#### DEPARTMENT OF HEALTH AND HUMAN SERVICES OD MEDICADE & MEDICAID SEDVICES

PRINTED: 11/16/2017 **FORM APPROVED** OMB NO 0038 0301

CENTER	(2 LOK MEDICAKE	& MEDICHID SERVICES			NO. 0330-0331
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		495299	B. WING		C 11/03/2017
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F 000	INITIAL COMMENT	ΓS	F (	000	
				The statements made on this	S
	An unannounced N	Medicare/Medicaid abbreviated		plan of correction are not an	
	standard survey wa	as conducted 11/1/17 through		admission to and do not	
		ts were investigated during the			<u>t</u> .
		s are required for compliance		constitute an agreement wit	
	requirements.	83 Federal Long Term Care		the alleged deficiencies here	
	requirements.			To remain in compliance wit	ባ
	The census in this 180 certified bed facility was			all federal and state	
		he survey. The survey sample		regulations, the center has	
		ent Resident reviews		taken or is planning to take t	he
		gh #3, and Resident #6) and 2 ws (Residents #4 and #5).		actions set forth in the	
F 225		1)-(4) INVESTIGATE/REPORT	F 1	following plan of correction.	
SS=D	ALLEGATIONS/INI		The following plan of correct constitutes the center's		
	483.12(a) The facil			allegation of compliance. All	
		therwise engage individuals		alleged deficiencies cited have	
	who-			been or are to be corrected by	ıy
	(i) Have been found	d guilty of abuse, neglect,		the date or dates indicated.	
	` '	propriation of property, or			
	mistreatment by a				
	79\ [ ] 1 3 <b>2</b> ° 8	in a patavad into the Ctata			
		ing entered into the State concerning abuse, neglect,			
		atment of residents or			
	misappropriation of				
				RECE	Vii
		lary action in effect against his license by a state licensure			
		a finding of abuse, neglect,			207
		atment of residents or			
	misappropriation of			VDH	
		ate nurse aide registry or s any knowledge it has of			

DER/SUPPLIER REPRESENTATIVE'S SIGNATURE LABORATORY DIRECTOR'S OR PRØ

TITLE

(X6) DATE

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.

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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-039					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C 11/03/2017		
NAME OF	PROVIDER OR SUPPLIER		`	STREE	ET ADDRESS, CITY, STATE, ZIP CODE			
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F 225	Continued From pa	ae 1	F 2	225				
	•	of law against an employee,	. ~	and the	F225			
	which would indicat nurse aide or other	e unfitness for service as a facility staff.			<ol> <li>Abuse allegations are being investigated and reported as</li> </ol>	2		
		illegations of abuse, neglect, treatment, the facility must:			per policy and procedure.			
	(4) Farma Hart all a	Hanad vialationa involvina			2. Any resident to resident			
		alleged violations involving soloitation or mistreatment,			incident has the potential to b	oe -		
		unknown source and			identified as an allegation of			
	misappropriation of	resident property, are ly, but not later than 2 hours			abuse.			
		is made, if the events that			3. Staff will complete a writter	n		
		n involve abuse or result in			quiz to identify their			
		y, or not later than 24 hours if se the allegation do not involve			understanding of what abuse	is		
		esult in serious bodily injury, to		•	including resident to resident			
		the facility and to other			abuse. The facility's policy and	d		
		o the State Survey Agency and vices where state law provides			procedure regarding abuse wi	II		
		ng-term care facilities) in			be reviewed with managemer	nt		
		ate law through established			staff to communicate each			
	procedures.				person's role in reporting and			
	(2) Have evidence t	hat all alleged violations are ated.			documenting allegations of abuse.			
		potential abuse, neglect,			4. Any allegation of abuse will			
	exploitation, or mist				be reviewed during the next			
	investigation is in pr	to of all investigations to the			monthly QAPI meeting for completeness of			

(4) Report the results of all investigations to the

with State law, including to the State Survey Agency, within 5 working days of the incident, and

if the alleged violation is verified appropriate

representative and to other officials in accordance

administrator or his or her designated

corrective action must be taken.

documentation and compliance

5. Compliance Date: 11/29/17

with policy and procedure.

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	<b>,</b>		<u> </u>	B NO. 0938-0391
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F 225	Continued From pa	ge 2	F 2	225		
	This REQUIREMEN	NT is not met as evidenced				
	by:					
		interview, staff interview, w, facility document review				
		f complaint investigation, it				
	was determined the	e facility staff failed to				
	investigate an alleg	ation of abuse for two of six				
	residents in the sur Resident #6.	vey sample, Resident #2 and				
	Nesident #0.					
	that occurred some Resident #2 stated entered into his roo	ed to investigate an incident time in May 2017 when that his brother, Resident #6, m in the middle of the night out of his bed threatening to				
	The findings Include	e:		·		
	with diagnoses that to, spinal stenosis [ canal putting press	dmitted to the facility 10/4/12 included, but were not limited 1] (a narrowing of the spinal ure on the spinal cord and ortness of breath, depression				
	set), a quarterly ass (assessment refere Resident #2 as hav	recent MDS (minimum data sessment with an ARD nce date) of 10/17/17, coded ing a BIMS (brief interview for e of 15, indicating that nitively intact.				
	4/13/17 with diagnorus not limited to: chror	dmitted to the facility on uses that included, but were nic kidney disease, difficulty tia, congestive heart failure asure.				

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CENTERS FOR MEDICARE & MEDICAID SERVICES					01	MB NO.	0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495299	B. WING			11/0	)3/2017
	PROVIDER OR SUPPLIER  TH ADAM CRUMP HE	EALTH AND REHAB		STREET ADDRESS, CITY, STATE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	E, ZIP CODE		
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F 225	assessment with ar Resident #6 as havindicating that Resident #6 as havindicating that Resident #2 stated, resident #2 stated, resident #2 stated, resident in the facilimy room at 2:00 a.r to pull me out of my Resident #2 was as about this incident. nursing staff had to #6) from his room a Resident #2 further administrator and thresponse was that rights too, "They wo #6 resides in the sa On 11/1/17 at 5:30 gobserved self-proped When spoken to Reneded to "get out owilling to speak with On 11/2/17 at 8:58 a conducted with ASM member) #3, the measked if he was fam asked if he was awa Resident #2 regarding the sale with the sale was a sale was a sale with the sale was a sale was	recent MDS, a quarterly a ARD of 9/26/17, coded ring a BIMS score of 15, dent #6 is cognitively intact.  p.m. Resident #2 was m, seated in his wheelchair the wheelchair around his bed. Sked if he had any concerns the received in the facility.  "I am afraid of my brother (a ty) Resident #6, he came into m. one morning and threated bed, he wanted to fight me." sked if he had told anyone  Resident #2 stated that the remove his brother (Resident and "calm him down." stated that he had told the ne social worker but their his brother (Resident #6) had buildn't do anything." Resident me wing, on a different hall.  p.m. Resident #6 was selling in the hallway on wing C. esident #6 stated that he of here." Resident #6 was not in this surveyor at that time.  a.m. an interview was M (administrative staff edical doctor. ASM #3 was nailiar with Resident #2. When are of any complaints from fing threats from Resident #6. ident #2 had not said anything in the #2 had not said anything in the #4.		225	•		

to him about it. When asked if he was aware of an incident when Resident #6 entered Resident

