Any deficiency statement priding with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other salegnands provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the lindings stated above are disclosable 90 days. following the date of survey whether or not a plan of correction is provided. For nursing fromes, the above findings and plans of correction are disclosable 14. days blowing the date these documents are made available to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued

Event In: (985): 1

(32) MOLTIPLE CONSTRUCTION

STREET ADURESS, CITY, STATE, ZIP CODE

to resident #2 and #3.

TITLE

Facility IO; VA0085

2. DCS/Designee will identify all residents

with diabetes and will do a 30 day look back to ensure all blood sugar sliding

physician notification were made as needed.

IXE! DATE

代 continualion sheet Page - t of 2 l

scale were followed as ordered and

PROVIDER'S PLAN OF CORRECTION

EACH CORRECTIVE ACTION SHOULD BE

CROSS REFERENCED TO THE APPROPHIATE

DEFICIENCY)

4403 FOREST HILL AVENUE

RICHMOND, VA 23225

A BUILDING__

B. Wing

IC

KREHR

TAG

F 000

PRINTED: 01/19/2017

(X3) DATE SURVEY

COMPLETED С

01/05/2017

IMI COMPLETION

DATE

FORMAPPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND H

STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIES

ENVOYOF WESTOVER HILLS

FOO INITIAL COMMENTS

ANUFLATOR CORRECTION

(X4)15 Prefix

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CEXTERS FOR MEDICARE & MEDICARD SERVICES

SUMMARY STATEMENT OF DEFICIENCES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REQULATORY OR USC IDENTIFYING INFORMATION)

An unannounced Medicare/Medicaid abbreviated

survey was conducted 1/4/2017 through 1/5//2017. One complaint was investigated during the survey. Corrections are required for

mental, or psychosocial status (that is, a

a need to decontinue an existing form of treatment due lo adverse consequences, or lo

commence a new form of trealment); or

W

FORMOIS-2567(07-99) Previous Versions Obsolete

clinical complications);

deterioration in health, mental, or psychosocial

(C) A need to after treatment significantly (that is,

LABOSTORY DIRECTOR'S OPPROVIDERSTIPPLIER REFRESENTATIVE'S SIGNATURE

status in either life-threalening conditions or

N SERVICES

(XT) PROVIDER/SUPPLIER/CL/A

IDENTIFICATION NUMBER

495327

			()	
DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND (AN SERVICES & MEDICAID SERVICES		ν,	PRINTED: 01/19/2017 FORM APPROVED
SYMEMONT OF IDEPICIENCIES AND PLAK OF CORRECTION	(XI) PROMOGRÆSUPPLICE/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION	OMB NO. 0938-0391 (XI) DATE SURVEY COMPLETED
	495327	S. Wield	3 <u>.</u>	C
NAME OF PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, 200 CODE	01/05/2017
ENVOY OF WESTOVER HILLS			4403 FOREST HILL AVENUE RICHMOND, VA 23225	-
FREEIX (CACH DEIRCIEND)	TEMENT OF DEFICIENCIES (MUST BE PRÉCICED BY FOLL SCIDENTIFYING INFORMATION)	ID PREF TAG	PROVIDERS PLAN OF CORRECT NO ACTION SE	DIRO DE 10-1
resident from the fa §483.15(c)(1)(ii). (ii) When making model to this section all pertinent informations available and prophysician. (iii) The facility must resident and the resident and the resident and the resident there is when there is when there is State law or regulat (e)(10) of this section (iv) The facility must update the address phone number of the This REQUIREMENTALLY by: Based on observational facility staff failed to changes in conditions.	ensizer or discharge the scillly as specified in offication under paragraph (g) in, the facility must ensure that also primptly notify the sidest representative, if eny, or recommate assignment (3.10(e)/6); or ideal rights under Federal or ions as specified in paragraph on. I record and periodically (mailing and email) and e resident representative(s). If is not met as evidenced ion, staff interview, facility and clinical record review, the polify the physician of	3. 4.	1 57	ek x 4 weeks ders are I notifications elected cose reading stion x a week

F2:IIUDNIS-2567 (UZ-89) Frevious V-rotens Casalela

1. For Resident #2, the slaff falled to notify the physician of a finger stick blood sugar greater than 500 mg/dl (milligrams per decililer) on 11/10/16 and 11/17/16, per physician orders.

2. For Resident #3, the facility staff failed to notify the physician for a blood sugar reading counter.

the physician for a blood sugar reading greater

Event ID: 10RD ti

Facility ID: VA0085

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	IMENT OF HEALTH	AND HN SERVICES & MEDICAID SERVICES			(HORM	: 01/19/2017 APPROVED
STAISMENT	OF DEFICIENCIES IF CORRECTION	(XI) PROVIDER/SUPPLISE/CLIA IDENTIFICATION NUMBER			CONSTRUCTION	OMB NO	. 0938-0394 E SURVEY IPLIETED
KINE OC.		495327	8. WING				C
ENVOY (PROVIDER OR SUPPLIER			440	REET ADDRESS, CITY, STATE, ZIP CODE DS FOREST HILL AVENUE CHMOND, VA 23225	1 07	05/2017
(34) (2) PREFIX PAG	(EACH BEFREENCY	TAMENT OF DEFICIENCIES ANUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	IO PREFI TAG		PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-RÉFERENCE) TO THE ASPRI DEFICIENCY)	II to see	EXYE WGMLETYDH EX31
F 157	Resident #2 was ad Her diagnoses inclustroke, bipolar, hyperand obesity. Resident #2's most set) with an ARD (as was coded as an an coded a BIMS (Brief score of 15, cognitive coded as requiring e of one to two staff in activities of daily living required set-up assistant signed physician's stated 12/18/15 that "Humalog 100 U (ur Scale BS) (Blood Struttum); 201-300=401-500=12 U; > (greater than 500." Corresponding entri November 2016 MA record) as follows: a. On tti10/16 at 4	initiad to the facility 2/18/15. Initiad to the facility 2/18/15. Inded type II diabetes mellitus, extension, depression, anxiety recent MDS (minimum data assessment reference date) inual assessment. She was finterview of Mental Status) roly intact. Resident #2 was extensive to total assistance remoers to perform all of hering other than cating. She stance only for eating. #2's clinical record revealed a liding scale order initially read: (less than) 200=0 IU; 301-400=8 U; reader than) 500 = 15 U, Site, Call MD (medical cose is Less than 100 or less were noted on the R (medication administration 130 p.m. the blood sugar	F	357			
	administered was do to the physician orde	I the amount of insulin acumented '15 U'. According gred sliding scale, Resident greater than 500.					

