bital held bital bital held bital held bital held bital held bital bita	

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	ROVIDER OR SUPPLIER  LAND HOSPITAL LLC  SUMMARY ST	ATEMENT OF DEFICIENCIES	94	TREET ADDRESS, CITY, STATE, ZIP CODE  407 CUMBERLAND ROAD  EW KENT, VA 23124  PROVIDER'S PLAN OF CORRECTION (EA		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 145	(patient) in, the UM we redirect staff out of the with the patientCon and statements above found to be trueFoll Member involved in the immediately and then Techs (technicians) as Nurses) for that shift a struggles- the training 12/9/2020. The UM we management which we 12/9/2020."  The statement of Patigust finished my breat putting it up when I plustaff member #12) and and pushed me into that me"  The survey team condinterview with Staff Member with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step when I heard (Staff Member) to step with the survey with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with the survey behind d the nurses a commotion that disrugand saw (Staff Member) to step with	alks over and appears to e room and then verbalizes clusion: Due to the evidence e, this allegation has been ow-Up Action: The staff nis incident was suspended terminated. Behavioral and RN's (Registered are being retrained on power will be completed by will be retrained on staff will be completed by ent #5 evidenced, in part: "I hing treatment and was ayfully pushed (name of d (staff member) got upset the chair and started to yell ducted an follow-up ember #11 on 12/9/2020 at Member recounted the ors and stated, "I was tation and a heard a oted the milieuI looked up	A 145	There was a strong focus on analysis incidents based on the investigation, with development of sustainable actio plans to prevent repeated and/or furth incidents. Understanding of expects addressed in training was verified by a attestation.  The Director of Risk Management reviews video on all incidents of plants and other serious incidents. Results of the video review are reported to the appropriate Seniol Leader and the Chief Executive Control The CEO ensures that the appropriate staff behaving reported or found on video review reported or found on video review reported or found on video review reported to the staff member's manager and the Chief Executive officer. Staff suspected of abuse neglect is suspended immediately pending final investigation.  On 12/17/20, the Chief Executive Officimplemented every 2 hour leadership rounds on all units during waking hour the patients 7 days per week and assiall senior leaders specific dates/times rounding responsibilities. On any unit active COVID cases, rounds will be do via camera review. These rounds will completed for the next 30 days, then reduced to each waking shift for an additional 90 days. The focus of these rounds is to provide oversight, suppor staff, assess staffs' therapeutic interest with patients, and model behavior for when interacting with one another and patients. Rounds and observations an noted on the Leadership Rounds Form Additionally, one of the senior leaders	along in her ations signed  at batient s.  or Officer. priate  a and y  cer as of igned for is with one be  at to ctions staff d with ore in.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE COMPI	
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117	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDEN : IFYING INFORMATION)	94	TREET ADDRESS, CITY, STATE, ZIP CODE  107 CUMBERLAND ROAD  EW KENT, VA 23124  PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI	ROSS-	COMPLETION DATE
A 145	(Patient admitted to proom and then said () the arms and shoved immediately notified to Member) was sent he investigationThere a couple of the (patie #12) being rude and doubt it was not witnesspeak to (Staff Member) and let (Staff Member). I was Member) had been ruknow that I was watch was ware "Power Struggle inservices were docu on 12/4/2020. Inservices were docu on 12/4/2020. The survey team discovered by the state care issues and abust discussed with the facility regard to action and the urgency and review their systems and sustainable plans prevent recurrence.	staff out of (patient's) Staff) grabbed (patient) by (patient) into the chair! the supervisor and (Staff ome pending an have been grievances from ints) about (Staff Member using inappropriate language used by anyone else. I did iter #12) about the concerns it) know that I was watching is not able to prove (Staff ide, but I let (Staff Member) hing (Staff Member)" Ithe survey team with is conducted with staff of the int occurred. The inservices is and Abuse and Neglect". Imented as being conducted iff on 12/4, 12/5, 12/6, 12/7, is ussed with facility staff if 3 through out the survey ing multiple complaints agency of ongoing patient	A 145	assigned each day to modify their work and will be present at the fact 12-9, providing additional support leadership to the evening shift who is less structure.  Person Responsible  Chief Executive Officer  Monitoring  Monitoring of effectiveness of train appropriateness of staff interaction patients is done through the leade rounding process. Documentation include completion of rounds to ea (with video review allowed for COV units), observations of staff/patient interactions, and any coaching dor staff. Rounds forms are reviewed the CEO, CNO, and Risk Manager corrective actions needed implement immediately. Aggregated data on compliance with rounds and appropriateness of staff/patient intis presented monthly to the Execut Committee, MEC, and the Govern Board.  The Director of Risk Management serious incidents such as medicatid diversions and incidents of abuse aneglect. The Director of Risk Management serious incidents such as medicatid diversions and incidents of abuse aneglect. The Director of Risk Manager and Corporate Director of Services for review. Timeliness as the instance where the quality of this lacking, the Director of Risk Marcontacted to take further action. The process will continue for at least 4 Incidents of noncompliance with in	ality from and	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A. BUILDING	CONSTRUCTION	C3) DATE SURVEY COMPLETED
		493300	B. WING		12/09/2020
	ROVIDER OR SUPPLIER		94	TREET ADDRESS, CITY, STATE, ZIP CODE 507 CUMBERLAND ROAD EW KENT, VA 23124	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	S- COMPLETION
A 145	Continued From pag 12:20 p.m.  The plan included the On 12/1/2020 Cumb immediate action to i incident of staff abus. The Unit Coordinator the area and remove vicinity of the patient interviewed the patient element alleged that a (patient) by grabbing into a chair and yelling Cumberland policy on Neglect of a Patient, the senior supervisor and suspended the aimmediately left the fanother shift at the faphysician and the panotified of the Incider was entered into the reporting system for Investigation.	e following: erland Hospital took nvestigate the alleged e to a patient as follows: - r immediately responded to d the staff member from the . The Unit Coordinator nt in (patient's) room to of the disruption. The a staff member had abused I (patient), pushing (patient)	A 145	DEFICIENCY) reporting and investigated will be repo	orted e eata is
	Manager was notified Nursing of the allegation of the encompleted the invest the allegation of staff substantiated. Elementarial encluded the following incident. Interviews coordinator and other the unit at the time of the substantial encompletes the substantial encompletes.	d by the Assistant Director of ation of abuse and applying the Risk Manager digation and determined that if abuse to a patient was ents of the investigation g: A camera review of the			

	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	F (X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  LAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124		
