PRINTED: 08/11/2017 FORM APPROVED OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETEO
		495301 B. WING			07/28/2017
NAME OF PROVIOER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COOE		
HERITAGE H	IALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
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	 			I	

F 000 INITIAL COMMENTS

An unannounced Medicare/Medicaid standard survey was conducted 7/25/17 through 7/28/17. Complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.

The census in this 60 certified bed facility was 58 at the time of the survey. The survey sample consisted of 15 current resident reviews (Residents #1 through #14 and Resident #21) and ten closed record reviews (Residents #15 through #20 and Residents #22 through #25).

F 157 483.10(g)(14) NOTIFY OF CHANGES SS=D (INJURY/DECLINE/ROOM, ETC)

(g)(14) Notification of Changes.

- (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-
- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;
- (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
- (C) A need to after treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to

F 000

F 157 F-157
Corrective Action(s)

Resident #5's attending physician and responsible party have been notified that facility staff failed to notify the attending physician & RP that resident #5 refused her 6 AM dose of Ativan and Buspar 10 times in the month of July. A Facility Incident & Accident form has been completed for this incident.

Identification of Deficient Practices

& Corrective Action(s):

All residents may have potentially been affected. The DON and Unit

ADMINICULATOR

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

TITLE

JX6) DATE

5-18-17

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

EvenIID: KFYC11

Facility IO: VA0101

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

PRINTED: 08/11/2017 FORM APPROVED OMB NO. 0938-0391

07/28/2017

<u>ENTERS FOR MEDICARE & I</u>	MEDICAID SERVICES		OMB NO. 0938-03
EMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
PLAN OF CDRRECTION	IDENTIFICATION NUMBER:		COMPLETED

B. WING

NAME OF PROVIDER OR SUPPLIER

HERITAGE HALL FRONT ROYAL REVISED COPY

STREET ADDRESS, CITY, STATE, ZIP CODE

FRONT ROYAL, VA 22630

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STAT AND

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

495301

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

Manager's will conduct a 100%

(X5) COMPLETION DATE

F 157 Continued From page 1

commence a new form of treatment); or

- (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
- (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.
- (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-
- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or
- (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.
- (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review, and clinical record review, it was determined that facility staff failed to notify the physician and RP (responsible party) of a change in condition for one of 25 residents in the survey sample, Resident #5.

The facility staff failed to notify the physician and RP after Resident #5 refused her 6 AM doses of Ativan [1] and Buspar [2] 10 times during the month of July.

review of all clinical records for the last 30 days to identify residents who may have had changes in their medical treatment or condition that would have required physician and responsible party notification. An

incident & accident form will be

findings and will be corrected at

completed for all negative

Systemic Change(s):

time of discovery.

The facility policy and procedures have been reviewed and no changes are warranted at this time. The 24 Hour Report and documentation in the medical record will serve as the source document for communicating changes in resident condition/status, refusal of medical care and treatment and proper notification to responsible parties and physicians. Licensed staff will be inserviced by the DON and/or Regional nurse consultant on the Notification of Rights & Services and issued a copy of company policy and

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

EvenI ID: KFYC11

Facility ID: VA0101

If continuation sheet Page 2 of 161



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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			FORM APPROVED
STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER (X2) PROVIDER/SUPPLIER		(X2) MULTIPLE (CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		495301	B. WING		C 07/28/2017
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F 157	Continued From page	3 2	F 157	procedure. The inservice will include staff education on the	
	The findings include:			timeliness of notification to the attending physician and	
	Resident #5 was admitted to the facility on 9/14/13 with diagnoses that included but were not limited to Alzheimer's disease, age-related osteoporosis, and dementia with behavioral disturbance. Resident #5's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 6/28/17. Resident #5 was coded as			responsible party when chang treatment or condition occur i order to prevent a delay of services while promoting continuity of care.	
	make daily decisions of BIMS (Brief Interview Resident #5 was code	taff members with bed leting, and personal pendence on one staff		Monitoring: The DON is responsible for maintaining compliance. The DON will complete weekly claudits coinciding with the carplan calendar. Any/all negative findings will be corrected at the	e ⁄e
	following orders: Lorazepam (Ativan) 1 1 mg PO (by mouth) T 0600 (6 a.m.) for Anxie Buspirone (Buspar) 5 1 tab PO (by mouth) T	ation Record) revealed the MG (milligram) tablet. Take TD (three times a day) at		of discovery. Aggregate finding of these audits will be reported the QA committee for review, analysis and recommendation changes in facility policy, procedure and/or practice.	ngs d to
	Further review of the J	luly 2017 MAR revealed refused her 6 AM doses of the following days: /17, 7/18/17, 7/19/17,		Completion Date:	9/11/17

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Review of the July 2017 nursing notes failed to reveal any evidence that the physician or responsible party were made aware of Resident

Event ID: KFYC 11

Facility ID: VA0101

If continuation sheel Page 3 of 161



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1 · · · = - · · · · · 12 · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495301	B. WING				C 07/28/2017	
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY		REVISED COPY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAO FRONT ROYAL, VA 22630		400 WEST STRASBURG ROAO			
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F 157	Continued From page #5's refusals.	÷ 3	F ′	157				
	the nurse who docum her Buspur and Ativar LPN #8 stated the doc a resident continuous	m., an interview was licensed practical nurse) #8, ented Resident #5 refused n on all of the above dates. ctor is usually made aware if ly refuses medications for is in a row. When asked if						

the doctor was made aware that Resident #5 refused her Ativan and Buspar nine times in July, some days consecutively, LPN #8 stated that it wasn't that Resident #5 didn't want to take her medications, but rather she did not want them from him (LPN #8), because he was a man. LPN #8 stated he was the only nurse on the 11-7 shift. When asked what the facility was doing about Resident #5 not wanting her medications given from a male nurse, LPN #8 stated that he would pass onto the 7am-3pm shift that Resident #5 did not take her 6 a.m. medications and the 7-3 shift were going to try to reschedule her medications. When asked if this was done, LPN #8 stated that he was not sure. When asked if he had documented anywhere that the 7-3 shift was going to reschedule her medications, LPN #8 stated that he did not. When asked again if he had notified the MD (medical doctor) or RP (responsible party) that Resident #5 was refusing her 6 AM medications, LPN #8 stated he was not sure if 7-3 shift notified the MD and RP, but he personally did not. When asked the appropriate time frame to administer a medication, LPN #8 stated that nurses have an hour before the medication is due to an hour after the medication is due to administer the medication. When asked why the 7 a.m. shift did not administer the 6 a.m. dose of Atvian and Buspar, LPN #8 stated they