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Event IO: 19RD11

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if continuation sheet Page 3 of 24

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DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				PRINTED: 01/19/2017 FORM APPROVED
STATELIKNT OF DEFICIENCIES ANDRIAN OF CORRECTION	(XI) PROVIDERISUPPLICACEIA IDCNITIFICATION NELIĢER	(S.5) MULT A. BULDS	TPLE CONSTRUCTION NO	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
	495327	B. WING.	-	C.
NAVE OF PROMIDER OR SUPPLIER		·	STREET ADDRESS, CHY, STATE, ZP CODE	01/05/2017
EWOY OF WESTOVER HILLS			4403 FOREST HILL AVENUE RICHMOND, VA 23225	CONTRACTOR AND
PROPERTY (MAQUIDERICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATIONS	IO FRESIX TAG	PROVIDER'S PLAN OF CORRECT (FACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFIDIENCY)	Story III. XIV 3
reading was 580 an administered was do the physician was able of sugar results. A thorough review on documentation Finatified of the finger measurement of >5 p.m. for on 11/17/16 1/5/17 at 1:15 p.m. was informed and signification of the failuration of the fa	at 7:30 a.m. the blood sugar of the amount of insulin bournented '15 Lf'. According erod stiding scale, Resident ordered to be notified for greater than 500. If the clinical record revealed Resident #2's physician was a stick blood sugar 00 mg/dl on 11/10/16 at 4:30 at 7:30 a.m. If the DON (director of nursing) tated, "I didn't find any on on the blood sugar or D" Inn., the administration was are of the staff to notify clan of the blood sugar was greater than 500 mg/dl, s. The facility staff failed to notify shood sugar reading greater 10/29, 16/30, 11/21/2016. mitted to the facility 6/10/15 in hospitalization on 11/28/16, cled type II diabetes mellitus, any artery disease, and	F°-18	57	

Resident #3's most recent MDS (minimum data set) with an ARD (assessment reference date) was coded as a quarterly assessment. She was coded a SiMS (Brief Interview of Menta) Status) FORMOMS-2567 (00:499) Provious Versions Obsolete

Evert IB: 19RD11

Facility (C) VA0085

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OEPART	MENT OF HEALTH	enn u	N Ormanono			\) (Talkufuru —	
	S FOR MEDICARE		N SERVICES AM SERVICES				一片〇段板), 01/19/2047 IAPPROVED
STATEMENT:	OF DEFICIENCIES	(X1) PROVID	SER/SUPPLIER/CLIA	(X2) 6 H 9	TYDH S	COMSTRUCTION	<u> JANB NO</u>	<u>. 0938-03</u> 91
ANDELAS C	IF CORRECTION	#DENT#	STEBRIUM MONTADI	A. GUILD		DOLOG S POPTION	(X3) (X4) CO:	TE SURVEY VPLUTED
								C
MIND OF B	PROVIDER OR SUPPLIER		495327	E. WING			n-r	/05/2017
			·			REET ADDRESS, CITY, STATE, ZIP CODE	-!	103)2011
EMYOY (OF WESTOVER HILLS	3				G FOREST HILL AVENUE		
jkli ilu	SUMMARY STA	SENEST BEI	NE Zafi (Galici z B		RIC	CHMOND, VA 23225		
PSEFIX SEG	(SACI) DEFICIENCY REGULATORY OR L	CIMUST AR DO	名かだいさい マソ ピッコ	0 173914 1940 1940	X	PROVIDER'S PLANDE CORRECTION SHOUL [EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY]	ದಿ ಶರ	DATE CONSCENOS (xs)
F 157	Continued From pa	te 4						
	score of 15, cogniti		Recident 47 mag	F \$	57			
	Coded as requiring	supervision	i of one staff			-		
	member to perform	all of he∈a	≧clivities of daily					
	living other than bal assistance only for	bring. She bathing.	required total					
	On 1/5/46 at 9:00 a	m a rovis	suco! Resident #2%					
	-Clinica: record was r	conducted	and revealed the					
	following orders for	physician i	natilication:					
	1. Fästing Blood Su	lger once a	tilav everymorojoa					
	- Read - Notify MD	if Blood Su	gar < (less than) 60					
	Of > (@reater then) 4	1 00,	•					
	a On 10/29/16 at reading was 567	aigo alm. I	he blood sugar					
	b. On 19/30/76 at	9:00 a.m. t	he blood sugar					
	reading was 514.							
	2. "Humalog 100 U	(neits) (1	ml/millillor) Defect					
	Meals and at Bedtin	ne per Siid	ing Scale for Blood					
	-Sugar: 0-150 Giye (Coverage (e: 150-200 Give 2					
	Units SUBQ (subcu	taneous);	201-259 Give 4					
	Units SUBQ; 251-3 301-400 Give 8 Uni	ia SHBO Y	Units SUBQ; Your Carl Live					
	(medical destor),"							
	Corresponding entri	es were no	oted on the					
	December 2016 MA	R (medica	ilion administration					
	record) as follows: a. On 12/9/16 at t	1-20 4	مم لما عم					
	reading was 500 an	nou a.m. t d the ama	re moda sugar est af insedia					
	administered was d	ocumented	L'16 U'. Accordina					
	to the physician ord	Ered alidina	scale. Resident					
	#3's physician was a	ordered to	he notified for					
	blood sugar results b. On 12/9/16 at 4::	greater tha	in 400.					
	reading was 495 an	ov, purit, isse dithe ambi	r viodo sugar zel of iosalia					
	admidistered w⊵s d	ocumented	I'8 U'. Accari≆ne					
	to the physician ord	ered stiding	a scale. Resident					
	#3's physician was o	ordered to	be notified for					

