

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

December 22, 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 revised 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. We feel that the plan contained within addresses the identified deficiencies in a manner that resolves the issues with expediency as well as providing a framework to create sustainable change. In addition, we have now entered into a contract with Joint Commission Resources to provide an external review of the operations of Cumberland Hospital for Children and Adolescents. We remain 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_a

Garrett Hamilton Chief Executive Officer

Cumberland Hospital for Children and Adolescents

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		493300	B. WING		C 12/09/2020	
	ROVIDER OR SUPPLIER	<u> </u>	94	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 SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAR CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 000	survey was conducted 12/9/2020 by three (3) Inspectors (MFI's) from and Certification (OLI Health (VDH). The fawith 42 CFR Part 482 Participation for Hospital Jeopardy was identified Areas of concern idea 482.12 of Participation 482.13 Participation 482.13 Participation 482.13 Participation 482.13 Participation 482.21 Participation 482.21 Participation 482.21 Participation 482.23 of Participation 482.23 of Participation 482.23 (b)(6) Participation 482.23 (c)(1),(c)(1)(i) Medication Administration 482.25 Condition of Participation 482.25 Condition of Participation 482.25 (b)(2)(i) Services- Secure Stochastic Substitute 182.25 (complaint #VA00050 found to be SUBSTA	edicare/Medicaid complaint d 11/30/2020 through b) Medical Facilities om the Office of Licensure C), Virginia Department of cility was not in compliance 2 for the Conditions of bitals. on a finding of Immediate ed at 482.13 Patient Rights. Intified included the following: Governing Body - Condition Patient Rights- Condition of Patient Rights-Care Patient Rights-Free QAPI - Condition of OAPI- Patient Safety Nursing Services - Condition Nursing Services and Procedures (c)(2) Nursing Services- ation Pharmaceutical Services- ation Pharmaceutical prage Dog1 and VA00050244 were NTIATED with deficient	A 000	By submitting this Plan of Correction, facility does not admit that it violated to regulations. The facility also reserves right to amend the Plan of Correction necessary and to contest the deficient findings, conclusions, and actions of to agency.	he the as cies,	
LABORATORY	DIVECTOR SOR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE	
/	J DC			Chief Execute Officer	12/22/2020	

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 Obsolete

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
		493300	B. WING		12/	09/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	121	03/2020
(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)		COMPLETION DATE
A 000	acceptable plan of re GOVERNING BODY CFR(s): 482.12 There must be an eff	ion level. facility remained in due to failure to present an moval.	A 00			
	If a hospital does not governing body, the protection of the sased on complaint Immediate Jeopardy, did not provide oversthe protection of the sailing to substantially. The findings include: A finding of Immediate 12/1/2020 regarding safe setting and protection of the sailing to substantially safe setting and protection of the sailing to substantially safe setting and protection of the sailing to substantially safe setting and protection of the facility which could have result to the facility failed to follow for the investigation of the sailing to substantial the sailing safe setting and protection of the sailing safe setting and protection of the facility failed to follow for the investigation of the sailing safe setting and protection sailing safe setting and protection sailing safe setting sailing sailing safe setting sailing sai	have an organized persons legally responsible hospital must carry out the this part that pertain to the not met as evidenced by:		keeping carts locked at all times the Assistant Director of Nursing immediately upon receiving the immediate jeopardy notification. Further, all nurses arriving for shifts evening and night and follow days were provided with the same training prior to beginning their in shifts to ensure that all nurses witrained. The Assistant Director of Nursing the Chief Nursing Officer complet unit rounds immediately upon resoft the immediate jeopardy notification to assess the status of medication carts. All carts were noted to be properly secured and in the lock position at the time of these observations. The Chief Operating Officer revisite Observation Rounds Audit to Unit Coordinators and Nursing Supervisors to include observation staincludes that unit medication carts includes that	ifts ring ne ext ere g and eted ceipt ation on ed sed ool for ons of y a atus	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		493300	B. WING		C 12/09/2020
	ROVIDER OR SUPPLIER	-L.	94	TREET ADDRESS, CITY, STATE, ZIP CODE 407 CUMBERLAND ROAD IEW KENT, VA 23124	12/09/2020
(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 (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATI DEFICIENCY)	SS- COMPLETION
A 043	unlocked medication put into place a plan promote patient safe. On 12/1/2020, a Staby the arms and "sh and began yelling at investigated and and however the facility complaints concerni patients by staff. The although may have by the facility, demo regarding systemic for protection of patient facility has failed to facility in recognizing establish sustainable of these concerns. See the following tages the following tages and the patient right A0145- Patient Right A0145- Patient Right A0145- Patient right A0263- QAPI - Cond A0286- QAPI - Patient A0385- Nursing Ser Participation A0398- Nursing Ser facility Policies and A0405- Nursing Ser Administration - Bast A0489- Pharmaceut Participation A0502- Secure Stores.	in cart. The facility failed to a to prevent recurrence and ety. Iff Member grabbed a patient oved" the patient into a chair of the patient. The facility diaddressed the concern, has experienced multiple and allegations of abuse of these allegations, which been identified and addressed instrated a recurring concern failure of the facility regarding is. The Governing Body of the provide oversight to the grand ensuring the facility is plans to prevent recurrence its. Care in a Safe Setting is. Free from Abuse into of Participation int Safety vices- Condition of vices- Nurses must adhere to Procedures vices - Medication is Safe Practices tical Services Condition of	A 043	 Occurrences of unlocked or imposecured medication carts obser require immediate action by the manager performing the observed Actions may include securing the identifying the staff responsible error, and corrective action (updisciplinary action) for the staff responsible for the cart at the time observation. As additional corrective action for observed noncompliance of a security (locked) medication cart, the pharmacist is to be notified by the observing manager to perform a immediate reconciliation of the medications contained in the case an observation of noncompliance made during off-hours, the expension of the medication of the medication observed be performed by the pharmacist during their next inshift. On 12/1/2020 – Cumberland Hospitt immediate action to investigate the a incident of staff abuse to a patient a follows: The Unit Coordinator immediate responded to the area of the undisruption and removed the starmember from the vicinity of the The Unit Coordinator interviewed patient in her room to determine cause of the disruption. The patient in her room to determine cause of the disruption. The patient in her room to determine cause of the disruption. The patient in her room to determine cause of the disruption. The patient in her room to determine cause of the disruption. The patient in her room to determine cause of the disruption. The patient in her room to determine cause of the disruption. The patient in her room to determine cause of the disruption and yelling at her into a chair and yelling at her into a c	ation. The cart, for the to The of The cart The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* * *	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	493300	B. WING		C	
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	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAG CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
12:20 p.m. After revice Centers for Medicare the State Agency, the unacceptable and the Immediate Jeopardy p.m The facility Lea 2, 3, 4, 8 and #13- Consequence Regulatory Director) the plan not being acceptable Jeopardy remaining in A 115 PATIENT RIGHTS CFR(s): 482.13 A hospital must prote patient's rights. This CONDITION is Based on complaint solumediate Jeopardy, ensure the protection safe environment and abuse thus failing to solution. The findings include: It was reported two pounlocked medication Lamactil (Lamotrigine stabilizer medication) some of the medication 10/31/2020. It was recon 11/01/2020. The finvestigation and put	findings on 12/9/2020 at iew and consideration by the e 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, proporate Regional were notified at that time of cepted and the Immediate in effect. In the facility staff did not in of the patients rights to a did to be free from all forms of substantially comply with this in each, taking the medication exclusively finding and "snorting" on. This occurred on a ported by Patient #1 and #2 facility failed to conduct a full a plan in place to prevent a 1/4/2020, Patient #1 and #2 facess an unlocked	A 043	 Per Cumberland Policy on Suspected Abuse and Neglect Patient, the Unit Coordinator notified the senior supervisor duty of the occurrence and suspended the employee pen further investigation of the allegation. The employee immediately left the facility and not work another shift at the facility. The attending physician and the patient's legal guardian were notified of the incident. The associated allegation was entient to the facility's internal incident reporting system for further for up and investigation. 12/2/20: The incident was reported to Director of Risk Management who immediately reported the incident to the New Kent County Department of Soci Services, and they reported the incident to the Virginia Department of Health. On the morning of 12/2/2020, the Manager completed an investigation and with other leadership member determined actions to be taken. Elements of the investigation incluthe following: A camera review of the incident. Interviews with the patient, unit coordinator, and other staff membersent on the unit at the time of occurrence. 	on ding ding did he ered ent flow- the ne al ent to Risk tion ers, uded	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) AND PLAN OF CORRECTION (X3) AND PLAN OF CORRECTION (X3) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) AND PLAN OF CORRECTION (X3) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X3) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) PROVIDER/SUPPLIER/CLIA (X5) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/SUP		(X3) DATE SURVEY COMPLETED			
		493300	B. WING_		C 12/09/2020
	ROVIDER OR SUPPLIER LAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 115	Seroquel (Seroquel- antipsychotic medicir medications intending as was documented i was no evidence the this issue until 11/6/2 investigation was con interviewed by the su regarding the allegati and stated the allegat was no longer residin be interviewed. It was reported a staf patient by the arms a a chair and yelled at to n 12/1/2020. The fa member immediately An investigation of the and determined it to a staff member was ten presented the survey inservices conducted which the event occu "Power Struggles and Inservices were docu on 12/4/2020. Inserv with all direct care sta 12/8 and 12/9/2020. The survey team disc Members #1, 2, and a the concerns regardin received by the state care issues and abus discussed with the far allegations demonstra with regard to action	quetiapine] is an e.) and crush the g to "snort" the medication in the clinical records. There facility had begun to address 020 and no formal/full ducted. Patient #1 was reveyor on 12/1/2020 on of taking the medications tions were true. Patient #2 g at the facility and could not f member "grabbed" a nd "shoved" the patient into the patient. This occurred cility suspended the staff pending the investigation. It is allegation was completed be substantiated and the minated. The facility team with evidence of with staff of the Unit on the inservices were and Neglect". If Abuse and Neglect is mented as being conducted in the inservices were then conducted in the inservices were the inservices we		o The Assistant Director of Nuinitiated disciplinary action for employee based on the substantiated findings noted the Director of Risk Manage notified New Kent County South Services of the incident of substantiated patient abuse. On 12/4/2020, based on the substant findings, the employee was terminate From 12/1/20 to her termination on 12/4/2020, the employee did not have contact with Cumberland patients foll the incident with the complaining patient incident with the complaining patient or aunits, evening shift patient care staff re-educated on "Avoiding Power Struand "Abuse and Neglect" by the Assis Director of Nursing upon receiving the immediate jeopardy notification. Furtiall nurses and other patient care staff arriving for shifts subsequent to jeopa notification were provided with the satraining prior to beginning their shifts. The facility's Director of Regulatory Compliance, Chief Operating Officer Chief Executive Officer, as core memof the facility's Quality Improvement Committee, met on 12/7/2020 to discount the immediate jeopardy quality finding identified by the agency. The core te retrospectively reviewed recent and ongoing corrective action plans and determined that while numerous improvements have been made in terincident identification, incident	by ment. ement ocial diated ed. e any owing ent. e were ggles" stant e her, ardy me and obers uss gs am

AND PLAN OF CORRECTION IDENTIFICATION NUMBER			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		493300	B. WING _		C 12/09/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	12/03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 115	and sustainable plans prevent recurrence. The facility presented Immediate Jeopardy (12:20 p.m. After revice Centers for Medicare the State Agency, the unacceptable and the Immediate Jeopardy (p.m The facility Lea 2, 3, 4, 8 and #13- Co Regulatory Director)	a plan of removal for the findings on 12/9/2020 at each and Medicaid Services and plan was determined to be facility remained in as of 12/9/2020 at 3:00 dership (Staff Members #1, proporate Regional were notified at that time of cepted and the Immediate		management and required reporting, if 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 qualified the eaders need to expeditiously enhance culture of quality and patient safety amongst its direct care staff members team further agreed to proceed with initiatives to facilitate changes in staff perspectives, behaviors, and actions the align with the organization's committed quality patient care, reduction of serior incidents, and a culture of patient safe. The plan for comprehensive quality improvement and culture of staff accountability includes the following initiatives:	quire The as ty e the . The s to fully ent to us
A 144	CFR(s): 482.13(c)(2) The patient has the risetting. This STANDARD is r Based on patient inteclinical record review, and during the course investigation, it was d failed to ensure each	ght to receive care in a safe not met as evidenced by: erview, staff interview, review of facility documents of a complaint etermined the facility staff patient received care in a d the potential to affect every facility.		1. Intensive Staff Training: On 12/7/2020, the facility's CEO contactorporate Clinical Training and Educator scheduling of an outside resource provide intensive staff training to Cumberland's direct patient care staff request for training included topics relatored preventing and managing power struggles with patients, milieu manage verbal de-escalation, and abuse and neglect recognition. The training is intensity to extend staff's knowledge and experimanaging 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 tater than 12/31/2020. This training	ation to The ated ement, ended tise in rs.