may not have felt comfortable with administering

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F 157	asked why nursing streemfortable, LPN #8 if I really administered When asked if he had medication given, LPI On 7/27/17 at 6:32 p. staff member) #1, the DON (Director of Nurscorporate nurse were concerns. No further prior to exit. In Basic Nursing, Ess edition (Potter and Pewas a reference source Failure to monitor the appropriately and components of the components of	cially with a narcotic. When aff would not feel stated, "They may not know if the medication or not." If a narcotic log for each N #8 stated, "Yes." m., ASM (administrative administrator, ASM #2, the sing) and ASM #3, the made aware of the above information was presented ential for Practice, 6th entry, 2007, pages 56-59), be for physician notification, patient's condition inmunicate that information	F	157				
	being liable for negligrof care, to give competed communicate with other the physician or healinesponsible for directian patient. [1] Ativan is used to trainformation was obtain institutes of Health. https://www.ncbi.nlm.rt0010988/?report=de [2] Buspar is used to the communication of the properties	cts. The best way to avoid ence is to follow standards etent health care, and to er health care providers. th care provider is ng the medical treatment of eat anxiety disorders. This ned from The National hih.gov/pubmedhealth/PMH tails.						

information was obtained from The National

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		495301	B. WING			C 07/28/2017
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,	Institutes of Health.	. 3	Г	157		
		nih.gov/pubmedhealth/PMH				
	T0009364/?report=de				F164	
F 164	483. t0(h)(t)(3)(i); 483		F	t64		
		ITIALITY OF RECORDS	•	.0-	Corrective Action:	
00 D					LPN #7 performing wound ca	
	483.t0				resident #4 has received a one	e-on-
	(h)(l) Personal privacy	includes accommodations,			one inservice on the facility p	olicy
	medical treatment, wr			and procedure for providing	0110)	
	communications, pers				- 1	ha.
		d resident groups, but this			privacy during personal care t	.0
	room for each residen	acility to provide a private t.			include wound care.	
					Identification of Deficient	
	(h)(3)The resident has					
	confidential personal	and medical records.			Practice(s) & Corrective	
	(i) The recident has th	e right to refuse the release			Action(s):	
	of personal and medic				All residents receiving wound	
	provided at	a ooo. ao oxoopi ao			may have been potentially aff	ected.
	•	applicable federal or state			A 100% observation audit of	
	laws.	•			residents receiving wound car	
					be conducted to identify any	C WIII
	§483.70					
	(i) Medical records.				residents at risk for the potent	
	(2) The facility must ke				unnecessary exposure of their	
		in the resident's records,			bodies during personal care as	nd
	records, except when	or storage method of the			services. Any residents identified	
	records, except when	release is-			being exposed during the audi	
	(i) To the individual, or	their resident				
		permitted by applicable law;			be corrected at time of discovery	
	•	•			and staff involved will receive	
	(ii) Required by Law;				immediate inservice training a	and
					disciplinary action. An Incide	
	(iii) For treatment, pay				Accident Form will be comple	
		ed by and in compliance			for any/all incidents of exposu	
	with 45 CFR 164.506;				Tot anytan moracing of exposi	μь,

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NTERS FOR MEDICARE & MEDICAID SERVICES	

NAME OF PROVIOER OR SUPPLIER

HERITAGE HALL FRONT ROYAL REVISED COPY

STREET AOORESS, CITY, STATE, ZIP COOE
400 WEST STRASBURG ROAD

FRONT ROYAL, VA 22630

(X4) IO PREFIX TAG SUMMARY STATEMENT OF OEFICIENCIES
(EACH OEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

IO PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY)

(X5) COMPLETION DATE

F 164 Continued From page 6

(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide full visual privacy during care for one of 25 residents in the survey sample, Resident #4.

The facility staff failed to provide full visual privacy while measuring Resident #4's wound. LPN (licensed practical nurse) #7 failed to shut the room door and failed to pull the privacy curtain around Resident #4's bed. Resident #4's roommate was in the room and in Resident #4's line of sight.

The findings include:

Resident #4 was admitted to the facility on 3/24/11. Resident #4's diagnoses included but were not limited to: dementia (1), high blood pressure and dysphagia (2). Resident #4's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 6/2/17, coded the resident's cognitive skills for daily decision making as severely impaired. Section M coded Resident #4 as not having a pressure injury (3).

F 164

Systemic Change(s):

The facility policy and procedure has been reviewed and no changes are warranted at this time. All staff will be inserviced by the DON on Resident Rights, Confidentiality and Personal Privacy to include unnecessary exposure during personal care and services.

Monitoring:

The DON is responsible for compliance. The DON, ADON and/or designee will perform two weekly wound care audits on each unit in order to maintain compliance. Any/all negative findings will be corrected immediately and disciplinary action will be taken as warranted. Aggregate findings will be reported to the Quality Assurance Committee for review, analysis, and recommendations for changes in policy, procedure, and/or facility practice.

Completion Date:

9/11/17

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

Event IO: KFYC11

Facility IO: VA0101

If continuation sheet Page 7 of 161



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		D HOWAN SERVICES				FORM APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PRDVIDER/SUPPLIER/CLIA AND PLAN DF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII		NSTRUCTION	(X3) DATE SURVEY COMPLETEO
						С
		495301	B, WING_			07/28/2017
NAME OF PR	ROVIOER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	
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F 164	Continued From page	7	E 4	164		
. 101	· -		Г	104		
	A wound assessment	•				
	injury on the right hee	t #4 developed a pressure				
		geable due to suspected				
	deep tissue injury (3).					
	deep hoode injury (o).					
	On 7/27/17 at 10:20 a	.m., LPN (licensed practical				
		to measure Resident #4's				
	wound. On 7/27/17 at	t 10:25 a.m. Resident #4				
	was lying in bed on th	e side of the room closest				
	to the door. LPN #7 ex	xposed and measured				
	Resident #4's wound.	During this process, LPN				
	#7 failed to shut the ro	oom door and failed to pull				
		ound Resident #4's bed.				
	Resident #4's roomma	ate was in the room and in				
	Resident #4's line of s	ight.				
	On 7/27/17 at 3:05 p.r	n an intonviou was				
	•	5. LPN #5 was asked what				
		o exposing and measuring				
		#5 stated nurses should				
		what they are going to do				
	and pull both privacy of					
	surround the resident					
		provide privately.				
	On 7/27/17 at 5:40 p.n	n., an interview was				
	conducted with LPN#	7. LPN #7 was asked what				
	should be done when	providing treatment to a				
	resident. LPN #7 state	ed during a normal				
	treatment nurses shou	ild clean off the cart, let the				
	resident know they are					
		edside table, wash their				
		plies into the room, pull the				
		e door and provide privacy.				
		should have been provided				
	•	d measured Resident #4's				
	wound, LPN #7 stated	, "Yes."				ļ

