PRINTED: 03/22/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		495279	B. WING		C <b>02/01/2017</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701	1 02/01/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 000	INITIAL COMMENTS	S	F 00	00	
	survey was conducte 2/1/17. Three compl survey. Corrections	edicare/Medicaid abbreviated ed from 1/31/17 through aints investigated during the are required for compliance 3 Federal Long Term Care			
F 157 SS=D	141 at the time of the consisted of 11 curre (Residents #1 throug	gh #6, #12 through # 15 and ed record reviews (Resident #16 through #17). GES ROOM, ETC)	F 18	57	2/21/17
	consult with the residence consistent with his of representative(s) when (A) An accident involves	mediately inform the resident; dent's physician; and notify, r her authority, the resident en there is-  lving the resident which has the potential for requiring			
	(B) A significant char mental, or psychoso deterioration in healt	nge in the resident's physical, cial status (that is, a th, mental, or psychosocial nreatening conditions or			
	a need to discontinu	reatment significantly (that is, e an existing form of verse consequences, or to			
ABORATORY	DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u>	TITLE	(X6) DATE

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

02/16/2017

**Electronically Signed** Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBED:		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
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F 157	(14)(i) of this section, all pertinent information is available and proviphysician.  (iii) The facility must a resident and the resident as specified in §483.  (B) A change in resident State law or regulation (e)(10) of this section (iv) The facility must repulate the address (in phone number of the This REQUIREMENT by:  Based on staff interver review, clinical record a complaint investigate facility staff failed to responsible party (Remedications were not serviced).	sfer or discharge the lity as specified in fication under paragraph (g) the facility must ensure that on specified in §483.15(c)(2) ded upon request to the also promptly notify the lent representative, if any, or roommate assignment 10(e)(6); or ent rights under Federal or as as specified in paragraph ecord and periodically mailing and email) and resident representative(s). It is not met as evidenced siew, facility document a review and in the course of tion, it was determined that notify the physician or by that physician ordered available for administration is in the survey sample,	F 15	The statements included are not a admission and do not constitute agreement with the alleged deficien herein. The plan of correction is completed in the compliance of statederal regulations as outlined. To in compliance with all federal and segulations the center has taken or	ncies  Ite and Iremain State Twill	
		to notify the physician and cian ordered Abilify (1),		take the actions set forth in the following plan of correction. The following p correction constitutes the center □s	lan of	

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NAME OF PR	ROVIDER OR SUPPLIER	l		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	01/2011	
				60	02 MADISON ROAD			
CULPEPE	R HEALTH & REHABILI	TATION CENTER		С	ULPEPER, VA 22701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 157	Continued From pag	e 2	F 1	157				
		ax (3), Vitamin D and e not available to be given to			allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.			
	_				F 157  1. Resident # 17 was discharged on 1/6/17. Resident #16 was discharged of 12/22/16. Pharmacy delivery times we increased from two to three times per control of the second	re lay.		
	1. Resident #17 was admitted to the facility on 12/31/16 with diagnoses that included but were not limited to: fractured hip, osteoporosis, urinary retention, history of breast cancer, anemia, high blood pressure, depression and anxiety.				<ol> <li>All residents are at risk. An audit of current resident MARs will be reviewed identify any medications not administer as ordered due to unavailability. Those found out of compliance will be corrected accordingly.</li> <li>RNs/LPNs will be in-serviced on the current residence.</li> </ol>	I to red e ed		
	assessment, a Media with an assessment coded the resident a others and being und #17 was coded as hat that fluctuated. Resident a staff members for all except eating in which set up assistance was Active Diagnoses, the having any infections Section J was not concern.	#17's care plan initiated on			procedure to follow when medications a not available, including notification of the responsible party and physician. RNs/LPNs will also be in-serviced on the use of the Stat box.  4. An audit of 10% of current resident and all new admissions MARs will be completed weekly x 4 weeks and mont x 2 months to ensure the timely administration of medications ordered by the physician. Those found out of compliance will be corrected and forward to QA committee for further guidance an applicable.	are ne ts hly oy		
	Interventions Notify I (responsible party) o condition."	"Focus CARE NEEDS. MD (medical doctor)/RP f significant changes in cian's orders dated 12/31/16 Tablet 15 MG (milligrams)						

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F 157			F	157		
	Tablet 10 MG Give 1 Topamax Tablet 25 M bedtime; Vitamin D Ta two times a day. Dicy					
	"Abilify Tablet 15 MG mouth at bedtime." O there was a "9" and to documented. Review	(milligrams) Give 1 tablet by n 12/31/16 at 9:00 p.m.				
	bedtime." On 12/31/1 "9" and the nurse's in "Topamax Tablet 25 N bedtime." On 12/31/1 "9" and the nurse's in "Vitamin D Tablet Giv times a day." On 12/3 a "9" and the nurse's "Dicyclomine HCL Ta mouth three times a	MG Give 1 tablet by mouth at 6 at 9:00 p.m. there was a itials documented. e 400 mg by mouth two 81/16 at 4:00 p.m. there was				
	Review of the nurse's documented: "18:19 (6:19 p.m.) Vii "20:50 (8:50 p.m.) Abordered." "20:51 (8:51 p.m.) Baon order." "20:51 Dicyclomine Horder."	anotes for 12/31/16  ramin D TabletOn order."  politify Tablet 15 MGDrug  aclofen Tablet 10 MGDrug  ICL Tablet 20 MGDrug on  pamax Tablet 25 MGDrug				

L' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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F 157	on order."  Further review of the evidence documental had been notified that were not given.  An interview was cop.m. with LPN (licen nurse who cared for When asked about the a resident's medicated as the stated, "If I can grow would try to get then especially pain medipharmacy right next be obtained) and I who box containing frequency when asked about the medications were not stated, "I would contine they were on route.  On 2/1/17 at 5:40 p. member) #2, the direct the nurse consultant findings.  An interview was cop.m. with RN (register about the process store administer a residuated, "I notify my store doctor who is on would also notify the if this was document communication note."	e nurse's notes did not ation that the physician or RP at the above medications  Inducted on 2/1/17 at 5:20 sed practical nurse) #5, the Resident #17 on 12/31/16. The process staff follows when ons are not available, LPN et some of the medications I in stat (Immediately), cations. We have a to us (where medications can ould check the stat box (a ently used medications)." The process staff follows if the ot administered, LPN #5 act the pharmacy to see if would contact my manager."  In ASM (administrative staff ector of nursing and ASM #4, were made aware of the inducted on 2/1/17 at 5:50 ered nurse) #4. When asked aff follows if they are unable ent's medications, RN #4 upervisor on call and I call call." RN #4 stated that she resident's RP. When asked ed, RN #4 stated, "Yes in our	F 15	7			