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	(	X3) DATE SURVEY COMPLETED
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F 225	On 11/2/17 at 11:56 conducted with OS social worker. OSI with Resident #2. Of Resident #6, OSM told that. OSM #1 #2) does not get ale #6), we keep them possible. He (Resibrother (Resident #6 entere middle of the night. that, I talked to (na think the other soci At this point OSM # documentation regregarding the incide into Resident #2's remarked was aware of ar had entered Resident #2. ASM #2) had not talked	atened Resident #2. ASM #3  6 a.m. an interview was M (other staff member) #1, the M #1 stated that she did work When asked if she was aware ng threatened by his brother, #1 stated she had not been further stated, "He (Resident ong with his brother (Resident ong with his brother (Resident separated as much as dent #2) has not said that his e6) threatened him." OSM #1 as aware of an incident when d Resident #2 room in the OSM #1 stated, I had heard me of Resident #2) about it. I al worker (OSM #2) handled it. e1 was asked to provide arding her conversation ent with Resident #6 entering	F 2	25	•		•
	room. We did talk rooms but he (nam to move. I really di ASM #1 was asked	about his brother changing e of Resident #6) did not want dn't think it was a problem." I if an investigation was done nt. ASM #1 stated, "No."					

Facility ID: VA0083

ASM #1 further stated, "I have known (name of

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CENTERS FOR MEDICARE & MEDICAID SERVICES			<del></del>				<u>IO. 0938-0391</u>	
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NAME OF	, NOVIDEN ON OUT FEET			3600 !	MOUNTAIN ROAD			
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F 225	tell me if he had an asked if the incider should have been on notes. ASM #2 sta documentation. W	long time, I figured he would ny concerns." ASM #2 was nt described by Resident #2 documented in the progress ated there should have been then asked if there was any arding the incident, ASM #2	F 2	25				
	conducted with OS #3 was asked if sh involving Resident (Resident #2) after to me about (name about the brother (of Resident #2) sta #6) was a constant asked if she was a Resident #6 entere middle of the night. Resident #6) went middle of the night. Resident #2) and to going to fight. He to #2) out of his bed. that his brother (Resident #2) and to going to fight. He to #2) out of his bed. that he (Resident #3) wensure Resident #3 wensure Resident #4 think that his brother a different hallway. was documented as	a.m. an interview was alm #3, the ombudsman. OSM e was aware of an incident #2. OSM #3 stated, "I met him the social worker reached out of Resident #2). We talked Resident #6) and how (name sted that his brother (Resident problem." OSM #3 was ware of the incident when ad Resident #2's room in the OSM #3 stated, "(Name of into Resident #2's room in the He was pulling on (name of old him to get up and they were ried to get (name of Resident (Name of Resident #2) stated esident #6) was verbally I did not get the impression fays asked what was done to 2's safety. OSM #3 stated, "I er (Resident #6) was moved to "OSM #3 was asked what about the incident. OSM #3 FRI (facility reported incident)						



was completed." OSM #3 was asked what had been done to manage the situation between Resident #2 and his brother. OSM #3 stated, "I talked to (name of ASM (administrative staff



Facility ID: VA0083

If continuation sheet Page 6 of 36



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STATEMENT OF DEFICIEN AND PLAN OF CORRECTION		(X2) MULTIPL A. BUILDING B. WING	,	x3) DATE SURVEY COMPLETED  C 11/03/2017
NAME OF PROVIDER OF		3	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	11/03/2017
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#### F 225 Continued From page 6

member) #1, the administrator, name of ASM #2 the director of nursing, and name of OSM #2, social worker) in a meeting." OSM #3 was asked what was done after that meeting. OSM #3 stated, "We focused on Resident #6, he wanted to go home." When asked about follow up with Resident #2, OSM #3 stated, "I did visit (name of Resident #2) and talked to him several times. His (Resident #2's) goal was to get his brother, Resident #6, out of the facility." OSM #3 was asked if she was concerned about Resident #2's safety, OSM #3 stated, "No." When asked if there should have been an investigation, OSM #3 stated, "There should have been an incident report completed. It was an allegation of abuse and there should have been documentation as to what happened."

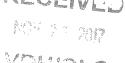
On 11/3/17 at 10:15 a.m. an interview was conducted with OSM #2, social worker. OSM #2 was asked if she was aware of an incident that concerned between Resident #2 and Resident #6. OSM #2 stated that she was made aware the day after the incident occurred. OSM #2 was asked what she learned, OSM #2 stated, "I was made aware the next day that (name of Resident #6) had gone into (name of Resident #2's) room during the night. I found out in morning meeting from the DON, it was on the 24-hour report." OSM #2 was asked what date the incident occurred. OSM #2 stated that she did not know the date, "It was right after (name of Resident #6) was admitted." OSM #2 was asked what she did after learning about the incident. OSM #2 stated, "I talked to (name of Resident #6) about changing rooms. He said no and he asked why he was being asked to move. I talked to him with the administrator and we discussed the reason why (going into Resident #2's room in the middle of

F 225

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If continuation sheet Page 7 of 36 RECEIVEL



### SEDADTMENT OF HEALTH AND HIMAN SEDVICES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVEL							
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		<u>O</u>	MB NO. 0938-0391		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		495299	B. WING		11/03/2017		
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE			
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F 225	Continued From pa	ge 7	F 2	25			
	brother (Resident ##2 was asked if an OSM #2 stated that asked what should stated, "I should ha report which would investigation." Whe was warranted in the is considered abuse incident in the progran investigation."  On 11/3/17 at 10:37 conducted with LPN the wing C unit mar she was aware of a Resident #6 went in middle of the night, aware of any incided describe the process to resident altercatic stated, "I would sept the administrator ar for next steps. I would the progress notes for morning meeting behavior report that (director of nursing) conducted." When	ident #6) was upset that his (2) accused him of that." OSM investigation was initiated, it was not. OSM #2 was have been done, OSM #2 ve completed an incident have prompted an en asked why an investigation his case, OSM #2 stated, "This e. We failed to document the ress notes and did not initiate of a.m. an interview was an incident that occurred when the resident #2's room in the LPN #1 stated she was not ents. LPN #1 was asked to se staff follows when a resident on is witnessed. LPN #1 was asked to be staff follows when a resident on is witnessed. LPN #1 was asked to be staff follows when a resident on is witnessed. LPN #1 was asked to be staff follows when a resident on its witnessed. LPN #1 was asked to be staff follows when a resident on its witnessed. LPN #1 was asked to be asked why an incident report of the cessary in this case. LPN #1					

verbal abuse.