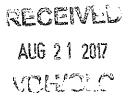
FORM CMS-2567(02-99) Previous Versions Obsolete

On 7/27/17 at 6:32 p.m., ASM (administrative

EvenI ID: KFYC11

Facility ID: VAO101

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391		
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	ROVIDER OR SUPPLIER HALL FRONT ROYAL	REVISED COPY		STREET ADDRESS, CITY, STATE, ZIF 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630			
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	staff member) #1 (the (the director of nursing above findings. The facility policy titled Dignity/Privacy" document of the promote, maintain and including bodily privace personal care and dure. No further information (1) "Dementia is the major of the promote o	e administrator) and ASM #2 g) were made aware of the d, "Quality of Life- mented, "10. Staff shall d protect resident privacy, cy during assistance with ring treatment procedures" n was presented prior to exit. ame for a group of disorders that affect the ific disease. People with able to think well enough to such as getting dressed or ation was obtained from the h.gov/vivisimo/cgi-bin/query- nedlineplus&v%3Asources= query=dementia&_ga=2.205 1501503571-139120270.14 ulty swallowing. This	F 1	164	NOT		
	pressure or pressure in	n combination with shear. issue for pressure and				,	

nutrition, perfusion, co-morbidities and condition

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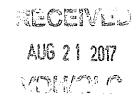
S FOR MEDICARE &	MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
OF OEFICIENCIES F CORRECTION	(X†) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	I ' '		(X3) OATE SURVEY COMPLETEO
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(EACH OEFICIENC)	Y MUST BE PRECEOED BY FULL	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE OEFICIENCY)	BE COMPLETION
of the soft tissue Deep Tissue Pressure non-blanchable deep discoloration Intact or non-intact sk persistent non-blanch purple discoloration or revealing a dark wour Pain and temperature color changes. Disco differently in darkly pig results from intense a and shear forces at th This information was on http://www.npuap.org/clinical-resources/npu 483.10(g)(10)(i)(11) R RESULTS - READILY	e Injury: Persistent red, maroon or purple kin with localized area of nable deep red, maroon, or epidermal separation nd bed or blood filled blister. e change often precede skin ploration may appear gmented skin. This injury and/or prolonged pressure ne bone-muscle interface" obtained from the website: //resources/educational-and- pap-pressure-injury-stages/ RIGHT TO SURVEY	F 164	F167 Corrective Action(s):	
(i) Examine the result of the facility conducte surveyors and any pla respect to the facility; (g)(11) The facility must (i) Post in a place read and family members a residents, the results of the facility. (ii) Have reports with recertifications, and comrespecting the facility of years, and any plan of	ts of the most recent survey ed by Federal or State an of correction in effect with and ist dily accessible to residents, and legal representatives of of the most recent survey of respect to any surveys, aplaint investigations made during the 3 preceding f correction in effect with		notification of 3 years survey and their location and the pla of the Survey Results has been modified to be accessible to families, visitors and resident include those in wheel chairs Identification of Deficient Practice(s) & Corrective Action(s): All residents may have been affected. The Administrator been inserviced regarding the regulation stating that a resident.	acement en all ats to s. has
	OF OEFICIENCIES F CORRECTION ROVIOER OR SUPPLIER E HALL FRONT ROYAL SUMMARY ST. (EACH OEFICIENC' REGULATORY OR L Continued From page of the soft tissue Deep Tissue Pressure non-blanchable deep discoloration Intact or non-intact sk persistent non-blanch purple discoloration or revealing a dark wour Pain and temperature color changes. Disco differently in darkly pig results from intense a and shear forces at the This information was of http://www.npuap.org/clinical-resources/npu 483.10(g)(10)(i)(11) R RESULTS - READILY (g)(10) The resident has a contract to the facility conducted surveyors and any pla respect to the facility. (g)(11) The facility must be resulted and family members a residents, the results of the facility. (ii) Have reports with recreating the facility of years, and any plan of	ROVIDER OR SUPPLIER E HALL FRONT ROYAL REVISED COPY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 of the soft tissue Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface" This information was obtained from the website: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/483.10(g)(10)(i)(11) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE (g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (g)(11) The facility must (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of	OF OFFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILOING 495301 B. WING ROWOER OR SUPPLIER E HALL FRONT ROYAL REVISED COPY SUMMARY STATEMENT OF OFFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 of the soft tissue Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. 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(ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with	DE OEFICIENCIES F CORRECTION (X1) PROVIDE RULP PLEPICIAL IDENTIFICATION NUMBER: A BUILDING 495301 ROWOER OR SUPPLIER E HALL FRONT ROYAL REVISED COPY E HALL FRONT ROYAL REVISED COPY SUMMARY STATEMENT OF DEFICIENCES (EACH OFFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 9 of the soft tissue Deep Tissue Pressure Injury: Persistent non-blanchable deep red, marroon or purple discoloration in chalch be deep red, marroon, purple discoloration or epidermal separation Intact or non-intact skin with localized area of persistent non-blanchable deep red, marroon, purple discoloration or epidermal separation Intact or non-intact skin with localized area of persistent from intense and/ror prolonged pressure and shear forces at the bone-muscle interface This information was obtained from the website: http://www.npuap.org/resources/educational-and- clinical-resources/dupap-pressure-injury-stages/ 483.10(g)(10)(11) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE (g)(10) The resident has the right to- (j) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility, and (g)(11) The facility must (j) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (j) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respects to the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility during the 3 preceding years, and any plan of correction in effect with

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Event IO: KFYC11

Facility IO: VA010t

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CENTERS FOR WEDICARE & WEDICAID SERVICES		•		OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		495301	B. WING		C 07/28/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
HER)TAGE H	HALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION

F 167 Continued From page 10 to review upon request; and

- (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.
- (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:

Based on observation and staff interview it was determined that the facility staff failed to post a notice of the preceding three years of the survey results and failed to keep the survey results in an accessible location.

A notice was not posted to the residents and responsible parties that the results of the previous three years of survey results, with the plan of corrections, were available for review. The survey book was also located on the receptionist desk that was a high desk where wheelchair bound residents would not have access.

