PRINTED: 09/12/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				TE SURVEY MPLETED
		495267	B. WING			1	C / 31/2017
NAME OF	PROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	1 00	101/2017
BROOKS	SIDE REHAB & NURS	SING CENTER			ASTINGS LANE RENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	TS	F O	00			
	survey was conduct Corrections are rec following Federal L	Medicare/Medicaid standard sted 8/28/17 through 8/31/17. quired for compliance with the ong Term Care requirements. avestigated during the survey.	***************************************	: :		ECEIN EP 25 2	1
	The Life Safety Co	de survey/report will follow.			V.	DH/O	
	125 at the time of t consisted of 24 cur (Residents #1 throu	130 certified bed facility was he survey. The survey sample rent resident reviews ugh #21, and #27 through #29) d reviews (Residents #22	THE PROPERTY OF THE PROPERTY O	:			
F 157 SS=D	483.10(g)(14) NOT (INJURY/DECLINE (g)(14) Notification	e/ROOM, ETC) of Changes.	F 1	57 1.	Resident has not demonstrate adverse outcomes from not receiving evening medication 8/23/17. The resident has be receiving medications as ordered.	ons on een	
	consult with the res consistent with his representative(s) w	nmediately inform the resident; sident's physician; and notify, or her authority, the resident when there is-	ANALYSIA (1997)		On 8/31/17, MD and RP we notified of the evening dose medications that had not be administered on 8/23/17.	s of	
	results in injury and physician interventi	I has the potential for requiring ion;		mi e e e e e e e e e e e e e e e e e e e	Resident #4 has not demons any adverse outcomes from change in behavior. On 8/31	the 1/17 MD	
	mental, or psychos deterioration in hea	ange in the resident's physical, ocial status (that is, a alth, mental, or psychosocial threatening conditions or			and RP were notified of cha behavior which occurred or	n 7/17/17.	
	clinical complication	ns);		2.	residents will be completed	by Unit	
	a need to discontin	treatment significantly (that is, ue an existing form of dverse consequences, or to form of treatment); or			Managers, DON, ADON or designee to ensure medicati being administered as order and RP are notified of omis	ions are red, MD	
ARORATOR'	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

Any deficiency statement anding 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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN			(X3) DATE SURVEY COMPLETED	
		495267	B. WING				C / 31/2017
	PROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE	00	13 1/2011
BROOKS	SIDE REHAB & NURS	SING CENTER		WAR	RENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 157	Continued From pa	age 1	F 15	7 Co	ontinued From page 1		
	resident from the fights and facility document facility staff and RP (responsible and proposition).	sident rights under Federal or ations as specified in paragraph ion. st record and periodically s (mailing and email) and he resident representative(s). ENT is not met as evidenced erview, clinical record review ent review it was determined iled to notify the RP and physician of a change of 29 residents in the survey #13. failed to notify the physician ole party) when 4 p.m. not administered to Resident		3.	DON, ADON, Unit Managers designee will review clinical documentations daily 5 times/ to ensure MD and RP are notic changes in residents' behavior. Nursing staff (RN and LPN) vere-educated by ADON, Unit Managers or designee on the importance of communicating medication omission (s) to MIRP. Staff will be re-educated to no MD and RP of changes in a resident's behavior. Audits of MARs will be comp by DON; ADON; Unit Managand/or designee as follow; 10 MARs will be audited 2 times week x 4 weeks; weekly x 4 v and every-other-week x 1 more ensure medications are being administered as ordered, MD RP are notified of omissions. DON, ADON or designee will randomly audit clinical record weekly to ensure MD and RP notified of changes in residen behaviors.	week fied of s. vill be of s.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495267	B. WING		C 08/31/2017	
	PROVIDER OR SUPPLIER SIDE REHAB & NURS		Ī	STREET ADDRESS, CITY, STATE, Z 614 HASTINGS LANE WARRENTON, VA 20186		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 157	and responsible pabehavior for Resident #13 w 9/10/16 with diagnal limited to Alzheime anxiety disorder, at Resident #13's moset) was a quarter (assessment refere Resident #13 was impaired in cognition the BIMS (brief exam. Resident # supervision with traeating; and limited dressing. Review of Resident a note dated 8/23/1 following: "Patient the medications that w These meds (medications that w These meds (medications with an initial patient's bedside. Notified by CNA (cenurse observed and This note was written nurse) #16. Review of Resident (medication adminication ad	failed to notify the physician arty (RP) of a change in ent #4.		Variances in these au investigated and corr appropriate. An analyaudits will be provid. Committee for additional recommendation. 5. The facility dutifully compliance of these before 10/15/2017.	rections made as ysis of the ed to the QA ional oversight as.	

-	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONS	(X3) DATE SURVEY COMPLETED		
		495267	B. WING			1	C / 31/2017
	PROVIDER OR SUPPLIER	ING CENTER		614 HAS	ADDRESS, CITY, STATE, ZIP CODE STINGS LANE ENTON, VA 20186	1	01/201/
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 157	three times a day for There was no evide responsible party with medications. Review of the nursing revealed the 3-11 upon a medication cart LPN#16, arrived to the conducted with LPN When asked the promedications to reside unit, LPN #1 stated the room before the their medications. Lensure the resident not pocketing pills, were a lot of wande into other people's reprocess followed if so in a medication cup stated that she would medical doctor), try and come up with a LPN #1 stated that a would be completed notified. LPN #1 stated that a would be document on 8/30/17 at 5:00 processed to the conducted with LPN #14. When asked the medications to reside the conducted with LPN #14. When asked the medications to reside the conducted with LPN #14. When asked the medications to reside the conducted with LPN #14. When asked the medications to reside the conducted with LPN #14. When asked the conducted with LPN #14.	25 mg 3 capsules by mouth	F1	57			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495267	B. WING				C
NAME OF	PROVIDER OR SUPPLIER	1	D. WING		DDRESS, CITY, STATE, ZIP CODE	08	8/31/2017
	SIDE REHAB & NURS			614 HAST	rings Lane NTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU ROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 157	before leaving the #13 was allowed to LPN #14 stated that she could recall we #13 on the 3-11 sh sure because she When asked if she of medications next LPN #14 stated, "I rooms." When ask documented on Re (medication admin LPN #14 stated, "It When asked what MAR, LPN #14 stated medication was no remember why her could not remember why her could not remember on 8/23/17. We have events of 8/23/17 recall seeing that. On 8/30/17 at 5:30 conducted with LP #4 stated that she and was trying to go nurses to do a medicated that this was back from being sin her statement. LP LPN #16 to get a sin she could not figure she could not figure.	sident to take all medications room. When asked if Resident to self-administer medications, at she was not. When asked if orking on 8/23/17 with Resident ifft, LPN #14 stated she wasn't works every shift at the facility. It to Resident #13's bedside, never leave medications in the ked if it was her initials esident #13's August MAR istration record) for 8/23/17, appears to be my initials." circled initials meant on the ted that it meant that the t given. LPN #14 could not initials were circled. LPN #14 er the events of 8/23/17. p.m., an interview was N #16, the nurse who wrote the Vhen asked if she could recall 17, LPN #16 stated, "I don't don't recall writing that note." p.m., an interview was N #4, the unit manager. LPN had seen the note on 8/23/17 et a statement from both dication error report. LPN #4 is the first day LPN #14 was ok and she was going to get N #4 stated when she called tatement, LPN #16 stated that ember seeing medications in a above note. LPN #4 stated that it end to the what actually happened. It is medication really wasn't embers wasn't	F 1	57			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495267	B. WING		1	C / 31/2017
	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE. 614 HASTINGS LANE WARRENTON, VA 20186	1 00/	3 1/20 17
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIME DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 157	meds were not adm documented on the stated she believed were found by LPN circled LPN #14 init were not given. LP what she believed happened. When a responsible party sl medications are not yes. When asked it LPN #4 stated that stated that she did family. On 8/31/17 at 8:34 conducted with ASN could not recall bein missing her 4 p.m. On 8/31/17 at 9:00 administrator, ASM Nursing) and ASM # training, were made concerns. A policy could not be The facility policy tit for Clinical Problem following: "Non-Imm acute) problems. To problems should be not on an immediate implies that the phythe situation or every state of the st	indicated, a reason why the ninistered would be back of the MAR. LPN #4 I that the cup of medications #16 and in response LPN #16 itals to show the medications N #4 could not say for sure nappened was what actually asked if the physician and hould be notified if the physician was notified, she was not sure. LPN #4 not notify the physician or a.m., an interview was M #5, the physician. ASM #5 ng notified of Resident #13's medications. a.m., ASM #1, the #2, the DON (Director of #4, the administrator in a ware of the above be provided on RP notification. Ited, "Notification of Physicians s" documents in part the nediate Notification (sub the following types of a reported to the physician, but the basis. Non-immediate sician should be informed of the interest that do not require	F 1	57		

_	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
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NAME OF	DDOMBED OF OURDINED	493207	J. WINO	070		1 08/	/31/2017
NAME OF	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
BROOK	SIDE REHAB & NURS	ING CENTER	614 HASTINGS LANE				
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TAG	REGULATURY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	KIATE	DAIL
			-				
F 4 F 7	0 " 15	•					
F 157	Continued From pa	ige 6	F 1	57			
							:
		used alone or in combination					i
		ons for the treatment of	1			,	
	seizure disorders. 7	This information was obtained					
	from The National I	nstitutes of Health.					
	https://www.ncbi.nlr	m.nih.gov/pubmedhealth/PMH					
	T0011528/.						
	[2] Depakote- used	to treat seizures and also					
	used to treat bipola	r disorder. This information					
	was obtained from	The National Institutes of					
	Health						
	https://www.ncbi.nlr	m.nih.gov/pubmedhealth/PMH					i
	T0012594/?report=	details.	2	1.			
				1			
				:			
		ailed to notify the physician					
		rty (RP) of a change in					
	behavior for Reside	ent #4.					:
	1		and the second s				
		lmitted to the facility on	E	į			200
		ses that included but were not					and the second of the second o
		, high blood pressure and					1 1 2
		ecent MDS (minimum data					i.
		sessment with an ARD					
		nce date) of 7/2/17 coded the					
		g scored a three out of 15 on					
		rview for mental status)					
		ent was severely cognitively	i				
		ent was coded as requiring		ı		•	
		with activities of daily living. In					
		or, the resident was coded as					
	not having any beha	aviors.					
	. Danian - £46	mlaw apparts of the 0/00/47					
		plan created on 8/29/17					
		s. Behaviorsresident at					
		her (sic). Intervention. redirect					*
	as resident will allow	v.			*		9
	D 1	B					ļ .
	Review of the nurse	e's notes dated 7/17/17 at					, 1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONSTRUCTION ING	l(X	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVID	ER OR SUPPLIER	493207	D. WING	STREET ADDRESS, CITY, STATE, ZIP C	ODE	08/31/2017
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1 1 1000	EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	
11:00 CON WOO TOG RED AND MAL THE AGG ALW ANC THE EXH docu notifi Revi a.m. SHIF BEH A tele at 1:: #12, #4. V notifi yes. #12 o On 8 admi were An ir a.m. the a aske Resi	ISTANTLY WIT JLD ATTEMPT ETHER; NEED IRECTION FR BE INAPPRO E RESIDENT; REASON, RE- RESSIVE AND AYS ON ALER THER MALE FY Y DO NOT GO IBIT SEXUAL IS mentation that ed of the beha ew of the nurse documented, " T; NO INAPPR AVIOR NOTED ephone intervice 15 p.m. with LF the nurse who When asked if the ed of the reside When asked if the couldn't remem /30/17 at 4:25 nistrator and A made aware of terview was co with ASM (adm ssistant directo d to review the dent #4. When	THA MALE RESIDENT AND TO GO IN A ROOM OS CONSTANT OM STAFF TO NOT TOUCH PRIATE WITH ANOTHER WHEN STAFF EXPLAINS SIDENT WOULD GET DEFENSIVE; STAFF TWITH RESIDENT AND RESIDENT TO ENSURE IN A ROOM ALONE OR BEHAVIOR." There was no the physician or RP had been vior. BY SIDENT WOULD GET OF THE WITH RESIDENT AND RESIDENT TO ENSURE OF THE WAS NOT THE WAS COPRIATE OR NEGATIVE OF THE WAS CONCUCTED WITH THE WAS COPRIATE OR NEGATIVE OF THE WAS CONCUCTED WHEN THE WOULD BE WELL WAS CONCUCTED WITH WOULD BE WELL WAS CONCUCTED WITH WOULD BE WELL WAS CONCUCTED WITH WITH WITH WAS WELL WAS AND WITH WAS WAS CONCUCTED WITH WAS WELL WAS AND WAS	F 1	,		

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		495267	B. WING_		08/3	31/2017		
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BROOKS	SIDE REHAB & NURS	ING CENTER		614 HASTINGS LANE WARRENTON, VA 20186				
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F 157	document in the chaplan update for any asked if anyone wo ASM #2 stated, "In notify the family and Review of the facilit Resident's Conditio "Our facility shall president of the chapter of the facility shall president of the chapter of the facility shall president of the chapter of the chap	stated, "They should further art. There would be a care thing that was done." When uld be notified of the behavior, a situation like that I would physician." y's policy titled, "Change in a n or Status" documented, omptly notify the resident, his	F 18	57				
	(sponsor) of change medical/mental con Interpretation and Ir Supervisor/Charge Attending Physician there has been: d. A	ysician, and representative es in the resident's dition and/or statusPolicy mplementation. 1. The Nurse Nurse will notify the resident's or On-Call Physician when a significant change in the emotional/mental condition"						
	In Basic Nursing, Estedition (Potter and Fasca reference sounotification. Failure condition appropriate information to the plant provider are causes way to avoid being I follow standards of care, and to commun providers. The physis responsible for direct of a patient.	ssential for Practice, 6th Perry, 2007, pages 56-59), urce for physician's orders and to monitor the patient's rely and communicate that hysician or health care of negligent acts. The best liable for negligence is to care, to give competent health unicate with other health care ician or health care provider recting the medical treatment						
	483.10(g)(10)(i)(11) RESULTS - READII	RIGHT TO SURVEY LY ACCESSIBLE	F 16	7 Right to survey Results	4 - :			
	(g)(10) The resident	has the right to-		1. On 8-30-17 the survey resul in the front lobby was updated				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN		(X3) DATE SURVEY COMPLETED			
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F 167	Continued From pa	F 16	57 Cc	ontinued From page 9		:	
	of the facility condusurveyors and any respect to the facility (g)(11) The facility respect to the facility residents, in a place reand family member residents, the result the facility. (ii) Have reports with certifications, and corespecting the facility years, and any plan respect to the facility to review upon required (iii) Post notice of the areas of the facility accessible to the purity of the purity of the purity. (iv) The facility shall information about control of the purity of the purity of the purity of the purity of the available preceding year's surpreceding year's surpresponding plan	eadily accessible to residents, rs and legal representatives of lts of the most recent survey of the respect to any surveys, complaint investigations made ity during the 3 preceding of correction in effect with ty, available for any individual uest; and the availability of such reports in that are prominent and ublic. If not make available identifying complainants or residents. Note it is not met as evidenced to and staff interview, it was a facility staff failed to post a bility of the last three urvey results and their		3.	state that three (3) years of suresults with plan of correction were available for review. All signs related to the state seresults will be audited for conwording. The nursing home administratively be educated on correct sit wording for the survey posting the corporate compliance office. An audit of survey result post will be completed 2 times a weak by the executive assistant or designee two times a week for three weeks and then 1 time at for an additional 3 weeks. Rewill be brought to the facility meeting. Corrective action will be accomplished October 15th 2	survey rect ttor ign igs by icer. tings veek or i week esults QQA	
	responsible parties	that the results of the previous ey results, with the plan of				:	:

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BROOKS	SIDE REHAB & NURS	ING CENTER			ASTINGS LANE		
אסטום	MENAD & NONO	INO GENTER		WAR	RENTON, VA 20186		
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F 167	Continued From pa	•	F 1	67			
	The findings include	∋:					
	survey results was was located on a lot the words "Survey F. The survey binder of survey results. A 7 inches was located documented the follocated in binder be notice that the last twere located in the available for review reveal any posted in responsible parties	p.m., an observation of the conducted. The survey binder w shelf in the front lobby with Results" posted on the binder. contained the last three years a small sign approximately 5 x and above the shelf that lowing: "Survey Results slow." The sign failed to post three years of survey results survey binder and were. Further observations failed to otice to the residents and that the results of the previous by results, with the plan of vailable for review.					
	conducted with OSI medical records. O responsible for main binder. OSM #12 s survey sign had to s	p.m., an interview was M (other staff member) #12, SM #12 stated that she was ntaining the survey results tated she was not aware the specify that all three years of available. OSM #12 took the ted a new sign.					
	staff member) #1, th DON (Director of No administrator in train above findings. No presented prior to e be provided.	a.m., ASM (administrative ne administrator, ASM #2, the ursing), and ASM #4, the ning were made aware of the further information was xit. A facility policy could not		:			
	483.12(a)(3)(4)(c)(1 ALLEGATIONS/IND)-(4) INVESTIGATE/REPORT DIVIDUALS	F 2		porting Abuse, Neglect		
				1.	I. Facility Reported Inciden	at was	

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F 225	Continued From page 1	_	F 22	5 Continued From page 11		
	483.12(a) The faci	lity must-				
	who-	otherwise engage individuals		sent to appropriate age 9-20-2017 for resident 13 and number 12.	s number	The state of the s
	exploitation, mistreatment of residents or misappropriation of their property; or agencies on 12-18-16		on 9-20-			
			III. Facility Reported Incid sent to appropriate Stat agencies on 12-18-16 f	e or		
	or her professional body as a result of exploitation, mistre	nary action in effect against his license by a state licensure a finding of abuse, neglect, atment of residents or f resident property.		resident number 11 in trequired 24 hour report period. Staff member veducated on 12-18-16 or reporting allegations of	ing vas n abuse	
	licensing authoritie actions by a court	tate nurse aide registry or sany knowledge it has of of law against an employee, te unfitness for service as a facility staff.		or neglect to supervisor immediately. 2. All resident to resident octoor the previous three more	currences	
		allegations of abuse, neglect, treatment, the facility must:		be audited to determine w not they need to be reported Facility Reported Incident	ed at	TOTAL
	abuse, neglect, expincluding injuries of misappropriation or reported immediate after the allegation cause the allegation serious bodily injuries.	alleged violations involving ploitation or mistreatment, funknown source and fresident property, are ely, but not later than 2 hours is made, if the events that n involve abuse or result in y, or not later than 24 hours if se the allegation do not involve		3. Staff education will be contimely reporting. The administrator and director nursing will be educated of Facility Reported Incident reporting by the corporate compliance officer.	facility of on	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUL A. BUILDI		(X3) DATE SURVEY COMPLETED		
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		495267	B. WING			08/	31/2017
NAME OF	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
BROOKS	SIDE REHAB & NURS	ING CENTER	614 HASTINGS LANE				
Bittotite	DIDE REITAD & RORO	ard deliver		WA	RRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		BE	(X5) COMPLETION DATE
	Continued From parabuse and do not reficials (including to adult protective sensor jurisdiction in lor accordance with Staprocedures. (2) Have evidence to thoroughly investigation or mist investigation, or mist investigation is in procedures. (4) Report the result administrator or his representative and with State law, inclued Agency, within 5 words if the alleged violation corrective action mutates and facility document that facility staff failed abuse were immediagency and other of State law through exthree of 29 resident Resident #12, #13, 1. The facility staff failed and facility staff failed agency and other of State law through exthree of 29 resident Resident #12, #13,	ge 12 esult in serious bodily injury, to the facility and to other to the State Survey Agency and vices where state law provides ing-term care facilities) in ate law through established that all alleged violations are ated. cotential abuse, neglect, reatment while the rogress. Its of all investigations to the or her designated to other officials in accordance ding to the State Survey wrking days of the incident, and on is verified appropriate ust be taken. IT is not met as evidenced rview, clinical record review, it review, it was determined ed to ensure allegations of ately reported to the state ficials in accordance with stablished procedures for is in the survey sample,			continued From page 12 Resident to resident and resident staff occurrences will be revidaily (M-F) for 12 weeks by the DON or designee to ensure the reportable occurrences are reptimely and appropriately.	ent to ewed the nat ported	
		esident #13 ailed to report a sexual rred on 7/19/17 between					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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F 225	allegation of staff to #11 to the facility ac resident incident wa 4:30 p.m., but was administrator until 1 The findings include 1. The facility staff fencounter that occur Resident #12 and Fappropriate state ac Resident #12 was a 3/8/16 with diagnos limited to Alzheimer high blood pressure Resident #12's mosset) was a quarterly (assessment refere Resident #12's was impaired in cognitive on the BIMS (brief if exam. Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident was resident (Resident #1 resident number 47 (sic) were separated	Resident #12 to the gencies. Failed to immediately report an a resident abuse with Resident diministrator. The staff to as observed on 12-17-16 at not reported to the facility 2/18/16. Example 18 is a sexual arred on 7/19/17 between Resident #13 to the	F 2	25			

STATEMENT AND PLAN (STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 '.	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 225	pressure), 70 (pul (temp). np (nurse reach rp (respons reach rp)). The above incided that his report hallway away from note was docume order) filled out ettransfer resident or introduced to roor (sic) seems happy. Review of Reside a second sexual eta 7/19/17. The follow (Resident (Resident Residents were in contact (Name of party) notified" Review of the incided documented the found of the follow (Resident #12) was (Resident #13) in down her pants behaviors r/t (relations).	se), 20 (respirations), 98.6 practitioner) notified unable to ible party) will continue to try to ible party)." In twas reported to the agencies in a timely manner. Resident #12's clinical record room was changed to a different in Resident #13. The following inted: "New T.O. (telephone (sic) faxed to pharmacy to et (sic) belongings from 131 to riented to new room et (sic) inmate. Res (resident) smiling et y with placement at this time." Int #12's nursing notes revealed encounter with Resident #13 on owing was documented: ent #12) observed in his room dent 4782 (Resident #13) with (Resident #13's) pants. Inmediately separated. Second contact) and RP (responsible dent report dated 7/19/17 ollowing: "Resident 4074 as sitting next to resident the room and he had his hands. Resident with unpredictable ted to) dementia."	F 2					
	Review of a socia	I worker note dated 7/21/17 at				3		

