ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPUER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING	(X3) DAT	. 0938-03 E SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	495236	B. WING		n 3	/01/2018
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ENVUY	AT THE MEADOWS		•	2715 DOGTOWN ROAD GOOCHLAND, VA 23063	•	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	10			
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E 000	initial Comments		Eoc	Of Prenaration and subsules see		
}			1 200	O - Preparation and submission of to does not constitute an admission	his plan of correction	
	An unannounced Er	nergency Preparedness		provider of the truth of the facts	alleged or	
	anively was conducted	30 2/04/18 through 3/4/48		correctness of the conclusions se	t forth on the	
1	Corrections are requ	ired for compliance with 42		Statement of deficiencies, the plant	n of correction is	
	Care Facilities.	equirement for Long-Term		prepared and submitted solely b	ecause of the	
		zards Risk Assessment		requirements under the State an plan of correction will serve as th	d Federal law. This	
SS=C	CFR(s): 483.73(a)(1)	-/2\	<b>₽</b> 00	of substantial compliance.	is included a sile in a si	•
	(4)(1)	(2)		The same of the sa		
[ ]	(a) Emergency Plan.	The [facility] must develop		F 006 A		
[ 8	and maintain an eme	rgency preparedness plan		F.006		.1 - £
	inat must be reviewe.	d. and undated at least		I. Emergency Prepared	ness Pian	4/10
18	annually. The plan mi	ust do the following:]		requirements regardi	g evidence of	
10	1) Be based on and a	70jude - de		documentation that the	re facility-	
f	acility-based and con	ndude a documented,		. based and community	/-based risk	
a	ssessment, utilizing	an all-hazards approach.*		assessment, utilizing	an all hazard	
1		1		plan per regulation.		
*	[For LTC facilitles at	§483.73(a)(1):] (1) Be based		2. Quality review of Em	ergency	ITEA
10	u and moniqe a godi	mented facility-based and		Preparedness Plan req	uirements	71.0
j U	onununuy-dased risk	assassment utilizing on		regarding evidence of	•	
"	in nessai na shhinacil'	Including missing residents.		documentation that th	e facility-	
≠[	For ICF/IIDs at \$483	475(a)(1):] (1) Be based on		based and community	-based risk	
[ 4	на пистав в авсиме	Nted, facility-hased and	*	assessment, utilizing a	n all hazard	
00	mining based tisk	assessment utilizing an		plan per regulation Ex	ecutive	
al	l-hazards approach,	including missing clients.		Director (ED)/ designe	e	٥
				<ol><li>ED re-educated by the</li></ol>	Regional ,	87 Tail
\ \^	z) include strategies i	for addressing emergency	1	Vice President of Oper	ations	110010
-	vents identified by the	nsk assessment.				, ,
* 1	For Hospices at 841s	3.113(a)(2):] (2) Include		Preparedness Plan requ	irements.	
្រុទប	ategles for addressin	IO emerdency events	-	(RVPO) ensuring Eme Preparedness Plan requ regarding evidence of documentation that the	RECE	VEN
liut	આશાભાવ by the risk as	S6Ssment including the			THULLIAN A STORY	
11/12	anagement of Me cor	1Seduances of nower		based and community-l	pased risk PR 03	2018
j tai	iures, natural disaste	rs. and other emergencies l		assessment, utilizing ar		10
line	ar wonig affect the 90	spice's ability to provide		plan per regulation	WDHAC	DLC
ca	ie,		1	. , , , , , , , , , , , , , , , , , , ,	!	- Lizza 🐷

Any deficiency statement endiring 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 deficiencies are cited, an approved plan of correction is requisite to continued

DEP/ CEN	ARTMENT OF HEALTH TERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			•	PRINT	ED: 03/13 RM APPRO	/2018 DVED
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E 00	This REQUIREMENT by: Based on staff interreview it was determ failed to have a compreparedness plan. The facility staff faile preparedness plan the facility based and consumers addressing emergent risk assessment. The findings include: An interview was constaff member (ASM) other staff member (ASM) other staff member (ASM) and the policy failed to include and community utilizing an all-hazards missing resident. The policy also failed to include assessment.  ASM #1, the administrof nursing, and ASM # were made aware of the at 5:25 p.m.  No further information	view and facility document ined that the facility staff plete emergency  d to maintain an emergency nat included a documented, mmunity -based risk an all-hazards approach ident. Include strategies for cy events identified by the ducted with administrative 41, the administrator and 0SM) # 7, the director of 8 at 4:35 p.m. When the ness policy was reviewed, lude a documented, facility y-based risk assessment, approach including a emergency preparedness clude strategies for y events identified by the M #1 stated they did not ator, ASM #2, the director 3, the divisional nurse, he above findings on 3/1/18 was provided prior to exit.	E 00	5.	<u> </u>	ence ty- risk azard eted ly x 2 then ated. API ted as	4 (0	18
E018	Procedures for Tracking	g of Staff and Patients	E 018					

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ti as entities sentition in the transfer of th	develop and implem policies and proceduplan set forth in para assessment at paragand the communicat this section. The policie and the communicat this section. The policie address the following (2) A system to track and sheltered patient an emergency. If one oction of the receiving facility must docume ocation of the receiving facility of the proceduration of on-duty standarder an emergency of the proceduration of the procedur	cedures. The [facilities] must ent emergency preparedness ires, based on the emergency graph (a) of this section, risk graph (a)(1) of this section, ion plan at paragraph (c) of cies and procedures must be at least annually.] At a sand procedures must graph the location of on-duty staff is in the [facility's] care during duty staff and sheltered during the emergency, the ent the specific name and ing facility or other location.  184(b), LTC at §483.73(b), (b), PACE at §460.84(b):] res. (2) A system to track the aff and sheltered residents in FIID or PACE] care during cy. If on-duty staff and re relocated during the F's, LTC, ICF/IID or PACE] pecific name and location of rother location.  e at §418.113(b)(6):] es. om the hospice, which is of care and treatment raff responsibilities;	EC	018		y and ck me ity's f on- nts are ncy, the recific eiving out ures of nots in and ed cility's ne and ation y the	4 10 [18

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# FOR PRINCE PRI	communication with assistance.  (v) A system to track employees' on-duty hospice's care during on-duty employees or relocated during the must document the sthe receiving facility effect the receiving facility effect (2) Safe which includes considered the responsibilities; transposed the responsibilities; transposed to the receiving facility of the responsibilities; transposed the repatients. The receives and maintain accurate the receives and maintain receives and maintain the receives and main	external sources of  the location of hospice and sheltered patients in the gran emergency. If the or sheltered patients are emergency, the hospice specific name and location of or other location.  5.920(b):] Policies and evacuation from the CMHC, deration of care and vacuees; staff portation; identification of ); and primary and alternate ation with external sources of  360(b):] Policies and tem of medical reserves potential and actual otects confidentiality of onor information, and is the availability of records.  52(b):] Policies and evacuation from the dialysis estaff responsibilities, and is not met as evidenced ew and facility document ed that the facility staff ete emergency  to have a system to track	EC	118	3. ED re-educated by the Regio Vice President of Operations (RVPO) ensuring Emergency Preparedness Plan requirement regarding policy and procedure a system to track the location duty staff and sheltered patient the facility's care during an emergency. If on-duty staff as sheltered patients are relocated during the emergency, the face documenting the specific name location of the receiving location of the receiving location of the receiving location of the regulation.  4. ED/designee to conduct quality monitoring of Emergency Preparedness Plan requirements regarding policy procedures of a system to track location of on-duty staff and sheltered patients in the facility care during an emergency. If duty staff and sheltered patient relocated during the emergency facility's documenting the specific procedures of a system to track the staff and sheltered patients in the facility care during an emergency. If duty staff and sheltered patient relocated during the emergency facility's documenting the specific procedures of a system to track the staff and sheltered patients in the facility care during an emergency in the specific patients.	ots res of of on- ots in  nd d ility's e and ion  y  and k the y's on- s are y, the	4/01/8

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E <b>0</b> 18	Continued From pag	ge <b>4</b>	ΕO	118		
	patients in the LTC (	long term care) facility during		į		
	l an emergency. The	policy also failed to include a		name and location of the rece	.Ving	]
	of the receiving facill	e specific name and location ty or other location of on-duty		location per regulation, week) weeks, monthly x 2 months, t	y x 2	
	staff, and sheltered p	patients, relocated during the		quarterly and PRN and indica	red redi	
	emergency.	_		Findings to be reported to QA	PI	
	The findings include:			committee monthly and updat	ed aş	İ
		•		indicated. Quality monitoring		
	An interview was con	iducted with administrative		schedule modified based on		
	other staff member (ASM)	#1, the administrator and OSM) #7, the director of		findings.  5. Date of Compliance 04/10/201		1.1 1.2
	maintenance on 3/1/	18 at 4:35 p.m. When the		5. Date of Compliance 04/10/201	8	410118
	emergency prepared	ness policy was reviewed.			•	'
	the policy failed to ha	ve a system to track the				
	the LTC (long-term ca	aff and sheltered patients in				
	emergency. The poli	cy also failed to include a				
	way to document the	specific name and location			•	
	or the receiving racility staff, and sheltered by	y or other location of on-duty attents, relocated during the				
	emergency. ASM #1	stated they did not have it.				
Î	ASM #1, the administr	rator, ASM #2, the director				
!	of nursing, and ASM #	43, the divisional nurse.				
	at 5:25 p.m.	he above findings on 3/1/18				1
	•					
F 023	Policies/Procedures for	was provided prior to exit, or Medical Documentation	••	_		}
SS≃C	CFR(s): 483.73(b)(5)	i Medical Documentation	Ë 02:	3		
	(b) Policies and proce	dures. The [facilities] must	•		İ	
i	develop and implemer	it emergency preparedness				
	plan set forth in naraar	es, based on the emergency aph (a) of this section, risk			1	
	assessment at paragra	aph (a)(1) of this section.		,		
	and the communication	n plan at paragraph (c) of				
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	reviewed and update minimum, the policic address the following (5) A system of med preserves patient infonfidentiality of patient and maintains availated (3),(4),(6)] A system that preserves patient confidentiality of patient and maintains availated maintains availated to have a complete was determined to have a complete was determined to have a complete maintain the facility staff failed to concern to preserve to preserve to preserve to preserve to preserve to preserve the facility staff failed to concern to preserve to preserve to preserve to preserve to preserve to preserve to preserve the facility staff failed to concern to preserve to preser	icies and procedures must be ed at least annually. At a es and procedures must g:]  ical documentation that ormation, protects ent information, and secures bility of records. [(5) or of medical documentation at information, protects ent information, and secures bility of records.  3.748(b):] Policies and stem of care documentation is information. Information. Information information. Information information in the availability of esserves potential and actual esserves potential and actual otects confidentiality of onor information, and is the availability of records.  Is not met as evidenced ew and facility document and that the facility staff	EC	)23	1. Emergency Preparedness Plan requirements regarding a systemedical documentation that preserves patient information protects confidentiality of painformation and secures and maintains availability of recording a system of medical documentation that preserves patient information protects confidentiality of patient information and secures and maintains availability of recording per regulation completed by the Executive Director (ED)/ des 3. ED re-educated by the Region Vice President of Operations (RVPO) ensuring Emergency Preparedness Plan requirement regarding a system of medical documentation that preserves patient information protects confidentiality of patient information and secures and maintains availability of recording the president and maintains availability of recording the period of the patient information and secures and maintains availability of recording the period of th	otem of  itient  ords.  y  onts  il  ords  fas  fas  fas  fas  ds  is	4/10/18

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E 024 SS=C	The findings include An interview was constaff member (ASM) other staff member (maintenance on 3/1/2 emergency prepared the policy falled to in documentation that protects confidentially secure and maintain #1 stated they did not ASM #1, the administ of nursing, and ASM were made aware of at 5:25 p.m.  No further information Policies/Procedures-CFR(s): 483.73(b)(6)  [(b) Policies and procedure plan set forth in paragrand the communication this section. The policies and procedure plan set forth in paragrand the communication that is section. The policies and dress the following:  (6) [or (4), (5), or (7) a volunteers in an emergen.	nducted with administrative #1, the administrator and (OSM) #7, the director of 18 at 4:35 p.m. When the dness policy was reviewed, clude a system of medical preserves patient information by of patient information, availability of records. ASM thave it.  frator, ASM #2, the director #3, the divisional nurse, the above findings on 3/1/18  In was provided prior to exit. Volunteers and Staffing  edures. The [facilities] must be the emergency preparedness res, based on the emergency praph (a) of this section, on plan at paragraph (c) of the sand procedures must be diat least annually. At a sand procedures must gency or other emergency	E 02	4. ED/designee to conduct que monitoring of Emergency Preparedness Plan to ensure Emergency Preparedness I requirements regarding a semedical documentation the preserves patient information and securies are maintains availability of recompleted annually per requirements, then quarterly and and indicated. Findings to reported to QAPI committed monthly and updated as in Quality monitoring scheduling to the position of the positi	Plan ystem of at con patient ad cords.is gulation / x 2 PRN be se dicated. lc s.	4/10/18
i i i i i i i i i i i i i i i i i i i	volunteers in an emer	gency or other emergency luding the process and role				,

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	health care profession during an emergence are procedures. (6) The emergency and other strategies to address emergency. This REQUIREMENT by: Based on staff interview it was determined to have a comparedness plan. The facility staff failed policies and procedure volunteers in an emergency and integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of Statement of integration of staff in emergency prepared in energency staffing statement of integrally designated integrally designated integrally designated in integral in the policies and role of integrally designated in the policies and role of integrally designated in the policies and role of integrally designated integral in the policies and role of integrally designated in the policies and role of integrally designated in the policies and role of integrally designated in the policies and role of integrally designated in the process and role of integral in the policies and role of integral in th	te and Federally designated conals to address surge needs y.  23.748(b):] Policies and use of volunteers in an or emergency staffing an are mergency staffing as surge needs during an a surge needs during an a surge needs during an a surge needs during an a surge needs during the that the facility stafficiete emergency of the use of rest that include the use of regency or other emergency cluding the process and role and Federally designated hals to address surge needs and facility and the administrator and the surge needs at 4:35 p.m. When the less policy was reviewed, address failed to include the nemergency, or other rategies, including the tegration of State and neelth care professionals to during an emergency.	E	324	maintains availability of records completed annually per regulation weekly x 2 weeks, monthly x 2 months, then quarterly and PRN and indicated. Findings to be reported to QAPI committee monthly and updated as indicate Quality monitoring schedule modified based on findings.  5. Date of Compliance 04/10/2018  E024  1. Emergency Preparedness Plan requirements regarding the development and implementation strategies for the use of voluntees emergency including the process role for the integration of State at Federally designated healthcare professionals to address surge nean emergency per regulation.  2. Quality review of Emergency Preparedness Plan requirements regarding the development and implementation of strategies for of volunteers in an emergency including the process and role for integration of State and Federally designated healthcare profession address surge needs in an emergency per regulation completed by the Executive Director (ED)/ designated.	d.  n of rs in an and and reds in the use r the vals to ency	4/10/18

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S	staff member (ASM) # other staff member (O	lucted with administrative 1, the administrator and SM) # 7, the director of 3 at 4:35 p.m. When the					

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES		PRINTED: 03/13/2018 FORM APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING	OMB NO. 0938-039* (X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER	495236	B. WING STREET ADDRESS, CITY, STATE, ZIP CODE	03/01/2018
ENVOYAT THE MEADOWS		2715 DOGTOWN ROAD GOOGHLAND, VA 23063	

TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
SS=C	Continued From page 9 emergency preparedness policy was reviewed, the policy failed to demonstrate the method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.  ASM #1 stated they did not have it.  ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the divisional nurse, were made aware of the above findings on 3/1/18 at 5:25 p.m.  No further information was provided prior to exit. EP Testing Requirements  CFR(s): 483.73(d)(2)  (2) Testing. The [facility, except for LTC facilities, RNHCls and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCls and OPOs] must do all of the following:  *[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:]  (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, acility-based. If the [facility] experiences an actual natural or man-made emergency plan, the facility] is exempt from engaging in a community-based or individual, facility-based util-scale exercise for 1 year following the onset of autil-scale exercise for 1 year following the onset of	E 039	1. Emergency Preparedness Plan requirements regarding evidence of documentation that the communication plan included a method for sharing the information with residents/clients and their families or representatives per regulation.  2. Quality review of Emergency Preparedness Plan requirements regarding evidence of documentation that the communication plan included a method for sharing the information with residents/clients and their families or representatives per regulation completed by the Executive Director (ED)/ designee.  3. ED re-educated by the Regional Vice President of Operations (RVPO) ensuring Emergency Preparedness Plan requirements regarding evidence of documentation that the communication plan included a method for sharing the information with residents/clients and their families or representatives is completed annually per regulation.  4. ED/designee to conduct quality monitoring of Emergency Preparedness Plan to ensure Emergency Preparedness Plan requirements regarding evidence of documentation that the communication plan included a method for sharing the information with residents/clients and their families or representatives is completed annually per regulation weekly x 2 weeks, monthly x 2 months, then quarterly and PRN and indicated. Findings to be	4/10/18
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管理查詢發展問題於200 各種論計學學計算例如2014年7次。

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/13/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/\$UPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495236 B. WING NAME OF PROVIDER OR SUPPLIER 03/01/2018 STREET ADDRESS, CITY, STATE, ZIP CODE ENVOYAT THE MEADOWS 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION COMPLETION TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE DEFICIENCY) £039 Continued From page 10 E 039 the actual event. reported to QAPI committee monthly (ii) Conduct an additional exercise that may and updated as indicated. Quality include, but is not limited to the following: monitoring schedule modified based on (A) A second full-scale exercise that is findings. community-based or individual, facility-based. Date of Compliance 04/10/2018 (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an €039 emergency plan. Emergency Preparedness Plan (iii) Analyze the [facility's] response to and requirements conducted exercises to maintain documentation of all drills, tabletop test the emergency plan per regulation. exercises, and emergency events, and revise the Quality review of Emergency [facility's] emergency plan, as needed. Preparedness Plan conducted exercises to test the emergency plan per \*[For RNHCls at §403.748 and OPOs at regulation completed by the Executive §486.360] (d)(2) Testing, The [RNHCl and OPO] Director (ED)/ designee, must conduct exercises to test the emergency 3. ED re-educated by the Regional Victor plans The [RNHCI and OPO] must do the tollogens:
(i) Concluct a paper-based, tabletop exercise at President of Operations (RV) Da ensuring Emergency Preparedness Plan teas anually. A tabletop exercise is a group requirements conducted exercises to discussion led by a facilitator, using a narrated, test the emergency plan per regularious all nice aly at larger less ergency scenario, and user is completed somethly per regularized to of problems sylements; directed messages, or ED/designee/c conduct quality prepared questions designed to challenge an monitoring of Emergency Preparedness emergency plan Plan to ensure Emergency Preparedness (ii) Analyze the [RNHCl's and OPO's] response Plan conducted exercises to test the to and maintain documentation of all tabletop chiergency plan per regulation. exercises, and emergerical events, and revise the weekly x 2 weeks, monthly x 2 months, [RNHCr's and OPO's] emergency plan, as: then quarterly and PRN and indicated. needed, and Findings to be reported to QAPI This REQUIREMENT is not meras evidenced w committee monthly and updated as indicated Quality monitoring schedule. Based on staff interview and facility document. modified based on findings review it was determined that the require staff. ). Dete et Comphance Destitudita falled to have a complete emergency DIBBOARANDE ALCIAL A