The findings include:

On 7/25/17 at 12 p.m., the results of the surveys for the previous three years were observed in a binder on the receptionist desk in the front lobby. A sign that documented, "THE MOST RECENT SURVEY RESULTS" was observed hanging right above the survey binder. The sign failed to post notice that the survey results of the preceding three years were available. The receptionist desk was also a high desk not allowing easy access to the survey results for wheelchair bound residents. A tall stand up hand sanitizer machine was also located right in front of the receptionist desk blocking the view of the survey results binder.

F 167

visitors have the right to examine the results of the most recent 3 years of survey results for the facility conducted by Federal or State surveyors and that the facility must make the results available for examination in a place readily accessible to residents and visitors and must post a notice of their availability. The Administrator will meet with the resident council to remind residents that survey results are posted for their review.

Systemic Change(s):

The Facility's Policy and Procedure has been reviewed and no changes are warranted at this time. All staff will be inserviced on the policy for posting and the availability of the facilities survey result.

Monitoring:

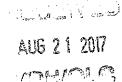
The Administrator is responsible for compliance. The administrator will perform weekly audits to ensure that the notice of the survey results location and the current survey results are available for examination. Findings from these audits will be reported to the Quality Assurance

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Facility ID: VA0101

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CENTERS FOR MEDICARE & MEDIC		EDICAID SERVICES				OMB NO. 0938-0391		
STATEMENT OF OEFICIENCIES (X ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL1 A. BUILOI		ONSTRUCTION	(X3) OATE SURVEY COMPLETEO		
		495301	B. WING_		07/2	28/2017		
NAME OF P	ROVIOER OR SUPPLIER		<u> </u>	STR	EET AOORESS, CITY, STATE, ZIP COOE			
				400	WEST STRASBURG ROAD			
HERITAGE	E HALL FRONT ROYAL	REVISED COPY		FRO	ONT ROYAL, VA 22630		_	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	ió Prefi; Tag	x	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO E CROSS-REFERENCEO TO THE APPROPRI OEFICIENCY)		(XS) COMPLETION DATE	
F 167	Continued From page		F 167		Committee for review, analyst recommendations for change facility policy, procedure, and	inge in		
	conducted with five or	.m., a group interview was ognitively intact residents. All			practice.	a. Oi	;	
	residents stated that t survey results were lo	hey did not know where the cated in the facility.			Completion Date:		9/11/17	
	On 7/26/17 at 3:00 p.m., an interview was conducted with ASM (administrative staff member) #1, the administrator. ASM #1 stated that he was responsible for ensuring that the survey book was in the front lobby and that it contained all three years of past survey results in the binder. When ASM #1 was informed of the above findings, ASM #1 did not have a response. ASM #1 was also made aware that the residents in group did not know where to find the survey results binder. No further information was presented prior to exit.							
		m., ASM #3, the corporate or did not have a policy on			F-225		:	
	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS		F 225		Corrective Action(s) A thorough investigation into allegations of abuse involvin			
	483.12(a) The facility	must-			resident #6 has been conduct the outcome of the internal	ed and		
	who-	erwise engage individuals			investigations have been rep the appropriate State agencie			
		uilty of abuse, neglect, priation of property, or						
	mistreatment by a cou				Identification of Deficient Practices			
	(ii) Have had a finding	entered into the State			& Corrective Action(s):		İ	
		ncerning abuse, neglect,			All residents to include may	have		
	exploitation, mistreatm misappropriation of the				been potentially affected. A			

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

PRINTED: 08/11/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1`′	PLE CONSTRUCTION G	(X3) OATE SURVEY COMPLETEO C
		495301	B. WING _		07/28/2017
NAME OF PROVIOER OR SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY		REVISED COPY		STREET AOORESS, CITY, STATE, ZIP COOE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULO CROSS-REFERENCED TO THE APPROPI OEFICIENCY)	BE COMPLETION

F 225 Continued From page 12

- (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.
- (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.
- (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:
- (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.
- (2) Have evidence that all alleged violations are thoroughly investigated.
- (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the

F 225

review of all Facility Incident & Accident Forms for the previous 60 days has been reviewed to identify residents at risk. Any/all negative findings of reportable occurrences identified will result in an internal investigation with appropriate notification of outcomes to the State agencies, attending physician and responsible parties.

Systemic Change(s):

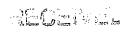
Policy and Procedure for reporting resident abuse & neglect has been reviewed. No changes are required. All staff will be inserviced on the facility policy and procedures regarding reporting, investigation and proper notification to state agencies of allegations of verbal or physical abuse and injuries of unknown origin by the Administrator. A copy of the facility policy and procedure will distributed to each employee. The Administrator, DON and/or designee is responsible for completing internal investigations of neglect, abuse, and/or complaints. The Administrator will review all findings and verify that

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DEFART	WILLIAM OF THEALTH AN	ID HOWAIN SERVICES			FORM APPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		495301	B. WING		C 07/28/2017	
NAME OF P	ROVIDER OR SUPPLIER	·	s	TREET ADDRESS, CITY, STATE, ZIP CODE		
	FDONT DOVAL	DEVIDED CODY	4	00 WEST STRASBURG ROAD		
HERNAGI	E HALL FRONT ROYAL	REVISED COPY	F	RONT ROYAL, VA 22630		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 225	Continued From page	. 12	F 225	the appropriate notification to	the	
1 225	_		F 225	RP, attending physician and S		
	investigation is in prog	gress.		agencies was completed as		
	(4) Report the results	of all investigations to the		indicated.		
	administrator or his or	=		malcated.		
	representative and to	other officials in accordance				
		ng to the State Survey		Monitoring:		
		ing days of the incident, and		The Administrator is respons	ible	
	-	is verified appropriate		for maintaining compliance.		
	corrective action must	i be taken. is not met as evidenced		Facility Incident & Accidents	s forms	
	by:	is not met as evidenced		will be reviewed daily by the		
		iew, facility document		Administrator and initialed as		
	review, and clinical re			reviewed. Confidential files of		
		y staff failed to report an		reported incidents and all followers		
	-	r one of 25 residents in the		•	-	
	survey sample, Resid	ent#6.		documentation will be mainta		
	The facility staff failed	to report an allegation of		in the Administrator's office.		
		ent #6 on 4/18/17 to the		Risk Management Committe	e will	
		cility and to other officials		review I&A form to identify	and/or	
	(including to the State			correcting negative patterns		
	accordance with State	e law through established		weekly. All negative findings	s will	
	procedures.			be reported and investigated.		
				1		
	The findings include:			Aggregate findings will be re	ported	
	The indings include.			to the Quality Assurance		
	Resident #6 was adm	itted to the facility on		Committee for review, analyst	•	
	7/13/12 and readmitte			and recommendations for cha	anges	
	diagnoses that include	ed but were not limited to		in policy, procedure, and/or f	acility	
	post right mastectomy			practice.	•	
		type two diabetes mellitus,		Lancas		
		behavioral disturbance.		Completion Date:	0/11/17	
	Resident #6's most re	cent MDS (Minimum Data		Completion Date:	9/11/17	

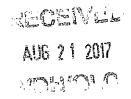
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Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 7/7/17. Resident #6 was coded as being moderately impaired of cognition, scoring 08 out of 15 on the BIMS (Brief Interview for Mental Status) exam.

