PRINTED: 0210712017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NC. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION A. BUILDING COMPLETED IDENTIFICATION NUMBER: B. WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 Kentucky Avenue KENTUCKY AVENUE RESIDENCE VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES Ū PROVIDERS PLAN OF CORRECTION (XE) PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD 8E COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 000 INITIAL COMMENTS W 000 The unannounced annual 55 Fundamental Medicaid Certification was conducted on 1/24/17 through 1/26/17. Corrections are required for compliance with CFR Part 483 Intermediate Care Facilities for Individuals with Disabilities. (ICF/ID) Federal Regulations. The Life Safety Code report will follow. The census in this 8 bed facility at the time of the survey was 6. The survey sample consisted of 2 current Individual records (Individual #1 through #2) and one closed record (Individual #3). 483.410(a)(1) GOVERNING BODY W 104 W104 The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility staff failed to ensure necessary staffing was available to ensure Resident's health and safety. The findings include: Personnel action occurred on 6/6/16 Individual #1 was admitted to the facility on 3/5/12 for the On-Call RN that failed to with diagnoses which included a history of respond to the individual's change of cardiovascular accident with left sided

LABORATORY DIRECTOR 8 OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE
--

hemiparesis (weakness), dementia, hypertension, hypothyroidism, and history of urinary tract

infection. Individual #1 had a change in condition

indicated that on May 1, 2016, the facility did not

A review of the facilities daily Staffing report

with a delay in medical intervention.

TITL

Retraining of expectations and

that failed to respond to the

required response while On-Call

individual's change of condition.

occurred on 5/4/16 for the On-Call RN

(X6) DATE

/my 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 lindings stated above are disclosable 90 cays 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 celecencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2557 (02-99) Previous Versions Obsolele

M CAQAU Event ID: XVN11

Facility ID: VAICFMR11

condition.

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PRINTED: 021071217 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: C. BUILDING WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVENUE KENTUCKY AVENUE RESIDENCE VIRGINIA BEACH, VA 23452 IX4! ID SUMMARY STATEMENT OF DEFICIENCIES ΠŪ PROVIDERS PLAN OF CORRECTION (XE) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAB REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 104 Continued From page 1 W 104 Monitoring for compliance of RN On-Call policies and procedures will occur : have a licensed Nurse on duty. The RN (Registered through monthly supervision with the Nurse) On Call failed to report to duty when 3/10/17 Nurse Manager, as well as weekly contacted submission and review of On-Call logs to the site supervisor, ICF A review of the Staff schedule for 5/1/2016 indicated Administrator, and DS Nurse Manager. that the morning shift Licensed Practical Nurse (LPN) did not report for duty. The overnight LPN staff was The ICF On-Call policy that covers all asked to remain over. Individual #1 was increasingly individuals residing in the City of presenting with signs and symptoms of distress due Virginia Beach ICF's will be updated to to breathing issues. include both the On-Call Supervisor 3/10/17 and On-Call RN will communicate with The RN On Call staff failed to report for duty after the A.M. and P.M. snifts at each ICF at being contacted regarding Individual #1's, declining least once during the on call hours on nealth. weekends and holidays to monitor for staffing, and the safety and wellness of House staff contacted RN On Call requesting her to the residents. come and assess the individual. RN On Call requested staff to call On Call Supervisor to ok her The ICF On-Call policy that covers all time to go to the facility. RN On Call did not arrive at individuals residing in the City of 3/10/17 the facility. Virginia Beach ICF's will be updated to include both the On-Call Supervisor An Iricident Report dated 571/2016 indicated: "On and On-Call RN will be available to 5/1/16 at 11:00 A.M. IndiVIdual #1 was experiencing report to any of the ICF's in the event coughing, wheezing and runny nose, was assessed of staffing shortages until the shortage by overnight Licence Practical Nurse #1, and is rectified. assisted with receiving Mucinex D and Delsyum according to OTC (Over The Counter) physician's Further updates to the On-Call policy orders. About 1.1/2 hours later there was an increase will include the expectation that once in cough and wheezing and a decline in her level of an Individual is identified as having a aiertness. Re-assessed by LPN #1, 02 Sat's (oxygen change in health condition the On-Call 3/10/17 saturation in blood) were 81% (normal range 95 to RN will be alerted and the individual 100%), administered Oxygen at 2 Liters per Minute will be assessed by an ICE nurse. This (LPM) and 02 Sat's increased to 88%, Registered will occur by either the LPN on site, as directed; an LPN from another ICF or Nurse (RN) Supervisor notified. EMS (Emergency Medical System) called and upon arrival increased by the On-Call RN, LPN's completing 02 to 4 LPM with only an increase to 89%, BP (Blood an assessment will be required to Pressure) 109/160 report their findings to the On-Call RN Transported to Hospital." to collaborate on necessary interventions 3/10/17

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

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updated practices.

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All On-Call Supervisors, On-Call RNs and LPNs will be trained on the

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

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Facility ID: VAICEMR11

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	W 104	Continued From page 3			W 10-	4]
		LPN #2's departure she all Individual temperature and medicate Individual #1 w (4:00pm) Per MAR- (Medication Ad 5/1 [Sometime before (08 facility phone log] facility: Professional) DSP #1 not Individual #1 was not feel get her off the foilet, RN key put her to bed and let her 5/1 (0842) ON call RN recklouse Manager that her if the tower to perform an assist, House Manager and RN available PRN's- OTC on Robitussin because they anot on the MARs the medito be purchased, Per RN #1 log she doesn's medication to give because ingredients. During the (investigation RN #1 told the House Manager and RN areferring to one of the two 511 -(0800) Per MAR- and indicates he medicated in cough medicines. During the investigation it medication does need to be purchased at (0830) on 5/1 indicates he medicated in cough medication in the other was a previous bus medication on the OTC for house and were purchased this practice has changed are on the OTC or Physicinouse at all times and partical indicates a	Indicate which se she's not sure process) it noted to mursing notes to "Pick Or cough medicine: do not sure to "Pick Or cough	to (00) cord) cated on ce that could not staff ro acility's int LPN /idual out inex and page and of the that ne" s. PN #1 both ne was at in the that		REC MAR I	EIVE	7	The state of the s

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W 104	Continued From page 4			W 104		
	inventory log. 5/1 (0955) RN #1 (RN Or from facility staff DSP #2 wellness. Per RN log staffs Individual of bed elevated and having per RN log she indicates be gladly to come assess notifies her to do so, but received." 5/1 (0955) per Supervisor facility staff regarding Indithat the RN is on the way assessment. 5/1 (1019) Per RN log she Manager calls RN to info 911 and Individual #1 was hospital. 5/1 between 10:20 am-1 continue to struggle with I presentation, the LPN #1 provided. During investigation staff was aware of the oxygen below 90 but he had not provided. During investigation staff was aware of the oxygen below 90 but he had not provided. During investigation staff was aware of the oxygen below 90 but he had not provided. During investigation staff was aware of the oxygen below 90 but he had not provided. During investigation staff was aware of the oxygen below 90 but he had not provided. During investigation staff was aware of the oxygen. 5/1 - (11:17) per log On Coron facility to inquire about LPN #1 who indicates the On Call Supervisor asks with House decide to call 911. 511- (11:05 am) 911 is call call the call of the call speaks with House decide to call 911. 511- (11:05 am) 911 is call call the call of the call speaks with House decide to call 911. 511- (11:05 am) 911 is call call the call of the call speaks with House decide to call 911.	regarding Individual #1 is in bed wing difficulty breat to facility staff ships her when the orno further calls with Log-receives called a windual #1 and not to perform an exind individual #1 is assessment and if noted that the Logardinal windividual #1's assessment and if noted that the Logardinal windividual #1-spolaced her on Ox (NON- Clinical Non-Clinical Now oxygen. Why 911 was not be Manager and the Manager and the light involving Direct in involving Direct in the facility involving Direct in the facility in the logardinal involving Direct in the facility in the logardinal involving Direct involving D	dual #1's itin head hing. Also he "would h call here all from otifies her se calling ed to staff treatment LPN #1 dropping ygen. urse) aces call eaks with called, they Care		RECE MAR U VDH	