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	AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD	03/01/2018
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	emergency prepared the policy failed to de sharing information if the facility has determined the facility has determined the facility has determined the facility has determined the facility has determined the facility and ASM #1, the administ of nursing, and ASM were made aware of at 5:25 p.m.  No further information EP Testing Requirem CFR(s): 483.73(d)(2)  (2) Testing The [facility RNHCIs and OPOS] in test the emergency placet the emergency placet the following:  *[For LTC Facilities at The LTC facility must of the emergency plan at unannounced staff drill procedures. The LTC if following:]  (i) Participate in a full-second control of the facility-based. If the [facility-based. If the [facility] is exempt from facility] is exempt from the facility is exempt from the facili	iness policy was reviewed, emonstrate the method for from the emergency plan that mined is appropriate with amilies or representatives. did not have it.  Itrator, ASM #2, the director #3, the divisional nurse, the above findings on 3/1/18 in was provided prior to exit. ents  Ity, except for LTC facilities, nust conduct exercises to an at least annually. The HCIs and OPOs] must do  §483.73(d):] (2) Testing, conduct exercises to test least annually, including its using the emergency facility must do all of the scale exercise that is then a community-based ble, an individual, inclity] experiences an indee emergency plan, the emergency plan, the engaging in a	E 038	1. Emergency Preparedness Plan requirements regarding evident documentation that the communication with residents/clientheir families or representatives regulation.  2. Quality review of Emergency Preparedness Plan requirements regarding evidence of document that the communication plan into method for sharing the information method for sharing the information.	ce of mication ring the nts and sper literation cluded a tion families ector  Vice Aff (0) 0  ss Plan of ication ng the s and s n. edness ence nethod
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must conduct exercises to test the emergency  Director (ED) designee.	recording to	<i>i</i> 1
plan. The [RNHCl and OPO] must do the  3. ED re-educated by the Region.	.1 70	n   .   . d
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(i) Conduct a paper-based, tabletop exercise at ensuring Emergency Prepared:	" i	
(i) Conduct a paper-based, tabletop exercise at	ess Plan	
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then quarterly and PRN and ind	icated	ļ
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Based on staff interview and facility document modified besed on findings.	modified based on 5-4-	
Teview it was determined that the facility staff	: [.,	1. \rb.
Idited to have a complete emergency	'  색	160 16
, preparedness plan.	1	v v

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1 2 INITIM	ENT OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA			FOR <u>OMB N</u>	FORM APPROVEI OMB NO. 0938-039		
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	and response and h	ed to provide evidence of e facility's exercise analysis ow the facility updated its based on the facility exercise						
	The findings include:	:						
	other staff member (ASM) other staff member ( maintenance on 3/1/ emergency prepared the policy failed to pre documentation of the and response and ho emergency program	facility's exercise analysis withe facility undated its						
	i of nursing, and ASM #	rator, ASM #2, the director #3, the divisional nurse, the above findings on 3/1/18						
F000	No further information INITIAL COMMENTS	was provided prior to exit.	F 000					
	survey was conducted Corrections are require Part 483 Federal Long	dicare/Medicald standard 12/27/18 through 3/1/18. ed for compliance with 42 Term Care requirements. survey/report will follow.		·				
	at the time of the surve	certified bed facility was 77 ey. The survey sample it Resident record reviews						

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F 583	(Residents # 128, 42 46, 40, 39, 11, 180, 3 three closed residen 78). Personal Privacy/Co	2, 57, 67, 44, 61, 55, 28, 58, 27, 178, 71, 9, 65, 30) and t record reviews, (79, 80,	F 000				
33~D	§483.10(h) Privacy a The resident has a riconfidentiality of his crecords.  §483.10(h)(i) Personaccommodations, metalephone communic.	nd Confidentiality.  ght to personal privacy and or her personal and medical all privacy includes adical treatment, written and all privacy personal core visite.	F 583				
r r v th nn lr th si (i) of pr fe (ii)	terephone communication meetings of familithis does not require to private room for each \$483.10(h)(2) The factorist to private right to persight to privacy in his covitten, and electronic he right to send and phasis delivered to including those deliverana a postal service.  483.10(h)(3) The resigned confidential person of the resident has the personal and medicationided at §483.70(i)(a) deral or state laws.  The facility must allogate private resident must allogate resident	ations, personal care, visits, y and resident groups, but he facility to provide a resident.  Ility must respect the onal privacy, including the or her oral (that is, spoken), communications, including romptly receive unopened packages and other the facility for the resident, ed through a means other dent has a right to secure all and medical records.  I right to refuse the release of records except as contact of the representatives of the refress of t					

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	administrative record law. This REQUIREMEN by: Based on observation document review, and was determined the privacy during the mobservation for one of sample, Resident #9 when additionally the facility nurse falled Resident #9 when additionally the facility nurse falled Resident #9 when additionally the facility nurse falled Resident #9 when additionally the findings include: The findings include: Resident #9 was admo2/23/18 with diagnosmot limited to hemiple lower limb (leg) (2), and is ease (4) and kidner resident #9 as scoring assessment references assessment references assessment references assessment for mental states and the point of the poi	Is not met as evidenced on, staff interview, facility and clinical record review, It facility staff failed to provide edication administration of 23 residents in the survey of the provide privacy to ministering medications. Fail nurse) # 3 administered eation in the hallway in full is and staff members.  In the facility on the staff included but were gia (1), cellulitis of the left obasia (3), cerebrovascular of failure.  Facent MDS (minimum data is sment with an ARD edate) of 11/29/17, coded ag a 3 (three) on the brief atus (BIMS) of a score of 0 everely impaired of ally decisions. Resident # ing extensive assistance of	F	583	F 583  1. Resident #9's privacy observed as maintained during medication administration. Individual re-education provided to LPN # 3 by the Director of Nursing on provided for privacy during medication administration.  2. Quality Observation of reside medication administration for privacy conducted by Director of Nursing/Designee. Follow based on findings.  3. Licensed Nurses received reducation by Director of Nursing/Designee regarding provision of privacy during medication administration.  4. Director of Nursing/Designe complete random Quality Improvement Observation for privacy during medication administration weekly x 1 month, biweekly x 1 month, then monthly and privacy durings to be reviewed at monthly QAPI Committee Meeting.  Monitoring schedule modification in the privacy during schedule modification in the privacy during schedule modification.	ent or or or	4/10/18	
ti (1	On 02/28/18 at approx ne medication adminis icensed practical nurs	imately 8:30 a.m. during	:		as needed based on findings  5. Date of compliance 04/10/18	1 1	4/10/16	

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Circ sp to p p a si	medication cup in the Resident # 9 was in LPN # 3 was at her in hallway as Resident dispensed the medication (extended release) 5 81 MG and Metoprol # 9 Into a medication water from the medication water from the medication cart. LPN he was ready for his the medication cart. LPN he was ready for his the medication cup a hallway. Further obstant # 9's medication cap a hallway. Further obstant # 9's medication (5) ER (extended for the POS (physician's February 2018 for Resident # 9's medication (6) 81 MG. 1 that is anti-coagulant. Metoprolol (7). 0.5 tall 2 hours for hypertension 02/28/18 at approximaterview was conduct that member) # 2, directivacy during the admit or residents. When as rocedure, ASM # 2 strovide privacy when and not administer the hould initiate asking the strovide privacy when a strovide initiate asking the strovide in the hould initiate asking the strovide in the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the hould initiate asking the strovide in the strovide in the strong the	e form of pills and tablets, his wheelchair in the hallway medication cart in the same #9. After LPN #3 ations of Oxybutynin (5) ER is MG (milligram), Aspirin (6) ol (7) (12.5 MG) for Resident in cup, she obtained a cup of bation cart, approached is propelling himself in his hallway toward the N #3 asked Resident #9 if medications and handed him and cup of water while in the ervation failed to evidence wacy for the administration dication.  Forder sheet) dated sident #9 documented, extended release) 5 MG and Tab (tablet) by mouth ab by mouth daily for the interest of nursing regarding ministration of medications and with ASM (administrative externor forms of medications and ministration of medications are with ASM (administrative externor forms of medications and in the hallway. Nurses the resident to go to their eation but also honor the	F	583	) OFFICIENCY)		

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ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DA	). 0938-03 TE SURVEY MPLETEO
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583   	l a a munder thom bai	the facility followed Apara	F 583			
t CosuPrego	privacy to a resident medications. LPN # not in their room you go to their room to ta resident is in their room to ta resident is in their room to ta resident is in their room to ta resident is in their room to ta resident is in their room to take the resident is in their room to take the residence of the sked if she asked R and administer his me 'No. I should have as to his room."  On 03/01/18 at 9:10 a conducted with ASM # tandards of practice is ses ASM # 2 stated, otter & Peny, Lipping gulations, CDC (Ceruidelines and comparate facility's policy "Privalegal at the resident in the facility's policy "Privalegal at the resident in the facility's policy "Privalegal at the resident in the resid	3 stated, "If the resident is should ask the resident to ake their medication. If the comyou should provide a door or the curtain. Hent has a preference and heir preference." When esident #9 to go to his room edications, LPN #3 stated, sked him if he wanted to go when asked what the facility refers to and "We use a combination of cott, state and federal hers for Disease Control) my policies."				
Ti	ne facility's policy "Re ocumented. "It is the	will always be respected."				
Th an To	ie facility's policy "Virg d Responsibilities" do	ginia Resident's Rights ocumented, "Privacy, C. are or medical treatment				
Оп	03/01/18 at 5:25 p.m	n. ASM (administrative			j	

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 52V511

Facility ID: VA0182

If continuation sheet Page 16 of 76

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/13/2018 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ANDPLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 495236 B. WING 03/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY AT THE MEADOWS 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 583 | Continued From page 16 F 583 staff member)#1, administrator, ASM#2, director of nursing and ASM #4, divisional nurse were made aware of the above findings. No further information was provided prior to exit. References: (1) Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. This information was obtained from the website: https://medlineplus.gov/paralysis.html. (2) A common skin infection caused by bacteria. It affects the middle layer of the skin (dermis) and the tissues below. Sometimes, muscle can be affected. This information was obtained from the website: https://medlineplus.gov/ency/article/000855.htm. (3) A disorder caused by damage to the parts of the brain that control language. It can make it hard for you to read, write, and say what you mean to say). This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/aphasia.htm (4) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and

website:

oxygen. Brain cells can die, causing lasting damage. This information was obtained from the

[	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						PRINTE FOR	D: 03/13/201 MAPPROVE
154	AJEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) ML A. BUILI	ILT DIN	IPLE CONSTRUCTION	OMB N (X3) D	O.0938-039 ATESURVEY DMPLETED
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NAME OF PROVIDER OR SUPPLIER ENVOY AT THE MEADOWS		·		STREET AOORESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063	_ 1 0	<u>3/01/2<b>0</b>18</u>		
ĺĖ	X4) ID REFIX TAG	I (EACH OFFICIENCY	TEMENT OF OFFICIENCIES MUST BE PRECEDED BY FULL GC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECT	i n ac	(X5) COMPLETION DATE
	t to receive the two the tree to the tree the tree tree tree tree tree t	(5) Used to treat over In which the bladder uncontrollably and courgent need to urinate unnation) control urgurination in people we (a condition in which uncontrollable spasmobtained from the weathers://medllneplus.gotml.  (6) Nonprescription as the eart attacks in people attack in the past or we that occurs when the experiencing or who heart attack. Nonprescripteduce the risk of dealexperiencing or who heart attack. Nonprescripteduce the risk of dealexperiencing or who heart attack. Nonprescripteduce the risk of dealexperiencing or who heart attack. Nonprescripteduce the risk of dealexperiencing or who heart attack. Nonprescripteduce the risk of dealexperiencing or who has the prevent ischemic stokes (so the brain). This informeduce in the brain. This informeduce website: https://medllneplus.gov.nl	gov/ency/article/000726.htm  practive bladder (a condition muscles contract ause frequent urination, te, and inability to control tent, frequent, or uncontrolled the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles have in the bladder muscles the flow of blodder to the latter that occur when a brain is blocked for a short ave had this type of stroke ast. Aspirin will not prevent atrokes caused by bleeding rmation was obtained from in blood pressure. This and from the website https:	F	558			
	ht	tps://medlineplus.gov/	/druginfo/meds/a682864.h					

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	CX2) MI II T	101	FORM APPRO OMB NO. 0938-
	4 (54) (514	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVE
		40.500-	.		COMPLETED
NAME OF	PROVIDER OR SUPPLIER	495236	B. WING _	<del></del>	
				STREET ADDRESS, CITY, STATE, ZIP CO	03/01/201
<b>_</b> 117 <b>Q</b>	AT THE MEADOWS	· :	1	2715 DOGTOWN ROAD	· ·
[X4] ID	SUMMARY STAT	TEMENT OF DEFICIENCIES		GOOCHLAND, VA 23063	
PRÉFIX TAG			) ID	PROVIDER'S BLANCE CORE	Coriou
	TRESULATORY OR US	C DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	
F623	Notice Requirements	s Before Transfer/Discharge	1 .		17.17
Sã≒D	CFR(s): 483.15(c)(3)	- Delore Transfer/Discharge	F 623	F 623	,
l l					
	§483.15(c)(3) Notice	before transfer	į .		
	PEIOLE & (SCIIIIV trans	fors Ör discharen - I	}	1. Resident #61 returned	ito Kilia
ı	, cordering the latinity to	niiet		l Tacility 2/19/18. Resid	lent ! ! ! [
1,	(i) Notify the resident	and the resident's	•	#OI and responsible n	acty
- 1	the reasons for the	he transfer or discharge and		informed of written tir	206.
	the reasons for the manner	they understand. The		Discharge Notification	nety
	Achier Hings Selling & Co	37 U Of the walle		Process and acknowled	
· '	abi coei ((93)A6 Ot tUE (	Office of the Ctata	, 1	understanding. Resider	iged
	ツッター・マルバ しきだらし かかか	Uderoon I	(1	#11 and responsible pa	it
] (	") K600rd the reasons	e for the framer-		informed of written tin	rty
, , ,	ייטטיוםו עט ווו ווופ ופגיה:	office modical	11	Discharge Whiteh tim	iely
l a	ccordance with parag	raph (c)(2) of this section;	$f_{i}$	Discharge Notification Process.	
				•	"i \
ייי מו	aragraph (c)(5) of this	e the items described in	$\int d^3x d^3x$	A PUCETOI OI	4101
1.	magaph (c)(a) of this	section,	1 5	Nursing/Designee	
§4	183.15(c)(4) Timing of	f the notice	· }.	conducted a Quality Rev	riewi[ ].
1 (1)	EXCEPT 92 Specified	D DOMESTINE (-1/ / / / / / /	1	or residents discharged	
			ĺ	over the last thirty days	for
1	- VII GI DE LEI IIII AN TINA	Drthio acada		: Umely written notification	on ;
,	ace we mie tachity at le	29\$t 30 Neve 6 . f		Of discharge, Resident	<u> </u>
				Council meeting conduct	ed
1 1 1 1 7 7	TYPHICE HIUSTING MORA	2 25 5000 00 00 00 00 00		reviewing timely written	
1 ' '		AFCIO MODON		Discharge Notification	
be	endangered undo- ==	uals in the facility would	1	Process. Follow up based	<u> </u>
this	section;	aragraph (c)(1)(i)(C) of		on findings.	
(B)	The health of individual	uals in the facility would	]	A CONTRACT OF THE PROPERTY OF	
100	Sirvaniyalev, underni	aragraph (c)(1)(i)(D) of			
			.		
(C)	The resident's health	improves sufficiently to	1		
Juno	a di more illillicolate i	ranctor or dia_L			
Junu	er haraniahu (c)(J)(y)	(B) of this coetion.	1		
1127	CIL IIIIII EUIGIE Trangta	C Or digobassas to	1	•	1
I DOGE	··· CO DY TOO FESICENT'S	Urgant modical security	i		
1,040	er paragraph (c)(1)(i)(	9 4 m m 4 Mical 118602"	i		Į.

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	DEPAF CENTE	RTMENT OF HEALTH ERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	-7setigea	2-572		FOR:	D: 03/13/2018 M APPROVED
	STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILO	LTIPL	LE CONSTRUCTION	(X3) DA	O_ 0938-0391 ATE SURVEY OMPLETED
Ì	NAME OF		495236	B. WING	;		0.	3 704 /20 4 0
	İ	PROVIDER OR SUPPLIER AT THE MEADOWS			27	TREET AOORESS, CITY, STATE, ZIP CODE 715 DOGTOWN ROAD GOOCHLAND, VA 23063	03/01/2018	
	(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	) RE	(X5) COMPLETION OATE
	() () () () () () () () () () () () () (	(E) A resident has not days.  §483.15(c)(5) Content notice specified in parametric include the following the reason for traction of the location to with transferred or dischart (iv) A statement of the including the name, and telephone number of completing the form a hearing request;  (v) The name, address to obtain an appeal for completing the form a hearing request;  (v) The name, address telephone number of the Long-Term Care Ombound developmental disabilities, the mailing telephone number of the protection and advice of the Developmental disabilities of the Developmental dis	onts of the notice. The written aragraph (c)(3) of this section owing: ansier or discharge; and the resident is reged; a resident's appeal rights, address (mailing and email), are of the entity which ts; and information on how orm and assistance in and submitting the appeal of the Office of the State and the Office of the State and email address and the agency responsible for rocacy of individuals with ties established under Part al Disabilities Assistance of 2000 (Pub. L. 106-402, 5001 et seq.); and residents with a mental abilities, the mailing and ephane number of the other protection and a with a mental disorder Protection and Advocacy als Act.	F6	23	3. Licensed Nurses provided re-education by Director of Nursing/Designee regarding written timely Discharge Notification Process.  Administrator provided reseducation to Interdisciplinary Team regarding written timely Discharge Notification Process  4. Administrator/Director of Nursing/Designee to conduct Quality Improvement Monitoring or resident/responsible party receiving timely written Discharge Notification utilizing Morning Meeting process 5x/week x 4 weeks weekly x 4 weeks, then monthly and prn thereafter Findings to be reviewed at monthly QAPI Committee Meeting. Monitoring schedule modified based on findings.  5. Date of compliance 04/10/18	of ng	4/10/18
,.	LLOUD SEE	(Fa 00) F			<u> </u>		i	

The findings include:

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

and 2/16/18.