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F 157	about the process s to administer a resic stated that the RP a notified. When aske RN #6 stated, "It's th RP and as far as the an alternative medic resident's) health co know."  Review of the facility Change of Condition staff members shall information about pa appropriate license observation. PROCI change of condition to a licensed nurse. reported to primary alternate. 4. Respon notified of a change physician, time, and are to be documente Notification of respo documented in the N and name of person No further information In Basic Nursing, Es edition (Potter and R was a reference sou notification. Failure condition appropriate	e unit manager. When asked taff follows if they are unable lent's medications, RN #6 and physician should be d why they should be notified, heir right to know as far as the exphysician, he could write for eation. If it affects their (the andition the physician should be a physician should be notified, heir right to know as far as the exphysician, he could write for eation. If it affects their (the andition the physician should be notified in the physician should be not status change to personnel immediately upon EDURE: 1. The patient's shall be reported immediately 3. This assessment shall be physician designated asible party will also be of condition. 6. Notification of date (moth, day and year) and in the Nurses Notes. 9. Insible party shall be notified in the Nurses Notes including time	F 1	57		
	way to avoid being I	of negligent acts. The best iable for negligence is to care, to give competent health				

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F 157	providers. The physis is responsible for dir of a patient.  (1) Abilify ABILIFY of schizophrenia. The from: https://dailymed.nlmm?setid=cbbd3dc0-0c  (2) Baclofen Baclomuscle relaxant comspasticity in patients information was obtahttps://livertox.nlm.n  (3) Topamax Toping to be used, either in adjunctive treatments seizures or partial sesecondary generalizmigraine. This information was obtahttps://www.ncbi.nlm.  (4) Dicyclomine Dindicated for the treafunctional bowel/irrit information was obtahttps://dailymed.nlmm?setid=dac1bf89-52. The facility staff fawhen anti-rejection ravailable for Resident #16 was ac 12/1/16 and dischardiagnoses included	nicate with other health care cian or health care provider ecting the medical treatment.  I is indicated for the treatment is information was obtained.  Inih.gov/dailymed/drugInfo.cf.  Ga39-48f7-91b9-a95c6c12ee  Infen is a centrally acting amonly prescribed for with multiple sclerosis. This ained from:  Inih.gov/Baclofen.htm  I in gov/Baclofen.htm  I in gov/Baclofe	F1	57		
	dysphagia (difficulty heart failure, history	swallowing) (1), congestive of a heart transplant, pressure, severe sepsis				

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(EACH DEFICIEI	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	I SHOULD BE	(X5) COMPLETION DATE		
(infection) (2), and The most recent Mi assessment, a Med with an assessment coded the resident make daily decision requiring limited to more staff member living. In Section I resident was coded The physician orde "Sirolimus Solution of an organ transplaper milliliter); give 2 feeding inserted in time a day every ot Transplant Status."  The MAR (medicati December 2016 do 1 MG/ML; give 2 mevery other day relastatus." The medic being administered	depression.  DS (minimum data set) licare 14 day assessment, treference date of 12/15/16, as being cognitively intact to as. The resident was coded as extensive assistance of one or sfor all of his activities of daily Active Diagnoses, the as, "Heart Transplant Status."  In dated, 12/1/16, documented, (used to prevent the rejection ant (1)) 1 MG/ML (milligram and interesting (2)) one ther day related to Heart  On administration record) for cumented, "Sirolimus Solution I via J-tube one time a day ated to Heart Transplant ation was not signed off as on 12/2/16 and 12/3/16.	F 15					
The nurse's note da documented, "Orde pharmacy contacte ordered. MD/RP (r party) aware." Ther	on.  ated, 12/3/16 at 11:23 a.m.  ars - Administration Note - d, med (medication) back  nedical doctor/responsible e was no documentation						
	ROVIDER OR SUPPLIER  R HEALTH & REHABII  SUMMARY: (EACH DEFICIENT REGULATORY OF The Most recent Miles assessment, a Medication of the physician order staff members living. In Section I resident was coded the resident was coded the resident was coded the resident was coded to the physician order "Sirolimus Solution of an organ transplater milliliter); give 2 feeding inserted in time a day every of transplant Status."  The MAR (medication December 2016 do 1 MG/ML; give 2 mevery other day relastatus." The medication of the nurser staff member 2016 do 1 MG/ML; give 2 mevery other day relastatus." The medication of the nurser staff member 2016 do 1 MG/ML; give 2 mevery other day relastatus. The medication of the nurser staff member 2016 do 1 MG/ML; give 2 mevery other day relastatus. The medication of the nurser staff member 2016 do 1 MG/ML; give 2 mevery other day relastatus. The medication of the nurser staff member 2016 do 1 MG/ML; give 2 mevery other day relastatus. 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The most recent MDS (minimum data set) assessment, a Medicare 14 day assessment, with an assessment reference date of 12/15/16, coded the resident as being cognitively intact to make daily decisions. The resident was coded as requiring limited to extensive assistance of one or more staff members for all of his activities of daily living. In Section I - Active Diagnoses, the resident was coded as, "Heart Transplant Status."  The physician order dated, 12/1/16, documented, "Sirolimus Solution (used to prevent the rejection of an organ transplant (1)) 1 MG/ML (milligram per milliliter); give 2 ml via J-tube (tube for feeding inserted in the small intestine (2)) one time a day every other day related to Heart	ROVIDER OR SUPPLIER  R HEALTH & REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7 (infection) (2), and depression.  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The medication was not signed off as being administered on 12/2/16 and 12/3/16.  A review of the nurse's notes for 12/2/16 did not reveal documentation regarding not administering the Sirolimus Solution.  The nurse's note dated, 12/3/16 at 11:23 a.m. documented, "Orders - Administration Note - pharmacy contacted, med (medication) back ordered. MD/RP (medical doctor/responsible party) aware." There was no documentation	ROVIDER OR SUPPLIER  R HEALTH & REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (LEACH ORRECTIVE ATTOM, REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 7 (infection) (2), and depression.  The most recent MDS (minimum data set) assessment, with an assessment reference date of 12/15/16, coded the resident as being cognitively intact to make daily decisions. The resident was coded as requiring limited to extensive assistance of one or more staff members for all of his activities of daily living. 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There was no documentation	A 495279  A 495279  B. WING		