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AME OF	PROVIDER OR SUPPLIER			Y, STATE, ZIP CODE	- ,	· · · · · · · · · · · · · · · · · · ·
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V 104	Continued From page 5	5	W 104			
1	shift Saturday and Sund	day at the facility				
	Because he worked bo			1		
	concerned about the in-					
		Sunday May 1. He reports f		'	}	
	that when he came to v					
	individuals condition wa					
] ;	and resident still had n	of eaten. He reports that the				i
į	nurse in the house, LPI	N#1, called RN on call		,		
	(Call not made by LPN					
i	Manager) sic. Staff was					
		I. The individual's condition				
		er she was transferred back				
1	to the bed so DSP #1 c	· ·				
		RN On Call on her log at				
	0957. DSP #1 reports t				1	
		vould come to the facility				
	to assess the individual				İ	
	notify the ON Call Supe				İ	
		building (sic). The ON Call				
	Supervisor was miorme The RN ON Call update	ed of situation and asked			}	
		an hour passed, the House				
	Manager and DSP #1 o					
		of the Individual that they				
		N Call RN had not been to				
	building by this time.				the state of the s	
],	An investigation conduc	cted with DSP#2				
	Indicated: "The situation					
		ere looking for permission to				
		ne out, ASAP. OSP#2 was				
	concerned that RN On (
		sness of the individual's				
		and that getting a hold of				
		as they are often times not				
1	Able to be reached."					
	An Investigation conduc					
	ndicated: "In the past si 567(02-99) Previous Version	taff had been admonished s Obsolele Event ID: XVWN		acility ID: VAICEMR11 F co		PHESA V / PA

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W 104	Continued From page 6		W 104			
	to (sic) call 911 "too muc individuals may not come but go to a nursing home the facility and they woul- jobs." DSP#3 reports that the s	e back from the hospital e and then that would close d be out of their				
	How to go about sending that the LPN was not offer	out the individual and				
	DSP# 3 reports the staff Individual#1 had dark fou 2-3 weeks ago and the F that. "Individual #1 has th mean it's UTI (urinary tra-	al smelling urine about RN informed the staff at sometimes, it doesn't				
The state of the s	any fime with LPN #1 a should have. RN On Call	ated she was not ral was needing 02. She LPN#1) was capable of naking regarding care for all did not ask to speak at nd now agrees that she reports that she sout no one told her that it				
	On Call need permission Supervisor to come on sit	was asked why did the RN from the On Call ee? The Nurse Manager to that permission needed to come on site. The RN				
1	A Staffing Policy indicated the availability of sufficier trained staff and consultar	nt numbers of competent,				CEIVED
	567(02-99) Previous Versions (V11 Fa	cility ID: VAICFMR11 If con	tinuation 1	2 0 8 2017 Page 7 of 38

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KENTUCKY	PROVIDER OR SUPPLIER AVENUE RESIDENCE		STREET ADDR 145 KENTUCK VIRGINIA BEA	Y AVENUE	STATE, ZIP CODE 52	
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W 104	Continued From page a		he health			
W 149	and safety of each client Policy: It is the policy of the ICFs have a sufficient trained staff and consuction?'s treatment plant and safety In compliant agencies. This policy is Administrator and House 483.420(d)(1) STAFF T	of the the agency in the the agency is the the agency in the the the the the the the the the the	to ensure lified the nealth ory Facility	W 149		
	This STANDARD is not Based on record review facility staff failed to imp Procedures that prohibi individual (Individual# 1 three (3) individuals. Individual#1 presented Condition while experie and decline in alertness.	and staff intervie blement written Po t neglect for one) in the survey sa with a change of noing coughing, v	ews, the olicies and mple of			
	Individual #1 was admit with diagnosis which ind cardiovascular accident hemiparesis (weakness hypolhyroidism, and a hinfections. Individual #1 with a delay in medical	cluded a history o with left sided), dementia, hype istory of urinary t had a change in	f ertension, ract		Staff who failed to respond appropriately to the neglect of client had personnel action an retraining as appropriate by 6/	d/or

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CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-				
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KENTUC	PROVIDER OR SUPPLIER KY AVENUE RESIDENCE	14 V	TREET ADDRES 45 KENTUCKY / IRGINIA BEACH	AVENU			Angerey Addressed the State Supergraph of the State State Supergraph of the State St	
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W 149	Continued From page 8		W	/ 1 49				
Ar. Incident Report dated 5/1/2016 indicated "On 5/1/16 at 11:00 A.M. Individual #: was experiencing coughing, wheezing and runny nose, was assessed by overnight License Practical Nurse #1, and assisted with receiving Mucinex 0 and Delsyum according to OTC (Over The Counter) physician's orders. About 1 1/2 Hours later there was an increase in cough and			ing · (Over 2		All staff were retrained on 5/4: regarding the prevention, iden and interventions of abuse, ne and mistreatment of clients. A were also retrained on calling relative to the Acute and Chro Health Conditions Policy.	tification eglect I staff 911 nic		
	wheezing and a decline in her level of alertness. Re-assessed by LPN #1.02 Sat's (oxygen saturation level in blood) were 81% (normal range 95-100%), administered Oxygen at 2 Liters per Minute (LPM) and 02 Sat's increased to 88%. Registered Nurse (RN) Supervisor notified. EMS (Emergency Medical System) called and upon arrival increased 02 to 4 LPM with only and increase to 89%, BP (Blood Pressure) 109/60.				All staff are required to review least annually, and when any occur, the Client Abuse Policy will be required to attest via a signature that they have revier Policy. Site supervisors will me this affirmation and documentative training records.	updates . Staff wed the aintain	3/10/17	
	Transported to Hospital." The facility staff contacted RN On Call requesting her to come and assess the individual. RN On Call requested staff to call On Call Supervisor to Ok her time to go to the facility. RN On Call did not arrive at the facility.		n or to		The ICF has a training month required reviews and retraining occurs. Site supervisors will ke record of reviews and retraining along with documentation of stattendance and participation in training records.	g eep a g's, aff	3/1 0 /17	
	A facility internal investigation indicated: "Adult Protective contacted on 5/1/16. APS of the facility felt they were to contact or cal. nursing when it appeared that the increasingly in disiress duand prior medical history, responses. Additionally, tresponses. Additionally, the decision to wait a individual over the weeke 911 earlier than they had staff on 5/2 and 5/3."	re Services (APS) was notified that stee following the procestaff for consultation individual was to breathing issue but not getting pronere was a disagreed monitor the end rather than cont	esf ess n es not ement act					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUMBE		(X2)	MULTIPLE CONSTRUCTION A. UILDING	(X3) D/ COMP	ATE SURVEY LETED	Ī
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W 149 Continued From page	9	w	149				1
A Time Line provioed by the following: "4129 (0830) (8:30am) ! Individual #1 for skin intrillness 4130- LPN #2 who arrive am increases shortly after shortly after show grade Terminon-productive cough, it nose. 4130 (0800) LPN #2 mile PRN Tylenol at (0800). Increases Claritin 10 mg/shortly for the following shortly form the very 8 hours form on the form the On Call superverse that is shortly in the one of the form the One Call superverse that is shortly increases and confirmed on both from the One Call superverse that is shown in the one of the form the form the one of the form the form the one of the form the f	y the Nurse Manager given when the segrity-no notation of the segrity-no notation of the segrity-no notation of the segrity-no notation of the segrity-no notation of the segrity-no notation of the segrity-no notation and a runny the segrity and a runny the segrity and a runny the segrity and a runny the segrity and a runny the segrity and a runny the segrity and a runny the segrity and segrity and segrity and segrity and segrity and segrity and segrity and segrity the segrity that segrity and segrity the segrity that segrity the segrity	ives I with also tates reto on the D red res.	149				
get rier off the toilet, RN her to bed and let her re	log notes directs staff to st.	o put					
511 (0842) RN On Call r House Manager that he					∢⊵C	EIVED	
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	TAG W 149	Continued From page 1 #1 over to perform an as: #1. House Manager and RN about available PRN's- C Mucinex and Robitussin is OTC page and not on the needed to be purchased. Per RN (RN On Call) log which medication to give of the ingredients. During the (investigation RN (RN On Call) told the One" referring to one of 5/1 -(0800) Per MAR- an indicates he medicated In cough medicines. During the investigation medication does need to purchased at (0830) on 5 immediately upon arrival. There was a previous, but medication on the OTC for house and were purchased at (10830) in this practice has enange are on the OTC or Physic house at all times and pallog. 5/1 (0955) RN (RN On Call) log wellness. Per RN (RN On Call) log	ST BE PRECEEDED BY FULL DENTIFYING INFORMATION! O Seessment or Individual IN (RN On Call) converse DTC orders include Decause they are on the Decause they are on the Decause she's not sure Drocess) it noted that the Drocess it noted that the House Manager to "Pick The two cough medicines Individual #1 with both Dit Comes out that the Depurchased, it was Deput in the Decause she's not sure Drocess it noted that the Decause she's not sure Drocess it noted that the Decause she's not sure Drocess it noted that the Drocess it noted th	PREFIX	(EACH CORRECTIVE ACTION SHO CRDSS-REFERENCEO TO THE APP OEFICIENCY)	DULD BE		
		oreathing. Also per RN (RN On Call facility staff she "would be her when the on call Sup- so, but no further calls we	e gradly to come assess ervisor notifies her to do ere received."		RE(SEIV I	ED	
		5/1 (0955) per Superviso facility staff regarding Ind	Log - receives call from		RAM	08 20	17	
	i				.10		~	