1. The facility staff failed to notify Resident #61's responsible party in writing of a facility-initiated

2. The facility staff failed to provide notice of transfer, in writing, to the resident and resident

representative for Resident #11.

Event IO:52V511

Facility IO: VA0162

If continuation sheet Page 21 of 76

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) D	O. 0938-039 ATE SURVEY OMPLETED
·	- <del>,</del>	495236	B. WING			
	PROVIDER OR SUPPLIER  AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063	0:	3/01/2018
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e   r   t	o the hospital for both	onsible party (RP) was e facility-initiated transfers o dates.				
is h	nember, Business De not provided written ospital: I don't send :		od i de de de de de de de de de de de de de		) : 	
C	outy the attending phy	locumented "The nurse to i				

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		495236	B. WING	}		0.5	10410010
	PROVIDER OR SUPPLIER AT THE MEADOWS			:	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063	1 03	/01/2018
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 	discharge from the of emergency situation attending physician Representative to be possible" The polidirection for providing as well.  On 3/01/18 at 3:58 p (DON, ASM #2, Adm was made aware of information was provisurvey.  On 3/1/18 at the end approximately 6:00 p she would obtain det	CenterIn the event of an in, 911 to be called and the and the Resident and the Resident and the Resident and the Resident and the Resident and the Resident and the Resident and the format and the Director of Nursing in instrative Staff Member and the findings. No further aided by the end of the	F	5523			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	transfer, in writing, to representative for Resident #11 was add 12/15/17 with a recer with diagnoses that incoming all four limbs pelow the level of spir wasting, contractures stiffness of both shouther most recent MDS assessment, a Medicavith an assessment recoded the resident as	mitted to the facility on treadmission on 2/23/18, neluded but were not limited re, quadriplegia (paralysis and trunk of the body nal cord injury) (1), muscle, neurogenic bladder, and iders.		The department of the second o			

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			F	RINTEI	D: 03/13/2018 MAPPROVED
STATEMEN	TOF DEFICIENCIES	& MEDICAID SERVICES	<del></del>			MB NO	0.0938-0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
1111 1111 0		495236	B. WING	a	<del></del>	05	2/04/0045
NAMEOF	PROVIDER OR SUPPLIER		· <del></del>	1	STREET ADDRESS, CITY, STATE, ZIP CODE	103	3/01/2018
ENVOY	AT THE MEADOWS			2	2715 DOGTOWN ROAD GOOCHLAND, VA 23063		
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F 623	Continued From page	ge 23	F.	323			
	the resident was car	pable of making daily	•		_		
	cognitive decisions.	The resident was coded as assistance to being totally					
	dependent upon one	or more staff members for					
	all of her activities o	f daily living except eating in [					
	member.	imited assistance of one staff					j l
	The physician order	dated, 2/20/18, documented,					
	"Send resident out to	ER (emergency room) for					
	evaluation and treatr	nent, Please have IDT i					
į	(Interdisciplinary teal sepsis."	m) assess resident for				•	
	documented, "Reside	ed, 2/20/18 at 7:42 p.m. ent sent to ER for change In esponsible party) made					
	#11 failed to evidence resident or their representations.	clinical record for Resident documentation that the esentative were provided on of Resident #11's transfer		1			
	LPN #2 was asked he representative notified transferred to the emo- stated, "We call them asked if they give eith resident representativ	licensed practical nurse) #2.  bw the resident or resident d when a resident is ergency room. LPN #2 on the phone." When					
	staff member (ASM) #	ducted with administrative 2, the director of nursing, When asked when about					

FAX No. P. 026 PEPAR I MENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/13/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA <u>OMB NO. 0938-039</u>1 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IOENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING COMPLETED 495236 B. WING NAME OF PROVIOER OR SUPPLIER 03/01/2018 STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY AT THE MEADOWS 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION ΙÞ REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE DEFICIENCY) F 623 Continued From page 24 F 623 the process staff follows when a resident is transferred to the emergency room, ASM #2 stated, "It should be documented in the clinical record, why the resident is being transferred to the hospital. Notify the family or responsible party." When asked how the facility staff notify the family or resident representative, ASM #2 stated, "It's mainly done by phone." When asked if they give the resident or resident representative anything in writing as to why they are going to the emergency room, ASM #2 stated, "Not at this point." The facility policy, Transfers/Discharges notification and Right to Appeal" did not address the written notification of the resident/resident representative upon transfer to the emergency room. The administrator, ASM #2, and ASM #3, the divisional nurse, were made aware of the above findings on 3/1/18 at 5:25 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 489. Preparation for Safe/Orderly Transfer/Dschrg F 624 F 624 SS=D CFR(s): 483.15(c)(7) §483.15(c)(7) Orientation for transfer or

FORM CMS-2587(02-99) Previous Versions Obsolete

A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a

discharge.

Event ID:52V511

Facility ID: VA0182

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DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES			-	PRINTEI	D: 03/13/2018
CENT.	ERS FOR MEDICARE	& MEDICAID SERVICES				FOR	MAPPROV⊨r
O INTENE	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	ILTIPL DING	E CONSTRUCTION	OMB NO (X3) DA	0. 0938-0391 TE SURVEY MPLETEO
		495236	B, WING	3			
NAMEOF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	03	<u>//01/201</u> 8
ENVOY	AT THE MEADOWS			27	715 DOGTOWN ROAD		
<u> </u>					OOCHLAND, VA 23063		
(X4) D PREFIX	SUMMARY STAT	TEMENT OF DEFICIENCIES	ID.	<u>'                                    </u>			
TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREF	. ,	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D DC	COMPLETION DATE
F 624	Continued From pag form and manner th	ge 25 At the resident con	Fe	324	F 624	:	,
	l understand:				1. Resident # 61 returned to	.	Mrs II
	This REQUIREMEN	T is not met as evidenced		1	the facility on 2/19/18. No	ĺ	Hi coli
	py:		ļ		further discharge/transfers	Ì	
	and facility degrees	view, clinical record review,	}		have occurred.		
	that the facility staff f	t review, it was determined	·		Resident/responsible party	1	ļ
	preparation, and orie	ntation of the resident or	!		notified of	1	
	responsible party prid	or to transfer to the hospital	l		orientation/preparation of	1	<u> </u>
	for one of 23 residen	ts in the survey sample,			resident/responsible party	:	
1	(Resident #61).				for transfer and	i	
	The facility staff failer	to document that Resident		- 1	acknowledged	;	}
	#61 was oriented and	prepared for hospital		- [	understanding.		1 / 1
	transfers that occurre	d on 2/12/18 and 2/16/18.			2. Director of		15 10 15
}					Nursing/Designee	i	1
	The findings include:				comducted a Quality Review of residents	:	
	Resident #61 was add	nitted to the facility on			transferred/discharged		
	6/16/15 with the diagr	loses of but not limited to		j	over the last thirty days for	i	
( )	-'arkinson's disease. 🥫	strokė, dysphagia anai		İ	documentation of	:	1
-	cancer, nigh blood pre	SSUTE, high cholesterol			orienting/preparing for	:	
17	and seizure disorder. Minimum Data Sastu	The most recent MDS			discharge. Follow up based	1	/
1,	with an ARD (Assess	/as a quarterly assessment nent Reference Date) of			on findings.	1	J [/]
	1/3/17. The resident	was coded as being mildly		ļ	<ol> <li>Licensed Nurses re-</li> </ol>	1	4 10 (5
13	mpaired in ability to m	ake daily life decisions			educated by Director of	1	** (
S	coring a 12 out of a p	ossible 15 on the BIMS			Nursing/Designee regarding	;	
(	Brief Interview for Me	ntal Status) exam.			<ul> <li>documentation of</li> </ul>		
1	ssistance for bathing	ed as requiring extensive supervision for eating; as			orienting/preparing	1	
ir	idependent for all other	er area of activities of daily			residents for discharge.	]	
11	ving; and as continent	of bowel and bladder.				1	•
	•					-	,
	review of the clinical	record revealed that			•	ļ	1
re	elated to a fall with a fr	to the hospital on 2/12/18 racture, returned 2/15/18,					
a	nd sent back to hospit	al again on 2/16/18		1	•	İ	}
				<u> </u>			

	NT OF DEFICIENCIES FOR CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	OWR M	M APPRO\ O. 0938-0:	
Marro			A. BUILDING			(X3) OATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	495236	B. WING				
	AT THE MEADOWS			STREET ADORESS, CITY, STATE, ZIP CO 2715 DOGTOWN ROAD	DE O	3/01 <u>/201</u> 8	
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES		GOOCHLAND, VA 23063			
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F 624	Review of the clinical evidence that the res	ntal status, and returned record failed to reveal	F 624			48/10 (E	
; ;	hospital,  On 2/28/18 at 3:16 p. Practical Nurse) state sent to the hospital, swhat they are going to the resident) are their (RP), staff should ask called. If the resident staff should call the Ridocument how the resident and RP were made award.	m., LPN #2 (Licensed d when a resident is being laff should notify resident to the hospital for, and if they own responsible party them if they want someone is not their own RP, then D. She stated staff should ident left and that doctor ware,		orientation/preparation documentation utilizing Morning Meeting proce 5x/week x 4 weeks, weeks weeks, monthly and thereafter. Findings to reviewed at monthly QA Committee Meeting. Monitoring schedule modified based on finding.	the ss ekly prn be API	-	
ro th le a S st re	ne hospital, for what re them know their fam nd what all to expect, he reviewed the recor tated she didn't see the esident was oriented.	e should explain to the nd that they are going to eason, and which hospital, fily and doctor are aware, Le., might get x-rays etc. d for Resident #84 and		5. Date of compliance 04/10/18		A role	
"T Ap pre	pear and not include a	Id the policy lotification and Right to criteria for orienting and transfer, and for a resident in peed of			·		

LUIENNE	NT OF DEFICIENCIES FOR CORRECTION	& MEDICAID SERVICES  (XI) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) o	O. 0938-0 ATE SURVEY
		495236	į	<u> </u>	C	OMPLETEO
NAME OF	PROVIDER OR SUPPLIER	493230	B. WING			3/01/2018
(X4) IO PREFIX TAG	) LEAVOIDENCY	EMENT OF OEFICIENCIES MUST BE PRECEDEO BY PULL C IDENTIFYING INFORMATION)	IO PREFIX TAG	STREET AOORESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA. 23063  PROVIOER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRICIENCY)	ION	COMPLET DATE
	On 3/01/18 at 3:58 p (DON, ASM #2, Adm was made aware of t information was prov survey.  On 3/1/18 at the end approximately 6:00 p. she would obtain deta DON, that it wasn't ne	m., the Director of Nursing inistrative Staff Member) he findings. No further ided by the end of the of day meeting at m., the Administrator stated ils of the concern from the cessary to do given the great meeting at m., and the concern from the cessary to do given the great meeting at m.	F 62			
the second secon	§483.15(d) Notice of be \$483.15(d) Notice of be \$483.15(d)(1) Notice be nursing facility transfer the resident goes on the resident or resident specifies— i) The duration of the standard resume resident or resident in and resume resident; ii) The reserve bed paylan, under § 447.40 of iii) The nursing facility's ed-hold periods, which aragraph (e)(1) of this is sident to return; and this section.	ed-hold policy and return- efore transfer. Before a s a resident to a hospital or rerapeutic leave, the ovide written information to representative that state bed-hold policy, if esident is permitted to dence in the nursing ment policy in the state this chapter, If any, policies regarding must be consistent with section, permitting a  cified in paragraph (e)(1)	F 625	1. Resident # 61 returned to the facility on 2/19/18. Bed Hold Policy reviewed with resident and responsible party and acknowledged understanding. Resident # 11 returned to the facility on 2-23-18. Bed Hold Policy reviewed with resident and acknowledged understanding.  2. Director of Nursing/Designee conducted a Quality Review of residents transferred to the hospital over the last 30 days for written Bed Hold notification. Follow up based on findings.		4)10/1

DEPARTMENT OF HEALTH	AND HUMAN SERVICES			•	PRINTE	ED: 03/13/2018 RM APPROVED
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	OMB N (x3) D	O. 0938-0391 ATE SURVEY OMPLETED
NAMEOF PROVIDER OR SUPPLIER	495236	B, WING			o	<u>3/01/20</u> 18
ENVOYAT THE MEADOWS			2	TREET ADDRESS, CITY, STATE, ZIP CODE 715 DOGTOWN ROAD GOOCHLAND, VA 23063		
PRENX   LACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx ,	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEPICIENCY)	nR⊏	(X5) COMPLETION DATE
specifies the duration described in paragra. This REQUIREMEN by: Based on staff inter clinical record review, it was detern provide a written bed resident and/or responsident and/or responsible party, with an admission to the 2/16/18.  2. The facility staff faithold policy/notification resident representative transfer and admission. The findings include:  1. The facility staff faithold policy/notification resident representative transfer and admission. The findings include:  1. The facility staff faithold policy/notification responsible party, with and admission to the 12/16/18.  Resident #61 was admission to the 12/16/18.  Resident #61 was admission of the 12/16/18 with the diagning Parkinson's disease, seancer, high blood preand seizure disorder.	ive written notice which in of the bed-hold policy aph (d)(1) of this section. This not met as evidenced view, resident interview, and facility document nined the facility staff failed to hold policy/notification to the onsible party, within 24 hours ospital for two of 23 residents; Residents #61 and #11.  Alled to provide a written bed in to Resident #61 and/or hin 24 hours of a transfer hospital on 2/12/18 and  Led to provide a written bed in to Resident #11 and/or the re within 24 hours of a in to the hospital on 2/20/18.  Led to provide a written bed in the resident #61 and/or the re within 24 hours of a min to the hospital on 2/20/18.  Led to provide a written bed in the hospital on 2/12/18 and hours of a transfer hospital on 2/12/18 and hitted to the facility on one ose of but not limited to troke, dysphagia, anal source, high cholesterol, The most recent MDS as a quarterly assessment	Fe	625	3. Licensed Nurses received re-education on Bed Hold Policy by Director of Nursing/Designee. Social Services Director, Admissions Director and Business Office Manager received re-education by Administrator regarding Bed Hold Policy.  4. Director of Nursing/Designee to conduct Quality Improvement Review of Bed Hold timely notification utilizing Morning Meeting Process 5x/week x 4 week weekly x4 weeks, biweekly x 4 weeks, monthly and put thereafter. Findings to be reviewed at monthly QAP Committee Meeting. Monitoring schedule modified based on finding	on ss, yrn	41010

Facility ID: VA0162

(29 of 76

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CENT	TIMEN FOR MEDICARI	AND HUMAN SERVICES			PRINTE	D: 03/13/201	
STATEMEN	T OF DEFICIENCIES	& MEDICAID SERVICES	-		FOR	MAPPROVE	
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	OMB NO. 0938-039 (X3) OATE SURVEY		
İ		, and the state of	A. BUILDIN	G	CC	DWLFLED DWLFLED	
	•	495236		- <del> </del>			
NAME OF	PROVIDER OR SUPPLIER	490238	B, WING_			<u>3/01/2018</u>	
				STREET ADDRESS, CITY, STATE, ZIP CODE		0/01/2010	
LIVOY	AT THE MEADOWS			2715 DOGTOWN ROAD			
{X4} I□	SUMMARY STA	TEMENT OF DEFICIENCIES	i	GOOCHLAND, VA 23063			
PRÉFIX TAG	! \FACH DEFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO OFFICIENCY)	пр⊨	(X5) COMPLETION DATE	
F 625				JOS IOLEKOT)			
1-020	) a a mention thought has	je 29	F 625				
	With an ARD (Asses:	sment Reference Date) of					
	Impaired in ability to	nt was coded as being mildly make daily life decisions,				ļ	
	scoring a 12 out of a	possible 15 on the BIMS					
	(one) interview for M	lental Status) avam. The					
	resident required ext	EDSIVE Assistance for		1			
i	for all other area of a	for eating; was independent					
i	was continent of bow	ctivities of daily living; and					
-							
	A review of the clinical	al record revealed that					
1	related to a fall with a	nt to the hospital on 2/12/18					
į	and sent back to hos	fracture, returned 2/15/18, pital again on 2/16/18					
i	related to altered mer	ntal status, and returned	į				
}	2/19/18.	1		•			
	Povious -f#s -ths:						
į	evidence that the Res	record failed to reveal					
	responsible party (RP	) was provided written					
	notification of the bed	hold policy for either i				! [	
	nospitalization date al	pove.	ļ				
10	3n 2/28/18 at 2:08 01	A OCH ME (OIL O. T.					
l i	dember, Business De	A, OSM #5 (Other Staff velopment) stated, "I am	}		İ		
1 4	oro when we resident	QOES OUT I check with the Li		•			
i r	iurse to see If the resi	dent was admitted I call			}		
L	he ramily and talk to the	nem about the bed hold.					
] ;	ot, nothing is provide	d sign it if they want it. If					
a	nytning in Writing. [ [u	st keep trying to call them	į		[		
[ ]	oo me bestican," O.	SM #5 stated she was not 1			}		
ļa	Die to réach the RP fo	r Reside⊓t#61 hv nhona i	ļ				
"	or either above hospita	alization date.					
A	review of the facility;	olicy, "Bed Hold			-	}	
A	uthorization" documer	nted, "This is to confirm			1	.	
; ye	our choice to hold a be	ed while you (your family	Í		İ		
<u>j m</u>	ember) is in the hosp	Ital. We will hold a bed			ļ	1	