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XD PLAN OF CORRECTION UMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED		
					С
		493300	B. WING _		12/09/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CHADED.	1 AND HOODITAL LLC			9407 CUMBERLAND ROAD	
CUMBER	LAND HOSPITAL LLC		1	NEW KENT, VA 23124	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E/ CORRECTIVE ACTION SHOULD BE CRO: REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLÉTION
A 144	removing Lamactil or on 11/4/2020, crushin intent of "snorting" the self reported they had after the first report, investigate and put a reoccurrence. There put in place to protect future occurrence aft. Patient #1 was admit the clinical record was Nurse) Assessment" "11/1/2020 2000 (8:0 snorting crushed med cart on 10/21/20 (4:00 a.m.) it was doe observed acting strancheck (every fifteen rewas attempting to hick white substance that became agitated wheeleventually stated that med cartSuperviso situation" A "Medical 11/2/2020 evidenced to staff yesterday that medications covertly behavioral code was along with another pathave crushed and intications in the supervisoral code was along with another pathave crushed and intications" On 11/4/20 "Medical Progress Not staff found (patient) was staff found (patient).	in 10/31/2020 and Seroquel ing the medications with the medications. The patients id taken the medications. The facility failed to a plan in place to prevent was no investigation or plan of the patients and prevent ter the second report as well. The se		plan has been modified for all staff to complete the training no later than 12/27/20. The intensive education p further specifies that this custom-des curriculum, entitled "Prevention First Training" will be a required new-hire orientation course for all direct care s well as required annual training for extaff continuing education and staff development. A program description of the "Preven First" training specifies the curriculum follows: Provides videos and a consistent message for staff, and includes we room and nursing station scenariex examples. Focuses on Verbal De-escalation Crisis Prevention and Workplace Violence Prevention. The Chief Executive Officer created time Staff Educator position which was posted internally and externally. The employee orientation and education program, and the annual education accompetency program are a priority for review and revision. The purpose of position is to develop the hospital wide education and training program included New Employee Orientation. The Staff Educator assists department manage the education and training needs of shased on requirements of Joint Commission, OSHA, CDC, State and Federal Guidelines. Our patient popularly be the central focus of the training both new orientation and annual education field. The Staff Educator collaborates with Management, Employee Health and Obisciplines to provide in-services for a of risk.	elan igned staff as kisting tion n as t waiting ios as n, a full as new nd r the le ding ff ers with taff slation g for cation. Risk Clinical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						С	
	_	493300	B. WNG _		1	2/09/2020	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP	CROSS-	COMPLETION DATE	
A 144	confiscated from (pataking place"	atient)an investigation is		The priority for this role on hire indevelop hospital wide education training program including the N Employee Orientation Program. The Chief Nursing Officer developmented a new nurse and to	and ew oped and	The state of the s	
	suicidal precautions revealed a note date p.m.) which docume admitted taking crus 10/31/2020 and sno Note" dated 11/2/20 (patient) reported to medications from a date of Afterwards (patient) inhaled them with an documentation provion 11/6/2020 "the papossession of contra (patient) turned in a (patients) therapist in	claims to have crushed and nother peer" Further ided by the facility evidenced atient reported (patient) was in aband (medication) and powder substance to a small plastic bag with probes that appeared to		preceptorship program. She sel to serve as preceptors for the up January 4th orientation. These s provided education and training expectations of a preceptor and complete an orientation checklis was provided via a preceptor ch. The Chief Nursing Officer met w preceptor individually to do the t The Chief Nursing Officer will be this orientation for the next upco orientation process starting Janu 2021. She will meet with new st daily check-in with preceptors do week of unit based orientation. It is assure that the orientation is rigorial that the checklist is completed appropriately.	ected staff coming taff were regarding how to t. Training ecklist. th each raining. managing ming ary 4, aff for a uring the She will		
	documentation of the reports. On 11/30/2020 at ap Member #1 (Quality) file that (Staff Member #4 about this. (Staff Member with documentation whad been filed and "I findings of investigat #2 (Chief Operating)	proximately 12:15 p.m., Staff stated, "We cannot find any er #7- former Risk Manager) - Director of Nursing) had ember #7) no longer works r #1 provided the survey team what evidenced the report Plan of action pending ion". Staff Member #1 and Officer) also provided the mmunication between		The quality improvement correct plan also includes a process for reporting of serious incidents to social services agency as well as regulatory agency who has deer oversight of the facility's complia CMS Conditions of Participation, analysis of previously investigate at the facility by the core quality discovered that on multiple occa facility identified, investigated, m and reported known incidents ap to the local social services agency the local agency was reporting to	ive action dual he local is the state ned ince with The id incidents ream sions, the anaged propriately by but that		