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F 157	Continued From page	÷ 8	, F	157		
F 281 SS=D	p.m. with RN #6, the about the process the unable to administer a #6 stated, "The RP ar notified." When asked notified, RN #6 stated far as the RP and as write an alternative m (the resident's) health should know."  No further information (1) This information where the following website: <a href="https://www.ncbi.nlm.HT0012134/?report=">https://www.ncbi.nlm.HT0012134/?report="https://www.ncbi.nlm.HT001</a>	n.nih.gov/pubmedhealth/PM details>. y of Medical Terms for the Rothenberg and Chapman, ENCY ED MEET PROFESSIONAL	Fí	281	2/21/17	
	(b)(3) Comprehensive	e Care Plans				
		d or arranged by the facility, mprehensive care plan,				
	by: Based on staff interv	standards of quality.  is not met as evidenced  iew, facility document I review and in the course of		F 281 1. Resident # 17 was discharged on		

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				602 MADISON ROAD			
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F 281	Continued From page	e 9	F 2	31			
	a complaint investigathe facility staff failed standards of practice the survey sample, R	tion, it was determined that to follow professional for one of 18 residents in desident #17.		1/6/17.  2. All residents on actual and isolation are at risk. An audit or residents on actual and presur isolation will be completed to express orders were obtained. Those	of current med ensure found out of		
	isolation for Resident The findings include:			compliance will be corrected a 3. RNs/LPNs will be in-servious obtaining orders for residents actual or presumed isolation.	ced on		
	12/31/16 with diagno not limited to: fracture	Imitted to the facility on ses that included but were ed hip, osteoporosis, urinary breast cancer, anemia, high ession and anxiety.		4. An audit of current resider admissions with actual or presisolation will be completed were weeks and monthly x 2 month isolation orders were obtained	eumed ekly x 4 s to ensure . Those		
	assessment, a Medic with an assessment is coded the resident as others and being und #17 was coded as hat that fluctuated. Reside requiring extensive a staff members for all except eating in which set up assistance was Active Diagnoses, the	S (minimum data set) care five day assessment, reference date of 1/6/17, s being able to understand derstood by others. Resident aving periods of inattention dent #17 was coded as ssistance of one or more of her activities of daily living the she was independent after as provided. In Section I - the resident was not coded as the pain assessment in mpleted.		found out of compliance will be and forwarded to the QA for furecommendation.			
	"Center Admission Al documented, "Care N was documented nex (vancomycin resistan urine." Another form "Referral Process. Pa	nt enterococci (1)) Location - in the packet documented,					

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701	02/01/2017	
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F 281	Review of the hosy culture or laborato had VRE. The urin clear, no indication.  The physician order reviewed. There wisolation.  The comprehensive not reveal any document of the MAR (medicator TAR (treatment and reveal any document of the murse's notes and treveal any document of the nurse's notes that is a most reveal on isolation r/t VRI.  An interview was conurse) #6 on 2/1/1 how the staff finds on isolation, RN #6	pital records failed to reveal any ry test indicating the resident lalysis done on 12/26/16 was not infection.  Let a dated 12/31/16 were was no documented order for the care plan dated, 1/1/17, did laumentation regarding isolation.  Let a dated 12/31/16 were was no documented order for the care plan dated, 1/1/17, did laumentation regarding isolation.  Let a dated 12/31/16, did laumentation regarding isolation.  Let a dated 12/31/16, did laumentation regarding isolation.  Let a dated 12/31/16 were was no documented in part, "Patient laumentation regarding isolation.  Let a documented in part, "Patient laurse's note dated, 1/2/17 at laurse's n	F 28			
	nurse) #6 on 2/1/1 how the staff finds on isolation, RN #6 admission packet then it's confirmed Once the resident discharge summar asked if you need	7 at 2:17 p.m. When asked out when a new admission is				

' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	TATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701		E, ZIP CODE	•		
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F 281	When asked where it resident is on isolatic TAR." RN #6 was as orders for Resident # saw a documented pRN #6 stated, "No, I An interview was cornurse caring for Resident # sate and interview was cornurse caring for Resident # stated, "I don't resident I remember possible to enter her room." When asked if the resident I remember possible to enter her room. "When the discharge summater from the hospital." When the day Resident #17 stated, "I can't remember (ASM) on 2/1/17 at 3:42 p.m. needs an order for is "Yes."  The facility policy, "A documented in part, physician's orders frowill record the order orders should include indicated by patient's directions."	ey (residents) get here." It is documented that a on, RN #6 stated, "It's on the ked to review the physician £17. When asked if a she hysician order for isolation, don't."  Inducted with RN #3, the Ident #17 on 12/31/16, on When asked if she Ident, she stated she did. Isident was on isolation, RN Itall what she was on isolation outting on a gown and gloves When asked if an order is RN #3 stated, "Yes." When Is out when a resident needs Italy and we get it in report Ithen asked if she remembers Ithen asked if she remembers Ithen asked if she remembers Ithen asked if the facility, RN #3 Inducted with administrative #2, the director of nursing, In. When asked if the facility olation, ASM #2 stated,  Idmitting Physician Orders" Inducted with admission Ithen the physician, the nurse Ithen the physician orders as Ithen the physician order as a condition with specific	F2	281				
	According to Potter a	and Perry's, Fundamentals of						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
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AME OF PROVIDER OR SUPPLIER  SULPEPER HEALTH & REHABILITATION CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281 Continued From page 12  Nursing, 7th edition, page 268 documents the following statements: "Clarifying an order is competent nursing practice, and it protects the client and members of the health care team. When you carry out an incorrect or inappropriate intervention, it is as much your error as the person who wrote or transcribed the original		•	STREET ADDRESS, CITY, STATE, ZIP COI 602 MADISON ROAD CULPEPER, VA 22701	DE	, , , , , , , , , , , , , , , , , , , ,	
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Continued From pag	e 12	F 2	281			
Nursing, 7th edition, following statements competent nursing p client and members. When you carry out a intervention, it is as a person who wrote or order."  The following quotati Perry's Fundamental (2005, p. 477): "Doo written or printed tha proof for authorized within a client medicanursing practice. Nu accurate, compreher retrieve critical data, track client outcomes standards of nursing client record provide level of quality of car Potter and Perry (20 following information care team, nurses no information about client imely, effective man The administrator, A incoming administrator registered nurse con these findings on 2/1 COMPLAINT DEFIC (1) This information website: https://www.ncbi.nlm	page 268 documents the : "Clarifying an order is ractice, and it protects the of the health care team. an incorrect or inappropriate much your error as the transcribed the original  on is found in Potter and s of Nursing 6th edition cumentation is anything t is relied on as record or persons. Documentation al record is a vital aspect of rsing documentation must be asive, and flexible enough to maintain continuity of care, s, and reflect current practice. Information in the s a detailed account of the e delivered to the clients."  O5) also includes the : "As members of the health ed to communicate ents accurately and in a ner."  SM #2, ASM #3, the or, and ASM #4, the sultant, were made aware of /17 at 3:45 p.m.  IENCY  was taken from the following  .nih.gov/pubmedhealth/PMH					
PROVIDE CARE/SE	RVICES FOR HIGHEST	F 3	309		2/21/17	
	ROVIDER OR SUPPLIER  R HEALTH & REHABILI  SUMMARY ST (EACH DEFICIENC REGULATORY OR  Continued From pag Nursing, 7th edition, following statements competent nursing p client and members when you carry out a intervention, it is as r person who wrote or order."  The following quotating Perry's Fundamental (2005, p. 477): "Doo written or printed tha proof for authorized pwithin a client medicanursing practice. Nu accurate, compreher retrieve critical data, track client outcomes standards of nursing client record provide: level of quality of car Potter and Perry (20 following information care team, nurses no information about client medicanursing administrating administrating administrating administrating stered nurse con these findings on 2/1  COMPLAINT DEFICE  (1) This information website: https://www.ncbi.nlm 0063441/?term=VRE	ROVIDER OR SUPPLIER  R HEALTH & REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  Nursing, 7th edition, page 268 documents the following statements: "Clarifying an order is competent nursing practice, and it protects the client and members of the health care team. When you carry out an incorrect or inappropriate intervention, it is as much your error as the person who wrote or transcribed the original order."  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The administrator, ASM #2, ASM #3, the incoming administrator, and ASM #4, the registered nurse consultant, were made aware of these findings on 2/1/17 at 3:45 p.m.  COMPLAINT DEFICIENCY  (1) This information was taken from the following	ROVIDER OR SUPPLIER  R HEALTH & REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  Nursing, 7th edition, page 268 documents the following statements: "Clarifying an order is competent nursing practice, and it protects the client and members of the health care team. When you carry out an incorrect or inappropriate intervention, it is as much your error as the person who wrote or transcribed the original order."  The following quotation is found in Potter and Perry's Fundamentals of Nursing 6th edition (2005, p. 477): "Documentation is anything written or printed that is relied on as record or proof for authorized persons. 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ROWDER OR SUPPLIER R HEALTH & REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 12  Nursing, 7th edition, page 268 documents the following statements: "Clarifying an order is competent nursing practice, and it protects the client and members of the health care team. When you carry out an incorrect or inappropriate intervention, it is as much your error as the person who wrote or transcribed the original order."  The following quotation is found in Potter and Perry's Fundamentals of Nursing 6th edition (2005, p. 477): "Documentation is anything written or printed that is relied on as record or proof for authorized persons. Documentation within a client medical record is a vital aspect of nursing practice. Information in the client record provides a detailed account of the level of quality of care delivered to the clients." 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 309 SS=D	CFR(s): 483.24, 483  483.24 Quality of life Quality of life is a fur applies to all care arresidents. Each resfacility must provide services to attain or practicable physical well-being, consiste comprehensive asset 483.25 Quality of care is a fapplies to all treatmet facility residents. Bathas assessment of a rest that residents receive accordance with propractice, the comprehensive and the resident to the comprehensive and the residents of practice, the comprehensive and the residents who requires a consistent with profession of practice, the comprehensive and the residents who requires residents who requires residents who requires residents and the residents of practice, the comparences.	andamental principle that and services provided to facility ident must receive and the the necessary care and maintain the highest mental, and psychosocial and with the resident's essment and plan of care.  The undamental principle that ent and care provided to sed on the comprehensive ident, the facility must ensure the treatment and care in fessional standards of thensive person-centered esidents' choices, including to following:  The sure that pain management is a swho require such services, the sesional standards of practice, the person-centered care plan, the policy and preferences.  The sure that pain management is a sure that pain manag	F 309			

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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F 309	review, clinical record a complaint investiga facility staff failed to rwellbeing for one of 1 sample, Resident #17 a. The facility staff fai assessment upon Rethe facility on 12/31/1 b. The facility staff fai ordered Augmentin (*(Immediate) box (box medications) for Resident #17 was 12/31/16 with diagnor not limited to: fracture retention, history of boliood pressure, depredict the most recent MDS assessment, a Medic with an assessment recoded the resident as others and being und #17 was coded as had that fluctuated. Resid requiring extensive as staff members for all except eating in which set up assistance was Active Diagnoses, the	iew, facility document I review and in the course of tion, it was determined that naintain the highest level of 8 residents in the survey 7.  led to complete a pain sident #17's admission to 6.  led to obtain the physician 1) from the facility's stat 1 containing frequently used dent #17 on 12/31/16.  admitted to the facility on ses that included but were ed hip, osteoporosis, urinary reast cancer, anemia, high ression and anxiety.  6 (minimum data set) are five day assessment, reference date of 1/6/17, so being able to understand restood by others. Resident rving periods of inattention ent #17 was coded as sesistance of one or more of her activities of daily living the she was independent after the resident was not coded as the pain assessment in	F	608	F309  1. Resident # 17 was discharged on 1/6/17.  2. All residents are at risk. An audit of current residents will be conducted to verify that pain assessments were completed as required. An audit of curresidents MARs will be completed to identify any medications not administer as ordered due to unavailability. Those found out of compliance will be correct accordingly.  3. RNs/LPNs will be in-serviced on completing pain assessments and the procedure to follow when medications not available including use of the Stat & 4. An audit of 10% of current resident and all new admissions pain assessments and medications not administered as ordered due to unavailability will be completed weekly weeks and monthly x 2 months. Any anomaly will be rectified accordingly ar forwarded to the QA committee for further recommendation as applicable.	rent red eed are boox. ts	