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A 145	Risk Management.  Management notified Services of the incide abuse. On 12/4/2020 based findings, the employed 12/2 to (employee) to employee did not had Cumberland patients the complaining patient the complaining patient To immediately preve patient abuse and to patient care units, ev were re-educated on and "abuse and Negl of Nursing upon rece notification. Further is subsequent to jeopal provided with the sar their shifts. Quality Assessment a Improvement- The fa Compliance, Chief O Executive Officer, as facility's Quality impn 12/7/2020 to discuss findings identified by retrospectively review corrective action plan numerous improvement terms of incident iden management and rec actions to-date contin to achieve a desired incidents involving Ci The team determined	yee based on the is noted by the Director of The Director of Risk if New Kent County Social ent of substantiated patient on the substantiated se was terminated. From ermination on 12/4/2020, the we any contact with sofollowing the incident with ent. ent further occurrences of maintain patient safety on rening shift patient care staff "Avoiding Power Struggles" lect" by the Assistant Director siving the immediate jeopardy all nurses arriving for shifts redy notification will be me training prior to beginning and Performance scility's Director of Regulatory perating Officer and Chief core members of the overment committee, met on the immediate jeopardy the agency. The core team wed recent and ongoing as and determined that while ents have been made in notification, incident quired reporting, the facility's nue to require focus in order reduction in occurrences of umberland staff members.	A 14			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  3		ATE SURVEY OMPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 9407 CUMBERLAND ROAD NEW KENT, VA 23124		12.00/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR CORRECTIVE ACTION SHO REFERENCED TO THE AF DEFICIENCY	JLD BE CROSS- PROPRIATE	COMPLETION DATE
A 145	solutions, the facility's expeditiously enhance patient safety among members. The team with initiatives to faciliperspectives, behaviously with the organization patient care, reduction culture of patient safe comprehensive quality of staff accountability initiatives:  1. Intensive Staff Trafacility's CEO contact President of Clinical scheduling of an outs intensive staff training patient care staff. The included topics related managing power strum management, verbal and neglect recognition to extend staff's known managing challenging facility was assigned course content was a scheduled this educated commencing 12/11/2 later than 12/31/2020 plan further specifies curriculum, entitled "File be a required new-his direct care staff as we training for existing sistaff development.  A Program descriptio training specifies the	s quality leaders need to be the culture of quality and st its direct care staff further agreed to proceed litate changes in staff's pors, and actions to fully align its commitment to quality on of serious incidents, and a party. The plan for ty improvement and culture includes the following staining: On 12/7/2020, the led UHS's Assistant Vice Training and Education for side resource to provide g to Cumberland's direct e request for training	A 14	45		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124			
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A 145		25 pport to facilities and staff	A -	145			
	during COVID-19. Provides-non classroom not required to have in preventing and mar Provides videos and a staff and includes wait station scenarios as e Can be used as remedat any time. Focuses on de-escala workplace violence process of the complete organization to reality of crisis.  2. Dual Reporting of Irrimprovement action ple development of a processious incidents to the agency as well as the who has deemed over compliance with CMS. The analysis of previous tour facility by the contract our facility by the contract of the local states that the agency was recoversight agency without our facility's investigation by the dewere frequently dispose complaints but with no facility.	om training for staff who are iMS training, but need skills raining crisis situations. In consistent message for ting room and nursing examples. Idial training for employees station, crisis prevention, and evention. It is prevention and evention of elected social services state regulatory agency sight of the facility's Conditions of Participation. It is prevention and reported known ocial services agency but exporting to the state out the results of either their restigations or corrective econd regulatory emed state agency which it is deficient practice at the					
	Quality and newly hire	s by having the Director of					

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION	COMPLETED
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	ROVIDER OR SUPPLIER	c	94	TREET ADDRESS, CITY, STATE, ZIP CODE 107 CUMBERLAND ROAD EW KENT, VA 23124	
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A 145	investigations on rejointly. The Director report serious incided Services Agency and agency ensuring the consistent, timely a complete internal irrof standards complete internal irrof standards complete internal irrof standards complete internal irrof standards complete internal officer of Operating Operating Officer of Operating Operating Operation	eportable serious incidents or of risk Management will ents to the local Social and to the regulatory Oversight at incident reporting is and contains evidence of a serious exity at a corrective actions or of a corrective actions.	A 145		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER		940	EET ADORESS, CITY, STATE, ZIP CODE 7 CUMBERLAND ROAD W KENT, VA 23124	12/05/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAR CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 145	Continued From pag	e 27	A 145		
	plans, and status of requirements as app. The activities of the executive Committee and reported to the fan agenda item at the scheduled meeting.  4. Condition of Partisureys  As additional reinformed commitment to correct concerns within the fresolved to engage to Director of Clinical Smock survey's at the year. The purpose of specifically focus on compliance with CM starting with the area survey will be done to calendar year 2021. Observations will be Performance Improviva action-item report reviewed during the identified deficiencies will further include a response to the commence of the commence	external reporting slicable. Performance Improvement a will further be summarized acility's Governing Body as a Board's quarterly cipation: Focused Mock cement for the core team's acting repeated quality facility, the core team he Corporate Divisional services to perform quarterly facility for a period of one of the mock surveys will assessing the facility's S Conditions of Participation, as of concern, The first mock beginning in 1st quarter of The Director's findings and communicated to the ement executive Committee th. The report will be weekly meeting until the sare corrected. The facility plan for sustainability in ective actions taken.  Isideration by the Centers for aid Services and the State is determined to be a facility remained in as of 12/9/2020 at 3:00 adership (Staff Members #1, corporate Regional were notified at that time of excepted and the Immediate			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCT ON	(X3) DATE SURVEY COMPLETED
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NAME OF PI	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	
CUMBERI	LAND HOSPITAL LLC			107 CUMBERLAND ROAD	
			l N	EW 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 (EAC CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 263	CFR(s): 482.21	velop, implement and	A 263	Please refer to the following: A0286	
	maintain an effective	ongoing, hospital-wide, sessment and performance			
	the program reflects	ing body must ensure that the complexity of the n and services; involves all			
	those services furnish arrangement); and fo	and services (including ned under contract or cuses on indicators related itcomes and the prevention			
	and reduction of med				
		rintain and demonstrate program for review by CMS.			