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DPLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			3) DATE SURVEY COMPLETED			
					3900	,	c
		493300	B. WING			l	09/2020
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 12	00.2020
				940	07 CUMBERLAND ROAD		
CUMBER	LAND HOSPITAL LLC			NE	EW KENT, VA 23124		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EAC		(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	S-	DATE
A 144	the October 31 report Staff Member #7 wrof "immediate action to I nursing staff failing to procedure for locking carts" There was do the facility had made "rounds sheet" on 11/Cart is secure" was a According to Staff Meround on the units at utilize this document According to these "a carts were found unlo 11/3, 11/4, 11/5, and documentation that the on 11/5, 11/9, 11/10, a that "Medication Carts discussed. On 11/30/2020 at 2:36 interviewed Patient #1 patients therapist (Stastated, "I know why you talked tothe person her name was (name about it" The survey had taken the medical sure did. I stole the pyes I did it twice. I too then another time I too a code going on the unwatching and I took the medicart"stole" is a pills from my drawer.	discussed the allegation for In one of the documents, the on November 2 that the taken in regards to follow the established and securing medication ocumentation presented that an adjustment to their 13/2020 and that "Medication dided to this document. Imber #1, Leadership staff least "once a shift" and during those rounds. Undit documents medication to the occurrence of the area were "Staff Meetings" and 11/11/2020 with a note is being locked" was 10 p.m., the surveyor 1 in the presence of the aff Member #5). Patient #1 ou're here. I figured I'd be from Social Services, I think to the course and talked to me eyor asked Patient #1 if they stions. Patient #1 stated, "I ills Seroquel and Lamactil. Ock the lamactil once and ock the Seroquel. There was			oversight agency without the results of either their own or the facility's investigations or corrective actions; leat to a second regulatory investigation by deemed state agency; which were frequently disposed as "substantiated" complaints but with no deficient practic the facility. The facility has corrected the redundant complaint investigations by having the Director of Quality and newly hired Director of Quality and newly hired Director of Risk Management, process the final results of internal investigations on reportable serious incidents jointly. The Director of Risk Management is responsible for reporting serious incidents to the local Social Services agency and the Regulatory Oversight agency, ensuthat incident reporting is consistent, tin and contains evidence of a complete internal investigation with disposition, findings (if any), evidence of standards compliance, and corrective actions tak as applicable. The facility established process during a planning meeting with Director of Quality, Director of Risk Management, Chief Operating Officer Chief Executive Officer on 12/8/2020. 3. Establishment of a Performance Improvement Executive Committee, with provides explicit oversight of the facility internal quality control initiatives, included the internal quality control initiatives, included the improvement initiative to reduce the numerous initiative to reduce the numerous control in the control initiative to reduce the nume	ading the ce at ncy in ector ector ents d to uring nely en, this n the and ettee: nent ice nich y's ding imber	
	snort them" The su				of serious incidents directly involving p care staff employed by the facility.	atient	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED	
		493300	B. WING		12	C 2/09/2020	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		BE CROSS-	(X5) COMPLETION DATE	
A 144	and inquired as to wi Member #7- Risk Ma "Yes I know (name on one talked to me one talked to the pills both times. Trying to do better. I will be the facility revealed to the facility revealed to the facility revealed to a level III and this review that did not should be the time of the time one talked to the time one talked to the time of the time of either reported that the medications from an one the time of either reported that the facility did not red the time of either reported that the medications were mi substance was truly of medications.	(the patient) had admitted to nether Patient #2 knew (Staff mager). Patient #2 stated, f 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 I wish I hadn't, but I did. I am know it was wrong" documentation provided by hat Staff Member #7 had ent dated November 10, (from 11/4/2020) "did not rise was prior to the camera now the patient accessing the ending of the patient accessing the ending with Staff Member #1 ern regarding the lack of ervention for both reports of ken. The surveyor		The members of the Performa Improvement Executive Comm Cumberland's Chief Executive Chief Operating Officer, Direct Director of Risk Management, Nursing Officer. In addition, the Divisional Director of Clinical Scorporate Regional Vice Prese Corporate Senior Regional Vice Corporate Risk Manager, and Divisional Director of Nursing a committee provides external eregulatory matters to include the sustained compliance with CM of Participation. The additional corporate members provides a current systems, assists in the development/revision of procesystems, and development of and robust systems that promof safety and to hold facility lead accountable for the timely import these processes and system committee meets on a weekly Meetings will be held for a min weeks or until the plan of correimplemented and data shows improvement. The meeting accincludes: compliance rates with staff training requirements, retraining needs, scheduling of extraining resources if needed, the status of internal investigations actions taken as a result of suinvestigations, monitoring of caction plans, and status of extreporting requirements as apparticities of the Performance In Executive Committee are furth summarized and reported to the summarized a	nittee are Officer, or of Quality, and Chief the Corporate Services, ident, the President, Corporate on the expertise on the facility's the Sconditions of the oversight of the sess and sustainable ote a culture adership thementation the basis. the basis. the basis. the direct care the direct care the direct care the direct care the current the current the currective the stantiated the currective the currecti		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED	
		493300	B. WING		1:	C 2/09/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI		L/03/2020	
OUMBED				9407 CUMBERLAND ROAD			
COMBER	LAND HOSPITAL LL	C		NEW KENT, VA 23124			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	D BE CROSS-	COMPLETION DATE	
A 144	reviewing Appendix Supervisory Staff of Immediate Jeopard Centers for Medica (CMS). On 12/1/20 Leadership (Staff Member #1- Quality and Staff Member notified of the finding a plan of removal with the conducted a follow (Staff Member #5) #5 stated, "(Patient (patient) shared with that was shared with another peer, so (presponsibility for do another peer, and the formal of character I can but I was told the swould be possible for the survey team in Pharmacist on 12/10 Member #6 stated, filled on Tuesday and report that tells us I in each cart for each look at the contents was a crushed submedications, it had drawer it came from drawers" When a reconciled the cart stated, "No. That's to look through." W	or Q notified the State Agency of the findings/concerns for ordy. The SA consulted the ore and Medicaid Services O20 at 10:17 a.m., the facility of Member #3- CEO, Staff order, Staff Member #2- COO, order Chief Nursing Officer) were order of Immediate Jeopardy and ovas requested. 2/1/2020, the surveyor order interview with the therapist of Patient #1. Staff Member		Governing Board as an agen Board's monthly scheduled in 4. Focused External Survice Reviews Cumberland Hospital and Colleadership contacted with JC external consulting group to device of hospital systems are external feedback. The contisigned on 12/22/20. Results review will be shared with Colleadership and the Cumberla Executive Performance Improvement Committee will working document and issues the report will be a main focus committee. Results of the coreviewed by the Governing B. As additional reinforcement of team's commitment to correct quality concerns within the fateam resolved to engage the Divisional Director of Clinical perform quarterly surveys of the facility for a period of one surveys will specifically focus the facility's compliance with Conditions of Participation, stareas of concern. The first standance beginning in 1st Quarter year 2021. The Director's fin observations will be commun Performance Improvement E. Committee via an action-item report will be reviewed during meeting until the identified decorrected. The facility will fur plan for sustainability in response.	rporate CR Inc., an complete a and provide ract was of the external reporate and Hospital ovement mance consider this a sidentified in s of the insult will be oard. of the core ting repeated cility, the core Corporate Services to the CoP's at year. The on assessing CMS tarting with the curvey will be of calendar dings and icated to the executive report. The the weekly efficiencies are ther include a	12/27/2020	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
		493300	B. WING		С
NAME OF D	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2020
NAME OF FI	ROVIDER OR SUPPLIER				
CUMBER	LAND HOSPITAL LLC			9407 CUMBERLAND ROAD NEW KENT, VA 23124	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION (E	ACH (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIAT DEFICIENCY)	
A 144	Continued From page			Additional actions based on receipt or report:	f this
		ed they were only asked to			
		ubstance on one occasion.		The Governing Body directed the CE	
		ed, "The tech who fills the		Leadership group to take all corrective actions needed to address findings.	e
		ny doses missing and we		actions recoded to address infamigs.	
	medication"	a patient missed a dose of		Please refer to the following:	
	0- 404 0000 -4 0.00			A0115- Patient Rights- Condition of	1
		p.m., a plan of removal was lity. The plan of removal was		Participation	
	as follows:	ity. The plan of removal was		-finding of Immediate Jeopardy	
	as lollows.			A0144- Patient Rights Care in a Safe Setting	
	A0115 Patient Rights:	Immediate Jeonardy		A0145- Patient rights- Free from Abu	se
		The facility failed to meet		A0263- QAPI -Condition of Participat	ion
		ealth, safety and/or Quality		A0286- QAPI- Patient Safety	
	regulations. PLAN OI			A0385- Nursing Services- Condition	of
	Cumberland Hospital	will correct the immediate		Participation	
	jeopardy finding in 12	/2/2020 with the corrective		A0398- Nursing Services- Nurses mu adhere to	IST
		orrect the conditional level		facility Policies and Procedures	
		ondition of Participation tag		A0405- Nursing Services - Medicatio	n
		PONSIBLE DISCUSSION-		Administration - Basic Safe Practices	
		BLE: Chief Nursing Officer		A0489- Pharmaceutical Services Co	ndition
		12-1-20. A144 PATIENT		of Participation	
	a medication cart was	SAFE SETTING- Observed:		A0502- Secure Storage of Medication	ns
		ess to medications. A			
	Patient accessed the			Responsible:	1
		0/31/2020 and 11/4/2020.		Chief Executive Officer	
	•	n in place after becoming			
	aware of the first incid				
		ent shared medication with	4116		
İ	another patient who v	vas on suicide precautions.	A115	Please refer to the following:	
	There is evidence tha				
		a serious adverse outcome		A0144 and A0145.	
	is likely as a result of				
		ows: the patients were put			
		g reaction, overdose,			
		ying conditions, and/or			
		ed for immediate action to			
	include prevention of	further occurrences, to			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
							С
		493300	B. WING			12	/09/2020
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
CUMBER	LAND HOSPITAL LLC			1			
				N	IEW KENT, VA 23124		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPLETION DATE			
A 144	maintain safety and por death. PLAN OF Conurses were inserviced storage, safety and ketimes by the Assistant immediately upon recipient particular in the same training with the same training with the same training shiftsThe Assistant Chief Nursing Officer immediately upon recipient particular in the property secured and time of these observations shift by a nurse manainclude that unit mediand property secured Occurrences of unlocation carts observation. Actions cart, identifying the stand corrective action the staff responsible fobservation An addobserved noncompliamedication cart. the path observation of the modern cart. If an observation call is supervisor and a reconstruction and a re	corevent patient harm, injury CORRECTION: -Day shift ed on medication cart eeping carts locked at all to Director of Nursing seiving the immediate Further, all nurses arriving and night will be provided grior to beginning their Director of Nursing and the completed unit rounds seipt 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	A144	1	 The Chief Nursing Officer educate nurses on safe storage of medical carts, keeping carts locked at all the and reporting when a cart is found unlock or not secured. This educt was completed in Health Stream of PowerPoint with competency test. The Chief Nursing Officer and Dire of Pharmacy reviewed and revise Policy and Procedure for reconcing 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 of noncompliance is made during hours, the expectation is that the pharmacist on call is notified by the nursing supervisor and a reconciling of the medication cart observed we performed by the pharmacist during their next in-person shift. The Chief Nursing Officer educate nursing leadership team and the unurses on what to do when a cart found unlocked, or a medication of during a code or when not in use. Education included securing and locking medication of during a code or when not in use. Education included the current proasuritten above. Education was 1:1 basis with understanding of expectations verified by written attestation Education regarding locking 	tion imes, d ation via ation via ing. ector d the ling nere is g. acist vation off- ne iation rill be ng ed the unit was vas carts	12/27/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							С
		493300	B. WING			1:	2/09/2020
	ROVIDER OR SUPPLIER	c		940	REET ADDRESS, CITY, STATE, ZIP CODE 07 CUMBERLAND ROAD EW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
A 144	in-person shiftSta after 12/1/2020 will cart safety prior to scheduled shift unt training. PERSON DISCUSSION-PEI Nursing Officer. C 12/1/2020. Quality / Improvement- The Compliance, Chief Executive Officer, a facility's Quality im 12/7/2020 to discus findings identified to retrospectively revi corrective action pl numerous improve terms of incident id management and r actions to-date con to achieve a desire incidents involving The team determin cumulative actions solutions, the facility expeditiously enha patient safety amore members. The tea with initiatives to fa perspectives, beha with the organizatio patient care, reduct culture of patient sa comprehensive qua of staff accountabil initiatives: 1. Intensive Staff T facility's CEO conta	aff Nurses arriving for shifts I be educated on medication reporting to the unit for their iil all staff nurses have received RESPONSIBLE RSON RESPONSIBLE: Chief OMPLETION DATE: Assessment and Performance facility's Director of Regulatory Operating Officer and Chief as core members of the provement committee, met on as the immediate jeopardy by the agency. The core team ewed recent and ongoing ans and determined that while ments have been made in entification, incident equired reporting, the facility's tinue to require focus in order d reduction in occurrences of Cumberland staff members. ed that in order for it's to be sustainable as long-term by's quality leaders need to note the culture of quality and angst its direct care staff m further agreed to proceed cilitate changes in staff's viors, and actions to fully align on's commitment to quality tion of serious incidents, and a	A	144	medication carts, securing medication been incorporated into New Em Orientation and annual nursing pharmacy orientation. On 12/1/20 the Chief Operating revised the Observation Round tool for Unit Coordinators (Nursing Managers) and Nursing Supervised the Mursing Supervisors. Secure temperature probes was added tool. Occurrences of unlocked improperly secured medication will require immediate action by manager performing the observations will include securing the identifying the staff responsible error, and corrective action (up including termination) for the st responsible for the cart at the ti observation. The Chief Nursing Officer educ Unit Coordinators and Nursing Supervisors concerning correct actions for staff responsible for when policy is not followed. The education occurred 1:1 with understanding of expectations to by signed attestation. In order to address repeated in and complaint investigations, the Director of Risk Management of and reconciles incidents daily dand after, flash. Specifically, the Nursing Officer/designee review	Officer s Audit e isors to e ne once r and/or ing of to this or carts the ation. e cart, for the to and aff me of etc attended the cart is verified cidents e eviews uring, e Chief	

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			12/	09/2020
	ROVIDER OR SUPPLIER			94	REET ADDRESS, CITY, STATE, ZIP CODE 07 CUMBERLAND ROAD EW KENT, VA 23124	12.7	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ζ .	PROVIDER'S PLAN OF CORRECTION (EAR CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 144	scheduling of an outs intensive staff training patient care staff. Thincluded topics relate managing power strumanagement, verbal and neglect recogniti to extend staff's known managing challenging facility was assigned course content was scheduled this educa commencing 12/11/2 later than 12/31/2020 plan further specifies curriculum, entitled "I be a required new-hiddirect care staff as we training for existing sistaff development. A Program description training specifies the Training for non-direct and crisis awareness Immediate training sturing COVID-19. Provides-non classift ont required to have in preventing and ma Provides videos and staff and includes was station scenarios as a Can be used as remeat any time. Focuses on de-escal workplace violence post effective and strips.	dide resource to provide to Cumberland's direct to request for training to to preventing and ggles with patients, milieu de-escalation, and abuse on. The training is intended wiedge and expertise in g patient behaviors. The a corporate educator and auggested. The facility has a corporate educator and auggested. The facility has a corporate education this custom-designed Prevention First Training" will be orientation course for all the education and the continuing education and the prevention First Training will be orientation course for all the education and the prevention First Training will be orientation course for all the education and the prevention First Training will be orientation course for all the education and the prevention First Training to the prevention and the prevention of the prevention First Training to the prevention of the prevention first Training to the prevention and the prevention of the prev	A	144	Nursing Supervisor report in flash reports incidents from the past 24 hours. The Director of Risk Management compares the incide reported in flash and the Midas (incident reporting system) report assure that all incidents are enter and investigated. Incidents of ab and neglect, and serious incidents then reported to Virginia Departm Health. The Corporate Director of Risk Management and Corporate Divis Director of Clinical Services proviceducation and training to the Hos Director of Risk Management on reviewing, reconciling, investigating reporting incidents, and developming plans to prevent future recurrence. The RM Director was also provide guidelines for timeliness of complications for timeliness of complications and corrective accurrence of the investigations and corrective accurrence of the Director of Risk Management 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 Senion Leader and the Chief Executive Ostaff receive appropriate corrective action based on the results of the investigation. Inappropriate staff behaviors report of the staff member's manager and Chief Executive officer. Staff suspected of abuse and neglect was supported to the staff member's manager and Chief Executive officer. Staff suspected of abuse and neglect was supported to the staff member's manager and Chief Executive officer. Staff suspected of abuse and neglect was supported to the staff member's manager and Chief Executive officer. Staff suspected of abuse and neglect was supported to the staff member's manager and Chief Executive officer.	ents to ed buse s, are ent of sional ded pital ng, nent of es. ed etion ctions. id out t patient s. r Officer. we	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	493300	B. WING		12/09	9/2020
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC		94	TREET ADDRESS, CITY, STATE, ZIP CODE 407 CUMBERLAND ROAD EW KENT, VA 23124		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
serious incidents to the agency as well as the who has deemed ove compliance with CMS. The analysis of previorat our facility by the contract on multiple occass investigated, manage incidents to the local sthat the agency was moversight agency with own or the facility's interestigation by the dowere frequently dispositives the facility. The facility will correct complaint investigation Quality and newly hire Management process investigations on repositives agency and agency ensuring that consistent, timely and complete internal investigations by a planning Quality, Director of ris Operating Officer on 3. Establishment of a	lan will also include cess for dual reporting of le local social services state regulatory agency resight of the facility's Conditions of Participation. Cously investigated incidents for quality team discovered leions the facility identified, d and reported known local services agency but reporting to the state out the results of either their levestigations or corrective lecond regulatory remed state agency which led as "substantiated" led deficient practice at the let the redundancy in lens by having the Director of led Director of Risk let the final results of internal let the final results of internal let to the local Social let to the regulatory Oversight lincident reporting is le contains evidence of a lestigation, findings, evidence lence, and corrective actions The facility established this let meeting with Director of let Management, Chief	A 144	suspended immediately pending final investigation. Person Responsible Chief Nursing Officer Monitoring The Leadership Team and Nursing Leadit 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 should a contains a check if medication carts allocked. This tool is then given the Dire of Quality. The Pharmacist audits incomedication cart reconciliation via art tool that contains the number of times reconciliation was completed. This date then 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 monther Medical Staff, and in Governing Board ongoing non-compliance will be addressible through additional training and/or disciplinary action as appropriate. The Director of Risk Management tracks serious incidents such as medication diversions and incidents of abuse and neglect. The Director of Risk Management tracks system) daily to the Corporate Risk Manager and Corporate Director of Cl Services for review. Timeliness and thoroughness of incident investigation assessed. In the instance where the cof the reports is lacking, the Director of the reports	they ea, eand hift. re ector dents audit the ata is y the nd to y flash, hiy in e, t. Any essed cks ment king inical is	