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Event ID: (SRD) (

Fasility ID: VACCES

If continuation sheet Page 5 of 21

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CENT E	TMENT OF HEALTH RS FOR MEDICARE	AND\ AAN SERVICES & MEDICAID SERVICES			FRINTED: 01/19/2017
SHIEUCH	TIOF DEFICIENCIES OF CORRECTION	(X) PROVIDENSHIPPLIFRIGHTS	(X2) MUI	HONTOLIST STORY	FORMACPROVED OMB NO. 0938-0391
		INENTIFICATION NUMBER	Y BOILL	ING	(NO) DATE SURVEY COMPLETED
RIMEOF	PROVIDER OR SUPPLIER	495327	וו עיוון		C
YOVIB	OF WESTOVER HILLS		Š	STREET ADORESS, OITY, STATE, ZIP COD 4403 FOREST HILL AVENUE RICHMOND, VA 23225	01/05/2017 C
(X4))D IRCELX TAG	(BAUH (BEDCIENCY	JEMENT OF DEFICIENCIES (MUST BE PREACHED BY FULL SCHIENTIFYING THEORNATION)	ID FREFI TAG	FROMDER'S PLAN OF CORRECT IX (EACH CORRECTIVE ACTION OF	(m) (m) m m m (m)
F %7	Continued Frampa blood sugar results		F1	157	
	notified of the finger	ਈ lire clinical record revealed Resident ਜੰ3's physician was slick blood sugar 00 mg/dl na 10/29, 10/30 and			
	nurse) C was inform documentation on th	re dates in question. LPN C eck into it and provide			The second secon
	which time she was occasions the physic	in., as interview was DON (Director of Nursing) at informed of the three dian orders were not followed lod sugar readings greater			
	On 1/5/17 at 1:55 p. nursing) was information evidence of phy	ru., the DON toirecter of ed and stated, "I cidn't find esician notification, "			
F 279 SS=D	Resident #3's physic measurements that	itan of the blood sugar was greater than 400 mg/dt, . No additional information 1) DEVELOR	F 2:	79	
	-assessments coyntife	ust maintain all resident ated within the previous 15 nts active record and use the			

Event IC: 19R(h)

Facility ID VAGOS5

ர் continuation sheet Page 6 of 21

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DEPARTMENT OF HEALTH AND HE AN SERVICES

PRINTED: 01/10/2017

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FOR	M APPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DA	D. 0938-0391 TE SURVEY MPLETED
NAME DE	DROVIDED OF SUPE	495327	B. WING		01	C 1 /05/2017
1	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		1703/2017
ENVOY	OF WESTOVER HILLS	5	i	4403 FOREST HILL AVENUE		
(X4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES		RICHMOND, VA 23225		
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)) I I D BE	IX5) COMPLETION DATE
F 279	Continued From pa	ле 6	_			
	results of the asses	sments to develop, review	F 2	79		•
	and revise the resid	lent's comprehensive care		- \		
	plan.		1.	. Resident #3 had no adverse rea	otion t-	•
	483.21			deficiency practice. MDS will ac		
	(b) Comprehensive	Care Plans		appropriate care plan for reside	ent	•
				care plan. Education will be	··:	4.6
	(1) The facility must	develop and implement a		provided to MDSC on the		
	each resident consi	son-centered care plan for istent with the resident rights		care plan process.		1
	set forth at §483,10((c)(2) and §483.10(c)(3) that	2.	100% of all Residents with Diab	etic	
	includes measurable	e objectives and timeframes		Management care plans will be		
	to meet a resident's	medical, nursing, and mental	3.		audit.	
	Comprehensive asse	eeds that are identified in the essment. The comprehensive				
	care plan must desc	ribe the following -		management care plans will be	reviewed	
		_	_	in clinical meeting.		
	(i) The services that	are to be furnished to attain	4.	and a see management liew O	rders	
	physical mental and	lent's highest practicable d psychosocial well-being as		will be care plan in clinical meet	ing.	
	required under §483	.24, §483.25 or §483.40; and	5.			
			•	Diabetic care plan weekly.	-,,,,,,	
	(ii) Any services that	would otherwise be required	6.		Lilia .	
	provided due to the	3.25 or §483.40 but are not resident's exercise of rights		To ensure MDSC and the second	кіу	
	under §483.10, inclu-	ding the right to refuse		To ensure MDSC audits are bein		
	treatment under §48	3.10(c)(6).		maintained. Plan of correction w		
				reviewed at monthly QAPI. AO	C on 2/7/	17.
	(III) Any specialized s	services or specialized sthe nursing facility will		•		
	provide as a result of	s me nursing racility Will f PASARR				
	recommendations. If	a facility disagrees with the				
•	findings of the PASA	RR, it must indicate its				İ

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

rationale in the resident's medical record.