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 309		e 15 nt's care plan initiated on ce documentation related to	F3	309			
	dated 12/31/16 at 1:1 OTHER RELEVANT (diagnoses)/CONCEI has pain? a. Yes (wa location and type of p documentation. 4c. N Scalethere was no Review of the nurse's 4:45 p.m. did not evic regarding the resider A telephone interview 5:15 p.m. with RN (re nurse who admitted f how residents' were a	RNS. 4. PAIN 4a. Resident s marked). 4b. Describe vain: there was no sumerical Rating documentation."  In notes dated 12/31/16 at dence documentation t's pain.  If was conducted on 2/1/17 at registered nurse) #3, the Resident #17. When asked assessed for pain, RN #3					
	being the highest and (amount of pain)." Wild documented, RN #3 assessment was documented. When asked RN #3 stated, "Yes a remembered if the restated that she did repain because she has from the doctor for pataken it to the pharma have it filled so she comp.m. with LPN (licens nurse who cared for little documents).						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
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F 309	every time I see a prodo my med (medicate the assessment was that she would docut the resident had paid on 2/1/17 at 5:40 p. member) #2, the direct the nurse consultant findings.  An interview was cop.m. with RN #4. Whollowed to assess the stated, "When they door we do the first first half hour. I try to every two hours." We complaints of pain we stated, "Absolutely. There's an area for a Review of the facility "Documentation Sur" POLICY: Licensed document all pertine interventions, and for record. PROCEDUR soon as possible after made."  No further information be Review of the phy 12/31/16 documents.	m. ASM (administrative staff ector of nursing and ASM #4, twere made aware of the residents' pain, RN #4 (the residents' pain, RN #4 (the residents') walk in the to do my pain assessment then asked if the resident pain, RN #4 (on our admission form ssessment of pain."	F3	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701		02/01/2017	
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F 309	administration reco documented, "Augi (milligrams)Give day" There was documented. Revie documented, "9=O Review of the nurse p.m. documented, MGOn order." Review of the resid 1/1/17 documented Urinary Tract Infect (sic, should be Aug further documentat An interview was of p.m. with LPN (lice When asked about a medication is not get an actual med of box on our unit. We have a (name of ph orders until our phase	ember MAR (medication and) for 12/31/16 at 5:00 p.m. mentin Tablet 500-125 MG 1 tablet by mouth two times a a "9" and nurse's initials ew of the MARs chart codes ther/See Progress Notes."  e's notes for 12/3/16 at 6:20 "Augmentin Tablet 500-125  lent's care plan initiated on a signal in the second of the management of the medication. Interventions Amoxicillin mentin) until (there was no ion)."  onducted on 2/1/17 at 1:39 ansed practical nurse) #6. The process staff follows when available, LPN #6 stated, "To (medication) we have a state can pull it from there or we narmacy) who can send us state armacy can get them to us."	F 30				
	A telephone intervior 3:25 p.m. with RN or nurse who admitted about the process is not available for "We go to the stat I if the medication was	ication Amox/Clav 500-125mg. Igmentin. Qty (quantity) 3."  ew was conducted on 2/1/17 at (registered nurse) #3, the did the resident. When asked staff follows when a medication administration, RN #3 stated, box." RN #3 further stated that as not available in the stat box order would be obtained.					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		495279	B. WING			C 02/01/2017	
	ROVIDER OR SUPPLIER			60	TREET ADDRESS, CITY, STATE, ZIP CODE  22 MADISON ROAD  ULPEPER, VA 22701	<u> </u>	01/2017
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F 309	p.m. with LPN #5, the Resident #17 on 12/3 process staff follows available for administ can get some of their them stat, especially check the stat box." Wesident #17, LPN #8 When asked about chresident's Augmentin recall if she had done On 2/1/17 at 5:40 p.m member) #2, the direct the nurse consultant of findings.	ducted on 2/1/17 at 5:20 In nurse who cared for 1/16. When asked about the when a medication is not ration, LPN #5 stated, "If I nedications I would try to get pain medications and I When asked if she recalled 5 stated, "Yes, vaguely." necking the stat box for the medication, LPN #5 did not that.  1. ASM (administrative staff ctor of nursing and ASM #4, were made aware of the	F	809			
F 425 SS=D	consisting of the sem amoxicillin and the ß-clavulanate potassium clavulanic acid). This from: https://dailymed.nlm.rgXsl.cfm?id=44390 PHARMACEUTICAL PROCEDURES, RPHCFR(s): 483.45(a)(b)(	lactamase inhibitor, n (the potassium salt of information was obtained nih.gov/dailymed/fda/fdaDru SVC - ACCURATE	F4	1425			2/21/17