	IDER/SUPPLIER/CLIA IFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				С			
	493300		<u>. </u>	12/09/2020			
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC		\$	STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124				
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE FREGULATORY OR LSC IDENTIFIED	RECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)				
A 144 Continued From page 16 assessment conditions by estate Performance Improvement Executive Which will provide explicit oversinternal quality control initiative limited to, the immediate improvement executive Commediate involving patient care staff emplifications. The members of the participation of Clinical Services. To Division Director of Clinical Services. To Division Director of Clinical Services. To Division Director of Clinical Services of Clinical Services of Clinical Services of Clinical Services. To Division Director of Clinical Services of Committee with CMP Participation. The committee with sustained compliance with direct carequirements, remedial training scheduling of external resource current status of internal invest actions taken as a result of subinvestigations, monitoring of coplans, and status of external rerequirements as applicable. The activities of the Performant executive Committee will further and reported to the facility's Got an agenda item at the Board's scheduled meeting. 4. Condition of Participation: Fourveys As additional reinforcement for commitment to correcting reperconcerns within the facility, the resolved to engage the Corpor Director of Clinical Services to mock survey's at the facility for mock survey'	ecutive Committee, sight of the facility's s, including but not vernent initiative to incidents directly sloyed by the erformance sitee are ector of Quality, ENO, Division the addition of the vices on the expertise on e facility's S Conditions of will meet on a include: re training a needs, es if needed, the igations, corrective estantiated errective action porting to be summarized everning Body as quarterly coused Mock the core team's ated quality core team ate Divisional	A 144	of Risk Management is contacted to ta further action. This process will continat least 4 months. Incidents of noncompliance with incident reporting investigations will be reported to the C Executive Officer, and the Corporate Regional Vice President. Data is aggregated and reported to the Safety Committee, Medical Executive Comm monthly, and Governing Board.	and chief			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCT (X3) MULTIPLE CONSTRUCT (X4) MULTIPLE CONSTRUCT (X4) MULTIPLE CONSTRUCT (X5) MULTIPLE CONSTRUCT (X6) MULTIPLE CONSTRUCT (X7) MULTIPLE (X			•	(X3) DATE SURVEY COMPLETED C	
		493300	B. WING				9/2020
	NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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)		(X5) COMPLETION DATE
A 144	specifically focus on compliance with CM starting with the area survey will be done I calendar year 2021. observations will be Performance Improvia action-item report reviewed during the identified deficiencie will further include a response to the corrounds on the hospiremoval had been inteam did not identify were not secured ar revealed they had rethe facility policy/placarts were locked at that patients were be safety. After review and con Medicare and Medicare and Medicare and Medicare and the Immediate Jeopard p.m The facility Le 2, 3, 4, 8 and #13-0 Regulatory Director	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 of the rement executive Committee of the rement executive The facility plan for sustainability in ective actions taken. O p.m., the survey team made tall units to verify the plan of inplemented. The survey of any medication carts that indicate in the remental times, and eing observed to ensure their medication by the Centers for caid Services and the State of facility remained in the state of the facility remained in the same of 12/9/2020 at 3:00 and each ship (Staff Members #1, Corporate Regional of the Immediate of the EREE FROM ENT		15	Plan of Correction The Chief Executive Officer collabo		12/27/2020
	., .,				The Chief Executive Officer collabor	accu	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		ľ	С
		493300	B. WING			09/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>.</u>	
	·			3407 CUMBERLAND ROAD		
CUMBERI	LAND HOSPITAL LLC			NEW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTOR ACTION SHOULD REFERENCED TO THE APPR DEFICIENCY)	BE CROSS-	COMPLETION DATE
				DEFICIENCY)		
A 145		ght to be free from all forms	A 145	for all direct care staff. This tra hour long computer based lear (Health Stream) module. Preve	te education aining is a 1.5 rning system ention First	
	Based on staff intervi	not met as evidenced by: ew, clinical record review,		training is intended to extend sknowledge and expertise in machallenging patient behaviors.	anaging	
	course of a complain determined the facilit	y staff failed to ensure		The Prevention First Training following:	g includes the	
		rom abuse. Allegations of ntial to affect every patient) 0 1 1 1	A solution to deepen staff of risk and helps unify the by establishing a common	organization	\$
	The findings included:			informed by shared value culture of safety means e	s. A true veryone on	
	Member #12 and put	nt #5 was "grabbed" by Staff shed the patient down into a mber "yelled" at the patient.		staff has the skills to reduviolence. 2. Provides videos and a cons	•	
	Patient #5 was admit			message for staff, and include room and nursing station scer	es waiting	
	clinical record, the fo "12/1/2020 2220 (10) incident w/a (with a)	llowing was evidenced: :22 p.m.) PT (patient) had an staff member when PT did		examples. 3. Focuses on Verbal De-esca Prevention and Workplace Vid Prevention.		
	Staff repeatedly pron	(patient's) medical ment in (patient's) room. npted PT to cooperate and nd pushed staff w/ (with) both st/shoulders. Staff almost fell		Specific objective for the courfollowing: 1. Introduction to Crisis Crisis	- Stages of	
		at patient down in chair and hat (patient) should not put ush people over"		Responding to Some Distress- Communic Perceptions and Unk Contributors to Crisis	ation in Crisis known s	
	Member #8 (Risk Ma evidenced: "While U the unit, the milieu w disruption of a staff r	estigation conducted by Staff anager) the following was C (Unit Coordinator) was in as interrupted with a loud nember standing over the lent. UC went over to inquire		Responding to Defer After the Crisis- Defer All current staff will complete the First training with competency post-test.	oriefing the Prevention	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			7			,	2
		493300	B. WNG				09/2020
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1	00/2020
				94	107 CUMBERLAND ROAD		
CUMBER	LAND HOSPITAL LLC			N	EW KENT, VA 23124		
(X4) ID	SUMMARYST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EAC	СН	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
A 145	Continued From page as to what was happ (patient's) room to ta had happened. Staff patient to room and of patient as (patient) as sent staff member as Patient was tearful at by staff to pack up (pequipment. (Patient) had not packed it to spatient felt (they) were staff did not. (Patient to leave (patient's) rothe staff from (patient staff grabbed the patient of the chair and be incident was immediated interviews with the UM member #11) and Patient found that at 16:45 (visible in (patient's) roan be seen at the different from the different to the staff and shutting member grabs the pasit down in a chair rottime the UM (Unit Maseen in what appear	e 19 ening and took patient to lk with (patient) as to what f Member followed UC and continued to argue with ttempted to talk with UC. UC way from patient and room. In stated (patient) was told patient's) breathing states (patient) apparently staff's expectations as the done packing it up and patient and stated the staff member from and admits to pushing the proof. Patient stated the staff member was pulled to immediate staff member was pulled and home pending further for documentation of the Member Staff Memanager Staff		145		cal r held o e, and tient o met il sk dents nages ly, the eviews lash st 24 ents to red ouse s, are nent of	
	Next at 16:48 the pa (patient's) room (the				The RM Director was also provide guidelines for timeliness of comporting of investigations and corrective a	letion	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		493300	B. WING		C 12/09/2020		
	ROVIDER OR SUPPLIER		94	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 145	(patient) in, the UM v redirect staff out of the with the patientCor and statements above found to be trueFol Member involved in the immediately and their Techs (technicians) a Nurses) for that shift struggles- the trainin 12/9/2020. The UM management which the 12/9/2020." The statement of Parigust finished my brea putting it up when I	walks over and appears to the room and then verbalizes inclusion: Due to the evidence the, this allegation has been flow-Up Action: The staff this incident was suspended in terminated. Behavioral and RN's (Registered are being retrained on power g will be completed by will be retrained on staff will be completed by will be completed by tient #5 evidenced, in part: "I thing treatment and was playfully pushed (name of and (staff member) got upset the chair and started to yell anducted an follow-up anducted the milieu! looked up apper #11 on 12/9/2020 at and stated, "I was astation and a heard a apped the milieu! looked up apper #12) standing over and immediately walked over amber #12) say "Don't put adon't play like that"I told app back and asked (Patient) as I could talk with (patient) aroom). The (Staff Member) aroom and was interrupting aber) to leave. (Patient) was arbat happened(patient said	A 145	There was a strong focus on analysis incidents based on the investigation, a with development of sustainable action plans to prevent repeated and/or furth incidents. Understanding of expectat addressed in training was verified by statestation. 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 Senio Leader and the Chief Executive C The CEO ensures that the appropriate actions to prevent recurrence of events. Inappropriate staff behaving 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 assi all senior leaders specific dates/times rounding responsibilities. On any unit active COVID cases, rounds will be divia 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 interact with patients, and model behavior for when interacting with one another and patients. Rounds and observations at noted on the Leadership Rounds Forr	along er tions signed t satient corriate and for s of gned for s with one be t to ctions staff d with re n.		
		had not done well putting up hat it had irritated (Staff).		Additionally, one of the senior leaders	has		