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	COMPLETED		
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	### APSOCIATION NUMBER: #### APSOCIATION NUMBER: ##### APSOCIATION NUMBER: ##### APSOCIATION NUMBER: ##### APSOCIATION NUMBER: ##### APSOCIATION NUMBER: ###################################		STREET ADDRESS, CITY, STATE, ZIP CO 614 HASTINGS LANE WARRENTON, VA 20186					
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F 225	3:50 p.m. documer was asked to conta (regarding): reporte (resident)/hands do attempted to contact with (zero) ability to disconnected. SW contact #2 who is a comfort with staff in 2. redirection (sic)/o places. Emergency it." She was asked call 7/24 at 11:30 to agreement." Further review of the note dated 7/24/17 (interdisciplinary) m#12's RP, the DON Administrator, Geripractitioner), and the documented as bei Resident #13's related No further incidence Resident #12 and FON 8/30/17 at 9:59 conducted with LPN When asked the prese two residents e LPN #6 stated that the residents to det cognitively intact and to the behavior. LP should complete and responsible parties own representative.	anted the following: "Social work act RP (responsible party) read touching of a female resown pants. Social Worker at RP (responsible party) x 3 a leave mssg (message)/phone spoke with emergency aware of incident and stated attervention 1. Privacy in room discourage behavior in public contact #2 said "I'm fine with to be a part of a conference or review with nursing staff-in the social work notes revealed a documenting that an IDT attention was held with Resident (director of nursing), psych, NP (nurse the unit manager. The RP was ang fine with Resident #12 and tionship.	F 2	225				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION		TE SURVEY MPLETED C
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	Continued From administrator. LF would initiate an an investigation withere was no abusengaging in the bis determined that sexual activity, nu privacy. LPN #6 cognitively intact, residents and foll stated that the immeet to determine to either keep the privacy for the re When asked how #12's and Resides stated that the twaround and holdid dining room. LP was addressed were ok it. On 8/30/17 at 10 conducted with C #1, a CNA who fi #13 and Resider if she were to fin sexual behavior,					
	residents it is ok encounter and of separated. CNA notify the nurse it engaging in sexushe would know separated, CNA nurses." CNA# Resident #13 we	to provide privacy during the ther residents may have to be #1 stated that she would also f she found two residents all behaviors. When asked how which residents would have to be #1 stated, "I would ask the 1 stated that Resident #12 and are to be provided privacy when sexual behavior with each other.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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BROOK	SIDE REHAB & NURS	ING CENTER		WARRENTON, VA 20186			
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F 225	Continued From pa	nge 17	F2	25			
	conducted with ASI member) #1, the act DON (Director of Norole if they were to to resident sexual each would first expresidents and do an incident to her immishe would initiate a incident to the administrator stated reported to her, she state agencies such certification, ombut services etc. and so incident). When as resident to resident altercation, ASM #1 hours if abuse was follow up would be agencies within five why a FRI was not and #13 for the 7/11 #2 stated that the form allowing the residents liked to be Geri-psychology had and determined that harm allowing the residents to be together to be together to be together to the residents to be together to the residents to be together the residents to the residents to the residents to the residents occurred right when asked when consent for the residents residents to the residents of the residen	a.m. an interview was M (administrative staff dministrator and ASM #2, the ursing). When asked their be made aware of a resident encounter, ASM #2 stated that ect her nurses to separate the nincident report and report the ediately. ASM #2 stated that in investigation and report the ediately. ASM #1, the did that once the incident is ewould notify the appropriate in as the office of licensure and dsmen, adult protective ubmit a FRI (facility reported ked the time frame to report a sexual encounter or stated within 24 hours or 2 found. ASM #1 stated a sent to the appropriate state working days. When asked submitted for Resident #12 9/17 sexual encounter, ASM acility staff determined that the extogether and devaluated both residents to be together. ASM had a meeting with both and the social worker and e same page to allow both either. When asked when this ASM #1 stated that the ght after the second incident. The responsible parties gave dents to be together, ASM #1 after the second					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CO 614 HASTINGS LANE WARRENTON, VA 20186				
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F 225	that a note from a the responsible prosexual behavior wafter the 7/19/17 in responsible parties residents to enga 7/19/17 was required. No further information exit. Review of the fact part, the following a. Any allegation on eglect, mistreath resident property, of unknown origins supervisor in characteristic existency in the allegations c. Ever fall, inappropriate reported to the Doutends will be idented to appropriate the information was a reported to a propriate the information was a reported to appropriate the information was a reported to a propriate the informat	and ASM #2 were made aware a social worker documenting that arties gave consent to the was not until 7/24/17 (5 days notident). Any evidence that the es gave permission for the ge in sexual behavior prior to ested. Action could be presented prior to dested. Action could be presented	F 22	25				
		curred on 7/19/17 between Resident #12 to the agencies.						
		s admitted to the facility on noses that included but were not						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG	CON	(X3) DATE SURVEY COMPLETED C		
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F 225	anxiety disorder, Resident #13's m set) was a quarte (assessment refe Resident #13's w impaired in cogni BIMS (Brief Intern Resident #13 was with transfers, am assistance with to Review of Resides sexual encounter 6/2/17. The follow nursing note: "Ca cna (sic) (certified resident (Resident #13) ca room. No distress (Name of RP) leffacility). (Name of RP) leffacility). (Name of RP) leffacility). (Name of Review of Resided documented the potential to be verelated r/t (related (sic) impulse con harm self or othe Interventions: gel	er's disease, high cholesterol, and high blood pressure. ost recent MDS (minimum data rly assessment with an ARD rence date) of 6/18/17. as coded as being severely tion scoring 03 out of 15 on the view for Mental Status) exam. It is coded as requiring supervision abulation, and eating; and limited obileting and dressing. Ent #13's chart revealed the first with Resident #12 occurred on wing was documented in a lled into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room (room number) by distributed in a lied into room	F 2	25				

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F 225	Review of Reside a second sexual 7/19/17. The folk "Notified by house #13) was seen in room with his har immediately sepa Resident smiling other residents. (practitioner]) made (Name of RP [resident #12) we (Resident #12) we (Resident #13) in down her pants. #13) with unpredidementia." A FRI (facility repidementia." A FRI (facility repidementia." A FRI (facility repidementia." On 7/21/17 at 3:2 worker document work) was asked party) related to make and stating (history) with make is fine with make is fine with make with res. This we this male attention was available to matter with nursi	ent #13's nursing notes revealed encounter with Resident #12 on owing note was documented, ekeeper that resident (Resident resident #4704 (Resident #12) and down her pants. They were enated without incidence. and chatting in day room with Name of N. P. [nurse le aware and message left for exponsible party]) to call (Name of ident report dated 7/19/17 following: "Resident 4074 as sitting next to resident the room and he had his handsResident (Name of Resident ictable behaviors r/t (related to)		225	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	**************************************	INO OFFITED		614	HASTINGS LANE			
BROOK	SIDE REHAB & NURS	ING CENTER		WA	RRENTON, VA 20186			
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F 225	the f/u (follow up): drawing curtain in the discouraged /redired like the DR (dining). On 7/24/17 the following the IDT (interdiscip held today with DO (north wing) unit mand SW present. Frand confirm RP in the have relationship with its surprised and it." On 8/30/17 at 9:59 conducted with LPI	and the direction presented for 1. privacy (sic) to be given by he room and 2. affection (sic) ected when in public spaces room)." Diving note was written from linary meeting): "Mtg (meeting) N (Director of Nursing), NW anager, Administrator, SW, RP Purpose was to review incident agreement with res. desire to with male res. He said that he he's fine with how staff handle a.m., an interview was N (licensed practical nurse) #6.	F2	225				
	When asked the prese two residents of LPN #6 stated that the residents to descognitively intact are to the behavior. LF should complete are responsible parties own representative would also notify the administrator. LPN would initiate an invaniny an investigation would there was no abuse engaging in the being determined that sexual activity, nursprivacy. LPN #6 strongnitively intact, seridents and follows.	rocess if facility staff were to engaging in sexual activity, initially she would separate termine if both residents are not that both residents consent PN #6 stated that nursing staff in incident report and notify the if the residents are not their if the stated that she if the stated that administration westigation. LPN #6 stated that build be conducted to ensure the between the residents havior. LPN #6 stated that if it both residents consent to the sing staff should provide the would separate the would separate the would separate the would separate the would sciplinary team	We come to management the control of					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186	CODE		
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F 225	would also meet to into place to either or to offer privacy behavior. When a Resident #12's an LPN #6 stated that walking around arrand dining room. relationship was at the families were to find sexual behavior, conducted with CN #1, a CNA who free #13 and Resident if she were to find sexual behavior, con the residents. residents it is ok to encounter and oth separated. CNA # notify the nurse if engaging in sexual she would know we separated, CNA # nurses." CNA #1 and Resident #12 they were engaging other.	determine interventions to put keep the residents separated for the residents during this asked how she could describe desident #13's relationship, to the two residents are always and holding hands in the hallways LPN #6 stated that this ddressed with the families and look it. 30 a.m., an interview was look it. 31 a.m., an interview was look it. 32 a.m., an interview was look it. 33 a.m., an interview was look it. 34 a.m., an interview was look it. 35 a.m., an interview was look it. 36 a.m., an interview was look it. 37 a.m., an interview was look it. 38 a.m., an interview was look it. 39 a.m., an interview was look it. 30 a.m., an interview look it. 30 a.m., an int	F2				
	conducted with AS member) #1, the a DON (Director of I role if they were to to resident sexual she would first expresidents and do a	a.m. an interview was M (administrative staff administrator and ASM #2, the Nursing). When asked their be made aware of a resident encounter, ASM #2 stated that pect her nurses to separate the an incident report and report the nediately. ASM #2 stated that					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		(X3) DATE SURVEY COMPLETED		
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F 225	incident to the adm administrator stated reported to her, she state agencies such certification, ombud services etc. and suincident). When as resident to resident altercation, ASM #1 hours if abuse was up would be sent to agencies within five why a FRI was not and #13 for the 7/1 #2 stated that the faresidents liked to be Geri-psychology ha and determined that harm allowing the responsible parties everyone was on the residents to be togen meeting occurred, meeting occurred riwhen asked when consent for the resistated this happened incident. ASM #1 at that a note from a step the responsible parties after the 7/19/17 incresponsible parties	in investigation and report the inistrator. ASM #1, the did that once the incident is would notify the appropriate in as the office of licensure and dismen, adult protective ubmit a FRI (facility reported of the time frame to report a sexual encounter or stated within 24 hours or 2 found. ASM stated a follow the appropriate state working days. When asked submitted for Resident #12 19/17 sexual encounter, ASM acility staff determined that the encounter and dievaluated both residents at there was no psychosocial esidents to be together. ASM and the social worker and the social worker and the same page to allow both eather. When asked when this ASM #1 stated that the ght after the second incident, the responsible parties gave dents to be together, ASM #1 and ASM #2 were made aware and and ASM #2 were made aware social worker documenting that the gave permission for the gave permission for the gave permission for the gave permission for the gave in sexual behavior prior to	F	225			

No further information was presented prior to exit.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING	(X	3) DATE SURVEY COMPLETED
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F 225	Continued From p	page 24	F 2	225		
	allegation of staff #11 to the facility resident incident was administrator until Resident #11 was 2/24/14 and read diagnoses that incompany depressive stroke, atrial fibrill obstructive pulmomost recent MDS quarterly assesson reference date) of coded as being se status scoring 99 interview for mention was coded as requambulation, and left from one staff me assistance from the toileting, and persons in the second staff meassistance with mea	admitted to the facility on mitted on 2/22/16 with cluded but were not limited to disorder, muscle weakness, ation, and COPD (chronic nary disease). Resident #11's (minimum data set) was nent with an ARD (assessment 8/7/17. Resident #11 was everely impaired in cognitive out of 15 on the BIMS (brief al status exam). Resident #11 uiring supervision with occomotion; extensive assistance mber with dressing; extensive wo or more staff members with onal hygiene; and limited eals.				
	12/18/17 and repo agencies on 12-1 "Incident date: 12 Resident Involved Injuries: No, Incide abuse/mistreatme location, and actio staff member) #10 (Name of alleged	ty Reported Incident (FRI) dated orted to the appropriate state 3-17, documented the following: -17-16, Report date: 12-18-16. : (Name of Resident #11), ent Type: Allegation of ent. Describe Incident, including on taken: (Name of OSM (other 0), resident helper alleges that resident helper) "smacked" the lent (Name of Resident #11) on				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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				614	HASTINGS LANE		
BROOK	SIDE REHAB & NURS	SING CENTER		WA	RRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 225	Continued From pa	age 25	F 2	25			
	12-17-16 at 4:30 p. (zero) injuries."	.m. for reaching for food-0					
	documented the fo 12-18-16: I was in sandwich out and (walking around tou of alleged resident told him no do not (sic) on 12-17-16 a Review of the alleg statement dated 12 the following: "(Nar sitting in dining roo reached for it, I did him, this was a nat for hot chocolate w	ess statement by OSM #10 llowing: " Date of statement; the dining room passing Name of Resident #11) was ching people food and (Name helper) smack his hand and touch people food. happen around 4:30." Just de resident helper's witness 2-18-17 documented in part, me of other resident) was m, (Name of Resident #11) tap his hand, I did not smack ural instinct, He was reaching with medicine in itMy intention in the company in the medicine was nowhere to					
	a statement by the supervisor that doc of statement: 12-18 OSM #10) R/T (relableged resident he dining room between alleged resident he stated that she hear Resident #11's) ha #11) was walking a of alleged resident rather than redirect resident helper) to completion of investilicensed practical	ne witness statements revealed RN (registered nurse) cumented the following: "Date 3-16. Interview with (Name of ated to) incident and (Name of OSM #10) and a loud smack to (Name of and (right). (Name of Resident around and taking food. (Name helper) smacked his hand ting pt. (Name of alleged be taken off duty until stigation. (Name of LPN nurse] #4), unit manager this to my attention."					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION			E SURVEY IPLETED
		495267	B. WING			1	C 31/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	1 907	01/2011
				614 HASTINGS LANE			:
BROOKS	SIDE REHAB & NURS	ING CENTER		WARRENTON, VA 20186			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		HE APPROPE	RIATE	COMPLETION DATE
F 225	Continued From pa	ge 26	F2	25			
		t from LPN #4, the unit be found in the investigation.	To complete to the complete to				
	education provided was documented: " Education: Timely r witnessed incidents of patient abuse. It	e investigation revealed to OSM #10. The following 12-18-16. Reason for eporting of any and all immediately; the seriousness ems reviewed: pt (patient) what to report and when, how mediately!"					
	administrator dated appropriate state as documented in part 12/17/16 at 4:30 p.r resident helper stat sandwiches in the common with the sandwiches in the common with the sandwiches in the common with the sandwiches and grabbed another (Name of Resident removed the sandwiches and it was alleged resident helped the investigation and (Name of Resident staff and did not has Geripsych (Geripsynotified and (Resident negative outcomes striking resident CRN)/acting DON (D	v up report created by the 12/21/17 and sent to the gencies on 12/21/17, the following: "On m. (Name of OSM #10), es that she was passing lining room on the NW (North of Resident #11) walked over er residents (sic) sandwich. esident helper), "smacked" #11) on the right hand and rich. (Name of OSM #10) UM (unit manager) on reported to me. (Name of per) was suspended pending d did not work 3-11 on 12/18. #11) was assessed by nursing we any apparent injuries. Vichology/psychiatry) was ent #11) was seen with no was noted due to employee on 12/20/16 (Name of irector of Nursing) and irector of Nursing)					
	of alleged resident l	urces) Director called (Name nelper) and told her that she we her position as resident					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	('	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
	495267	B. WING			C	
		D. WING			08/31/2017	
NAME OF PROVIDER OR SUPPLIER	₹		STREET ADDRESS, CITY, STATE, ZIP	CODE		
BROOKSIDE REHAB & NUR	SING CENTER		614 HASTINGS LANE			
BROOKSIDE KEIIKE G KOK	onto ozittzik		WARRENTON, VA 20186			
PREFIX (EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 225 Continued From p	page 27	F 2	25			
helper on the Nortesident helper) with SW (south wing) to clerical work but he not she will accept OSM #10) was respectively with the could resident helper resident that she was stated that she was stated that her job assisting the resident care training on abuse, monthly in-service abuse training. We were to witness a OSM #10 stated the she could recall the Resident #11 and	th Wing Unit. (Name of alleged has offered a desk job on the unit answering phones and has not confirmed whether or to the new position. (Name of reducated on reporting timely. It is solved in the new position) will re-take an Relias." Oloyee file for the alleged wealed that she was no longer of facility on 12/20/16. Further loyee file revealed that she had prior to her hire date in 2013. Oloyee file revealed that she had prior to her hire date in 2013. As a.m., an interview was SM #10, the resident helper. OSM #10 as a resident helper. OSM #10 are sponsibilities included then with meals, passing out the gresident beds. OSM #10 as not allowed to provide any the when asked if she received OSM #10 stated that she had as she had to complete on then asked the process if she staff member hitting a resident, and she would report the abuse a nurse on duty. When asked if the events on 12/17/16 between a staff member, OSM #10	F 2	25			
shift passing out s Resident #11 tryin OSM #10 stated th reach for a sandw	is in the dining room on evening andwiches when she saw g to grab other people's food. nat when Resident #11 went to ich, a resident helper slapped SM #10 stated that she					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		PLE CONSTRUCTION		E SURVEY MPLETED
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		495267	B. WING			1	/31/2017
NAME OF F	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
				•	614 HASTINGS LANE		
BROOKS	SIDE REHAB & NURS	ING CENTER		١	WARRENTON, VA 20186		
(X4) ID		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFI	ıv	PROVIDER'S PLAN OF CORRECTION SHOUL		(X5) COMPLETION
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPRO		DATE
		·			DEFICIENCY)		
1							
F 225	Continued From pa	ge 28	F 2	225	5		: !
	reported it to the ev	ening floor nurse the night it					
	happened but could	I not remember the nurse she					İ
	reported it to. OSM	#10 stated that she reported					1
	the incident becaus	e he was being treated like a					
	child. OSM #10 stat	ed that she reported the					
;	incident to the unit r	manager (LPN #4) the next					
:	day (12/18/16) just	to make sure she was aware.					
	OSM #10 could not	recall the resident reaching					
	for a hot chocolate	full of medicine.					1
	0:- 0/00/47 -1 44:00	N = in t = i =					
		a.m., an interview was					
i		I #4, the unit manager. When					
		process if she were to see a					
		rcation, LPN #4 stated that					
		immediately, assess the					
		have the staff member clock					
		estigation, create an incident					
1		is incident to the DON					
), Administrator and Medical					
		ted that the administrator					
		le for creating a FRI (facility					
		When asked when she					
		s to report an allegation of ed, "Immediately." When					
		ecall the events of the staff to					
!		between Resident #11 and					
		, LPN #4 stated, "I can't tell			1		
į		ppened." LPN #4 stated that					
:		reported to her until 12/18/16					
:		SM #10. LPN #4 stated that it			3		1
İ		n that OSM #10 reported the					
,		#4 stated that OSM #10 was					
:		ting abuse immediately. LPN					*
		aff member who slapped					3
:		works for the facility. When					1
		ember was reported to the					1
		h professions, LPN #4 stated,					
		a certification or anything.					1
		and fill out an application to					1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRI		(X3) DATE SURVEY COMPLETED C		
		495267	B. WING			08/	/31/2017	
	PROVIDER OR SUPPLIER			614 HASTIN	DRESS, CITY, STATE, ZIP CODE IGS LANE FON, VA 20186			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EA	PROVIDER'S PLAN OF CORRE ACH CORRECTIVE ACTION SH SS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	training." On 8/31/17 at 9:0 staff member) #1 the DON (Directo administrator in trabove concerns. presented prior to Review of the fac part, the following a. Any allegation neglect, mistreatr resident property, of unknown origin supervisor in chardesignee is to be allegations. b. Al respect the rights with dignity and to their rights. Any eknowledge of an obligated to repoi in charge, Director Administrator." 483.12(b)(1)-(3), DEVELOP/IMPLITED POLICIES 483.12 (b) The facility mi written policies and 12 prohibit and page 14 prohibit and page 15 prohibit and page 15 prohibit and page 16 prohibit and page 17 prohibit and page 17 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 prohibit and page 18 p	of a.m., ASM (administrative the administrator and ASM #2, r of Nursing), and ASM #4, the aining were made aware of the No further information was exit. Ility's abuse policy documents in: "3. Identification and Reporting of abuse, involuntary seclusion, ment, misappropriation of or the occurrence of any injury will be promptly reported to the rege. The administrator or informed immediately of all employees have a duty to of all residents, to treat them or prevent others from violating imployee who witnesses or has act of abuse to a resident is it such information to the Nurse or of Nursing, or the 483.95(c)(1)-(3) MENT ABUSE/NEGLECT, ETC Let develop and implement and procedures that: revent abuse, neglect, and sidents and misappropriation of		226 Repor	ting Abuse, Neglect Facility Reported Inc. sent to appropriate as 9-20-2017 for resider 13 and number 12. Facility Reported Inc. sent to State agencies 2017 for residents number 12.	gencies on nts number cident was s on 9-20-		

Facility ID: VA0178

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		SURVEY PLETED
	495267	B. WING		00%	31/2017
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURS			STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186		51/2017
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
investigate any successions (3) Include training §483.95, 483.95 (c) Abuse, neglect, the freedom from a requirements in § 4 provide training to educates staff on- (c)(1) Activities that exploitation, and many property as set fortout (c)(2) Procedures of the neglect, exploitation resident property (c)(3) Dementia many prevention. This REQUIREME by: Based on staff interest and facility document that facility staff fair policies and report three of 29 resident #11. 1. For Resident #11 implement abuse pencounter that occe #13 to the appropri	es and procedures to ch allegations, and as required at paragraph and exploitation. In addition to abuse, neglect, and exploitation 483.12, facilities must also their staff that at a minimum to constitute abuse, neglect, isappropriation of resident that § 483.12. For reporting incidents of abuse, no, or the misappropriation of anagement and resident abuse enview, clinical record review, ent review, it was determined led to implement abuse an allegation of abuse for ts, Resident #13, #12, and 2 the facility staff failed to policies to report a sexual curred on 7/19/17 with Resident fate state agencies. 3, facility staff failed to	F 22	III. Facility Reported sent to appropriate agencies on 12-18 resident number 1 required 24 hour aperiod. Staff meneducated on 12-18 reporting allegation or neglect to superimmediately. 2. All resident to resident for the previous three be audited to determine not they need to be refacility Reported Inc. 3. Staff education will be timely reporting. The administrator and directly nursing will be educated Facility Reported Inc. 4. Resident to resident and staff occurrences will daily (M-F) for 12 we do not be reportable occurrences timely and appropriate	e State 3-16 for 1 in the reporting aber was 3-16 on ons of abuse rvisor t occurrences months will ne whether or reported at idents. completed on e facility ector of ted on ident orate and resident to I be reviewed eeks by the ensure that es are reported	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION		E SURVEY MPLETED
		495267	B. WING	·		1	C /31/2017
	PROVIDER OR SUPPLIER	ING CENTER		6	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186	1 00/	31/201/
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	encounter that occu #12 to the appropria 3. The facility staff of policies and report is resident abuse with manner. The staff to observed on 12-17-reported to the facil 12/18/16. The findings include 1. For Resident #12 implement abuse per encounter that occu #13 to the appropria Resident #12 was a 3/8/16 with diagnos limited to Alzheimer high blood pressure Resident #12's mosset) was a quarterly (assessment refere Resident #12's was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #12 was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident was impaired in cognitive on the BIMS (brief in exam. Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #1 supervision for all A Review of Resident #1 supervision for all A Revie	arred on 7/19/17 with Resident ate state agencies. Tailed to implement abuse an allegation of staff to Resident #11 in a timely president incident was 16 at 4:30 p.m., but was not ity administrator until	F 2	226	Continued From page 315. Corrective action will be accomplished October 15th 2	017.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495267	B. WING			C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 614 HASTINGS LANE WARRENTON, VA 20186	;ODE	08/31/2017
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD E	
F 226	(sic) were separate (sic) no marks on pressure), 70 (pulse (temp). np (nurse preach rp (responsil reach rp (responsible resident resident resident (resident (resident resident resident (resident resident resident resident resident (resident resident resid	782 (Resident #13) residents and (sic) skin assessment done benis vital signs 126/78 (blood se), 20 (respirations), 98.6 practitioner) notified unable to ble party) will continue to try to ble party)." It was reported to the agencies in a timely manner. Resident #12's clinical record from was changed to a different resident #13. The following face: "New T.O. (telephone face) faxed to pharmacy to a face to pharmacy to the face to new room et (sic) mate. Res (resident) smiling et with placement at this time." It #12's nursing notes revealed facounter with Resident #13 on wing was documented: and #12) observed in his room face the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the face of the fa		26		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495267	B. WING			1	C 31/2017
	PROVIDER OR SUPPLIER			614 HASTING	RESS, CITY, STATE, ZIP CODE GS LANE ON, VA 20186	1	01/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EA	PROVIDER'S PLAN OF CORRECTIO CH CORRECTIVE ACTION SHOULD SS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	3:50 p.m. docume was asked to cont (regarding): report (resident)/hands d attempted to conta with (zero) ability t disconnected. SW contact #2 who is comfort with staff i 2. redirection (sic)/places. Emergencit." She was asked call 7/24 at 11:30 t agreement."		F 2	26			
	note dated 7/24/17 (interdisciplinary) r #12's RP, the DON Administrator, Ger practitioner), and t documented as be Resident #13's relative No further incident Resident #12 and On 8/30/17 at 9:59 conducted with LP When asked the p see two residents to the positively intact at to the behavior. LI	documenting that an IDT neeting was held with Resident (director of nursing), i-psych, NP (nurse he unit manager. The RP was ling fine with Resident #12 and ationship.					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY IPLETED
		495267	B. WING			С	
NAME OF	PROVIDER OR SUPPLIEF		13		REET ADDRESS, CITY, STATE, ZIP CODE	08/	31/2017
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BROOKS	SIDE REHAB & NUR	SING CENTER			ARRENTON, VA 20186		
()(4) ID	SLIMMADVET	TATEMENT OF DEFICIENCIES				····	-
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	Continued From p	age 34	F 2	26			
		s if the residents are not their	1 2	20			
		e. LPN #6 stated that she					
		he medical doctor and					i
		N #6 stated that administration			i		
		vestigation. LPN #6 stated that					
		ould be conducted to ensure					
	there was no abus	e between the residents	1				
		havior. LPN #6 stated that if it	İ				
		both residents consent to the					
		sing staff should provide	5				
		tated if two residents are not					
		she would separate the					
		w the same process. LPN #6					
		rdisciplinary team would also interventions to put into place					
		esidents separated or to offer					
;		dents during this behavior.					
		she could describe Resident					
		t #13's relationship, LPN #6					
		residents are always walking					
		hands in the hallways and					1
:	dining room. LPN	#6 stated that this relationship					
		h the families and the families					
:	were ok it.					-	
				i			
1	On 8/30/17 at 10:3	0 a.m., an interview was					ŀ
,		A (certified nursing assistant)				1	
		quently works with Resident					
		#12. When asked the process					
		wo residents engaging in					
		NA #1 stated that it depended CNA #1 stated that for some					
		provide privacy during the					
		er residents may have to be					
		1 stated that she would also					
		he found two residents					
		behaviors. When asked how					
		nich residents would have to be				1	
		stated, "I would ask the				:	