stated, "This is considered resident to resident

A review of the facility policy titled "Resident Abuse" revealed, in part, the following

documentation, "All incidents of resident abuse are to be reported immediately to the Licensed Nurse in Charge, Director of Nursing, or the

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	495299	B. WING		11/03/2017		
NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP H	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			
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#### F 225 Continued From page 8

Administrator. Once reported to one of those three officials, the prescribed forms are to be completed and delivered to the Abuse Coordinator or his/her designee for an investigation. The Administration recognizes that preliminary reports of abuse can sometimes be clouded by biases and other factors that are relevant and need to be explored during a full investigation in order to obtain a clear picture of what actually happened. Investigations will be accomplished in the following manner. 1. Preliminary investigation: a. Immediately upon report of an incident to the individual in charge, the suspect(s) shall be segregated from the resident. d. An incident report shall be filed by the individual in charge who received the report in conjunction with the person who reported the abuse. 2. Investigation: a. The abuse Coordinator and / or Director of Nursing shall take written statements from the victim, the suspect(s) and all possible witnesses including all other employees in the vicinity of the alleged abuse. He/she shall also secure all physical evidence."

On 11/3/17 at approximately 11:15 a.m. a meeting was held with ASM #1, the administrator, and ASM #2, the DON, to discuss the complaint regarding Resident #2 and Resident #6. When asked if ASM #1 or ASM #2 knew the date that the incident occurred and whether or not an investigation had been conducted. ASM #1 and ASM #2 both stated they did not have an exact date, the incident occurred sometime after Resident #6 was admitted to the facility and an investigation had not been conducted.

No further information was provided prior to the end of the survey process.

F 225

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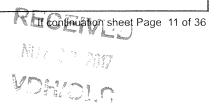
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		495299	B. WING			11/03/2017
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ELIZABE	TH ADAM CRUMP H	EALTH AND REHAB		CLEN	I ALLEN, VA 23060	
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E 225	Continued From pa	one 9	F 2	25		
F 223	•	-	1 2	.2.5		
	L 3	was obtained from the				
	following website					•
	https://www.mayoc	linic.org/diseases-conditions/s				
		ptoms-causes/syc-20352961				
F 226	483.12(b)(1)-(3), 48	83.95(c)(1)-(3)	F 2	226		
SS=D	DEVELOP/IMPLMI	ENT ABUSE/NEGLECT, ETC			F226	
	POLICIES					
					1. Abuse allegations are being	!
TARREST TO THE TARRES	483.12				investigated and reported as	'
(b) The facility must develop and implement				•		
	written policies and	I procedures that:			per policy and procedure.	
	(1) Prohibit and pre	event abuse, neglect, and			2. Any resident to resident	
	exploitation of resid	dents and misappropriation of			incident has the potential to b	e
	resident property,	20110 C. 101 C.			identified as an allegation of	
	(00,00,00,00,00,00,00,00,00,00,00,00,00,				· ·	
	(2) Establish policie	es and procedures to		•	abuse.	
	investigate any suc				2. The feetly to sell on a d	
	,				3. The facility's policy and	
	(3) Include training	as required at paragraph			procedure regarding abuse wi	H
	§483.95,				be reviewed with managemen	t
	_				staff to communicate each	
	483.95					
		and exploitation. In addition to			person's role in reporting and documenting allegations of abuse.	
		abuse, neglect, and exploitation			documenting allegations of	**************************************
		183.12, facilities must also			abuse.	CFILE.
		their staff that at a minimum				
	educates staff on-				4. Any allegation of abuse will	a a residence
					be reviewed during the next	101/
		t constitute abuse, neglect,			monthly QAPI meeting for	
		isappropriation of resident			-	
	property as set fort	in at § 483.12.			completeness of	
	/ \/O\ D	Consequenting incidents of objects			documentation and compliand	e
	(c)(2) Procedures 1	for reporting incidents of abuse,			with policy and procedure.	
		n, or the misappropriation of			, , ,	
	resident property				5. Compliance Date: 11/29/17	

(c)(3) Dementia management and resident abuse

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO	OMB NO. 0938-0391		
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F 226	by: Based on resident clinical record revie and in the course o was determined the implement the facili incidents of abuse t survey sample, Res  The facility staff fail policies and proced allegation of abuse #2. Resident #2 re in May 2017, his bi room in the middle him out of his bed a Resident #2.  The findings include Resident #2 was ac with diagnoses that to, spinal stenosis [ canal putting press nerves), anxiety, sh and heart failure.  Resident #2's most set), a quarterly ass (assessment refere Resident #2 as hav	interview, staff interview, w, facility document review f complaint investigation, it a facility staff failed to ty policies and procedures for for two of six residents in the sident #2 and Resident #6.  ed to implment the abuse ures to investigate an reported to staff by Resident aported to staff that sometime to ther Resident #6, entered his of the night and tried to pull and was threatening to hit  e:  dmitted to the facility 10/4/12 included, but were not limited 1] (a narrowing of the spinal are on the spinal cord and ortness of breath, depression recent MDS (minimum data assesment with an ARD noce date) of 10/17/17, coded ing a BIMS (brief interview for e of 15, indicating that	F 2	26				



Resident #6 was admitted to the facility on 4/13/17 with diagnoses that included, but were

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CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391					
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NAME OF F	PROVIDER OR SUPPLIER	433233		STRI	EET ADDRESS, CITY, STATE, ZIP CODE		70072011		
		TALTH AND DELIAR			MOUNTAIN ROAD				
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F 226	swallowing, demenand high blood pread and high blood preads assessment with a Resident #6 as havindicating that Resident #6 as havindicating that Resident #2 5:20 observed in his rocand self-propelling Resident #2 was a regarding the care Resident #2 was a regarding the care Resident in the facility room at 2:00 at to pull me out of m Resident #2 was a about this incident nursing staff had to #6) from his room Resident #2 furthe administrator and the response was that rights too, "They we #6 resides in the self-prope When spoken to Reded to "get out willing to speak with the self-prope  willing to speak with the self-proper willing to speak with the self-proper will be self-pr	nic kidney disease, difficulty htia, congestive heart failure		226					
	member) #3, the n	nedical doctor. ASM #3 was							

asked if he was familiar with Resident #2. When asked if he was aware of any complaints from

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F 226	ASM #2 stated Resto him about it. Whan incident when R #2's room and threatstated he was not.	ing threats from Resident #6. sident #2 had not said anything hen asked if he was aware of esident #6 entered Resident atened Resident #2. ASM #3	F 2	226			
	conducted with OS social worker. OSM with Resident #2. No f Resident #6, OSM told that. OSM #1 f#2) does not get alc #6), we keep them possible. He (Resident #6 entere middle of the night. that, I talked to (nar think the other social At this point OSM # documentation regarder.	M (other staff member) #1, the M #1 stated that she did work When asked if she was aware up threatened by his brother, #1 stated she had not been further stated, "He (Resident ong with his brother (Resident separated as much as dent #2) has not said that his e6) threatened him." OSM #1 as aware of an incident when d Resident #2 room in the OSM #1 stated, I had heard me of Resident #2) about it. I all worker (OSM #2) handled it. If was asked to provide arding her conversation ent with Resident #6 entering noom.					•
	was conducted with member) #1, the ad director of nursing ( he was aware of an had entered Reside Resident #2. ASM #2) had not talked a knew about his brot	p.m. an end of day meeting a ASM (administrative staff dministrator, and ASM #2, the DON). ASM #1 was asked if a incident where Resident #6 ent #2's room and threatened #1 stated, "(Name of Resident about being threatened. I ther (Resident #6) going in his about his brother changing					