	Based on findings of a complaint investiga ensure an effective queveloped and implemented by the continued patient carregarding patient right	mented to track, monitor and action plans to prevent and quality concerns its and the health and safety at the facility thus failing to			
	The findings include:				
	had multiple incident patient rights and pat resulted in multiple u investigations, and fir	ous months, the facility has s of concerns involving ient care issues which have nannounced complaint idings of non-compliance in eation for Patient Rights and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		9	TREET ADDRESS, CITY, STATE ZIP CODE 407 CUMBERLAND ROAD IEW KENT, VA 23124	120012020	
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A 263	facility have not been the current finding fro investigation of 12/1/2 and associated non-conditions of participal Governing Body, Number Pharmaceutical Servicallegation of abuse to The facility presented identified Immediate 12/1/2020, however, to Abuse was identified remaining in Immedia again presented a pla	d Performance Plans developed by the sustained as evidenced by m the complaint 2020 of Immediate Jeopardy ompliance for the ation for Patient Rights, sing Services, and ces as well as the repeated patients by staff.  a plan of removal for the leopardy findings on the additional concern of which resulted in the facility of removal on 12/9/2020 ered an acceptable plan.	A 263			
A 286	of allegations of abuse in the previous month systematic failure by the sustainable plan in on allegations of abuse.  Please refer to A0286 PATIENT SAFETY CFR(s): 482.21(a), (c) (a) Standard: Program (1) The program must to, an ongoing program	m Scope include, but not be limited m that shows measurable itors for which there is	A 286	Plan of Correction  In order to address repeated incide and complaint investigations, the Director of Risk Management reviand reconciles incidents daily duriand after, flash. Specifically, the Nursing Officer/designee reviews Nursing Supervisor report in flash.	ews ing, Chief the	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		493300	B. WING		12/09/2020
	PROVIDER OR SUPPLIER		94	REET ADDRESS, CITY, STATE, ZIP CODE 07 CUMBERLAND ROAD EW KENT, VA 23124	1200.1010
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A 286	(2) The hospital mustrackadverse patitivackadverse patitivackadverse patitivackadverse patitivackadverse patitivack medical errors analyze their causes actions and mechan and learning through (e) Executive Respand through (e) Executive Respand of the same stull less for operations of the administrative official accountable for ensignation (3) That clear expensionable for ensignation of the clinical record revier and during the countinvestigation, it was failed to ensure the and tracked adverse demonstrated plans these areas.  The findings include Multiple areas of continuous of patients a medication carts an were not investigated.	st measure, analyze, and sent events  ss  approvement activities must and adverse patient events, s, and implement preventive hisms that include feedback shout the hospital.  consibilities, The hospital's organized group or individual agal authority and responsibility and sale are responsible and suring the following:  cotations for safety are  anot met as evidenced by: rview, patient interview, w, review of facility documents are of a complaint and determined the facility staff Quality Program monitored at to show improvement in ad:  concerns were identified during tigation resulting in an and finding. The facility had two accessing unlocked and talking medications which	A 286	and reports incidents from the pashours. The Director of Risk Management compares the incident reported in flash and the Midas (incident reporting system) report the assure that all incidents are entered and investigated. Incidents of about and neglect, and serious incidents then reported to Virginia Department Health.  The Corporate Director of Risk Management and Corporate Divisis Director of Clinical Services provided education and training to the Hosp Director of Risk Management on reviewing, reconciling, investigating reporting incidents, and development plans to prevent future recurrence. The RM Director was also provided guidelines for timeliness of complete of investigations and corrective act Understanding of expectations laid in training was verified by signed attestation.  The Director of Risk Management reviews video on all incidents of pashuse and other serious incidents. Results of the video review are reported to the appropriate Senior Leader and the Chief Executive O Staff receive appropriate corrective action based on the results of the investigation.  A monitoring plan to evaluate the investigation, analysis, and action plan related to incidents was developed by Chief Executive Officer along with the Corporate Director of Risk and Director of Clinical Services. The Corporate Director of Risk and Director of Clinical Services.	nts  to to td use t, are ent of  ional led bital  g. ent of s. d etion tions. d out  atient . fficer. e

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL'A IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PR	NOVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE			
CHMBEDI	AND HOSPITAL LLC		1 8	407 CUMBERLAND ROAD			
CUMBERL	DAND HOSPITAL LLC			IEW 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 CORRECT CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRO DEFICIENCY)	E CROSS-	COMPLETION DATE	
A 286	This demonstrates are systematic failure of the sustainable plan to provide the part of the sustainable plan to provide the medications from 10/31/2020 and 11/4/occurrence, there was action developed to provide the patient's again access medications.  According to docume team, the CNO (Chie October 2020) stated administration and semonth of November 1 date on this documer written/submitted, altistaff Member #1 (Qua.m., the Staff Member #1 (Qua.m., the Staff Member #2 (Qua.m., the Staff Member #3 (Qua.m.,	ons by the state agency. In concern regarding a the facility to implement a revent these concerns.  If reported they had been ked medication carts and in the cart of two occasions; 2020. After the first is no investigation of plan of prevent reoccurrence and the sed the cart and took  In the survey if Nursing Officer Report I, "inservicing on medication ecurity will be completed in for all nurses"there was no int to establish when it was shough in an interview with sality) on 12/1/2020 at 8:45 er stated, "I don't know is done but it is due to the November"  To per an email document ty, the medication carts being d. The "Medication cart is to the "Leadership Rounds according to Staff Member e a shift by Leadership staff document was given for use	A 286	Corporate Divisional Director of Services, and the hospital Director are reviewing and evaluating the reporting and investigating proce Cumberland Hospital daily for a least three months. The investig reviewed for timeliness, thoroug quality. Rigorous investigation comprehensive analysis, and su action plans are the focus of this Noncompliance will be reported Executive Officer and the Corpor Regional Vice President.  Person Responsible  Director of Risk Management  Monitoring  For a period of at least three modern Corporate Director of Risk and the Corporate Director of Clinical Semonitoring the incident reporting accuracy, timeliness, thoroughing quality with each incident. Monitone daily with each incident and investigation. The Corporate Risk reports noncompliance real Chief Executive Officer, which was addressed through additional tradisciplinary action as appropriate Aggregated data is reported to the Safety Committee, Medical Staff Governing Board monthly.	tor of Risk e incident ess at period of at ations are hness, and estainable process. to the Chief rate envices are psystem for ess, and toring is ad each Director of I time to the fill be aining and/or e. he Hospital		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	E CONSTRUCTION		COMPLETED
		493300	B. WING	10.00		C 12/09/2020
	ROVIDER OR SUPPLIER	c		STREET ADDRESS, CITY, STATE, ZIP CODE 1407 CUMBERLAND ROAD NEW KENT, VA 23124		
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A 286	monitoring were not however there was on 11/5/2020 and hoopy of the agendateam was "med carned the survey team wevidence of robust progressive disciplinature of the report unlocked medication." Staff Market occurred if lead on rounds. Staff Mis spoken to and the When asked whethe when staff were "sipprogressive disciplinand hospital policy, should be done."  The survey team done and #4 that the informetings held with robust education for responsibilities of practices, patient monsequences for fand procedures.  The concerns were Leadership staff (S#8) on 12/1/2020, Patimember #12 and procedure #12 an	on cart safety and patient at started until 11/9/2020, one unit which had a meeting pandwritten in the corner of the saheet presented to the survey arts locked at all X's (times)". The same regarding the serious as of patients having access to an carts and patient monitoring. The nurse are cart immediately secured." The nurse are cart immediately secured." The regarding the stated, "The nurse are there was documentation of tooken to" in terms of initiating time for failure to follow safety, staff member #4 stated, "It iscussed with Staff Member #1 in the staff regarding the satient safety, basic medication monitoring, as well as potential reliable to follow hospital policy or reviewed with the facility taff Members #1, 2, 3, 4, and	A 286			