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W 149	Continued From page 1	1	W149			
ORM CMS-	House Manager calls RI calling 911 and Individual transported to hospital. 5/1 between 10:20 am - continue to struggle with presentation, the LPN #1 treatment provided. During investigation staff was aware of the oxygen below 90 but he had not instead House Manager places her on Oxygen. 5/1 -(1117) per log On Cafacility to inquire about In LPN #1 who indicates the On Call Supervisor asks LPN #1 does not respond On Call speaks with House decide to call 911. 5/1- (11:05 am) 911 is call A Hospital Summary date "Chief Complaint- Short Sepsis, due to unspecifie cystitis without hematuria chronic congestive heart failure ty fibrillation, unspecified (Hoarrival (5/1/2016, 11:44) of	On Call) log she indicates N to inform that they are al #1 was being 11:00 am - facility staff Individual #1's assessment and finoted that the LPN #1 saturation levels dropping placed her on Oxygen. (NON- Clinical Nurse) all Supervisor places call to dividual #1- speaks with a low oxygen. why 91? was not called, d. se Manager and they lied." ed 05/01/16 indicated: ness of breath. Diagnoses d organism (HCC), Acute (blood in urine), acute on failure, unspecified, ype (HCC), Atrial-CC). ED (emergency room) call went out to EMT tient) placed on NC (nasal 5/01/16 -1200: PT has difficulty breathing for the sloped wet cough	(?1 Fa	icility ID: VAICEMR11	continuation she	set Page 12 of 38

MAR 0 8 2017 VDH/OLC

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:				MULTIPLE CONSTRUCTION UILOING	(X3) DA	ATE SURVEY LETED
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W 149	Continued From page 1	2	W 149			
	crackies heard in lower I arrives on NC (nasal car (emergency medical serv placed on non-rebreather left sided deficit."	nnular) 6 Ls by EMS rices)saturations 92%; pt				
	Hospital Discharge Sum Date: 5/1/2016- Discharge PM. According to staff Radmission she has increa and breathing fast and la wet cough there was no significant swelling in the (emergency department) 21.000, elevated and BN from paseline around 0.9 possible right middle lobe infiltrate.	ge Date: 511112016, 4:55 RN 2 days prior to ased shortness of breath bored, associated with fever or chills. No legs. In the ED labs revealed, WBC of IP 3591, creatinine 1.2 D, chest x-ray with				
	Hospital Course:					
	trac: infection). Resolved leukocytosis. Blood cultur 2. RML (right middle lobe Health Care acquired pro-	umon'1a and UTI (urmary li, no fever, no re is negative.)? RLL (right lower lobe) eumonia: Will continue cod and sputum culture is nue Levaquin for 3 more congestive heart failure): d Oxygenatior on RA corolo!, Lisinopril, Lasix, ontinue HR (heart raie) of a good candidate for rey to risk for fall. ECHO				
ORM CMS-:	2567(02-99) Previous Versions 0	Obsoiele Event D; XW/N	11 Fa	acility ID: VAICFMR11	If continuation sh	eet Page 13 of 38

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03/08/2017 10:17

PRINTED: 02/07/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MU_TIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: BUILDING __ COMPLETED WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES iD PROVIDERS PLAN OF CORRECTION (XE) (EACH DEFIC!ENCY MUST BE PRECEEDED BY FULL PREFIX. PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION 74G REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY W 149 Continued From page 13 W 149 ventricular ejection fraction-amount of blood pumped out after each heartbeat) at 60%. 6. ARF (acute renal failure) on CKD (chronic kidney disease), stage 3: Resolved and creatinine is back to baseline. Monitor BUN/Creatinine. Elevated liver enzymes: Monitor, sip (status post) cholecystectomy. Liver US (ultrasound) showed liver congestion VS (versus) inflammation. Will stop Pravachol and repeat liver function tests in a few weeks. Patient stable for discharge." During an interview on 1/25/17 at 10:00 A.M. with the Nurse Manager, she was asked why the delay in services for Individual #1. The Nurse Manager stated the On- Call RN nurse failed to respond to facility staff repeated calls to come into the facility due to Individual #1's increasingly decline due to breathing issues. An internal review of an investigation conducted on 5/4/16 by the (QIDP) (Qualified Intellectual Disability Professional) regarding the events of Individual #1 on 5/1/161ndicated: "LPN #1 was interviewed on 5/4/16. LPN #1 stated, he worked the over night shift on 4/30/16. He reported that the information he RECEIVED received in report when he came on duty was that Individual #1 was experiencing "vira!" symptoms and that she had received an order for Tylenol to be MAR 0 8 2017 given every 8 hours. He documented on the over nightshift report that the individual siept through the OH/OLC night. Because the individual was coughing and congested, the House Manger requested that he stay until the individual was seltled. He was asked by staffto assess Individual #1 around 0800 on 5/1/16. Staff reported to him that the individual was "off' in

her presentation. That morning she was a 2-3 person assist when usually she would assist

	FOR MEDICARE & MEDIC	AID SERVICES		(٧0)	ALC TIPLE POSICOPOLICION	OMB N	IO. 0938-0391
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N 149	Continued From page 1	14	,	W 149			
	herself and leaning to on toilet. Staff requested the which he did. He reports had any PRNs (as needed congestion/cough. The information Mucinex and cough syrung were in house so staff her them. The OTC (over the was purchased by direct arrived in the facility should administered by LPN #1 THE MEDICATION ADM (MAR) WAS SIGNED OF MEDICATION WAS GIV reports that the assessme Individual #1 revealed in blood pressure but that should be coughing. LPN# reported administering medication and staff were tending to their morning routines.	at he assess her is that he asked street medications) individual had order p as needed but in the dot of a care staff at 0825 or the dot of the	aff if she or ers for none nase tion . It 0900. ECORD #1 on at's and on and ok to short				
	LPN #1 reports that he w Individual #1 (around 103 02 sat's at that time were i room air and shortly and a 02 sat's still in the low to the exact time but approx 1030 he suggests that so transport Individual #1 to room) for evaluation whice called 911. He clocked of picked up by EMT. At no the On Call RN Supervisor An investigation interview Staff (DSP #1) indicated: shift Saturday and Sund Because he worked both	3/1100) sic and the name of the low to mid 80 gain shortly afterward 80's. He did not simulately around one one could on the ER (emerge the staff disagreed ut after the individual of the call of the	at her D's on Vard with not recall ency and ual was r contact Care oay				