Facility ID: VA0083

rooms but he (name of Resident #6) did not want

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ELIZABETH A	DAM CRUMP H	EALTH AND REHAB		3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	
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#### F 226 Continued From page 13

to move. I really didn't think it was a problem." ASM #1 was asked if an investigation was done following the incident. ASM #1 stated, "No." ASM #1 further stated, "I have known (name of Resident #2) for a long time, I figured he would tell me if he had any concerns." ASM #2 was asked if the incident described by Resident #2 should have been documented in the progress notes. ASM #2 stated there should have been documentation. When asked if there was any documentation regarding the incident, ASM #2 stated it was not documented.

On 11/3/17 at 9:27 a.m. an interview was conducted with OSM #3, the ombudsman. OSM #3 was asked if she was aware of an incident involving Resident #2. OSM #3 stated, "I met him (Resident #2) after the social worker reached out to me about (name of Resident #2). We talked about the brother (Resident #6) and how (name of Resident #2) stated that his brother (Resident #6) was a constant problem." OSM #3 was asked if she was aware of the incident when Resident #6 entered Resident #2's room in the middle of the night. OSM #3 stated, "(Name of Resident #6) went into Resident #2's room in the middle of the night. He was pulling on (name of Resident #2) and told him to get up and they were going to fight. He tried to get (name of Resident #2) out of his bed. (Name of Resident #2) stated that his brother (Resident #6) was verbally harassing him but I did not get the impression that he (Resident #2) was concerned for his safety." OSM #3 was asked what was done to ensure Resident' #2's safety. OSM #3 stated, "I think that his brother (Resident #6) was moved to a different hallway." OSM #3 was asked what was documented about the incident. OSM #3 stated, "I thought a FRI (facility reported incident)

F 226



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#### F 226 Continued From page 14

was completed." OSM #3 was asked what had been done to manage the situation between Resident #2 and his brother. OSM #3 stated, "I talked to (name of ASM (administrative staff member) #1, the administrator, name of ASM #2 the director of nursing, and name of OSM #2, social worker) in a meeting." OSM #3 was asked what was done after that meeting. OSM #3 stated, "We focused on Resident #6, he wanted to go home." When asked about follow up with Resident #2, OSM #3 stated, "I did visit (name of Resident #2) and talked to him several times. His (Resident #2's) goal was to get his brother, Resident #6, out of the facility." OSM #3 was asked if she was concerned about Resident #2's safety, OSM #3 stated, "No." When asked if there should have been an investigation, OSM #3 stated, "There should have been an incident report completed. It was an allegation of abuse and there should have been documentation as to what happened."

On 11/3/17 at 10:15 a.m. an interview was conducted with OSM #2, social worker. OSM #2 was asked if she was aware of an incident that concerned between Resident #2 and Resident #6. OSM #2 stated that she was made aware the day after the incident occurred. OSM #2 was asked what she learned, OSM #2 stated, "I was made aware the next day that (name of Resident #6) had gone into (name of Resident #2's) room during the night. I found out in morning meeting from the DON, it was on the 24-hour report." OSM #2 was asked what date the incident occurred. OSM #2 stated that she did not know the date, "It was right after (name of Resident #6) was admitted." OSM #2 was asked what she did after learning about the incident. OSM #2 stated, "I talked to (name of Resident #6) about changing F 226

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F 226	rooms. He said no being asked to more administrator and v (going into Resider the night), He (Resident #2 was asked if an OSM #2 stated that asked what should stated, "I should have report which would investigation." Whe was warranted in the is considered abus incident in the program investigation."  On 11/3/17 at 10:3 conducted with LPI the wing C unit may she was aware of a Resident #6 went in middle of the night aware of any incided describe the procesto resident altercat stated, "I would sept the administrator a for next steps. I we the progress notes for morning meetin behavior report that (director of nursing conducted." When investigation was in the side of the middle of the night aware of any incided the administrator and the progress notes for morning meeting the way in the progress notes for morning meeting the way investigation was in the said of the night and the progress notes for morning meeting the progress notes for morning meeting the progress in the progress notes for morning meeting the progress in the progress notes for morning meeting the progress notes for morning meeting the progress in the progress notes for morning meeting the progress in the progress notes for morning meeting the progress notes for morning meeting the progress in the progress notes for morning meeting the progress notes for morning meeting the progress in the progress notes for morning meeting the progress notes for morning the progress notes for morning meeting the progress notes for morning meeting the progress notes fo	and he asked why he was ve. I talked to him with the ve discussed the reason why at #2's room in the middle of ident #6) was upset that his #2) accused him of that." OSM investigation was initiated, tit was not. OSM #2 was have been done, OSM #2 ave completed an incident	t					

A review of the facility policy titled "Resident

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	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI		(X3) DATE SURVEY COMPLETED
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#### F 226 Continued From page 16

Abuse" revealed, in part, the following documentation, "All incidents of resident abuse are to be reported immediately to the Licensed Nurse in Charge, Director of Nursing, or the Administrator. Once reported to one of those three officials, the prescribed forms are to be completed and delivered to the Abuse Coordinator or his/her designee for an investigation. The Administration recognizes that preliminary reports of abuse can sometimes be clouded by biases and other factors that are relevant and need to be explored during a full investigation in order to obtain a clear picture of what actually happened. Investigations will be accomplished in the following manner. 1. Preliminary investigation: a. Immediately upon report of an incident to the individual in charge, the suspect(s) shall be segregated from the resident. d. An incident report shall be filed by the individual in charge who received the report in conjunction with the person who reported the abuse. 2. Investigation: a. The abuse Coordinator and / or Director of Nursing shall take written statements from the victim, the suspect(s) and all possible witnesses including all other employees in the vicinity of the alleged abuse. He/she shall also secure all physical evidence."

On 11/3/17 at approximately 11:15 a.m. a meeting was held with ASM #1, the administrator, and ASM #2, the DON, to discuss the complaint regarding Resident #2 and Resident #6. When asked if ASM #1 or ASM #2 knew the date that the incident occurred and whether or not an investigation had been conducted. ASM #1 and ASM #2 both stated they did not have an exact date, the incident occurred sometime after Resident #6 was admitted to the facility and an investigation had not been conducted.