DEPAF CENTI	RTMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			•	PRINTE	D: . 03/13/2018 M APPROVED
ISTATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILO		PLE CONSTRUCTION	OMB Ni (X3) D	O. 0938-0391 ATE SURVEY DMPLETED
NAMEOF	PROVIDER OR SUPPLIER	495236	B. WING	_		0.	3/01/2018
	AT THE MEADOWS			1	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063		270172010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDEO BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCE)	O RE	(X5) COMPLETION DATE
F 825	provided you agree of (blank space) for you keep the accour leave. If you choose guarantee availabilit ready for readmission choice below and repossible {} I wish you otherwise, {} I d Undecided (will information was provided approximately 6:00 p she would obtain detailed.	to pay the following room rate each day of the leave and not current throughout the enot to hold a bed, we cannot y of a bed when you are on. Please Indicate your turn this letter as soon as to hold a bed until I inform o not wish to hold a bed, { } m facility within 24 hours)"  .m., the Director of Nursing inistrative Staff Member) the findings. No further ided by the end of the	F6	325			
	hold policy/notification resident representation transfer and admission Resident #11 was admission 12/15/17 with a recention high blood pressuraffecting all four limbs pelow the level of spin	n to the hospital on 2/20/18.  nitted to the facility on treadmission on 2/23/18, cluded but were not limited e, quadriplegia (paraiysis and trunk of the body al cord injury) (1), muscle neurogenic bladder, and					

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	D: 03/13/201
STATEMEN	RS FOR MEDICARE TOF DEFICIENCIES	& MEDICAID SERVICES				FOR	MAPPROVEI O. 0938-039
ANDPLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILO		PLE CONSTRUCTION	(X3) D	O: 0936-039 ATE SURVEY DMPLETED
		495236	B. WING	;			
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	0	<u>3/01/2018</u>
ENVOY	AT THE MEADOWS			2	2715 DOGTOWN ROAD		
(X4) IO	SUMMARY STAT	TEMENT OF DEFICIENCIES		(	GOOCHLAND, VA 23063		
PRÉFIX TAG	I LEACH OFFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCEO TO THE APPRODEFICIENCY)	n ac	(X5) COMPLETION DATE
oc Lb the second street shows	The most recent MD assessment, a Mediwith an assessment (brief interview for most requiring extensive a dependent upon one all of her activities of which she was coded assistance of one state of the physician order of Send resident out to evaluation and treatmenter disciplinary teams appears."  The nurse's note date documented, "Resident ental status. RP (resident ental status. RP (resident ental status. RP) (resident is admitted documented with LPN (find the lessocial worker will control of the second worker will control of the second worker will control of the second	care five day assessment, reference date of 2/14/18, s scoring a 15 on the BIMS ental status) score, indicating able of making daily The resident was coded as selstance to being totally or more staff members for daily living except eating in as requiring limited iff member.  Ideed, 2/20/18, documented, ER (emergency room) for ent. Please have IDT and access resident for the sent to ER for change in sponsible party) made  a resident is transferred to LPN #2 stated, "Only if the less the resident and admissions or all the resident  Joted with Resident #11 on en asked if she is asked to goes to the hospital	F6	325	DEFICIENCY)		
j Re	esident #11 stated, the	ey never ask me for a bed v I don't have the money				,-	

DEP.	ARTMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES				FOR	ED: 03/13/2018 RM APPROVED
I STATEM	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLJER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL)		IPLE CONSTRUCTION	(X3) E	IO. 0938-0391 DATE SURVEY OMPLETED
NAME	OF PROVIDER OR SUPPLIER	495236	B, WING	∄_		,	<u>3/01/20</u> 18
ENVO	YAT THE MEADOWS			]	STREET ADORESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063		1010112018
(X4) (I PREFI TAG	X (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORRECT	l D BE	(X5) COMPLETION DATE
F 656 \$\$=D	to pay for a bed hold given written informated. An interview was comember (OSM) #5, coordinator/admission 2:22 p.m., regarding resident is transferred and is admitted. OS next day, if the resident the family. Many time family. That's where be mailing it but. I juin November." When training to complete the stated, "No, just told. An interview was constaff member (ASM) on 3/1/18 at 4:14 p.m. holds are handled whith the emergency room, admission department representative or resilies when asked if they read the stated, "Not at the administrator, AS divisional nurse, were findings on 3/1/18 at 5. No further information Develop/Implement CCFR(s): 483.21(b)(1)	d." When asked if her son is ation about holding a bed, "Not that I am aware of."  Inducted with other staff the business development on coordinator, on 3/1/18 at what happens when a set to the emergency room M #5 stated, "I find out the ent is admitted, I try to call es, I can't get a hold of the it ends. I learned I need to st started doing the bed hold asked if she was given any he bed holds, OSM #5 to call for bed holds."  ducted with administrative #2, the director of nursing, when asked how bed en a resident goes out to ASM #2 stated, "The it notifies the resident dent by phone or in person." exceive anything in writing, at this time, they don't."  M #2, and ASM #3, the made aware of the above in its above in the state of the above in the state of the abov	F 65		5		
	§483.21(b) Comprehe §483.21(b)(1) The fact	nsive Care Plans lity must develop and			•		

DEPAR <u>Cen</u> te	RTMENT OF HEALTH ERS FOR MEDICARE	AND HUMAN SERVICES			·	PRINTE FOR	D: 03/13/2 <sub>018</sub> MAPPROVED
STATEMEN	MOFOEFICIENCIES OF CORRECTION	(X1) PROVICEPSUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	OMB NO (X3) DA	D. 0938-0391 ATE SURVEY MPLETED
al Although	PROVIDER OR SUPPLIER	495236	B. WING	i		0.	3/01/2018
	AT THE MEADOWS  SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GC IOENTIFYING INFORMATION)	ID PREF TAG	2718 GO:	EET AODRESS, CITY, STATE, ZIP CODE DOGTOWN ROAD OCHLAND, VA 23063  PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO	ON DRE	(X5) COMPLETION DATE
	resident rights set for resident rights set for sesident rights set for \$483.10(c)(3), that in objectives and timefundical, nursing, an needs that are identifus assessment. The condescribe the following (i) The services that or maintain the residentifus physical, mental, and required under \$483. (ii) Any services that under \$483.24, \$483 provided due to the runder \$483.10, including the following services provide as a result of recommendations. If findings of the PASAF rationale in the residentifus of the residentifus of the residentifus provided outcomes.  B) The residentifus previous discharge. Facional contact agencies antities, for this purpose C) Discharge plans in than, as appropriate, in	chensive person-centered esident, consistent with the esident, consistent with the esident, consistent with the esident, consistent with the esident, consistent with the esident, consistent with the esident sequence of the comprehensive of mental and psychosocial ified in the comprehensive mprehensive care plan must grant to be furnished to attain ent's highest practicable of psychosocial well-being as 24, \$483.25 or \$483.40; and would otherwise be required as 25 or \$483.40 but are not esident's exercise of rights ding the right to refuse 3.10(c)(6).  Bervices or specialized of the nursing facility will passage with the exercise of the resident and the cive(s)-als for admission and ference and potential for littles must document desire to return to the esed and any referrals to and/or other appropriate sec.	F	556	F 656  1. Resident #42 has a currer comprehensive care plan for Oxygen implemented. 2. MDS Coordinator/Designe conducted a Quality Revie of residents receiving oxygen therapy for comprehensive care plant Follow up based on findings. 3. Licensed Nurses received re-education by Director Nursing/Designee regard Comprehensive Care Plant implementation for residents receiving oxyge therapy. MDS Coordinate received individual reeducation regarding Comprehensive Care Plant implementation for residents receiving oxyge therapy.	of ing -	4 10 16

HICNIEN	IT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	(X2) xa/11	TIDI 5 C		FOR OMB N	O. 0938-03
C) 1/4/4	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILO	ING	UNSTRUCTION	(X3) O	ATE SURVEY OMPLETED
<del> </del>		495236	B. WING			ł	,
AME OF	PROVIDER OR SUPPLIER	<u> </u>			ET ADDRESS, CITY, STATE, ZIP COOE	_ 0	3/01/2018
NYOY,	AT THE MEADOWS		-	2715	DOGTOWN ROAD		
X4) IO REFIX	SUMMARYSTAT	TEMENT OF DEFICIENCIES	<del></del> 1		CHLAND, VA 23063		
TAG	I ULACH DEFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	O be	[X5) COMPLETIO DATE
656	Continued From pag	ne 34		_			
	This REQUIREMEN	T is not met as evidenced	F 6	56	4. MDS Coordinator/Designe	e	14/10/11
ſ	by:				to conduct Quality		
	Based on observation	on, staff interview, facility			Improvement Monitoring		
	document review and	d clinical record review it			residents receiving oxyger	1	
	was determined the fimplement the comprise	racility staff failed to rehensive care plan for one			therapy for validation of comprehensive care plan		
1	or 23 residents in the	Survey sample, Resident			utilizing the Morning	,	
	#42.			1.	Clinical Meeting Process		
	The feather of galactic				5x/week x 4 weeks, week	lv.	
	The facility staff failed care plan for Residen	to implement the oxygen		1	x4 weeks, monthly and pr	•	
}	A Men tot Mesidell	IL # 4∠.			thereafter. Findings to be		İ
	The findings include:				reviewed at monthly QAP		
	Resident # 42	mal441 t_ 41_ =			Committee Meeting.		
'	12/08/17 and a readm	mitted to the facility on ission of 01/03/18 with	•		Monitoring schedule	:	
10	diagnoses that include	ed but were not limited to			modified based on finding	gs.	
-   [	ntracerebral hemorrh:	age (1), methicillin resistant					
- 1 5	raphylococcus aureur	s (2), dysphagia (3), and					1 1 1
1,	nydrocephalus (4).				5. Date of compliance 04/10/18	•	4/10/10
F	Resident # 42's MDS (	(minimum data set) e			•	•	1
3	i0-day assessment wi	th an ARD (assessment					
111	ererence date) of U1/3	31/18 coded Resident#42					}
l a	is being severely impa	aired of coonition for daily					
h	eing totally dependen	ident # 42 was coded as t of one staff person with					
Ā	DLs (activities of daily	/ living).					}
	n 02/28/18 at 3:35 p.i	m Resident #42		.	•		
o	bserved in her room	Resident # 42 was lying in					
De	ed receiving oxygen b	y nasal cannula connected i			•		
TO	an oxygen concentra	itor. Observation of the					1
da	kyyen concentrator re	vealed oxygen was being					
pe	er minute,	and a half and two liters					
	n 02/28/18 at 4:05 p.n	n Resident#43					
i ",	served in her room. I	III, NONGEHL#4Z Was		I			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/13/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF OFFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IOENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING\_ COMPLETED 495236 B. WING NAME OF PROVIOER OR SUPPLIER <u>03</u>/01/2018 STREET AODRESS, CITY, STATE, ZIP CODE ENVOY AT THE MEADOWS 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE X5| COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG OFFICIENCY) F 656 Continued From page 35 F 656 bed receiving oxygen by nasal cannula connected to an oxygen concentrator. Observation of the oxygen concentrator revealed oxygen was being delivered between one and a half and two liters per minute, The "Physician's Telephone Order," dated 02/28/18 documented, "O2 (oxygen) at 2LPM (two liters per minute) continuous." The TAR (treatment administration record) dated February 2018 documented the administration of oxygen at two liters per minute on 02/28/18. The comprehensive care plan dated 12/11/17 for Resident # 42 documented, "Focus. The resident has ineffective breathing pattern r/t (related to) Dyspnea and SOB (shortness of breath)." Under "Interventions" it documented, "Oxygen as ordered. Date Initiated: 12/11/2017. On 03/01/18 at 12:55 p.m., an interview was conducted with LPN (licensed practical nurse) # 4. When asked to describe the purpose of the care plan LPN # 4 stated, "So everyone has a picture of the treatment for that resident." LPN #4 was informed of the observations of Resident # 42's oxygen flow rate set between one and a half liters and two liters. The "Physician's Telephone Order" dated 02/28/18 and care plan dated 12/11/17, were reviewed with LPN #4. When asked if the care was being followed for oxygen administration. LPN #4 stated, "No." On 03/01/18 at 1:45 p.m., an interview was conducted with ASM (administrative staff member) #2, director of nursing. When asked to describe the purpose of the care plan, ASM # 2

stated, "To help the health care team to

ρ	EPA	RTMENT OF HEALTH	I AND THE START			•	* * ****	· <del>- · ·</del> · ·
_ C	ENT	ERS FOR MEDICAGE	AND HUMAN SERVICES				PRINTER	D: 03/13/201
			WEDICAID SERVICES		_		FORM	VI APPROVE
AND	PLAN	OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULT	TIPLE CONSTRUCTION	OMB VC	). 0 <u>938-039</u>
}		, .	SELECTION NUMBERS	A. BUIL	LDir	NG	(X3) DA	TE SURVEY MPLETED
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NAN	Æ OF	PROVIOER OR SUPPLIER	495236	B. WiNe	G			
!					Τ	STREET ADDRESS, CITY, STATE, ZIP COO	<u>  03</u>	<u>/01/2018</u>
EN	VUY.	AT THE MEADOWS				2715 DOGTOWN ROAD	-	
(X4	N) ID	SHAMADABA				GOOCHLAND, VA 23063		
PRE	ĒFΙΧ	1 1 1 1 DEFICIENT SY	EMENT OF OEFICIENCIES MUST BE PRECEOED BY FULL	10		PROVIDER'S PLAN OF COURS		
14	\G	REGULATORY OR LS	C (DENTIFYING INFORMATION)	PREF		TO THE REPORT OF A CENTRAL AND A PARTY OF A PARTY O	(A) # = ==	(X5) COMPLETION
<del>  -</del>	_	1		1	•	CROSS-REFERENCED TO THE APP OEFICIENCY)	ROPRIATE	DATE
l Fé	656 i	Continue 4.5	· · · · · · · · · · · · · · · · · · ·	_				
		Continued From pag	e 36	F	856	6 <u>F658: .</u>		
		blan it should to	is documented on the care	,		1		<sup>l,</sup> 1 , 7
	- /	plan it should be carr	'led out."			1. Resident #9 did not exhib	oit any	4/10/18
	ĺ	On 03/01/18 at 5:25	o.m. ASM (administrative			signs/symptoms of negat	ive	1, 1
1		around information with	[MILITER PART & CALL A			psychosocial effects t/t m	1edication	
	- 1	an ecrot of Unitsida au	d ASM # 4. divicional www			administered in the hallw	ay.	!
	- [	were made aware of	the above findings	*		Resident #9 care plan upo	iated as	
						indicated to reflect reside	ot's choice	<u> </u>
	-   '	no further information	was provided prior to exit.	.		regarding medication admin the hallway. LPN #3 r	omistration	!
	T I	References:				by the Director of Nursin	c-educated	į
		1-,4, 0,1000,				3/6/18 regarding privacy	S (DOM)	
	(	(1) Bleeding In the bra	in caused by the breaking			dignity 1/t medication pas	and .	•
		ANDURED OF SECTION AS	5501 in the beed to			professional standards alo	no <del>wit</del> h	ĺ
	- 1 "	monnadon was obtain	ied from the waketa.		-	process for honoring resid	ient's	Ì
	111	ıπp://paciffcschoolser∖ )796.htm.	/er.org/med/ency/article/00		-	choice.	LOSSE B	
		,, ac.11011.				Resident #71 did not suffe	anv	
	(2	2) MRSA is a "stanh" /	germ that does not get			signs/symptoms of advers	e effects	ł
	10	arrei witti ille ivoe ut a	Intibiotics that warrant		-	<pre>r/t identified medications ``</pre>	being	Í
	10,	wer medalons, which	This accure the come to	Ì		administered outside of th	e "Thour	ł
	100	and to be resistable to th	ne antibiotic This			window" on 3/18/18. Res	ident#71	•
	1111	normation was obtaine	ed from the wobsta.			continues to receive medic	cations per	
	118	wps.//meailneplus.gov	ency/article/007261.htm.		-	physician order. LPN #4 r	<b>6</b> −	1
			er. This information was		-	educated 3/6/18 by the DC	)N ;	1
	ob	ptained from the webs	ite-			regarding ensuring medica	itions are	
	hti	lps://www.nlm.nih.gov	 /medlineplus/swallowingdi		j	administered between the	l hour	1
	SO	rders.html	o Processivanowingaj	}		before and 1 hour after the	. !	
			_		Ì	scheduled timeframe per		j
	(4)	A Duildup of fluid inside	de the skull that leads to			professional standards alog	ig with	
	ا ~· ~	ain swelling. This Info m the website:	mation was obtained	1		the process of contacting the	1 <del>e</del> ]	[
	htt	os://medlinentus novis	ency/article/001571.htm.	ļ		physician when medication	is are	
F 658	Sei	rvices Provided Mast	Professional Standards			administered outside the al	lotted	
SS=D	CF	R(s): 483.21(b)(3)(i)	Total Standards	F 658	Ì	time-frame of I hour befor	e and l	
		•				hour after the scheduled tin professional standards.	ae per	
ļ	§48	33.21(b)(3) Comprehe	nsive Care Plans			browessionar standards.		j
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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES			. P	RINTED: FORM	: 03/13/2018   APPROVED
STATEMEN	TOF DEFICIENCIES	& MEDICAID SERVICES				MB NO	. 0938-0391
AND FLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	LTIP DING	LE CONSTRUCTION	TAO (EX)	E SURVEY
314 100		495236	B. WING	;			·
NAMEOF	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	03/	01/2018
ENVOY	AT THE MEADOWS				2715 DOGTOWN ROAD		
					SOOCHLAND, VA 23063		
(X4)IO	SUMMARY STAT	EMENT OF DEFICIENCIES	) ID		PROVIDER'S PLAN OF CORRECTION	<del></del> -	
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T 1 s c fo FO n lo d R se	as outlined by the comust- (i) Meet professional This REQUIREMEN' by: Based on observation document review, an was determined that follow professional stof 23 residents in the 9 and # 71.  1. The facility failed to standards of practice during the medication for Resident # 9's.  2. Resident #71's 8:0 nedications were not a.m., on 2/27/18.  The findings include:  The facility failed to tandards of practice I buring the medication or Resident # 9's.  Resident # 9 was adm 2/23/18 with diagnose of limited to hemipleg over limb (leg) (2), ap is ease (4) and kidney esident # 9's most reat), a quarterly assessissessment reference	ed or arranged by the facility, imprehensive care plan, standards of quality. T is not met as evidenced on, staff interview, facility d clinical record review, it the facility staff failed to andards of practice for two survey sample, Resident # of follow professional by not providing privacy administration observation  30 a.m., and 9:00 a.m., administered until 11:21  follow professional by not providing privacy administration observation  itted to the facility on es that included but were if a (1), cellulitis of the left hasia (3), cerebrovascular failure.  cent MDS (minimum data	F6	658	F 658  2. Quality review completed by the DON/Unit Managers (UM)/destregarding ensuring privacy is maintained during medication per professional standards. For up as indicated.  Quality review of current reside Medication Administration Rece (MAR) completed by the DON/UM/designee regarding ensuring medications are administered between the allot time-frame of 1 hour before an hour after the scheduled time per professional standards. Follow indicated.  Quality review of current reside completed by the DON/UM/designee to ensure the physician is contacted when medications are administered outside the allotted time-frame hour before and 1 hour after the scheduled time per professional standards.	pass llow ents cord ted dll er up as ents he	4/10/18