X1) PROVIDER/SUPPLIER/CLIA	ı			E SURVEY MPLETED
IDEITH IOATION NOWDER.	A. BUILD	DING		С
495267	B. WING			/31/2017
NG CENTER		STREET ADDRESS, CITY, STATE, ZIF 614 HASTINGS LANE WARRENTON, VA 20186	P CODE	
EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
smen, adult protective bmit a FRI (facility reported sed the time frame to report a sexual encounter or stated within 24 hours or 2 ound. ASM #1 stated a ent to the appropriate state working days. When asked ubmitted for Resident #12 //17 sexual encounter, ASM cility staff determined that the together and devaluated both residents there was no psychosocial esidents to be together. ASM and a meeting with both and the social worker and esame page to allow both ther. When asked when this		226		
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Im. an interview was (administrative staff ministrator and ASM #2, the rsing). When asked their e made aware of a resident acounter, ASM #2 stated that investigation and report the diately. ASM #2 stated that investigation and report the diately. ASM #1, the that once the incident is would notify the appropriate as the office of licensure and smen, adult protective omit a FRI (facility reported as the office of licensure and smen, adult protective omit a FRI (facility reported as the office of licensure and smen, adult protective omit a FRI (facility reported as the office of licensure and sexual encounter or stated within 24 hours or 2 ound. ASM #1 stated a ent to the appropriate state working days. When asked ubmitted for Resident #12 /17 sexual encounter, ASM cility staff determined that the together and a evaluated both residents there was no psychosocial sidents to be together. ASM and a meeting with both and the social worker and a same page to allow both ther. 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ASM and a meeting with both and the social worker and the same page to allow both ther. When asked when this SM #1 stated that the	A BUILDING 495267 B. WING STREET ADDRESS, CITY, STATE, ZIF 614 HASTINGS LANE WARRENTON, VA 20186 EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IDENTIFYING INFORMATION) E 35 Ited that Resident #12 and be provided privacy when ual behavior with each other. Im. an interview was (administrative staff ministrator and ASM #2, the rising). When asked their e made aware of a resident incounter, ASM #2 stated that investigation and report the diately. ASM #2 stated that investigation and report the diately. ASM #2 stated that investigation and report the diately. ASM #1, the that once the incident is would notify the appropriate as the office of licensure and smen, adult protective omit a FRI (facility reported led the time frame to report a sexual encounter or stated within 24 hours or 2 ound, ASM #1 stated a ent to the appropriate state working days. 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WING STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186 EMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL 1 DEPROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BE SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BE SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BE SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BE SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BE SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE F 226 F 226 F 226 F 226 F 226 F 227 F 227 F 228 F 228 F 228 F 228 F 228 F 228 F 228 F 228 F 228 F 228 F 228 F 228 F 228 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229 F 229

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	DING		COMPLETED		
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	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 614 HASTINGS LANE WARRENTON, VA 20186		0,01,2011
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ir e	nplement abuse p ncounter that occ	3, facility staff failed to policies and report a sexual surred on 7/19/17 with Residentiate state agencies.				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495267	B. WING			1	C /31/2017
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	9/10/16 with diagnor limited to Alzheimer anxiety disorder, ar Resident #13's mosset) was a quarterly (assessment refere Resident #13's was impaired in cognition BIMS (Brief Intervier Resident #13 was on with transfers, ambiguistance with toile Review of Resident #13 was on with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Review of Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with toile Resident with transfers, ambiguistance with transfers, ambiguistance with transf	admitted to the facility on oses that included but were not or's disease, high cholesterol, and high blood pressure. It recent MDS (minimum data or assessment with an ARD ence date) of 6/18/17. It coded as being severely on scoring 03 out of 15 on the ew for Mental Status) exam. It coded as requiring supervision culation, and eating; and limited eting and dressing. #13's chart revealed the first ith Resident #12 occurred on any was documented in a do into room (room number) by ursing assistant) who stated #13) was giving oral sex to 44 (Resident #12) upon his form, I noted both residents are side of bed fully clothed, pleasant and resident ereadily with me to the day of oted. RP (responsible party) the essage to call (Name of NP (nurse practitioner) made	F 2	226			
	potential to be verba related r/t (related to	ally and physically aggressive) Dementia (sic) and Poor . Goal: The resident will not				:	

STATEMENT OF AND PLAN OF C	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING		ATE SURVEY OMPLETED
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hain (pre Ra 7/"" # romin Rot pro (Fod # de A fo O www.paman. (h	terventions: gerissychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psychology/psych	is through next review. is (sic) psych niatry) as needed, redirect ill allow." Int #13's nursing notes revealed encounter with Resident #12 on owing note was documented, ekeeper that resident (Resident resident #4704 (Resident #12) ds down her pants. They were rated without incidence. and chatting in day room with Name of N. P. [nurse e aware and message left for ponsible party]) to call (Name of dent report dated 7/19/17 ollowing: "Resident 4074 as sitting next to resident the room and he had his hands Resident (Name of Resident ctable behaviors r/t (related to)		26		

AND PLAN OF CO	DEFICIENCIES DRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ULTIPLE CONSTRUCTION _DING			TE SURVEY MPLETED
		495267	B. WING			08	C / 31/2017
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wa ma 11: sta the dra dis like On the held (no and havish' it." On cor Wh see LPI the cog to the short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short short shor	tter with nursing 00 a.m. 7/24. RI ff help with this a f/u (follow up): 7 wing curtain in the couraged /redirect the DR (dining 7/24/17 the follow 1DT (interdiscipled today with DOI of the wing) unit may 1 SW present. For the confirm RP in a few relationship with the surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 surprised and 1 su	nverse via phone on the as well -meeting set up at stated that he appreciates and the direction presented for 1. privacy (sic) to be given by the room and 2. affection (sic) ected when in public spaces	F 2	226			

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		/31/2017	
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F 226	residents and follo LPN #6 stated that would also meet to into place to either or to offer privacy behavior. When a Resident #12's an LPN #6 stated that walking around an and dining room. relationship was at the families were of the families were of the families were of the families were of the families were of the families were of the families were of the families were of the families were to find sexual behavior, on the residents. residents it is okton the residents. residents it is okton the residents. The families were encounter and oth separated. CNA # notify the nurse if engaging in sexual she would know we separated, CNA # nurses." CNA #1 and Resident #12 they were engaging other. On 8/31/17 at 9:00 conducted with AS member) #1, the families would with AS member) #1, the families would with AS member) #1, the families would with AS member) #1, the families would with AS member) #1, the families would with AS member) #1, the families would with AS member) #1, the families would with AS member) #1, the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families were only the families w	she would separate the w the same process. It the interdisciplinary team of determine interventions to put the keep the residents separated for the residents during this asked how she could describe do Resident #13's relationship, to the two residents are always and holding hands in the hallways LPN #6 stated that this ddressed with the families and		226			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION		TE SURVEY MPLETED	
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NAMEOE	PROVIDER OR SUPPLIER	+33207	1 2. WING		ETADDEGO OTY OTATE TO CORE	30	3/31/2017	
INAME OF	FROVIDER OR SUFFLIER				ET ADDRESS, CITY, STATE, ZIP CODE			
BROOK	SIDE REHAB & NURS	ING CENTER			IASTINGS LANE			
				WAR	RENTON, VA 20186			
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F 226	Continued From pa	ae 41	F 2	26				
		ect her nurses to separate the		.20				
		incident report and report the						
		ediately. ASM #2 stated that						
		n investigation and report the inistrator. ASM #1, the						
		I that once the incident is	: 					
		would notify the appropriate						
		as the office of licensure and						
	-	smen, adult protective	!					
		ibmit a FRI (facility reported						
		ked the time frame to report a		1				
		sexual encounter or						
		stated within 24 hours or 2						
		found. ASM stated a follow		1				
		the appropriate state						
		working days. When asked						
		submitted for Resident #12		!				
		9/17 sexual encounter, ASM		1				
		cility staff determined that the		i				
	residents liked to be			1				
	Geri-psychology had	d evaluated both residents						
	and determined that	t there was no psychosocial						
ļ	harm allowing the re	esidents to be together. ASM						
	#1 stated that they h	nad a meeting with both						
	responsible parties	and the social worker and						
	everyone was on the	e same page to allow both						
		ther. When asked when this		;				
		SM #1 stated that the						
	meeting occurred rig	ght after the second incident.						
		he responsible parties gave		!				
		dents to be together, ASM #1						
		d right after the second						
		nd ASM #2 were made aware						
1		ocial worker documenting that						
		ies gave consent to the						
		not until 7/24/17 (5 days						
		ident). Any evidence that the						
		gave permission for the					***	
	residents to engage	in sexual behavior prior to					:	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186			
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F 226	:	ested. ation was presented prior to exit.	F 2	26			
	3. The facility staff failed to implement abuse policies and report an allegation of staff to resident abuse with Resident #11 in a timely manner. The staff to resident incident was observed on 12-17-16 at 4:30 p.m., but was not reported to the facility administrator until 12/18/16.						
	Resident #11 was admitted to the facility on 2/24/14 and readmitted on 2/22/16 with diagnoses that included but were not limited to major depressive disorder, muscle weakness, stroke, atrial fibrillation, and COPD (chronic obstructive pulmonary disease). Resident #11's most recent MDS (minimum data set) was quarterly assessment with an ARD (assessment reference date) of 8/7/17. Resident #11 was coded as being severely impaired in cognitive status scoring 99 out of 15 on the BIMS (brief interview for mental status exam). Resident #11 was coded as requiring supervision with ambulation, and locomotion; extensive assistance from two or more staff members with toileting, and personal hygiene; and limited assistance with meals.						
	12/18/17 and rep agencies on 12-1 "Incident date: 12 Resident Involved Injuries: No, Incident	lity Reported Incident (FRI) dated orted to the appropriate state 8-17, documented the following: 2-17-16, Report date: 12-18-16. d: (Name of Resident #11), dent Type: Allegation of ent. Describe Incident including	Annual Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communica				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
		495267	B. WING		ns	3/31/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 614 HASTINGS LANE WARRENTON, VA 20186		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 226	staff member) #10	on taken: (Name of OSM (other 0), resident helper alleges that	F2	26		
	(Name of alleged resident helper) "smacked" the right hand of resident (Name of Resident #11) on 12-17-16 at 4:30 p.m. for reaching for food-0 (zero) injuries."					
	Review of the witness statement by OSM #10 documented the following: " Date of statement; 12-18-16: I was in the dining room passing sandwich out and (Name of Resident #11) was walking around touching people food and (Name of alleged resident helper) smack his hand and told him no do not touch people food. happen (sic) on 12-17-16 around 4:30." Review of the alleged resident helper's witness statement dated 12-18-17 documented in part, the following: "(Name of other resident) was sitting in dining room, (Name of Resident #11) reached for it, I did tap his hand, I did not smack him, this was a natural instinct, He was reaching for hot chocolate with medicine in itMy intention is not to hurt anyone. The nurse was nowhere to be around."					
	a statement by the supervisor that do of statement: 12-1 OSM #10) R/T (re alleged resident h dining room betwee alleged resident h stated that she he Resident #11's) ha #11) was walking of alleged residen	the witness statements revealed e RN (registered nurse) cumented the following: "Date 8-16. Interview with (Name of lated to) incident with (Name of elper) 12-17-16. North Unit een pt (patient) and (Name of elper). (Name of OSM #10) ard a loud smack to (Name of and (right). (Name of Resident around and taking food. (Name thelper) smacked his hand cting pt. (Name of alleged				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		495267	B. WING		30	C 3/31/2017
	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STATE, Z 614 HASTINGS LANE WARRENTON, VA 20186		
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F 226		nge 44 be taken off duty until tigation. (Name of LPN	F 2	26		4700.000.0000.0000.0000.0000.0000.0000.
	[licensed practical raware and brought	nurse] #4), unit manager this to my attention."	**************************************			And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
Further review education proviews document Education: Tin witnessed incion of patient abuse and neg	A witness statement from LPN #4, the unit manager could not be found in the investigation. Further review of the investigation revealed					
	education provided was documented: " Education: Timely r	to OSM #10. The following 12-18-16. Reason for eporting of any and all immediately; the seriousness				
	of patient abuse. It	ems reviewed: pt (patient) what to report and when, how				
	administrator dated appropriate state ag documented in part	v up report created by the 12/21/17 and sent to the gencies on 12/21/17, the following: "On m. (Name of OSM #10),				
	resident helper stat sandwiches in the o Wing) unit. (Name of	es that she was passing lining room on the NW (North of Resident #11) walked over er residents (sic) sandwich.	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	:		
	(Name of Resident removed the sandw	esident helper), "smacked" #11) on the right hand and rich. (Name of OSM #10) UM (unit manager) on				
:	12/18/16 and it was alleged resident hel the investigation an	reported to me. (Name of per) was suspended pending d did not work 3-11 on 12/18. #11) was assessed by nursing	- 100 000 000 000 000 000 000 000 000 00			
	staff and did not have Geripsych (Geri psy notified and (Reside	ve any apparent injuries. vchology/psychiatry) was ent #11) was seen with no				
		was noted due to employee On 12/20/16 (Name of				! !

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING			E SURVEY IPLETED
		495267	B. WING			l	C 31/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (614 HASTINGS LANE WARRENTON, VA 20186	CODE	1 007	31/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD E APPROPE	BE	(X5) COMPLETION DATE
F 226	of HR (human rest of alleged resident would no longer hat helper on the North resident helper on the North resident helper) was SW (south wing) us clerical work but han to she will accept OSM #10) was re-Both (Named of OCNA) (if she takes abuse reporting on Review of the empresident helper revemployed with the review of her employed with the review of her employed with OSW hen asked her till stated that she was stated that she was stated that she was other resident care training on abuse, (monthly in-services abuse training. Where to witness a so OSM #10 stated the she could recall the Resident #11 and a stated that she was stated that she was other resident #11 and a stated that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other that she was other than that she was other that she was other than that she was other than the she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that she was other than that	Director of Nursing) and (Name burces) Director called (Name helper) and told her that she are her position as resident in Wing Unit. (Name of alleged as offered a desk job on the nit answering phones and as not confirmed whether or the new position. (Name of educated on reporting timely. SM #10) and (Name of alleged new position) will re-take	F 2	226			

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
	495267	B. WING		ng ng	C 3/ 31/2017	
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSIN			STREET ADDRESS, CITY, STATE, ZIP CO 614 HASTINGS LANE WARRENTON, VA 20186		731/2017	
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
OSM #10 stated that reach for a sandwich his hand away. OSM reported it to the even happened but could reported it to. OSM # the incident because child. OSM #10 state incident to the unit m day (12/18/16) just to OSM #10 could not refor a hot chocolate further of the conducted with LPN asked LPN #4 the prestaff to resident altereshe would intervene it resident for injuries, hout until further invested the report and report this (Director of Nursing), Doctor. LPN #4 states would be responsible reported incident). We expected her nurses abuse, LPN #4 states asked if she could reported incident altercation be the Resident helper, you exactly what hap the incident was not recommended in the next day) by OSI was determined then incident late. LPN #4 counseled on reportir #4 stated that the states.	o grab other people's food. when Resident #11 went to , a resident helper slapped I #10 stated that she ning floor nurse the night it not remember the nurse she #10 stated that she reported he was being treated like a d that she reported the anager (LPN #4) the next make sure she was aware. ecall the resident reaching Il of medicine. a.m., an interview was #4, the unit manager. When becass if she were to see a cation, LPN #4 stated that mmediately, assess the have the staff member clock tigation, create an incident		26			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED			
		495267	B. WING			C 08/31/2017		
	VIDER OR SUPPLIER			614 H	ET ADDRESS, CITY, STATE, ZIP CODE ASTINGS LANE RENTON, VA 20186			
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as de "H Ar be tra Oi stra Oi	partment of hea elpers don't have a resident helper a resident helper a resident helper a resident helper a resident helper a resident helper a resident process. It is a possible to the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the faci	nember was reported to the lth professions, LPN #4 stated, e a certification or anything. in and fill out an application to er and then go through a.m., ASM (administrative the administrator and ASM #2, of Nursing), and ASM #4, the sining were made aware of the No further information was exit. ity's abuse policy documents in "3. Identification and Reporting f abuse, involuntary seclusion, ent, misappropriation of or the occurrence of any injury will be promptly reported to the ge. The administrator or informed immediately of all employees have a duty to of all residents, to treat them prevent others from violating inployee who witnesses or has ct of abuse to a resident is such information to the Nurse of Nursing, or the		278 1.	On 8/30/17, Section O of the Significant Change Assessm 8/2/17 was modified to refleresident #5 is receiving hosp A 100% audit of Significant Assessments for current resireceiving hospice care will be	nent date ect pice care. Change dents		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		NSTRUCTION		E SURVEY IPLETED
		495267	B. WING			ł	C 31/2017
NAME OF	PROVIDER OR SUPPLIEF			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	1 00/	31/2011
	SIDE REHAB & NUR			614 H	ASTINGS LANE RENTON, VA 20186		
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F 278	Continued From p	age 48	F 278	B Co	ntinued From page 48		mar of Police and Control and Market
	each assessment participation of heact (i) Certification (1) A registered nuthe assessment is (2) Each individua assessment must that portion of the (j) Penalty for Fals (1) Under Medicar who willfully and k (i) Certifies a materesident assessment; or (ii) Causes another and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false statements and false	with the appropriate alth professionals. Irse must sign and certify that completed. I who completes a portion of the sign and certify the accuracy of assessment. If it is and false statement in a cent is subject to a civil money than \$1,000 for each are individual to certify a material and in a resident assessment is oney penalty or not more than assessment.		3.	completed by DON, ADON and designee for all current resident who are receiving hospice care ensure section O is accurately of MDS Coordinators will be reeducated by DON, MDS Consuland/or designee on MDS accurately of and/or designee on MDS accurately of assessments as follows: of assessments will be audited weekly x 1 month; every-otherweek x 2 months; and monthly months. Variances will be investigated and follow-up made appropriate. An analysis of the audits will be provided to the Q Committee for additional overs and recommendations. The facility dutifully alleges compliance of these tasks on or before 10/15/2017.	sto coded. ditant acy. DN 10% x 2 de as QA gight	
	Review of the Res Change Assessme	t) assessment for one of 29 rvey sample, Residents # 5. ident # 5's MDS, a Significant ent, dated 8/2/17 in section O as not receiving hospice care					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING		X3) DATE SURVEY COMPLETED	
		495267	B. WING			C 08/31/2017	
	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STATE, Z 614 HASTINGS LANE WARRENTON, VA 20186			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	Resident # 5 was a 4/14/15 and most r with diagnoses that to: congestive hear vascular disease, daccident (stroke). Resident # 5's mos set) assessment, with a date) of 8/2/17 codunderstood by othe understand others. the BIMS (Brief Intescore of 14 out of 1 is cognitively intact. During a clinical red dated 7/26/17 docuthe hospice provide	dmitted to the facility on ecently readmitted on 5/27/15 included but were not limited t failure (CHF), peripheral liabetes, and cerebral vascular trecent MDS (minimum data Significant Change an ARD (assessment reference ed Resident # 5 as usually and as usually able to Resident # 5 was coded on erview for Mental Status) with a 5, indicating that the Resident	F 2		·Y)		
	that in Section O Ho During an interview LPN (licensed prace Coordinator, Reside MDS and the physical reviewed. LPN # 6 should have been of hospice. When ask complete the MDS	ras also reviewed and revealed ospice was not checked. on 8/30/17 at 11:45 a.m. with tical nurse) # 6, an MDS ent # 5's Significant Change cian order for hospice were stated that Resident # 5 coded in Section O as being on ked what guidance they use to LPN # 6 stated, "We follow the ssment instrument) manual."					

•				(3) DATE SURVEY COMPLETED			
		495267	B. WING _				C / 31/2017
	PROVIDER OR SUPPLIER	I,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		614 H	ET ADDRESS, CITY, STATE, ZIP CODE ASTINGS LANE RENTON, VA 20186	, 00,	J1/2011
(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 (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 279	p.m. with ASM (Adu the administrator, A Nurses, and ASM # Training, the conce discussed. No furt by completion of th 483.20(d);483.21(b COMPREHENSIVE	lay interview on 8/30/17 at 4:25 ministrative Staff Member) # 1, ASM # 2, the Director of # 4, the Administrator in rn of the miscoded MDS was her information was provided e survey. (1) DEVELOP E CARE PLANS	F 27		Resident #4 has not demonstrate any adverse outcomes from the change in behavior. On 8/31/17 and RP were notified of change	MD	
	assessments comp months in the resid results of the asses	nust maintain all resident pleted within the previous 15 ent's active record and use the assments to develop, review dent's comprehensive care		2.	On 8/31/17, the plan of care was updated to address Resident #4's inappropriate behavior. A 100% audit of plan of care for current residents will be complete.	s s	
	(1) The facility mus comprehensive per each resident, conset forth at §483.10	t develop and implement a son-centered care plan for sistent with the resident rights 0(c)(2) and §483.10(c)(3), that le objectives and timeframes			by DON, ADON, Unit Manager designee for current residents w display inappropriate behaviors ensure that behavior is being addressed.	s or ho to	
	and psychosocial n comprehensive ass	s medical, nursing, and mental eeds that are identified in the sessment. The comprehensive cribe the following -		3.	Nursing staff will be re-educate the importance of updating the p of care when a resident displays inappropriate behaviors.	olan	er — Copped di Compositori appropriamento del del con
:	or maintain the resi physical, mental, ar	t are to be furnished to attain dent's highest practicable nd psychosocial well-being as 3.24, §483.25 or §483.40; and		4.	Audits will be conducted by Un Manager and/or designee on pla care for residents who display inappropriate behaviors as follo	n of	AN ANYTHING THE THE THE THE THE THE THE THE THE THE
	(ii) Any services that	at would otherwise be required			10 % of plans of care will be au	dited	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495267	B. WING _				C 31/2017
	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STATE, ZIF 614 HASTINGS LANE WARRENTON, VA 20186	, CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD I HE APPROPR	BE	(X5) COMPLETION DATE
F 279	provided due to the under §483.10, incitreatment under §4 (iii) Any specialized rehabilitative service provide as a result recommendations. findings of the PAS rationale in the resident's represent (iv) In consultation we resident's represent (A) The resident's represent (A) The resident's redesired outcomes. (B) The resident's redesired outcomes. (B) The resident's redesired outcomes. (B) The resident's redesired outcomes. (C) Discharge plant plant, as appropriate requirements set for section. This REQUIREMED by: Based on staff interested the facility staff failed one of 29 residents. The facility staff failed one of 29 residents. The facility staff failed one of 29 residents.	33.25 or §483.40 but are not resident's exercise of rights uding the right to refuse 83.10(c)(6). services or specialized es the nursing facility will of PASARR If a facility disagrees with the ARR, it must indicate its dent's medical record. with the resident and the tative (s)- goals for admission and preference and potential for acilities must document acilities must document of the sessed and any referrals to ies and/or other appropriate		2 times per week x 4 v x 4 weeks; and bi-wee Variances will be inversible follow-up made as apparantlysis of the audits varied to the QA Considerational oversight arrecommendations. 5. The facility dutifully a compliance of these tabefore 10/15/2017	ekly x 2 we estigated an propriate. A will be committee find	eeks. nd An	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495267	B. WING				C 31/2017
	PROVIDER OR SUPPLIER	ING CENTER		614	REET ADDRESS, CITY, STATE, ZIP CODE 4 HASTINGS LANE ARRENTON, VA 20186		0 1/20 11
(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 (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
	3/22/17 with diagnoral limited to: demential anxiety. The most reset), a quarterly assequenced (assessment references resident as scoring (brief interview for resident was severe Resident #4 was consistence with act E Behavior, the rehaving any behavioral Review of the notes documented, "RES MALE RESIDENT AGO IN A ROOM TO CONSTANT REDIFICATION ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE REXPLAINS THE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND AND ANOTHER MALE RESIDENT AND ANOTHER MALE RESIDENT AND AND AND AND ANOTHER MALE RESIDENT AND AND ANOTHER MALE RESIDENT AND AN	dmitted to the facility on oses that included but were not a, high blood pressure and eccent MDS (minimum data sessment with an ARD ence date) of 7/2/17 coded the three out of 15 on the BIMS mental status) indicating the ely cognitively impaired. Oded as requiring minimum invities of daily living. In section esident was coded as not are. IDENT CONSTANTLY WITH A AND WOULD ATTEMPT TO DETHER; NEEDS RECTION FROM STAFF TO BE INAPPROPRIATE WITH RESIDENT; WHEN STAFF EASON, RESIDENT WOULD	F 2	279	DEFICIENCY)		
	ALWAYS ON ALER ANOTHER MALE F THEY DO NOT GO EXHIBIT SEXUAL I	E AND DEFENSIVE; STAFF AT WITH RESIDENT AND RESIDENT TO ENSURE D IN A ROOM ALONE OR BEHAVIOR." There was no the physician or RP had been vior.					
	a.m. documented, '	e's notes dated 7/19/17 at 6:31 'SLEPT QUIETLY (sic) THIS ROPRIATE OR NEGATIVE)"					