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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	:		
CULPEPE	R HEALTH & REHABILI	TATION CENTER		602 MADISON ROAD			
				CULPEPER, VA 22701			
(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 COR ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 425	Continued From page	e 19	F 4	25			
		inistering of all drugs and he needs of each resident.					
		tion. The facility must services of a licensed					
	provision of pharmac This REQUIREMENT by: Based on staff interv review, clinical record a complaint investiga the facility staff failed medications were ava two of 18 residents in Resident #17 and Re 1. The facility staff fail ordered Abilify (1), Ba Vitamin D, Dicyclomin			F 425  1. Resident #17 was dischar 1/6/17. Resident #16 was disc 12/22/16. Pharmacy delivery to increased from two to three times. All residents are at risk. A current residents ☐ MARs will be completed to identify any medical administered as ordered due to unavailability. Those found out compliance will be corrected a as appropriate.  3. RNs/LPNs will be in-service.	charged on times were nes per day. n audit of be ication not o t of ccordingly		
	medications were avance Resident #16.  The findings include:  1. Resident #17 was 12/31/16 with diagno not limited to: fracture retention, history of b blood pressure, depressure.			procedure to follow when med not available including notifical responsible party and physicia RNs/LPNs will be in-serviced of the Stat box.  4. An audit of 10% of current and all new admissions   MAR completed weekly x 4 weeks a x 2 months to ensure medicati available and administered acc Those found out of compliance corrected.	ications are tion of the in. on the use tresidents as will be and monthly ons are cordingly.		
	assessment, a Medic	care five day assessment, reference date of 1/6/17,					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	(X3) DATE SURVEY COMPLETED	
		495279	B. WING _			C 02/01/2017	
	ROVIDER OR SUPPLIER	ITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C 602 MADISON ROAD CULPEPER, VA 22701	CODE	02/01/2017	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 425	others and being un #17 was coded as h that fluctuated. Resi requiring extensive a staff members for al except eating in whi set up assistance w Active Diagnoses, thaving any infection Section J was not concept with the sectio	derstood by others. Resident aving periods of inattention dent #17 was coded as assistance of one or more I of her activities of daily living the she was independent after as provided. In Section I - ne resident was not coded as so. The pain assessment in completed.  Cian's orders dated 12/31/16 of Tablet 15 MG (milligrams) at hat bedtime; Baclofen I tablet by mouth at bedtime; MG Give 1 tablet by mouth at Tablet Give 400 mg by mouth exploration and (MAR) documented:  G (milligrams) Give 1 tablet by Dn 12/31/16 at 9:00 p.m. the nurse's initials of the chart codes section anted, "9=Other/See Progress  MG Give 1 tablet by mouth at 16 at 9:00 p.m. there was a nitials documented.  MG Give 1 tablet by mouth at 16 at 9:00 p.m. there was a	F	425			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  IG		COMPLETED		
		495279	B. WING			C <b>02/01/2017</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701	ı	02/01/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 425	p.m. there was a "9" documented.  Review of the nurse documented: "18:19 (6:19 p.m.) V "20:50 (8:50 p.m.) A ordered." "20:51 (8:51 p.m.) B on order." "20:51 Dicyclomine order." "20:52 (8:52 p.m.) T on order."  An interview was co p.m. with LPN (licen nurse who cared for When asked about t a resident medication administration, LPN of the medications I (Immediate), especi have a pharmacy rig medications can be the stat box (a box of medications)." When staff follows if medic LPN #5 stated, "I wo see if they were on manager."  An interview was co p.m. with OSM (other pharmacist. When a follow to get medications M #1 stated, "If the s	day." On 12/31/16 at 4:00 and the nurse's initials  's notes for 12/31/16  itamin D TabletOn order." bilify Tablet 15 MGDrug  aclofen Tablet 10 MGDrug  HCL Tablet 20 MGDrug on opamax Tablet 25 MGDrug  nducted on 2/1/17 at 5:20 sed practical nurse) #5, the Resident #17 on 12/31/16. he process staff follows when ns are not available for #5 stated, "If I can get some would try to get them stat ally pain medications. We ight next to us (where obtained) and I would check containing frequently used in asked about the process ations are not administered, bould contact the pharmacy to route. I would contact my  inducted on 2/1/17 at 5:30 for staff member) #1, the sked about the process they tions to the facility's residents, the orders were put in in p.m. to 3:00 p.m.) the initial	F 4	25			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		495279	B. WING			C )2/01/2017	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701		32/01/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 425	25 Continued From page 22		F 4	25			
	particular facility's me sent until after midni						
	member) #2, the dire	m. ASM (administrative staff ector of nursing and ASM #4, were made aware of the					
	p.m. with RN (register about the process struct available for adm "We have a back-up pharmacy and have another plan. We can next to facility) which	anducted on 2/1/17 at 5:50 ered nurse) #4. When asked aff follows if medications are ninistration, RN #4 stated, plan in place. We call the them stat it out and we have a call (name of pharmacy a is right across the street and have everything we need."					
	p.m. with RN #6, the about the process st not available for adm "We utilize the stat b did if the medication box, RN #6 stated, "request they send it. were reviewed with F	nducted on 2/1/17 at 5:58 unit manager. When asked aff follows if medications are ninistration, RN #6 stated, ox." When asked what staff was not available in the stat We call the pharmacy and " Resident #17's findings RN #6. When asked if staff lity's process RN #6 stated,					
	(1) Abilify ABILIFY of schizophrenia. Th from: https://dailymed.nlm.	n was provided prior to exit.  is indicated for the treatment is information was obtained  nih.gov/dailymed/drugInfo.cf 6a39-48f7-91b9-a95c6c12ee					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ı	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495279	B. WING			C <b>02/01/2017</b>	
	ROVIDER OR SUPPLIER			602 MA	TADDRESS, CITY, STATE, ZIP CODE ADISON ROAD EPER, VA 22701	02/	01/2017
(X4) ID PREFIX TAG			ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 425	(2) Baclofen Baclof muscle relaxant compassicity in patients information was obta https://livertox.nlm.nil (3) Topamax Topirato be used, either in adjunctive treatment, seizures or partial se secondary generalizatingraine. This informations://www.ncbi.nlm. (4) Dicyclomine Dicindicated for the treatfunctional bowel/irritatinformation was obta https://dailymed.nlm.im?setid=dac1bf89-5.	fen is a centrally acting monly prescribed for with multiple sclerosis. This ined from: n.gov/Baclofen.htm amate (Topamax) is licensed monotherapy or as for generalized tonic clonic izures with or without ation and for prevention of ation was obtained from: n.ih.gov/pubmed/18645165 cyclomine hydrochloride is tment of patients with able bowel syndrome. This ined from: nih.gov/dailymed/drugInfo.cf 75b-442e-99ff-6f94da4d872e	F	425			
		ailable for administration to					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495279	B. WING			l	C <b>01/2017</b>
	ROVIDER OR SUPPLIER	TATION CENTER		602	REET ADDRESS, CITY, STATE, ZIP CODE R MADISON ROAD ILPEPER, VA 22701	1 02/	01/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 425	12/1/16 and dischard diagnoses included in heart attack, acute redysphagia (difficulty heart failure, history diabetes, high blood (infection) (2), and diameter diagnoses ment and the most recent MD assessment, a Mediawith an assessment coded the resident and make daily decisions requiring limited to emore staff members living. In Section I - Aresident was coded at The physician order "Sirolimus Solution (of an organ transplanmilliliter); give 2 ml vinserted in the small every other day related Status."  The MAR (medication December 2016 doc 1 MG/ML; give 2 ml vevery other day related Status." The medical being administered of the status and the status of the status	dmitted to the facility on ged on 12/22/16. His put were not limited to: old respiratory failure, pneumonia, swallowing) (1), congestive of a heart transplant, pressure, severe sepsis repression.  S (minimum data set) care 14 day assessment, reference date of 12/15/16, so being cognitively intact to so the resident was coded as extensive assistance of one or for all of his activities of daily active Diagnoses, the resident was coded as extensive assistance of one or for all of his activities of daily active Diagnoses, the resident was represented to prevent the rejection of the fact of t	F	425			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		495279	B. WING_			C 02/01/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 602 MADISON ROAD CULPEPER, VA 22701	•	02/01/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 425	Continued From page The nurse's note date documented, "Order pharmacy contacted ordered. MD/RP (mparty) aware."  An interview was coup.m. with LPN (license When asked about the a resident's medication #5 stated, "If I can go would try to get them medications. We have us (where medication would check the state frequently used mediabout the process story were not administered contact the pharmace route. I would contact the pharmace route.	ted, 12/3/16 at 11:23 a.m. s - Administration Note - , med (medication) back edical doctor/responsible  Inducted on 2/1/17 at 5:20 sed practical nurse) #5. the process staff follows when ions were not available, LPN tet some of the medications I in stat, especially pain we a pharmacy right next to ins can be obtained) and I is box (a box containing ications)." When asked aff follows if the medications ed, LPN #5 stated, "I would by to see if they were on	F 4	DEFICIENCY)			
	OSM #1 stated, "If the between 2 to 3 (2:00 orders would go to a particular facility's ment until after midnion."  An interview was corp.m. with RN (register about the process state about the proces	tions to the facility's residents, ne orders were put in p.m. to 3:00 p.m.) the initial backup (pharmacy). This eds (medications) do not get ght."  Inducted on 2/1/17 at 5:50 ered nurse) #4. When asked aff follows if resident available, RN #4 stated, "We in place. We call the them stat it out and we have n call (name of pharmacy					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	IPLE CONSTRUCTION	· /	TE SURVEY MPLETED
			A. BOILDII			С
		495279	B. WING _		0	2/01/2017
	NAME OF PROVIDER OR SUPPLIER  CULPEPER HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 425	get it there and they have an interview was comp.m. with RN #6, the sabout the process star medications are not a utilize the stat box." We the medication was not an end of the stated	is right across the street and have everything we need."  ducted on 2/1/17 at 5:58 unit manager. When asked aff follows if resident available, RN #6 stated, "We When asked what staff did if ot available in the stat box, all the pharmacy and request in was provided prior to exit.  ETE/ACCURATE/ACCESSIB  5)  th accepted professional ces, the facility must ords on each resident that  ented; e; and ganized	F 4	125		2/21/17