F 226

Facility ID: VA0083

If continuation sheet Page 17 of 36

Event ID: GILN11

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F 226	Continued From pa	age 17	F	226		
	No further informat end of the survey p	ion was provided prior to the				
F 280 SS=D	483.10(c)(2)(i-ii,iv,v	()(3),483.21(b)(2) RIGHT TO NNING CARE-REVISE CP	F	280		
	and implementation	participate in the development n of his or her person-centered ing but not limited to:				
	including the right to be included in the prequest meetings a	icipate in the planning process, o identify individuals or roles to planning process, the right to and the right to request reson-centered plan of care.		e		
	expected goals and amount, frequency	d outcomes of care, the type, and duration of care, and any d to the effectiveness of the				
	(iv) The right to rec included in the plar	eive the services and/or items of care.				
		the care plan, including the ignificant changes to the plan				
	right to participate i	hall inform the resident of the in his or her treatment and esident in this right. The nust				
	(i) Facilitate the incresident representa	lusion of the resident and/or ative.				

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

Facility ID: VA0083

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F 280	Continued From pa	age 18	F	280	F280	
	(ii) Include an asse	ssment of the resident's			1. Resident #2 and #6	
	strengths and need	ls.			comprehensive care plan ha	S
	(iii) Incorporate the	resident's personal and			been revised.	
		s in developing goals of care.			2. Residents' who have beer	1
	483.21				assessed as having behavior	or
	(b) Comprehensive	e Care Plans			cognition triggers have the	
	(2) A comprehensiv	ve care plan must be-			potential of being affected.	
	(i) Davidanad within	n 7 days after completion of			3. Each social worker will	
	the comprehensive				review the behavior and	
	the comprehensive				cognition section of the MD	S
		interdisciplinary team, that			for accuracy. Any revisions	
	includes but is not	limited to	*		identified will be made and	he •
	(A) The attending p	ohysician.			comprehensive care plan wi	l be
	. ,				revised. The social worker w	/ill
		rse with responsibility for the			print the behavior and	
	resident.				cognition section of the MDS	<b>)</b> ,
	(C) A nurse aide w	ith responsibility for the			sign and date as reviewed ar	ıd
	resident.				that the comprehensive care	!
	(D) A member of fo	ood and nutrition services staff.			plan is accurate.	
	(E) To the extent of	racticable, the participation of			4. Resident to resident	
		e resident's representative(s).			incidents will be reviewed	
	An explanation mu	st be included in a resident's			during the morning meeting	to
	medical record if the	ne participation of the resident			review interventions,	
	and their resident r	representative is determined the development of the			documentation, comprehens	ive
	resident's care plai				care plan revisions and	
					compliance with policy and	
	disciplines as deter	ate staff or professionals in rmined by the resident's needs			procedure.	
	or as requested by	the resident.			5. Compliance Date: 11/29/1	7

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		495299	B. WING			11/03/2017
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F 280	Continued From pa	ge 19	F	280		
	team after each assessments. This REQUIREMENT by: Based on staff intereview, clinical records a complaint investig facility staff failed to comprehensive carring the survey samp #6.  1. The facility staff Resident #2's compan incident where a his room in the mid.  2. The facility staff Resident #6's compan incident where a another resident's room in the mid.  1. The facility staff Resident #6's compan incident where a another resident's room in clinical to the mid.  1. The facility staff Resident #2's compan incident where a another resident #2's compan incident where a his room in the mid.  Resident #2 was ac with diagnoses that to, spinal stenosis [canal putting press.]	erview, facility document ord review and in the course of gation, it was determined the preview and revise the eplan for two of six residents le, Resident #2 and Resident failed to review and revise prehensive care plan following another resident entered into dle of the night.  If alled to review and revise prehensive care plan following Resident #6 entered into the middle of the night.  If alled to review and revise prehensive care plan following Resident #6 entered into the middle of the night.  If alled to review and revise prehensive care plan following the middle of the night.				

Facility ID: VA0083

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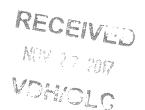
#### F 280 Continued From page 20

Resident #2's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 10/17/17, coded Resident #2 as having a BIMS (brief interview for mental status) score of 15, indicating that Resident #2 is cognitively intact.

On 11/1/17 at 5:20 p.m. Resident #2 was observed in his room, seated in his wheelchair and self-propelling the wheelchair around his bed. Resident #2 was asked if he had any concerns regarding the care he received in the facility. Resident #2 stated, "I am afraid of my brother (a resident in the facility) Resident #6, he came into my room at 2:00 a.m. one morning and threated to pull me out of my bed, he wanted to fight me." Resident #2 was asked if he had told anyone about this incident. Resident #2 stated that the nursing staff had to remove his brother (Resident #6) from his room and "calm him down." Resident #2 further stated that he had told the administrator and the social worker but their response was that his brother (Resident #6) had rights too, "They wouldn't do anything." Resident #6 resides in the same wing (wing C), on a different hall.

On 11/3/17 at 10:02 a.m. an interview was conducted with RN (registered nurse) #2, the MDS coordinator. RN #2 was asked who was responsible for reviewing and revising the care plan. RN #2 stated, "A number of people, the unit manager may do, but people are assigned different sections." RN #2 was asked when a review and / or revision of the care plan is conducted. RN #2 stated, "Whenever we do a scheduled MDS assessment we usually do a review and revision at that time. Usually the person involved in the incident or the change in

F 280



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	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI  SUMMARY STA	EALTH AND REHAB  ATEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, ZII 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060 PROVIDER'S PLAN OF C	CORRECTION	(×5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	HE APPROPRIATE	COMPLETION DATE
F 280	care will review the appropriate revision notes / progress not an incident or it is make sure that the On 11/3/17 at 10:15 conducted with OS was asked if she woccurred between I resident in the facil was made aware thoccurred, a resident room in the middle Resident #2. OSM incident occurred. not know the date, resident was admit she did after learning stated, "I talked to gentered Resident # rooms. OSM #2 was initiated, OSM OSM #2 was asked OSM #2 was asked OSM #2 stated, "I sincident report which investigation." Who was warranted in this considered abusincident in the program investigation." Of the care plan she	age 21 If care plan and make the ons. We do review nursing oftes, but if we don't know about not documented we cannot care plan is updated."  If a.m. an interview was of an incident that Resident #2 and another ity. OSM #2 stated that she he day after the incident of the night and threated of the night and threated of the night and threated of the night after the other of the name of the resident who of the name of the nam	t 2	80		

cognition." OSM #2 was asked if behaviors and

altercations. OSM #2 stated, "Yes." OSM #2 was asked if she reviewed and revised Resident #2's comprehensive care plan. OSM #2 stated that she did not, OSM #2 further stated that the other

cognition included resident to resident

		AND HUMAN SERVICES  & MEDICAID SERVICES			FORM	D: 11/16/2017 MAPPROVED D: 0938-0391
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						С
		495299	B. WING			/03/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	=	
				3600 MOUNTAIN ROAD		
ELIZABI	ETH ADAM CRUMP HI	EALTH AND REHAB		GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ARAGA DEFENENCED TO THE ARE	OULD BE	(X5) COMPLETION DATE
F 280	social worker was r When asked wheth have been revised #2 stated, "Yes, but On 11/3/17 at 10:30 conducted with OS she was responsible stated that she was was aware of an in Resident #2 and ar OSM #1 stated, "I've that time so I was r #2) and the ombud On 11/3/17 at appromeeting was condu- staff member) #1, the	responsible for Resident #2. her or not the care plan should to reflect the incident. OSM	F 2	280		

the director of nursing. ASM #1 and ASM #2 were made aware of the above referenced concern. ASM #2 was asked whether or not Resident #2's comprehensive care plan should have been reviewed and revised following the incident where another resident entered his room and threatened him, ASM #2 stated that it should have been done. A policy was requested that addressed the completion, review and revision of comprehensive care plans.