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3)	COMPLETED
		495267	B. WING				08/31/2017
	PROVIDER OR SUPPLIER			614	REET ADDRESS, CITY, STATE, ZIP CODI I HASTINGS LANE ARRENTON, VA 20186	E	
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F 279	plan failed to evide interventions addres on 7/17/17. A telephone intervie at 1:45 p.m. with Liff #12, the nurse who Resident #4. When plans, LPN #4 stated When asked when LPN #4 stated, "With change in condition #4 on 7/17/17 was care plan would ha Resident #4's behanot already in the cothere was no care pLPN #4 stated, "I do the care plan." On 8/30/17 at 4:25 administrator and A were made aware of An interview was coa.m. with ASM (adrithe assistant direct asked to review the Resident #4. When follow when a resid ASM #2 stated, "The chart. There wo anything that was dupdated the care planurse manager. We and we would updated the date would updated the care planurse manager. We and we would updated the care planurse manager. We and we would updated the care planurse manager. We and we would updated the care planurse manager. We and we would updated the care planurse manager. We and we would updated the care planurse manager. We and we would updated the care planurse manager. We and we would updated the care planurse manager.	t #4's comprehensive care nce any documentation or assing Resident #4's behaviors was conducted on 8/30/17 PN (licensed practical nurse) wrote the note on 7/17/17 for asked if staff updated care ed, "Yes. When I have to." a care plan would be updated, hen I was asked to do if for a n." LPN #4's note for Resident reviewed. When asked if the ve been updated following aviors, LPN #4 stated, "If it's are plan." When informed plan regarding this behavior, idn't think I needed to update p.m. ASM #1, the ASM #2 the director of nursing of the findings. Sonducted on 8/31/17 at 8:55 ministrative staff member) #2, or of nursing. ASM #2 was a 7/17/17 nurse's note for a asked what process staff ent exhibits sexual behaviors, ney should further document in buld be a care plan update for lone." When asked who lan, ASM #2 stated, "The ego over things that happened ate the care plan." When asked		279			
		would be updated, "ASM #2 e updated right after it					:

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) ´	TIPLE CONSTRUCTION ING	(E SURVEY MPLETED
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F 279	she tends to do. It incident. It still show When asked to rev behaviors, ASM #2 Review of the facilic Care Plan" docume used in developing routines and will be who have responsified services to the residucumentation specare plan. No further informat According to Funda Williams and Wilkir documented, "A wricommunication too members that helps	age 54 ould know this is something might have been an isolated ald have been care planned." iew Resident #4's care plan for stated, "I don't see it." ty's policy titled, "Using the ented, "The care plan shall be the resident's daily care available to staff personnel bility for providing care or dent." There was no further cifically regarding developing a ion was provided prior to exit. mentals of Nursing Lippincott as 2007 pages 65-77 itten care plan serves as a I among health care team sensure continuity of care plan is a vital source of	F 2	79		
	and goals. It conta achieving the goals and is used to direct revise and update there are changes is with new orders" (1) Fundamentals of Wilkins 2007 Lipp pages 65-77. Basic Nursing, Esse (Potter and Perry, 2 reference for care pages 15 contact with the contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 contact pages 20 c	ne patient's problems, needs, ins detailed instructions for established for the patient of careexpect to review, he care plan regularly, when n condition, treatments, and (1) of Nursing Lippincott Williams pincott Company Philadelphia entials for Practice, 6th edition, 2007, pages 119-127), was a plans. "A nursing care plan is for coordinating nursing care.				

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BROOKS	SIDE REHAB & NURS	ING CENTER		WAR	RENTON, VA 20186		
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F 279	: Continued From pa	ge 55	F 2	79			•
F 280	criteria to be used in care. The written conursing care prioriting professionals. The coordinates resource care. A correctly for easy to continue call fithe patient's statu nursing diagnosis and longer appropriation. An out of date compromises the quality.	y of care and listing outcome in the evaluation of nursing are plan communicates es to other health care care plan also identifies and ces used to deliver nursing rmulated care plan makes it re from one nurse to another. s has changed and the ind related interventions are te, modify the nursing care e or incorrect care plan uality of nursing care.")(3),483.21(b)(2) RIGHT TO	F 2	30 1.	On 8/29/17, the plan of care wa		
SS=E	483.10 (c)(2) The right to particulation of care, including the right to be included in the particulations to the persuasions to the persuasions to the persuasions to the particulations and amount, frequency, other factors related plan of care. (iv) The right to receive included in the plan (v) The right to see	articipate in the development of his or her person-centered ng but not limited to: cipate in the planning process, or identify individuals or roles to lanning process, the right to not the right to request son-centered plan of care. cipate in establishing the outcomes of care, the type, and duration of care, and any of to the effectiveness of the eive the services and/or items of care.			updated to address resident # 12 sexual encounter with another resident. On 8/29/17, the plan of care was updated to address resident # 13 sexual encounter with another resident On 8/31/17, the care cards were updated to address resident #12 resident # 13's sexual encounter. On 9/19/17, the plan of care was updated to address resident # 11 involvement in a resident to resialtercation. On 9/19/17, the plan of care was updated to address resident # 28 involvement in a resident to resialtercation.	s and s. s 's dent	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		DNSTRUCTION	COM	E SURVEY MPLETED
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F 280	Continued From pa		F 28	30 C o	Since 6/14/17 resident to reside		Table of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state
	right to participate i	nall inform the resident of the n his or her treatment and sident in this right. The nust			altercation, resident #28 has bee seen by Geri-Psych on 7/11/17, 7/24/17, 8/9/17, 8/14/17 and 8/2	25/17.	
	resident representa			2.	A 100% audit of plan of care and care cards for current residents be completed by Unit Managers	will s or	
	strengths and need	ssment of the resident's is. resident's personal and			designee for current residents we display sexual behaviors to ensuthat behavior is being addressed	ıre	
3		s in developing goals of care.			A 100% audits of medical record for current residents will be		
	(b) Comprehensive	Care Plans re care plan must be-			completed by Social Services or designee for all current resident who have been involved in resident	S	
	, ,	7 days after completion of			to resident altercations to ensure Geri-Psych is consulted as appropriate		
	(ii) Prepared by an includes but is not l	interdisciplinary team, that imited to		3.	Nursing staff will be re-educate DON, ADON and/or designee	on	
:	(A) The attending p				the importance of updating the of care when a resident displays sexual behaviors.	^	
	(B) A registered nu resident.	rse with responsibility for the			Nursing staff will also be re-		
	(C) A nurse aide wi resident.	th responsibility for the			educated on the importance of updating the plan of care after a resident to resident altercation l		
		od and nutrition services staff.	1 10A 4 101 1		occurred and the need for Geri- Psych consult as appropriate.		
	(E) To the extent pr	acticable, the participation of	·		,		1

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
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F 280	An explanation muse medical record if the and their resident resident resident's care plar. (F) Other appropriate disciplines as deteror as requested by (iii) Reviewed and ream after each assessments. This REQUIREMENT by: Based on staff interedite and facility document the facility staff comprehensive care the survey sample; #28. 1. The facility staff of Resident #13's comprehensive care the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal revise the care planal rev	e resident's representative(s). It be included in a resident's reparticipation of the resident representative is determined the development of the notes that the staff or professionals in mined by the resident's needs the resident. It evised by the interdisciplinary revised by the interdisciplinary revised by the interdisciplinary review. The including both the discontinuation of the professionals in mined by the interdisciplinary revised by the interdisciplinary revised by the interdisciplinary review. The including both the discontinuation of the profession of	F 28	 4. Audits will be completed to Services and/or designee of care for residents who disposexual behaviors and resident altercations as folloof plans of care will be auditimes per week x 4 weeks; 4 weeks; and bi-weekly x Variances will be investigated corrections made as appropanalysis of the audits will provided to the QA Commadditional oversight and recommendations. 5. The facility dutifully allegation compliance of these tasks before 10/15/2017 	on plan of olay ent to low: 10% dited 2 weekly x 1 month. ated and priate. An be aittee for	
		ailed to review or revise				facility on

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C				
		495267	B. WING				/31/2017
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F 280	4. The facility staff Resident #28's co	age 58 In altercation with Resident #28. If failed to review and revise imprehensive care plan after a altercation with Resident #11	F 2	80			
	3/8/16 with diagno limited to Alzheime high blood pressur Resident #12's moset) was a quarter (assessment refer Resident #12's waimpaired in cognition the BIMS (Brief exam. Resident #	as admitted to the facility on uses that included but were not er's disease, hyperlipidemia, re, and muscle weakness. Out recent MDS (minimum datally assessment with an ARD rence date) of 6/16/17. The coded as being severely live function scoring 03 out of 15 of Interview for Mental Status) that is the coded as requiring ADLS (activities of daily living).					
	sexual encounter of 6/2/17. The follow nursing note: "calle (certified nursing a resident (Resident resident number 4 (sic) were separat (sic) no marks on pressure), 70 (puls (temp). np (nurse reach rp (responsite ach rp (responsite for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the follo						
	Review of Resider	nt #12's behavior care plan	i				

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F 280	Review of Resident a second sexual en 7/19/17. The follow "Resident (Residen sitting beside reside his hands in 4782 (Residents were immontact (Name of coparty) notified" Review of the incide documented the foll (Resident #12) was (Resident #13) in the down her pantsR behaviors r/t (relate Review of Resident plan dated 5/9/16 a address the above Review of a social was asked to contact RP (response reported touching of (resident)/hands do attempted to contact with (zero) ability to	#12's nursing notes revealed counter with Resident #13 on ring was documented: t #12) observed in his room ent 4782 (Resident #13) with Resident #13's) pants. nediately separated. Second ontact) and RP (responsible ent report dated 7/19/17 lowing: "Resident 4074 sitting next to resident e room and he had his hands esident with unpredictable d to) dementia." #12's comprehensive care nd revised 5/11/17 failed to ncident. worker note dated 7/21/17 at ted the following: "Social work ct RP (responsible party) to sible party) re (regarding):	F 2	80	DEFICIENCY)		
	#2 who is aware of with staff intervention redirection/discourant Emergency contact	incident and stated comfort on 1. Privacy in room 2. ge behavior in public places. #2 said "I'm fine with it." She part of a conference call 7/24		ı			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 280	Continued From p	age 60	F 2	80		5
	note dated 7/24/1 (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdisciplinary) (interdi	ipsy (Geri atry), NP (nurse practitioner), ger. The RP was documented Resident #12 and Resident				
	dated 5/9/16 failed was revised after t	of Resident #12's care plan I to evidence that the care plan he IDT meeting on 7/24/17 with ons regarding his relationship				
	behavior care plan interventions were survey), "1. Offer opsychiatrist prn (as needed, (Name of	of Resident #12's 5/9/16 was provided. The following updated on 8/29/17 (during Seri psychologist/Geri needed), offer privacy as Resident) will be redirected coccurs in a public area."				
; ;	conducted with LP the MDS nurse. W facility staff were to sexual activity, LPI would separate the residents are cogn residents consent that nursing staff s report and notify the residents are not the 46 stated that she doctor and administration.	a.m., an interview was N (licensed practical nurse) #6, /hen asked the process if o see two residents engaging in N #6 stated that initially she e residents to determine if both itively intact and that both to the behavior. LPN #6 stated hould complete an incident e responsible parties if the neir own representative. LPN would also notify the medical strator. LPN #6 stated that Id initiate an investigation. LPN				

PRINTED: 09/12/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		E SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER	495267	D. WING		REET ADDRESS, CITY, STATE, ZIP CODE	08/	/31/2017
	SIDE REHAB & NURS	ING CENTER		614	HASTINGS LANE RRENTON, VA 20186		
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F 280	conducted to ensure between the resider LPN #6 stated that residents consent to staff should provide residents are not consequent to separate the reside process. LPN #6 state am would also meto put into place to esparated or to offe during this behavior would know whether provide them private LPN #6 stated that the care plans with the care plans with the care plans, LPN responsible as the light that the unit. LPN #6 stated that is the unit. LPN #6 stated that when asked if Resi updated after his two Resident #13, LPN sure and would have would hope there is the CNAs use care each resident's closs cards would address place for the resider behavior, LPN #6 stated the care cards would stated would address place for the resider behavior, LPN #6 stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated the care cards would stated t	vestigation would be enthere was no abuse ents engaging in the behavior. If it is determined that both to the sexual activity, nursing privacy. LPN #6 stated if two engitively intact, she would ents and follow the same ented that the interdisciplinary even to determine interventions either keep the residents or privacy for the residents. When asked how staff or to separate the residents or y during a sexual encounter, nursing staff have access to the updated interventions. The as responsible for updating the stated that she was ented that the care plans are y after any change in care. If the details are the to check. LPN #6 stated, "I	F 2	280			

When asked how she could describe Resident

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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F 280	stated that the two around and holding dining room. LPN was addressed with were ok with it. LP were to be provide engage in sexual be CNAs would know and Resident #13 t LPN #6 stated that the nurses. When could show this write LPN #6 presented Review of Resident did not evidence in #12 privacy when experience with CN #1, a CNA who free #12 and Resident #13. On 8/30/17 at 10:3 conducted with CN #1, a CNA who free #12 and Resident #13 if she were to find the sexual behavior, Con the residents. Or esidents it is ok to encounter and other separated. CNA #1 notify the nurse if sengaging in sexual she would know who separated, CNA #1 nurses." When as needs of each resident's needs. Visited the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	t #13's relationship, LPN #6 residents are always walking g hands in the hallways and #6 stated that this relationship h the families and the families N #6 stated that the residents d privacy if they were to ehavior. When asked how the that it was ok for Resident #12 to engage in sexual behavior, they would be told verbally by LPN #6 was asked if she ter Resident #12's care card,	F 2				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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F 280	encounter or that a during a sexual encresident, CNA #1 sibe." When asked i #12's relationship v stated, "They seem They are allowed to them with privacy." Resident #12's care think so." When as care plan, CNA #1 on the computer arthe computer arthe computer syste would have to sign access to the care On 8/31/17 at 9:00 conducted with ASI member) #1, the acconducted with ASI member) #3, the unit mainformation. On 8/31/17 at 9:45 conducted with LPN #4, the unit mainformation. On 8/31/17 at 9:45 conducted with LPN #4 confirmed that sexual encounter wand 7/19/17. LPN #4 was updated after the LPN #4 stated that	resident due to a sexual resident can have privacy counter with a particular tated, "I am assuming it would f she could describe Resident with Resident #13, CNA #1 to think they are married. It do things and we provide When asked if this was on e card, CNA #1 stated, "I don't sked if she had access to the stated that the care plans were and she did not have access to m. CNA #1 stated that she in under a nurse's login to get	F 2	80				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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F 280	Facility policy titled, documents in part, shall be used in devicare routines and with personnel who have care or services to the resident's conditional MDS Assessment of the resident's assessmade. 6. Document the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident's care part of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of	"Using the Care Plan," the following: "The care plan veloping the resident's daily vill be available to staff e responsibility for providing the resident5. changes in tion must be reported to the Coordinator so that a review of esment and care plan can be tation must be consistent with	F 2	80			
; ; ;	Resident #13's com sexual encounter th on 7/19/17 and faile	ailed to review or revise prehensive care plan after a at occurred with Resident #12 d to revise the care plan and 7/24/17 IDT meeting.		4			
	9/10/16 with diagnos	dmitted to the facility on ses that included but were not s disease, high cholesterol,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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F 280	anxiety disorder, ar Resident #13's moset) was a quarterly (assessment reference Resident #13 was a impaired in cognition BIMS (Brief Intervier Resident #13 was a with transfers, amb assistance with toil Review of Resident sexual encounter with 6/2/17. The followin nursing note: "Called chart (Resident #407 bed. On entering resident (Resident #407 bed. On entering resident #13) cam room. No distress resident #13) cam room. No distress resident #13) cam room. No distress resident #13) cam room. No distress resident #13 cam room. Review of Resident and revised 6/2/17, "The resident is/has physically aggressive Dementia (sic) and Goal: The resident through next review (psychology/psychia resident as she will	and high blood pressure. Ist recent MDS (minimum data by assessment with an ARD ence date) of 6/18/17. Ist coded as being severely on scoring 03 out of 15 on the ew for Mental Status) exam. Ist coded as requiring supervision oblation, and eating; and limited eting and dressing. It #13's chart revealed the first with Resident #12 occurred on ing was documented in a ed into room (room number) by nursing assistant) who stated #13) was giving oral sex to r4 (Resident #12) upon his foom, I noted both residents are side of bed fully clothed, dipleasant and resident ereadily with me to the day noted. RP (responsible party) message to call (Name of NP (nurse practitioner) made It #13's care plan dated 9/19/16, documented the following: significant potential to be verbally and verelated r/t (related to) Poor (sic) impulse control. will not harm self or others v. Interventions: geri pysch atry) as needed, redirect		80			
		ncounter with Resident #12 on					

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F 280	"Notified by house #13) was seen in room with his han immediately separated the resident smiling a other residents. (No practitioner]) made (Name of RP [residecility)." Review of the incide documented the form (Resident #12) was (Resident #13) in the down her pants #13) with unpredicted dementia." Review of Resider dated 9/19/16 and	page 66 pwing note was documented, ekeeper that resident (Resident resident #4704 (Resident #12) ds down her pants. They were rated without incidence. and chatting in day room with lame of N. P. [nurse e aware and message left for ponsible party]) to call (Name of the consible party]) to call (Name of the room and he had his hands Resident (Name of Resident etable behaviors r/t (related to) and #13's behavior care plan revised 6/22/17, failed to care plan was updated after the	F 2	80			
	worker documented work) was asked to party) related to remaile res. who had aware and stating (history) with male he is fine with male with res. This worthis male attention was available to commatter with nursing 11:00 a.m. 7/24. R staff help with this	I p.m., a note from the social ed the following: "SW (social o contact RP (responsible is (resident) reportedly with his hands down her pants. RP that he "is not surprised" res has in the past. RP stating that is res (resident) being able to be ker told RP that res clearly likes he gives her. SW asked if RP proverse via phone on the gas well -meeting set up at P stated that he appreciates and the direction presented for 1, privacy to be given by					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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F 280	discouraged /redir like the DR (dining On 7/24/17 the fol the IDT (interdiscip held today with DC (north wing) unit mand SW present. and confirm RP in have relationship visn't surprised and it." Review of Resider and revised 6/22/1 care plan was revi	the room and 2. affection (sic) ected when in public spaces groom)." lowing note was written from plinary meeting): "Mtg (meeting) on (Director of Nursing), NW tranager, Administrator, SW, RP Purpose was to review incident agreement with res. desire to with make res. He said that he he's fine with how staff handle of #13's care plan dated 9/19/16 7 failed to evidence that the sed after the IDT meeting on ew interventions regarding her	F 2	DEFICIENC	<u>Y)</u>		
	conducted with LP the MDS nurse. We facility staff were to sexual activity, LP! would separate the residents are cognized residents consent that nursing staff is report and notify the residents are not the doctor and administration wou with the stated that an ir conducted to ensure between the reside LPN #6 stated that	a.m., an interview was N (licensed practical nurse) #6, hen asked the process if o see two residents engaging in N #6 stated that initially she e residents to determine if both itively intact and that both to the behavior. LPN #6 stated hould complete an incident e responsible parties if the neir own representative. LPN would also notify the medical strator. LPN #6 stated that lid initiate an investigation. LPN vestigation would be the there was no abuse onts engaging in the behavior. if it is determined that both to the sexual activity, nursing					