(iv)In consultation with the resident and the

resident's representative (s)-

Event ID: 19RD11

Facility ID: VA0085

If continuation sheet Page 7 of 21

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CENTE	TWENT OF HEALTH RS FOR MEDICARE	AMD HUMAN SERVICES A MEDICAID SERVICES				PRIMITE	0: 01/19/2017
STATELEN	T OF DEFICIENCIES OF CORRECTION	(XII) PROVIDERSUPPIJERFOLIA IDENTIFICATION NUMBER	(X3) MU A. BUIL		GDN81 RUCTION	OMB N(X3) DA	APPROVED 1.0938-0391 TESUEWEY
Links of	and a second	495327	B WING			(C)	MPLETED C
E)I/OY	PROVIDER ON SUPPLIER OF WESTOVER HILLS			ST 441	RSET ADDRESS, CITY, STATE, ZIP CODE OS FOREST HILL AVENUE CHMOND, VA 23225		/05/20:17
(X4) ID PREFOX TAGS	LESCH DELICIENTA	TELLÜNT OF DEFICIENCIES (MUST BE PRECEDED SY FUL) SCIDENTIKYING INFORMATION)	ID PREF TAC	iX	PINOVIDENTS PLANOF CORRECT JEACH CORRECTIVE ACTION SHICK CROSS-REFERENCED TO THE APPR DEFICIENCY)	II and the second	CONFLETION DATE
F 279	Continued From pa	ge 7	F.	279			
	(A) The resident's gident's gi	ea's for admission and					
	whether the resident community was assalicated confact agencial entities, for this purposal, as appropriate requirements set for section. This REQUIREMENT by: Based on staff interreview, and clinical resident to develop a cone Resident (Resident entry).	in the comprehensive care, in accordance with the fin accordance with the fruin paragraph (c) of this. This not met as evidenced view, facility documentation accord review, the facility staff omprehensive care plan for ent#3) of 7 residents in the					· ·
	priysician orrered di the Comprehensive o The findings included Resident #3 was add and readmitted after	3: nitted to the facility 6/10/45 hospitalization on 11/28/16. fed type II diabetes mellitus, ny artery disease, and					** (
	ser) with an ARD (as: 12/5/16 was coded a She was coded a BIN Status) score of 15, c #3 was coded as rec	ecent MDS (minimum data sessment reference date) of s a quarterly assessment. dS (Brief Interview of Mental cognitively intact. Resident ultring supervision of one orth all of her activities of					

PORNICKS 2557 (03-29) Provious Varians Obsolete

Event (0:197)(311

Facility ID: VACHAS

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CEND'E	LMENT OF HEALTH RS FOR MEDICARS	HAND A. JAN SERVICES E & MEDICAID SERVICES				PRINTED	01/19/2017
STAULUEN	TOF DEFICIENCIES	A WEDICAID SERVICES				FORM	APPROVES.
AND PLAIR	OF CORRECTION	(X1) PROVIDER/SUPPLIED/CLIA IDENTIFICATION NUMBER:	V. DOIFI V. DOIFI	UTIPLE C UNG	CONSTRUCTION	(X3) DAT	. <u>0938-0393</u> E SURVEY INLETED
No.		495327	В. Миро	:			C
nwa= Os	PROVIDER OR SUPPLIER	Washington (Market State	-1	STR	SET ADDRESS, CITY, STATE, ZIP CODE	01/	05/2017
ENVOY OF WESTOVER HILLS				4403	FOREST HILL AVENUE HMOND, VA 23225		
(X4; II) PAGEDX TAG	(PAUM DEFICIENCY	VIENENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	10 9859 740	žχ	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APPROPRICE (CO.)	LB Com	(X3) SOMPLET() No DATE
F 279	Continued From padaily living other that assistance for bath under Active Diagni	m bathing. She required total	F:	279			
···	7. A Comprehensive include intervention management. 2. Current physicial diabetic managemes. 2. Fasting 8lood Smorning in which the fithe blood sugar medical formation of Lantus 100 c. Sliding Scale Ins. 11/29/16 - "Humalog (milliliter) Before Medical Sliding Scale for Biological for Biol	ugars once a day every physician was to be notified leasurements was less than 00. utaneous injections of 15 unit/1 mt (mlliliter) at bedtime, ulin (SSI) orders dated at 300 U (units) / 1 mt at and at 8ectime part od Sugar; 0-150 Give 0 Give 2 Units SUBQ; 1-250 Give 0 Give 2 Units SUBQ; s SUBQ; s SUBQ; 301-400 Give 8 CALL MD (medical doctor)." \$10/3/16 with the 3 (High). Reference Range test gives you a picture of plucose (blood sugar) control onths. The results give you a sit your diabetes trealment pullywww.diabetes.org) .m. an Interview was pirector of Nursing (DON) f3's diabetic management as imprehensive Care Plan, it's included in the plan for in.					