On 11/3/17 at 11:03 a.m. OSM #5, medical records, approached this writer and stated that the facility did not have a policy for completing comprehensive care plans and that the facility used the RAI (resident assessment instrument) manual.

No further information was provided prior to the end of the survey process.

Facility ID: VA0083

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CENTERS FOR MEDICARE & MEDICAID SERVICES					01	MB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED
		495299	B. WING			C 11/03/2017
	PROVIDER OR SUPPLIER TH ADAM CRUMP H	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZI 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	P CODE	
(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 ( X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD HE APPROPE	BE COMPLÉTION
F 280	Resident #6's companincident where Fanother resident's resident #6 was ad 4/13/17 with diagnon to limited to, chror swallowing, demenand high blood present with an Resident #6's most assessment with an Resident #6 as havindicating that Resident #6 as havindicating that Resident #0 as havindicating that Resident RN #2 stated manager may do, but the different sections." review and / or revict conducted. RN #2 scheduled MDS as review and revision person involved in the care will review the appropriate revision notes / progress not an incident or it is remake sure that the On 11/3/17 at 10:15 conducted with OS was asked if she with the conducted with OS was asked if she with the care will review the appropriate for it is remake sure that the conducted with OS was asked if she with the care will review the appropriate for it is remake sure that the conducted with OS was asked if she with the care will review the conducted with OS was asked if she with the care will review the conducted with OS was asked if she with the care will review the conducted with OS was asked if she with the care will review the conducted with OS was asked if she with the care will review the conducted with OS was asked if she with the care will review the ca	failed to review and revise prehensive care plan following Resident #6 entered into room in the middle of the night.  dmitted to the facility on oses that included, but were nic kidney disease, difficulty tia, congestive heart failure	F 2	280		

resident in the facility. OSM #2 stated that she

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495299	B. WING		C 11/03/2017
NAME OF F	PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	-  
CLIZADE	TH ADAM CRUMP HI	EALTH AND DEHAR	1	3600 MOUNTAIN ROAD	
ELIZABE	TH ADAW CRUIVE H	EALTH AND KLIIAD		GLEN ALLEN, VA 23060	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 280	occurred, Resident resident's room in t	nge 24 ne day after the incident #6 entered into another he middle of the night and nt while he was lying in bed.	F 2	80	
	OSM #2 was asked occurred. OSM #2 the date, "It was rig admitted." OSM #2 learning about the italked to Resident rooms. OSM #2 was asked occurred.	I what date the incident stated that she did not know the after Resident #6 was was asked what she did after neident. OSM #2 stated, "I #6 about possibly changing as asked if an investigation			
i	OSM #2 was asked OSM #2 stated, "I sincident report which investigation." Who was warranted in the is considered abuse	#2 stated that it was not. If what should have been done, should have completed an en asked why an investigation his case, OSM #2 stated, "This e. We failed to document the ress notes and did not initiate			•
	an investigation." Of the care plan she completing, OSM # cognition." OSM #: cognition included altercations. OSM asked if she review	OSM #2 was asked what areas e was responsible for 2 stated, "Behaviors and 2 was asked if behaviors and			
	she did not. When plan should have b	asked whether or not the care een revised to reflect the stated, "Yes, but it wasn't			
	meeting was condustaff member) #1, the director of nurs were made aware of	oximately 10:45 a.m. a acted with ASM (administrative he administrator, and ASM #2, ing. ASM #1 and ASM #2 of the above referenced was asked whether or not			

Resident #6's comprehensive care plan should

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE SURVEY
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED	
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		495299	B. WING	EET ADDRESS, CITY, STATE, ZIP CODE	11/03/2017
	PROVIDER OR SUPPLIER			D MOUNTAIN ROAD	
ELIZABE	TH ADAM CRUMP H	EALTH AND REHAB		EN ALLEN, VA 23060	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
F 280	Continued From pa		F 280		
	incident where he e room in the middle him, ASM #2 stated	d and revised following the entered another resident's of the night and threatened d that it should have been are requested that addressed the and revision of re plans.			
	records, approache the facility did not h comprehensive car	3 a.m. OSM #5, medical ed this writer and stated that have a policy for completing re plans and that the facility dent assessment instrument)			
F 514 SS=E	end of the survey p 483.70(i)(1)(5) RES		, F 514	•	•
	standards and prac	with accepted professional ctices, the facility must ecords on each resident that			
	(i) Complete;				
	(ii) Accurately docu	umented;			
	(iii) Readily access	ible; and			
	(iv) Systematically	organized		RECE NOV 27	IVED
	(5) The medical re-	cord must contain-			
	(i) Sufficient inform	nation to identify the resident;		VONC	

Event ID: GILN11

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OI	MB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED
		495299	B. WING			C 11/03/2017
NAME OF F	ROVIDER OR SUPPLIER	1		STREE	T ADDRESS, CITY, STATE, ZIP CODE	
				3600 N	MOUNTAIN ROAD	
ELIZABE	TH ADAM CRUMP HI	EALTH AND REHAB		GLEN	I ALLEN, VA 23060	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APPROPI DEFICIENCY)	BE COMPLETION
F 514	Continued From pa	age 26	F 5	14	F514	
	(ii) A record of the r	resident's assessments;			1. (1) The application of hand	
	/** The second second				splints and palm protectors are	<u> </u>
	(iii) The compreher provided;	nsive plan of care and services			being documented on the	
	provided,				TAR's. (2/4) Resident to	
		any preadmission screening			resident incidents are being	
	and resident review	ducted by the State;			documented. (3) Completion o	f
	determinations con	ducted by the State,			skin care is being documented	
	(v) Physician's, nur professional's prog	se's, and other licensed ress notes; and			on the TAR's.	
					2. Residents residing in the	
		iology and other diagnostic required under §483.50.			facility have the potential of	
		NT is not met as evidenced			being affected.	_
*	by:		*		2 (4/2) Lineard staff will be re	•
		erview, facility document ord review and in the course of			3. (1/3) Licensed staff will be re	
		ition, it was determined the			educated on how to access the	
	facility staff failed to	ensure a complete and			missing documentation report	
		cord for four of six residents in			to identify any missed area of	1
	the survey sample,	Resident #1, #2, #5 and #6.			documentation. (2/4) Licensed	
	1. The facility staff	failed to document on			staff will be re-educated on	
	Resident #1's TAR	(treatment administration			documenting resident to	
	, , ,	tion of a hand splint and left			resident incidents.	
	palm protector as o	oraerea.				
		failed to document an incident				
		e April, early May when				
		ntered into Resident #2's room night and threatened to fight				
	him.	mgat and threatened to again				
		failed to document the care on Resident #5's TAR				
		care on Resident #5's TAR				

Facility ID: VA0083

(treatment assessment record).