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	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STA 614 HASTINGS LANE WARRENTON, VA 20186		08	/31/2017
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	to be provided privilege to be provided privilege would know that it Resident #13 to ei #6 stated that they nurses. When as writer Resident #1 presented the care Review of Resider did not evidence in #13 privacy when Resident #12. On 8/30/17 at 10:3 conducted with CN #1, a CNA who fre #13 and Resident if she were to find sexual behavior, Con the residents. On the residents it is ok to encounter and othe separated. CNA #1 notify the nurse if sengaging in sexual she would know which would know which would address if the from a particular referencounter or that a during a sexual encresident, CNA #1 series encounter or that a during a sexual encresident, CNA #1 series encounter.	6 stated that the residents were vacy if they were to engage in When asked how the CNAs was ok for Resident #12 and ngage in sexual behavior, LPN would be told verbally by the ked if LPN #6 could show this 3's care card, LPN #6	F 2	280			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		495267	B. WING		-	00	C
	PROVIDER OR SUPPLIER			614 I	EET ADDRESS, CITY, STATE, ZIP CODE HASTINGS LANE RRENTON, VA 20186	1 08	3/31/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)) BE	(X5) COMPLETION DATE
	stated, "They seer They are allowed them with privacy. Resident #13's calthink so." When a care plan, CNA #1 on the computer a the computer systewould have to sign access to the care On 8/31/17 at 9:00 conducted with AS member) #1, the a DON (Director of Nahe was certain Recare plans were upencounter and after meeting). ASM #2 LPN #4, the unit minformation. On 8/31/17 at 9:45 conducted with LPI #4 stated that she printed copy of her determine if her ca 7/19/17 incident an meeting.	with Resident #12, CNA #1 In to think they are married. It do things and we provide If When asked if this was on If card, CNA #1 stated, I'l don't Isked if she had access to the Istated that the care plans were Ind she did not have access to Item. CNA #1 stated that she In under a nurse's login to get	F 2	80			
	Resident #11's com	failed to review or revise aprehensive care plan after a altercation with Resident #28.					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING			1	C / 31/2017
	PROVIDER OR SUPPLIE			614 F	EET ADDRESS, CITY, STATE, ZIP CODE HASTINGS LANE RRENTON, VA 20186	1 00.	131/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
	2/24/14 and readr diagnoses that ind major depressive stroke, atrial fibrill obstructive pulmo most recent MDS quarterly assessmereference date) of coded as being sefunction scoring 9 Interview for Ment was coded as requambulation, and lofrom one staff ment assistance from twoileting, and personassistance with ment of the following: "Resonather nurse in a Resident was hitting onto the table in the separated and bot daughter and infor Resident is not easy people to redirect a from table to table food; No further expenses in the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate of the separate	admitted to the facility on mitted on 2/22/16 with cluded but were not limited to disorder, muscle weakness, ation, and COPD (chronic nary disease). Resident #11's (minimum data set) was lent with an ARD (assessment 8/7/17. Resident #11 was everely impaired in cognitive 9 out of 15 on the BIMS (Brief al Status exam). Resident #11 uiring supervision with ecomotion; extensive assistance mber with dressing; extensive wo or more staff members with enal hygiene; and limited eals. In #11's nursing notes revealed dated 6/14/17 that documented dident was witnessed by resident to resident situation; and a female resident's head e dining room; Immediately hassessed; placed a call to med of aggressive behavior, sily redirected; Needs two and during dinner he kept going trying to take other resident's hisode of aggressive behavior nue to monitor, wanders	F 2	80			
	documented the focuments and/or s	ent report dated 6/14/17, llowing intervention: "Additional steps taken to prevent ripsych (Geri psychology)."				; ; ; ; ;	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		(X3) DA	(X3) DATE SURVEY COMPLETED	
	495267	B. WING	:			С
NAME OF PROVIDER OR SUPPLIER	<u> </u>	13. *******		REET ADDRESS, CITY, STATE, ZIP CODE	08	3/31/2017
BROOKSIDE REHAB & NURS			614	HASTINGS LANE ARRENTON, VA 20186		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
revealed that Geri-Resident #11 on 6/2 adjustments. Review of Resident dated 12/20/16 and reveal this altercation. On 8/31/17 at 7:58 conducted with OSI social worker and Cassistant. When as and the process where it is a latercation, the incide each resident is browneeting the next date IDT (interdisciplinar discuss what had have idents; the aggree Geri-psychology. Of Geri-psychology is a for residents on the most residents are a medications that mastated that it was here sponsible for ensuby Geri psychology, interventions would resident to resident aggressor and victin OSM #9 stated that given a barrier strip enter their rooms. Of the IDT meeting couther new interventions.	Resident #11's clinical record psychology had visited 22/17 and make medication at #11's behavior care pland revised 5/25/17, failed to be with Resident #28. a.m., an interview was as a.m., an interview was a.m., an interview was a.m., the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the social work of the	F 2	280			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495267	B. WING			00	C / 31/2017
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZI 614 HASTINGS LANE WARRENTON, VA 20186	IP CODE	0	/31/2017
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	was updated after On 8/31/17 at 9:0 staff member) #1, DON (Director of administrator in trabove concerns. No further informate 4. The facility staff Resident #28's coresident to resider on 6/14/17. Resident #28 was with diagnoses that to Alzheimer's dise dysphagia (difficul most recent MDS annual assessment reference date) of coded as being se function scoring 98	r the 6/14/17 altercation. O a.m., ASM (administrative the administrator, ASM #2, the Nursing), and ASM #4, the aining were made aware of the ation was presented prior to exit. If failed to review and revise mprehensive care plan after a not altercation with Resident #11 admitted to the facility on 7/716 at included but were not limited ease, anxiety disorder, and ty swallowing). Resident #28's (minimum data set) was an and twith an ARD (assessment 7/18/17. Resident #28 was everely impaired in cognitive each on the BIMS (Brief Interview)	F 2		Y)		
	coded as requiring ambulation, and exone-person physic extensive assistant personal hygiene, Review of an incid documented the formale resident sma Resident crying an	exam. Resident #28 was supervision for transfers, ating; limited assistance with all assist with toileting, and ce of one staff member with dressing and bathing. ent report dated 6/14/17 ollowing: "Reported observed shing her head into table. d small red area on					
		al comments and/or steps coccurrence: Geri psych."					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP	08	3/31/2017	
BROOK	SIDE REHAB & NURS	ING CENTER		614 HASTINGS LANE WARRENTON, VA 20186	0002	·	
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F 280	Continued From pa	ge 74	F 2	80			
	the following note d holding head with har forehead. no (sic) so when palpitated. As (signs/symptoms) o monitor for late brui	#28's nursing notes revealed ated 6/14/17: "crying (sic), and, Objective: red area on welling, no pain or discomfort sessment: No swelling, no s/s f pain or discomfort. Plan: sing. monitor (sic) for s/s of al region x 3 days. offer (sic)					
:	and revised 7/25/17	#28's care plan dated 7/21/16 failed to reveal the altercation 28 and Resident #11.					
	reveal that an intervence keep her safe from I	#28's clinical record failed to ention was put into place to Resident #11. Further review nical record failed to an eri-psych was made.					
	conducted with LPN When asked the pro resident to resident a that she would immeresidents, interview a see what the issue withen she complete a stated that she would Geri pysch, especiall north (locked) unit. I residents on the north adjustments. LPN # aggressor and the virinterventions in place altercations and to enasked if the care plant in the sidents of the care plants.	and assess the situation to vas, assess for injuries and in incident report. LPN #6 d also refer both resident to y for any resident on the LPN #6 stated that the h unit may need medication of stated that both the etim should have to prevent future insure resident safety. When in should be updated after an					
	altercation, LPN #6 s	tated the care plan should			!		

PRINTED: 09/12/2017 FORM APPROVED

OLIVIL	INO I ON MEDICANE	A MEDICAID SERVICES			OMB	NO. 0938-0391		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3) I	(X3) DATE SURVEY COMPLETED		
		495267	B. WING_			C 08/31/2017		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP				
BROOK	SIDE REHAB & NURS	ING CENTER		614 HASTINGS LANE WARRENTON, VA 20186				
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F 280	#6 could not recall t #28 and Resident # On 8/30/17 at approinterview was condumanager. When as resident was safe fr resident to resident	Ily if there is any injury. LPN he incident between Resident 11. eximately 11:15 a.m., an acted with LPN #4, the unit ked how she would ensure a com another resident after a altercation on the north unit,	F 28	30				
	could do because mon the north unit and LPN #4 stated the n want to sit near each both residents would Geri-psychology for review. LPN #4 state aggressor and victin resident to resident.	here was only so much they nost residents were demented of forget about the altercation. ext day the two residents may nother. LPN #4 stated that did be referred to an assessment and medical ed that both care plans (the n) should be updated after a altercation. LPN #4 stated be updated by any nurse.						
:	conducted with OSM social worker and Osmassistant. When asl and the process where resident altercation, whenever there is a altercation, the incide each resident is browneeting the next day IDT (interdisciplinary discuss what had hare residents; the aggress Geri-psychology. Osmassidents on the Most residents are o	resident to resident ent report and care plan for ught to the morning stand up v. OSM #9 stated that the team) will collectively ppened and refer both esor and victim, to						

		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	M APPROVED
	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIH	TIPI E	CONSTRUCTION		D. 0938-0391
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:					TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP COL	DE 1 00	75172017
BROOK	SIDE REHAB & NURS	ING CENTER			HASTINGS LANE RRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 280	responsible for ensure by Geri-psychology. Interventions would resident to resident aggressor and victim OSM #9 stated that given a barrier strip enter their rooms. When asked what we resident safety for Reflect their rooms. When asked what we resident safety for Reflect their rooms. When asked what we resident safety for Reflect their rooms. When asked what we resident safety for Reflect their rooms. OSM #9 stated aware of the resident and a flect their resident and a flect their resident with Resident to resident at their anyone in the ID care plans with the reconfirmed that she complete their resident. On 8/31/17 at 9:00 a staff member) #1, the DON (Director of Number) #1, the DON (Director of Number)	ge 76 er, the social worker who was uring the resident is evaluated OSM #9 stated that other also be implemented after a altercation for both the into ensure resident safety, sometimes residents will be to deter wandering resident to deter wandering resident to deter wandering resident to as put into place to ensure resident #28 from Resident that she was not made at to resident altercation is ident #11 on 6/14/17 untiled that the altercation was not accident log for June. OSM into what the facility had put Resident #28's safety after sident #11. When asked who updating the care plan after a latercation, OSM #9 stated of meeting could update the new interventions. OSM #9 ould not find where Resident updated after the 6/14/17 I.m., ASM (administrative en administrator, ASM #2, the ring), and ASM #4, the ing were made aware of the	F 2	30			
		n was presented prior to exit. ICES PROVIDED MEET	F 28	1 1.	Resident #9 has not demons	strated	

SS=D PROFESSIONAL STANDARDS

any adverse outcome from not receiving the Buspar from 7/1/2017-

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (614 HASTINGS LANE WARRENTON, VA 20186			
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F 281	as outlined by the must- (i) Meet profession This REQUIREME by: Based on staff int clinical record revifacility staff failed to for care for one of a sample, Resident and the facility staff failed for care for Buspar (and 2017 MAR (medic Resident #9. The facility staff faorder for Buspar (and 2017 MAR (medic Resident #9. The findings included Resident #9 was and 3/10/16 with diagnal limited to: demention difficulty swallowing recent MDS (minimal change assessme reference date) of having a three out interview for mental was severely cognitive was coded as requall activities of daily the resident was coappearing down, difficulty down, difficulty swallowing a three out interview for mental was severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for mental severely cognitive for me	ided or arranged by the facility, comprehensive care plan, all standards of quality. ENT is not met as evidenced erview, facility policy review and ew, it was determined that the to follow professional standards 29 residents in the survey #9. illed to ensure the physician's all was transcribed onto the July ation administration record) for resident did not receive Buspartwice a day as ordered by the 1/17 through 7/22/17.	F 28	2/22/2017. MD and RP notified on 7/31/2017. 2. A 100% audit of MARs completed by DON, AD Managers or designee for residents with orders for Anti-anxiety medication ensure orders are being ordered by the physician. 3. Nursing staff (RN and L re-educated by DON, AD designee on professional of care and on the proce checking physicians' orders are transcrass ordered. This process 24 hour chart checks, da physicians' orders by Un or designee. 4. Audits will be completed ADON; Unit Managers designee; 2 times per we weeks; weekly x 4 week other-week x 1 month; residents and 5 new admadmissions orders will be to ensure orders for rout anxiety medications are in the MARs timely. Van be investigated and corrections.	will be DON, Unit or current or routine on (s) to followed as on. LPN) will be DON and/or of standards so of the standards so of the standards will include only will include only check of on the Managers of the standards or seek x 4 so and every-to current on the standards or evaluated in anti-transcribed riances will		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				TE SURVEY MPLETED
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	care plan created o "Focus. (Name of reinterest/pleasure in trouble sleeping, fee appetite, feeling bac concentrating. Intermedications as ordeside effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and effects and ef	nent. Review of Resident #9's on 3/16/17 documented, resident) triggered for little doing things, feeling down, eling tired/little energy, poor d about herself and trouble rentions. Administer ered. Monitor/document for ectiveness." ician's orders dated and documented, "Buspar 5 mg i ediocumented, en given from 7/1/17 through evidence documentation that en given from 7/1/17 through evidence documentation that en given from 7/1/17 at ented, "rp (responsible party) is not received her buspar in are residents (sic) remeron encreasedrp is in agreement exation error report dated d, "buspar not transcribed to ident did not receive buspar in ve outcome."	F 2	n tl C o	made as appropriate. An a he audits will be provided QA Committee for addition oversight and recommends of the facility dutifully allege compliance of these tasks before 10/15/2017.	d to the onal ations.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING			TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 614 HASTINGS LANE WARRENTON, VA 20186	ZIP CODE		31/2017
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F 281	Continued From pa	-	F 2	281			
	aprox. (sic) 1 mont (discontinue) order	ar has not been given for the so will continue as d/c r. pt has reportedly had a te. no behavioral issues					
	p.m. with LPN (lice unit manager. Whe follow to check the LPN #4 stated, "Aft usually an RN (regicheck." When asked LPN #4 stated, "I welse and noticed it given. I had to check doctor, RP, director When asked what a "Then the NP (nurs	onducted on 8/30/17 at 12:10 nsed practical nurse) #4, the en asked the process staff MAR from month to month, ter the MARs are completed, istered) nurse does a second ed about Resident #9's Buspar, was following up on something (the Buspar) hadn't been ck the orders and notify the r of nursing and administrator." occurred next, LPN #4 stated, the practitioner) would check to the en any change in behavior."					
	p.m. with LPN #3, t second check on R When asked the promark of the MAR from month to "Okay, they (the MAT) the and 18th. They with the new MAR aset) and verbal order any changes on the asked to review Resulpn #3 stated, "The transcribed over. It the new pharmacy and sometimes you (copy). That's the or	benducted on 8/30/17 at 12:45 the nurse who performed the resident #9's July 2017 MAR. occess staff follow to check the ormonth, LPN #4 stated, ARs) come in between the y have to check the old MAR and the POS (physician orderers. Then you have to make enew set of MARs." When sident #9's July 2017 MAR, at one (the Buspar) didn't get hink it was when we moved to and we got new verbal orders a can't see it on the carbon nly thing I can think of."					•
	On 8/30/17 at 4:25	p.m. ASM (administrative staff				:	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT 614 HASTINGS LANE WARRENTON, VA 20186	E, ZIP CODE	08	/31/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES :Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	`	ACTION SHOULD TO THE APPROPE	BE	(X5) COMPLETION DATE	
F 281	director of nursing findings. On 8/31/17 at 8:45 director of nursing standards the staff use MED-PASS." Fittled, "Medication of documentation regreview or transcript According to "Funding dministrator and ASM #2, the were made aware of the a.m. ASM #3, the assistant was asked what professional used, ASM #3 stated, "We Review of the facility's policy Orders" did not evidence arding month to month MAR tion of physicians orders.	F 2						
	"After you receive a transcribe it onto a by your health care carefully, concentra check it when you'r	s and Wilkins 2007 page 169, a written medication order, working document approved facilityread the order ate on copying it correctly, e finished."						
	(1) Buspar Buspi USP are an antianx chemically or pharm benzodiazepines, b sedative/anxiolytic obtained from: https://dailymed.nlm	rone hydrochloride tablets, kiety agent that is not nacologically related to the arbiturates, or other drugs. This information was n.nih.gov/dailymed/drugInfo.cf -10a6-5bd3-e054-00144ff88e8						
	antidepressant with mechanism of actio obtained from:	azapine is a tetracyclic a somewhat unique n. This information was pi.nlm.nih.gov/compound/mirt						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495267	B. WING			08	C /31/2017
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		614	EET ADDRESS, CITY, STATE, ZIP CODE HASTINGS LANE RRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
SS=D	483.24 Quality of life Quality of life is a fur applies to all care an residents. Each residents. Each residents are actionally must provide services to attain or practicable physical well-being, consiste comprehensive associated assessment of a residents received accordance with propractice, the comprehensive is an assessment of a resident resident received accordance with propractice, the comprehensive plan, and the resident with professional to the comprehensive pland the residents who requires and the residents who requires revices, consistent of practice, the comprehensive pland the residents who requires revices, consistent of practice, the comprehensive pland the residents who requires revices, consistent of practice, the comprehensive pland the residents who requires repland the residents.	indamental principle that and services provided to facility sident must receive and the experimental than the highest and psychosocial and with the resident's resident and plan of care. The fundamental principle that render and care provided to resident, the facility must ensure residents' choices, including refollowing: Int. Sure that pain management is so who require such services, ressional standards of practice, person-centered care plan, roals and preferences. Ility must ensure that re dialysis receive such with professional standards prehensive person-centered with professional standards prehensive person-centered	F3		 We are unable to document bloopressures not previously documented in June, July and August for resident #4. Residen has not demonstrated any adver outcomes from blood pressure robtained 5 out of 13 opportunit. June, July and August. NP was notified on 9/19/17. We are not able to document or application and removal of TEI stockings not previously documented during the months November and December for resident #26. A 100% audit of MARs for curresidents with orders for weekly blood pressure will be audited built Managers, ADON and/or designee to ensure physicians' orders for weekly blood pressure checks are followed and documented accordingly. A 100% audit of TAR's for curresident with orders for TED stockings will be completed by Managers, ADON and/or design to ensure application and remove TED stockings occur and documented per physicians' ordered. 	of rent y by are	

Based on staff interview, facility document review

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F 309 Continued From page 82 and clinical record review and during the course of a complaint investigation, it was determined that facility staff failed to provide care and services to maintain the highest level of well-being for two of 29 residents, Resident #4's blood pressures every Friday as ordered by the physician for five out of 13 opportunities in June, July and August 2017. 2. The facility staff failed to apply TED (1) stockings to Resident #26 as ordered by the physician. 2. The facility staff failed to apply TED (1) stockings to Resident #26 as ordered by the physician. 4. Audits will be completed by Unit Managers, DON, ADON and/or designee for current residents, new admissions/re-admissions with physicians' orders for weekly blood pressure checks to ensure physicians' orders for weekly blood pressure checks to ensure physicians' orders will be audited 2 times per week x 4 weeks; then weekly x 1 month. Variances will be investigated and corrections made as appropriate. An analysis of the	CENTE	KS FOR MEDICARE	A MEDICAID SERVICES			OMB NC). 0938-0391
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER				1			MPLETED
PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER (X4)ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAND OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 82 and clinical record review and during the course of a complaint investigation, it was determined that facility staff failed to provide care and services to maintain the highest level of well-being for two of 29 residents, Resident #4's blood pressures every Friday as ordered by the physician for five out of 13 opportunities in June, July and August 2017. 2. The facility staff failed to obtain Resident #4's blood pressures every Friday as ordered by the physician. The findings include: 1. The facility staff failed to obtain Resident #4's blood pressures every Friday as ordered by the physician. The findings include: 1. The facility staff failed to obtain Resident #4's blood pressures every Friday as ordered by the physician for five out of 13 opportunities in June, July and August 2017. Resident #4 was admitted to the facility on 3/22/17 with diagnoses that included but were not limited to: dementia, high blood pressure and anxiety. The most recent MDS (minimum data appropriate. An analysis of the			495267	B. WING_		ns	
CAL) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES TAG			ING CENTER		614 HASTINGS LANE		131/2017
and clinical record review and during the course of a complaint investigation, it was determined that facility staff failed to provide care and services to maintain the highest level of well-being for two of 29 residents, Resident #4 and Resident #26. 1. The facility staff failed to obtain Resident #4's blood pressures every Friday as ordered by the physician for five out of 13 opportunities in June, July and August 2017. 2. The facility staff failed to apply TED (1) stockings to Resident #26 as ordered by the physician. 4. Audits will be completed by Unit Managers, DON, ADON and/or designee for current residents, new admissions/re-admissions with physicians' orders for weekly blood pressure checks to ensure physicians' orders for weekly blood pressure checks to ensure physicians' orders for weekly blood pressure checks and documented accordingly: 10% of physicians' orders will be audited 2 times per week x 4 weeks; then weekly x 1 month. Variances will be investigated and corrections made as appropriate. An analysis of the	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CEACH CORRECTIVE ACCURATE CORRECTIVE ACCURATE CORRESPONDED TO	CTION SHOULD BE THE APPROPRIATE	COMPLETION
set), a quarterly assessment with an ARD (assessment reference date) of 7/2/17 coded the resident have having scored a three out of 15 on the BIMS (brief interview for mental status) indicating the resident was severely cognitively impaired. The resident was coded as requiring minimum assistance with activities of daily living. Review of the physician's orders dated August 2017 documented, "OBTAIN BLOOD PRESSURE EVERY FRIDAY 3-11 (3:00 p.m. to audits will be provided to the QA Committee for additional oversight and recommendations. Audits will be completed by Unit Managers, DON, ADON and/or designee for current residents, new admissions/re-admissions with physicians' orders for TED stockings to ensure application and		and clinical record rof a complaint invest that facility staff fails services to maintain well-being for two or and Resident #26. 1. The facility staff for blood pressures every physician for five our July and August 2012. The facility staff for stockings to Reside physician. The findings includes 1. The facility staff for stockings to Reside physician. The findings includes 1. The facility staff for stockings to Reside physician for five our July and August 2011. Resident #4 was ad 3/22/17 with diagnost limited to: dementia, anxiety. The most reset), a quarterly asset (assessment references ident have having the BIMS (brief interindicating the reside impaired. The reside minimum assistances. Review of the physic 2017 documented, "	eview and during the course stigation, it was determined ed to provide care and in the highest level of f 29 residents, Resident #4 sery Friday as ordered by the t of 13 opportunities in June, 7. ailed to apply TED (1) ailed to apply TED (1) ailed to apply TED (1) ailed to apply TED (1) are #26 as ordered by the t of 13 opportunities in June, 7. ailed to obtain Resident #4's ary Friday as ordered by the t of 13 opportunities in June, 7. ailed to the facility on sees that included but were not high blood pressure and accent MDS (minimum data accent MDS (minimum data accent MDS (minimum data accent MDS (minimum data accent with an ARD accent at three out of 15 on wiew for mental status) and was severely cognitively and was coded as requiring a with activities of daily living. Sian's orders dated August OBTAIN BLOOD	F 30	 Nursing staff will be the standards of care maintain the highest being to include, the checking and recordiblood pressures and and removal of TED ordered by physician Audits will be complemanagers, DON, And designee for current admissions/re-admissions/re-admissions/ orders for pressure checks to erphysicians' orders for pressure checks are for documented according physicians' orders witimes per week x 4 weekly x 4 weeks; and weekly x 1 month. Vinvestigated and corrappropriate. An analyaudits will be provided Committee for additional and recommendation. Audits will be complemanagers, DON, And designee for current admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-admissions/re-	re-educated on and services to level of well-importance of ing weekly the application stockings as a. leted by Unit DON and/or residents, new sions with r weekly blood followed and ngly: 10% of ill be audited 2 weeks; then and then bi-Variances will be rections made as ysis of the ed to the QA ional oversight as. leted by Unit DON and/or residents, new sions with r TED	

PRESSURE EVERY FRIDAY 3-11 (3:00 p.m. to

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		G MEDIONID OFICATOR			ONID INC). U936-U391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G	(X3) DA	TE SURVEY MPLETED
		495267	B. WING		80	C /31/2017
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	documentation regarblood pressure. Review of the June administration recorn BLOOD PRESSURI was no blood pressure. Review of the July MBLOOD PRESSURI was no blood pressure was no blood pressure. Review of the Augus "OBTAIN BLOOD Problem of the June, notes did not eviden blood pressures. Review of the June, notes did not eviden blood pressures. Review of the vital si evidence documentation. An interview was corp.m. with LPN (licens nurse who cared for When asked to review Resident #4's blood "Those look like my ithe blank space on tistated," I'll have to che	he order date was	F 309	removal of TED stockin and documented per phy orders: 10% of physicia will be audited 2 times pweeks; then weekly x 4 then bi-weekly x 1 monto Variances will be invest corrections made as appanalysis of the audits with provided to the QA Conto additional oversight and recommendations. 5. The facility dutifully all compliance of these task before 10/15/2017.	ysicians' ns' orders per week x 4 weeks; and th. tigated and propriate. An ill be nmittee for	

stated, "I don't see one (blood pressure) either."