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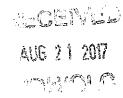
CENTERS FOR MEDICARE & N		MEDICAID SERVICES			OMB NO. 0938-039		
	OF OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPL A. BUILOING	E CONSTRUCTION	(X3) OATE SURVEY COMPLETEO		
		495301	B. WNG		C 07/28/2017		
	ROVIOER OR SUPPLIER HALL: FRONT ROYAL	REVISED COPY		STREET AOORESS, CITY, STATE, ZIP COOE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	JLO BE COMPLÉTION		
	and extensive assistar with bed mobility, dre hygiene. Review of Resident # the following note dat the following regident mac nursing assistant). Changes. This nurse ent stated 'that girl that go then asked resident we 'she grabbed my arm up.' this nurse then re Nursing) who went wi shift down resident's rewell. Observed area on bruising this morni redness at this time. this nurse was outside resident continued to sounds. Asked why rethen thought that this lying' so the word 'yell her to read and under she was having back she was not using her to her blanket that was	taff members with transfers; nce with two staff members ssing, toileting, and personal 6's nursing notes revealed ed 4/18/17 that documented 0745 (7:45 a.m.) this le a report to CNA (certified NA requested presence of a ered room and resident of me up beat me to no end.' where and resident stated when she was getting me ported to DON (Director of the another nurse from night room to speak with her as of concern and there were ng and still no bruising and After speaking with resident e of resident's room and yell out. No words just esident was yelling. She nurse asked 'why are you ing' was written on paper for stand. Resident then stated pain. Asked resident why call bell which was clasped	F 225				
	staff assisted her back Review of the incident documented the follow	ving: "Description of event:					
	Accused staff membe this morningNo appa	r of "beating me to no end arent injury."					

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILOIN	PLE CONSTRUCTION G	(X3) OATE SURVEY COMPLETEO
l I					С
	· · · · · · · · · · · · · · · · · · ·	495301	B. WING _		07/28/2017
NAME OF P	ROVIOER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP COOE	<u> </u>
HEDITAG	E HALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD	
HERMAG	ETIALE FRONT ROTAL	REVISED COF I		FRONT ROYAL, VA 22630	
(X4) IO PREFIX TAG	(EACH DEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO OEFICIENCY)	LO BE COMPLETION
F 225	Continued From page	e 15	F 2:	25	
	The following witness	statement was documented			
	from the nurse on dut	y that shift: "4/18/17 at 8:00			
	a.m., (Name of Resid	ent #6) stated- she beat			
	me- asked how- said	she pulled on my arm, hurt			
	my hip. She describe	ed a color girl with curly			
	hairI was in hallway	doing meds [medications]			
	- -	sident OOB (out of bed) -			
	heard no yelling. No o yelled out at all."	one notified me that she had			
	•	statement was documented			
		during the incident: "On			
		nt into (room number of			
	•	ade rounds. It was 2:20			
		f Resident #6) to change			
		e 'What are you doing.' I ere to change her brief. I			
	•	her and take off her brief			
	•	ell 'what are you doing.' As I			
	•	ed brief she yelled 'I'm			
	-	girl' repeatedly. When I			
		her up again she was fine			
		p. At 6 AM I again returned			

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When I made her bed I left."

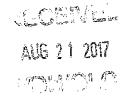
to (Resident #6's room) and proceeded to change and dress (Name of Resident #6). As I woke her to change her brief she (Resident #6) started yelling. Once I changed her brief I sat her up in bed to change the gown that she had on the night previous. I rolled her again to put the hoyer pad underneath of her and that's when she started yelling again. I got her in the hoyer and into her chair. When she was in her chair she stopped yelling and went back to sleep. I then brushed her hair, gave her a cover and gave her a call bell.

A FRI (Facility Reported Incident) could not be found regarding this allegation of abuse.

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETEO
		495301	B. WING		C 0 7/28/201 7
NAME OF PR	ROVIDER OR SUPPLIER	<u> </u>	}	STREET ADDRESS, CITY, STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,
HERITAGE	HALL FRONT ROYAL	REVISED COPY	[400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIOER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
	that he was not made he did not report this than derification. ASI had advised him to se incident now. ASM #* create a FRI and send On 7/27/17 at 3:30 p.r. conducted with ASM #ASM #2, the DON (Did was asked about the president reports an all stated that the allegation by her nurses. ASM # the resident and get a statements from staff the reported abuse an after the reported abuse an after the reported abuse would report the allegation will then send a Filicensure and Certific was not aware. Norma #2) tells me. Otherwise ASM #1 stated, "I review Licensure and Certification sometimes in When asked the timefallegation of abuse, Asused to have to be repow it has to be within when the follow-up she	m., an interview was (administrative staff inistrator. ASM #1 stated aware of this incident and to the Office of Licensure M #1 stated that corporate and a FRI regarding the 1 stated that he would did it to the office. m., an interview was #1, the administrator and rector of Nursing). ASM #2 process followed if a legation of abuse. ASM #2 ion is usually reported to her #2 stated she will speak with a statement, and also obtain who worked on the shift of ad the shift right before and se. ASM #2 stated she ation to the administrator FRI to the Office of lation. ASM #1 stated, "I ally (Name of DON, ASM le I would have done it." lew it, send to you (Office of lation), APS (adult lind depending on the the police is involved." frame of reporting an SM #1 stated an allegation borted within 24 hours and le 2 hours. When asked ould be provided to the stated, "Within 5 days." last ADON (assistant)	F 225	5	

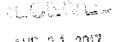
FORM CMS-2567(02-99) Previous Versions Obsolete

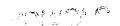
administrator, ASM #1). My night nurse reported