AND PLAN OF CORRECTION INDENTIFICATION NUMBER		(X2) MULTIPLE C A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		493300	B. WING	VI 44 404 44 44 44 44 44 44 44 44 44 44 44	C 12/09/2020
	ROWDER OR SUPPLIER		940	REET ADDRESS, CITY, STATE, ZIP CODE D7 CUMBERLAND ROAD SW 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 (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 286	Continued From page	33	A 286		
	Member #8 (Risk Malevidenced: "While UC the unit, the milieu ward disruption of a staff material patient yelling at patient as to what was happed (patient's) room to tall had happened. Staff patient to room and capatient as (patient) at sent staff member aw Patient was tearful are by staff to pack up (prequipment. (Patient) and not packed it to spatient felt (they) were staff did not. (Patient to leave (patient's) root the staff from (patient staff grabbed the patient of the chair and beguincident was immediated senior supervisors. Strom the floor and ser investigation." Furthe investigation." Furthe investigation revealed comentation revealed the patient of the chair and patient staff grabbed the patient of the chair and beguincident was immediated senior supervisors. Strom the floor and ser investigation." Furthe investigation revealed comentation revealed that and Patient Staff (Facility Risk Macamera incident via the found that at 16:45 (4)	states (patient) apparently staff's expectations as e done packing it up and d) wanted the staff member own and admits to pushing s's) room. Patient stated ent and "shoved (patient) pan to yell at (patient)". Intely reported to immediate staff member was pulled int home pending further or documentation from the d documentation of M (Unit Manager Staff tient #5. Further led: "Camera Review: The anager) reviewed the ne camera system and :45 p.m.) the patient is not			
į	visible in (patient's) rocan be seen at the do 16:47 (4:47 p.m.) the the staff and shutting	com but the staff member bor way of the Pt's room. At pt. can be seen pushing the door then the staff tient and forces (patient) to			140 G

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A. BUILDING	CONSTRUCTION	COMPLETED	
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	ROVIDER OR SUPPLER		94	TREET ADDRESS, CITY, STATE, ZIP CODE 107 CUMBERLAND ROAD IEW KENT, VA 23124	=	
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A 286	time the UM (Unit M seen in what appear go of the patient whit Next at 16:48 the per (patient's) room (the [patient] is doing) the (patient) in, the UM redirect staff out of the with the patientCo and statements abortound to be trueFor Member involved in immediately and the Techs (technicians) Nurses) for that shift struggles- the training 12/9/2020. The UM	ext to the door. At the same anager/Coordinator) can be redirecting staff to let ich the staff member does.	A 286			
	evidence of inservice Unit on which the evidence "Power Strugg Inservices were doctor 12/4/2020. Inservices with all direct care is 12/8 and 12/9/2020. The survey team dis Members #1, 2, and the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the staticare issues and abuidiscussed with the formatical terms of the concerns regard received by the statical terms of the concerns regard received by the statical terms of the concerns regard received by the statical terms of the concerns regard received by the statical terms of the concerns regard received by the statical terms of the concerns regard received by the statical terms of the concerns regard received by the statical terms of the concerns received by the statical terms of t	scussed with facility staff #3 through out the survey ling multiple complaints a agency of ongoing patient use. The survey team acility leadership these			23	
	with regard to action	trate a systematic problem I plans previously developed, I immediacy for the facility to				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	CONSTRUCTION	COMP	SURVEY
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1407 CUMBERLAND ROAD NEW KENT, VA 23124	12	<u>/09/2020</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E/ CORRECTIVE ACTION SHOULD BE CRO- REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	COMPLETION DATE
A 385	and sustainable plan prevent recurrence.  The facility presented Immediate Jeopardy 12:20 p.m. After revi Centers for Medicare the State Agency, the unacceptable and the Immediate Jeopardy p.m The facility Lea 2, 3, 4, 8 and #13- C. Regulatory Director) the plan not being ac Jeopardy remaining in NURSING SERVICE CFR(s): 482.23  The hospital must has service that provides The nursing services supervised by a regist This CONDITION is Based on staff intenclinical record review and during the cours investigation, the fact Nursing care was proand that patients were supervision to prever failing to substantially. The findings include:	in order to develop robust a to correct the concerns and discontract the concerns and discontract the concerns and discontract to the findings on 12/9/2020 at lew and consideration by the and Medicaid Services and deplan was determined to be a facility remained in as of 12/9/2020 at 3:00 adership (Staff Members #1, corporate Regional were notified at that time of expeted and the Immediate in effect.  Solve an organized nursing 24-hour nursing services, must be furnished or stered nurse.  Inot met as evidenced by: riew, patient interview, review of facility documents a of a complaint dility staff did not ensure exided in a safe environment to provided adequate in tharm/potential harm thus by comply with this condition.	A 385			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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	ROVIDER OR SUPPLIER		8- N	TREET ADDRESS, CITY, STATE, ZIP CODE 407 CUMBERLAND ROAD IEW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAC CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 398	accessed an unlocke medications. The fact policy and procedure practices in keeping in patients under observable. This resulted in an Immunder Patient Rights-Please refer to: A0398, A0405, and A SUPERVISION OF CCFR(s): 482.23(b)(6) All licensed nurses we hospital must adhere procedures of the hospital must adhere procedures and evaluation and evaluation with those is services (that is, hospitals of the hospitals of the nursing service, in through which those is services (that is, hospitals of the nursing se	on 11/4/2020, Patient #1 d medication cart and took cility staff failed to follow and basic safe medication medication carts locked and vation to ensure safety.  Immediate Jeopardy finding Care in a safe setting.  O144 further information. ONTRACT STAFF  The provide services in the to the policies and spital. The director of provide for the adequate uation of all nursing ur within the responsibility of egardless of the mechanism personnel are providing oital employee, contract, ant, or volunteer). The trace of a complaint letermined the facility staff ing staff adhered to hospital res for the safe storage of monitoring of patients.	A 398	Plan of Correction  The Chief Nursing Officer educate nurses on safe storage of medical carts, keeping carts locked at all ti and reporting when a cart is found unlock or not secured. This educates was completed in Health Stream of PowerPoint with competency testing.  The Chief Nursing Officer and Direct of Pharmacy reviewed and revises Policy and Procedure for reconcil medications when a cart is found unlocked, not secured, or when the a suspicion of medications missing. The current process has been enhanced as follows: The pharma will be notified by the observing manager to perform an immediate reconciliation of the medications contained in the cart. If an observing manager to perform an immediate reconciliation of the medication is that the pharmacist on call is notified by the nursing supervisor and a reconcilied of the medication cart observed we	tion imes, I ation via ation via ector d the ding ere is g. acist vation off- ee ation ill be	
	to our miseculed life(	Populari Cart Anni A Mar Mas		performed by the pharmacist durit	ng	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		(X3) DATE SURVEY COMPLETED			
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIA DEFICIENCY)	OSS COMPLETION