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495267	B. WING _		ns	C 3/31/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (614 HASTINGS LANE WARRENTON, VA 20186		13 1/2017
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 309	Continued From page	age 84	F 30) 09		
	When asked if the LPN #4 stated, "No	blood pressure was taken, o."	•			
	On 8/30/17 at 4:25 administrator and A	ASM #2, the director of nursing				
	a.m. with ASM (add the assistant direct what the blank spa on Resident #4's J	onducted on 8/31/17 at 8:30 ministrative staff member) #3, for of nursing. When asked ces for blood pressures meant une, July and August 2017 sted, "Huh. If it's not son't done."				
		ty's policy titled, "Medication lers" did not address following				
	No further informat	ion was provided prior to exit.				
	Patricia A. Potter a Inc.; Page 419. "T directing medical tr obligated to follow	of Nursing" 6th edition, 2005; nd Anne Griffin Perry; Mosby, he physician is responsible for eatment. Nurses are ohysician's orders unless they are in error or would harm				
: : :		failed to apply TED (1) ent #26 as ordered by the				
	closed record was admitted to the faci	iger resided at the facility. The reviewed. Resident #26 was lity on 4/7/16 and readmitted noses that included but were				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION			E SURVEY IPLETED
	495267	B. WING				C 34/2047
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186	CODE	<u> </u>	31/2017
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD IE APPROPR	BE	(X5) COMPLETION DATE
dementia, urinary re The most recent MI with an ARD of 7/24 having scored a "99 resident did not ans resident was coded and sometimes bein was coded as havin memory problems a cognitively. The resi assistance from sta except for eating wh the meal tray was po Review of the care prevised on 1/4/17 do resident) received a infusion into tumor in stockings as resident Review of the physic on 11/2/16 document lower extremities) on sleep)." Review of the Nover documented, "TED AND OFF AT BEDT STOCKINGS TO BL documented as bein times out of 28 days Review of the Decer documented, "TED I AND OFF AT BEDTI STOCKINGS TO BL documented as bein stockings TO BL documented as bein	e, high blood pressure, etention and kidney disease. DS, a 14-day assessment, 4/16 coded the resident as 8" on the BIMS indicating the swer any of the questions. The as sometimes understanding ing understood. The resident and as moderately impaired ident was coded as requiring iff for all activities of daily living inich the resident could do after repared. Plan created on 9/20/16 and occumented, "(Name of one-time chemotherapy in arm. Interventions. "TED int tolerates." Cian's order dated and signed in AM off HS (hour of one-time chemotherapy in arm. The of one-time chemotherapy in arm. Interventions. "TED interventions." TED interventions. "TED interventions." Ted hose ble (bilateral in AM off HS (hour of one-time chemotherapy in arm. The of the company in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in the context in	F3	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRO IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495267	B. WING		08	C 3/31/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 614 HASTINGS LANE WARRENTON, VA 20186		131/2011	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	2016 nurse's notes documentation regard documentation regard Review of the 11/4/ meeting documente (sic) stockings on each Review of the 11/11 "Concerned that Te and Resident's legs Review of the nurse documented, "He diprior to that for lower increased confusion meds (medications) He had an order for (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord (medical doctor) ord	ember 2016 and December did not evidence arding the TED stockings. 16 IDT (interdisciplinary team) ed, "Need to be putting the Ted every day." /16 IDT meeting documented, d (sic) stockings were not on a were very swollen." e's note dated 1/3/17 id have a hospital admission er ext (extremity) edema and n. This was 11/6/16. His pain were increased at that time. Ted (sic) stockings and MD dered for them to be left off pointing up indicating e physician's orders did not ation that the TED stockings and the Resident #26. When asked bookings on the resident, CNA ometimes." When asked how at needed to have the TED ENA #4 stated, "The nurses let is have TEDs." When asked if Resident #26 had TED	F 30				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		495267	B. WING		0.	C 8/31/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 614 HASTINGS LANE WARRENTON, VA 20186		0/01/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
	An interview was coa.m. with LPN (lice unit manager wher When asked who presidents, LPN #5 morning and they gonurses should be costockings) are on." documented, LPN asked to review Re (TAR) for November reviewing the TARs signatures are missidocumentation on the should be doing. It have discontinued to because his heels we thought it might were too tight." An interview was coa.m. with ASM (adnothe assistant director who wrote the 1/3/1 #26. When asked if voicing concerns the stockings were not do. I remember doing ewas to put them on when he got up." We stockings were order to discontinue stated, "I wouldn't he order somewhere."	onducted on 8/31/17 at 6:55 nsed practical nurse) #5, the e Resident #26 had resided. Out TED stockings on the stated, "The CNA's in the pet removed at night. The hecking that they (the TED When asked if this would be #5 stated, "Yes." LPN #5 was sident #26's treatment records er and December 2016. After it, LPN #5 stated, "Yes, some sing and there's no he back. That's what they hought he (the doctor) may them (the TED stockings) were getting boggy (soft) and have been the TED hose onducted on 8/31/17 at 8:30 ministrative staff member) #3, or of nursing and the nurse 7 nurse's note for Resident is he recalled the family at Resident #26's TED put on, ASM #3 stated, "Yes I y complained about the TEDs. ducation about which CNA and to ensure they were on hen asked why the TED ered, ASM #3 stated, "He had ma." When asked about the the TED stockings, ASM #3 ave put that, there must be an ASM #3 stated she was going er. ASM #3 never returned	F 3	09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495267	B. WING				C /31/2017
	PROVIDER OR SUPPLIER	ING CENTER	(314 H	ET ADDRESS, CITY, STATE, ZIP CODE IASTINGS LANE IRENTON, VA 20186	1 00/	31/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 315	No further informati (1) TED stockings - an important role in disease, venous uld thromboembolic dis system in the legs. from: https://www.ncbi.nlr 32012/ COMPLAINT DEFIG 483.25(e)(1)-(3) NC RESTORE BLADDE (e) Incontinence. (1) The facility must continent of bladder receives services ar continence unless h or becomes such th to maintain. (2)For a resident wit on the resident's co- facility must ensure (i) A resident who er indwelling catheter i	a.m. ASM #1, the SM #2, the director of nursing of the findings. on was provided prior to exit. Compression stockings play the management of venous ters, and preventing ease of the deep venous This information was obtained in nih.gov/pmc/articles/PMC40 CIENCY CATHETER, PREVENT UTI, ER ensure that resident who is and bowel on admission and assistance to maintain its or her clinical condition is at continence is not possible the urinary incontinence, based imprehensive assessment, the that- neters the facility without an is not catheterized unless the undition demonstrates that	F 315	1.	We are unable to document assessment or monitoring of urioutput in the Foley catheter for resident #26 not previously documented on 12/31/16 and 1/3 A 100% audit of TAR's and uriroutput flow sheet for current residents will be completed by ADON, Unit Managers and/or designee to ensure appropriate assessment and monitoring of residents with Foley catheter. Nursing staff will be re-educate DON, ADON, Unit Managers and/or designee on the important	1/17. nary	
		nters the facility with an or subsequently receives one			of assessing, monitoring and documenting the health status o residents who use a Foley cathe		

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A BUILDING C 08/31/2017 NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	LTIPLE C	ONSTRUCTION	(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES PREFIX (FACH DEFICIENCY MUST SEE PRECIDED BY FILL) TAG (FIGURATORY OR LSC IDENTIFYING INFORMATION) F 315 Continued From page 89 is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to provide one of 29 residents in the survey sample, (Resident #26) the appropriate care & services for the care of an indwelling urinary catheter. The facility staff failed to assess and monitor Resident #265 lack of urinary output in the Foley catheter and 12/31/16 on the 3:00 p.m. in 5:10.00 p.m. and 11:00 p.m. to 7:00 a.m. shifts and on 1/1/17 on the 7:00 a.m. to 3:00 p.m. shifts. The findings include: Resident #26 no longer resided at the facility. The	AND PLAN C	JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING		CO	-
SUMMARY STATEMENT OF DEFICIENCIES DEPARTMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCY MIST BE PRECEDED BY FULL TAG CROSS-REFERENCE TO THE APPROPRIATE DATE OF CORRECTION DATE OF COMPACT			495267	B. WING			80	
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 315 Continued From page 89 is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to prevent urinary tract infections and to restore on the exident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to provide one of 29 residents in the survey sample, (Resident #26) the appropriate care & services for the care of an indwelling urinary catheter. The facility staff failed to provide one of 29 residents and the provided to the QA Committee for additional oversight and recommendations. The facility staff failed to provide one of 29 residents in the survey sample, (Resident #26) the appropriate care & services for the care of an indwelling urinary catheter. The facility staff failed to provide one of 29 residents in the survey sample, (Resident #26) and the provided to the QA Committee for additional oversight and recommendations. The facility staff failed to provide one of 29 residents in the survey sample, (Resident #26) and the provided to the QA Committee for additional oversight and recommendations. The facility staff failed to provide one of 29 residents with provided to the QA Committee for additional oversight and recommendations. The facility and provided to the QA Committee for			ING CENTER		614 F	HASTINGS LANE	<u> </u>	
is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to provide one of 29 residents in the survey sample, (Resident #26) the appropriate care & services for the care of an indwelling urinary catheter. The facility staff failed to assess and monitor Resident #26's lack of urinary output in the Foley catheter on 12/31/16 on the 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m. shifts and on 1/1/17 on the 7:00 a.m. to 3:00 p.m. shift. The findings include: Resident #26 no longer resided at the facility. The	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	.D BE	(X5) COMPLETION DATE
Resident #26 was admitted to the facility on		is assessed for remas possible unless to demonstrates that cand (iii) A resident who is receives appropriate prevent urinary tractic continence to the expression of the resident's confacility must ensure incontinent of bowel treatment and service bowel function as possible to the facility staff failed residents in the survict the facility staff failed residents in the survict the appropriate care indwelling urinary cand the facility staff failed resident #26's lack catheter on 12/31/16 p.m. and 11:00 p.m. 1/1/17 on the 7:00 and the findings included Resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was resident #26 no long closed record was residen	noval of the catheter as soon the resident's clinical condition catheterization is necessary is incontinent of bladder the treatment and services to extinfections and to restore extent possible. With fecal incontinence, based comprehensive assessment, the exthat a resident who is all receives appropriate idea to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to restore as much normal ideas to res	F 3	4.	Audits will be completed by Un Managers, DON, ADON and/o designee for current residents, admissions/re-admissions with physicians' orders for use of Fo catheter to ensure appropriate assessment and monitoring of residents with Foley catheter: I of output flow sheets will be audited 3 times per week x 4 w then 2 times/week x 4 weeks; athen bi-weekly x 1 month. Variances will be investigated a corrections made as appropriate analysis of the audits will be provided to the QA Committee additional oversight and recommendations. The facility dutifully alleges compliance of these tasks on or	or new oley 10% veeks; and and e. An	

4/7/16 and readmitted on 1/1/17 with diagnoses

STATEMENT OF DEF AND PLAN OF CORF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION	COV	E SURVEY MPLETED C
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	1 ' '	NG		COMPLETED		
		495267	B. WING		08	C 3/ 31/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 614 HASTINGS LANE WARRENTON, VA 20186		
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	output section was a.m. to 3:00 p.m. s blank. Review of the nurs evidence documer #26's lack of urinal catheter or an assert Review of the nurs a.m. to 3:00 p.m. s documentation reg	:00 a.m. shift the resident's blank. On 1/1/17 on the 7:00 hift the output section was es' notes for 12/31/16 did not attation regarding Resident by output from his Foley essment of the resident. es' notes for 1/1/17 on the 7:00 hift did not evidence larding Resident #26's lack of a his Foley catheter or an	F3	15		
	p.m. documented, (no) output 7-3 [7:0] noted with blood at (change) foley (wit (abdomen) noted t (increased) pain. A penisOn Call (na (new order) to send RP (responsible path 6:39 p.m. docum (catheter) place wipurple urine return Review of the emeat 1/1/17 at 9:05 p.m.	e's notes for 1/1/17 at 5:00 "Res (resident) noted (with) 00 a.m. to 3:00 p.m.] shift. Res round penis. Attempted to hout) success. Res ABD o be distended. Res has at time blood streaming from me of physician) gave N.O. d to ER (emergency room) 911. erty) phone + is aware." ergency room notes for 1/1/17 nented, "16 f (french) foley cath th ease and 700mls (milliliters) ed." ergency room nurse's note for a documented, "900 cc (cubic of color (sic) urine drained from				
	-	sician's note at the hospital for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '	TIPLE CONSTRUCTION NG		TE SURVEY	
		495267	B. WING		O1	C 3/31/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (614 HASTINGS LANE WARRENTON, VA 20186		3/3/1/2017
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
	#26) was brought the because of hematic catheter was remonursing facility) nursing f	documented, "He (Resident o ED (emergency department) uria (bloody urine) after Foley wed today. He is a (name of sing home resident, his nurse and not passed any urine output ne manipulated Foley to drain t work, then removed Foley d large amount of hematuria ed (sic) Foley backIn ER, he hydratedand Foley catheter 00 cc of dark bloody urine was AKI (acute kidney injury) AKI and/underlying urinary The defent on to 11:00 and 11:00 p.m. to ble to be contacted. Inducted on 8/30/17 at 5:20 ified nursing assistant) #8. Iften a urinary catheter bag is ated, "You empty it at least eeded." When asked what ent did not have any urine in NA #8 stated, "We would tell a book in there (indicating the the nurse to see it." When it be any time an output would, CNA #8 stated, "No."	F 3			
	a.m. with CNA #4. V	When asked how often a				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIF 614 HASTINGS LANE WARRENTON, VA 20186		5/31/2017	
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F 315	shift." When askee #4 stated, "We us have to measure occurred, CNA #2 When asked what in the catheter banurse and they us them." When ask #26 she stated sham. with LPN (licunit manager. What stopped measurin catheter bags, LP previous director I and Os (intake a director of nursing measure and we asked when this of "Probably around what staff were to any urinary outpur assess why (no o is to make sure thabdomen) for dist When asked if shof urinary output asted, "I rememboutput. I was told report that there was a.m. with ASM (acthe assistant direction output in the was asted what staff should urine output in the	y empty it at the end of the ed if this was documented, CNA sed to but they told us we don't it." When asked when this 4 stated, "A few months ago." It staff did if there was no urine g, CNA #4 stated, "I tell the sually have us push fluids on ed if she remembered Resident	F 3				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	asked what staff sl "It should be commorecalled when Resoutput, ASM #3 state he wasn't having mirrigated the Foley. The doctor said to see An interview was ca.m. with LPN #10, resident on 1/1/17. The membered about urinary output on 1. CNA came to me. If the end of the shift his Foley." When a she had been made of output, LPN #10 the night shift had mot have any urinar LPN #10 stated the occurred next, LPN know and I called the granddaughter. The vital signs were stated the wital signs were stated the saked if the resider catheter bag, LPN stoempty it. But he with the control of the shift had on the saked if the resider catheter bag, LPN stoempty it. But he with the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked if the saked	r something's wrong." When hould do then, ASM #3 stated, nunicated." When asked if she ident #26 had no urinary ated, "What I understood was nuch output. The nurse She couldn't get the Foley and tend him to the hospital." I onducted on 8/31/17 at 10:15 the nurse who cared for the When asked what she Resident #26 and the lack of 1/1/17, LPN #10 stated, "The trans was the first time aware of the resident's lack stated it was. When asked if eported that the resident did youtput for the past 16 hours, y hadn't. When asked what #10 stated, "I let the doctor he family which was the patient was not in distress; his ble. The granddaughter he something wrong." When it was able to empty his own \$\frac{1}{2}\$10 stated, "No he wasn't able would pull on it at times."	F3	15		
	Care, Urinary" docu	y's policy titled, "Catheter mented, "Input/Output 1. ht's urine level for noticeable				

PRINTED: 09/12/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		ONSTRUCTION	COM	E SURVEY IPLETED
		495267	B. WING_			1	C 31/2017
NAME OF F	PROVIDER OR SUPPLIEF	3		STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
			}	614 F	ASTINGS LANE		
BROOKS	SIDE REHAB & NUR	SING CENTER		WAR	RRENTON, VA 20186		
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N	(X5) COMPLETION
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETION DATE
F 315	Continued From p	age 95	F 3	15			;
	No further informa	ation was provided prior to exit.					
	COMPLAINT DEF	FICIENCY					
F 323	483.25(d)(1)(2)(n)	(1)-(3) FREE OF ACCIDENT	F 3	23 1.	Resident #28 has not demonstra		
SS=D	HAZARDS/SUPE	RVISION/DEVICES			any residual adverse outcomes		
	(d) Accidents.		1		the resident to resident altercati	on	
	The facility must e	ensure that -			which occurred on 6/14/2017. Resident #28 was seen by Geri-	_	
			A delication of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th		Psych on 7/11/17, 7/24/17, 8/9/		
		nvironment remains as free ards as is possible; and			8/14/17 and 8/25/17.	,	
	(2) Each resident	receives adequate supervision			Resident #11 has not demonstra	ited	
		evices to prevent accidents.			any residual adverse outcomes		
	: :		-		the resident to resident altercati	on	
		he facility must attempt to use atives prior to installing a side or			which occurred on 6/14/2017		
	hed rail If a bed	or side rail is used, the facility			On 0/10/17 the plan of core was	10	
		ect installation, use, and	5		On 9/19/17, the plan of care was updated to address resident # 1.		
	i .	ed rails, including but not limited			involvement in a resident to res		
	to the following ele	ements.		:	altercation.		
	(1) Assess the res	sident for risk of entrapment	İ				
	from bed rails pric			1	On 9/19/17, the plan of care wa		e de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la consta
	·				updated to address resident # 2		
		ks and benefits of bed rails with sident representative and obtain			involvement in a resident to res	ident	
	I .	prior to installation.			altercation.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	:	•	8	2.	A 100% audits of incidents		
		e bed's dimensions are		Ad 4	involving resident to resident		
	appropriate for the	e resident's size and weight. ENT is not met as evidenced			altercations starting from 8/1/2	017	
	this REQUIREME by:	ENT IS NOT MELAS EVIDENCED			will be completed by Social		
		terview, clinical record review,			Services, ADON, DON or desi	gnee	
	and facility docum	ent review it was determined			for current residents to ensure		
		ailed to maintain a safe			implementation of intervention	s to	!
	environment for tw	vo of 29 residents in the survey			maintain residents' safety.		

Event ID: GGX711

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495267	B. WING			C 08/31/2017	
	PROVIDER OR SUPPLIER			614 l	EET ADDRESS, CITY, STATE, ZIP CODE HASTINGS LANE RRENTON, VA 20186		1010 1120 11
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F 323	units, the north unitation to ensure Resident #11 after a resident occurred on 6/14/1 The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The findings included The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding The finding	#28 and for one of two nursing it. illed to implement intervention t #28 was safe from Resident at to resident altercation 17. de: illed to implement intervention t #28 was safe from Resident at to resident altercation 7. admitted to the facility on 7/716 t included but were not limited ase, anxiety disorder, and y swallowing). Resident #28's (minimum data set) was an it with an ARD (assessment 7/18/17. Resident #28 was verely impaired in cognitive on the BIMS (Brief Interview)	F 3	3.	ontinued From page 96 Nursing staff will also be re educated by DON, ADON a designee on the importance updating the plan of care after resident to resident altercation occurred and the need for G Psych consult as appropriate. Nursing staff will be re-educated Social Services, DON, ADO and/or designee on the importance of implementing intervention maintain residents' safety afteresident to resident altercation occurred. Audits will be completed by Services and/or designee on care for residents involved it resident to resident altercation follow: 10% of plans of care audited 2 times per week x 4 weekly x 4 weeks; and then weekly x 1 month. Variance investigated and corrections appropriate. An analysis of a audits will be provided to the Committee for additional ovand recommendations. Audits will be completed by Services and/or designee to implementation of intervention intervention intervention of intervention intervention of intervention intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of intervention of	end/or of er a on has eri- e. cated by ON ortance on has on has on has existed by on has existed by on has existed by on has existed by on has existed be existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as existed by one as ex	

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F 323	Review of an incided documented the following resident (Resident #11) hear and small red area comments and/or s reoccurrence: Geri Review of Resident the following note of holding head with horehead. No (sic) swhen palpitated. As (signs/symptoms) of monitor for late bruit pain in frontal crania resting in evening." Review of Resident and revised 7/25/17 between Resident #28's clappointment with Geri-psych had seem medication adjustment on 8/30/17 at 9:59 a conducted with LPN	ent report dated 6/14/17 lowing: "Reported observed ident #11) smashing her d into table. Resident crying on foreheadadditional teps taken to prevent psych. (geriatric psychiatry)" #28's nursing notes revealed ated 6/14/17: "crying (sic), and, Objective: red area on welling, no pain or discomfort sessment: No swelling, no s/s f pain or discomfort. Plan: sing. monitor (sic) for s/s of al region × 3 days. offer (sic) #28's care plan dated 7/21/16 failed to reveal the altercation i28 and Resident #11. #28's clinical record failed to ention was put into place to Resident #11. Further review inical record failed to an eri-psych was made. #11's clinical record revealed in him on 6/22/17 and made	F 323	residents involved in resident resident altercations as follows of interventions will be audited times per week x 4 weeks; there weekly x 4 weeks; and then be weekly x 1 month. Variances winvestigated and corrections mappropriate. An analysis of the audits will be provided to the Committee for additional overland recommendations. 5. The facility dutifully alleges compliance of these tasks on obefore 10/15/2017	t 10% d 2 n - will be lade as to the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part

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she would imralents, interview what the issue complete an isshe would also h, especially fixed) unit. LPN north unit may #6 stated that in should have ent future alted after an aplan should binjury. LPN #6 injury. LPN #6 injury. LPN #6 injury. LPN #6 injury.	mediately separate the w and assess the situation to a was, assess for injuries and incident report. LPN #6 stated to refer both resident to geri or any resident on the north I #6 stated that the residents on need medication adjustments. It both the aggressor and the interventions in place to reations and to ensure resident ed if the care plan should be litercation, LPN #6 stated the pe updated especially if there is 5 was not aware of an	F3	23		The companies of the companies and the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the c
ducted with CN a CNA who free and #28. Who aviors, CNA # have too many etimes resistavill sometimes in g meals if he a #1 was not a ident #28 and a 3/30/17 at approview was contager. When a ident to resider the stated that	NA (certified nursing assistant) equently works with Resident en asked about Resident #11's 1 stated that Resident #11 did by behaviors and that he is ant to care. CNA #1 stated that try to grab other resident's food does not receive his meal first. ware of an altercation between Resident #11. Troximately 11:15 a.m., an ducted with LPN #4, the unit asked how she would ensure a from another resident after a ant altercation on the north unit, at facility staff would try to				
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LPN and the stated than should have ent future altered after an aplan should binjury. LPN #6 at a cation between the work of the cation between the work of the cation between the work of the cation between the work of the cation between the work of the cation between the work of the cation between the work of the work of the cation between the work of the cation between the work of the cation between the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work	EHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) inued From page 98 she would immediately separate the lents, interview and assess the situation to what the issue was, assess for injuries and complete an incident report. LPN #6 stated she would also refer both resident to gerith, especially for any resident on the north led) unit. LPN #6 stated that the residents on the inture altercations and to ensure resident should have interventions in place to lent future altercations and to ensure resident should be updated especially if there is no north unit may need medication adjustments. When asked if the care plan should be lented after an altercation, LPN #6 stated the plan should be updated especially if there is nijury. LPN #6 was not aware of an cation between Resident #28 and Resident and #28. When asked about Resident #11's aviors, CNA #1 stated that Resident #11's aviors, CNA #1 stated that Resident #11 did have too many behaviors and that he is etimes resistant to care. CNA #1 stated that hill sometimes try to grab other resident's fooding meals if he does not receive his meal first. When asked how she would ensure a dent was safe from another resident after a dent to resident altercation on the north unit, #4 stated that facility staff would try to receive was only so much they could do ause most residents were demented on the larger was residents were demented on the larger was residents were demented on the larger most residents were demented on the larger.	EHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) inued From page 98 she would immediately separate the ents, interview and assess the situation to what the issue was, assess for injuries and complete an incident report. LPN #6 stated she would also refer both resident to geri h, especially for any resident on the north ed) unit. LPN #6 stated that the residents on north unit may need medication adjustments. #6 stated that both the aggressor and the m should have interventions in place to ent future altercation, LPN #6 stated the plan should be updated especially if there is njury. LPN #6 was not aware of an cation between Resident #28 and Resident #11's aviors, CNA #1 stated that Resident #11'd in ave too many behaviors and that he is etimes resistant to care. CNA #1 stated that rill sometimes try to grab other resident's fooding meals if he does not receive his meal first. Af1 was not aware of an altercation between ident #28 and Resident #11. 3/30/17 at approximately 11:15 a.m., an view was conducted with LPN #4, the unit larger. When asked how she would ensure a dent was safe from another resident after a dent to resident altercation on the north unit, #4 stated that facility staff would try to rect the residents from going near each other there was only so much they could do	EROR SUPPLIER EHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EQULATORY OR LSC IDENTIFYING INFORMATION) Inued From page 98 she would immediately separate the ents, interview and assess the situation to what the issue was, assess for injuries and complete an incident report. LPN #6 stated she would also refer both resident to geri h, especially for any resident on the north ed) unit. LPN #6 stated that both the aggressor and the nshould have interventions in place to ent future altercations and to ensure resident by. When asked if the care plan should be updated especially if there is njury. LPN #6 was not aware of an cation between Resident #28 and Resident #11's and #28. When asked about Resident #11'dinave too many behaviors and that he is etimes resistant to care. CNA #1 stated that that had is settimes resistant to care. CNA #1 stated that dill sometimes try to grab other resident's food ag meals if he does not receive his meal first. #1 was not aware of an altercation between dent #28 and Resident #11. 3/30/17 at approximately 11:15 a.m., an view was conducted with LPN #4, the unit ager. When asked how she would ensure a dent was safe from another resident after a dent was safe from another resident after a dent was safe from another resident after a dent was safe from going near each other there was only so much they could do	EHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) Inued From page 98 she would immediately separate the lents, interview and assess the situation to what the issue was, assess for injuries and complete an incident report. LFN #8 stated she would also refer both resident to geri h, especially for any resident on the north ed) unit. LFN #8 stated that both the aggressor and the n should have interventions in place to ent future altercations and to ensure resident ty. When asked if the care plan should be ted after an altercation, LPN #6 stated the plan should be updated especially if there is not incident waver of an cation between Resident #28 and Resident #11's wors, CNA #1 stated that Resident #11'd in any power in the resident should be updated especially if there is not incident in the resident will be updated the plan should be updated especially if there is not incident in the resident #11'd in any power in the plan should be updated especially if there is not receive his meal first. #1 was not aware of an altercation between dent #28 and Resident #11. \$\frac{1}{3}\frac{3}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3