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495279	B. WING _			1	01/ <b>2017</b>
	ROVIDER OR SUPPLIER	TATION CENTER	•	60	TREET ADDRESS, CITY, STATE, ZIP CODE  22 MADISON ROAD  ULPEPER, VA 22701	, <b>02</b> .	·
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 514	provided;  (iv) The results of any and resident review of determinations conductive (v) Physician's, nurse professional's progre  (vi) Laboratory, radious services reports as really the This REQUIREMENT by:  Based on staff intervive review, clinical record a complaint investigate facility staff failed to recurate medication residents in the surveta. Facility staff failed #17 received Oxycod p.m.  b. The facility staff failed #17 received Oxycod p.m.  b. The facility staff failed #17 received Oxycod p.m.  the findings include:  1 a. Resident #17 was 12/31/16 with diagnormatic includes to fracture retention, history of belood pressure, deprotes the most recent MDS assessment, a Medical professional for the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent MDS assessment, a Medical factor of the most recent many	ve plan of care and services  y preadmission screening evaluations and acted by the State;  y's, and other licensed ss notes; and  logy and other diagnostic equired under §483.50.  T is not met as evidenced  iew, facility document if review and in the course of tion, it was determined that maintain a complete and record for one of 18 ey sample, Resident #17. to document that Resident one (1) on 12/31/16 at 4:45  led to document the reason of why Resident #17 was tion.  s admitted to the facility on ses that included but were ed hip, osteoporosis, urinary reast cancer, anemia, high ession and anxiety.	F	514	F 514  1. Resident # 17 was discharged on 1/6/17.  2. An audit of the MARs of current residents on narcotic pain medications be completed to identify any missed documentation of administration. An a of current residents discontinued from isolation, starting from 12/31/2016 to current date, will be completed to ascertain that there is a reason for the discontinuation of their isolations and there is a documented family notification to the effect. Those found out of compliance will be corrected according and as appropriate.  3. RNs/LPNs will be in-serviced on complete and accurate narcotic pain medication administration documentation RNs/LPNs will be in-serviced on the protocol of the discontinuation of active isolation, including that of family notification to the effect.  4. An audit of 10% of current residen and all new admissions MARS will be	hat on on.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· /	E CONSTRUCTION	COMPLETED	
		495279	B. WING		C 02/01/2017
	ROVIDER OR SUPPLIER	ITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701	1 02/01/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 514	others and being ur #17 was coded as he that fluctuated. Res requiring extensive staff members for a except eating in whoset up assistance was Active Diagnoses, thaving any infection Section J was not considered to the Decedocumented, "Oxyo (Tylenol) Tablet 5-3 tablet by mouth every able to be pain."  Review of the Decedocumented between given.  Review of the Decedocumented between given.  Review of the Decedocumented between given.  A telephone interview 5:15 p.m. with RN (nurse who admitted how residents' were stated, "I give them being the highest and (amount of pain)." We documented, RN #3 assessment was donotes." When asked RN #3 stated, "Yes remembered if the residents of the remembered of the remembered if the remem	as being able to understand anderstood by others. Resident naving periods of inattention ident #17 was coded as assistance of one or more II of her activities of daily living ich she was independent after ras provided. In Section I - he resident was not coded as as. The pain assessment in ompleted.  In the pain assessment in ompleted.	F 514	completed weekly x 4 weeks and x 2 months to ensure accurate documentation for the administration narcotic pain medications. An audiscontinued isolations will be core by the DON/SDC to ensure complewith required protocols and family notification to the effect weekly x and monthly x 2 months. Any and be rectified accordingly and forwathe QA committee for further revier recommendation	tion of dit of all mpleted sliance / 4 weeks omaly will arded to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495279	B. WING				01/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, C 602 MADISON ROAD CULPEPER, VA 22		1 02/	01/2017	
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	(EACH C	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE -REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 514	pain because she har from the doctor for pataken it to the pharma have it filled so she con RN #3 stated she had medication before she RN #3 was asked where given to Resident #1 usually leave around asked where that work stated it would be done the nurse's notes.  On 2/1/17 at 5:40 p.m. ASM (administrative director of nursing for Review of Resident #1 documented, "Percoupt (every four hours) Month/Day/Year 12/3 Given one."  On 2/1/17 at 5:55 p.m of the findings.  An interview was comp.m. with OSM (other medical records mannarcotic log was part #7 stated, "It is not patent and pertiner interventions, and foll record. PROCEDURI	d obtained a prescription ain medication and had acy next to the facility to ould give it to the resident. It digiven the resident the pain eleft the facility on 12/31/16. It he pain medication was 7. RN #3 stated, "Well I 3:30 (p.m.) to 4:30." When all be documented RN #3 cumented in the MAR and the resident #17's narcotic log. It is narcotic log that is narcotic log that is narcotic log that is narcotic log that is narcotic log. It is narcotic log that is narcotic	F	514				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED			
		495279	B. WING			C <b>2/01/2017</b>	