A 398	described as a "beha patient without staff & 11/4/2020, a medicat and Patient #1 again and take medications."  Patient #1 was admit the clinical record was Nurse) Assessment" "11/1/2020 2000 (8:0 snorting crushed memed cart on 10/21/20 (4:00 a.m.) it was do observed acting straicheck (every fifteen it was attempting to his white substance that became agitated wheeventually stated that med cartSuperviso situation" A "Medica 11/2/2020 evidenced to staff yesterday that medications covertly behavioral code was along with another pehave crushed and in its unclear what medications covertly that appear to be cruconfiscated from (patient) withat appear to be cruconfiscated from (patient) with a cruconfiscated	avioral outburst" by another knowledge Again, on tion cart was left unsecured was able to access the cart is without staff knowledge.  Itted 8/24/2020. Contained in its a "Daily RN (Registered note which documented, "O p.m.) Patient admitted to dis taken by peer from unit 020" On 11/4/2020 at 0400 cumented, "Patient was inge during routine Q15 minute checks). Pt (patient) de a med cup /c (with) a appeared crushed. Pt en staff confiscatedPt (patient) got Seroquel off it (patient) got Seroquel off al Progress Note" dated it, in part: "(patient) reported	A 398	<ul> <li>their next in-person shift.</li> <li>The Chief Nursing Officer educe nursing leadership team and the nurses on what to do when a compound unlocked, or a medication missing. This education includes securing and locking medication during a code or when not in use Education included the current as written above. Education with 1:1 basis with understanding of expectations verified by written attestation</li> <li>Education regarding locking medications has be incorporated into New Employed Orientation and annual nursing pharmacy orientation.</li> <li>On 12/1/20 the Chief Operating revised the Observation Round tool for Unit Coordinators (Nursing Supericheck if the medication carts at and secured. This is done one shift by the Unit Coordinator are Nursing Supervisors. Securing temperature probes was added tool. Occurrences of unlocked improperly secured medication will require immediate action by manager performing the observacions will include securing the identifying the staff responsible error, and corrective action (up including termination) for the stresponsible for the cart at the tobservation.</li> </ul>	e unit art was on was ed on carts se. process as on a f edication ss, and ee g officer ds Audit se visors to re locked ce per ad/or the of d to this l or a carts by the vation. se cart, se for the o to and taff

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 398	revealed a note dep.m.) which docur admitted taking or 10/31/2020 and as Note" dated 11/2/2 (patient) reported medications from Afterwards (patient inhaled them with documentation pron 11/6/2020 "the possession of con (patient) turned in (patients) therapis broken thermome have been used to medication"  The facility policy was reviewed and 19. All medication cart or medication cart or medication cart or medication cart or medication round patients every 15 situations someor patient safety, estinated, "I know witten the perher name was (not the perher name was (n	ns. Review of the clinical record ated 11/1/2020 at 2000 (8:00 mented, "(Patient name) rushed meds from cart norting" A "Medical Progress 2020 evidenced, " Yesterday to staff that (patient) stole a cart on 10/31/2020.  It) claims to have crushed and another peer" Further ovided by the facility evidenced patient reported (patient) was in intraband (medication) and a powder substance to st in a small plastic bag with ster probes that appeared to attempt to snort the  for "Medication Administration" devidenced, In part: "Storage: ins will be stored in the rocked cabinet22. The com will be kept locked AT ALL use by the nurse" Under ent" "15 (fifteen) minute dis must be completed on all minutesduring CODE ne must be assigned to monitor pecially of those not involved in	A 398	The Chief Nursing Officer educate Unit Coordinators and Nursing Supervisors concerning corrective actions for staff responsible for the when policy is not followed. This education occurred 1:1 with understanding of expectations very by signed attestation.  Person Responsible Chief Nursing Officer  Monitoring The Leadership Team and Nursing Leaudit the medication carts to assess if are locked and located in a secure are and temperature probes are secured a not accessible to the patients, every sind accessible to the patients, every sind temperature probes are secured a locked. This tool is then given the Din of Quality. The Pharmacist audits income of medication cart reconciliation via art tool that contains the number of times reconciliation was completed. This dathen compared to the data reported by Nursing Leaders concerning carts four be unlocked, or concerns with missing medication. Data is reported daily in and aggregated data is reported double unlocked, or concerns with missing medication. Data is reported daily in and aggregated data is reported mont Performance Improvement Committee Medical Staff, and in Governing Board Any ongoing non-compliance will be addressed through additional training and/or disciplinary action as appropria	e cart  rified  raders they a, and hift.  re ector idents n audit the ata is y the nd to flash, thly in e, d.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED C		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	COMPLETION DATE	
A 398	sure did. I stole the pantipsychotic) and La Yes I did it twice. I to then another time I to a code going on the I watching and I took timed cart"stole" is a pills from my drawer. medicationsI was a snort them" The su (the patient) was telli and Patient #2 stated the truth. I did indeed	ations. Patient #1 stated, "I sills Seroquel (an amactil (a mood stabilizer). There was unit and nobody was hem out of the unlocked a relative term, I took my own I didn't take anybody else's going to crush them and riveyor asked Patient #2 if ing the truth about the report; I, "Yes Ma'am. I am telling d take the pills both times. I d. I am trying to do better. I	A	398				
A 405	staff member stated, locked at all times an patients are to be che but staff are respons are at all times"  Concerns were addin Leadership (Staff Me 8:45 a.m. and again Members #1,2,3,4, a ADMINISTRATION (CFR(s): 482.23(c)(1) (1) Drugs and biolog administered in accostate laws, the order practitioners response	12/1/2020 at 3:20 p.m., the "Medication carts are to be ad never left unattendedall ecked every fifteen minutes lible for knowing where they eased with Facility ember#1) on 12/1/2020 at at 4:20 p.m. with Staff at 4:20 p	A	405	Plan of Correction  The Chief Nursing Officer educa nurses on safe storage of medic carts, keeping carts locked at all and reporting when a cart is four unlock or not secured. This educate was completed in Health Stream PowerPoint with competency test	cation I times, nd Ication n via	12/27/2020	

STATEMENT OF DEF CIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER  A. BUILDING		(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER		844	REET ADDRESS, CITY, STATE, ZIP CODE 07 CUMBERLAND ROAD EW KENT, VA 23124	12/03/2020
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A 405	(i) Drugs and biologic administered on the control specified under § practitioners are actir law, including scope policies, and medical regulations.  (2) All drugs and biologic administered by, or use or other personnel in and State laws and reapplicable licensing reaccordance with the policies and procedure. This STANDARD is a Based on staff intervollinical record review and during the course investigation, it was a failed to ensure medical times to prevent useffected two patients the potential to affect. The findings included Patient #1 and #2 we medication cart which separate occasions to medications. On 10% Lamactil was taken, a medication Seroquel Patient #1 was admitted.	cals may be prepared and orders of other practitioners 482.12(c) only if suching in accordance with State of practice laws, hospital staff bylaws, rules, and orgicals must be under supervision of, nursing accordance with Federal egulations, including equirements, and in approved medical staff res. The net as evidenced by liew, patient interview, review of facility documents of a complaint eletermined the facility staff followed basic safe practices istration. The Nursing staff cation carts were locked at nauthorized access. This, Patient #1 and #2, but had all patients at the facility.	A 405	<ul> <li>The Chief Nursing Officer and Di of Pharmacy reviewed the Policy Procedure for reconciling medic when a cart is found unlocked, no secured, or when there is a susp of medications missing. The cumprocess has been enhanced as follows: The pharmacist will be notified by the observing manage perform an immediate reconciliate the medications contained in the lif an observation of noncomplian made during off-hours, the expedits that the pharmacist on call is in by the nursing supervisor and a reconciliation of the medication of observed will be performed by the pharmacist during their next in-pushift.</li> <li>The Chief Nursing Officer educate the nursing leadership team and unit nurses on what to do when a was found unlocked, or a medicate was missing. This education included the current plass written above. Education was 1:1 basis with understanding of expectations verified by written attestation</li> <li>Education regarding locking medication carts, securing medication been incorporated into New Emporientation and annual nursing a pharmacy orientation.</li> </ul>	and ations of icion rent er to tion of cart. ce is ctation totified erson ted the a cart ation luded carts of c