NO PLAN	NT OF DEFICIENCIES NOF CORRECTION	& MEDICAID SERVICES  (X1) PROVIOER/SUPPLIER/CLIA	CVOL NO BOOK	ON	FORM APPROV 1B NO. 0938-0:
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F 658	0		<del> </del>	J GENOICINCY)	- JAIL
	interview for mental: - 15, 3 (three) being: cognition intact for m Resident # 9 was cod assistance of one sta daily living.	status (BIMS) of a score of 0 severely impaired of aking daily decisions. ded as requiring extensive if member for activities of	F 658	3. Licensed nurses re-educated by the DON/UM ensuring privacy is maintained during medication passer per professional standards. Licensed nurses re-educated by the DON/UM ensuring medications a administered between the allotted time-frame of 1 hour before and 1	ere
# WR W m he th ha LF	administering medicated medication cup in the Resident # 9 was in his LPN # 3 was at her medicated the medicate extended release) 5 Medicated and Metoprological forms of the medication of the medicated from the medication cater from the medication cater from the medication cater from the medication cart. LPN # 10 was ready for his medication cup and 10 medication cup and 11 medication cup and 12 medication cup and 13 medication cup and 13 medication cup and 14 medication cup and 15 medication cup and 15 medication cup and 16 medication cup and 17 medication cup and 18 medication cup and	ions of Oxybutynin (5) ER (G (milligram). Aspirin (6) (7) (12.5 MG) for Resident up, she obtained a cup of ion cart, approached propelling himself in his allway toward the 3 asked Resident # 9 if edications and handed him cup of water while in the ration failed to evidence by for the administration ation.		hour after the scheduled time per professional standards. Licensed nurses re-educated by the DON/UM regarding the process of contacting the physician when medications are administered outside the allotted time-frame of 1 hour before and 1 hour after the scheduled time per professional standards. Medication skills checklist competency conducted as indicated.	f
"O: (mi eve Asp ant Mei	pirin (6) 81 MG. 1 tab l i-coagulant.	ent # 9 documented, inded release) 5 MG Tab (tablet) by mouth by mouth as 5 MG			

<u> VENT</u>	KS FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES			PRINTED: 03/13/20 FORM APPROVE
O DUCKNED	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	OMB NO. 0938-039 (X3) OATE SURVEY COMPLETED
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titin sc p p# mas O costs	staff member) # 2, diprivacy during the ad to residents. When a procedure, ASM # 2 provide privacy when and not administer the should initiate asking room to give the med resident's right not to. On 02/28/18 at 11:10 conducted with LPN (legarding privacy to a administering medicathe resident to go to the resident to go to the resident to go to the resident. If the resident he resident to go to the reference and you should provide privacy urtain. Sometimes the reference," When as 9 to go to, his room a sedloations, LPN # 3 seked him if he wanted in 03/01/18 at 9:10 a. To onducted with ASM # 2 andards of practice the ses, ASM # 2 stated, of the resident & Perry, Lippinco	cted with ASM (administrative cted with ASM (administrative irector of nursing regarding ministration of medications asked to describe the stated, "Nurses should administering medications em in the hallway. Nurses the resident to go to their ication but also honor the a.m. an interview was licensed practical nurse) #3 resident when their room you should ask neir room to take their dent is in their room you he closing the door or the re resident has a could respect their ked if she asked Resident and administer his stated, "No. I should have I to go to his room."  The facility refers to and the resident and administer to and could respect their ked if she asked what are facility refers to and the resident and administer to and the resident and administer to and the facility refers to and the resident and administer to and the facility refers to and the resident and administer to and the resident and administer to and the facility refers to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and administer to a state and the resident and a state and the resident and a state and the resident and a state and the resident and a state and the resident and a state and the resident and a state and the resident a	F 658	4. DON/UM/designee to conduct random medication pass obset quality reviews of current lice nurses to ensure privacy is maintained during medication per professional standards 3 to weekly x 4 weeks, 3 times we 2 weekly x 4 weekly and PRN and as indicated pooling pass observations quality reviews of current Licensed nurses to ensure the allotted time-frame hour before and 1 hour after the scheduled time 3 times weekly weekly and PRN and as indicated between the allotted time-frame hour before sells to conduct a scheduled time 3 times weekly weekly and PRN and as indicated between the allotted time weekly weekly and PRN and as indicated in skills checklist competency conducted as indicated to pooling the scheduled time frame medications are administered outside the allotted time-frame hour before and 1 hour after the scheduled time per professions	rvation 71 011 cmsed pass imes ekly x eks, ated. the of 1 ce v x 2 s, ted. cated. the of 1 ce v x 2 s, ted. cated. the of 1 ce v x 2 s, ted. cated. the of 1 ce v x 2 s, ted. cated. the of 1 ce v x 2 s, ted. cated. the of 1 ce v x 2 s, ted. cated. the of 1 ce v x 2 s, ted. cated. the of 1 ce v x 2 s, ted. cated. the of 1 ce v x 2 s, ted. cated. The of 1 ce v x 2 s, ted. cated. Cated. Cated. cated. Cated. cated. Cated. c
The an is t	idelines and company e facility's policy "Virg d Responsibilities" do	linia Resident's Rights cumented, "Privacy. C are or medical treatment		standards and physician notifice medications administered outsing the allotted time 3 times weekly weeks, twice weekly x 4 weeks weekly and PRN and as indicated	de yx2

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F 658	Continued From pag	ge 40				1
İ			F658	Findings to be reported to QA	 DT	
1	Оп 03/01/18 at 5:25	p.m. ASM (administrative				1
	staff member) # 1, addirector of nursing an	dministrator, ASM # 2		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	or as	
- 1	were made are an	d ASM # 4, divisional nurse		actioning modified Passes on	.	- L
		are above findings.	,	findings.		
	No further information	was provided prior to exit.		the state of the s	·	
- {.		Provided prior to exit.	1	5 para		11/
1	References:	1	1	5. Date of compliance 04/10/18	}	Mielik
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l v	n your body, It happer	is of muscle function in part	1			
b	rain and muscles ne	as when something goes assages pass between your	1			
l p	artial. It can occur on	anyone can be complete or		•	}	i
- lb	ody. It can also once	one of both sides of your			1	
16.		III IUSI ODA Stoo 4 -	T .			
i De	e widespread. This int	Ofmation was about	}			ŀ
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	damage. This inform	nation was obtained from the	; F6	558	J			Ī
	website:							ł
	nπps://medlineplus.g	gov/ency/article/000726.htm.			·			
	(5) Used to treat over	eractive bladder (a condition						ļ
	in which the bladder	muscles contract ause frequent urination,						1
	urgent need to urinat	te, and inability to control		1				
	Urination) control urg	ent, frequent, or uncontrolled !						
	(a condition in which	ho have overactive bladder the bladder muscles have		ļ				
	i uncontrollable spasm	is. This information was		. ]			İ	
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i	tml.	ovidraginio/itteds/8062141,n    -  -						
	(6) Nonprescription a	spirin is also used to prevent						
	neart attacks in peop	le who have had a heart		1				
	that occurs when the	vho have angina (chest pain heart does not get enough				ĺ		
. 1	охудел). Nonprescrip	tion aspirin is also used to						
	reduce the risk of dea	ath in people who are		-		į		
ĺ	heart attack. Nonpres	nave recently experienced a cription aspirin is also used						
ĺ	to prevent ischemic st	trokes (strokes that occur						
j	when a blood clot bloo	cks the flow of blood to the (strokes that occur when						1
i	the flow of blood to the	e brain is blocked for a short						
	time) in people who ha	ave had this type of stroke						
	or mini-stroke in the p hemorrhadic strokes (	ast Aspirin will not prevent strokes caused by bleeding				-		İ
}	In the brain). This info	ormation was obtained from		ĺ				
į.	the website; https:	Ì				ļ		
	nttps://mediinepius.go lml	v/druginfo/meds/a682878.h						
	(7) Used alone or in co	ombination with other						
l į	medications to treat his	gh blood pressure. This ed from the website: https:						

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/13/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED 495236 B. WING NAME OF PROVIDER OR SUPPLIER 03/01/2018 STREET ADDRESS, CITY, STATE, ZIP CODE **ENVOY AT THE MEADOWS** 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 [X4] IO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 658 Continued From page 42 F 658 https://medlineplus.gov/druginfo/meds/a682864.h 2. Resident #71's 8:00 a.m., and 9:00 a.m., medications were not administered until 11:21 a.m., on 2/27/18. Resident #71 was admitted to the facility on 1/11/17 with the diagnoses of but not limited to dysphagia, chronic embolism and thrombosis (blood clots), osteoarthritis, high cholesterol, dementia, psychotic disorder, depression, anxiety disorder, high blood pressure, and fracture of the left clavical. The most recent MDS (Minimum Data Set) was an annual assessment with an ARD (Assessment Reference Date) of 1/19/18. The resident was coded as being significantly impaired in ability to make daily life decisions, scoring a 7 out of a possible 15 on the BIMS (Brief Interview for Mental Status) exam. The resident was coded as requiring extensive assistance for bathing; as independent for all other areas of activities of daily living, and as continent of bowel and bladder. On 2/27/18 at 11:21 a.m., LPN #4 (Licensed Practical Nurse) was observed preparing and administering the following medications for Resident #71: Metoprolol [1] 25 mg (milligrams), 1/2 tab (tablet) (12.5 mg)Zoloft [2] 100 mg and 50 mg tabs to equal 150 Seroquel [3] 100 mg tab Senna [4] 8.6 mg tab Xarelto [5] 20 mg tab

On 2/27/18 at approximately 12:30 p.m., a review

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/13/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER. (X3) DATE SURVEY A. BUILDING \_ COMPLETED 495236 B. WING NAME OF PROVIDER OR SUPPLIER 03/01/2018 STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY AT THE MEADOWS 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ľD PROVIDER'S PLAN OF CORRECT(ON COMPLETION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 658 Continued From page 43 F 658 for the above medications: Metoprolol 25mg, 1/2 tab (12.5mg) by mouth every morning. Seroquel 100mg 1 tab by mouth daily. Senna 8.6mg 1 tab by mouth twice daily. Zoloft 100mg 1 tab by mouth every morning Zoloft 50mg 1 tab by mouth every moming, take with current 100mg dose to equal 150mg. Xarelto 20mg 1 tab by mouth every day. A review of the February 2017 MAR (Medication AdmInistration Record) revealed the Seroquel was scheduled for administration at 8:00 a.m., and the Metoprolol, Senna, Zoloft, and Xarelto were all scheduled to be administered at 9:00 a.m. LPN #4 administered the medications at 11:21 a.m. On 2/27/18 at 12:40 p.m., in an interview with LPN #4, he stated that meds (medications) are to be given 1 hour before to 1 hour after the scheduled time. LPN #4 stated, "I am running behind." When asked the facility protocol for administering medications outside of the ordered time frame, LPN #4 stated he did not know if there was a protocol: A review of the facility policy, "Medications - Oral Administration Of did not document the required time frame of administering medications between 1 hour before to 1 hour after the scheduled time; and did not specify what staff are to do if they are not able to administer the medications timely. On 3/01/18 at 3:58 p.m., the Director of Nursing (DON, ASM #2, Administrative Staff Member)

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

survey,

was made aware of the findings. No further information was provided by the end of the

Event JD:52V511

Facility ID; VA0162

If community in street Page 44 of 76

APR 0 3 2018 VDHIOLC

DEPAR CENTI	RTMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES				Р	RINTED FORM	): 03/13/2018 MAPPROVED
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F 658	Continued From pag	ge 44	F	65	58		····	
	she would obtain de	d of day meeting at p.m., the Administrator stated tails of the concern from the necessary to go over it again.						
	Edition, 2005: Patric Perry; Mosby, Inc., p	nentals of Nursing 6th tia A. Potter and Anne Griffin age 843, "All routinely should be given within 60 ordered."			·			
	and Hirnle; Lippincot 566; Many institutions be given "on time" If it	nentals of Nursing, Craven t, Williams &Wilkins page s consider a medication to it is administered within 30 fore or after the scheduled				-		
	[1] Metoprolol is used pressure. Information obtained https://medlineplus.go tml	}						
İ	[2] Zoloft is used to tro Information obtained of https://medlineplus.go tml	eat depression, from ov/druginfo/meds/a697048.h						
1	[3] Seroquel is used to schizophrenia and bip nformation obtained for https://medlineplus.go ml	olar disorder.						·
	4] Senna is used lo tr nformation obtained f attps://medlineplus.go	eat constipation rom v/druginfo/meds/a601112.ht		٠	-			

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To for the	Treatment/Svcs to Pr CFR(s): 483.25(b)(1) §483.25(b) Skin (nteg §483.25(b)(1) Pressu Based on the compresesident, the facility more sident, the facility more sure ulcers and doucers unless the individual standard pressure ulcers and doucers unless the individual standard pressure ulcers that the individual standard promote healing, prevent and the factor of the second care in manner found care in manner found care in manner found care in the second the factor of a vertical standard promote the second care in manner found care in manner found care in manner found the factor of a vertical standard factor of a vertical standard factor for the second factor of a vertical standard factor for the second factor of a vertical standard factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor for the second factor factor for the second factor factor for the second factor for the second factor factor for the second factor	from ov/druginfo/meds/a611049.ht ov/druginfo/meds/a611049.ht revent/Heal Pressure Ulcer (i)(ii)  prity re ulcers. hensive assessment of a pust ensure that—care, consistent with sof practice, to prevent oes not develop pressure //dual's clinical condition y were unavoidable; and seure ulcers receives and services, consistent dards of practice, to ent infection and prevent oping. is not met as evidenced  staff interview, facility clinical record review, it cillty staff failed to provide to promote healing for one urvey sample, Resident	F 686	<ol> <li>Resident #11 physician order obtained for frequency of application of the wound vac 3/1/18. Resident #11 did not any signs/symptoms of infect the identified sacral wound. LPN #2 re-educated on 3/6/18 the Director of Nursing (DON regarding ensuring physician are obtained for residents requivound care/wound vac. LPN clean dressing change skills competency checklist conduct 3/15/18.</li> <li>Quality review completed by the Director of Nursing (DON)/UM Managers (UM)/designee Trest Administration Record (TAR) regarding ensuring physician of are obtained for residents requivound care/wound vac. Follow as indicated. Quality review completed by the Director of Nursing (DON)/UM Managers (UM)/designee Trest Administration Record (TAR) regarding ensuring physician of are obtained for residents required and the physician of the physician o</li></ol>	on suffer ion to  by  orders wing  ted  he nit atment  orders iring w up  he nit atment	4/10/1

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		istresident was coded as sistance to being totally remore staff members for	{	competency checklist cond-	Icted as	
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Or	1 2/27/19 of com-			requiring a wound vac 3 firm	- : l	i
(lic	1 2/27/18 at approximate of the control of the cont	ately 4:00 p.m., LPN	1	weekly x 4 weeks. 3 times to	eelder -	
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1 110	マ・・マ・マロラを( V&U()() W/2/9	mode of IDNI#a		MECKTA STOLEN SUG Se indi-	ort and	!
լ գրբ	Piyirisi a wound vac to	the coordinate to		runings to be reported to O	A TOT	
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1 4400	same gauze, wiped d	the outside There i	İ	whenie 04/10/18	M.	CA) LO

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1	PROVIOER OR SUPPLIER  AT THE MEADOWS		<del></del>		STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063		03/01/2018
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	skin outside the would center of the wound Review of the clinical documented physicithe wound vac.  The comprehensive documented in part, impaired skin integril "Interventions" documented in part, impaired skin integril "Interventions" documented sa ordere effectiveness."  An interview was con 2/28/18 02:32 p.m., r should be cleaned. L clean it from the insic observation of her wo shared with LPN #2.  A second interview w. on 3/1/18 at 1:44 p.m. physician's order for tapplied on 2/27/18, Li order dated, 2/23/18, (other dressing) until asked if there was a potten to change the dillocal reprincipled in asked where the searched the clinical reprincipled or the wound order for the wound in order for the wound in the clinical reprincipled in the clinical reprincipl	and and then went back to the all record did not reveal any an order for the application of care plan dated, 12/20/17, "Focus: The resident has by: Sacrum - wound vac." The mented in part, "Administer and and monitor for adducted with LPN #2 on regarding how a wound PN #2 stated, "You must be out." At this time, the bund care on 2/27/18 was as conducted with LPN #2. When asked about a five wound vac that she PN #2 showed this writer the which documented, "Use wound vac arrives." When obysician's order for how ressing, LPN #2 stated, dithree times a week." and order is written, LPN #2 record and stated, "There is divac."	F	686			
	An interview was cond staff member (ASM) #	lucted with administrative 2, on 3/1/18 at 4:14 p.m.		ĺ			

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t CV	When asked if there order for the use of a how often the dressi stated, "Yes, Ma'am, should clean a wound apply the physician of then wipe the wound never going up and of #2 was asked if a nuarea that she has already gauze pad, ASM #2 center out then get a observation of the work."  The facility policy, "Dodocumented in part," (be) (sic) applied by a ordered to promote hordered, dispose of gother administrator, AS divisional nurse, were findings on 3/1/18 at gother atmospheric pressure account pack therapy herapy. The aim of the egative pressure to che wound of exudate cellular waste that has esseis and seeped in	e needs to be a physician a wound vac that includes ing is to be changed, ASM #2." When asked how staff od, ASM #2 stated, "They ordered wound cleanser and I from the center outward, down or back and forth." ASM rese should not go over an ready cleaned with the same stated, "Yes, wipe from the new gauze." The bund care was shared with ressing Change" 'Policy: A clean dressing will a nurse to a wound as ealing." "Cleanse wound as ealing." "Cleanse wound as ealing." "Cleanse wound as ealing." "It is also called sub therapy, vacuum sealing, and sealing aspirate e procedure is to use create suction, which drains (i.e., fluids, cells and	F	686			