		IDENTIFICATION NUMBER		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		493300	B. WING		12/09/2020	
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC			94	REET ADDRESS, CITY, STATE, ZIP CODE 107 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	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 145	(Patient admitted to proom and then said (the arms and shoved immediately notified Member) was sent he investigation There a couple of the (patie #12) being rude and , but it was not witnes speak to (Staff Member) and let (Staff Member). I was Member) had been reknow that I was water the facility presented evidence of inservices Unit on which the evidence of inservices were doct on 12/4/2020. Inservite with all direct care st 12/8 and 12/9/2020. The survey team dis Members #1, 2, and the concerns regarding received by the state care issues and abundiscussed with the facility and the urgency and review their systems and sustainable plar prevent recurrence. The facility presented.	oushing staff out of (patient's) Staff) grabbed (patient) by I (patient) into the chairI the supervisor and (Staff	A 145	assigned each day to modify their hou work and will be present at the facility 12-9, providing additional support and leadership to the evening shift when the is less structure. Person Responsible Chief Executive Officer Monitoring Monitoring of effectiveness of training appropriateness of staff interactions we patients is done through the leadership rounding process. Documentation will include completion of rounds to each (with video review allowed for COVID units), observations of staff/patient interactions, and any coaching done we staff. Rounds forms are reviewed dain the CEO, CNO, and Risk Manager will corrective actions needed implemented immediately. Aggregated data on compliance with rounds and appropriateness of staff/patient interactions incidents such as medication diversions and incidents of abuse and neglect. The Director of Risk Management transerious incidents such as medication diversions and incidents of abuse and neglect. The Director of Risk Management transerious incidents such as medication diversions and incidents of abuse and neglect. The Director of Risk Management transerious incidents such as medication diversions and incidents of abuse and neglect. The Director of Risk Management transerious incidents such as medication diversions and incidents of abuse and neglect. The Director of Risk Management transerious incidents such as medication diversions and incidents of abuse and thoroughness of incidents are assess the instance where the quality of the is lacking, the Director of Risk Management transerious incidents are assess the instance where the quality of the is lacking, the Director of Risk Management transerious incidents of noncompliance with incidents of noncom	and vith lip li unit with any ed ctions Pl cks li ement sking linical ed. In reports er is onths.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OMPLETED		
		493300	B. WING		426	- I		
NAME OF PE	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE				
CUMPEDI	AND HOSPITAL LLC		9.	407 CUMBERLAND ROAD				
CUMBERI	LAND HOSPITAL LLC		N	IEW KENT, VA 23124				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	OULD BE CROSS- COMPLET APPROPRIATE DATE			
A 145	12:20 p.m. The plan included the On 12/1/2020 Cumbe	e following: erland Hospital took	A 145	reporting and investigated will be reported to the Chief Executive Officer, and the Corporate Regional Vice President. Eaggregated and reported to the Safet Committee, Medical Executive Commonthly, and Governing Board.	e Data is Y			
	incident of staff abuse. The Unit Coordinator the area and remove vicinity of the patient. interviewed the patient determine the cause patient alleged that a (patient) by grabbing into a chair and yellin Cumberland policy or Neglect of a Patient, the senior supervisor and suspended the e investigation of the al immediately left the fa another shift at the fa physician and the parnotified of the incident	n Suspected Abuse and the Unit Coordinator notified on duty of the occurrence mployee pending further legation. The employee acility and did not work cility The attending tient's legal guardian were it. The associated allegation facility's internal incident						
	investigation. In the morning of 12// Manager was notified Nursing of the allegal suspension of the encompleted the invest the allegation of staff substantiated. Eleme included the following incident. Interviews of coordinator and othe the unit at the time of	2/2020, the facility's risk I by the Assistant Director of tion of abuse and aployee. The Risk Manager igation and determined that abuse to a patient was ents of the investigation g: A camera review of the						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		402200	B. WING		C		
		493300	B. WING		12/09/2020		
NAME OF PE	ROVIDER OR SUPPLIER		ļ	STREET ADDRESS, CITY, STATE, ZIP CODE			
CUMBERI	AND HOSPITAL L	LC	1	9407 CUMBERLAND ROAD			
OOMBER				NEW KENT, VA 23124			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOULD REFERENCED TO THE APPR DEFICIENCY)	BE CROSS- COMPLETION		
A 145	Continued From p	page 23	A 14	45			
	action for the emi	ployee based on the					
		lings noted by the Director of					
		t. The Director of Risk					
		fied New Kent County Social					
		cident of substantiated patient	Ì				
	abuse.	•					
	On 12/4/2020 bas	sed on the substantiated					
	findings, the emp	loyee was terminated. From					
	12/2 to (employed	e) termination on 12/4/2020, the					
	employee did not	have any contact with					
	Cumberland patie	ents following the incident with					
	the complaining p	patient.					
	To immediately pa	revent further occurrences of					
	patient abuse and	d to maintain patient safety on					
	patient care units	, evening shift patient care staff					
		on "Avoiding Power Struggles"					
		Neglect" by the Assistant Director					
		eceiving the immediate jeopardy					
		ner all nurses arriving for shifts					
		ppardy notification will be					
	l •	same training prior to beginning					
	their shifts.						
		ent and Performance			1		
	· ·	e facility's Director of Regulatory			1		
		ef Operating Officer and Chief					
		, as core members of the					
		mprovement committee, met on cuss the immediate jeopardy					
		by the agency. The core team					
		viewed recent and ongoing					
		plans and determined that while					
		vements have been made in					
		identification, incident					
		required reporting, the facility's					
		ontinue to require focus in order					
		red reduction in occurrences of					
		g Cumberland staff members.					
		nined that in order for it's					
		ns to be sustainable as long-term					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(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		12.00/2020		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	D BE CROSS-	COMPLETION DATE	
A 145	solutions, the facil expeditiously enhapatient safety amore members. The term with initiatives to far perspectives, behavith the organizat patient care, reduculture of patient scomprehensive quof staff accountabinitiatives: 1. Intensive Staff facility's CEO contensive Staff facility's CEO contensive staff train patient care staff. Included topics remanaging powers management, ver and neglect recogn to extend staff's k managing challen facility was assign course content was cheduled this ed commencing 12/1 later than 12/31/2 plan further specificurriculum, entitle be a required new direct care staff at training for existin staff development A Program descritraining specifies	ity's quality leaders need to ance the culture of quality and ingst its direct care staff am further agreed to proceed acilitate changes in staff's aviors, and actions to fully align ion's commitment to quality ction of serious incidents, and a safety. The plan for stality improvement and culture stility includes the following. Training: On 12/7/2020, the stacted UHS's Assistant Vice stal Training and Education for sutside resource to provide ining to Cumberland's direct. The request for training and struggles with patients, milieur in the training is intended in the struggles with patients, milieur in the dead a corporate educator and in the suggested. The facility has succeed and to conclude not one of the intensive education fies this custom-designed d'Prevention First Training' will re-hire orientation course for all is well as required annual gestaff continuing education and its prion of the "Prevention First" the curriculum as follows: lirect care staff in de-escalation	A 14	45			

TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	493300	8. WING		C
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	12/09/2020
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATI DEFICIENCY)	SS- COMPLETION
during COVID-19. Provides-non classro not required to have in preventing and ma Provides videos and staff and includes wa station scenarios as a Can be used as rema at any time. Focuses on de-escal workplace violence p Cost effective and strentire organization to reality of crisis. 2. Dual Reporting of I improvement action p development of a pro serious incidents to th agency as well as the who has deemed ove compliance with CMS The analysis of previa at our facility by the of that on multiple occa- investigated, manage incidents to the local that the agency was oversight agency with own or the facility's in actions, leading to a investigation by the of were frequently dispo- complaints but with in facility. The facility will correc- complaint investigation Quality and newly hir	om training for staff who are BMS training, but need skills naging crisis situations. a consistent message for iting room and nursing examples. Edial training for employees edial training for employees eation, crisis prevention, and revention. Examples to prepare your deal with the unpredictable elected with the unpredictable elected social services estate regulatory agency exight of the facility's conditions of Participation. Every investigated incidents core quality team discovered sions the facility identified, ed and reported known social services agency but reporting to the state hout the results of either their evestigations or corrective second regulatory elemed state agency which cover deficient practice at the cotthe redundancy in one by having the Director of	A 14		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		493300	B. WING		C	
		493500			12/09/2020	
NAME OF PR	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
CUMBERI	LAND HOSPITAL LI	LC		07 CUMBERLAND ROAD		
COMBLIN	EARD HOOF HAE E		NE	EW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY)	ROSS- COMPLETION	
A 145	Continued From p	page 26	A 145			
.,,,,	·	reportable serious incidents	, , , , ,			
		tor of risk Management will				
		idents to the local Social				
		and to the regulatory Oversight				
		that incident reporting is				
		and contains evidence of a				
		investigation, findings, evidence				
	of standards compliance, and corrective actions					
	taken, as applicable. The facility established this				1	
	. ,	ning meeting with Director of				
	Quality, Director of risk Management, Chief					
	Operating Officer	on 12/8/2020.				
	3. Establishment	of a Performance Improvement				
:	Executive Commi	ittee: The core team further				
	addressed the ide	entified deficiency in quality				
	assessment cond	litions by establishing a				
	Performance imp	rovement Executive Committee,				
	1	explicit oversight of the facility's				
		introl initiatives, including but not				
		nediate improvement initiative to				
		er of serious incidents directly				
		care staff employed by the				
		bers of the performance				
		cutive Committee are				
		O, COO, Director of Quality,				
		anagement, CNO, Division				
		al Services. The addition of the				
		of Clinical Services on the				
		ovide external expertise on				
		s to include the facility's				
	1	ance with CMS Conditions of				
	· ·	e committee will meet on a				
	_	e agenda will include: with direct care training				
		medial training needs,				
		ernal resources if needed, the				
	, -	internal investigations, corrective				
		a result of substantiated				
		onitoring of corrective action				