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CUMBERLAND HOSPITAL LLC  9407 CUMBERLAND ROAD NEW KENT, VA 23124  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF X CORRECTIVE ACTION SHOL			ACH (X5) SS- COMPLETION		
A 405	Continued From page Nurse) Assessment" "11/1/2020 2000 (8:00 snorting crushed med med cart on 10/21/20 (4:00 a.m.) it was doc observed acting strar check (every fifteen in was attempting to hid white substance that became agitated whe eventually stated that med cartSupervisor situation" A "Medical 11/2/2020 evidenced to staff yesterday that medications covertly behavioral code was along with another pathave crushed and intig unclear what medications" On 11/4/20 "Medical Progress Nostaff found (patient) withat appear to be cruconfiscated from (patient) withat appear to be cruconfiscated from (patient) with the country of	note which documented, D.p.m.) Patient admitted to Is taken by peer from unit 20" On 11/4/2020 at 0400 cumented, "Patient was ige during routine Q15 ninute checks). Pt (patient) e a med cup /c (with) a appeared crushed. Pt in staff confiscatedPt it (patient) got Seroquel off or (name) aware of al Progress Note" dated in part: "(patient) reported it (patient) obtained from the med cart while a taking place on the unit attent. (Patient) claims to haled those medications. It cations were obtained and of ok placean investigation is in review the validity of these invested and of the context	A 405	On 12/1/20 the Chief Operating revised the Observation Rounds tool for Unit Coordinators (Nurse Managers) and Nursing Supervicheck if the medication carts are and secured. This is done once shift by the Unit Coordinator and Nursing Supervisors. Securing a temperature probes was added tool. Occurrences of unlocked a improperty secured medication will require immediate action by manager performing the observactions will include securing the identifying the staff responsible error, and corrective action (up including termination) for the staresponsible for the cart at the time observation.  The Chief Nursing Officer educations for staff responsible for when policy is not followed. The education occurred 1:1 with understanding of expectations to by signed attestation.  The hospital Leadership Team, Coordinators and Nursing Superconciliation of medications.  The Chief Nursing Officer educations are reconciliation of medications.  The Chief Nursing Officer educations with the medication carts each linstances of non-compliance reconciliation of medications.  The Chief Nursing Officer educations with the medication carts each linstances via a Health Stream Power and test to secure temperature away from patient trash cans. Setemperature probes was added Leadership Rounds form.	s Audit s sors to s locked per for the of to this or carts the ation. cart, for the to and aff me of  ated the ve the cart is verified  Unit ervisors h shift. sult in  ated werPoint probes ing ecuring

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A BUILDING  A BUILDING		COM	(X3) DATE SURVEY COMPLETED			
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A 405	inhaled them with a documentation provon 11/6/2020 "the prossession of control (patient) turned in a (patients) therapist broken thermometer have been used to medication"  The facility policy for was reviewed and a 19. All medications medication cart or I medication cart from times when not in unification rounds patients every 15 mistrations someone patient safety, espetithe current situation documents" which is leadership, medication various units on 11/6/2020.  On 11/30/2020 at 2 interviewed Patient patients therapist (stated, "I know why talked tothe personal talken the medication was found that it" The suit had taken the medication on the personal talken the medication.	claims to have crushed and mother peer" Further wided by the facility evidenced patient reported (patient) was in raband (medication) and a powder substance to in a small plastic bag with er probes that appeared to attempt to snort the probes that appeared to attempt to snort the evidenced, in part: "Storage: a will be stored in the ocked cabinet22. The error will be kept locked AT ALL use by the nurse" Under not "15 (fifteen) minute error must be completed on all minutesduring CODE error must be assigned to monitor excially of those not involved in not" According to "audit were performed by facility tion carts were found unlocked 11/3, 11/4, 11/5, and excitations. The surveyor that in the presence of the Staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think me), came and talked to me riveyor asked Patient #1 if they ications. Patient #1 stated, "I	A 405	Chief Nursing Officer  Monitoring  The Leadership Team and Nursing audit the medication carts to assess are locked and located in a secure and temperature probes are secur not accessible to the patients, eve Audits are conducted via a tool the contains a check if medication carl locked. This tool is then given the of Quality. The Pharmacist audits of medication cart reconciliation via tool that contains the number of tir reconciliation was completed. This then compared to the data reporte Nursing Leaders concerning carts be unlocked, or concerns with mis medication. Data is reported daily and aggregated data is reported in Performance Improvement Comm Medical Staff, and in Governing Boongoing non-compliance will be act through additional training and/or disciplinary action as appropriate.	ss if they area, ed and ry shift. at ts are Director incidents a an audit mes the s data is d by the found to sing y in flash, nonthly in ittee, oard. Any	
	have been used to medication"  The facility policy for was reviewed and of 19. All medications medication cart or I medication cart or I medication cart/rootimes when not in u "Milieu Managemer observation rounds patients every 15 m situations someone patient safety, espetithe current situation documents" which the leadership, medica on various units on 11/6/2020.  On 11/30/2020 at 2 interviewed Patient patients therapist (stated, "I know why talked tothe personal transport it" The su had taken the med sure did. I stole the antipsychotic) and	attempt to snort the  or "Medication Administration" evidenced, in part: "Storage: s will be stored in the ocked cabinet22. The em will be kept locked AT ALL use by the nurse" Under nt" "15 (fifteen) minute emust be completed on all ninutesduring CODE e must be assigned to monitor ecially of those not involved in n" According to "audit were performed by facility tion carts were found unlocked 11/3, 11/4, 11/5, and  1:30 p.m., the surveyor 1:#1 in the presence of the Staff Member #5). Patient #1 1/ you're here. I figured I'd be on from Social Services, I think ne), came and talked to me rveyor asked Patient #1 if they		and temperature probes are secur not accessible to the patients, ever Audits are conducted via a tool the contains a check if medication carlocked. This tool is then given the of Quality. The Pharmacist audits of medication cart reconciliation via tool that contains the number of tir reconciliation was completed. This then compared to the data reporte Nursing Leaders concerning carts be unlocked, or concerns with mis medication. Data is reported daily and aggregated data is reported and aggregated data is reported medical Staff, and in Governing Boorgoing non-compliance will be activiough additional training and/or	ed and ry shift.  at ts are Director incidents a an audit mes the s data is d by the found to sing y in flash, nonthly in ittee, oard. Any	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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A 405	then another time a code going on the watching and I too med cart"stole" in pills from my draw medicationsI was snort them" The (the patient) was to and Patient #2 start the truth. I did indivish I hadn't, but I know it was wrong In an interview with Registered Nurse a staff member state locked at all times patients are to be	I took the Seroquel. There was the unit and nobody was the unit and nobody was the them out of the unlocked as a relative term, I took my own there. I didn't take anybody else's as going to crush them and asurveyor asked Patient #2 if the elling the truth about the report; ted, "Yes Ma'am. I arn telling the take the pilis both times. I did. I am trying to do better. I	A 405			