FAX No. P. 051 · DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/13/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: IX3) DATE SURVEY A BUILDING\_ COMPLETED 495236 B. WING NAME OF PROVIDER OR SUPPLIER 03/01/2018 STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY AT THE MEADOWS 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX IП PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 686 Continued From page 49 F 686 way that helps healing. During the procedure, a piece of foam is placed over the wound, and a drain tube is placed over the foam. A large piece of transparent tape is placed over the whole area, including the healthy tissue, to secure the foam and drain the wound. The tube is connected to a vacuum source, and fluid is drawn from the wound through the foam into a disposable canister. Thus, the entire wound area is subjected to negative pressure. The device can be programmed to provide varying degrees of pressure either continuously or intermittently. It has an alarm to alert the provided or patient if the pressure seal breaks or the canister is full, Negative pressure wound therapy may be used for patients with chronic and acute wounds; subacute wounds (dehised incisions); chronic, diabetic wound s or pressure ulcers; meshed grafts (before and after); flaps. It should not be used for patients with fistulae to organs/body cavities, necrotic tissue that has not been debrided, untreated osteomyelitis, wound malignance, wounds that require homeostasis or for patients who are taking anticoagulants." This information was obtained from the following website: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC337 9164/ (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 489. Respiratory/Tracheostomy Care and Suctioning F 695 F 695 SS=D CFR(s): 483.25(i) § 483.25(i) Respiratory care, including

tracheostomy care and tracheal suctioning. The facility must ensure that a resident who

CENTERS EOD MEDICADO	AND HUMAN SERVICES			į	RINTE!	D: 03/13/2018
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care and tracheal stare, consistent with practice, the compressore plan, the reside and 483.65 of this start REQUIREMEN by: Based on observation record review, it was staff failed to administ ordered rate for two esample; Residents #  1. The facility staff failed's oxygen according to receive oxygen according to receive oxyger.  The findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the findings include:  1. The facility staff failed to have a part of the failed to have a part of	are, including tracheostomy actioning, is provided such a professional standards of shensive person-centered ants' goals and preferences, abpart.  T is not met as evidenced on, staff interview, and clinical determined that the facility ster oxygen at the physician of 23 residents in the survey 42 and # 11.  Illed to administer Resident # g to the physician's orders.  Observed receiving oxygen via a nasal cannula en concentrator. The facility ohysician order for Resident # g to the physician's orders.  Illed to administer Resident # g to the physician's orders.  Illed to administer Resident # g to the physician's orders.  In the physician's orders.  In the physician's orders.  It is to the physician's orders.	F 69	2.	Resident #42's oxygen flow ra adjusted 3/1/18 per physician notified 3/1/18 with documentation in medical record. Physician order obtained 3/1/1 resident #11 r/t administration oxygen. RN #2 re-educated by the Dire of Nursing (DON) 3/22/18 regarding ensuring resident's receive oxygen per physician or RN #2 re-educated by the DON 3/22/18 regarding ensuring physician orders are obtained for residents who require use of ox Quality review completed by the DON/Unit Managers (UM)/des regarding ensuring physician or are obtained for residents who require use of oxygen. Follow unidicated. Quality review completed by the DON/UM/designee of current resident receiving oxygen to en oxygen flow rate is administered physician order. Follow up as indicated.	order. d file for of ctor rder. for ygen. e ignee ignee ignee rders ;	4/10/1/

		& MEDICAID SERVICES  (X1) PROVIDENSUPPLIER/CLIA	T.		FORM APPROV OMB NO. 0938-03
ONO PLAN	OF CORRECTION	IDENTIFICATION NUMBER	(X2) MUL <sup>-</sup> A. BUILOI	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIER				03/01/2018
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F 695	decision-making. Re	e 51 esident # 42 was coded as ent of one staff person with	F 69	J. Licensed Nurses re-education	ed by the
	A TO GREGAINES OF US	illy living).		DON/UM/designee regard ensuring physician orders obtained for residents who	ing are
- 1	bed receiving oxygen	D.m., Resident #42 was Resident # 42 was lying in by nasal cannula connected		use of oxygen. Licensed Nurses re-educate	ed by the
	oxygen concentrator in delivered at a flow rate	retor. Observation of the evealed oxygen was being		DON/UM/designee regardi ensure oxygen flow rate is administered per physician	
	and two liters bet Willi	Ire.		4. DON/UM/designee to concrandom quality reviews thr	not it als
Į,	реd receiving oxygen i	m. Resident#42 was Resident#42 was lying in yasal cannula connected		trock survey rounds of cur	rent flow mt-
d	Exygen concentrator relativered at a flow rate	evealed oxygen was being	·	is administered per physicial 3 times weekly x 4 weeks, weekly x 2 weeks, twice we	3 times eekkyr⊿
	and two lifets bei tilli.	ię,		weeks, weekly and PRN an indicated.	d as
ju,	he "Physician's Telepl 2/28/18 documented, wo liters per minute) c	"(12 (d)a/a/a-1 -4 a/ Brea (		DON/UM/designee to cond random quality reviews of c residents Medication Admir	urrent
1,,-		ministration record) dated nted the administration of		Record (MAR) to ensure phorders are obtained for resident	ysician ente
TH	re comprehensive car	minute on 02/28/18.		who require use of oxygen 3 weekly x 4 weeks, 3 times w	reakty w:
ha	s ineffective breathing	ted, "Focus. The resident		2 weeks, twice weekly x 4 w weekly and PRN and as indi Findings to be reported to Q	cated.
"In	terventions" It docume lered. Date Initiated:	tness of breath)," Under	ļ	committee monthly and updaindicated. Quality monitoring schedule modified based on	ated ac
reg	02/28/18 at 4:35 p.m. nducted with RN (regis arding the procedure	itered nurse) # 2,		findings.  5. Date of compliance 04/10/18	
flov	v rate. When asked h	ow often a resident's			A[ , A [ , ]

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES				PF	RINTED	D: 03/13/2016 MAPPROVED	3
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F 695	Continued From pag	ae 52	E 6	201	E .				l
i	oxygen flow rate is o	hecked RN # 2 stated. "Once!	Fε	397	2				ı
	a shift and prn (as n	eeded)." When asked how to I							l
	RN # 2 stated "The	the oxygen concentrator, liter line on the float tube			ļ				l
	should pass through	the middle of the hall When							١
	asked what Residen	t#42's oxygen flow rate							١
i	minute." RN #2 was	2 stated, "It is two liters per a asked to accompany this					٠		ĺ
ĺ	Surveyor to Resident	# 42's room. Upon entering							١
}	Resident # 42's room	RN # 2 was asked to read setting of Resident # 42's							ı
- 1	oxygen concentrator.	RN # 2 stated, "It's							l
i	between one and a h	alf and two liters per							
-	MINUTE." KN #2 ther OXVOED flow rate on F	n proceeded to adjust the Resident # 42's oxygen							
	concentrator to two li	ters per minute.						<u>.</u>	
•	On 03/01/18 at 1:45 p	o.m., an interview was	•					: 	
	conducted with ASM	(administrative staff						ļ ļ	1
	now the read the flow	r of nursing. When asked						<u>.</u>	
(	concentrator ASM # 2	stated, "The liter line on the							
î	loat tube should pass pall."	through the middle of the							
	On 03/01/18 at 5:25 n	.m. ASM (administrative					į		
5	taff member) #1, ad	ministrator. ASM # 2.							
	lirector of nursing and	d ASM # 4, divisional nurse		Î					
1	vere made aware of t	_							
1	lo further information	was provided prior to exit.					i		
F	References:								
Ç	t) Bleeding in the bra	in caused by the breaking					ĺ	}	
[ (1	'upture) of a blood ve	ssel in the head. This							
"   h	iformation was obtain ttp://pacificschoolsen	ted from the website; /er.org/med/ency/article/00					į		
0	796.htm.						1		

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F1 V ties by	staph infections. Whe said to be resistant to Information was obtained from the weathers://medlineplus.g  (3) A swallowing discontained from the weathers://www.nlm.nih.g  sorders.html.  (4) A buildup of fluid to brain swelling. This inform the website: https://medlineplus.go.  2. Resident #11 was cat 2 liters per minute website failed to have a perfect to an oxygent of the state of the connected to an oxygent of the connected to a	ined from the website: ov/ency/article/007261.htm.  rder. This information was ibsite: jov/medlineplus/swallowingdi  nside the skull that leads to information was obtained  ov/ency/article/001571.htm. observed receiving oxygen //a a nasal cannula en concentrator. The facility ohysician order for Resident  initted to the facility on ireadmission on 2/23/18, cluded but were not limited e, quadriplegia (paralysis and trunk of the body al cord injury) (1), muscle neurogenic bladder, and						
a w ci (t	ith an assessment re oded the resident as s	re five day assessment, ference date of 2/14/18, scoring a 15 on the BIMS tal status) score, indicating						

SIALEMEN	IT OF DEFICIENCIES	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	0491		OMB N	MAPPROVE O. 0938-039
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F CO O F F F CO O F F F CO O F F F CO O F F F CO O F F F CO O O F F F CO O O F F F CO O O F F F CO O O F F F CO O O F F F CO O O O	cognitive decisions. requiring extensive a dependent upon one all of her activities of which she required it member.  Observation was ma 2/27/18 at approximation was man avith oxygen on via nativity two prong that a nose) connected to a 2L/min (liters/minute)  Observation was made 2/28/18 at 10:14 a.m. oxygen via nasal cannocentrator set at 2L observation was made 1:41 p.m. accompanies at 1:41 p.m. accompanies at 1:41 p.m. accompanies at 2L/min via a nasal coxygen concentrator.  Review of the physicial oxygen.  Review of the baseline alled to evidence docuse of oxygen by Residual decider oxygen by Residual decider oxygen by Residual decider oxygen by Residual decider oxygen of the physicial decider oxygen by Residual decider oxygen by Resid	The resident was coded as assistance to being totally or more staff members for daily living except eating in mited assistance of one staff de of Resident #11 on ately 12:00 p.m., In her bed, asal cannula (a plastic tube re inserted just inside the noxygen concentrator set at de of Resident #11 on The resident was receiving the resident was receiving that connected to an oxygen with min.  The resident #11 on 3/1/18 nied by LPN (licensed he resident had oxygen on cannula connected to an oxygen on cannula connect	F 69			

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	(treatment administrative vidence any docume oxygen by Resident On 3/1/18 at 1:44 p. locate the physician clinical record. After #2 stated, "There is When asked if there order for oxygen, LP An interview was constaff member (ASM) on 3/1/18 at 4:15 p.m to be a physician ord oxygen, ASM #2 state The facility policy, "O in part, "Procedure: 1 oxygen therapy as orphysician7. Adjust to ordered by the physic According to Fundam Potter, 6th edition, paterated as a drug. It is such as attelectasis or any drug, the dosage should be continuously should routinely check perify that the client is oxygen concentration, medication administrated and inistration."	ation record) failed to nentation related to the use of #11.  m., LPN #2 was asked to order for oxygen in the 15 minutes of looking, LPN no order for the oxygen." needs to be a physician N #2 stated, "Yes."  aducted with administrative #2, the director of nursing, n. When asked if there needs er for the administration of ed, "Yes."  xygen Therapy" documented . The nurse will organize the dered by the resident's he flow of oxygen as itan."  entals of Nursing, Perry and ge 1122, Oxygen should be has dangerous side effects, oxygen toxicity. As with or concentration of oxygen by monitored. The nurse of the physician's orders to receiving the prescribed The six rights of tion also pertain to oxygen M#2, and ASM #3, the made aware of the above	F	395			

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F695	)	ge 56 on was provided prior to exit.	F 69		<u></u>	
in an an an an an an an an an an an an an	Chapman; page 489 Drug Regimen Reviet CFR(s): 483.45(c)(1) §483.45(c) Drug Reg §483.45(c)(1) The drumst be reviewed at licensed pharmacist. §483.45(c)(2) This resolution of the resident's medical direct acility's medical direct and these reports mustically by a medical direct and these reports mustically of this section for any irregularities now aring this review mustically and the irregularity the port tending physician and rector and director of inimum, the resident's ad the irregularity the post of t	imen Review.  Ig regimen of each resident least once a month by a view must include a review cal chart.  Is macist must report any ending physician and the tor and director of nursing, at be acted upon.  It be acted upon.  It is a to the pharmacist is be documented on a that is sent to the if the facility's medical nursing and lists, at a so name, the relevant drug, charmacist identified.  It is a to the identified of that the identified of address it. If there is to dication, the attending ent his or her restant.	F 756	1. Resident #30 re-assessed Nurse practitioner on 3/1 signs/symptom of advers was identified with docur as such in the medical reconstructioner 3/14/18. New received to discontinue R 3/14/18.  2. Quality review of current completed by the Consultar Pharmacist to ensure residueciving Remeron have a appropriate diagnosis docuin the medical record. Following in the medical record in the consultary review of current an appropriate diagnosis is documented for each medication regimen completed by a sindicated.  Quality review of current replantary review of current replantary review of current replantary review of current replantary Recommendation completed by DON to ensuring the dentified medication irregulare reported to the physician	4/18. No se reactions mentation cord. Ise of Nurse worder emeron residents ant lents n umented ow up as residents eted by to ensure cation.	7 [ 10 [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [

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F fa P n T R 11 lei dis hee hy mo qui Re coo ma coo	drug regimen review limited to, time frame the process and step when he or she identequires urgent action. This REQUIREMENT by:  Based on staff Intervand facility document that the facility document that the facility pharm report medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport medication irreport this irregulation irreport this irregulation irreport this irregulation irreport this irregulation irreport failure, cataracts, in pothyroidism, and gent failure, cataracts, in pothyroidism, and gent irreport medications irreport medication irreport medica	decility must develop and deprocedures for the monthly of that include, but are not eas for the different steps in the pharmacist must take tifies an irregularity that in to protect the resident. It is not met as evidenced eview, it was determined acy failed to identify and gularities to the facility 3 residents in the survey decility pharmacy staff in medication Remeron was proper diagnosis, and did rity to the facility physician.  If the facility physician is the survey decility pharmacy staff in medication Remeron was proper diagnosis, and did rity to the facility physician.  If the facility on it is to the facility on diabetes, osteoporosis, high blood pressure, neralized edema. The mum Data Set) was a mith an ARD (Assessment was a mith an ARD (Assessment was a mith an ARD (Assessment was a mith an ability to the resident was a mith an area in ability to the resident was a market of the betting a care for bothing.	F 756	3. Consultant Pharmacist re-educe by the Supervising Pharmacist regarding ensuring medication have an appropriate diagnosis documented in the medical reconsultant Pharmacist re-educe by the Supervising Pharmacist regarding ensuring medication irregularities identified are reputed the physician through month Pharmacy Recommendations be facility.  Consultant Pharmacist re-educated by the Supervising Pharmacist regarding ensuring residents receiving Remeron have an appropriate diagnosis.	eated t us cord. ated u orted ly y	4 [0 [18
ext	ied as requiring total ensive assistance for ivities of daily living: li	care for bathing;		•	ļ.	

		& MEDICAID SERVICES			FORM	D: 03/13/20 MAPPROV
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F 756	Continued From pag	e 58	F 756		, <u> </u>	<u> </u> 
t t t t t t t t t t t t t t t t t t t	tab (tablet), 1 tab PO appetite loss."  According to Medline, antidepressant and is Resident #30 did not depression in her clinical of the control of the control of the control of the control of the clinical resident #30 has depression in the control of the clinical resident #30 has depression in the control of the clinical resident #30 has depression of the clinical resident what other option of the clinical review of the clinical	in an interview with ASM off Member, the Nurse ed that it is borderline if ression or not. She stated lant medication Megace [2] exacerbating congestive that she was not sure has are available.  record revealed the dication Regimen Review he February 2018. There evidencing the pharmacy red the concern of using ot approved by the FDA stration), for the 6 months, in the medication.		4. Consultant Pharmacist to condi- quality reviews through month Drug Regimen Review to ensu- medications have an appropriat diagnosis documented in the medical record monthly and PF indicated. Consultant Pharmacist to condu- quality reviews through monthle Drug Regimen Review to ensur- identified medication irregularit are reported to the physician. Consultant Pharmacist to condu- quality reviews through monthle Drug Regimen Review to ensur- residents receiving Remeron have an appropriate diagnosis. Findings to be reported to QAPI committee monthly and updated indicated. Quality monitoring schedule modified based on findings.	ly re e loct y e ct re	3
sta red He me Ad be	ated that a GDR (Grace commended "last weet a stated he was not an edications must be FD iministration) approveding ordered for, just for edication. He stated he	dual Dose Reduction) was k" from 7.5 to 3.75 mg.				-

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	physician or physicial determinations.) He that it is inappropriate medication from Aug 2017 without a proper pharmacy Identifying A review of the facility Regimen Review do regimen review the condentify apparent irregularities to be complysician, the Medications document and identify apparent irregularities to be complysician, the facility Medications document and identify apparent irregularities to be complysician, the facility Medications document and identify apparent irregularities to be free of unnected to be free of unnected to be free of unnected and identify and	cal interest (note: only a can extender can make clinical as estated, "I'm not going to say the stated, "I'm not going to say the stated, "I'm not going to say the stated, "I'm not going to say the stated, "I'm not going to say the stated of the attending all Director and the stated of the state	F	756			
S	ne would obtain detail	s of the concern from the					

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F 756	Continued From pag	ge 60	F7	756		
	tmi [2] Megace - Meges relieve the symptoms	I from pov/druginfo/meds/a697009.h trol tablets are used to		·		
F 758 SS=D	endometrial cancer ( lining of the uterus). I used to treat loss of a severe weight loss in immunodeficiency sy should not be used to and severe weight los yet developed this con Information obtained https://medlineplus.go tml	from DV/druginfo/meds/a682003_h chotropic Meds/PRN Use	F 75	58		
	arrects brain activities	notropic drug is any drug that associated with mental or. These drugs include, drugs in the following				