Facility (D. MACCES

If continuation sheet Page 9 of 21

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DEPAR PENTE	ITMENT OF HEALTH	AND HUMAN SERVICES			([5]	RINTED: 01/19/201
L PER LE	INS FOR MEDICARE	& MEDICAID SERVICES					FORMAPPROVES
MOPLANI	TIOC DEFICIENCIES DE CORRECTION	(XI) PROVIDENSUPPLIER OLIA IDENTIFICATION NUMBER:	[X2)	Mula	IFLE CONSTRUCTION	<u>\</u>	<u>VIB NO. 0938-0</u> 39
ĺ		ASSESS OF THE PROPERTY.	A, BI	LIE, CHN	YG		(X3) DATE SURVEY COMPLETED
		495327	D.W		_		C
MAME (U	PROVIDER OR SUPPLIER		10.77				01/05/2017
ENVOY	OF WESTOVER HILLS	c			STREET ADDITISSS, CITY, STATE, 21 4403 FOREST HILL AVENUE	IP COEM:	10
					RICHMOND, VA 23225		
(62) PREFAX	SERVED DENCISMEN	ATEMENT OF DEFIGENCIES Y MUST BE PRECEDED BY FOUL		<u></u> D	PROVIDER'S PLAN OF	en	
⊼AG	REGULATORY DRIE	SC IDENTIFYING INFORMATION)	严护	REFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T OFFICIENCE	KIN SHOULD HE KPONDER	v. cc (≙=1
F 279	Continued From pa	sael 9					
	A review of the Alter	ration for Perfusion sources		F 279	9		
	- Profession (1995-1997)	Ol Include objectives					
	TO US VENUOUS OF TIME	Bitanes of Residon สดง					
	On 1/5/17 et 2:15 n	liabetic menagement 					
	ាយកាយមេសាសា សាយាល់ម៉ែបីនិ	s. No additional information					
r sou	wes brokined.						
F 281 53=D	483.21(b)(3)(f) SER PROFESSIONAL S	MICES PROVIDED MEET TANDAROS	I	f 281	†		
	(b)(3) Contprehensi	ve Care Plans					
	The services provide as outlined by the contust-	ed or arranged by the facility, ornprehensive care plan,	L	ru ue	sident #3 had no adverse re eficiency practice. Physician	Will bane	etifi
	(i) Moet professional This REQUIREMEN by:	¹ standards of quality. (Tilis not met as evidenced	, d	podi io cia	arify any changes in insuling I sugar readings and treatm	sliding sca	le,
	Basied on staff inten	view, facility documentation,	•	IO Little	ied and clarifications orders	Were rec	elived for
	THE CONTRACT BUILDING FA	BYIOW, INC facility staff falles	1	COIDE	♥ 1礼 五 <u>3</u> 。		
	medication administr	fonal standards of nursing for ration for one Rosident whey sample of 7 Rosidents.		4417	Designee will (dentify alf re will do a 30 day look back)	t marries at	81 1. 1 .
	For Resident#3, the document blood gluc	facility staff failed to	-	JI, C. 117	ng scale orders were follow the notified for any discrepa	ed per na	ysician order. MD
	11/19/2016, the admi 11/19/16 at 9 p.m., at	inistration of Lantus on			;	ci 63,	
	sugar measurentent	tile: 11:30 a.m. The blood on 12/9/16 at 8:00 p.m., was as 50 decumentation of					
	The findlings included						

FORM \$45-2567(072-99) Previous Versions Obsesso

Resident #3 was admitted to the facility 6/10/15 and readmitted after hospitalization on 11/28/16.

Éven ID 193D H

Pacility IO: WAGG85

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

PRINTED: 01/19/2017 FORMAPPROVED OMB NO. 0938-0391

STATEMUMT C	OF DEFICIENCIES
ANDPLAN OF	CORRECTION

(XI) PROVIDERSUPPLIES OLIA IDANDITICATION NUMBER:

(X2) MUCTIPLE	CONSTRUCTION
A BLOCOMO	

(X3) DATE SURVEY COMPLETING

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C 01/05/2017

MAYE OF PROVIDER OR SUPPLIER

ENVOY OF WESTOVER HILLS

STREET ADDICESS, CITY, STATE, ZIP GODE

4403 FOREST HILL MIENCE RICHMOND, VA 23225

(RG) ID PREFEX TAGS SUMMARY STATEMENT OF DEPOIENCIES (EACH DEFICIENCY MUST BE PRETIZED BY FULL REGULATORY OR LISC DEMTRYING IMPORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CONSECTIVE ACTION STIGUALD BE CROSS-REPERENCED TO THE APARCIPRIATE DESCIENCY)

(3.5) CONPLETION DATE

F281 Crizifinued From page 10

I-ter diagnoses included type II diabetes inclitus, hypertension, coronary artery disease, and unimary tract infection.

Resident #3's most recent MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 12/4/16 was coded as a quarterly assessment. She was coded a BIMS (Brief Interview of Mentel Status) score of 15, cognitively intact. Resident #3 was coded as requiring supervision of one staff member to perform all of her activities of daily living other than bething. She required total assistance for botthing. Diabetes was coded on the MDS under Active Diagnoses.

On 1/5/16 at 9:00 a.m., a review of Resident#3's clinical record was conducted and revealed the following:

- October 2016 tMAR (Medication Administration Record) had an order entry for Lentus 30 units SQ (subcutaneous) at bedtime. This was ordered on 11/18/16 and discontinued on 11/22/16. There was no documentation on the MAR that the Lantus was administered on 11/19/16.
- 2. November 2016 MAR, Sliding Scale Insulin (SSI) orders dated 11/18/16 read "Humalog 100 U (units) / 1 ml (millifler) Before Meats and all Bedtime per Sliding Scale for Blood Sugar; < (less than) 180 = 0 units; 150-200 = 2 units; 201-250 = 4 units; 251-309 = 6 units; 301-400 = 8 units. > (greater than) 400 CALL MD (medical doctor)."
- a. On 1t/19 at 11:30 a.m., there was no documentation of a finger stick blood sugar measurement and no documentation of insuling administration.

F 261

- 3. DCS/Designee will audit all blood sugars on medical records 3xweek x4weeks to ensure physician orders are followed. Staff will be educated an blood sugar readings and complying with physician orders.
- DCS/Designee will review Medication
 Administration records Weekly 4x week
 to ensure physician orders are followed.
 Plan of Correction will be reviewed at
 monthly QAPI.
- 5. ADC is 2/7/17.