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CENTER	29 FOR MEDICARE &	MEDICAID SERVICES					FORM APPROVED
			7.20 8418				MB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		DNSTRUCTION		B) DATE SURVEY COMPLETED
		495301	B. WING				C 07/2 8/ 201 7
NAME OF P	PROVIDER OR SUPPLIER	<u> </u>		STRE	EET ADDRESS, CITY, STATE, ZIP CODE		****
			i		WEST STRASBURG ROAD		
HERITAGE	E HALL FRONT ROYAL	REVISED COPY			ONT ROYAL, VA 22630		
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F 225	Continued From page	- 17	 .	225			
1			1 .	225			
	it to me at 7:45 a.m."						
	On 7/27/17 at 3:30 p. made aware of the ab	.m., ASM and ASM #2 were bove findings.					
	following: "Each resid from abuse, neglect, reproperty, and exploita limited to freedom from involuntary seclusion, chemical restraint not resident's medical syrbe subject to abuse by limited to; facility staff consultants, contracted other agencies serving members, legal guard individuals9. Respondividuals9. Respondition in suspection in suspection in suspection in suspection in mediai physician, resident's facility control in mediai physician in med	at required to treat the amptoms. Residents must not by anyone, including, but not of, other residents, ors, volunteers, or staff of any the resident, family dians, friends, or other conse and Reporting of exploitation-Anyone in the spected abuse to the abuse of abuse, neglect, or other includent the Licensed Nurse of the needs of the resident of further incident the Director of Nursing and ment) c. Initiate an ately. d. Notify the attending family/legal representative e. ments, following appropriate accused employee pending estigation. Remove the ent care areas immediately.					
	Ombudsman office to	report the alleged abuse. g. n of a crime has occurred,					

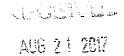
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Monitor and document the resident's condition, including the response to medical treatment or

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Section Property of C

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	TEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A. BUILDING		(X3) OATE SURVEY COMPLETEO		
		495301	B. WING		C 07/28/2017
	ROVIOER OR SUPPLIER E HALL FRONT ROYAL	REVISED COPY		STREET AOORESS, CITY, STATE, ZIP COOE 400 WEST STRASBURG ROAD FRONT RDYAL, VA 22630	I OTTAGE TO
(X4) IO PREFIX TAG	(EACH OEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL LSC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO CROSS-REFERENCEO TO THE APPROPR OEFICIENCY)	BE COMPLETION
F 226	in steps above in the 483.12(b)(1)-(3), 483 DEVELOP/IMPLMEN POLICIES 483.12 (b) The facility must of written policies and policies and policies and policies and policies investigate any such as \$483.95 (c) Abuse, neglect, and the freedom from aburequirements in § 483 provide training to the educates staff on- (c)(1) Activities that contracts in the stage of the sta	i. Document actions taken medical record. 1.95(c)(1)-(3) IT ABUSE/NEGLECT, ETC Ilevelop and implement rocedures that: 1.2. It abuse, neglect, and into and misappropriation of and procedures to allegations, and 2. required at paragraph 2. dexploitation. In addition to se, neglect, and exploitation in the sent also ir staff that at a minimum 2. It also is the sent also ir staff that at a minimum 2. It also is the sent also ir staff that at a minimum 3. It also is the sent also ir staff that at a minimum 4. It also is the sent also ir staff that at a minimum 4. It also is the sent also ir staff that at a minimum 4. It also is the sent also ir staff that at a minimum 4. It also is the sent also ir staff that at a minimum 4. It also is the sent also is the sent also ir staff that at a minimum 4. It also is the sent als	F 229	Corrective Action(s): A thorough investigation into	g ed al ed to s. been t & ous y/all le sult
	neglect, exploitation, or resident property	reporting incidents of abuse, or the misappropriation of		Systemic Change(s): The Policy & Procedure for reporting and investigating a	ouse,
	prevention.	gement and resident abuse is not met as evidenced		neglect, misappropriation of resident property and injuries	or

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EvenI IO: KFYC11

Facility IO: VA0101

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

PRINTED: 08/11/2017 FORM APPROVED

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STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(,		(X3) OATE SURVEY COMPLETEO
		495301	B. WING		C 07/28/2017
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1					· · · · · · · · · · · · · · · · · · ·

F 226 Continued From page 19

by:

Based on observation, staff interview, facility document review and clinical record review, it was determined that facility staff failed to implement abuse policies for reporting an allegation of abuse to the appropriate state agencies for one of 25 residents in the survey sample, Resident #6.

The facility staff failed to implement abuse policies and report an allegation of abuse made by Resident #6 on 4/18/16, to the facility administrator and the appropriate agencies.

The findings include:

Resident #6 was admitted to the facility on 7/13/12 and readmitted on 12/17/15 with diagnoses that included but were not limited to post right mastectomy, major depressive disorder, polyarthritis, type two diabetes mellitus, and dementia without behavioral disturbance. Resident #6's most recent MDS (Minimum Data Set) was quarterly assessment with an ARD (Assessment Reference Date) of 7/7/17. Resident #6 was coded as being moderately impaired of cognition, scoring 08 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #6 was coded as requiring total dependence on two staff members with transfers; and extensive assistance with two staff members with bed mobility, dressing, toileting, and personal hygiene.

Review of Resident #6's nursing notes revealed the following note dated 4/18/17 that documented the following: "@ (at) 0745 (7:45 a.m.) this morning resident made a report to CNA (certified nursing assistant). CNA requested presence of a

F 226

unusual/unknown occurrences has been reviewed. No changes are warranted at this time. Staff will be inserviced and issued copies of the Abuse Investigation Policy. These educational inservices will focus on prevention, identifying, reporting, and investigating incidents of potential abuse that are reported. The Administrator and DON are responsible for completing internal investigations for all reported incidents of abuse. neglect, unusual occurrences and misappropriation of resident property. The Administrator will review all findings and verify that the appropriate notification to the RP, attending physician and State agencies was completed as indicated.

Monitoring:

The Administrator and DON are responsible for compliance. All resident to resident incidents, resident abuse and neglect allegations and unusual occurrences will be thoroughly investigated, reported to the RP, attending physicians and

PRINTED: 08/11/2017 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PRDVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 495301 07/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD HERITAGE HALL FRONT ROYAL REVISED COPY FRONT ROYAL, VA 22630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) appropriate state agencies as F 226 Continued From page 20 F 226 needed. Confidential files of all nurse. This nurse entered room and resident stated 'that girl that got me up beat me to no end.' reported incidents and all followthen asked resident where and resident stated up documentation will be 'she grabbed my arm when she was getting me maintained in the Administrator's up.' this nurse then reported to DON (Director of office. All facility reported Nursing) who went with another nurse from night incidents will be reported to the shift down resident's room to speak with her as well. Observed area of concern and there were Quality Assurance Committee for no bruising this morning and still no bruising and review, analysis, and redness at this time. After speaking with resident recommendations for changes in this nurse was outside of resident's room and resident continued to vell out. No words just policy, procedure, and/or facility sounds. Asked why resident was yelling. She practice. then thought that this nurse asked 'why are you lying' so the word 'yelling' was written on paper for her to read and understand. Resident then stated **Completion Date:** 9/11/17 she was having back pain. Asked resident why she was not using her call bell which was clasped to her blanket that was sitting on her lap. Administered morning medications at this time which included her scheduled pain pill and then staff assisted her back into her bed to rest ... " Review of the incident report dated 4/18/17 documented the following: "Description of event: Accused staff member of "beating me to no end this morning...No apparent injury." The following witness statement was documented from the nurse on duty that shift: "4/18/17 at 8:00 a.m., (Name of Resident #6) stated- she beat me- asked how- said she pulled on my arm, hurt my hip/ She described a color girl with curly

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at all."

