State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0140	A. BUILDING: ______ B. WING ______	01/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANCASHIRE CONVALESCENT AND REHABILITATIO	**287 SCHOOL STREET** **KILMARNOCK, VA 22482**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 1/23/19 through 1/25/19. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 71 at the time of the survey. The survey sample consisted of 26 current resident reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: State to Federal Cross-References 12 VAC 5-371-250 (G). Please cross reference to F 656. 12 VAC 5-371-220 (A). Please cross reference to F 689.	F 001	This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and the facility is in compliance with participation requirements. F656 1. The comprehensive care plan for resident #12 was reviewed and revised to reflect the resident□s specific problems including self-injurious behaviors and suicidal ideations/attempt. The care planned interventions for evaluation and monitoring have been implemented to meet resident current needs. 2. The Director of Nursing/Designee will review the clinical notes of all current residents for the past 30 days to identify	3/1/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 02/18/19

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F 001	Continued From page 1	F 001	residents exhibiting self-injurious behaviors including suicidal ideations/attempts. The Director of Nursing/Designee in collaboration with the interdisciplinary care plan team will review the care plans of identified residents to ensure the care plan has been updated to reflect resident specific problems and interventions related to self-injurious behaviors including suicidal ideation/attempt. 3. RNs/LPNs and Social worker will be re-educated on Updating Resident Care Plans. The inservice will include but is not limited to a review of facility policy on care plans focusing on self-injurious behaviors to include suicide attempt and the importance of ensuring they are updated timely as necessary to reflect current needs, assessment and monitoring. The review will also include ensuring the care plan reflects current PASARR recommendations, routine targeted behavior monitoring and routine environmental safety assessment. 4. The Director of Nursing/Designee will review the clinical notes weekly for three months to identify residents exhibiting self-injurious behaviors including suicidal ideation/attempt. The care plans of identified residents will be reviewed to ensure the care plan has been updated to reflect resident specific problems and interventions related to self-injurious behaviors including suicidal ideation /attempt. The Director of Nursing will review findings with the Quality Assurance and Assessment Committee at least	

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F 001	Continued From page 2	F 001	quarterly. F 689 The immediate jeopardy hazard was removed at 5pm on January 23, 2019. The allegation of compliance for this plan of correction is January 24, 2019 by 5pm. 1. Blinds on window by resident #12□s bed and cord to light fixture closest to door were removed from resident #12□s room. MD notified of suicidal thoughts with no plan to harm self. One on one staff supervision provided until EMS arrived to take resident #12 to the hospital for evaluation. 2. All current residents will be interviewed for suicidal ideation utilizing the MDS Resident Mood interview. If at any time suicidal ideations are voiced, resident will be assessed by a licensed healthcare provider immediately to determine suicidal risk. If provider is not available onsite, resident will be sent to hospital for evaluation. Resident□s room will be inspected to ensure any means to harm themselves have been removed. Nursing staff will be responsible for ensuring the protocol for potentially harmful behavior is initiated in the event of any reported verbalization of suicidal ideations. 3. All facility staff currently working will be educated today on Awareness of Residents with Suicidal Ideations. All other staff will be in-serviced prior to reporting to work. The inservice includes but is not limited to a review of the facility	

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F 001	Continued From page 3	F 001	Protocol for Management of Potentially Harmful Behavior as well as the importance of ensuring room is free from means to harm self. 4. The Director of Nursing/designee will review all MDS Resident Mood interviews completed weekly to identify residents at risk for self-harm. The audit will ensure facility Protocol for Management of Potentially Harmful Behavior was initiated if resident states desire to harm self as well as ensure room was inspected to be sure any means to harm themselves have been removed. The Director of Nursing/designee will report any trends to the Quality Assessment and Assurance Committee at least quarterly.	