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			İ	APPROPRIATE DEFICIENCY)		
V 149	Continued From page	15		DEFICIENC!)		
	, ,	***************************************	W 149			
	concerned about the in	ıdividual when her	., , , ,			
		Sunday May 1. He reports				
ļ	that when he came to v	work on Sunday the				
	individual's condition w	ras worse than Saturday				
		He reports that the nurse				
	in the house LPN #1 ca	elled RN on call (Cal not				
	made by LPN #1 but b	by the House Manager) sic.				
	Staff was instructed to	put the individual back into				
	bed. The individual's c					
}		ransferred back to the bed				
1	so DSP #1 called RN o					
		Il on her iog at 0957. DSP				
j	#1 reports that the RN	On Call informed him that		•		
!	she would come to the	facility to assess the				
		#1) had to notify the ON				
	Call Supervisor that On	Call RN needed to come			1	
	to building (sic). The Or	n Call Supervisor was				
		id asked the RN On Call				
-		ot to facility. Approximately	i			
		ouse Manager and DSP #1	İ			
	decided that due to the	decline in the condition of	!	••	*	
		were calling 911. The RN				
	On Call had not been to					- 13 /5
-					REC	IVEL
	An investigation interview	ew conducted with the			_	
	House Manager indica	ated: "The House Manager			MAR 0	8 2017
1	Lasked LPN #1 if he ha	ad given Individual #1 her			!	
1	scheduled Tyleno: and	he answered that he had.	İ		VDH	OLC
- 1	The House Manager re	ports that she reviewed			· G	A # A
		acministration record) for			1	
	any additionai PRNs foi		ĺ			
Ì	individual was experier	ncing and she had cough				
-	syrup and Mucinex ord	ders. The House Manager	-			
		let her know that because	:			
1	the individual, was doin	g poorly that she wanted to				
] !	keep LPN #1 at the faci	lify until the individual was				
		Manager then called the RN				
	On Call to discuss the C PRNs and the RN On C					

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION BUILDING _ IDENTIFICATION NUMBER: COMPLETED WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 (XA) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (XE) PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 149 Continued From page 16 W 149 Manager to "pick one to use PRN" as RN On Call (delegated to non-licensed staff) did not know specific ingredients in either medication. House Manger then went to purchase the 2 OTC (over the counter) meds and returned. LPN #1 administered them both 0800 (but documented incorrect time -0900). When RN On Call instructed staff to put the individual back into bed, the House Manager was approached by DSP #1. He reported to House Manager that he did not like the way that Individual #1 was breathing House Manager asked DSP #1 to re-assess Individual #1. House Manager obtained 02 sat's and the reading was 81%. House Manager informed LPN #1 that the individual needed oxygen which the House Manager placed on Individual #1 The House Manager is a non-licensed staff- also- Individual #1 did not have a physician order for the use of oxygen). RECEIVED Individual# 1's 0 2 sat's increased to 88%. House Manager then listened to Individual #1's lungs and then informed LPN #1 that Individual MAR 0 8 2017 #1 needed to go to the hospital. LPN #1 called RN On Call to tell her that she was needed at the facility VOH/OLG ASAP and her response was, "Call the regular on call and have her call me so "I can get paid". On call Supervisor was contacted and informed that 911 was being called, LPN #1 told staff that he thought the individual could be transported by staff to ER but staff informed him 9i i was needed for the safety of the individuaL House Manager contacted RN On Call to inquire about her location and House Manager was infonmed that the RN On Call was still waiting for On Call Supervisor to tell her where she needed to be. RN On Call was notified that the individual was being transported to ER via 911. An Investigation conducted with DSP #2

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PRINTED: 02/07/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0397 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION BUILDING COMPLETED IDENTIFICATION NUMBER: WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (XE) PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL FREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION! TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 149 Continued From page 17 W 149 Indicated: "The situation with Individual #1 was #1. chaotic and that staff were looking for permission to call971 to send someone out, ASAP, DSP #2 was concerned that the RN On Call did not seem to comprehend the seriousness of the individual's health decline that day and that getting a hold of On Call staff is difficult as they are often times not able to be reached." An Investigation conducted with DSP #3 indicated: "In the past staff had been admonished to (sic) call 911 "too much" because the individuals may not come back from the hospital but go to a nursing home and then that would close the facility and they would be out of their iobs." DSP #3 reports that the staff felt powerless in how to go about sending out the individual and that the LPN was not offering any direction. DSP #3 reports the staff informed the RN (Same as RN On Call-Staff) that Individual #1 had dark foul smelling urine about 2-3 weeks ago and the RN informed the staff that, "Individual #1 has that sometimes, it doesn't mean it's UTI". An Investigation conducted with RN On Call indicated: RN On Call stated that she was not Informed that the individual was needing O3. She Assumed that the nurse (LPN #1) was capable of assessing and decision making regarding care for The individual. RN On Call did not ask to speak at any time with LPN #1 and now agrees that she should have. RN On Call reports that she would've come to assess but no one told her that it was ok to do so because she "doesn't work weekends."

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COLUMN CONTRACTOR LEADER ATTRIOTE CONTRACTOR	EVALUE: VANALA	Facility IO: VAICEMR11	Il continuation sheet Page 18 of 38	

PRINTED: 02/07/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES. FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES IX2! MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIOER/SUPPLIER/CLIA AND PLAN OF CORRECTION DENTIFICATION NUMBER: BUILDING COMPLETEO WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIOER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES iO PROVIDERS PLAN OF CORRECTION (XE) PRÉFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCEO TO THE APPROPRIATE **OEFICIENCY** W 149 Continued From page 18 W 149 During an interview on 1/25/17 at 1:30 P.M. with the Nurse Manager, she was asked, why did the RN On Call need permission from the On Call Supervisor to come on site? The Nurse Manager stated, she was not aware that permission needed to be granted by anyone to come on site. The RN On Call "made that up on her own." During an interview on 1/25/17 at 11:33 AM with the RN On Call Nurse she stated, "In order for me to get paid, I had to have approval from the On Call Supervisor." When asked if On- Call not mean that you report where ever you are needed. The RN stated, "Yes". House staff contacted RN On Call requesting her to come and assess the individual, RN On Call RECEIVED requested staff to call On Call Supervisor to ok her time to go to the facility. RN On Call did not MAR 08 2017 arrive at the facility. VDH/OLC APS was called by staff because they felt there was a delay in Individual #1 receiving the next level of care (i.e. going to hospital for further treatment/care for breathing difficulties). An Adult Protective Services (APS) Investigative Report dated 5/2/16 Indicated: *Client is a 79 year old female who resides at (Facility named). The client has a Guardian. The client has an Intellectual Disability. The caller reports the client was ill and lethargic, not eating and rattled breathing. Caller reports the worker noticed on Saturday Inat the client was not well and appeared to be getting worse. The worker asked for an assessment with the nurse and the other nurse on Saturday shift agreed that the client may

need to go to a physician. The ca	aller reports thou		
	aller repurts they		
FORM CMS-2567[02-99] Previous Versions Obsolete	Event IO: XVWN1	Facility O: VAICEMR11	If posting along the set the set of all of the
	Event 10: 20 71111	r during to. Chickings	If continuation sheet Page 19 of 38

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIOER/SUPPLIER/CLIA AND PLAN OF CORRECTION BUILDING _ COMPLETED IDENTIFICATION NUMBER: WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 (X4) IO SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION ΧEι PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX COVPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION: DEFICIENCY) W 149 Continued From page 19 W 149 consulted with "On Call" nurse and were told to but her back to bed. On Sunday the client appeared to be getting progressively worse. Caller reports she was not eating and appeared lethargic and her breath rattle was worse. The caller was uncomforlable with the situation and felt she needed direct care by physician and requested an assessment with "ON Call Nurse" to come in and visually see the client He was told the nurse would respond and she did not show. The caller reports it is not protocol for staff to call 911 without consulting with House Manager nurse but after contacting. House Manager they called for 911. The Client was admitted to the hospital with Congestive hear. Failure. The caller was upset that the nurse do not respond or complete assessments when requested. The caller also reports that at times they are without a nurse

A Revised Abuse Policy dated 12/11/15 Indicated: "Purpose- To provide all staff and consultants who work with clients at the facility in any capacity, a system for ensuring that all persons recommended for hire receive a background check; and upon hire receive training to recognize and report all suspected incidents of abuse reglect, explailation, crimes, or suspicious injuries from an unknown source relating to clients living at the facility."

present at the home. The Caller is concerned for

Policy Statement:

neglect"

It is the policy of this administration to protect the individuals we serve from abuse, neglect, exploitation, crime and injury.