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F 323 Continued From page 99 F 323	
north unit and forget that the altercation had occurred. LPN #4 stated that both residents would also be referred to Geri-psychology for an assessment and medical review. LPN #4 stated that both care plans (the aggressor and victim) should be updated after a resident to resident altercation. LPN #4 stated the care plans could be updated by any nurse. On 8/31/17 at 7:58 a.m., an interview was conducted with OSM (other staff member) #9, the social worker and OSM #11, the social work assistant. When asked the social worker's role and the process when there is a resident to resident altercation, OSM #9 stated that whenever there is a resident to resident altercation, the incident report and care plan for each resident is brought to the morning stand up meeting the next day. OSM #9 stated that the IDT (interdisciplinary team) will collectively discuss what had happened and refer both residents; the aggressor and victim, to Geri-psychology. OSM #9 stated that Geri-psychology. OSM #9 stated that Geri-psychology is usually the go-to intervention for residents are on a variety of psychoactive medications that may need adjustment. OSM #9 stated that the interventions would also be implemented after a resident to resident altercation for both the aggressor and victim to ensure residents are valuated by Geri-psychology. OSM #9 stated that other interventions would also be implemented after a resident to resident altercation for both the aggressor and victim to ensure resident safety. OSM #9 stated that consident safety are sident as and so assess the residents will be given a barrier strip to deter wandering resident to enter their rooms. OSM #9 stated that social work will also assess the resident's psychosocial well-being if a nurse alerts them that the resident	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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F 323	assess a resident #11 stated, "That always on the unit change in behavious We would only do When asked what resident safety for #11, OSM #9 state aware of the resident with a state on the incident and the incident and the incident with a few as responsible for resident to resident to resident to resident to resident to resident that anyone in the care plans with the confirmed that she was responsible for the state of the care plans with the confirmed that she was responsible for the care plans with the confirmed that she was responsible for the care plans with the confirmed that she was responsible for the care plans with the confirmed that she was care plan was altercation. On 8/31/17 at 9:0 staff member) #1, DON (Director of administrator in trabove concerns. The facility policy Residents" documents for accidents has a state of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of th	if a nurse alerts them; OSM is actually not true. We are through making rounds, so if we see a property we will assess the resident. In the was put into place to ensure resident #28 from Resident ed that she was not made lent to resident altercation Resident #11 on 6/14/17 until atted that the altercation was not ad accident log for June. OSM remine what the facility had put re Resident #28's safety after Resident #11. When asked who or updating the care plan after a not altercation, OSM #9 stated at IDT meeting could update the enew interventions. OSM #9 e could not find where Resident as updated after the 6/14/17 O a.m., ASM (administrative the administrator, ASM #2, the Nursing), and ASM #4, the aining were made aware of the stated in part, the following: "Our make the environment as free azards as possible. Resident	F	323			
	accidents are faci prioritiesReside	rision and assistance to prevent lity-wide nt-oriented approach to safety. riented approach to safety and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING		C 08/31/2017	
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		70172011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 360	shall use various so for residents, include from the medical his observation of the resident from assessidentify any specific that resident. The conterventions to reduce the same and hazards so a community specific staff; b. assigning responsinterventions; c. providing training d. ensuring that interventions; c. providing training d. ensuring training d. ens	or individual residents. 2. Staff purces to identify risk factors ling the information obtained story, physical exam, esident, and the MDS. 3. The m shall analyze information ssments and observations to accident hazards or risks for are team shall target uce the potential for accident hall include the following: fic interventions to all relevant sibility for carrying out , as necessary. rventions are implemented; rventions." DIET MEETS NEEDS OF ovide each resident with a let, well-balanced diet that ly nutritional and special grinto consideration the	F 36	Provided Diet Meets Needs Resident 1. On 8-29-17 residents on Nothat were not served the proportion of pork with grave offered additional food to that nutritive values were additional food to ensure nutritive values were nutritive values were nutritive values were nutritive values were nutritive values were nutritive values were nutritive values were nutritive values were nutritive values were nutritive values were met Education was completed	forth Unit roper 3oz y were ensure met. use c offered	•

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186			
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F 360	a.m. of the noon in servings of the roa approximately three one-inch-wide and long and three inc. The pork was sittin would put the pork without adding grader A request was manger for a footh stating she couldness to she noticed anything stated, "Some were When asked if the on the pork, OSM pork." When asked if the on the pork should be response. When a the pork should be response. An interview was considered anything stated, "Some were When asked if the onto the pork, OSM pork." When asked if the onto the pork should be response. An interview was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was considered was consid	de: as made on 8/29/17 at 11:55 heal for the North Unit. The ast pork ranged from he inches long and lone-inch-thick to three inches hes wide and one inch thick, hag in a gravy. The dietary aide ton the plate using tongs he on 8/29/17 at 12:38 p.m. he staff member) #6, the dietary d scale. OSM #6 returned		Dietary Manager on using a correct serving utensils. 3. Education on serving size we completed and Serving size and scoop chart placed on a serving cart and in cook's at three times a week for 6 we during meal service to ensure proper utensil usage. Audit brought to facility quality assurance meetings monthly quarterly. 5. Corrective action will be accomplished October 15th.	will be e menu each rea. leted by ignee eeks are s will be		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS			STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	1 30.0	
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F 364	portion size was for sent to the North U give them at least to of the above observed that the receive three ounces are series of the facility and the facility and the facility and the facility and the facility and the facility and facility and the facility and facility and facility and facility and facility and facility and facility and facility and facility and facility and facility and facility and facility and facility and facility determined that the	was asked what he thought the r the roast pork that had been Init. OSM #19 stated, "I try to three ounces." When informed vation of portion sizes, OSM e residents probably did not all es as ordered. ty's menu documented, Lunch. Caribbean Pork Roast (protein) + 1 oz. sce (sauce)." p.m. ASM (administrative staff dministrator and ASM #2, the were made aware of the ion was provided prior to exit. ITRITIVE VALUE/APPEAR,	F 36	 Nutritive Value / Appearance Palatability / Preferred Temp On 8-29-17 it was determin sampling a test tray on the Nunit that the lunch meal that being served was not at a patemperature and consistency Additional food was offered current in-house residents of units that offered complaint food not being to a palatable Food items to be temped at meal at the point of serving. 	ed by North It was Alatable y. I to n all s of the e.	
,	:	ed to keep food at a palatable		Current vegetable inventory audited to ensure product is satisfactory and as written in		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS			61	REET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE 14 RENTON, VA 20186			
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F 364	placed on the reside becoming soggy. The findings include Review of the last the council meeting min 2017 New Business addressed Dietary. Business. Food isset to Dietary manager A group resident int 8/28/17 at 2:00 p.m. the residents were the residents was some when asked if the food in the dining roasked how the food "It's terrible. We down we get broccoli we get the florets. They and it gets all wet. I stated, "We gave the in February." When been, the resident seresponded to and the An observation was a.m. of the noon me from the kitchen Osthis surveyor if she of the food. This surfollow the normal reserving the resident cauliflower and sweet the sound serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving the serving	ensure that breads did not get ent's tray to prevent it from e: hree months of the resident nutes documented, "June 13, s. Food issues and concerns August 21, 2017. New ues/Concerns were forwarded	F3		 Continued From page 104 Education will be conducted dietary cooks on the importataking and documenting temperatures of food items a point of serving, and proper serving technique of food ite. A Test tray audit will be compliant three times a week for 6 week include bread is wrapped, vegetables are in bowls and a good quality, and food items temperature is palatable by a dietary staff member. Audit will be brought to the facility meeting. Corrective action will be accomplished October 15th 2 	t the rems. pleted eks to are s non-results y QQA		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP	CODE	1 00/	01/2017
BROOK	SIDE REHAB & NURS	SING CENTER		614 HASTINGS LANE WARRENTON, VA 20186			,
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F 364	approximately 12:1 foil covers on the firesidents in the dir was normal routine. When all of the restor a test tray was manager was in at the temperature of	10 p.m. staff began requesting ood that was being delivered to hing room. When asked if this e, OSM #18 stated it was. sidents were eating a request made. OSM #6, the dietary tendance. OSM #18 checked the food and the pureed peas	F3	164			
	118 degrees. OSM temperature she w OSM #6 stated, "I OSM #18 and this The pureed peas v and the hulls were pureed chicken wa	and the pureed chicken was #6 was asked what ranted the food to be served at, like it to be 135 degrees." surveyor sampled the food. were cool and had a bitter taste present throughout. The as cool in temperature. The was soggy on the bottom. OSM e findings.					
	p.m. with OSM #6, asked if she was a residents had provabout the food, OS corporate guy. He asked what the out OSM #6 stated, "No corporate employe this vendor." When the residents receistated, "It's a horribut they're only get the resident's recemenu, OSM #6 stated getting what we as normal routine to cresidents eating in	conducted on 8/29/17 at 1:15 the dietary manager. When ware of a 13-page letter the ided regarding their concerns SM #6 stated, "That went to our came to the meeting." When toome of those concerns were, lo, I'll have to email (name of e). I'm having problems with a asked if they were aware that wed broccoli stalks, OSM #6 ole product. They want florets thing the stalks." When asked if ived what they chose from the sted, "Not always. We're not ked for." When asked if it was cover the food with foil for those the dining room, OSM #6 shouldn't do that." OSM #6					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	meal but was not aware that the res was cold, OSM #6 complaint." When to check the temp #6 stated, "Not type a response to how corrected. On 8/29/17 at 4:28 member) #1, the addirector of nursing findings. On 8/30/she did not have a corporate employe concerns. 483.60(i)(1)-(3) FC STORE/PREPARIMITY (i)(1) - Procure for considered satisfa authorities. (i) This may include from local produce and local laws or response for using gardens, subject to safe growing and for consuming for (ii) This provision of facilities from using gardens, subject to safe growing and for (iii) This provision of form consuming for (i)(2) - Store, prepare	an aide who had served the able to. When asked if she was idents complained that the food is stated, "That's a consistent asked if staff did any test trays erature and palatability, OSM pically no." OSM #6 did not have this problem would be p.m. ASM (administrative staff administrator and ASM #2, the were made aware of the the area as a made as a response yet (from the pe) about the resident's problem would be about the resident's proposed or ctory by federal, state or local the food items obtained directly pers, subject to applicable State	F 3	Food Procedures / Stora Preparation / Service / Stora Preparation / Service / Stora Preparation / Service / Stora Preparation / Service / Stora Preparation / Service / Stora Preparation / Service / Stora Preparation of the food a palatable temperature consistency. 2. On 8-29-17 current in residents on all units additional food to ensutritive values were Education was completed before the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the proc	I food was It with a not being to re or I-house were offered ure that met. eted by the using the		

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		E SURVEY IPLETED
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F 371	foods brought to r visitors to ensure handling, and con This REQUIREMI by: Based on observ document review, facility staff failed manner for one of the food prior to on the north unit. The findings inclu A group resident i 8/28/17 at 2:00 p. the residents were the residents was When asked if the supposed to be the cold in the dining asked how the food "It's terrible. We dwe get broccoli we get the florets. The gets all wet. I can' "We gave them a February." When been, the resident responded to and An observation was.m. of the noon resident responded.	by regarding use and storage of esidents by family and other safe and sanitary storage, sumption. ENT is not met as evidenced ation, staff interview and facility it was determined that the to serve food in a sanitary f two units, the North Unit. Sailed to check the temperature of serving the 8/29/17 noon meal	F 37	 Continued From page 107 CDM to begin test tray and education will be conformed for dietary cooks on the of taking and document temperatures. Bread with wrapped to keep it from soggy. The peas that we will be removed from on inventory selection. A Test tray audit will be three times a week for the include bread is wrapped vegetables are in bowls good quality and temped palatable by a non dietar member. Audit results we brought to the facility of meeting. Corrective action will be accomplished by Octobe 2017. 	onducted e importance ting II be n getting ere ordered our e completed 6 weeks to ed, and are crature is ary staff will be QQA	

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			TE SURVEY MPLETED		
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	PROVIDER OR SUPPLIER	<u></u>		STREET ADDRESS, CITY, STATE, ZIP CO 614 HASTINGS LANE WARRENTON, VA 20186		3/31/2017
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F 371	check the tempera asked OSM #18 to OSM #18 then beg When all of the rest for a test tray was manager was in at the temperature of were 120 degrees 118 degrees. OSM temperature she w OSM #6 stated, "I I OSM #18 and this The pureed peas wand the hulls were pureed chicken was corn meal muffin w #18 agreed with the An interview was con. with OSM #18 temperatures before the serving. OSM #18 temperatures before the control of the north wing). The temperature before why food temperature to present the control of the north wing. The temperature to present the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the control of the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the north wing the no	ked this surveyor if she should ture of the food. This surveyor follow the normal routine. It is an serving the residents. It idents were eating a request made. OSM #6, the dietary tendance. OSM #18 checked the food and the pureed peas and the pureed chicken was #6 was asked what anted the food to be served at, ike it to be 135 degrees." surveyor sampled the food. It is it is cool and had a bitter taste present throughout. The is cool in temperature. The is as soggy on the bottom. OSM is findings. Inducted on 8/29/17 at 12:40 is, the dietary aide. When asked emperature of the food before stated "The cook does re it comes up here. Inducted on 8/29/17 at 12:45 the dietary manager. When it is dietary manager. When it is dietary manager. When it is dietary manager. When it is dietary manager. When it is dietary manager. When it is dietary manager. When it is dietary manager. When it is sent out." When asked were taken OSM #6 stated, "They it when the food gets here he cook does not check the it is sent out." When asked were taken OSM #6 stare the food was the proper	F 3	71		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		31/2017
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	Review of the facil Temperatures" does to the residents at Temperatures of the taken by the competer the star of the taken by the competer the star of the serving begins." 483.60(i)(4) DISPO PROPERLY (i)(4)- Dispose of competer the star of the serving begins." 483.60(i)(4) DISPO PROPERLY (i)(4)- Dispose of competer the star of the serving begins." The findings included the serving the serving begins in the serving the started staff on keeping the serving ity's policy titled, "Food cumented, "Food will be served an acceptable temperature. 4. he food in the steam table will ok approximately 10 minutes ray service and again just as OSE GARBAGE & REFUSE Parbage and refuse properly. Not is not met as evidenced attion, staff interview, and facility it was determined that the comaintain the dumpster area event pests. e: Expoximately 11:30 p.m., during igation, the dumpster was side sliding doors open. A cat the building in the area closest as a.m., in an interview with aff Member) the dietary department that the dietary department that while she educated her edoors closed, that staff from may not be as diligent in	F 372	 Dispose of Garbage and Ref The side sliding door was be open during an off hou approximately 1130pm w An initial audit will be confor proper use of the facility dumpsters located outside building. Facility wide education to completed to ensure that a know proper dumpster used. Staff on 11pm to 7am shift complete audits of the durarea to ensure doors are reclosed after use 3 times a 6 weeks to ensure compliance Results will be brought to facility QQA meeting. 	found to rs visit at as closed. mpleted ity the be all staff age. it will mpster emaining week for ance.		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		614	EET ADDRESS, CITY, STATE, ZIP CODE HASTINGS LANE RRENTON, VA 20186		
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F 372	Continued From pa	ge 110	F3	72 C	ontinued From page 110		
	Garbage & Refuse' Area: A. Lid to dum in use. B. Mainten responsible to ensu no foul odors and the	ity policy, "Disposal of Dietary documented, "4. Dumpster apster is kept closed, when not ance /Housekeeping is are the area is free of debris, nat the area is maintained in a discourage harborage of		5	. Corrective action will be accomplished October 15th 2	017.	
	Administrator was r	oximately 12:50 p.m., the nade aware of the findings. on was provided by the end of				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	According to the Fe Administration (FDA	deral Food and Drug A) regulations 2013;					
E 425	Returnables. REFUSE, recyclable stored in receptacle that they are inacce 5-501.111 Areas, El Good Repair. Storage areas, encl REFUSE, recyclable maintained in good 5-501.113 Covering Receptacles and ware REFUSE, recyclable kept covered: (B) With tight-fitting the FOOD ESTABL	Receptacles. aste handling units for es, and returnables shall be lids or doors if kept outside	Ε 1	25.1	Resident #10 has not demonstra	tad	
	ACCURATE PROC (a) Procedures. Af	EDURES, RPH	, F 4	ZU 1.	any adverse outcome from not receiving the Clozaril on 4/12/1		
	(5) 1 1000 44100. 711	sami, made provido			and 4/13/17. On 4/13/17, the		1

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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F 425	Continued From paper pharmaceutical se	age 111 rvices (including procedures	F 4	25 Continued From page 111			
	dispensing, and ac	curate acquiring, receiving, dministering of all drugs and et the needs of each resident.		physician was notified medication (Clozaril) n administered on 4/12/1	ot		
	employ or obtain the pharmacist who (1) Provides consuprovision of pharmathis REQUIREME by: Based on clinical interview, staff interview, it was determined to ensure a physician was ava of 29 residents in the physician was ava of 29 residents in the physician was ava of 29 residents in the physician was ava of 29 residents in the physician was available. Resident #10's Claschizophrenia) was	Itation. The facility must the services of a licensed altation on all aspects of the facy services in the facility; into is not met as evidenced record review, resident erview, and facility document ermined that the facility staff medication prescribed by the ilable for administration for one the survey sample; Resident operations are available for 4/12/17 and 4/13/17 as ordered		 A 100% audit of MARs completed by DON, Al Managers or designee for residents with orders for and corresponding label ensure medication is avadministered as ordered. Nursing staff will be rethe importance of order medication in a timely. Nursing staff will also educated on the facility when faxing lab results corresponding medicate pharmacy, to include communicating with places personnel to ensure labeled to the posterior of the present to ensure labeled to the posterior of the present to ensure labeled to the posterior of the present to ensure labeled to the posterior of the present to ensure labeled to the posterior of the present to ensure labeled to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present to the present	DON, Unit for current or Clozaril orders to vailable to be d. e-educated on ring manner. be re- y's protocol s with cion(s) to harmacy oresults have		
	7/23/15 with the diparanoid schizoph mitral valve, hypot asthma, and breas The most recent Nan annual assess Reference Date)	admitted to the facility on agnoses of but not limited to renia, hypoxemia, rheumatic hyroidism, anxiety, depression,		expected delivery time medication. 4. Audits of MARs will by ADON, Unit Mana designee as follow; 2 t week x 4 weeks; then weeks, and then every 1 month for 5 current in	be completed gers and/or imes per weekly x 4 -other-week x		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495267	B. WING _		ns	C 8/31/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		13 1/2011
				614 HASTINGS LANE		
BROOKS	SIDE REHAB & NURS	ING CENTER		WARRENTON, VA 20186		
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F 425	Continued From pa	ge 112	F 42	5 Continued From page 112		1 4
	daily life decisions, 15 on the BIMS (Br exam. On 8/28/17 at 2:00 held with 7 facility rothe group and reported had written down in she did not get her A review of the cliniphysician's order for	scoring a 14 out of a possible ief Interview for Mental Status) p.m., a group interview was esidents. Resident #10 was in ted to a list of dates that she a notebook, when she said		 5 new admissions/re-admissensure availability of medic Variances will be investigated corrections made as appropanalysis of the audits will be provided to the QA Comminance additional oversight and recommendations. 5. The facility dutifully allege compliance of these tasks of before 10/15/2017. 	eation(s). ed and riate. An e ttee for	
	Record) revealed the her Clozaril on 4/12 by the nurse's initial of the MAR containing medication was not On 8/31/17 at approximaterview with LPN 4 she stated that the Blood Count [2]) is the pharmacy at lear refill is due. LPN #5 pharmacy would stawork and would not provided a copy of the dated 3/24/17, and work and would not provided a copy of the stated that each yet when it was time pharmacy claimed the required to refill the March 2017 had had	R (Medication Administration at the resident did not receive /17 and 4/13/17, as evidenced is being circled and the backing documentation that the available from the pharmacy. Eximately 10:00 a.m., in an resident's CBC (Complete aken monthly and faxed to st a week before the Clozaril is stated that many times, the attempt the Clozaril. She he resident's March CBC (April 2017 CBC, dated 4/7/17. In was faxed to the pharmacy, to refill the Clozaril, the hey did not have the lab work medication. The lab for and written dates of 3/27/17 and the April 2017 lab had				·