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	TO THE SECOND				OMB NO. 0938-0391
		& MEDICAID SERVICES			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495299	B. WING		C 11/03/2017
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE. ZIP COD	E
		TALTILAND DELIAD		3600 MOUNTAIN ROAD	
ELIZABE	TH ADAM CRUMP HI	EALTH AND REHAB		GLEN ALLEN, VA 23060	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRI X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
F 514	Continued From pa	age 27	F 5	514	
		f failed to document when		4. (1/3) The missing	
	Resident #6 entere	d another resident's room and		documentation report wi	ill be
	threatened him in t	he middle of the night.		accessed seven times a w	
	The finalisms includ			The DNS (or designee) wi	II
	The findings includ	e,		review the report for time	
	1. The facility staff	failed to document on		completion. (2/4) Reside	•
		(treatment administration		resident incidents will be	
		tion of a hand splint and left		reviewed during the more	ning
	palm protector as o	ordered.		meeting to review	······································
	Resident #1 was a	dmitted to the facility on		intervention's, document	ation
	4/19/17 with diagno	oses that included, but were		comprehensive care plan	ation,
	not limited to, strok	e, paralysis, high blood		revisions and compliance	with
	and difficulty swalls	of limbs, depression, behavior		policy and procedure.	WICH
٠		_		•	*
	set), a quarterly as	t recent MDS (minimum data sessment with an ARD ence date) of 9/20/17, coded		5. Compliance Date: 11/2	9/17
	Resident #1 as have	ring a BIMS (brief interview of			
	mental status) of s	even out of a possible 15,			•
	indicating that Resi cognitively impaired	ident #1 is moderately			
	plan dated 4/19/20	nt #1's comprehensive care 17 revealed, in part, the			
	physical functioning	tation; "Focus: I have a g deficit related to: Mobility			
	impairment, ROM	(range of motion) limitation (L			
	(left) non-dominant	sided hemiparesis) Date			
	Initiated: 5/2/17. Ir	nterventions: Left hand splint			
	(resting hand splin)	t) for day time positioning Date 7. Left palm protector for			
	bedtime positioning	g Date Initiated: 9/13/2017."			

Event ID: GILN11

A review of Resident #1's order summary report signed and dated by the physician on 10/1/17 revealed, in part, the following physician orders,

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X		
		495299	B. WING		C 11/03/2017
NAME OF F	PROVIDER OR SUPPLIER		L	STREET ADDRESS, CITY, STATE, ZIP CODE	
ELIZABE	TH ADAM CRUMP H	EALTH AND REHAB		3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ARRAGA DEFENDENCED TO THE ADD	OULD BE COMPLETION
F 514	"Left hand splint (repositioning two time Start Date 9/13/17. bedtime positioning 9/13/17. Start Date A review of Reside in part, a TAR (treadated 9/1/17 - 9/30 The following order TAR; - "Left hand splint time positioning two 9/13/2017 1315 (1: was no documentate was "on" "Left palm protectimes a day. Order p.m.)" On 9/15/17, 10/16/17, 10/22/17 documentation to i "on".  On 11/3/17 at 9:15 conducted with LP.	esting hand splint) for day time es a day. Order Date 9/13/17.  Left palm protector for g two times a day. Order Date	F	514	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ` ′	TIPLE CONSTRUCTION DING		TE SURVEY MPLETED
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		495299	B. WING		11	/03/2017
NAME OF	PROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
ELIZADI	ETH ADAM CRUMP HI	EALTH AND DEHAD		3600 MOUNTAIN ROAD		
ELIZADI	ETH ADAM CRUMF H	EALTH AND REHAD		GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 514	Continued From pa	nge 29	F 5	514		
	was asked why the TAR for the applicated left palm protector. I must have just for application. I go exhas the splint or the know why they are  On 11/3/17 at 10:45 staff member) #1, the director of nurs above findings. As not the nursing staff the application of the protector when appnursing staff were retreatments. A policing regarding document.	5 a.m. ASM (administrative he administrator, and ASM #2, ing, were made aware of the SM #2 was asked whether or if were required to sign off on he splints and the palm blied. ASM #2 stated that the required to sign off on all by was requested at this time		•	•	
	that occurred in late another resident er	failed to document an incident e April, early May when hered into Resident #2's room night and threatened to fight		•		

and heart failure.

Resident #2 was admitted to the facility 10/4/12 with diagnoses that included, but were not limited to, spinal stenosis [1] (a narrowing of the spinal canal putting pressure on the spinal cord and nerves), anxiety, shortness of breath, depression

Resident #2's most recent MDS (minimum data set), a quarterly assessment with an ARD

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED
	495299	B. WING		11/03/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ELIZABETH ADAM CRUMP HE	EALTH AND REHAB	i	3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION

#### F 514 Continued From page 30

Resident #2 as having a BIMS (brief interview for mental status) score of 15, indicating that Resident #2 is cognitively intact.

On 11/1/17 at 5:20 p.m. Resident #2 was observed in his room, seated in his wheelchair and self-propelling the wheelchair around his bed. Resident #2 was asked if he had any concerns regarding the care he received in the facility. Resident #2 stated, "I am afraid of my brother (a resident in the facility), he came into my room at 2:00 a.m. one morning and threated to pull me out of my bed, he wanted to fight me." Resident #2 was asked if he had told anyone about this incident. Resident #2 stated that the nursing staff had to remove his brother from his room and "calm him down." Resident #2 further stated that he had told the administrator and the social worker but their response was that his brother had rights too, "They wouldn't do anything."

A review of the clinical record did not reveal any documentation regarding the incident in the progress notes.