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		1:	C 2/09/2020	
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP 9407 CUMBERLAND ROAD NEW KENT, VA 23124				
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO CORRECTIVE ACTION SH REFERENCED TO THE DEFICIEN	HOULD BE CROSS- E APPROPRIATE	(X5) COMPLETION DATE	
A 145	plans, and status requirements as a The activities of the executive Commit and reported to than agenda item a scheduled meetind. Condition of Passurveys As additional reinscommitment to concerns within the resolved to engage Director of Clinica mock survey's at year. The purposs specifically focus compliance with a survey will be dorcalendar year 20% observations will Performance Imperiorement of the concerns with the assurvey will be dorcalendar year 20% observations will Performance Imperiorement of the concerns with the assurvey will be dorcalendar year 20% observations will Performance Imperiorement of the concerns with the assurvey will be dorcalendar year 20% observations will performance Imperiorement of the concerns with the assurvey will be dorcalendar year 20% observations will perform and the deficient will further includer response to the concerns within the assurvey will be dorcalendar year 20% observations will perform and the deficient will further includer response to the concerns within the assurvey will be dorcalendar year 20% observations will perform and the deficient will further includer response to the concerns within the assurvey will be dorcalendar year 20% observations will perform and the deficient will further includer response to the concerns within the assurvey will be dorcalendar year 20% observations will be dorcalendary year. The purpose specifically focus of the purpose year and the performance in th	of external reporting applicable. The Performance Improvement attee will further be summarized be facility's Governing Body as at the Board's quarterly governing Body as a the Board's quarterly governing repeated quality are facility, the core team governer bivisional all Services to perform quarterly the facility for a period of one governed for the mock surveys will on assessing the facility's CMS Conditions of Participation, areas of concern, The first mock are beginning in 1st quarter of 21. The Director's findings and the communicated to the rovement executive Committee port. The report will be the weekly meeting until the cies are corrected. The facility governed actions taken. Consideration by the Centers for adicaid Services and the State was determined to be at the facility remained in array as of 12/9/2020 at 3:00 Leadership (Staff Members #1, 3-Corporate Regional tor) were notified at that time of governed and the Immediate	A	145			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМІ	E SURVEY PLETED C
		493300	B. WING		l l	2/09/2020
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC		94	REET ADDRESS, CITY, STATE, ZIP CODE 107 CUMBERLAND ROAD EW KENT, VA 23124			
(X4) ID PREFIX TAG	(EACH DEFIC	RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL (OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOULI REFERENCED TO THE APPI DEFICIENCY)	DBE CROSS-	COMPLETION DATE
A 263	CFR(s): 482.21 The hospital mus maintain an effect data-driven quali improvement pro The hospital's go the program reflet hospital's organiz hospital departm those services for arrangement); are to improved heal and reduction of	everning body must ensure that exts the complexity of the exation and services; involves all ents and services (including ensished under contract or and focuses on indicators related th outcomes and the prevention medical errors.	A 263	Please refer to the following: A0286		
	This CONDITION Based on finding a complaint inve ensure an effect developed and in develop sustains continued patien regarding patien of patients residi substantially cor The findings incl Throughout the had multiple inci patient rights an resulted in multi investigations, a	API program for review by CMS. N is not met as evidenced by: gs of Immediate Jeopardy during stigation, the facility staff did not ive quality program was implemented to track, monitor and able action plans to prevent at care and quality concerns at rights and the health and safety ing at the facility thus failing to imply with this condition. Inde: previous months, the facility has dents of concerns involving d patient care issues which have ple unannounced complaint and findings of non-compliance in articipation for Patient Rights and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	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		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTIC CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPI DEFICIENCY)	CROSS- COMPLETION	
A 263	facility have not been the current finding from investigation of 12/1/2 and associated non-conditions of particip Governing Body, Nur Pharmaceutical Servallegation of abuse to The facility presented identified Immediate 12/1/2020, however, Abuse was identified remaining in Immediagain presented a pl	nd Performance in Plans developed by the in sustained as evidenced by ion the complaint 2020 of Immediate Jeopardy compliance for the pation for Patient Rights, rising Services, and rices as well as the repeated io patients by staff. In a plan of removal for the Jeopardy findings on the additional concern of I which resulted in the facility an of removal on 12/9/2020 dered an acceptable plan. facility remained in	AZ	263		
A 286	of allegations of aburin the previous mont systematic failure by sustainable plan in o allegations of abuse Please refer to A028 PATIENT SAFETY CFR(s): 482.21(a), ((a) Standard: Program muto, an ongoing program.	66 for further information.	A	Plan of Correction In order to address repeate and complaint investigation. Director of Risk Manageme and reconciles incidents da	s, the ent reviews ily during,	
		identify and reduce		and after, flash. Specifically Nursing Officer/designee re Nursing Supervisor report in	eviews the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		493300	B. WING _			12/	09/2020	
	ROVIDER OR SUPPLIER	3		9407 C	TADDRESS, CITY, STATE, ZIP CODE CUMBERLAND ROAD KENT, VA 23124			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	•	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	COMPLETION DATE	
A 286	(2) The hospital mutrackadverse patter (c) Program Activitie (2) Performance in track medical errors analyze their cause actions and mecha and learning through (e) Executive Resp governing body (or who assumes full lefor operations of the administrative official accountable for ensure (3) That clear expensions and during the countinvestigation, it was failed to ensure the and tracked adverse demonstrated planthese areas. The findings include Multiple areas of contraction carts and were not investigation.	ient events es provement activities must and adverse patient events, and implement preventive nisms that include feedback about the hospital. consibilities, The hospital's organized group or individual agal authority and responsibility to hospital), medical staff, and als are responsible and suring the following: ectations for safety are sonot met as evidenced by: erview, patient interview, ew, review of facility documents as determined the facility staff and also are responsible and suring the following: ectations for safety are sonot met as evidenced by: erview, patient interview, ew, review of facility documents as determined the facility staff and active and set of a complaint as determined the facility staff are patient occurrences and as to show improvement in ed: concerns were identified during atigation resulting in an any finding. The facility had two accessing unlocked and talking medications which	A 2	ir C	Management and Corporate Div Director of Clinical Services proveducation and training to the Ho Director of Risk Management or reviewing, reconciling, investiga reporting incidents, and develop plans to prevent future recurrent The RM Director was also proving uidelines for timeliness of composition of investigations and corrective Understanding of expectations I in training was verified by signed attestation.	dents It to ered abuse ats, are ment of risional vided spital atting, ament of ces. ded pletion actions. aid out destroy actions. The conficer anning by the rie ical		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		493300	B. WING				C	
		493300	B. WING		REET ADDRESS, CITY, STATE, ZIP CODE	12	09/2020	
	ROVIDER OR SUPPLIER LAND HOSPITAL LLC			94	107 CUMBERLAND ROAD EW KENT, VA 23124			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRE REFERENCED TO THE APPROPRIAT DEFICIENCY)	SS-	COMPLETION DATE	
A 286	complaint investigation. This demonstrates are systematic failure of sustainable plan to pure patient #1 and #2 seable to access unlock take medications from 10/31/2020 and 11/4. Occurrence, there was action developed to patient's again access medications. According to docume team, the CNO (Chie October 2020) stated administration and someth of November date on this docume written/submitted, alf Staff Member #1 (Qua.m., the Staff Member #1 (Qua.m., the Staff Member #2 (Qua.m., the Staff Member #3 (Qua.m.) the Staff Member #4 (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 issed the cart and took ents presented to the survey ef Nursing Officer Report d, "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 uality) on 12/1/2020 at 8:45 per stated, "I don't know is done but it is due to the November" 20 per an email document ity, the medication cart is d. The "Medication cart is d. The "Medication cart is d. The "Leadership Rounds according to Staff Member ce a shift by Leadership staff I document was given for use	A	286	Corporate Divisional Director of Clin Services, and the hospital Director of are reviewing and evaluating the increporting and investigating process. Cumberland Hospital daily for a perileast three months. The investigation reviewed for timeliness, thoroughne quality. Rigorous investigation, comprehensive analysis, and sustai action plans are the focus of this pro Noncompliance will be reported to the Executive Officer and the Corporate Regional Vice President. Person Responsible Director of Risk Management Monitoring For a period of at least three months Corporate Director of Risk and the Corporate Director of Clinical Service monitoring the incident reporting sylaccuracy, timeliness, thoroughness quality with each incident. Monitoring done daily with each incident and elinvestigation. The Corporate Director Risk reports noncompliance real time Chief Executive Officer, which will be addressed through additional training disciplinary action as appropriate. Aggregated data is reported to the Safety Committee, Medical Staff, and Governing Board monthly.	f Risk ident at od of at as are as, and mable acess. The Chief and ag is ach actor of the to the energy and/or		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 3		ATE SURVEY OMPLETED
		493300	B. WING			C 1210012020
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	12/09/2020		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY)	CROSS-	COMPLETION DATE
A 286	regarding medication monitoring were not however there was on 11/5/2020 and hopey of the agendateam was "*med care the survey team we evidence of robust progressive disciplinature of the report unlocked medication." When interviewed 2:00 p.m., Staff Me what occurred if lead on rounds. Staff Mis spoken to and the When asked wheth when staff were "sprogressive disciplinant and hospital policy should be done." The survey team of and #4 that the informeetings" held with robust education for responsibilities of practices, patient in consequences for and procedures. The concerns were Leadership staff (\$\frac{1}{2}\$) on \$12/1/2020, Pat Member #12 and \$\frac{1}{2}\$.	on cart safety and patient of started until 11/9/2020, one unit which had a meeting randwritten in the corner of the sheet presented to the survey rarts locked at all X's (times)". The same provided with any inservicing, training or ine regarding the serious its of patients having access to on carts and patient monitoring. The same patient monitoring and the same patient with the same patient monitoring and the same patient monitoring and the same patient with the same patient with the same patient with the same patient with the safety, staff Member #4 staff Member #1 patient safety, basic medication monitoring, as well as potential failure to follow hospital policy are reviewed with the facility staff Members #1, 2, 3, 4, and the safety m	A 2:	86		

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED C			
		493300	B. WING		\ ,	12/09/2020
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC			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 PREFI) TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIES DEFICIENCY)	BE CROSS-	COMPLETION DATE
A 286	Continued From page	e 33	A	286		
	Member #8 (Risk Ma evidenced: "While Ut the unit, the milieu widisruption of a staff in patient yelling at patient yelling at patient so what was happ (patient's) room to ta had happened. Staff patient to room and opatient as (patient) a sent staff member as Patient was tearful a by staff to pack up (pequipment. (Patient) had not packed it to patient felt (they) we staff did not. (Patient to leave (patient's) rothe staff from (patient staff grabbed the parinto the chair and be Incident was immedisenior supervisors. from the floor and se investigation." Furth investigation reveals interviews with the L Member #11) and Pedocumentation reverse FMR (Facility Risk Macamera incident via found that at 16:45 (visible in (patient's) can be seen at the Canada and shuttin the staff and shuttin	states (patient) apparently staff's expectations as re done packing it up and at) wanted the staff member from and admits to pushing at's) room. Patient stated tient and "shoved (patient) agan to yell at (patient)". stately reported to immediate Staff member was pulled ent home pending further are documentation from the ad documentation of JM (Unit Manager Staff				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		493300	B. WING		C 42/00/2020
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC				STREET ADDRESS, CITY, STATE, ZIP (9407 CUMBERLAND ROAD NEW KENT, VA 23124	12/09/2020 CODE
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X CORRECTIVE ACTION SH REFERENCED TO THE DEFICIENCE	OULD BE CROSS- COMPLÉTION DATE
A 286	sit down in a chair not time the UM (Unit Misseen in what appear go of the patient whit Next at 16:48 the patient's) room (the [patient] is doing) the (patient] is doing) the (patient] is doing) the (patient) in, the UM vedirect staff out of the with the patientCo and statements abortioned to be trueFo Member involved in immediately and the Techs (technicians). Nurses) for that shift struggles- the trainin 12/9/2020. The UM management which 12/9/2020." The facility presente evidence of inserviculary Unit on which the evidence of inserviculary in the evidence were "Power Struggles and 12/9/2020. Inservites were docon 12/4/2020. Inservite and Idirect 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 aburdiscussed with the fallegations demonst with regard to action with regard to action	ext to the door. At the same anager/Coordinator) can be so to be redirecting staff to let ch the staff member does. Itient goes back into camera cannot see what e staff member follows walks over and appears to the room and then verbalizes inclusion: Due to the evidence we, this allegation has been allow-Up Action: The staff this incident was suspended in terminated. Behavioral and RN's (Registered are being retrained on powering will be completed by will be retrained on staff will be completed by did the survey team with est conducted with staff of the rent occurred. The inservices les and Abuse and Neglect". The inservices were then conducted thaff on 12/4, 12/5, 12/6, 12/7, 12/6,	A	286	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		493300	B. WING		C 12/09/2020	
	ROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124	12/09/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E/ CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLETION	
A 385	review their system and sustainable pla prevent recurrence. The facility presented the facility presented 12:20 p.m. After recenters for Medical the State Agency, the State Agency, the State Agency, the State Agency of the St	s in order to develop robust ins to correct the concerns and sed a plan of removal for the y findings on 12/9/2020 at view and consideration by the re and Medicaid Services and the plan was determined to be the facility remained in y as of 12/9/2020 at 3:00 eadership (Staff Members #1, Corporate Regional corporate Regional corporate and the Immediate g in effect. ES The ave an organized nursing the sexual part of the facility staff did not ensure the review, patient interview, they, review of facility documents are of a complaint ancility staff did not ensure the provided in a safe environment the ere provided adequate ent harm/potential harm thus ally comply with this condition.	A 38			

NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH PREFIX CORRECTIVE ACTION SHOULD BE CROSS-	
CUMBERLAND HOSPITAL LLC 9407 CUMBERLAND ROAD NEW KENT, VA 23124 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-	CH (X5) S- COMPLETION
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-	S- COMPLETION
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 385 Continued From page 36 medications. Again on 11/4/2020, Patient #1 accessed an unlocked medication cart and took medications. The facility staff failed to follow policy and procedure and basic safe medication practices in keeping medication carts locked and patients under observation to ensure safety. This resulted in an Immediate Jeopardy finding under Patient Rights- Care in a safe setting. Please refer to: A0398, A0405, and A0144 further information. A 398 SUPERVISION OF CONTRACT STAFF CFR(s): 482.23(b)(6) All licensed nurses who provide services in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of all nursing personnel which occur within the responsibility of the nursing service, regardless of the mechanism through which those personnel are providing services (that is, hospital employee, contract, lease, other agreement, or volunteer). This STANDARD is not met as evidenced by: Based on staff interview, patient interview, clinical record review, review of facility documents and during the course of a complaint investigation, it was determined the facility staff failed to ensure nursing staff adhered to hospital policies and procedures for the safe storage of medications and the monitoring of patients. The findings included: On 10/31/2020 Patient #1 and #2 gained access to un unsecured medication cart during what was	tion imes, d ation via ation via ing. ector d the ling nere is ig. acist e vation off- ne liation vill be