Incidents of suspected Abuse, neglect FORM CMS-2567(02-99) Previous Versions Obsolete Event 1

Event ID: XVWN11

Facility IO: VAICEMR: 1

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W149	 Continued From page 2	20					
W' 249	Exploitation, or suspicior origin, additional reportin If a staff witness action to be abuse, staff is to in protect the client from an The facility staff failed to procedures to prevent in 483.440(d)(1) PROGR. As soon as the interdisci forrTiulated a client's indictient must receive a colprogram consisting of in services in sufficient nur support the achievement in the individual program.	ng is required: howards a client that howards a client that howards a client that howards a client that howards a client that howards a client that howards are placed and program placed and program placed and frequency howards and frequency howards are placed of the objectives	at appear action to dicies and FATION lan, each eatment as and by to	W 249	-		
	This STANDARD is not Based on record review, facility staff failed to implicate (provide medical treatme condition) to one individual survey sample of three (Individual #1 presented condition while experien and a decline in alertness. The findings included:	and staff interviewement a Program lent with a change of coughing, with a change of coing coughing, with	ws, the Plan of in the		RECEI MAR 0 8 VDH/	2017	
	Individual #1 was admitte with diagnoses which in cardiovascular accident	cluded a history of			Personnel action occurred o for the Licensed Nurses that respond to the individual's ch condition.	failed to	
RN CMS-25	i£7(02-95) Previous Versions Obso-	eie Event ID: X\	√WN11 Fa	cility ID: VAI	CFMR11 II continuation s	heel Page 21 o	138

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W 249	Continued From page 2	21	W 249			
hemioaresis (weakness), der hypothyroidism, and history infection. Individual #1 had a without medical intervention. Facility staff failed to impleme manner Individual #1's Program Plan indicated: "Objective Coordin related to acute or changes to chronic conditions. Service Objective: Maintain a communication between aiiiD Team) members in order to su with her health care needs. Observations: Routine calls a (primary care physician) family pharmacy consultant. Calls a other trealth care providers the assist Individual #1 with her health Methods: Nurse will record pe information in nursing progress.		story of urinary tract ad a change in condition fion. Idement in a timely rogram Plan. An Plan (IPP) dated 211/16 ordination of heath care ges to baseline or onset of tain appropriate aiiiDT (Interdisciplinary to support Individual is. calls are made to PCP farnily dietician, alls are also made to re that are authorized to her health care needs re pertinent contact		Retraining occurred on 6/6/16 Licensed Nurses that failed to respond to the individual's characteristics. The Acute and Chronic Health Conditions Policy that covers of Virginia Beach ICF individual be updated to reflect the level response by each profession indicated by their scope of pra All ICF staff are to be retraine Acute and Chronic Health Col Policy and the level of respon indicated for their scope of pra Monitoring for compliance of the Acute and Chronic Health Col poticy for the RNs will occur d monthly supervision with the N Manager. Monitoring for the	ange of all City als will of as actice. d on the additions se actice. he additions uring Jurse	3/10/17 3/10/17
	5/1/16 at 1 1:00 A.M.Indiv coughing, wheezing and nose, was assessed by o Practical Nurse #1, and a Mucinex D and Delsyum The Counter) physician's	0 (intake and output) was asked if there was a widual #1's voiding, and en asked if there were I stated "No." 5/112017 indicated: "On idual #1 was experiencing runny vernight Licence ssisted with receiving according to OTC (Over orders, About 1 1/2		occur through monthly superv with the site RN.	isions	
\ \ 	nours later there was an in wheezing and a decline in Re-assessed by LPN #1. 702-29) Previous Versions Obsole	n her level of alertness 02 Sats (oxygen	acilay ID: VAK	DEMR11 IF continuation she	Bi Page 22 -5	30

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VDH/OLC

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	ENT OF DEFICIENCIES N OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA	iX2 A B	MULTIPLE CONSTRUCTION BUILDING WING	(X3) DATE SURVEY COMPLETED
		49G026		77110	01/26/2017
KENTUC	PROVIDER OR SUPPLIER KY AVE RESIDENCE	STREET AD 145 KENTU VIRGINIA E	JCKY AVE		
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W 249	Continued From page 2	2	W 249		
	saturation in blood) were administered. Oxygen at (LPM) and 62 Sats increa Nurse (RN) Supervisor in Medical System) called a increased. 02 to 4 LPM with 89%, BP (Blood Pressure Hospital." During an interview on 1 the Nurse Manager, she in services for Individual a stated the On- Call RN in facility staff repeated called due to Individual #1's increathing issues. An internal review of an interview of an internal review of an internal r	2 Liters per Minute ased to 88%. Registered otifted. EMS (Emergericy and upon arrival vith only and increase to a) 109/60. Transported to 1/25/17 at 10:00 AM, with was asked why the delay #1. The Nurse Manager urse failed to respond to s to come into the facility reasing decline due to			
	on 5/4/16 by the (QIDP) r Individual #1 on 5/1/16 in interviewed on 5/4/16. LP the over night shift on 4/3 the information he receive came on duty was that Ir experiencing "viral" sympreceived an order for Tyle hours. He documented o report that the individual secause the individual was congested, the House Mistay until the individual wasked by staff to assess I 0800 on 5/1/16. Staff reported to him that in her presentation. That person assist when usual herself and leaning to on the icilet. Staff requested which he did. He reports I	regarding the events of dicated: "LPN #1 was PN #1 stated, he worked 0/16. He reported that ed in report when he ndividual #1 was forms and that she had enot to be given every 8 in the over nightshift slept through the night as coughing and anger requested that he as settled. He was ndividual #1 around the individual was "off" the marning she was a 2-3 by she would assist e side while she was on that he assess her		MAR	EIVED 0 8 2017 4/OLC

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	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATION N		(X	2) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATE SURVEY COMPLETED
		49G	026			01/26/2017
	PROVIDER OR SUPPLIER (Y AVE RESIDENCE		STREET ADD 145 KENTU VIRGINIA B	CKY AV		
(X4) ID PREFIX TAG	SUMMARY STATEM (EACH DEFICIENCY MUS REGULATORY OR LSC IE		S Y FULL	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTI	LD BE COMPLETION I
W 249	Continued From page 2	3		W 14	9	
	had any PRN's for conge individual had orders for syrup as needed but none had to go and purchase to counter) medication was staff at 0829. It arrived in and was administered by approximately 0900. THE ADMINISTRATION RECOUNTIES OF THAT THE GIVEN AT D800. LPN #1 assessment he performed revealed normal temp, 02 pressure but that she was coughing. LPN# reported administering medication	Mucinex and coupe were in house: hem. The OTC (and the facility short) I LPN #1 at E MEDICATION ORD (MAR) WAS E MEDICATION or ports that the don Individual #2 sat's and blood as congested and that he went bat	ugh so staff over the irect care y after VAS d d ack to			
	and staff were tending to morning routines.	other individuals	for their	и	REC	EIVED
	LPN #1 reports that he wa Individual #1 (around 103 92 sat's at that time were	3/1100) sic and tl	nat her 🤚		MAR	0 8 2017
	on room air and shortly ar with 0.2 sat's still in the lo He did not recall the exact around 1030 he suggests transport Individual #1 to for evaluation, which staff called 911. He clocked oupicked up by EMT (emergit transport). At no time differences	nd again shortly a live to mid 80's. It time but approx It that someone of the EP (emerge disagreed and lit after the indivica- gency medical lid he call or cont	afterward imately could ncy room)		V D t	-I/OLC
	An Individual Program Pla "Purpose- To ensure that individual program plan, the and annual assessments: active treatment is implement function with as much ind	at all dients have based on initial, o and that continu- nented to allow cl	an ongoing, ous lients to			

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03/08/2017 10:25

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: BUILDING В WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT CF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (XE) CDMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** IEACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 249 Continued From page 24 W 249 -determination as possible, and to prevent or minimize regression." A Health Care Services Policy updated 3/3/16 indicated: "Subject- Acute and Chronic Health Conditions Procedure: To ensure the provision of a comprehensive plan for preventative services and prompt treatment of acute and chronic health conditions of each individual Applicability- All staff and consultants who work with individuals at the facility in any capacity. Purpose: It is the responsibility of all staff at the facility to participate in the provision of a comprehensive prevention plan and provide prompt treatment for acute and chronic health conditions of each individual, the interdisciplinary team (IDT) RECEIVED process is used to assess the needs of each individual and develop a pian to address any identified chronic health conditions and develop MAR 0 8 2017 preventative measures to maintain the individual's health status. VDH/OLC 6. The following guidelines should be used by all staff in determining their response to a change in a resident's health status. Medical Emergency Guidelines: Level of response: 911- Difficulty Breathing: Sudden onset with 02 sat's <(less than) 85% noted wheezing. strldor and increased anxiety. Based on baseline 02 sat's of 98-100%. Level of response: Call PCP (Primary Care Physician) or Nursing Supervisor-Difficulty Breatning: 02 sat's 90-95%. Increased congestion, wheezing PRN HHH given and pulmovest with slight improvement or temporary improvement.