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

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A 10/1910/PPLESPEDINGAPI (LX)
NESPLUNION (NO PROPERTIES (LX)

(X2) MULTIPLE CONSTRUCTION A BUILDING (X3) OATE SHRVEY COMPLETED

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01/05/2017

NAME OF FROVIDER DIVISUFFLIER

ENVOY OF WESTOVER HILLS

STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE

RICHMOND, VA 23225

(34) ID PREPOX FAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)

IC Prefix Trg PROVIDERS PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)

gray Completed Date

F281 Continued From page 13

b. On 11/21 at 11:30 a.m., there was a blood sugar reading of 427, however there was no documentation of the amount of insulin administered or physician polification for the blood sugar that was greater than 400.

3. December 2016 MAP, Sliding Scale Insulin (SSI) orders dated 11/29/16 read - "Humalog 100 U / 1 ml Before Meals and at Bedtime per Sliding Scale for Blood Sugar: 0-160 Give 0 Coverage; 150-200 Give 2 Units SUBQ (subcutaneous); 201-250 Give 4 Units SUBQ; 251-300 Give 6 Units SUBQ; 301-400 Give 8 Units SUBQ; 400+CALL MD." On 12/9 at 11:30 n.m., the blood sugar reading was illegible and the amount of insultin administered was not documented.

A thorough review of the dinical record failed to indicate Resident #3 had refused blood sugar testing or insulin administration on the dates in question. Valid physician orders were evident for the above concerns.

On 1/5/17 at t1:05 a.m., LPN (licensed practical nurse) C was informed of the missing documentation on the dates in question. LPN C stated she would check into it and provide follow-up information.

On 1/5/17 at 1:15 p.m., an interview was conducted with the DON (Director of Nursing) at which time she was informed of the missing documentation and she said she would follow-up.

On 1/3/17 at 1:55 p.m., a follow-up interview with the DON was conducted at which time she stated she did not have any information to add regarding the missing documentation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/19/2017 CERTER'S IFOR MEDICARE & MEDICARD SERVICES FORM APPROVED <u>OMS NO. 0938-0391</u> \$МИМЕНТ ОЕ ОЕЕЮНАСИЕ (XI) FROVIDERSUPPLIERICLIA (XZ) MOUTIPLE CONSTRUCTION AMORESTION CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BURDING . COMPLETED 495327 9.Wing 01/05/2017 MARGI PROVIDER OR SUPPLIER STREET ADDRESS, CITY, BIATE, ZIF CODE ENVOY OF WESTOVER HILLS 4403 FOREST HILL AVENUE RICHMOND, VA 23225 03.0 SUMMARY STATEMENT OF DEFICIENCIES 151 PROVIDER'S PLAN OF CORRECTION PECEIX (EACH DEFICIENCY MUST BE PREDECED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY ON LIST IDENTIFYING INFORMATION) <u>12:3</u> COMPTERIOR CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY; F281 Continued From page 12 F 281 Review of the facility's policy entitled. Medication Oral Administration of, read: "Chart on MAR исcording to policy." Review of the facility's policy entitled, Blood Glucose Menitoring read, "Document result in nurses's notes and/or on Medication Administration Record (MAR) with any insulin ដាជីពា inistration. Lippincott was cited as the facility's primery resource for professional nursing standards. Guidance was given to nursing by "Fundamentals of Nursing 7th Edition, Potter-Perry, p. 713, After administering a medication, record it immediately on the appropriate record form," On 1/5/17 at 2:15 p.m., the administration was informed of the failure of the staff to follow professional standards of gursing in the documentation of medication administration. F309 483.24, 483.25(k)(I) PROVIDE CARE/SERV/CES F 300 88-D FOR HIGHEST WELL BEING 483.24 Quality of life

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

483.25

(k) Pain Management.

The facility must ensure that pain management is provided to residents who require such services.

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DEPART MEINT OF HEALTH AND HUMAN SERVICES

PRINTEO: 01/19/2017

<u>LENTERS</u>	FOR MEDICARI	<u> </u>			FORM APPROVE
STATEMENT OF DEFICIENCIES ANDRIAN OF CORRECTION		(X1) PROVIDER/SUFFILER/CLIA IXZI NI IBENTIFICATION NUMBER: A. BU		PLE CONSTRUCTION	OMB NO. 0938-039 IXII) DATE SURVEY COMPLETED
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ENVOY OF WESTOVER HILLS				STREET ADDRESS, CITY, STREE, ZIP COOF 4403 FOREST HELL AVENUE RICHMOND, VA 23225	01/05/2017
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consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

 Dialysis. The facility most ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-contered care plan, and the residents' goals and preferences.

Tids REQUIREMENT is not mel as evidenced

Based on observation, staff interview, facility documentation review, clinical record review, and in the course of a complaint investigation, the facility staff failed to implement physician ordered 3. diabetic masagement for two Residents (Residents #2 and #3) in a survey sample of 7 Residents,

- For Resident #2, on two accessions, the facility staff did not follow for the physician's orders to be notified of larger stick blood sugars greater than 500,
- For Resident #3, the facility staff failed to follow the physician's Sliding Scale Insulin (SSI) orders for insulin administration and physician crolification.

The findings included:

For Resident #2, the facility staff falled to follow the physician Sliding Scale Insulin (\$SI) orders for insulin administration and physician ក្នុនៅខែ១ម៉ូតូត.