On 11/3/17 at 10:15 a.m. an interview was conducted with OSM #2, social worker. OSM #2 was asked if she was aware of an incident that concerned between Resident #2 and another resident in the facility. OSM #2 stated that she was made aware the day after the incident occurred, a resident entered into Resident #2's room in the middle of the night and threatened Resident #2. OSM #2 was asked what date the incident occurred. OSM #2 stated that she did not know the date, "It was right after the other resident was admitted." OSM #2 was asked what she did after learning about the incident. OSM #2 stated, "I talked to (the name of the resident who

F 514

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CENTER	RS EOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA		1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495299	B. WING			C 11/03/2017
NAME OF F	PROVIDER OR SUPPLIER		<u></u>	STR	EET ADDRESS, CITY, STATE, ZIP CODE	
	THE REAL OF LIFE	TALTILAND DELIAD		3600	MOUNTAIN ROAD	
ELIZABE	TH ADAM CRUMP H	EALTH AND REHAB		GLE	EN ALLEN, VA 23060	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 514	rooms. OSM #2 was an initiated, OSM OSM #2 was asked OSM #2 stated, "I sincident report which investigation." Whe was warranted in the sconsidered abusincident in the program investigation."  On 11/3/17 at 10:49 conducted with ASI ASM #2, the directed ASM #2 were made concerns. ASM #2 documentation constated that she did nursing staff should incident, ASM #2 sidocumented the increquest was made regarding documented. No further informate end of the survey possible of the survey	2's room about changing as asked if an investigation #2 stated that it was not. If what should have been done, should have completed an en asked why an investigation his case, OSM #2 stated, "This e. We failed to document the ress notes and did not initiate.  To a.m. an interview was was asked if she had any cerning the incident. ASM #2 not. When asked if the did have documented the tated that they should have cident as it happened. A at this time for a policy station.  If alled to document the care on Resident #5's TAR	F	514	*	
		er's, anxiety, heart disease,				

Resident #5's most recent MDS (minimum data set), a significant change assessment with an

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OME	NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		B) DATE SURVEY COMPLETED
		495299	B. WING		200000	C 11/03/2017
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, S 3600 MOUNTAIN ROAD GLEN ALLEN, VA 230		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION TIVE ACTION SHOULD BE SED TO THE APPROPRIAT FICIENCY)	
	coded Resident #5 interview for menta 15, indicating that is cognitively impaired. A review of Reside administration recorevealed, in part, the open area to right is and apply Zinc Oin Sulfadiazine [1] (a sinfections in wound have any nursing in treatment was come 6/9/17, 6/18/17 and On 11/3/17 at 9:15 conducted with LPI a floor nurse. LPN she was to do whe LPN #3 stated, "I for asked to state undowould not follow the there were parament therapeutic, the physician." LPN #3 order would not be can't think of any retreatment was not do. LPN #3 stated progress notes whe LPN #3 reviewed F - 6/30/17. LPN #3 blank spaces on the skin treatment to R stated, "I don't know the complete in the complete in the stated, "I don't know the complete in the com	reference date) of 6/6/17, as having a BIMS (brief I status) score of three out of Resident #5 is severely d.  nt #5's TARs (treatment and) dated 6/1/17 - 6/30/17 are following order; "Cleanse buttock with wound cleanser t (ointment) and Silver sulfa drug used to prevent (s). The following dates did not nitials to document that the pleted: 6/3/17, 6/4/17, 6/5/17,		114	RECEI VDH/O	VED

stated, "I don't know, we must have just forgotten to sign off on the application. I know that this was

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CENTER	(2 FOR MEDICARE	& MEDICAID SERVICES			JIMB NO. 0936-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495299	B. WING		C 11/03/2017
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				3600 MOUNTAIN ROAD	
ELIZABE	TH ADAM CRUMP HI	EALTH AND REHAB		GLEN ALLEN, VA 23060	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOUNDER) CROSS-REFERENCED TO THE APPROPRICIENCY)	LD BE COMPLETION
F 514	done because we had her so we could appevent. I don't know signed off on. We signed off on. We staff member) #1, the director of nursiabove findings. As not the nursing staff the application of the protector when appnursing staff were resulted.	and the cream in her room with oly it at each incontinence why the treatment was not just forgot."  5 a.m. ASM (administrative he administrator, and ASM #2, ng, were made aware of the M #2 was asked whether or f were required to sign off on he splints and the palm lied. ASM #2 stated that the equired to sign off on all y was requested at this time	F 5	14	
•	following website; https://medlineplus.tml  4. The facility staff Resident #6 entere threatened him in the Resident #6 was ac 4/13/17 with diagnor not limited to, chror swallowing, demen and high blood present #6's most	was obtained from the gov/druginfo/meds/a682598.h  failed to document when d another resident's room and ne middle of the night.  dmitted to the facility on sees that included, but were nic kidney disease, difficulty tia, congestive heart failure soure.  recent MDS, a quarterly a ARD of 9/26/17, coded			

On 11/3/17 at 10:15 a.m. an interview was conducted with OSM #2, social worker. OSM #2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495299	B. WING		C 11/03/2017
NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HI			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	11/03/2017
PREFIX (EACH DEFICIENCY	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 COMPLETION
F 514 Continued From pa	age 34	F 514	4	**************************************

was asked if she was aware of an incident that concerned between Resident #6 and another resident in the facility. OSM #2 stated that she was made aware the day after the incident occurred but was unable to state the exact date. Resident #6 entered into another resident's room in the middle of the night and threated the resident while he was lying in bed. OSM #2 was asked what date the incident occurred. OSM #2 stated that she did not know the date, "It was right after Resident #6 was admitted, sometime the end of April, beginning of May." OSM #2 was asked what she did after learning about the incident. OSM #2 stated, "I talked to Resident #6 about possibly changing rooms. OSM #2 was asked if an investigation was initiated, OSM #2 stated that it was not. OSM #2 was asked what should have been done, OSM #2 stated, "I should have completed an incident report which would have prompted an investigation." When asked why an investigation was warranted in this case, OSM #2 stated, "This is considered abuse. We failed to document the incident in the progress notes and did not initiate an investigation." OSM #2 was asked what areas of the care plan she was responsible for completing, OSM #2 stated, "Behaviors and cognition." OSM #2 was asked if behaviors and cognition included resident to resident altercations. OSM #2 stated, "Yes."

On 11/3/17 at 10:37 a.m. an interview was conducted with LPN (licensed practical nurse) #1, the wing C unit manager. LPN #1 was asked if she was aware of an incident that occurred when Resident #6 went into another resident's room in the middle of the night. LPN #1 stated she was not aware of any incidents. LPN #1 was asked to describe the process followed when a resident to resident altercation is witnessed. LPN #1 stated,

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STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED
		495299			11/03/2017
NAME OF PRO	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				3600 MOUNTAIN ROAD	
ELIZABETH	HADAM CRUMP H	EALTH AND REHAB		GLEN ALLEN, VA 23060	
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION

#### F 514 Continued From page 35

"I would separate the residents, contact the administrator and DON for next steps. I would document the incident in the progress notes and put on the 24-hour report for morning meeting. I would initiate an incident/ behavior report that would go to the DON (director of nursing) for an investigation to be conducted." LPN #1 was asked to review Resident #6's progress notes for documentation regarding the incident that occurred sometime in April / May. LPN #1 was unable to find any documentation. LPN #1 was asked if the incident should have been documented, LPN #1 stated that it should have been.

On 11/3/17 at approximately 10:45 a.m. a meeting was conducted with ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing. ASM #1 and ASM #2 were made aware of the above referenced concern. ASM #2 was asked whether or not documentation should have been entered in the progress notes regarding the incident when Resident #6's entered another resident's room in the middle of the night. ASM #2 stated that it should have been done.

No further information was provided prior to the end of the survey process.

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