FORM CMS-2567(C2-99) Previous Versions Obsolete Event ID: XVWN11 Facility IO: VAICFMR11 If continuation sheet Page 25 of 38

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	ENT OF HEALTH AND HUN FOR MEDICARE & MEDIC			*************************************		M APPROVED IO. 0938-0391
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION A BUILDING B WING	COMP	
· · · · · · · · · · · · · · · · · · ·		49G026				01/26/2017
ENTUCK	PROVIDER OF SUPPLIER Y AVE RESIDENCE	STREET ADD 145 KENTU VIRGINIA B	CKY AVE	Y, STATE, ZIP CODE		
X4) ID REFIX TAG	JEACH DEFICIENCY MU	MENT OF DEFICIENCIES ST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT [EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY]	JLD BE	(XE) COMPLETION
N 249	Continued From page 2	25	W 249			
1	routine assistance for 2- The facility staff failed to im #1's IPP when a change in	ulty Breathing: 02 Sat's le PRN medications for 4 to 48 hours."				
V 331	presented. 483.460(c) NURSING S	SERVICES	W 331			
 	The facility must provide services in accordance v					
	facility staff failed to prov	and staff interviews, the ride medical treatment with		RECE	EIVE	D
	a change of condition to (individual #1) in the sur- individuals.			MAR O	8 201	7
į	Individual #1 presented condition while experient and a decline in alertnes	cing coughing, wheezing,		VDH	NOL	
	The findings included:					
]]]	with diagnoses which in careflovascular accident hemiparesis (weakness)	with left sided , dementia, hypertension, ory of urinary tract infection. nge in condition		All licensed nurses who failed respond to the individual's chat health condition received persoaction and retraining of their rothe Policy on Acute and Chron Health Conditions on 6/6/16.	nge in onnel iles and	
1	·	5/1/2017 indicated: [™] On		Acute and Chronic Health Con Policy will be updated to reflect level of response by each profeas indicated by their scope of practice.	t the	3/10/17

FORM CMS-2567(02-991 Previous Versions Obsolete

Event IO: XVWIN1:

Facility O: VAICEMR11

If continuation sheet Page 26 of 38

MAR U 8 2017 VDH/OLG

PRINTED: 02/07/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1! PROVIOER/SUPPLIER/CLIA BUILDING ____ AND PLAN OF CORRECTION. COMPLETED IDENTIFICATION NUMBER: WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF OFFICIENCIES PROVIDERS PLAN OF CORRECTION ĪŌ. iX⊡i PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IOEKT: FYING INFORMATION I TAG CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY) W 331 Continued From page 26 W 331 experiencing coughing, wheezing and runny nose, All licensed nurses are to be retrained 3/10/17 was assessed by overnight Licence Practical Nurse on their required response for a #1, and assisted with receiving change in health condition. Mucinex D and Delsyum according to OTC (Over The Counter) physician's orders. About 1 1/2 At the first sign of a change in health I hours later there was an increase in cough and condition, individuals will be assessed wheezing and a decline in her level of alertness. by a licensed nurse. The nurse 3/10/17 Re-assessed by LPN #1, 02 Sat's (oxygen) performing the assessment will saturation in blood) were 81% (normal95-100%). develop and implement an administered Oxygen at 2 liters per Minute. appropriate Nursing Care Plan (NCP) (LPM) and 02 Sats increased to 88%, Registered based on observations, Physician's Nurse (RN) Supervisor notified, EMS (Emergency Orders and the baseline of the Medical System) called and upon arrival individual. increased 02 to 4 LPM with only and increase to 89%, BP (Blood Pressure) 109/60. Transported to During non-emergencies the Nursing HospitaL* Care Plan will be reviewed by an RN prior to implementation to review 3/10/17 A Multi-Service Progress Note dated 4/30/16 predicted outcomes, evaluation of the assessed Individual #1's Health needs. Goal: interventions and next steps should Individual #1 will maintain a baseline level of identified interventions fail. wellness to reside in a community basedresidence and to participate in active treatment/day During On-Call hours, LPNs will initiate a call to the RN to alert them to program. the change of condition and the Health Need: Medication Management-Related development of the NCP, RN Or-Call 3/10/17 has two hours to respond to the to: High Blood Pressure, chronic constipation, communication and provide support to hypothyroidism, pain management, skin conditions, general health conditions seasonal the LPN in identifying predicted allergies, dry eye, dementia, minor and acute outcomes, evaluation of interventions and any necessary next steps should illness. the interventions identified fail. Objective: Assist Individual #1 with safe and accurate medication, administration without adverse All NCPs will be reviewed during the effects. And to assist Individual #1 to minimize Nursing Quarterly Assessment and 3/10/17 sions and symptoms of distress with minimal use of any change in baseline will be medication and explore alternative incorporated into the individual's IPP. measures.

,						
				1		
	Observations: Individual #1 wil	l express				
FORM CMS-25	67(02-99) Previous Versions Obsolete	Event IO: XVWN11	Facility IO: VA	CFMR11	Il continuation sheet Page 27	of 38

•	FOR MEDICARE & MEDIC				(9.1 TID) F OOM (5.20)	i	IO. 0938-0391
	N OF CORRECTION	(X1) PROVIDER/SUI DENTIFICATION NU		X2)	MULTIPLE CONSTRUCTION A BUILDING B WING	COMPI	ATE SURVEY LETED
		49G0	26				01/26/2017
AME OF ENTUCK	PROVIDER OR SUPPLIER Y AVE RESIDENCE		STREET ADDRI 145 KENTUCI VIRGINIA BEA	Y AVE	Y. STATE, ZIP CODE	·	
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V 331	Continued From page	27		W 331			
	discomfort verbally, she restless. Her needs must as possible to develop to anxiety. Individual #1 extends where she is tired or doe. She has seasonal alierg becomes bacterial due to the eyes. She has chronartificial lens (cataract stallergies). Current Medications: As Levoxyl for hypothyroidis for high blood pressure, High Cholesterol, Ditropcontinence, Seroquel to promote rest, Zoloft for	st be addressed as trust and decrease periences the most sn't want to weight ies conjunctivitis the oher constantly runic crippy eyes from urgery) and season spirin to prevent blosm, Metoprolol and Pravachol and Lispean to maintain uric decrease agitation	t pain bear, at ibbing nal cood clots, Zestril inopril for inary n and to				
	mood stabilizer, multivita nutritional supplements, thought (dementia) Cois bowel regularity, Refres Voltaren Gel for Osteoar as needed for anxiety reprocedures.	amin and Calcium a Namenda for clari sce and Miralax to a fineye drops for dry thritis of the knees lated to medical ations available: M	ty of maintain eyes, s. Valium				
	Tylenol for osteoarthritis indipestion, Milk of Mag bowel protocol. Hemorrh soaks for relief of sore for Mucines-D for cough/coneeded for dry eyes/irrita	nesia and Fleets e noidal cream, Epson eet ingestion, Refresh atec eyes.	nema for m salt as				
,	and restarted as Individu her mood.	al #1 needed to ma	aintain				

Receiving daily Voltaren Gel to	knees, Individual		
FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: XVWN1'	Facility ID: VAICFMR11	If continuation sheet Page 28 of 38