	ROVIDER OR SUPPLIER  R HEALTH & REHABILI	TATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701	1 32/61/2011		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 514	(1) Oxycodone PE be administered to p hypersensitivity to ox any other componen (1) This information of following website: <a href="https://www.ncbi.nli"><a "care="" "isolati="" "notes"="" "referral="" (vancomycin="" a="" admission="" another="" center="" clear,="" culture="" docum="" documented="" documented,="" form="" had="" hospit="" href="https://www.ncbi.nli&lt;/a&gt; HT0012134/?report= (2) Barron's Dictiona Non-Medical Reader page 311. b. The facility staff fa and family notification was discontinued off Review of the clinica " i="" indication="" laboratory="" next="" no="" of="" of<="" or="" pa="" process="" resistar="" review="" th="" the="" urinal="" urine."="" vre.="" was=""><th>n was provided prior to exit.  RCOCET tablets should not atients with known sycodone, acetaminophen, or to of this product.  was obtained from the m.nih.gov/pubmedhealth/PM details&gt;.  ry of Medical Terms for the ; Rothenberg and Chapman, illed to document the reason nof why the Resident #17 isolation.  I record was conducted. The lert" form dated, 12/29/16, Needs/Details" a check mark at to, "Isolation - VRE to enterococci) (1) Location - in the packet documented, toket Preparation" ons? - VRE urine." Under mented, "ISOLATION."  all records failed to reveal any test indicating the resident yes done on 12/26/16 was finfection.</th><th>F 5</th><th>14</th><th></th><th></th></a></a></a></a></a></a></a></a></a></a></a>	n was provided prior to exit.  RCOCET tablets should not atients with known sycodone, acetaminophen, or to of this product.  was obtained from the m.nih.gov/pubmedhealth/PM details>.  ry of Medical Terms for the ; Rothenberg and Chapman, illed to document the reason nof why the Resident #17 isolation.  I record was conducted. The lert" form dated, 12/29/16, Needs/Details" a check mark at to, "Isolation - VRE to enterococci) (1) Location - in the packet documented, toket Preparation" ons? - VRE urine." Under mented, "ISOLATION."  all records failed to reveal any test indicating the resident yes done on 12/26/16 was finfection.	F 5	14			
		dated 12/31/16 were s no documented order for					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495279	B. WING _				C <b>01/2017</b>	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDR	RESS, CITY, STATE, ZIP CODE	1 02	• 1/2011	
OUL DEDE	D 11541 TH 0 DELLADIU	FATION OF NEED		602 MADISON	N ROAD			
CULPEPE	R HEALTH & REHABILI	IATION CENTER		CULPEPER,	, VA 22701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD E IOSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 514	Continued From page	e 31	F 5	514				
		care plan dated, 1/1/17, did nentation regarding isolation.						
	TAR (treatment admi	n administration record) and nistration record) did not ation regarding isolation.						
		sment, dated 12/31/16, did nentation regarding isolation.						
	11:16 a.m. the nurse also remains on isola rectal VRE." The nurs	ere reviewed. On 1/1/17 at documented in part, "Patient tion r/t (related to) peri - se's note dated, 1/2/17 at d in part, "Patient remains						
	nurse) #6 on 2/1/17 a how the staff finds ou on isolation, RN #6 s admission packet from they it's confirmed du Once the resident is discharge summary f asked if you need an stated, "Yes, we get to authorized from the practitioner before the where it is document isolation, RN #6 state was asked to review Resident #17. When documented physicial stated, "No, I don't." In the isolation was dischad called the hospit (laboratory) test resu	rom the hospital." When order for isolation, RN #6 hat when we get the orders obysician or nurse ey get here." When asked ed that a resident is on ed, "It's on the TAR." RN #6 the physician orders for asked if a she saw a or order for isolation, RN #6 When asked to explain why continued, RN #6 stated, "I						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495279	B. WING_				C <b>01/2017</b>	
	ROVIDER OR SUPPLIER	TATION CENTER		STREET ADDRESS, 602 MADISON ROA CULPEPER, VA		<u>  02/</u>	01/2017	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH	OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRI DEFICIENCY)	TIVE ACTION SHOULD BE CED TO THE APPROPRIATE		
F 514	any infection. The hot had put her on isolati (extended-spectrum I had not treated her fot to the family, the patireported to me that It VRE in 2011. I ran this practitioner) and she negative cultures and active infection on he that it wasn't necessar When asked if she do research, interview w practitioner, RN #6 st asked if it was an improdumented in the climyes, it would."  An interview was con (administrative staff in nursing, on 2/1/17 at research and discuss nurse practitioner region precautions being reshould have been do record, ASM #2 states been."  The facility policy, "N documented in part, 'CNAs (certified nursing all pertinent musing a interventions, and foll record12. Documer pertinent information of treatment, patient of and deviations from the with the reason for the with the reason for the solutions."	pospital reported to me they on for a history of ESBL poeta-lactamase (2)). They or VRE or ESBL. So I spoke ent, husband and son. They he resident had had ESBL or is by (name of nurse agreed, that with the I the resident not having any or recent stay at the hospital ary to keep her on isolation." boumented all of the ith the family and nurse ated, "No, I didn't." When cortant thing and should be inical record, RN #6 stated, and ducted with ASM nember) #2, the director of 3:42 p.m. When asked if the ition with the family and the arding the isolation moved for Resident #17, cumented in the clinical d, "Yes, it should have the inical display it is should have the isolation moved for Resident #17, cumented in the clinical d, "Yes, it should have the inical display it is should have the isolation in the medical in the isolation in the is	F	514				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		(X3) DATE S COMPL	
	495279 B. WING			C			
NAME OF PI	ROVIDER OR SUPPLIER	400270		STREET ADDRESS, CI	ITY, STATE, ZIP CODE	02/0	01/2017
CULPEPE	R HEALTH & REHABI	LITATION CENTER		602 MADISON ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH C	VIDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BI EFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 514	the condition is res Documentation tha follow-through is or statements to deso stating objective fa  The following quota Perry's Fundament (2005, p. 477): "Do written or printed th proof for authorized within a client medi nursing practice. N accurate, comprehe	will be noted and charged until olved or stabilized. t provides evidence of itical. Use summary ribe changes of condition,	F	514			
	track client outcom standards of nursin client record provid level of quality of ca Potter and Perry (2 following informatio care team, nurses information about of timely, effective ma The ASM #1, the a #3, the incoming ac registered nurse co the above findings	es, and reflect current ag practice. Information in the les a detailed account of the are delivered to the clients." (005) also includes the on: "As members of the health need to communicate clients accurately and in a anner." (administrator, ASM #2, ASM dministrator, and ASM #4 the onsultant, were made aware of on 2/1/17 at 3:45 p.m.					
	COMPLAINT DEFI  (1) This information website:	ion was provided prior to exit.  CIENCY  n was taken from the following  m.nih.gov/pubmedhealth/PMH					
	0063441/?term=VF						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		495279	B. WING _			C <b>02/01/2017</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701	Ξ	02/01/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	
F 514	website:	nih.gov/pubmed/11959586	F 5			