A 489	Leadership (Staff I 8:45 a.m. and again Members #1,2,3,4 Condition of Partic CFR(s): 482.25  §482.25 Condition Pharmaceutical Seath The hospital must that meet the need The institution must a registered pharm storage area under medical staff is research.	ipation: Pharmaceutical Se of Participation: ervices. have pharmaceutical services is of the patients. st have a pharmacy directed by nacist or a drug r competent supervision. The	A 488	Please refer to the following: Please refer to, A502		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING		(X3) DATE SURVEY COMPLETED C			
		493300	8. WNG		12/09/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 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 (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 489	Based on staff intervicinical record review and during the course investigation, the faci services were provide all patients thus failing with this condition.  The findings include:  On 10/31/2020 and 1 were left unlocked and (Patient #1 and #2), of medications by the to determine the actument whether other medical missing.  This resulted in a find for the rights of patient setting.  Please refer to A0115 A405 and A502 for further setting.  Please refer to A0115 A405 and A502 for further setting.  \$482.25(b)(2)(i) - All the kept in a secure a and locked when app. This STANDARD is a Based on staff intervice.	ction may cospital's organized ce.  not met as evidenced by: lew, patient interview, lew, facility document review e of a complaint lility did not ensure Pharmacy ed that ensured the safety of g to substantially comply  1/4/2020 medication carts and accessed by two patients. There was no reconciliation of facility pharmacy services and medications taken and lations could potentially be ding of Immediate Jeopardy ants to receive care in a safe.  5, A0144, A0345, A0398, arther information.  (i)  drugs and biologicals must area, propriate.  not met as evidenced by: lew, patient interview, r, facility document review.	A 48		ation times, d cation via
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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN		CONSTRUCTION		E SURVEY PLETED
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CUMBERI	ROVIDER OR SUPPLIER	ATEMENT OF DEFICIENCIES		94	TREET ADORESS, CITY, STATE, ZIP CODE 407 CUMBERLAND ROAD EW KENT, VA 23124	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	1	PROVIDER'S PLAN OF CORRECTION ( CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIAT DEFICIENCY)	oss-	COMPLETION DATE
A 502	failed to ensure the sand when a reported occurred, the facility factorized to demedications that were reconciled to demedications were pot facility failed to ensure were found to be unlong to been removed.  The findings included Patient #1 and #2 repunlocked medication again on 11/4/2020 rewas no reconciliation report was received to medications were mismedications when medications were mismedications	letermined the facility staff afe storage of medications unauthorized access failed to ensure medications atermine the actual etaken, and whether other centially missing. Also the etaken, medication carts acked, that medications had amoving medications. There of medications when the other determine whether using and the actual there were also other ication carts were found ack was done to see if any using.  Ited 8/24/2020. Contained in a "Daily RN (Registered note which documented, D.p.m.) Patient admitted to its taken by peer from unit 20" On 11/4/2020 at 0400 aumented, "Patient was used curing routine Q15 ninute checks). Pt (patient) eta med cup /c (with) a appeared crushed. Pt in staff confiscatedPt (patient) got Seroquel off r (name) aware of	A5	02	<ul> <li>The Chief Nursing Officer and Description of Pharmacy reviewed the Policy Procedure for reconciling medit when a cart is found unlocked, secured, or when there is a sust medications missing. The curre process has been enhanced as The pharmacist will be notified to observing manager to perform a immediate reconciliation of the medications contained in the caterial observation of noncompliance is during off-hours, the expectation the pharmacist on call is notified nursing supervisor and a reconciling of the medication cart observed performed by the pharmacist dutheir next in-person shift.</li> <li>The Chief Nursing Officer education unursing leadership team and the nurses on what to do when a cafound unlocked, or a medication missing. This education includes securing and locking medication during a code or when not in us Education included the current as written above. Education was 1:1 basis with understanding of expectations verified by written attestation</li> <li>Education regarding locking medication carts reconciling medications has beincorporated into New Employe Orientation and annual nursing pharmacy orientation.</li> <li>On 12/1/20 the Chief Operating revised the Observation Rounds tool for Unit Coordinators (Nurser)</li> </ul>	y and cations not picton of nt follows: by the in that is that by the ciliation will be ring ted the cunit rt was a was do carts a cart a carts a cart a	
	situation" A "Medica	al Progress Note" dated			tool for Unit Coordinators (Nurs	3	Ī

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	(X3) DATE SURVEY COMPLETED		
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PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	S COMPLET ON DATE
A 502	to staff yesterday that medications covertly behavioral code was along with another pathave crushed and inhis unclear what medicitis event actually togoing to take place to claims" On 11/4/20 "Medical Progress No staff found (patient) with the appear to be crustonfiscated from (patient) and taking place"  Patient #2 was admitted clinical record document suicidal precautions. revealed a note dated p.m) which document admitted taking crush 10/31/2020 and snort Note" dated 11/2/202 (patient) reported to smedications from a canditation	in part: "(patient) reported (patient) obtained from the med cart while a taking place on the unit stient. (Patient) claims to saled those medications. It cations were obtained and of ok placean investigation is review the validity of these 20 it was documented in the ote: "yesterday evening with presumed medications shed. This was immediately liant)an investigation is ted on 02/06/2020. The ented the Patient was on Review of the clinical record of 11/1/2020 at 2000 (8:00 ated, "(Patient name) and meds from cart ling" A "Medical Progress 0 evidenced, " Yesterday staff that (patient) stole art on 10/31/2020. Italians to have crushed and other peer" Further led by the facility evidenced tient reported (patient) was in boand (medication) and loweder substance to a small plastic bag with probes that appeared to	A 502	<ul> <li>Managers) and Nursing Supervisions check if the medication carts are locked and secured. This is done once per shift by the Unit Coordin and/or the Nursing Supervisors. Securing of temperature probes wadded to this tool. Occurrences of unlocked or improperly secured medication carts will require immedication by the manager performing observation. Actions will include securing the cart, identifying the securing the cart, identifying the securing the cart, identifying the securing the cart at the time of observation. The Chief Nursing Officer educate the Unit Coordinators and Nursing Supervisors concerning corrective actions for staff responsible for the when policy is not followed. This education occurred 1:1 with understanding of expectations we by signed attestation.</li> <li>The hospital Leadership Team, Use Coordinators and Nursing Supervisors and Nursing Supervisors of non-compliance restreconciliation of medications.</li> <li>Person Responsible Chief Nursing Officer</li> <li>Monitoring The Leadership Team and Nursing Leaders audit the medication carts to assess if they are locked and located secure area, and temperature probes secured and</li> </ul>	elator  vas of ediate ithe staff  ling ble tion. ed g e cart rified  Init risors  ult in

A 502  A 502  Continued From page 47 reports.  On 11/30/2020 at spiroximately 12:15 p.m., Staff Member #1 (Qualify) sisted, "We cannot find any file that (Staff Member #7. Tomer RIAK Manager) or (Staff Member #8. Director of Nursing) had about this, (Staff Member #7. Tomer RIAK Menager) or (Staff Member #8.) Course and substantiant to their "rounds sheet" on 11/32/2020 and that "Medication Cart is secure" was added to this document. According to Staff Member #8. Leadership staff round on the units at least none a shift and utilize this document during those rounds. According to these "audit documents medication carts were found unlocked on vertous units on 11/3, 11/4, 11/5, and 11/8/2020.  On 11/30/2020 at 2:30 p.m., the surveyor interviewed Patient #1 in the presence of the patients #1 in the presence of the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