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in Society of the property of	unless the medicatic specific condition as in the clinical record §483.45(e)(2) Residungs receive graduate behavioral interventic contraindicated, in an drugs; §483.45(e)(3) Residungs; §483.45(e)(3) Residungs; §483.45(e)(3) Residungs; §483.45(e)(4) PRN or are limited to 14 days; §483.45(e)(5), if the aborescribing practitioner in the residungs; §483.45(e)(5) PRN or are secribing practitioner in the residungs; §483.45(e)(5) PRN or are secribing practitioner in the residungs are limited to 14 enewed unless the attrescribing practitioner in the rescribing	dents who have not used are not given these drugs on is necessary to treat a diagnosed and documented diagnosed and documented dents who use psychotropic all dose reductions, and ons, unless clinically neffort to discontinue these ents do not receive ursuant to a PRN order on is necessary to treat a condition that is documented and refers for psychotropic drugs. Except as provided in attending physician or experienced and refers to be extended or she should document their or the PRN order.  It is medical record and or the PRN order.  It is for anti-psychotic days and cannot be tending physician or evaluates the resident for that medication. Is not met as evidenced	F 758	1. Resident #30 Remeron disco 3/14/18.  2. Quality review of current rescompleted by the Consultant Pharmacist to ensure resident receiving Remeron have an appropriate diagnosis documing the medical record. Follow indicated.  Quality review of current resimedication regimen complete the Consultant Pharmacist to an appropriate diagnosis is documented in the medical refor residents receiving Antidepressant medication(s). Follow indicated Quality review of current residents indicated Quality review of current residentified by the DON/UM to consure Pharmacy Recommendidentified by the Consultant Pharmacist are reported to the physician as indicated. Quality review of current residents indicated. Quality review of current residents indicated. Quality review of current residents to ensure residents.	idents ts ented up as idents ed by ensure cord low up fents ations	4/10/1
B ar tha	ased on staff interviend facility document real the facility staff faile	w, clinical record review, eview, it was determined ed to ensure one of 23 sample, (Resident #30),	-	free from unnecessary medicated r/t Psychotropic medication. For up as indicated.	ions	

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F 758	Continued From pag	ge <b>62</b>	F 758			
	The facility staff faile diagnosis for the add Resident #30. The findings include:	ਗinistartion of Remeron to		3. Consultant Pharmacist to by the Supervising Pharmacist regarding ensuring residual receiving Remeron have appropriate diagnosis do in the medical record.	macist	16/16/16
i con en en en en en en en en en en en en en	Resident #30 was ad 11/26/10 with the diagleft ulna fracture, chrodisease, high cholest heart failure, cataract hypothyroidism, and gmost recent MDS (Miguarterly assessment Reference Date) of 2/20ded as being severable daily life decision as requiring totax extensive assistance fictivities of dally living ating; and as incontinuousle with the clinical ated 8/11/17 for "Remarked 8/11/17 for "Remarked ated 8/11/17 for "Remarked 11/10 with the clinical ated 8/11/17 for "Remarked 11/10 with the clinical ated 8/11/17 for "Remarked 11/10 with the clinical ated 8/11/17 for "Remarked 11/10 with the clinical ated 8/11/17 for "Remarked 11/10 with the clinical ated 11/10 with the clini	mitted to the facility on gnoses of but not limited to onic obstructive pulmonary erol, diabetes, osteoporosis, s, high blood pressure, generalized edema. The nimum Data Set) was a with an ARD (Assessment 13/18. The resident was ely Impaired in ability to ns. The resident was all care for bathing.		Consultant Pharmacist reparding ensuring an apdiagnosis is documented medical record for reside receiving Anti-depressant medication.  Consultant Pharmacist respective of the Supervising Pharmacist are reported to physician.  Consultant Pharmacist respected to physician.  Consultant Pharmacist respected to physician.  Consultant Pharmacist respected to physician.  Consultant Pharmacist respected to the Supervising Pharmacist are reported to physician.  Consultant Pharmacist respected to the Supervising Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respected to the Supervision Pharmacist respect	macist propriate in the ents t -educated nacist larities ent the educated	
Rede	esident #30 did not ha pression in her clinica	al record.				-
Pr.	actitioner), she stated	in an interview with ASM Member, the Nurse that it is borderline if ssion or not. She stated				

MITTE DEFILIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	LE CONSTRUCTION	FORM APPROV OMB NO. 0938-03
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		<del>,                                    </del>	STREET AOORESS CITY STATE ZID COOS	03/01/2018
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that the appetite stim has medical risks for heart failure, etc., and	nulant medication Megace [2] r exacerbating congestive	F 758	4. Consultant Pharmacist to corquality reviews through mon	ithly !   '\'
A review of the clinica monthly pharmacy "M for August 2017 throu	al record revealed the Medication Regimen Review"		residents receiving Remeron an appropriate diagnosis documented in the medical re	have
had identified and rep Remeron for reasons (Food and Drug Admir	ported the concern of using not approved by the FDA	,	Consultant Pharmacist to con quality reviews through mont Drug Regimen Review ensur- appropriate diagnosis is docur	educt thly ing an mented
On 3/1/18 at 2:40 p.m. #7 (Other Staff Membe stated that a GDR (Gra recommended "last we de stated he was not a medications must be F	er, the pharmacist), he adual Dose Reduction) was eek" from 7.5 to 3.75 mg.		in the medical record for residual receiving Anti-depressant medication monthly and PRN indicated.  Consultant Pharmacist to conquality reviews through month	dents  Tas  duct
retinistration, approvi peing ordered for, just to nedication. He stated ecause it is ordered for ssident's best clinical in hysician or physician e eterminations.) He sta	for the specific use it is for the overall safety of the he will not reject a script or an off-label use if it is the interest (note: only a extender can make clinical lated."	-	irregularities identified by the Consultant Phatmacist is reporting physician.  Consultant Pharmacist to conductive reviews through month Drug Regimen Review ensuring	rted to
iedication from August 017 without a proper di narmacy identifying an	I he resident was on the t 2017 through February liagnosis and without the d reporting this.		residents is free from unnecess medications r/t Psychotropic medication. Findings to be reported to OAI	sary
gimen review docun gimen review the cons entify apparent irregula egularities to be comm	mented, "During the drug sultant pharmacist will arities. Apparent	5.	indicated. Quality monitoring schedule modified based on findings.	a as
	PROVIDER OR SUPPLIER AT THE MEADOWS  SUMMARY STAT (EACH OFFICIENCY REGULATORY OR LS  Continued From page that the appetite stime has medical risks for heart failure, etc., and about what other option of the clinical monthly pharmacy "Notes and documentation had identified and rep Remeron for reasons (Food and Drug Admitthe resident had been the resident had been the resident had been to stated that a GDR (Graecommended "last we de stated he was not a medications must be a functional monthly pharmacy in the stated he was not a medication. He stated he stated he was not a medication. He stated ecause it is ordered for just in the stated he was not a medication. He stated he stated he was not a medication. He stated he stated he was not a medication. He stated he stated he was not a medication. He stated he stated he was not a medication. He stated he stated he was not a medication. He stated he stated he was not a medication. He stated he stated he was not a medication. He stated he stated he was not a medication or physician electerminations.) He stated he was not a medication from Argust at it is inappropriate." He stated he was not a medication from Argust in province of the facility program and the facility program of the facility p	(XI) PROVIDERSUPPLIER (XI) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:  495236  PROVIDER OR SUPPLIER  AT THE MEADOWS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 63 that the appetite stimulant medication Megace [2] has medical risks for exacerbating congestive heart failure, etc., and that she was not sure about what other options are available.  A review of the clinical record revealed the monthly pharmacy "Medication Regimen Review" for August 2017 through February 2018. There was no documentation evidencing the pharmacy had identified and reported the concern of using Remeron for reasons not approved by the FDA (Food and Drug Administration), for the 6 months, the resident had been on the medication.  On 3/1/18 at 2:40 p.m., in an interview with OSM (From 3.1/18 at 2:40 p.m., in an interview	COF CORRECTION  (X1) PROVIDER ABUILDING ARA ATTHE MEADOWS  Continued From page 63 that the appetite stimulant medication Megace [2] has medical risks for exacerbating congestive heart failure, etc., and that she was not sure about what other options are available.  A review of the clinical record revealed the monthly pharmacy "Medication Regimen Review" for August 2017 through February 2018. There was no documentation evidencing the pharmacy had identified and reported the concern of using Remeron for reasons not approved by the FDA (Food and Drug Administration), for the 6 months, the resident had been on the medication.  On 3/1/18 at 2:40 p.m., in an interview with OSM EX (Other Staff Member, the pharmacist), he stated that a GDR (Gradual Dose Reduction) was ecommended "last week" from 7.5 to 3.75 mg. He stated he was not aware of a requirement that nedications must be FDA (Food and Drug didministration) approved for the specific use it is eling ordered for, just for the overall safety of the nedication. He stated he will not reject a script ecause it is ordered for an off-label use if it is the seident's best clinical interest (note: only a nysician or physician extender can make clinical eterminations.) He stated, "I'm not going to say at it is inappropriate." The resident was on the edication from August 2017 through February M17 without a proper diagnosis and without the harmacy identifying and reporting this.  The resident was on the edication from August 2017 through February M17 without a proper diagnosis and without the harmacy identifying and reporting this.  The review of the facility policy, "Monthly Drug agimen Review" documented, "During the drug gimen review the	A 495236  FROVIDER OR SUPPLER  AT THE MEADOWS  SUMMARY STATEMENT OF DEPICIENCIES (EACH OFFICENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DEMTIFYING INFORMATION)  Continued From page 63 that the appetite stimulant medication Megace [2] has medical risks for exacerbating congestive heart failure, etc., and that she was not sure about what other options are available.  A review of the clinical record revealed the monthly pharmacy "Medication Regimen Review" for August 2017 through February 2018. There monthly pharmacy "Medication Regimen Review" for August 2017 through February 2018. There was not occumentation evidencing the pharmacy had identified and reported the concern of using Remeron for reasons not approved by the FDA (Food and Drug Administration), for the 6 months, the resident had been on the medication.  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Apparent agularities to be communicated to the attending ystician, the Medical Director and the decidence of the Medical Director and the Medical Director and the Medical Director and the work of the Administration in the Medical Director and the Medical Director and the Medical Director and the Medical Director and the Medical Director and the Medical Director and the Medical Director and the Medical Director and the Medical Director and the Medical

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	medications" docum medical or psychiatri with acceptable stan right to be free of uni Regimen reviews to pharmacist for unned doses or duration in a medical diagnosis ac practice. Recomment to the attending physical con 3/01/18 at 3:58 p. (DON, ASM #2, Admiwas made aware of the information was proving the proving the standard of the attending the proving the standard of the proving the p	m., the Director of Nursing inistrative Staff Member) ne findings. No further ded by the end of the as not able to locate the				
6	sne would optain deta	of day meeting at m.,, the Administrator stated ils of the concern from the cessary to go over it again.				
h h	1] Remeron is used to nformation obtained fi ttps://medlineplus.go πl	o treat depression rom v/druginfo/meds/a697009.h				-
re e lìr ui	aused by advanced by ndometrial cancer (ca ning of the uterus). Me sed to treat loss of ap evere weight loss in p	and reduce the suffering reast cancer and advanced incer that begins in the egestrol suspension is petite, malnutrition, and				

	ERS FOR MEDICARE NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA	(X2) MULT	IPLE C	ONSTRUCTION	<u>ЭМВ NO</u>	APPROV 0938-03
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	PROVIDER OR SUPPLIER	<del>-</del>		STRE	ET ADDRESS, CITY, STATE, ZIP COOE	03/	<u>/01/2018</u>
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	yet developed this co	o prevent loss of appetite use in patients who have not ordition.					
E 812	CX F14	ov/druginfo/meds/a682003.h					
<b>S</b> S=D	O 17(5), 400,00(1)(1)(		F 812	1.	The identified convection over cleaned 2/27/18;		4 [10]
	§483.60(i) Food safet The facility must -	ty requirements.		2	Quality review of the kitchen	: )	alioli
; ( ) ; ( )	state or local authoriti (i) This may include to from local producers, and local laws or regu (ii) This provision does facilities from using pr gardens, subject to co safe growing and food (iii) This provision does from consuming foods	ed satisfactory by federal, es.  cod items obtained directly subject to applicable State lations.  s not prohibit or prevent oduce grown in facility mpliance with applicable -handling practices.  not predude residents not procured by the facility		-	convection oven completed by Dietary Manager (DM) / Exect Director (ED), to ensure food it prepared in sanitary conditions accordance with professional standards. Follow up as indicated Quality review of kitchen equicompleted by the DM/ED to enfood is prepared in sanitary conditions in accordance with professional standards. Follow as indicated.	itive s in ed proent isure	~ ( · ) ·
s T b E d ss	y: Based on observation, ocument review the fa anitary conditions for t	ICS with professional		3.	DM re-educated by the ED regarding to ensure the kitchen prepares food in sanitary conditin accordance with professional standards.  DM re-educated by the ED regarding the kitchen convection oven/kitchen equipment is maintained to ensure food is prepared in sanitary conditions accordance with professional standards.	tions 1	f[10] &

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDERSUPPLIER/CLIA	arm:	<u> </u>	OMB VI	D: 03/13/2 MAPPRO <u>0. 0938-0</u>
- 4	OO WEG HOW	IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) D/	<u>D. 0938-C</u> ATE SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	495236	B. WING			,
	AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CO. 2715 DOGTOWN ROAD	DE 03	3/01/2018
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	10:30 a.m. the observer was made. The	r of the kitchen in the ther staff member) # 1, the 2/27/18 at approximately vation of the convection	F 812	4. DM/ED to conduct rando reviews of kitchen equipmensure food is prepared in conditions in accordance professional standards 3 to weekly x 2 weeks for in the conductions in accordance professional standards 3 to weekly x 2 weeks for in the conductions in the conduction in the cond	nent to 1 Sanitary with imes	4/10/1
E C C C C C C C C C C C C C C C C C C C	dried on matter that of ingernail. The conversion on the conversion of the conversion of the conversion of the conversion of the conversion of the facility police and get the convection of the facility police and get the conversion of the facility police of the conversion of the facility police of the conversion of the facility police of the conversion of the facility police of the conversion of the conversion of the facility police of the conversion of the	o coserved with a brown could be scraped off with a action oven was in use with the lunchtime meal inside.  Ith OSM # 1 at 10:50 a.m., If there was a cleaning tated, "There is (a cleaning tated, "There is (a cleaning tated, "There is (a cleaning tated, "There is (a cleaning tated, "There is (a cleaning tated," There is (a cleaning tated, "There is (a cleaning tated," There is (a cleaning to correction log.  In daily—I should have the correction in the correc		weeks, weekly and PRN a indicated.  DM/ED to conduct randor reviews of the kitchen comoven to ensure food is preparatively conditions in according with professional standards weekly x 2 weeks, twice weekly x 2 weeks, twice weeks, weekly and PRN an indicated.  Findings to be reported to Committee monthly and updindicated. Quality monitoring schedule modified based on	nd as n quality vection vared in rdance 3 times cekly x 4 d as API ated as	,
St	aff Member) # 1, the	ž –		<u></u>		1 3 /
pre Dru "Pr equ	pared in accordance g Administration) Foo cedures3, All uter	nsils, food contact tact surfaces will be		- 400 02 0010priance 04/10/18	4	10) 18
http.	following information (Food and Drug Adr //www.fda.gov/Food/ ction/FoodCode/Food	ninistration) website:	-		·	

FAX No. P. 069 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/13/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATESURVEY A. BUILDING COMPLETED 495236 B, WING NAME OF PROVIDER OR SUPPLIER 03/01/2018 STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY AT THE MEADOWS 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX Ϋ́ΑG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 812 | Continued From page 67 F 812 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Non FOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. No further information was provided by the end of the survey. Infection Prevention & Control F 880 F 880 CFR(s): 483.80(a)(1)(2)(4)(e)(f) SS≂D §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at

FORMCMS-2567(02-99) Previous Versions Obsolete

a minimum, the following elements:

providing services under a contractual

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals

Event ID; 52V511

Facility ID: VA0162

If continuation sheet Page 68 of 76

	DEPAR CENTE	RTMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES		F	'RINTEL	03/13/201	8
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	in (John Grand) the control of the c	\$483.80(a)(2) Writter procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures of surveil possible communication before they persons in the facility; ii) When and to whon communicable diseas eported; iii) Standard and transported for the type and durate eponding upon the interpretable for the type and durate eponding upon the interpretable for the type and durate eponding upon the interpretable for the type and durate eponding upon the interpretable for the type and durate eponding upon the interpretable for the type and durate eponding upon the interpretable for the type and the type and the type and type eponding the procedure of indicated with residents of the type at the facility of the type and type eponding the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the facility of the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at type at the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at type at the type at the type at the type at the type at the type at the type at the type at the type at the type at the type at type at the ty	upon the facility assessment to §483.70(e) and following andards;  In standards, policies, and ogram, which must include, llance designed to identify ple diseases or can spread to other  In possible incidents of e or infections should be used for a not limited to: ion of the isolation, fectious agent or organism the isolation should be the e for the resident under the under which the facility is with a communicable in leslons from direct or their food, if direct disease; and rocedures to be followed of resident contact.  for recording incidents lity's IPCP and the by the facility.	F 880		e to to w ion ion ints	4/10/16	
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T R di C la	transport linens so a infection.  \$483.80(f) Annual re The facility will condu IPCP and update the This REQUIREMENT by: Based on observation determined that the fimplement infection of the development and for one of 23 resident Resident # 180.  The facility staff replanation of the development infection of the development and for one of 23 resident Resident # 180.  The facility staff replanation of the development infection and for one of 23 resident # 180.  The facility staff replanation of the dressing the dressing the dressing the dressing was observed and the findings include:  The findings include:  The findings include:  The findings include:  The findings include:  The findings include:  The findings include:	es to prevent the spread of eview.  Lect an annual review of its program, as necessary. It is not met as evidenced an and staff interview, it was acility staff failed to control practices to prevent transmission of infection, is in the survey sample,  Lece a contaminated field (bed plying Resident # 180's ean dressing was observed attaminated field during reperly disinfect scissors ing change and failed to its sheets after a soiled in direct contact with the distribution of the contact with the monary disease (1), the right kneep circhosis at	F 88	DEFICIENCY)	idents he  idents he	A 10
h) dis	e iivei (2), heart fallur /pertension (4), and g sease (5). esident # 180's MDS (	e, anxiety (3), astroesophageal reflux  Minimum Data Set) was e survey. The admission		dressing changes.  DON/UM to completed rand wound care observations wi licensed nurses for followin infection control standards. up based on findings.	lom th	