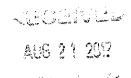
hair...I was in hallway doing meds when CNA getting resident OOB (out of bed) - heard no yelling. No one notified me that she had yelled out

The following witness statement was documented

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DEPART	MENT OF HEALTH AN	1D HUMAN SERVICES			FORM APPROVED
CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495301	B. WING		C 07/28/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	
⊔EDITA GI	E HALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD	
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F 226	Continued From page	a 21	· F	226	
•	· -	t during the incident: "On	• •	220	
		nt into (room number of			
	· ·	ade rounds. It was 2:20			
	•	of Resident #6) to change			
		e 'What are you doing.' I			
		nere to change her brief. I			
		r her and take off her brief			
		ell 'what are you doing.' As I led brief she yelled 'I'm		÷	
	_	girl' repeatedly. When I			
		her up again she was fine			
		ep. At 6 AM I again returned			
		n) and proceeded to change			
		Resident #6). As I woke her			
	_	ne (Resident #6) started			
		jed her brief I sat her up in			
		wn that she had on the night			
		again to put the hoyer pad			
	· · ·	d that's when she started			
		er in the hoyer and into her in her chair she stopped			
		in her chair she stopped to sleep. I then brushed her			
		and gave her a call bell.			
	When I made her bed				
	` , ,	ed Incident) could not be			
	found regarding this al	llegation of abuse.			
	On 7/2 7 /17 at 2:44 p.n				
	conducted with ASM (a				
	•	inistrator. ASM #1 stated			
		aware of this incident and the Office of Licensure			
	·	VI #1 stated that corporate			
	had advised him to ser	•			
	incident now. ASM #1				
	create a FRI and send				

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On 7/27/17 at 3:30 p.m., an interview was

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTI	TION	(X3) C	DATE SURVEY COMPLETED
							С
		495301	B. WING				07/28/2017
NAME OF P	PROVIDER OR SUPPLIER	-		STREET ADDRE	ESS, CITY, STATE, ZIP CODE		
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HERMAG	E HALL FROM ROIAL	REVISED COF	ļ	FRONT ROYA	AL, VA 22630		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	IX (EA	PROVIOER'S PLAN OF CORRECTION SHOOSS-REFERENCEO TO THE APPI DEFICIENCY)	OULD BE	IX5) COMPLETION DATE
	·						
F 226	Continued From page		F	226			
		#1, the administrator and					
		irector of Nursing). ASM #2					
	was asked about the	·					
	·	llegation of abuse. ASM #2					
	_	tion is usually reported to her					
	· ·	#2 stated she will speak with					
	_	a statement, and also obtain					
statements from staff who worked on the shift of the reported abuse and the shift right before and after the reported abuse. ASM #2 stated she							
	•	gation to the administrator					
	who will then send a f						
		cation. ASM #1 stated, "I					
		ally (Name of DON, ASM					
		se I would have done it."					
		iew it, send to you (Office of					
	Licensure and Certific	· · · · · · · · · · · · · · · · · · ·					
	protective services) a	*					
		the police is involved."					
	When asked the timef	•					
		ASM #1 stated an allegation					
	used to have to be rep	ported within 24 hours and					
		n 2 hours. When asked					
	•	nould be provided to the					
	- •	1 stated, "Within 5 days."					
	ASM #2 stated, "My p						
	director of nursing) an						
		1). My night nurse reported					
	it to me at 7:45 a.m."						ı
	On 7/27/17 at 3:30 p.r	m., ASM and ASM #2 were					
	made aware of the ab						
		policy documented the					
	-	ent has the right to be free					
		nisappropriation of resident					
		tion. This includes but is not					
	limited to freedom fror	n corporal punishment					

involuntary seclusion, and any physical or

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	WENT OF TIESCHITA					FORM APPROVED
CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) OATE SURVEY COMPLETEO
		495301	B. WING_			C 0 7/28/201 7
NAME OF P	ROVIDER OR SUPPLIER	<u></u>		STE	REET AODRESS, CITY, STATE, ZIP CODE	07/20/2017
					WEST STRASBURG ROAD	
HERITAG	E HALL FRONT ROYAL	REVISED COPY			DNT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH OEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOED BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX T A G	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BI CROSS-REFERENCED TO THE APPROPRIA OEFICIENCY)	
F 226	Continued From page	e 23	· E:1	226		
	chemical restraint not		1 2	-20		
		nptoms. Residents must not				
		y anyone, including, but not				
	limited to; facility staff					
	•	ors, volunteers, or staff of				
	other agencies servin					
	members, legal guard					
	individuals9. Respo	· -				
	_	xploitation-Anyone in the				
		pected abuse to the abuse				
	agency hotline. When	ted, the Licensed Nurse				
		the needs of the resident				
	and protect them from					
		he Director of Nursing and				
	Administrator (docum	-				
	investigation immedia	tely. d. Notify the attending				
		amily/legal representative e.				
	Obtain witness statem	ents, following appropriate				
		accused employee pending				
	completion of the inve	_				
		nt care areas immediately.				
	f. Contact the State A					
		report the alleged abuse, g. of a crime has occurred,				
	notify the local law en	•				
	•	t the resident's condition,				
		to medical treatment or				
		i. Document actions taken				
	in steps above in the r				F252	
F 252	483.10(e)(2)(i)(1)(i)(ii)		F 2	:52	Corrective Action(s):	
	SAFE/CLEAN/COMFO	DRTABLE/HOMELIKE	•			•
	ENVIRONMENT				Resident #1 & #7 have had th	
					wheelchair cushion and their	arm
	(e)(2) The right to reta possessions, including	in and use personal g furnishings, and clothing,			rests replaced.	

as space permils, unless to do so would infringe upon the rights or health and safety of other