Resident #2 was admilled to the facility 2/18/15. Her diagnoses included type II diabetus mellitus, £ 309

- 1. Resident #2 and #3 had no adverse reaction to deficiency of practice. Nursing will comply with Irisulin sliding scale orders and treatment. Nursing will notify physician for all clarifications.
- 2. DCS/Designee will identify all residents with diabetes and will do a 30 day look back to ensure till blood sugar sliding scale were followed as ordered and physician notification we're made as needed.
- DCS/Designee will audit all medical records 3xweek x 4 weeks with diagnosis of Diabetes to ensure insulin sliding scale orders are followed per physician lorder and notifications are made as needed. Staff will be educated on documentation on Blood Glucose reading and notifying the Physician.
- 4. DCS/Designee will review Medication Administration records weekly 4x week to ensure physician orders are followed. Plan of Correction will be review at mouthly QAPI.
- 5. AOC on 2/7/17.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTEO: 01/19/2017

GENTERS FOR MEDICAR	E & MEDICAID SERVICES			FORM APPROVE		
AMPHAN OF COPRECTION	(XI) PROMOGRASUPPLICACING (XI) PROMOGRASUPPLICATION NUMBER;	(X2) MUIT A. BUILOR	PLE CONSTRUCTION VS	COMB NO. 0938-039 (XX) DATE SURVEY COMPLETIED		
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MANS OF PROVIDER OR SUPPLIER ENVOY OF WESTOVER HILLS			STREET ADDRESS, CITY, STATE, ZIP COD 4403 FOREST HILL AVENUE RICHMOND, VA 23225	01/05/2017 E		
FRETIX (EACH BEFICHEN)	(MTEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLANCE CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY	Shall there are the last		

F 309 Comtinued From page 14

stroke, bipoler, hyperlension; depression, anxiety and obesity.

Resident #2's most recent MDS (minimum data set) with an ARD (assessment reference date) of 12/5/16 was coded as an annual assessment. She was coded a BINS (Brief Interview of Menjal Status) score of 15, cognitively intacl. Resident #2 was coded as requiring extensive to intel assistance of one to two staff members to perform all of her appyities of daily living other Biam leating. She required set-up absistance only for ealing. Resident #2 was coded for Diabeles in the Active Diagnoses section of the MDS.

On 1/6/17 at 11:30 a.m., Resident #2 was obsierved in her room, in a beriatric bed, drinking a Mountain Dewisorla. A 1 liter bottle of Mountain Drew was observed on her bedside table. Ros/dent #2 was interviewed and said she had no conderns regarding her care in the facility.

On 1/5/17 at 11:40 a.m., a review of Resident #2's clinical record was conducted and revealed the following:

- A Comprehensive Care Plan dated 6/28/16 that included a focus on Diabetes. Interventions included monitoring for hypo and hyperglycemia, providing medications as ordered, obtaining blood Olu gnityiiloa barabaro as alevel eacoculg (Medical Declor) as ordered,
- 2. A lab report dated 9/14/15 with an Hemoglobin A1C of 6.7 (high). Reference Range was 4.0-6.0. ("The A1C lest gives you a picture of your average blood glucose (blood sugar) control for the past 2 to 3 months. The results give you a good idea of how well your diabetes treatment

F 309

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STAISVENT	DF DEFIGIE/JOIES 2F GORRIGAION	(XX) PACIVIDERSOUPPLISAVOLIA IDENGIFICATION NULISER:	(X2) N.J. A. B(E, 0		-URSTRUCEOPE	DMB NO 0938-0391 (X3) DATE SURVEY COMPUSITED
		495327	U. WING			c
NAME OF §	PROVIDER OR SUPPLIER		<u> </u>	SIR	EET AMORESS, CITY, STATE, SP COOF	01/05/2017
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(M), 10 905,90x T40	しゅいじい ひだたけごじおこと	TEMENT OF DEFICIENCIES LAIST BE PRECEDED BY FULL BC IDSNTIFYING INFORMATION)	D PREFI TAG	×	PROVINERS PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-HIBFERENCED TO THE APPRO DEFICIENCY)	Ph. 747 (J.30)
F 30Q	Continued From papier is working." In	ge 15 itp://www.diabeles.org)	F 3	 99'		
	Those Summary rea	on Evaluation dated 10/27/16, d, "Resident drinks 2L (liters) I 3 x weekeating candy ounsating," .				
	"Humaiog 190 U (ur Scale BS (Blood Su U; 201-300=4 U; 30 (greater than) 500 =	its) / 1 ml (milifiter) Stiding gar) : If < (less ihan) 200e) I-400=8 U; 401-500=12 U; > 15 U, Record Amount and ral doctor) If Blood Glycoso is				
	November 2016 MA Record); a. On 11/10/16 at 4 reading was 555 and administered was do to the physician orde	ntries were noted on the R (Medication Administration 30 p.m., the blond sugar the amount of insufin councited '15 U'. According and Siding scale, Resident refer to be notified for greater than 500.				
	reading was 5% and ad ininistered was do to the physician orde	30 a.m., the blood sugar the amount of insulin cumented '15 U'. According red sliding scale, Resident rdered to be notified for reater than 500.				:
	no accementation Re notified of the finger s	9 ma/dl op 11/10/16 =1 4-35				

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F 309	comfueted with LPN regarding Resident measurement historiand the degler had Resident had left that accession. Orr 1/5/17 at 12:00 conducted with LPN regarding the facility physician of her blo After reviewing Resident They (the completed an SBAF Assessment, Reviewing Was informed of the MD or blood suggested. On 1/5/17 at 2:15 phursing of the failure MD or blood suggested. On 1/5/17 at 2:15 phursing additional informative MD or blood suggested.	a.m., an interview wan N (Licensed Practical Nurse) A #2's blood sugar ry. LPN A stated, "I can recall ing over 500 on one occasion to be notified," LPN A said the re facility le attend a buffet on p.m., an interview was NB, the unit manager, y staff faiture to notify the od sugar greater than 500, ident #2's clinical record, LPN ow why the physician wasn't o nursing staff) should have R (Situation, Background.	F 3	09	
	follow the physician	the facility staff failed to Sliding Scale Insulin (SSI) ministration and physician			7

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notification.