CUMBERLAND HOSPITAL LLC  OCATION  A 502  Continued From page 47 reports.  Con 11/30/2020 at approximately 12:15 p.m., Staff Member #1 (Quality) stated, "Ve cannot find any lie that (Staff Member #4- Director of Nursing) had about this. (Staff Member #4- Director of Nursing) had about this. (Staff Member #1, Leadership staff round on the units at least "once a shiff and utilize this document. According to Staff Member #1, Leadership staff round on the units at least "once a shiff and utilize this document during those rouns. According to these "audit documents medication carts were found unlocked on ventous units on 11/3/11/4/11/5, and 11/8/2020.  On 11/30/2020 at 2:30 p.m., the surveyor interviewed Patient #1 in the presence of the patients therapist (Staff Member #6). Patient #1 stated, "I know why you're here. I figured if d be talked tothe person from Social Services, it think her name was (name), came and talked to me about it" The surveyor sked between the patients therapist (Staff Member #6). Patient #1 stated, "I know why you're here. I figured if d be talked tothe person from Social Services, it think her name was (name), came and talked to me about it" The surveyor sked person from Social Services, it think her name was (name), came and talked to me about it" The surveyor sked person from Social Services, it think her name was (name), came and talked to me about it" The surveyor sked person from Social Services, it think her name was (name), came and talked to me about it" The surveyor sked person from Social Services, it think her name was (name), came and talked to me about it" The surveyor sked person from Social Services, it think her name was (name), came and talked to me about it" The surveyor sked person from Social Services, it think her name was (name), came and talked to me about it" The surveyor sked person from Social Services, it think her name was (name), came and talked to me about it" The surveyor inquired se to whether anyone from the facility thad inte	E		493300	B. WING		1		
PRÉFIX TAG  A 502  Continued From page 47 reports.  A 502  A 502  Continued From page 47 reports.  Continued From page 47 reports.  A 502  A 503  A 604  A 504  A 502  A 502  A 503  A 604  A 504  A 504  A 505  A 606  Continued From page 47 reports.  Continued From page 47 reports.  A 507  A 508  A 607  A 508  A 608  A	NAME OF PROVIDER OR SUPPLIER			94	STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD			
A 502 Confirmed From page 47 reports.  Con 11/30/2020 at approximately 12:15 p.m., Staff Member #1 (Quality) stated, "We cannot find any file that (Staff Member #7- former Risk Manager) or (Staff Member #7- for longer works here." There was documentation presented that the facility had made an adjustment to their "rounds sheet" on 11/3/2020 and that "Medication Carl is secure" was added to this document. According to Staff Member #1, Leadership staff round on the units at least "once a shift" and utilize this document during those rounds. According to these "audit documents medication carls were found unlocked on various units on 11/3, 11/4, 11/5, and 11/8/2020.  On 11/30/2020 at 2:30 p.m., the surveyor interviewed Patient #1 in the presence of the patients therapist (Staff Member #5). Patient #1 stated, "I know why you're here. I figured I'd be talked tothe person from Social Services, I think her name was (name), came and talked to me about it" The surveyor asked Patient #1 if they had taken the medications. I took the beanactil. Yes I did it twice. I took the Beanactil. Yes I did it twice. I took the beanactil once and then another time I took the Seroquel. There was a code going on the unit and nobody was watching and I took them out of the unlocked med cart"stole" is a relative term, I took my own pills from my drawer. I didn't take anybody leas's medications	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULD BE CROS REFERÊNCED TO THE APPROPRIATE	E CROSS- COMPLETION		
and inquired as to whether Patient #2 knew (Staff	A 502	reports.  On 11/30/2020 at app Member #1 (Quality) if file that (Staff Membe or (Staff Member #4-about this. (Staff Member." There was doct the facility had made if rounds sheet" on 11/2 Cart is secure was at According to Staff Meround on the units at I utilize this document of According to these "at carts were found unlo 11/3, 11/4, 11/5, and 10 on 11/30/2020 at 2:30 interviewed Patient #1 patients therapist (Statted, "I know why you talked tothe person her name was (name) about it" The surve had taken the medica sure did. I stole the pives I did it twice. I too then another time I too a code going on the u watching and I took the medications! was gonort them" The surve whether anyone from (patient) about what (if	proximately 12:15 p.m., Staff stated, "We cannot find any or #7- former Risk Manager) Director of Nursing) had mber #7) no longer works umentation presented that an adjustment to their 3/2020 and that "Medication dded to this document. mber #1, Leadership staff least "once a shift" and during those rounds. udit documents medication cked on various units on 11/6/2020.  D.p.m., the surveyor I in the presence of the aff Member #5). Patient #1 pu're here. I figured I'd be from Social Services, I think by came and talked to me by a sked Patient #1 if they stions. Patient #1 stated, "I ills Seroquel and Lamactil. Dok the lamactil once and ook the Seroquel. There was mit and nobody was hem out of the unlocked relative term, I took my own I didn't take anybody else's soing to crush them and rveyor inquired as to the facility had interviewed the patient) had admitted to	A 502	Audits are conducted via a tool that contains a check if medication carts a locked. This tool is then given the Dir of Quality. The Pharmacist audits incof medication cart reconciliation via autool that contains the number of times reconciliation was completed. This dathen compared to the data reported by Nursing Leaders concerning carts four be unlocked, or concerns with missing medication. Data is reported daily in and aggregated data is reported more Performance Improvement Committee Medical Staff, and in Governing Board Any ongoing non-compliance will be addressed through additional training	re rector idents n audit s the ata is y the and to g flash, thly in e,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	I (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		493300	B WING_		C 12/09/2020	
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND HOSPITAL LLC				STREET ADDRESS, CITY, STATE, ZIP CODE  9407 CUMBERLAND ROAD  NEW KENT, VA 23124		
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A 502	"Yes I know (name of no one talked to me of person and you now. Patient #2 if (the patie about the report; and Ma'am. I am telling the pills both times. I trying to do better. I I trying to do letter time dication cart. The in question was dryw.  On 12/1/2020 at 8:45 the timelline and findir and expressed concern the 11/1/2020, there was prevent reoccurrence again reported that the medications from an in The surveyor also dis the facility did not receive time of either reported that the facility did not receive time of either reported that the facility did not receive time of either reported that the facility did not receive time of either reported that the facility did not receive time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the facility did not receive the time of either reported that the fac	is Staff Member #7) and No; except the social services" The surveyor asked ent) was telling the truth Patient #2 stated, "Yes he truth. I did indeed take wish I hadn't, but I did. I am know it was wrong"  documentation provided by hat Staff Member #7 had not dated November 10, (from 11/4/2020) "did not rise was prior to the camera ow the patient accessing the original powdery substance all dust"  a.m., the surveyor reviewed has with Staff Member #1 am regarding the lack of revention for both reports of ten. The surveyor lat once reported on no plan put in place to and on 11/4/2020 it was a patient had gotten unlocked medication cart. It cussed the concerns that oncile medication carts at ont to determine whether issing and whether the drywall dust or crushed	A 50			
	Pharmacist on 12/1/2 Member #6 stated, "T	020 T 1:20 p.m Staff he medication carts are Fridays. We do a cart fill				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	) (X2) MULTI A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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A 502	report that tells us ho in each cart for each look at the contents of was a crushed substituted and it was a cart it cart it was a cart it wa	ow many (medications) to put (patient)I was asked to of the medication cup and it ance, but did not look like I tint to itI wasn't told what there are a lot of medication sked if Staff Member #6 had I that time, the Staff Member I lot of medications drawers en asked if (Staff Member I lot of medications drawers en asked if (Staff Member I lot of the were two reports, ited they were only asked to substance on one occasion. Ited, "The tech who fills the any doses missing and we a patient missed a dose of cussed the concerns with 12/1/2020 at 8:45 a.m. and at 10:17 a.m. (Staff and 4.) The concerns were	A 5				