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	ENT OF DEFICIENCIES N OF CORRECTION	(Xt) PROVIDER/SI IDENTIFICATION I	UPPLIER/CLIA NUMBER:) A E		COMPL	
		49G	026	1		•	1/26/2017
	PROVIDER OR SUPPLIER KY AVE RESIDENCE		STREET ADDR 145 KENTUC VIRGINIA BE	KY AVE	Y, STATE, ZIP CODE	·	
X4) ID PREFIX TAG		MENT OF DEFICIENCE UST BE PRECEEDED E DENTIFYING INFORM	ES BY FULL	ID PREFIX TAG	PROVIDERS PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(XE) COMPLETION
N 331	Continued From page	28		W 331			
	#1 is now limited to wei and transfers with use	ght bearing for toi of mechanical lift.	leting		•		
	A Time Line provided the following: "4129 (0830) (8:30am) #1 for skin integrity-no 4/30- LPN #2 who arriv am}notes shortly after s #1 has a low grade Tennon-productive cough. I nose. 4/30 (0800) (8:00am) LI Individual #1 with PRN routine orders she also (milligrams). 4/30- (1400) (2:00pm)-	RN #1 assesses In notation of illness es at (0630) (6:30 shift report that Indiaperature (99.2), ethargic and a run PN #2 medicates Tylenol at (0800), receives Claritin 1	ndividual . ividual ny Per				
e y c y management	MD (medical doctor) to states "It sounds like vir	report symptoms- al symptoms; pust	MD n fluids		RE	CEIV	ED
	offer Tylenol every 8 ho continue to monitor*	uis ioi 72 nours ai	iu	1	M	AR 0 8 2	017
	LPN #2 calls both the O On Call to report Individ status- this is within min and confirmed on both (from the On Call superv 4/30- (1500) (3:00 pm)-	ual #1's change in lutes of the call to facility telephone} isors.	health the MD Jogs	To the state of th	VI	VDH/OLC	
	throughout the day with no change in status, (VS: 97.2, 153-93, 85, 20, 97%) prior to LPN #2's departure she advises staff to monitor Individual temperature and reminds them to medicate						
	Iridividual #1 with Tylend MAR - (Medication Adn 5/1 [Sometime before (Confacility phone log] fac	ninistration Record	} cated				
	Professional) DSP #1 n Individual #1 was not fe	iotifies RN On Call	that				

<u></u>			
not get her off the toilet, RN log	i notes directs staff		
gar tar and tarett, the reg	, notes dirests stan		
FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: XVV/N11 Facility ID:	VAICEMR*1 II continuation on	
	CYONCID: XVVIIII (acity to	VAICENIA I II COMMUNICATION SA	eet Page 29 of 38

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	FOR MEDICARE & MEDIC			1		OWB V	NO. 0938-0391
	EMENT OF CEFICIENCIES PLAN OF CORRECTION (X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER: X2) MULTIPLE CONSTRUCTION A BUILDING B WING		BUILDING		ATE SURVEY LETEO		
		49G0	26				01/26/2017
	F PROVIDER OR SUPPLIER KY AVE RESIDENCE	1	STREET ADDRE 145 KENTUCK VIRGINIA BEA	Y AVE			
X4) ID	SUMMARY STATEM	JENT OF DEFICIENCIES		Ю	PROVIDERS PLAN OF CORE	RECTION	(XE)
REFIX TAG	(ZACH OZFICIENCY MU REGULATORY OR LSC I	ST BE PRECEEDED BY OENTIFYING INFORMAT	FULL PF	REFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCEO TO THE A OEFICIENCY)	SHOULO BE	COMPLETION
V 331	Continued From page 2	29	ν	V 331			
i	to put her to bed and let	her rest					
	5/1 (0842) RN On Call re	eceives call from fa	icility's		i		
	House Manager that he	is holding overnight	LPN				
	#1 over to perform an as	sessment on Indivi	dual				
	#1.	114					
	House Manager and RN	#1 converse abou	l				
	available PRN's-OTC (dinciude Mucinex and Rol						
	on the OTC page and no		ey are				
	medication need to be pu		-				
	Per RN #1 (Same staff as RN On Call) log she		he				
	doesn't indicate which m	't indicate which medication to give because					
į	she's not sure of the ingredients.						
	During the (investigation						
	RN #1 told the House Ma						
	referring to one of the two 5/1 -(0800) Per MAR- an						
	iridicates he medicated h				5	RECEI	VED
	cough medicines.				1	16. C 6 1	V L D
-	During the investigation i	t comes out that the	e			N B Oak	2017
İ	medication does need to	be purchased, it w	/as			MAR U8	ZUIT
	purchased at (0830) on		•		4	ADHA	21.0
	immediately upon arrival		. 1		,	VDH/C	LU
	There was a previous b	usiness practice th	at				
	medication on the OTC flouse and were purchase		in the				
	This practice has change		tinat are	}			
	on the OTC or Physician'			j			
	nouse at all times and pa						
	log.		1	1			
	5/1 (0955) RN #1 receive		taff	1			
	DSP #2 regarding Individ						
ĺ	Per RN lag, individual #1	is in bed with head	of bed				
	elevated and having diffic		£ 0.50				
	Also per RN log, she iridi "would be gladly to come			1			
	call Supervisor notifies he						
	call Supervisor notines ne calls were received."	7 10 GO 30, DULINO N	OLTHE!				
	5/1 (0955) per Supervisor						

		1		
FORM CMS-2567(02-99) Previous Versions Obsolete	EvenI IO: XVWN11	Facility IO: VAICEMENT	f continuation sheet Page 30 of 38	

ITERS	ENT OF HEALTH AND HU FOR MEDICARE & MEDIC	CAID SERVICES				M APPROVED C. 0938-0391
	ENT OF DEFIGIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION A BUILDING	(X3) DATE SURVEY	
		49G026		B WING		01/26/2017
	PROVIDER OR SUPPLIER (Y AVE RESIDENCE	STREET ADD 145 KENTUC VIRGINIA BE	CKY AVE	Y, STATE, ZIP CODE		· · · · · · · · · · · · · · · · · · ·
(4) ID REFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRE (EACH CORRECTIVE ACTION SH CRCSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(XE) COMPLETIO
/ 331	Continued From page	30	W 331			
	911 and individual #1 whospital. 5/1 between 10:20 am- continue to struggle will presentation, the LPN # treatment provided. During investigation star aware of the oxygen sar beidw 90 but he had not Instead House Manager places her on Oxygen. 5/1 - (11:17) per log One to facility to inquire about LPN #1 who indicates the Control Call Supervisor asks LPN #1 does not resport On Call Supervisor speciand they decide to call \$ 5/1- (11:05 am) 911 is of Complaint- Shorts Sepsis, due to unspecific cystitis without hematuric congestive hear congestive hear failure Atrial-fibrillation, unspecific mergency department	e way io perform an she indicates. House fomn that they are calling has being transported to a 11:00 am - facility staff the Individual #1's assessment, and finoted that the LPN #1 was turation levels dropping the placed her on Oxygen. Individual #1- speaks with the low oxygen. Indi		MAR	CEIVE 208 20 H/OL	17
		İ			J	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:				MULTIPLE CONSTRUCTION A BUILDING	(X3) DATE SURVEY COMPLETED	
		49G026	i	B WING	0 1/ 26/ 20 17	'
NAME OF	PROVIDER OR SUPPLIER	STREET AD		Y, STATE, ZIP CODE		
	KY AVE RESIDENCE	145 KENTL				
(X4) ID	SUMMARY STATEL	VIRGINIA E	BEACH, VA			
PREFIX TAG	(EACH DEFICIENCY WUS	ST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETION	ON
W 331	Continued From page 3	31	W 331			j
	past 2 days. PT has deve	difficulty breathing for the eloped wet cough; crackles terally. PT arrives on NC 6 2%; pt placed on non-of stroke;				
	cough there was no fever swelling in the legs. In the revealed, WBC of 21,000 3591, creatinine 1.2 from	pe Date: 5/11/2016, 4:55 RNJ 2 days prior to ased shortness of breath bored, associated with wet r or chills. No significant e ED labs 0, elevated and BNP				and colonia
	Hospital Course					
77	1. Sepsis (HCC): Multifactore acquired Pneumonia fever, no leukocytosis, Bl. 2. RML (right middle lobe Health Care acquired pneuvaquin, Robitussin, Bl. is negative. 3. Morganella UTI: Contindays. 4. Acute diastolic CHF (comproved, maintains good (room air). Continue Meto PO (by mouth). 5. Atrial Fibrillation: will ocentrol with Toprol and no anticoagulation secondar (echocardigram) showed	ood culture is negative. b)?RLL (right lower lobe) eumonia: Will continue ood and sputum culture nue Levaquin for 3 more ongestive heart failure): d Oxygenation on RA oprolol, Lisinopril, Lasix, continue HR (heart rate) of a good candidate for y to risk for fall. ECHO		·		