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AICHAN C	TOF DEFICIENCIES DE CORRECTION	(X)) PROMOERSUPPLIENCUA DENTIFICATION NUMBER:	(X2) MUL	TIPLE	CONSTRUCTION		NO. 0938-0391
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MUE OF	AME OF PROVIDER OR SUPPLIER			STR	EFT ADDRESS, DITY, STAFE, ZIF CODE		01/05/2017
EllVOY (OF WESTOVER HILLS	;		4403	FOREST HILL AVENUE		
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F 309	Continued From pag	ge 17		*1.0	P		
	Resident #3 was ad and readmitted after Her diagnoses inclu	mitled to the facility 6/10/15 r hospitalization on 11/28/16, ded type II diabetes mellitus, ary aftery disease, and	F3	19			
	was coded as a qual coded a BlMS (Brief score of 15, cegnilly coded as requiring symember to perform; living other than ball assistance for bathin	recent MDS (minimum data assessment reference date) ricity assessment. She was interview of Mantal Status) ely interview of Mantal Status) ely interview of one staff all of har activities of daily align. She required total up. Resident #3 was coded clive Diagnoses section of					A Professional Security Co.
	🙉 TV.ZV 8.D)., gDg 6(erved in her room on 1/4/17 n 1/5/17 al 11:00 a.m. On sident #3 was asleep in her					The state of the s
	ounica: renord was co following: 1. A Comprehensive 4/12/16 which did not Resident #3's diabeti 2. October 2016 MA Record) had an order SQ (subcutaneous) a ordered on 11/18/16;	include interventions for a management. R (Medication Administration return for Lantus 30 units to bedime. This was and discontinued on the documentation could be according to the continued on the documentation could be according to the continued on the contin					
{	3. November 2018 M (SSI) orders dalert 11	AR, Sliding Scale Insulin /18/16 read - "Hurnalog 100					

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	Bed time per Sliding (less than) 150 = 0 201-250 = 4 units: 6 units: 9 (greater doctor)." a. On 11/19 at 11: documentation of a measurement and administration. b. On 11/21 at 11: sugar reading of 42 documentation of 1 administered or phyblood sugar that was 3. December 2016 (SSI) orders dated U / 1 ml Before Me Scale for Blood Sug 150-200 Give 2 Units SUBO; 301-4 CALL MD." On 12/3 sugar reading was insulin administered A thorough review of indicate Resident #3 testing or insulin adquestion. Valid physthe above concerns	Hiter) Before Meals and at a Scale for Blood Sugar; < units; 150-200 = 2 units; 251-300 = 6 units; 301-400 = 6 units; 301-400 = 6 units; 301-400 = 6 units; 301-400 = 6 units; 300 a.m., there was no finger stick blood sugar no documentalion of insulin 300 a.m., there was a blood 7, however there was no he amount of insulin visidan notification for the 6 greater than 400. MAR, Stiding Scale Insulin 11/29/16 read - "Humalog 100 als and at Bedtime per Stiding 30 a.m. the blood 30 Give 8 Units SUBQ; 400+9 at 11:30 a.m., the blood 11:30 a.m., the bl	F	309			

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follow-up information.

nurse) C was informed of the missing

documentation on the dates in question. LPN C stated she would check into illand provide

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- 4		495327	8. WIM5				Į	c
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F 309	On 1/5/17 at 1:15 p conducted with the which time she was concerns regarding ordered diabelic ca. 1. The Comprehen goals and interventia. The three occass were not followed for exclings greater that it is the two occassis documentation of in 4. Documentation of illegible on 12/9 at 8. The DQN said she willegible on 12/9 at 8. The DQN said she willing all record and p. On 1/5/17 at 1:55 p. the DQN was condustred in the did not have an Review of the facility Glucose Monitoring nurses's notes and/one Administration Record administration, Guidance was given Nursing 7th Edition, quantity and distributed different body compared to the prescribed doses an Also, same source, to the constant blood level range. The client and regular dosage sche prescribed doses and Also, same source, to the constant blood level range. Same source, to the constant blood level range. The client and regular dosage sche prescribed doses and Also, same source, to the constant blood level range.	DON (Director of Nursing) at a infermed of the following. Resident #3 physician retries to Care Plan did not include ions for care of her diabotes, sions the physician orders or notification of blood sugaren 400. Ons, there was no isulin administration, of a blood sugar reading was at 100 p.m., would review Resident #3's provide follow-up information. In a follow-up interview with toted at which time she stated by additional information. If a policy entitled, Blood read, "Document resist in or on Medication with (MAR) with any insulin artiments change constantly, is prescribed, the goal is a within a safe therapeutic and nurse need to follow endules and achere to	F 3	09				

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DEPART	MENT OF HEALTH	TAND HUMAN SERVICES			(PRINTED: 01/19/2017
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STATEMENT	OF DEFICIENCES F CORRECTION	(XI) PROVIDER/SUPPLIEI/COLIA IDENTIFICATION NUMBER:	(X2) Nii) A. Gi)iu	LTIPLE C	ONSTRUCTION	OMB NO. 0938-0391 (XII) DATE SURVEY COMPLETED
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WARE OF S	ROVIDER OR SUPPLIER			-	EET AODRESS, CITY, STATE, ZIP CODE	01/05/2017
	F WESTOVER HILL			4403	FOREST HILLAVENUE HMOND, VA 23225	
(AS) ID PREFIX FAG	LEAGH DEFRIENCY	ATEMENT OF DEFICIENCIES Y MUST SE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	IO PREF EAS	ix	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEPICIENCY)	COLUMN (1972)
	On 1/5/17 at 2:15 p	icians' orders unless they are in error or harm clients." .m., the administration was lity staff failure to implement ician ordered diahetic	F	309		

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