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
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F 425	if any, of these date being faxed to the pare faxed as soon a back. A copy of the protocol was reque provided by the end. A review of Resider one dated 8/3/15 for MedicationParan Interventions include medications per poor The care plan also "risk for mood prohistory of psychiatriterm use of psycholatriterm use of psycholatriterm use of psycholatriterm use of the faciliand Receiving from Clozaril, or lab-spectoredures. On 8/31/17 at 10:50 made aware of the information was prosurvey.	a was not entirely clear which, as correlated with the labs charmacy. LPN #5 stated they as they receive the lab results a facility policy for Clozaril sted at this time. None was I of the survey. Int #10's care plan revealed r "Psychotropic oid Schizophrenia" ed "MD/Pharmacy review of licy." included one dated 11/3/15 for oblems r/t (related to) her co illness as well as her long	F 4	.25				
	[1] Clozapine (Cloz schizophrenia. Under the "What if	aril) is used to treat forget a dose" section of the						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	taking clozapine for call your doctor be medication. Your domedication at a low Under the "Importate below website, was cause a serious bloorder certain lab to treatment, during yas weeks after your order the lab tests order the tests less continuesBecaumedication, clozapine to be sur clozapine to be sur clozapine without to the Clozapine REMS your pharmacist more clozapine REMS your pharmacist more clozapine REMS your pharmacist more clozapine REMS puill not dispense you she has received to Ask your doctor for program and how you medication." Information obtained https://medlineplustiml	s documented, "If you miss or more than 2 days, you should fore taking any more octor may want to restart your ver dose." ant Warnings" section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the risks with this ince is available only through a distribution program. A program of the manufacturers of the that people do not take the necessary monitoring called Evaluation and Mitigation Program. Your doctor and ust be registered with the program, and your pharmacist our medication unless he or the results of your blood tests. If more information about this you will receive your sed from the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of	F 4	25			
:	Page 405, a CBC (blood test used to and white blood ce	St. Louis, MO: Mosby, Inc. complete blood count) is a determine the number of red lls per cubic millimeter of f the most valuable screening nniques.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		DNSTRUCTION	COM	E SURVEY IPLETED
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F 425	Continued From pa	ge 115	F 42	5			
F 431 SS=D	In addition, the WB component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Component of the Com	gov/bloodcounttests.html C (white blood count) BC is the component that is see of Clozaril. WBC's help clozaril use can cause low d from gov/ency/article/003643.htm b) DRUG RECORDS, UGS & BIOLOGICALS covide routine and emergency ls to its residents, or obtain tement described in lart. The facility may permit lel to administer drugs if State by under the general lensed nurse.	F 43	2.	Residents were not identified as having adverse outcome (s) from unlocked medication cart. A 100% audit of med carts will completed by ADON, Unit Managers and/or designee to enthat medications carts are kept secured when nursing staff (RN LPN) is not in attendance. Nursing staff will be re-educate ADON, Unit Manager and/or designee on the importance of securing the medication cart who not in attendance. Audits of medication carts will completed by Unit Managers and designee as follow; 3 out of 5 cwill be audited 2 times/week x 4 weeks, then weekly x 4 weeks tensure compliance with securin	be sure or d by hen be had/or carts 4	
	(3) Determines that that an account of a	drug records are in order and II controlled drugs is		1	medication carts. Variances wil		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	(g) Labeling of Dr Drugs and biologicabeled in accordate professional principa appropriate accessinstructions, and trapplicable. (h) Storage of Dru (1) In accordance the facility must stocked compartment controls, and perresponding to the permanently affixed controlled drugs lith Comprehensive E Control Act of 197 abuse, except who package drug distingular quantity stored is be readily detected. This REQUIREMED by: Based on observing facility staff failed safely secured on Unit.	ugs and Biologicals. cals used in the facility must be ance with currently accepted siples, and include the sory and cautionary the expiration date when ugs and Biologicals. with State and Federal laws, tore all drugs and biologicals in tents under proper temperature mit only authorized personnel to e keys. ust provide separately locked, and compartments for storage of sted in Schedule II of the orug Abuse Prevention and 66 and other drugs subject to the facility uses single unit without and a missing dose can	F 4		investigated and corrections appropriate. An analysis of audits will be provided to the Committee for additional or and recommendations. The facility dutifully allege compliance of these tasks of before 10/15/2017.	the ne QA versight s	
	medication cart w to residents in the cart was observed	hile administering medications dining room. The medication dout of LPN #15's line of sight, staff were observed near and					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (X7) MULTIPLE (CTION			E SURVEY PLETED		
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F 431	Continued From pa or passing by the ui the North Unit.	ge 117 nsecured medication cart on	F 4	31				
	The findings include	e:						
	of an unlocked med The medication cart the back of the cart room. There was no medication cart. At walked past the me resident sitting on a from the medication residents in the dini breakfast. There was with her back partia	a made on 8/30/17 at 8:28 a.m. lication cart on the North Unit. It was facing the hallway and faced the resident dining to staff in attendance with the that time two staff members dication cart. There was a bench approximately five feet in cart. There were staff and ing room preparing for as a nurse in the dining room lly turned away from the enurse was getting juice for a						
	walked past the me looked at the cart at away. Immediately I member with a resid	censed practical nurse) #7 dication cart, slowed down, nd then continued to walk behind the nurse was a staff dent who walked past the cart. 7 walked past the medication ident.						
	At 8:34 a.m. the nur medication cart.	rse, LPN #15 was at the						
	a.m. with LPN #15, responsible for the rasked when a medi LPN #15 stated, "W cart. If you're not with	Inducted on 8/30/17 at 8:34 the nurse who was medication cart. LPN #15 was cation cart was to be locked. Then you're away from your thin eyesight." When asked if e of sight with the medication						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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	AP5267 ME OF PROVIDER OR SUPPLIER ROOKSIDE REHAB & NURSING CENTER X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	SING CENTER		STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186			
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F 431	cart while she was stated, "Yes, I only asked if she was a sitting five feet in fr that staff and resid cart, LPN #15 did r. An interview was ca.m. with ASM (adrithe assistant direct present at the nurs with LPN #15. Whe medication cart, ASI leaves that cart it n asked why staff necart, ASM #3 stated going in and getting The nurse is respo	in the dining room, LPN #15 turned a little away." When ware there was a resident ont of the medication cart or ents had passed her unlocked not respond. Onducted on 8/301/17 at 8:38 ministrative staff member) #3, or of nursing. ASM #3 was e's station during the interview on asked when staff locked the SM #3 stated, "Whenever she eeds to be locked." When edded to lock the medication d, "To prevent anybody from g drugs that could include staff.	F 4:	31			
	On 8/30/17 at 8:36 conducted with LP1 past the medicatior noticed anything at #7 stated, "Yes, I not had to take care of was unoccupied who cart at 8:32 a.m. On 8/30/17 at 4:25 administrator and A were made aware of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	N #7, the nurse who walked in cart. When asked if she cout the medication cart, LPN obticed it was unlocked but I a gentleman first." LPN #7 inen she passed the medication p.m. ASM #1, the is SM #2, the director of nursing of the findings.					
i	Medication Cart" do cart shall be secure 1. The nurse must solution the medicati	ry's policy titled, "Security of ocumented, "The medication and during medication passes. secure the medication cart on pass to prevent 2. The medication cart should					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		NSTRUCTION	(X3) DATE S COMPL	
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	PROVIDER OR SUPPLIER	SING CENTER		614 H	ET ADDRESS, CITY, STATE, ZIP CODE ASTINGS LANE RENTON, VA 20186	, 00,01	/2017
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F 431	be parked in the do during the medicat drawers should be When it is not poss cart in the doorway the hallway agains drawers facing the before the nurse en Medication carts matimes when out of	corway of the resident's room ion pass. The cart doors and facing the resident's room. 3. Sible to park the medication of the cart should be parked in the wall with doors and wall. The cart must be locked inters the resident's room. 4. ust be securely locked at all	F 4	31 :			
	483.50(a)(2)(i) LAE ORDERED BY PH (a) Laboratory Service (2) The facility musion ordered by a physic practitioner or clinic accordance with Service laws. This REQUIREME by: Based on staff interest and clinical record the facility staff failed prior to obtaining a 29 residents in the The facility staff failed stimulating hormor 8/16/17, without a president of the staff failed stimulating hormor staff failed stimulating hormor staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed staff failed sta	S SVCS ONLY WHEN YSICIAN vices at- In laboratory services only when cian; physician assistant; nurse cal nurse specialist in rate law, including scope of NT is not met as evidenced erview, facility document review review, it was determined that ed to obtain a physician's order laboratory specimen for one of survey sample, Resident #3. Ited obtained a TSH [1] (thyroid ne) laboratory specimen on ohysician's order.		2.	Resident #3 has not demonstrate any adverse outcomes from obtaining a TSH level on 8/16/2 NP and RP were notified on 8/29/2017 of THS being obtain without a physician's order. A 100% audit of lab results obtstarting from 9/1/2017 will be completed by DON, ADON, Umanagers and/or designee to er labs results have corresponding physician's order. Nursing staff (RN and LPN) wire-educated by ADON, Unit Managers or designee on nursing scope of practice to include obtaining a physician's order probability.	2017. ed ained nit nsure	
	The findings includ	e:		4.	Audits of lab results and corresponding orders will be		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING	CON	TE SURVEY MPLETED
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BROOK	SIDE REHAB & NURS	INC CENTER		614 HASTINGS LANE		
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F 504	diagnoses that incluting thyroid disease, der anxiety. The most reset), a quarterly assist the resident as havithe BIMS (brief interindicating the reside impaired. The reside assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action assistance for all action	dmitted on 5/6/17 with uded but were not limited to: mentia, kidney disease and ecent MDS (minimum data sessment, dated 7/4/17 coded ing scored a three out of 15 on rview for mental status) ent was severely cognitively ent was coded as requiring ctivities of daily living. cal record documented a TSH in result on 8/16/17. cian's orders did not for the TSH specimen. plan did not evidence arding laboratory specimens. atory request book esident # 3 had a TSH in obtained on 8/16/17. p.m. a request was made to e staff member) #2, the for the 8/16/17 physician's aboratory specimen. a.m. a repeat request was e assistant director of nursing ician's order for the TSH		designee as follow results and corresp will be audited 3 t weeks, then week then every-other-v Variances will be	at Managers and/or v: 10% of lab ponding orders times/week x 4 ly x 4 weeks and week x one month. investigated and as appropriate. An dits will be A Committee for the and the committee for the and the committee for the and the committee for the and the committee for the and the committee for the and the committee for the and the committee for the and the committee for the and the committee for the and the committee for the and the committee for the and the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the committee for the c	

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NAME OF	PROVIDER OR SUPPLIE	۲	<u>'</u>	STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
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				WAI	RRENTON, VA 20186		
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F 507	p.m. with LPN (lice When asked the plaboratory specim doctor's order. We we put it in the lab how a laboratory without a physicial don't know." On 8/30/17 at 4:29 administrator and were made aware facility's policy title Orders" did not specifically orders order for the No further information of the blood. This information website: https://medlineplus483.50(a)(2)(iv) LAB NAME/ADDR (a) Laboratory Serice) The facility mution (iv) File in the residuation of the plant of the blood.	conducted on 8/30/17 at 1:25 ensed practical nurse) #2. process for obtaining a en, LPN #2 stated, "We get the essend it to the laboratory and coratory book." When asked specimen could be obtained in's order, LPN #2 stated, "I be a period of the findings. Review of the ed, "Medication and Treatment ecify how to obtain a for a laboratory specimen. Assures the amount of thyroid ine (TSH) in your blood. TSH is ituitary gland. It tells the thyroid of release thyroid hormones into formation was obtained from the est. Gov/ency/article/003684.htm Assures the REPORTS IN RECORD - RESS	F 5	07 1.	Results of CBC and CMP obta on 1/16/17 were reviewed by N and filed in resident #13 medic records on 8/31/17. A 100% audit of clinical record lab results obtained starting from 9/1/2017 will be completed by	IP al ds for m	
	address of the tes This REQUIREME by:	ting laboratory. :NT is not met as evidenced			ADON, Unit Managers and/or designee to ensure labs results I reviewed by physician and filed		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING		TE SURVEY MPLETED
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F 507	and facility docume that facility staff fai the clinical record is survey sample, Re The facility staff fai (complete metabol blood count) test re 1/16/17 into the clin The findings included Resident #13 was 9/10/16 with diagnor limited to Alzheime anxiety disorder, and Resident #13's moset) was a quarterly (assessment refered Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #13 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive on the BIMS (Brieff exam. Resident #15 was elimpaired in cognitive	erview, clinical record review ent review, it was determined led to file a laboratory test in for one of 29 residents in the sident #13. Iled to file Resident #13's CMP ic panel) and CBC (complete esults that were ordered on nical record. Ie: admitted to the facility on oses that included but were not r's disease, high cholesterol, and high blood pressure. Is trecent MDS (minimum data by assessment with an ARD ence date) of 6/18/17. Coded as being severely be function scoring 03 out of 15 and Interview for Mental Status) in 3 was coded as requiring ensfers, ambulation, eating; ance with toileting and dressing. It #13's physician telephone following order dated 1/16/17: elabolic panel) - med (management)." It #13's clinical record revealed 1/16/17 CBC and CMP	. F 5	Unit Secretary or designs of the audits where the residents' clinical records will be audited to the residents' clinical records will be audited to the residents' clinical records will be audited to the residents' clinical records will be audited to the residents' clinical records will be audited to the residents' clinical records will be audited to the residents' clinical records will be audited to the residents' clinical records will be invested to the residents of the audits where the residents will be invested to the residents of the records will be invested to the residents. 5. The facility dutifully a compliance of these tasts before 10/15/2017.	LPN) and re-educated anagers or r's protocol to led in ds timely. ds will be nagers and/or re-educated anagers and/or re-educated and records. Stigated and propriate. An will be mmittee for d.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186				
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F 507	LPN #2 stated that company to get a crif the CBC, CMP late the clinical record, L probably should have first and was going process for obtaining #2 stated that result facility from the laboration to the physician or to the physician or to the physician's box for resigns the laboratory for filing the test result when asked if the purchast CBC and CMP laborated, "We don't know that the unit manager stall aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test in Result aboratory test	and CMP laboratory test results. She had called the laboratory opy of the result. When asked coratory test results were in LPN #2 stated that she we checked the thinned record to check. When asked the lag a laboratory test result, LPN its were usually faxed to the oratory company. From there are floor would fax the results he results would go into the review. Once the physician test, the nurse is responsible out into the clinical record. Only ician saw Resident #13's ratory test results, LPN #2 how because it was not in the exident #13's thinned record. Extermine if the physician was ratory results from 1/16/17. In eximately 5:26 p.m., an intended with ASM (administrative the DON (Director of Nursing). The facility had put a plan in oratory tests were being the results were being manner. ASM #2 stated that the plan on 7/14/17 and audits a revealed that Resident #13's indentified as not being in the	F 50	07				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	administrator, ASM Nursing), and ASM training were made the facility policy timesults- Clinical Problems and the facility policy timesults- Clinical Problems and the facility policy timesults- Clinical Problems and the facility policy tests in the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facili	a.m., ASM #1, the #4, the DON (Director of #4, the administrator in e aware of the above findings. Alled, "Lab and Diagnostic test otocol" did not address filing to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record. Alled to the clinical record.	F 5	07			
	483.70(i)(1)(5) RES RECORDS-COMP LE	S LETE/ACCURATE/ACCESSIB	F 5 ⁻	14 1.	Clinical records for residents #1 and #5 were audited on 8/30/20 no other resident (s) information was found in the records.	17,	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION		TE SURVEY MPLETED
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	(1) In accordance we standards and pracmaintain medical reare- (i) Complete;	vith accepted professional tices, the facility must ecords on each resident that			Consultant Pharmacist review resident #7 done in June 2017 obtained, no Pharmacist recommendations were made the month of June for resident result was filed in the clinical records on 8/30/17.	was during	
	(ii) Accurately docu	mented;	1	I.	10001d8 011 0/30/17.		
	(iii) Readily accessi (iv) Systematically of the medical rec	organized		2.	A 100% audit of clinical record will be completed by Unit Second Medical Records personnel, under Manager and/or designee to eraccuracy of clinical records.	retary, nit	
	(i) Sufficient informa	ation to identify the resident;		3.	Nursing staff (RN and LPN) a	nd	
	(ii) A record of the r	esident's assessments;	- The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		Unit Secretary will be re-educed by ADON and Unit Managers	or	
	(iii) The comprehen provided;	sive plan of care and services			designee on the facility's prote ensure accuracy of clinical rec		
	and resident review determinations cond (v) Physician's, nurs professional's progr (vi) Laboratory, radiservices reports as This REQUIREMEN by: Based on staff intered and facility document that the facility staff and accurate clinical	ducted by the State; se's, and other licensed		4.	Audits of clinical records will completed by Unit Managers designee as follow: 10% of clinecords will be audited weekly weeks, and then every-other-wone 2 months to ensure accurates residents' clinical records. Var will be investigated and corremade as appropriate. An analythe audits will be provided to QA Committee for additional oversight and recommendation	and/or inical / x 4 veek x icy of riances ctions vsis of the	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED			
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F 514	Continued From pa	ge 126	F 51	4 C	Continued From page 126		
	1. For Resident # 1	another resident's d on the clinical record.		5	The facility dutifully alleges compliance of these tasks on or before 10/15/2017.		
		two other residents' d on the clinical record.		4			
		the consultant pharmacy 7 was not in the clinical					
	The findings include	: :		*			
	1. For Resident # 1, information was file	another resident's d on the clinical record.					
	10/17/16 with diagn	dmitted to the facility on oses that included but were atory failure, hypothyroidism, ep apnea.					
	set) assessment, a Assessment, with a date) of 6/14/17 coo understood by other others. Resident # (Brief Interview for N	n ARD (assessment reference					
	documentation from Hospital Discharge another resident wa	# 1's clinical revealed another Resident. A Summary belonging to s printed on the back of a longing to Resident # 1.		•			

F 514 Continued From page 127 During an interview on 8/29/17 at 5:45 pm. with ASM (Administrative Staff Member) # 2, the Director of Nurses, this document was shared and a request for a copy of the Hospital Discharge Summary was made. When ASM # 2 was asked who was responsible for filing documents she (ASM # 2) stated that the nurses		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRU CTIO N ING		TE SURVEY MPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 514 Continued From page 127 During an interview on 8/29/17 at 5:45 pm. with ASM (Administrative Staff Member) # 2, the Director of Nurses, this document was shared and a request for a copy of the Hospital Discharge Summary was made. When ASM # 2 was asked who was responsible for filing documents she (ASM # 2) stated that the nurses			495267	B. WING		na	
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 514 Continued From page 127 During an interview on 8/29/17 at 5:45 pm. with ASM (Administrative Staff Member) # 2, the Director of Nurses, this document was shared and a request for a copy of the Hospital Discharge Summary was made. When ASM # 2 was asked who was responsible for filing documents she (ASM # 2) stated that the nurses					614 HASTINGS LANE		73 172017
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During the end of day interview on 8/30/17 at 4:25 p.m. with ASM # 1, the administrator, ASM # 2, and ASM # 4, the Administrator in Training, the concern of another resident's documents in Resident # 1's clinical record was discussed. Review of the facility policy, "Clinical Records" documented under "A. The nursing facility shall maintain an organized clinical record system in accordance with recognized professional practicesB. Clinical records shall be confidential" No further documentation was provided prior to exit. According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Philadelphia PA, page 23: "Nursing documentation is a highly significant issue since documentation is a fundamental feature of nursing care. Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the health care team. Unless the content of documentation provides an accurate depiction of patient and family care, quality of care may not be possible. Many nurses do not realize that what they document or fail to record can produce an enormous effect on the care that is provided by	F 514	During an interview ASM (Administration Director of Nurses and a request for a Discharge Summa was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was asked who was another ASM # 1 and ASM # 4, the was and ASM # 4, the was accordance with repracticesB. Clinic confidential" No further docume exit. According to Fund Incredibly Easy, Lip Philadelphia PA, padocumentation is a documentation is a documentation is a nursing care. Paties and need to be accordance with a care can be contained to be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordance with a care can be accordanc	w on 8/29/17 at 5:45 pm. with we Staff Member) # 2, the at this document was shared a copy of the Hospital ary was made. When ASM # 2 as responsible for filing SM # 2) stated that the nurses day interview on 8/30/17 at 4:25, the administrator, ASM # 2, Administrator in Training, the resident's documents in ical record was discussed. It is policy, "Clinical Records" r "A. The nursing facility shall ized clinical record system in ecognized professional cal records shall be entation was provided prior to amentals of Nursing Made poincott Williams and Wilkins, age 23: "Nursing a highly significant issue since a fundamental feature of ent records are legally valid, curate and comprehensive so communicated effectively to the Unless the content of exides an accurate depiction of care, quality of care may not be reses do not realize that what fail to record can produce an	F 5	14		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	NG		(X3) DATE SURVEY COMPLETED		
		495267	B. WING_		/	C 08/31/2017		
	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STATE, 614 HASTINGS LANE WARRENTON, VA 20186	ZIP CODE	00/01/2017		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE)	CTION SHOULD E THE APPROPRI			
F 514	According to "Fund Concepts": Eighth read: "Each healthd and complete docurecord is a legal dotimely, objective, ad legible" 2. For Resident # 5 information was file information was file information was file information was file information was file information was file information was file information was file information was file information was file information was file information was file information was file information was file information was file information with diagnoses that to: congestive heard disease, diabetes, (stroke). Resident # 5's mosset) assessment, with a date) of 8/2/17 codunderstood by other understand others. The BIMS (Brief Intescore of 14 out of 1 is cognitively intact. Review of Resident documentation from Skilled Nurse's Not another resident was clinical record. Also of physician) dated	amental Nursing Skills and edition, Chapter 3, pg. 36 care setting requires accurate mentation. The medical cumentRecords must be ccurate, complete and a, two other residents' ed on the clinical record. dmitted to the facility on ecently readmitted on 5/27/15 included but were not limited to failure, peripheral vascular and cerebral vascular accident to the recent MDS (minimum data Significant Change an ARD (assessment reference ed Resident # 5 as usually as and as usually able to Resident # 5 was coded on erview for Mental Status) with a 5, indicating that the Resident						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495267	B. WING			ı	C 31/2017
	PROVIDER OR SUPPLIER	ING CENTER		614	EET ADDRESS, CITY, STATE, ZIP CODE HASTINGS LANE RRENTON, VA 20186	1 00,	01/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	ASM (Administrative Director of Nurses, and a request for a # 2 was asked who documents she (ASM do the filing and in the notes and just president's chart. During the end of dp.m. with ASM (Adrithe administrator, ANurses, and ASM # Training, the conce documents in Residuiscussed.	on 8/29/17 at 5:45 pm. with e Staff Member) # 2, the these documents were shared copy was made. When ASM was responsible for filing SM # 2) stated that the nurses this case were probably writing but them into the wrong ay interview on 8/30/17 at 4:25 ministrative Staff Member) # 1, asM # 2, the Director of 4, the Administrator in rn of the two residents' dent # 5's clinical record was intation was provided prior to	F 5	14			
,		the Consultant Pharmacy 17 was not in the clinical					
	9/13/16 with diagno limited to: hypertens	dmitted to the facility on ses that included but were not sion (high blood pressure), anxiety, depression, stroke, eal reflux disease.				•	
	set) assessment, a an ARD (assessment coded Resident # 7 others and as able to	recent MDS (minimum data Quarterly Assessment, with nt reference date) of 6/4/17 as sometimes understood by o sometimes understand 2 was coded as having short					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION		ATE SURVEY OMPLETED
		495267	B. WING			08	8/31/2017
NAME OF F	SING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186					
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 514	Continued From p	age 130	F 5	14			
	being moderately	n memory problems and as impaired for daily decision poor; cues/supervision					
	the Consultant Ph When the review v	Resident # 7's clinical record armacy Reviews were located. was done all reviews could be ne review for June 2017.					
		de on 8/30/17 of facility staff for ing June 2017 Consultant					
	LPN (licensed pra she could not find Pharmacy Review	w on 8/30/17 at 10:40 a.m. with ctical nurse) # 5 revealed that a copy of the Consultant for June. LPN # 5 further lled the pharmacy to get a copy.					
	p.m. with ASM (Acthe administrator, Nurses, and ASM Training, the concepharmacy review that the pharmacy copy of the review	day interview on 8/30/17 at 4:25 Iministrative Staff Member) # 1, ASM # 2, the Director of # 4, the Administrator in ern of the missing consultant was discussed. ASM # 2 stated had to be called to request a . A request for the policy on acy Reviews was requested.					
	ASM # 2, ASM # 2 Consultant Pharm the pharmacy con review then prints for ASM # 2. ASM and those that hav physician. If the p	w on 8/31/17 at 10:08 a.m. with 2 reviewed the process for acist Reviews by stating that sultant comes in, completes the the review and leaves the copy 1 # 2 then reviews the review we recommendations go to the hysician makes any changes a noted and followed. If there					

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State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION (X3) DATE COMP			SURVEY LETED	
		495267		B. WING		08/3	1/2017
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE	1 00.0	
BROOKS	IDE REHAB & NURSI	NG CENTER		INGS LANI TON, VA 20		v	·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
F 000	Initial Comments			F 000			
	Inspection was cond 8/31/17. Correction with the following win Regulations for the The census in this 1	gh #21, and #27 thro	gh ompliance and Facilities. lity was by sample				
F 001	Non Compliance			F 001			
	The facility was out of following state licens	of compliance with the sure requirements:	ne				
	This RULE: is not m 12VAC5-371-140. Po Reference to F372 a	olicies and procedur	es. Cross	F372 F425	12VAC5-371-140. Policies and procedul Reference to F372 and F425 see plan of	res. Cross correction.	
	12VAC5-371-300. Pl Cross Reference to		es.	* *	GZVAC-5-371-300. Pharmaceutical serv Cross Reference to F372 see plan of cor		
	12VAC5-421-2640. (Reference to F372 12VAC5-371-110 B1	-		F372 F225	12VAC5-421-2640. Outside receptacles Reference F372 see plan of correction.		
	12VAC5-371-110 B1 F226			F226	12VAC5-371-110, cross references to F2 plan of correction. 12VAC5-371-110 B1, 2, 3, cross reference F226 see plan of correction.		
	12VAC5-371-130B. Freferences to F167, I	Resident Rights cros F157		F167 F157	12VQD5-371-130B. Resident Rights cro- references to F167, F157 see plan of con-	ss rection.	
	12VAC5-371-220. Nureferences to F157, I	F280, F323		F157 F280 F323	12VAC5-371-220. Nursing Services cros references to F157, F280, F323 see plan correction.		
	12VAC-371-360. Clir		F	-360	12VAC-371-360. Clinical Records cross to F360 see plan of correction.	references	
ABUKATURY	DIRECTOR'S OR PROVIDE		ATIVE'S SIGNA	ATURE.	TITLE	(X6) DATE
, po	May Us) nux			Administrator 9	22-17)

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If continuation sheet 1 of 2

PRINTED: 09/12/2017 FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495267 B. WING 08/31/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BROOKSIDE REHAB & NURSING CENTER** 614 HASTINGS LANE WARRENTON, VA 20186 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BF COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 001 Continued From Page 1 F 001 references to F360. 12VACS-220.H cross references to CFR 157 F157 12VACS-220.H cross references to CFR 157 see plan of correction. 12VACS 250.G cross references to CFR 279 F279 12VACS 250.G cross references to CFR 279 see plan of correction. 12VACS 200.B.1 cross references to CFR 281 F281 12VACS 200.B 1 cross references to CFR 281 see plan of correction. 12VACS 220.B cross references to CFR 309 12VACS 220.B cross references to CFR 309 see plan of F309 correction. 12VACS 340 cross references to CFR 371 F371 12VACS 340 cross references to CFR 371 see plan of correction. 12VACS-310 cross references to CFR 504 F504 12VACS-310 cross references to CFR 504 see plan 12VAC5-371-250 Resident assessment and care of correction. planning -- A, D, E cross-referenced to F 278 12VACS-371-250 Resident assessment and care F278 planning - A, D, E cross-referenced to F278 see 12VAC5-371-360 Clinical records -- E plan of correction. cross-referenced to 514 12VAC-371-360 Clinical records - E cross-F514 referenced to 514 see plan of correction.