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		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTR A BUILDING		(X3) DATE SURVEY COMPLETED
		49G026		B WING		01/26/2017
	PROVIDER OR SUPPLIER KY AVE RESIDENCE	STREET.	ITUCKY A	CITY, STATE, ZIP CODE AVE VA 23452	<u> </u>	
(X4) ID PREFIX TAG	IEACH DEFICIENCY MUS	IENT OF DEFICIENCIES BT BE PRECEEDED BY FULL DENTIFYING INFORMATION	ID PREF TAG	EX (EACH CORRECT CROSS-REFERENCE	LAN OF CORRECTION IVE ACTION SHOULD SED TO THE APPROPE FICIENCY)	BE COMPLETION
	disease), stage 3: Resoluto baseline. Monitor BUN enzymes: Monitor, sip (signal cholecystectomy. Liver Uliver congestion VS (verse Prayachol and repeat liver few weeks. Patient stable During an interview on 1/2 the Nurse Manager, she in services for Individual stated the RN On Call infacility staff repeated call due to Individual #1's included to Individual #1's i	ure) at 60%. The on CKD (chronic kidney yed and creatinine is back of the control of the contro	e e		REC MAR	0 8 2017 H/OLC
	by staff to assess Individe 0800 on 5/1/16. Staff reported to him that her presentation. That maperson assist when usual	the individual was "off" in orning she was a 2-3				
	herself and leaning to on	e side while she was on				
ORM CMS-25	67(02-99) Frevious Versions Obsole	te Event ID: XVV/N1)	Facility ID	: VAICEMR*1	If continuation sheet 5	ng= 33 of 38

comprehensive plan for preventative services and

PRINTED: 02/07/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: BUILDING B WING 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES Cit PROVIDERS PLAN OF CORRECTION (XE) PREFIX IEACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE 7.AG DEFICIENCY W 331 Continued From page 33 W 331 the toilet. Staff requested that he assess her which he did. He reports that he asked staff if she had any PRN's for congestion/cough. The individual had orders for Mucinex and cough syrup as needed but none were in house so staff had to go and purchase them. The OTC (aver the counter) medication was purchased by direct care staff at 0829. It arrived in the facility shortly after and was administered by LPN #1 at approximately 0900. THE MEDICATION ADMINISTRATION RECORD (MAR) WAS SIGNED OFF THAT THE MEDICATION WAS GIVEN AT 0800. LPN #1 reports that the assessment he performed on Individual #1 revealed normal temp, 02 sat's and blood pressure but that she was congested and coughing. LPN #1 reported that he went back to administering medications as staffing was short and staff were tending to other individuals for their morning routines. LPN #1 reports that he was asked later to check Individual # around 10311100) sic and that her 02 sat's at that time were in the low to mid 80's on room air and shortly and again shortly afterward with 02 sat's still in the low to mid 80's. He did not recall the exact time but approximately around 1030 he suggests that someone could transport Individual #1 to the ER for evaluation which staff disagreed and called 911. He clocked out after the individual was picked up by ElviT. AT no time did he call or contact in any way the On Call RN Supervisor for direction." A Health Care Services Policy updated 3/3/16 indicated: Subject- Acute and Chronic Health Conditions Procedure: To ensure the provision of a

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SI		(X2)	MULTIPLE CONSTRUCTION		TE SURVEY
אואט הנא	IN OF CORRECTION	IDENTIFICATION N	NUMBER:	Α	BUILDING	COMPL	_E1≒D
		4 9G	026	B /	WING		01/26/2017
	F PROVIDER OR SUPPLIER KY AVE RESIDENCE		STREET ADDR 145 KENTUC VIRGINIA BE	KY AVE	Y, STATE, ZIP CODE		
X4) ID PREFIX TAG	SUMMARY STATE! (EACH DEFICIENCY MU REGULATORY OR LSC	MENT OF DEFICIENCI IST BE PRECEEDED B IDENTIFYING INFORM	ES BY FUUL	IO PREFIX TAG	PROVIOERS PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCEO TO THE AI OEFICIENCY)	HOULD BE	(XE) COMPLETIO
W 331	Continued From page	34		W 331			
	prompt treatment of acu conditions of each indiv		alth			٠	
	Applicability- All staff and individuals at the facility		work with		,		
	Purpose: It is the respo facility to participate in the comprehensive prevention treatment for acute and conditions of each indiviteam (IDT) process is used each individual and deany identified chronic hereventative measures health status. 6. The following guideling staff in determining their resident's health status. Medical Emergency Guiresponse: 911- Difficulty with 02 sat's <(less than stridor and increased an 02 sat's of 98-100%.	ne provision of a on plan and provichronic health idual, the interdiscipled to assess the evelop a plan to a calth conditions a to maintain the incress should be used response to a child delines: Level of y Breathing: Suddiscontinuity (1) 85% noted where	de prompt ciplinary needs iddress nd develop dividual's ed by all hange in a			RECEI MAR 0 8	2017
	Level of response: Call physician) or Nursing Si Breathing: 02 sat's 90-9 wheezing PRN HHH give pulmovest with slight improvement.	upervisor-Difficult 15%. Increased co en and	y engestion,				
	Level of response: Nurs Difficulty Breathing: 02 S Schedule PRN medication for 24 to 48 hours."	Sat's within baselir	ne.				

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The facility staff failed to resp	and to a change, in an	1		1
	ono to a change in a r	1 1		!
Individual's health status		}		
ORM CMS-2907(02-99) Previous Versions Obsolele	Towns ID: Managers			<u> </u>
Cittle Estate (102-35) Frevious Versions Obsolete	Event ID: XVWN11	Facility ID: VAIDFMR:	1' If continuation sheet Page 25	of 38

PRINTED: 02/07/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: BUILDING _ B WING_ 01/26/2017 49G026 STREET ADDRESS, CITY, STATE, ZIP CODE MAME OF PROVIDER OR SUPPLIER 145 KENTUCKY AVE KENTUCKY AVE RESIDENCE VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (XE) PRÉFIX (EACH OEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY** W 361 1483.460(i) PHARMACY SERVICES W 361 The facility mus: provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicas may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility staff failed to ensure routine medications were available for one Individual (Individual #1) in the survey sample of three individuals The findings include: Individual #1 was admitted to the facility on 3/5/12 All staff were retrained on 6/6/16 on to with diagnoses which included a history of cardiovascular identifying and taking the appropriate accident with left sided actions when medication supply is hemiparesis (weakness), dementia, hypertension depleting. hypothyroidism, history of urinary tract infection and dry eyes. Facility staff failed to provide eye drops to Medication Inventory and Storage Individual #1 for two days due to medications being policy was updated on 8/24/16 to unavailable. include weekly inventorying of all nonroutine medication. All responsible Individual #1 had a physician order for Refresh staff were trained on the revisions to Liquigel1% one (1) drop in both eyes three times the Medication Inventory and Storage daily for dry eyes. Individual #1 had an order for Policy. Refresh eyes drops to be administered 3 times a day at 0300 (8:00am), 1400 (2:00pm), and 1900 Contracted Pharmacy subcontracted $\{7:00pm\}.$ by 12/01/16 with a private courier that operates 365 days a year, 24 hours per day, 7 days per week to ensure A Multi-Service Progress Note dated (04/30/16) medications are always available to indicated: "Visual Impairment- Related to History of residents. cataracts with implanted lens-developed cloudy artificial lens.

Service Objective: To assist Individuat #1 with management of vision needs

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