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						С
		493300	B. WING _		12	2/09/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 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)	PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE
A 398	described as a "beha patient without staff k 11/4/2020, a medicat and Patient #1 again and take medications Patient #1 was admit the clinical record wa Nurse) Assessment" "11/1/2020 2000 (8:0 snorting crushed med med cart on 10/21/20 (4:00 a.m.) it was doc observed acting strar check (every fifteen r was attempting to hid white substance that became agitated whe eventually stated that med cartSuperviso situation" A "Medica 11/2/2020 evidenced to staff yesterday that medications covertly behavioral code was along with another pathave crushed and intis unclear what medications covertly behavioral code was along with another pathave crushed and intis unclear what medications covertly behavioral code was along with another pathave crushed and intis unclear what medical progress New Staff found (patient) with the suppear to be cruconfiscated from (patient) with the	wioral outburst" by another knowledge Again, on ion cart was left unsecured was able to access the cart is without staff knowledge. Ited 8/24/2020. Contained in ite a "Daily RN (Registered note which documented, 0 p.m.) Patient admitted to distaken 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 t (patient) got Seroquel off ir (name) aware of al Progress Note" dated l, in part: "(patient) reported	AS	 their next in-person shift nursing leadership team nurses on what to do wh found unlocked, or a me missing. This education securing and locking me during a code or when need the code as written above. Education included the code as written above. Educations verified by attestation Education regarding lock carts, securing medications incorporated into New Education and annual repharmacy orientation. On 12/1/20 the Chief Or revised the Observation tool for Unit Coordinator Managers) and Nursing check if the medication and secured. This is do shift by the Unit Coordin Nursing Supervisors. Set temperature probes was tool. Occurrences of unimproperly secured med will require immediate a manager performing the Actions will include seculdentifying the staff respersonsible for the cart observation. 	er educated the and the unit are a cart was dication was included edication carts of in use. current process ation was on a ading of written with the edication carts, and has been imployee mursing and cerating Officer Rounds Audit is (Nurse Supervisors to carts are locked one once per lator and/or the ecuring of its added to this clocked or dication carts ction by the elobservation. Uning the cart, onsible for the ition (up to and or the staff	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• • •		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	3123		A. BOILDI				C
		493300	B. WING			12/	09/2020
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				94	07 CUMBERLAND ROAD		
CUMBER	LAND HOSPITAL LLC			NE	EW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (E/ CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	COMPLETION DATE
A 398	suicidal precautions. revealed a note date p.m.) which documer admitted taking crush 10/31/2020 and snor Note" dated 11/2/202 (patient) reported to medications from a control of Afterwards (patient) inhaled them with an documentation provion 11/6/2020 "the papossession of contra (patient) turned in a (patient) turned in a (patients) therapist in broken thermometer have been used to a medication" The facility policy for was reviewed and endication cart or long medication cart or	Review of the clinical record d 11/1/2020 at 2000 (8:00 nted, "(Patient name) ned meds from cart ting" A "Medical Progress 20 evidenced, " Yesterday staff that (patient) stole art on 10/31/2020. claims to have crushed and other peer" Further ded by the facility evidenced tient reported (patient) was in a small plastic bag with probes that appeared to ttempt to snort the "Medication Administration" videnced, In part: "Storage: will be stored in the cked cabinet22. The n will be kept locked AT ALL se by the nurse" Under to short the chart of the completed on all inutesduring CODE must be assigned to monitor cially of those not involved in		398	The Chief Nursing Officer education Coordinators and Nursing Supervisors concerning correctivactions for staff responsible for the when policy is not followed. This education occurred 1:1 with understanding of expectations who by signed attestation. Person Responsible Chief Nursing Officer Monitoring The Leadership Team and Nursing Laudit the medication carts to assess are locked and located in a secure a and temperature probes are secured not accessible to the patients, every Audits are conducted via a tool that contains a check if medication carts locked. This tool is then given the D of Quality. The Pharmacist audits in of medication cart reconciliation via a tool that contains the number of time reconciliation was completed. This then compared to the data reported Nursing Leaders concerning carts for be unlocked, or concerns with missis medication. Data is reported daily if and aggregated data is reported mon Performance Improvement Committ Medical Staff, and in Governing Board, on the province of the part of the part of the data seported mon Performance Improvement Committ Medical Staff, and in Governing Board, on the part of the pa	eaders if they rea, and shift. are irector cidents an audit es the data is by the und to ng n flash, nthly in ee, rd.	

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• • •	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		493300	B. WING		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	TATEMENT OF DEFICIENCIES BY 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 398	sure did. I stole the antipsychotic) and Li Yes I did it twice. I to then another time I to a code going on the watching and I took med cart"stole" is pills from my drawer medicationsI was snort them" The su (the patient) was tell and Patient #2 state the truth. I did indee wish I hadn't, but I d know it was wrong	ations. Patient #1 stated, "I pills Seroquel (an amactil (a mood stabilizer). book the lamactil once and book the Seroquel. There was unit and nobody was them out of the unlocked a relative term, I took my own a I didn't take anybody else's going to crush them and urveyor asked Patient #2 if ing the truth about the report; d, "Yes Ma'am. I am telling and take the pills both times. I id. I am trying to do better. I	A 398		
A 405	staff member stated locked at all times at patients are to be chout staff are responsionare at all times" Concerns were additued the staff are responsionare at all times" Concerns were additued the staff are responsionare at all times" Concerns were additued the staff are additued to the staff are additued to the staff are at all times" Concerns were additued the staff are additued to the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are responsible to the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times" Concerns were additued the staff are at all times"	n 12/1/2020 at 3:20 p.m., the "Medication carts are to be and never left unattendedall necked every fifteen minutes sible for knowing where they ressed with Facility ember#1) on 12/1/2020 at at 4:20 p.m. with Staff and 8. OF DRUGS), (c)(1)(i) & (c)(2) gicals must be prepared and ordance with Federal and rs of the practitioner or sible for the patient's care as 2.12(c), and accepted	A 40	Plan of Correction The Chief Nursing Officer educat nurses on safe storage of medica carts, keeping carts locked at all and reporting when a cart is foun unlock or not secured. This educ was completed in Health Stream PowerPoint with competency tes	ation times, d cation via

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		493300	B. WING	<u> </u>	C 12/09/2020
	ROVIDER OR SUPPLIER		94	REET ADDRESS, CITY, STATE, ZIP CODE 107 CUMBERLAND ROAD EW KENT, VA 23124	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY)	ROSS- COMPLETION
A 405	(i) Drugs and biological administered on the not specified under spractitioners are actillaw, including scope policies, and medical regulations. (2) All drugs and biological administered by, or or other personnel in and State laws and applicable licensing accordance with the policies and procedulations. Based on staff interclinical record review and during the cours investigation, it was failed to ensure staffor medication administered two patient the potential to affect the potential was taken medication. On 10 Lamactil was taken medication Seroque Patient #1 was administration.	cals may be prepared and orders of other practitioners \$482.12(c) only if suching in accordance with State of practice laws, hospital all staff bylaws, rules, and logicals must be under supervision of, nursing accordance with Federal regulations, including requirements, and in approved medical staff ures. In not met as evidenced by: view, patient interview, w, review of facility documents as of a complaint determined the facility staff of followed basic safe practices nistration. The Nursing staff dication carts were locked at unauthorized access. This s, Patient #1 and #2, but had at all patients at the facility. Ped: Vere able to access the ch was left unlocked on two taking two different 0/31/2020 the medication, and on 11/4/2020, the	A 405	 The Chief Nursing Officer and of Pharmacy reviewed the Pol Procedure for reconciling mewhen a cart is found unlocked secured, or when there is a sure of medications missing. The process has been enhanced a follows: The pharmacist will be notified by the observing man perform an immediate reconciling the medications contained in If an observation of noncomplemade during off-hours, the exist hat the pharmacist on call by the nursing supervisor and reconciliation of the medication observed will be performed by pharmacist during their next in shift. The Chief Nursing Officer edute nursing leadership team a unit nurses on what to do whowas found unlocked, or a mewas missing. This education securing and locking medicated during a code or when not in Education included the current as written above. Education 1:1 basis with understanding expectations verified by written attestation. Education regarding locking medication carts, securing medication carts, securing medication and annual nursing pharmacy orientation. 	icy and dications , not uspicion current as be ager to dilation of the cart. diance is pectation is notified a an cart y the in-person ucated and the en a cart dication included ion carts use. In the process was on a of en edication ations has Employee

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		CONSTRUCTION		SURVEY PLETED
		493300	B. WING				09/2020
	ROVIDER OR SUPPLIER	<u> </u>		94	TREET ADDRESS, CITY, STATE, ZIP CODE 107 CUMBERLAND ROAD EW KENT, VA 23124	<u>, </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIAT DEFICIENCY)	SS-	(X5) COMPLETION DATE
A 405	Nurse) Assessment" "11/1/2020 2000 (8:0 snorting crushed me med cart on 10/21/20 (4:00 a.m.) it was do observed acting stra check (every fifteen it was attempting to his white substance that became agitated whe eventually stated that med cartSuperviso situation" A "Medica 11/2/2020 evidenced to staff yesterday that medications covertly behavioral code was along with another p have crushed and in is unclear what med this event actually to going to take place t claims" On 11/4/2 "Medical Progress N staff found (patient) that appear to be cru confiscated from (pat taking place" Patient #2 was admi clinical record docur suicidal precautions revealed a note date p.m.) which docume admitted taking crus 10/31/2020 and sno Note" dated 11/2/20	note which documented, 100 p.m.) Patient admitted to ds taken by peer from unit 1020" On 11/4/2020 at 0400 cumented, "Patient was nge during routine Q15 minute checks). Pt (patient) de a med cup /c (with) a appeared crushed. Pt en staff confiscatedPt at (patient) got Seroquel off or (name) aware of all Progress Note" dated at (patient) obtained of from the med cart while a staking place on the unit atient. (Patient) claims to haled those medications. It ications were obtained and of look placean investigation is or review the validity of these 020 it was documented in the lote: "yesterday evening with presumed medications ushed. This was immediately atient)an investigation is investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient was on an investigation is one content of the Patient name) at the patient was on an investigation is one content of the Patient name and the Pati		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 improperly secured medication will require immediate action by manager performing the observence. Actions will include securing the identifying the staff responsible error, and corrective action (upincluding 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 oby signed attestation. The hospital Leadership Team, Coordinators and Nursing Supervisors and Nursing Supercheck the medication carts each Instances of non-compliance rereconciliation of medications. The Chief Nursing Officer educations of the secure temperature away from patient trash cans. See temperature probes was added Leadership Rounds form. 	Audit sors to locked per l/or the of to this or carts the ation. cart, for the to and off me of unit servisors n shift. sult in ated verPoint probes ing curing	

	F DEFICIENCIES CORRECTION	Very man and the second			E SURVEY IPLETED	
		493300	B. WNG		1	C 2/09/2020
	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CO 407 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR CORRECTIVE ACTION SHO REFERENCED TO THE A DEFICIENCY	ULD BE CROSS- PPROPRIATE	COMPLETION DATE
A 405	Afterwards (patient) inhaled them with ar documentation provion 11/6/2020 "the papessession of contra (patient) turned in a (patients) therapist in broken thermometer have been used to a medication" The facility policy for was reviewed and e 19. All medications medication cart or low medicatio	claims to have crushed and nother peer" Further ided by the facility evidenced attent reported (patient) was in aband (medication) and powder substance to a small plastic bag with reprobes that appeared to attempt to snort the remaining the stored in the ocked cabinet22. The medication will be kept locked AT ALL see by the nurse" Under the stored in the must be completed on all inutesduring CODE must be assigned to monitor cially of those not involved in" According to "audit were performed by facility ion carts were found unlocked 11/3, 11/4, 11/5, and 30 p.m., the surveyor #1 in the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5). Patient #1 you're here. I figured I'd be on from Social Services, I think the presence of the staff Member #5).	A 405	Person Responsible Chief Nursing Officer Monitoring The Leadership Team and audit the medication carts are locked and located in a and temperature probes ar not accessible to the patier Audits are conducted via a contains a check if medical locked. This tool is then gi of Quality. The Pharmacis of medication cart reconcilitool that contains the number reconciliation was complete then compared to the data Nursing Leaders concerning be unlocked, or concerns and aggregated data is represented as the performance of the perf	to assess if they a secure area, be secured and ents, every shift. It tool that tion carts are even the Director that audits incidents action via an audit ever of times the ed. This data is reported by the eng carts found to evith missing the daily in flash, corted monthly in a Committee, rning Board. Any will be addressed and/or	
		look the lamactil once and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED			
		493300	B. WING			C 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 CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY)	CROSS-	COMPLETION DATE
A 405	a code going on the u watching and I took the med cart"stole" is a pills from my drawer. medicationsI was of snort them" The sur (the patient) was telling and Patient #2 stated the truth. I did indeed wish I hadn't, but I did know it was wrong" In an interview with S Registered Nurse on staff member stated, locked at all times an patients are to be che	ook the Seroquel. There was unit and nobody was hem out of the unlocked relative term, I took my own I didn't take anybody else's going to crush them and recyor asked Patient #2 if ng the truth about the report; I, "Yes Ma'am. I am telling take the pills both times. I	A 40	05		
A 489	8:45 a.m. and again a Members #1,2,3,4, and Condition of Participal CFR(s): 482.25 §482.25 Condition of Pharmaceutical Service The hospital must have the needs of The institution must have registered pharmaceutical staff is response.	mber#1) on 12/1/2020 at at 4:20 p.m. with Staff and 8. ation: Pharmaceutical Se Participation: ices. ve pharmaceutical services of the patients. have a pharmacy directed by cist or a drug competent supervision. The	A 44	Please refer to the following: Please refer to, A502		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		DING (X3) DATE:	
		493300	B. WNG		C 12/09/2020
	ROVIDER OR SUPPLIER		9	TREET ADDRESS, CITY, STATE, ZIP CODE 407 CUMBERLAND ROAD IEW KENT, VA 23124	12/00/2020
(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)	
A 489	drug errors. This fun- be delegated to the I pharmaceutical servi This CONDITION is Based on staff interv clinical record review and during the cours investigation, the fact services were provic all patients thus failin with this condition. The findings include: On 10/31/2020 and were left unlocked an (Patient #1 and #2), of medications by the to determine the act whether other medic missing.	ction may nospital's organized ce. not met as evidenced by: iew, patient interview, a facility document review e of a complaint sility did not ensure Pharmacy led that ensured the safety of a g to substantially comply 11/4/2020 medication carts and accessed by two patients. There was no reconciliation e facility pharmacy services and medications taken and ations could potentially be	A 489		
A 502	Please refer to A011 A405 and A502 for fi SECURE STORAGE CFR(s): 482.25(b)(2 §482.25(b)(2)(i) - All be kept in a secure a and locked when ap This STANDARD is Based on staff interv	drugs and biologicals must area, propriate. not met as evidenced by: riew, patient interview, v, facility document review	A 502	Plan of Correction The Chief Nursing Officer educate nurses on safe storage of medical carts, keeping carts locked at all and reporting when a cart is foun-unlock or not secured. This educates completed in Health Stream PowerPoint with competency test	ation times, d cation via