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j	time and situation.	30 <b>. C</b>	F 880	4. DON/UM/designee to condu	ict   1/0/1
- 1			1	INDUM quality reviews of or	7770474
}	On 03/01/18 at 10:56	0 a.m., an observation was		1 concat with wontide to energiate	) ·
				soiled bed pad/chuck/contam	unated
				field are replaced prior to cle	an
				dressing changes	<i>i</i> }
- 11	knee at a slight bend	Observer and his right		3 times weekly x 2 weeks, tw	rice
				weekly x 4 weeks, weekly an and as indicated.	d PRN
				DON/IM/daging - 1	. •
				DON/UM/designee to conduc	ot
				random quality reviews of cur	trent
			ļ	resident with wounds to ensur	TB
1 7		D 0f000;		scissors are properly cleaned printerior sort-1	per
				infection control standards pri	or to
			. }	the clean dressing changes 3 to	imes
O	f Resident # 180's he	on the mattress at the foot d. LPN # 2 was observed		weekly x 2 weeks, twice week	lyx4
,	CONTRACTOR CONTRACTOR			weeks, weekly and PRN and a indicated.	S
			}		
			ŀ	DON/UM/designee to conduct	
				random quality reviews of curr	ent
,	""'Y POUR W NESINEM	[77 18(Yo voo	}	resident with wounds to ensure	·
110	wicking a pair or some	SOLD those the		soiled dressings are not in cont	act
			1	WILD Sheets/bed linen 3 times	. 1
1 20 13		ALIC FOODS &	İ	weekly x 2 weeks, twice weekl	y x 4
			ĺ	weeks, weekly and PRN and as	[
1	oginea alsoenser	applied some	ļ	шизсатеа,	.
ne	t to the sink washed	r mounted on the wall		DON/UM/designee to conduct	
in t	he sink then placed t	hem on the clean barrier	1	random wound care observation	<u>α</u>
		JESP GOVAS I DALKO	1	quality reviews with licensed m	TC00
, , 01,	revee and an me an	DEGCOIDGO WEIGHT H	1	on current resident with wound	e to
10010	AAND DUC MESUEU WU	n nand coor = 1		ensure infection control practice	es :
, ~	A A A COUNT IN UNE IE:	200 bod thet (		are maintained per professional	
100	MANARA ON INS DEU - F	udharakas i		standards with clean dressing	: 1
, <del>, ,</del> ,	' # 4 GOODDOING IN A O	ID DECEMBER FOR A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		changes 3 times weekly x 2 weekly	ks.
	THE CHAIN COURSE DAD	S IRII ODYA Danisia a su	ľ	twice weekly x 4 weeks, weekly	
1400		oot and was resting on	i	PRN and as indicated.	8nd ( )

TATEMENT OF DEFICIENCIES NOPLAN OF CORRECTION	MEDICAID SERVICES     MEDICAID SERVICES     (X1) PROVIDER/SUPPLIER/CLIA	(V9) k (1 9 76		OMB NO	M APPROV 0. 0938-03
on a section	DENTIFICATION NUMBER	A BUILDING	LE CONSTRUCTION	(X3) DA	TE SURVEY
NAME OF PROVIDER OR SUPPLIER	495236	B. WING			
		1 3	TREET ADDRESS, CITY, STATE, ZIP CODE	03	<u>/01/2</u> 018
NVOYAT THE MEADOWS		-	THE DOGTOWN ROAD		
(X4) D SUMMARY STA	TEMENT OF DEFICIENCIES	<del></del>	GOOCHLAND, VA 23063		
	MUST BE PRECEDED BY FULL CONTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		(XS) COMPLETIO DATE
drainage coming from stated, "There is som vials of normal saline laceration and using of the saline that wet procedure was done away when the first two Further observation of portions of the saline nonto the bed pad/chuckight knee. Wet areas be observed on the be Resident # 180's knee several clean gauze pathen proceeded to use the knee. After tapping 2 used the ace bandag dressing. Observation procedure revealed that Resident # 180's knee tonto the bed pad/chuck saline rinse of the lacers of this process revealed and the roll of ace bandaged.	the old dressing was eration on the knee could be asked if there was any in the laceration. LPN # 2 i.e." LPN # 2 opened two and poured them can gauze pad of the side as second and second	F 880	DON/UM/designee to conduct random wound care observation quality reviews with licensed nu on current resident with a wound vac to ensure infection control practices are maintained per professional standards with clear dressing changes 3 times weekly weeks, twice weekly x 4 weeks, weekly and PRN and as indicated Findings to be reported to QAPI committee monthly and updated a indicated. Quality monitoring schedule modified based on findings.  5. Date of compliance 04/10/18	rses d n x2	SATE STATE

DEPAR	TMENT OF HEALTS	LAND TRIBANT DESCRIPTION					•	
CENTE	RS FOR MEDICARI	AND HUMAN SERVICES				PRINTE	D: 03/13/201	
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SURPLIER/CLA						FORM APPROVE OMB NO. 0938-039		
AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DA	ATESURVEY	
			A. BUIL	DING.		l co	MPLETED	
		495236	B. WING	3				
NAME OF	PROVIDER OR SUPPLIER		<u> </u>		TREETADDRESS, CITY, STATE, ZIP CODE	03	3/01/2018	
ENVOY	AT THE MEADOWS				115 DOGTOWN ROAD			
					OOCHLAND, VA 23063			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	<del>} _</del> ;				
TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTII  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	h ec	(X5) COMPLETION DATE	
<b></b>			<del>/-</del>		DE IOIENCI)		<u> </u>	
F 880		ge 72	F	380				
	placed the scissors	thal were used to remove the	, ,	200				
·	ord or essuid back in	to Resident # 180% sink and	1	- 1				
	using hernands and	the hand soon, weeked the						
	dressing and placed	them in her pockel. The old		ĺ				
1	trash bag but further	observation revealed the						
.	used gloves remaine	don the hed At this time a		ı			1	
ł	CIVA (Certified hursin	0 assistant) # 2 knocked and !		- }				
J	enrened Keslaeut # J	ŎU'S FORM、CNA#ク etataみ 1						
ĺ	one was checking on aware that I bN # 2.	Resident # 180 and was not was finishing a dressing						
1	change. LPN#2 lhe	was inishing a dressing						
1	pad/chuck that was in	Diace under Resident# i		-				
1	TOUS KNEE OUTING the	removal of the ald		İ			1	
1	oressing, the saline ri	DSG of the laceration and the		-				
,	zbbucsmon or me čl65	In dressing LPN#ク !						
	while CNA# 2 straigh	chuck with a clean pad tened Resident #180's bed		ĺ			[ ]	
	ineet and planket. Li	2N # 2 then removed the						
t	rash and supplies fro	m Resident # 180's room.						
	On 03/01/18 at 1:15 p	.m. an interview was				. ]	}	
l C	onauctea with LPN ()	icensed practical purea, #		ļ				
4	- vvnen asked to des	Scribe the process for					1	
, d	reseing FDM # 2 ctor	re and after removing a					ŀ	
, v	ater, bleach wings or	ed, "You can use soap and alcohol pads." When		1		į	]	
a	sked where she learn	ned to clean scissors with				}		
{ S	pap and water LPN #	2 sated, "Another nurse "		-				
ν,	/nen asked when sh∈	received training for		1		1	1	
į w	ouna aressinas, LPN	# 2 was unable to recall				1		
į ne	ow long it had been a	nd when she received the				}		
100	oning, LMN #2 010 \$	tate she had attended a				- 1		
w	Ound care products to	or three years ago about When asked if the bed				ļ	1	
pa	d/chuck should have	been changed before				}		
; ap	plying the clean dres	Sing to Resident# 180%					ĺ	
i Kr	!ee, LFN#2 stated, "	Yes." When asked about				j	ĺ	
j th	e old dressing pad an	d used gloves falling and						

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Facility ID: VA0162

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CENT	ERS FOR MEDICARE	& MEDICAID SERVICES			•	FORI	M APPROVE	2
1 2 1/1 (2/10)	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	000000		(	OMB NO	0.0938-039	_
AND PLAN DE CORRECTION		IDENTIFICATION NUMBER:	(VS) MOTHER COM21 KING I I ON			(X3) DATESURVEY		
1			A. BUIL	OING	·	CO	MPLETED	
		495236	B. WING					
NAME OF	PROVIDER OR SUPPLIER		D. WING			03	/01/2018	
FMVOV	AT THE ME IS NOT			8	STREET ADDRESS, CITY, STATE, ZIP CODE	<del></del>	, e 11 L 0 10	-
-N-A-O-I	AT THE MEADOWS				2715 DOGTOWN ROAD			
(X4) IO	SUMMARY STA	TEMENT OF DEFICIENCIES		_ C	GOCHLAND, VA 23063			
PRÉFIX	* ICAUA UPERCIENION	MIST OF POPPER BY	lo_		PROVIDER'S PLAN OF CORRECTION		1	_
TAG	REGULATORY OR LS	C IOENTIFYING INFORMATION	PREF:		I CACH CURRECTIVE ACTION COOLS	3 D.H	(X5) COMPLETION	
			1		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE	
F 880	0	·- <del></del>				···	<u> </u>	
7 000	I = - muraca trom bas	je 73	F.e	80			1	
	lying on Resident #	180's bed sheet, LPN # 2	, ,				1	
	lagred inout @CSII	anything falling out of the		i			Í	
	iu asii dag, winen as	Sked if the bad sheet chauld li		ļ	•		}	Į
	Ling ve heeri Clistitied	Office of dressing well 1910						ļ
	I PN # 2 stated the +1	e lying on the bed sheets,					1	ı
	Was done by the CNI	heets were changed and it A who was in Resident #					1	l
ļ	180's room,	who was in Resident#					ļ	ļ
-		ļ		}		ĺ	]	ļ
1	On 03/01/18 at 1:40 p	).m. an interview was						ĺ
	CONDUCTED WITH CNA	#2 When acked # ak-		}				l
1	Arrenden me beu suer	BIS On Recident # 4 poll to a fil				ĺ		İ
	ンバヘザ Z Stateu	n't change the sheets or the					'	ļ
	blanket."					,	}	
	0.0000440			-		!		
	On 03/01/18 at 9:10 a	.m., an interview was				1	i	
1.	っくいののぐにらり かばり ダネバトギ	F2 When acknowledge in				İ	1	
i	ises ASM # 2 etator	the facility refers to and		İ		i		
j	otter & Perry, Lippino	"We use a combination of					İ	
) r	egulations, CDC (Cer	Iters for Disease Control)					ĺ	
و	juidelines and compa	Iv policios "		i			}	
į				İ		1	j	
į c	n 03/01/18 at 3:10 p.	m, an interview was				}		
0	OHOUCIED WITH ASM (S	Idministrativa eta# (		-				
1 11	t⊆triugi) # Z. Qirector (	Of Durging Wilson Income		1				
10	i nia onsatasmon utili	-N # 2 droceino -b			·	- 1		
	Cocaale iol Resident	7# 180 ASM # 7 54_4_1				1	1	
, ,	THE COMMANDAGED HAIR	1 (Ded bad/abusk) skalit i i				]	Ī	
, 114	ave neettichisced Ul	TAMOVAC haforo anni de e		Ì			}	
M :	e dean messina . W	Den acked about the control		İ		1		
رب ز	ハヘロ いつは # Z Stated	"They should have been little		-		1	1	
, 0	, 40, 1954 AND SELECTION OF THE PRINCE OF TH	1 about the process as				1	i	
l dr	essing ASM # 2 atata	efore and after removing a					1	
w	e follow the Nibi taid (	d, "Use bleach wipes.				[	J	
Ac	Visory Panel) that ste	National Pressure Ulcer				1		
Wa	iter," ASM # 2 was as	tes you can use soap and sked to provide a copy of				1		
the	guidance from NPU/	AP for the clean					1	
		wire cleaning of		1		í		

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Event ID: 52V511

Facility (D; VA0182

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ANDPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING  (X3) DATE SU COMPLE  (X4) MING  NAME OF PROVIDER OR SUPPLIER  ENVOY AT THE MEADOWS  (X4) DESCRIPTION OF CORRECTION  STREET ADDRESS, CITY, STATE, ZIP CODE  2715 DOGTOWN ROAD  GOOCHLAND, VA 23063  (X4) DESCRIPTION OF CORRECTION STATE OF CORRECTION STATE OF CONSTRUCTION SHOULD BE CONSTRUCTIVE ACTION SHOULD BE CO	PRINTED: 03/13/2018 FORM APPROVED			AND HUMAN SERVICES & MEDICAID SERVICES	EKS FOR MEDICARE	CEIVIE
NAME OF PROVIDER OR SUPPLIER  ENVOY AT THE MEADOWS  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 880  Continued From page 74  equipment when preforming dressing changes.  In a study conducted by the International  Conference on Nosocomial and Healthcare related infections in Atlanta Georgia, March 2000 showed that ordinary items can make your patients sick. In one study, a researcher gathered scissors that nurses and physicians	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	TIPLE CONSTRUCTION	(X2) MUL A. BUILOI	(X1) PROVIDER/SUPPLIER/CLIA	NTOE DEFICIENCIES	1 o MAKMEN
ENVOY AT THE MEADOWS  STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063  (X4) DO PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 880  Continued From page 74 equipment when preforming dressing changes.  In a study conducted by the International Conference on Nosocomial and Healthcare related Infections in Atlanta Georgia, March 2000 showed that ordinary items can make your patients sick. In one study, a researcher gathered scissors that nurses and physicians			B. WING	495236	- <u>-</u>	
(X4) D SUMMARY STATEMENT OF OEFICIENCIES PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 880  Continued From page 74 equipment when preforming dressing changes.  In a study conducted by the International Conference on Nosocomial and Healthcare related Infections in Atlanta Georgia, March 2000 showed that ordinary items can make your patients sick. In one study, a researcher gathered scissors that nurses and physicions	03/01/2018	STREET ADDRESS OF A PARTY TO			PROVIDER OR SUPPLIER	NAME OF
(X4) D SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 880  Continued From page 74 equipment when preforming dressing changes.  In a study conducted by the International Conference on Nosocomial and Healthcare related Infections in Atlanta Georgia, March 2000 showed that ordinary items can make your patients sick. In one study, a researcher gathered scissors that nurses and physicians	STATE, ZIP CODE	2715 DOGTOWN ROAD	1		AT THE MEADOWS	ENVOY.
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 880  Continued From page 74  equipment when preforming dressing changes.  In a study conducted by the International Conference on Nosocomial and Healthcare related Infections in Atlanta Georgia, March 2000 showed that ordinary items can make your patients sick. In one study, a researcher gathered scissors that nurses and physicians.	063					<del></del>
F 880 Continued From page 74 equipment when preforming dressing changes.  In a study conducted by the International Conference on Nosocomial and Healthcare related Infections in Atlanta Georgia, March 2000 showed that ordinary items can make your patients sick. In one study, a researcher gathered scissors that nurses and physicians	LAN OF CORRECTION (XS) TVE ACTION SHOULD BE COMPLETION SEO TO THE APPROPRIATE DATE	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE	PREFIX	MIRTER PREACHES SYSTEM	I LEAUT DEFICIENCY	PREFIX
related Infections in Atlanta Georgia, March 2000 showed that ordinary items can make your patients sick. In one study, a researcher gathered scissors that nurses and physicians			F 88	je 74 forming dressing changes.	L marriage i totti baf	F 88 <b>0</b>
kept in their pockets, as well as communal scissors left on dressing carts and tables.  Three-quarters of the scissors carried microorganisms, including Staphylococcus aureus, Groups A and B streptococcus, and gram-negative bacilli. The solution is quite simple. If health care workers swab the scissors with alcohol after each use, they will virtually eliminate the risk of transmission of microorganisms. In the study, contaminated scissors were effectively disinfected after swabbing the scissors with alcohol. Reference: Embil JM, Dyck B, McLeod J, et al. Scissors as a potential source of nosocomial infection? Presented at the 4th Decennial international Conference on Nosocomial and Healthcare-Associated infections. Atlanta; March 8, 2000.  According to Fundamentals of Nursing, Potter and Perry, 6th Edition, 2005. Page 787, "Proper cleansing, disinfection, and sterilization of contaminated objects significantly reduce and often eliminate microorganismsReusable objects must be cleaned thoroughly before reuse"  On 03/01/18 at 5:25 p.m. ASM (administrative staff member) #1, administrator, ASM #2, director of nursing and ASM #4, divisional nurse were made aware of the above findings. When				by the International comial and Healthcare Atlanta Georgia, March 2000 items can make your study, a researcher at nurses and physicians as well as communal ling carts and tables. Scissors carried uding Staphylococcus is streptococcus, and The solution is quite simple. Swab the scissors with a they will virtually eliminate in of microorganisms. In the cissors were effectively bing the scissors with mbil JM, Dyck B, McLeod potential source of Presented at the 4th in Conference on incare-Associated rich 8, 2000.  Intals of Nursing, Potter 2005. Page 787, "Proper and sterilization of lignificantly reduce and ganismsReusable dithoroughly before  1. ASM (administrative inistrator, ASM # 2, ASM # 4 divisional parts	In a study conducted Conference on Noso related Infections in a showed that ordinary patients sick. In one gathered scissors the kept in their pockets, scissors left on dress Three-quarters of the microorganisms, incluated, Groups A and gram-negative bacilli. If health care workers alcohol after each use the risk of transmission study, contaminated significated after swab alcohol. Reference: E.J., et al. Scissors as a phosocomial infection? Decennial International Nosocomial and Health Infections. Atlanta; Mail According to Fundame and Perry, 6th Edition, contaminated objects soften eliminate microorgalists must be cleaned by the contaminated objects must be cleaned by the contaminated objects and the contaminated objects must be cleaned by the contaminated objects of the cleaned by the contaminated objects of the cleaned by the contaminated objects of the cleaned by the contaminated objects of the cleaned by the contaminated objects of the cleaned by	I st so all nE Nir A arcicofole cofole state

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		495236	1	4G	CC	MPLETEO
VAME OF	PROVIDER OR SUPPLIER	493236	B. WING_		l na	3/01/2 <b>0</b> 18
	AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP ( 2715 DOGTOWN ROAD	COOE	10112018
(X4) IO	SUMMARY STA	TEMENT OF DEFICIENCIES	<del></del>	GOOCHLAND, VA 23063		
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F 880	Continued From pag		1			<del> </del>
	cleaning of equipme	nt when preforming dressing	F 88	o		
	changes, ASM # 2 s locate it.	tated they were unable to				
	No further information	n was provided prior to exit.				
	was obtained from the https://www.nlm.nih.g  (2) A scarring of the list the last stage of che chirchosis is the end recaused by chronic (lo common causes of contend of the common causes of contend States are: He	ov/medlineplus/copd.html				
j C	ined from the web	use. This information was psite: v/ency/article/000255.htm.				
1	reusite.	tion was obtained from the				
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Facility ID: VA0182

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