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILD				3
		493300	B. WING				09/2020
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
				94	107 CUMBERLAND ROAD		
CUMBER	LAND HOSPITAL LLC			N	EW KENT, VA 23124		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIA' DEFICIENCY)	oss-	(X5) COMPLETION DATE
A 502	failed to ensure the sand when a reported occurred, the facility were reconciled to direct medications that were medications were possible facility failed to ensure were found to be unanot been removed. The findings include Patient #1 and #2 refunded medications include Patient #1 and #2 refunded medications were medications were medications were medications were medications when medications were medications	determined the facility staff safe storage of medications dunauthorized access failed to ensure medications etermine the actual re taken, and whether other otentially missing. Also the re when medication carts locked, that medications had decembered accessed an acceptance of the fact of the fa	A	502	 The Chief Nursing Officer and I of Pharmacy reviewed the Polic Procedure for reconciling mediwhen a cart is found unlocked, secured, or when there is a sus medications missing. The curre process has been enhanced as The pharmacist will be notified observing manager to perform immediate reconciliation of the medications contained in the card observation of noncompliance during off-hours, the expectation the pharmacist on call is notified nursing supervisor and a recondend of the medication cart observed performed by the pharmacist of their next in-person shift. The Chief Nursing Officer education 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 the securing and locking medication with the securing medication with the securing medication with the securing medication cartification. Education regarding locking medication cartification with the securing medication cartification and annual nursing pharmacy orientation. On 12/1/20 the Chief Operating revised the Observation Round tool for Unit Coordinators (Nursing Unit Coordinators (Nu	ey and cations not picion of ent follows: by the an art. If an s made in is that d by the ciliation I will be uring ated the e unit art was ned in carts se. process as on a feedication s, and en ee and	

		(X3) DATE SURVEY COMPLETED			
		493300	B. WING		C 12/09/2020
	ROVIDER OR SUPPLIER		9	TREET ADDRESS, CITY, STATE, ZIP CODE 407 CUMBERLAND ROAD IEW KENT, VA 23124	12/03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAC CORRECTIVE ACTION SHOULD BE CROS: REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 502	11/2/2020 evidenced to staff yesterday that medications covertly behavioral code was along with another pahave crushed and inhis unclear what medic this event actually to going to take place to claims" On 11/4/20 "Medical Progress No staff found (patient) with that appear to be crust confiscated from (patitaking place" Patient #2 was admitt clinical record docum 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 from a canditation provided them with an adocumentation provided them with an adocume	in part: "(patient) reported (patient) obtained from the med cart while a taking place on the unit stient. (Patient) claims to paled those medications. It cations were obtained and of ok placean investigation is preview the validity of these 20 it was documented in the patient: "yesterday evening with presumed medications shed. This was immediately tent)an investigation is preview of the clinical record of 11/1/2020 at 2000 (8:00 ted, "(Patient name) ted, "(Patient name) ted, " Yesterday that that (patient) stole part on 10/31/2020. Itaims to have crushed and other peer" Further ted by the facility evidenced ient reported (patient) was in pand (medication) and owder substance to a small plastic bag with probes that appeared to	A 502	 Managers) and Nursing Supervise 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 cart at the time of observation the cart at the time of observations for the cart at the time of observations for staff responsible for the when policy is not followed. This education occurred 1:1 with understanding of expectations very by signed attestation. The hospital Leadership Team, Un Coordinators and Nursing Supervicheck the medication carts and temperature probes each shift. Instances of non-compliance resurreconciliation of medications. Person Responsible Chief Nursing Officer Monitoring The Leadership Team and Nursing Leaders audit the medication carts to assess if they are locked and located it secure area, and temperature probes as secured and 	ator vas of ediate p the staff ling ble tion. ed g e cart rified nit risors

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		12	C 2 /09/2020	
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC		94	STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD IN REFERENCED TO THE APPRODEFICIENCY)	BE CROSS-	COMPLETION DATE	
A 502	reports. On 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 #4- Director of Nursing) had about this. (Staff Member #7) no 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 Cart 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 carts were found unlocked on various units on 11/3, 11/4, 11/5, and 11/6/2020. 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				that carts are the Director dits incidents in via an audit of times the This data is pred by the arts found to missing daily in flash, d monthly in mittee, g Board. vill be raining		
	about it" The su had taken the med sure did. I stole th Yes I did it twice. then another time a code going on the watching and I too	me), came and talked to me urveyor asked Patient #1 if they dications. Patient #1 stated, "I ee pills Seroquel and Lamactil. I took the lamactil once and I took the Seroquel. There was see unit and nobody was k them out of the unlocked				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	pills from my draw medicationsI wa snort them" The whether anyone fr (patient) about wh and inquired as to	is a relative term, I took my own ver. I didn't take anybody else's as going to crush them and e surveyor inquired as to om the facility had interviewed at (the patient) had admitted to whether Patient #2 knew (Staff Manager). Patient #2 stated,					

NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC PART REFER TAGGET AND A 23124 A 502 Continued From page 48 "Yes I know (name of Staff Member #7) and No; no one talked to me except the social services person and you now." The surveyor asked Patient #2 stated, "Yes Ma" and I he document dated November 10, 2020, that the report (norm 114/2020) "did not rise to a level III and this was prior to the camera review that tid not show the patient accessing the medications each findings with Staff Member #1 and expressed concern regarding the lack of investigation and intervention for both reports of medications being taken. The surveyor expressed concern regarding the lack of investigation and intervention for both reports of medications from an unlocked medication cart. The surveyor expressed concern regarding the lack of investigation and intervention for both reports of medications from an unlocked medication cart. The surveyor expressed concern and not now concern that the facility did not reconcile medication cart. The surveyor application cart. The surveyor concerns that the facility did not reconcile medication cart. The surveyor application cart. The surveyor application cart. The surveyor application cart. The surveyor that the patient had gotten medications were missing and whether the substance was truly drywall dust or crushed medications. The surveyor lack discussed the concerns that the facility did not reconcile medication cart. The surveyor to concerns that the lacility did not reconcile medication carts at the time of either report to determine whether medications were missing and whether the substance was truly drywall dust or crushed medications. The survey ream interviewed Staff Member #6, Pharmacist on 121/12020 T 1:20 p.m Staff	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC IXA1 D		493300	B. WING					
A 502 Continued From page 48 "Yes I know (name of Staff Member #7) and No; no one talked to me except the social services person and you now" The surveyor asked Patient #2 (fifthe patient) was telling the truth about the report; and Patient #2 stafed, "Yes Ma'am. I am telling the truth. I did indeed take the pills both times. I wish I hadnit, but I did. I am trying to do better. I know it was wrong" Further review of the documentation provided by the facility revealed that Staff Member #7 had stated in the document dated November 10, 2020, that the report (from 11/4/2020) "did not rise to a level III and this was prior to the camera review that did not show the patient accessing the medication cart. The original powdery substance in question was drywall dust" On 12/1/2020 at 8.45 a.m., the surveyor reviewed the timeline and findings with Staff Member #1 and expressed concern regarding the lack of investigation and intervention for both reports of medications being taken. The surveyor expressed concern that nonce reported on 11/1/2020, there was no plan put in place to prevent recocurence and on 11/4/2020 it was again reported that the patient had gotten medications from an unlocked medication carts at the time of either report to determine whether medications were missing and whether the substance was truly drywall dust or crushed medications. The survey team interviewed Staff Member #6,					9407 CUMBERLAND ROAD			
"Yes I know (name of Staff Member #7) and No; no one talked to me except the social services person and you now" The surveyor asked Patient #2 if (the patient) was telling the truth about the report; and Patient #2 stated, "Yes Ma'am. I am telling the truth. I did indeed take the pills both times. I wish I hadn't, but I did. I am trying to do better. I know it was wrong" Further review of the documentation provided by the facility revealed that Staff Member #7 had stated in the document dated November 10, 2020, that the report (from 11/4/2020) "did not rise to a level III and this was prior to the camera review that did not show the patient accessing the medication cart. The original powdery substance in question was drywall dust" On 12/1/2020 at 8:45 a.m., the surveyor reviewed the timeline and findings with Staff Member #1 and expressed concern regarding the lack of investigation and intervention for both reports of medications being taken. The surveyor expressed concern that once reported on 11/1/2020, there was no plan put in place to prevent reoccurrence and on 11/4/2020 it was again reported that the patient had gotten medications from an unlocked medication cart. The surveyor also discussed the concerns that the facility did not reconcile medication carts at the time of either report to determine whether medications were missing and whether the substance was truly drywall dust or crushed medications. The survey team interviewed Staff Member #6,	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULD REFERENCED TO THE APPR	BE CROSS-		
Member #6 stated, "The medication carts are filled on Tuesday and Fridays. We do a cart fill	A 502	"Yes I know (name in one talked to me person and you now Patient #2 if (the parabout the report; and Ma'am. I am telling the pills both times. I trying to do better. Further review of the facility revealed stated in the docum 2020, that the report to a level III and this review that did not a medication cart. The in question was dry On 12/1/2020 at 8:4 the timeline and find and expressed concerning the timeline and immedications being the expressed concerning the surveyor also of the facility did not reter the time of either remedications were medications. The survey team in Pharmacist on 12/1 Member #6 stated,	of Staff Member #7) and No; except the social services v" The surveyor asked tient) was telling the truth d Patient #2 stated, "Yes the truth. I did indeed take I wish I hadn't, but I did. I am I know it was wrong" de documentation provided by that Staff Member #7 had tent dated November 10, the total tent dated November 11, the surveyor reviewed dings with Staff Member #1 tervention for both reports of the tervention for both reports of the tonce reported on the solution of the tent of t	A 50				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
		493300	B. WING		C	
	NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124				12/09/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY)	ROSS- COMPLÉTION	
A 502	report that tells us hor in each cart for each look at the contents of was a crushed substant medications, it had a drawer it came from, drawers" When as reconciled the cart at stated, "No. That's a to look through." Whe #6) had been notified the staff member stat look at the crushed signal Staff Member #6 state cart never reported as were never informed medication" The survey team disc facility Leadership on (Staff Member #1) and	w many (medications) to put (patient)I was asked to if the medication cup and it ance, but did not look like tint to itI wasn't told what there are a lot of medication ked if Staff Member #6 had that time, the Staff Member lot of medications drawers en asked if (Staff Member that there were two reports, ed they were only asked to ubstance on one occasion. ed, "The tech who fills the my doses missing and we a patient missed a dose of except the concerns with 12/1/2020 at 8:45 a.m. d at 10:17 a.m. (Staff d 4.) The concerns were	A 502			