CENTERS FOR MEDICARE & MEDICAID SERVICES

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CENTER	S FOR MEDICARE &	AIEDICAID SEVAICES				ONB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X I) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ¹ A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING		·	C 07/28/2017
NAME OF PI	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE	
				400	WEST STRASBURG ROAD	
HERITAGE	HALL FRONT ROYAL	REVISED COPY		FR	RONT ROYAL, VA 22630	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	(75)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
E 252	Continued From page	24		,	Room 310 has been thorough	ly
1 252	Continued From page	124	F.	252	deep cleaned to include the re	-
	residents.				bathroom area. The entire roo	
	8/83 10(i) Safe enviro	onment. The resident has a				111 1145
		comfortable and homelike			been repainted.	
		but not limited to receiving				
		s for daily living safely.			Resident #3 has had their bed	
	The facility must provi				replaced and all side rails are	in
					correct working order.	
		mfortable, and homelike			<i>3</i>	
	_	the resident 10 use his or			The air conditioning unit and	the
	ner personal belongin	gs to the extent possible.			-	
	(i) This includes ensur	ing that the resident can			commode have been replaced	. III
		ices safely and that the			room 309	
		facility maximizes resident				
	independence and do	es not pose a safety risk.			Room 201 has had all the wal	
	(ii) The facility shall ev	ercise reasonable care for			repair completed and the enti-	re
		esident's property from loss			room was repainted.	
		is not met as evidenced			The commode in room 208 h	as
	by:				been replaced and the entire	
	Based on observation	ı, staff interview, facility			^	
		clinical record review, it			to include, the bathroom have	s been
		ne facility staff failed to			deep cleaned.	
	maintain a clean, com					
		f 25 residents in the survey , #7, #3 and #5); for five of			Room 304 has had all the wa	11
		hrooms, (rooms 310 A,			repairs completed and the ent	tire
		l); on one of three unit halls			room has been repainted.	
		ne of two facility shower			100 1100 00011 10p1	
	rooms (the shower rooms	om on the 100 hall).			The stained ceiling tiles at the	e
	4. The feelile staff faite	ad to maintain Desident			entrance of the 300 hall have	
	#1's wheelchair cushic	ed to maintain Resident				JOCAL
		were torn and foam was			replaced.	
	2. The facility staff faile	ed to maintain Resident				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER;	1 (12)		(X3) DATE SURVEY COMPLETEO
		495301	B. WING		C 07/28/2017
NAME OF PROV	IOER DR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP COOE	
HERITAGE H	ALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG RDAD FRDNT ROYAL, VA 22630	
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F 252 Continued From page 25

#7's wheelchair armrests in good repair. The armrests were torn and foam was exposed.

- 3. Multiple areas of scratched paint were observed on the walls in Room 310A. Also, a brown stain was observed in the bottom of the toilet and black/brown debris, were observed on the floor around the base of the toilet in the bathroom.
- 4. The facility staff failed to maintain Resident #3's bed rail in a home-like manner. The bed rail was held together by duct tape.
- 5. The air conditioning unit in room 309 was dented and marred on the outside, and dirty on the inside. The ceramic inside the toilet bowl was chipped away, leaving an appearance of being black.
- 6. In room 201, all four walls were covered with multiple patches of spackle.
- 7. In room 208, the ceramic inside the toilet bowl was chipped away, leaving an appearance of being black. Also, black/brown debris, were observed on the floor around the base of the toilet in the bathroom.
- 8. In room 304, two gouges were observed in the wall that measured approximately 5.5 inches.
- 9. Water stains were observed on the ceiling tiles in the entrance of the 300 hall.
- 10. The call bell in the 100 hall shower room was observed ripped out of the wall and dangling by exposed blue wires.

F 252

The call bell switch in the 100 hall shower room has been replaced and is in complete working order.

Both resident shower rooms have been deep cleaned by the housekeeping department.

Identification of Deficient Practice(s) and Corrective Action(s):

All other resident rooms, equipment and common areas may have potentially been affected. A complete documented environmental walkthrough of the facility will be conducted by the administrator, maintenance director, and environmental services director to identify resident rooms, resident equipment and common areas at risk. All resident areas and common areas identified that require repair or replacement will be placed on a repair/replace schedule to establish priority of completion by the administrator and the housekeeping, and/or maintenance departments.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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					OIND 140. 0330-035
STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CDNSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		495301	B. WING _		C 07/28/2017
	VIDER OR SUPPLIER	REVISED COPY		STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
ī				· · · · · · · · · · · · · · · · · · ·	

F 252 Continued From page 26

11. The facility staff gave Resident #5 a shower with feces on the bathroom floor from a previous resident.

The findings include:

1. The facility staff failed to maintain Resident #1's wheelchair cushion in good repair. Two corners of the cushion were torn and foam was exposed.

Resident #1 was admitted to the facility on 3/1/17. Resident #1's diagnoses included but were not limited to: diabetes, high blood pressure and anxiety disorder. Resident #1's most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 5/2/17, coded the resident's cognition as severely impaired.

On 7/26/17 at 5:15 p.m. Resident #1 was observed sitting in a wheelchair in the dining ropm. The front left corner of Resident #1's wheelchair cushion was torn approximately one and a half inches and foam was exposed. The other corners of the cushipn were not observed.

On 7/27/17 at 8:36 a.m. Resident #1 was in the bathroom and the wheelchair was observed outside of the bathroom door. The front left corner of Resident #1's wheelchair cushion was torn approximately one and a half inches and foam was exposed; the front right corner of the cushion was torn approximately one half inch and foam was exposed.

On 7/27/17 at 8:39 a.m. an interview was conducted with CNA (certified nursing assistant) #5. When asked who was responsible for

F 252 Systemic Change(s):

The facility's policy & procedure for providing a safe, sanitary, and comfortable environment has been reviewed. No changes are warranted at this time. The Maintenance Director and/or administrator will provide inservices to all staff on facility policy and procedure on the notification system to use when repairs are needed throughout the facility. The nursing staff and environmental staff will be inserviced on the process for cleaning and disinfection the shower rooms between resident showers. The maintenance request logs will be reviewed by the administrator weekly for completion of repairs.

Monitoring:

The Maintenance Director and administrator are responsible for maintaining compliance. The Maintenance Director and Environmental Services director will complete documented facility rounds weekly to monitor compliance. The administrator will

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STREMENT OF DEPICIENCES XTATEMENT OF DEPICE OF SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY XTAG XT	DEIMIN	MENT OF TIEAETHAI	AD HOMAN SERVICES			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Val PROVIDER SUPPLIER	CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 252 Continued From page 27 ensuring wheelchairs and cushions are in good repair, CNA #5 stated all staff is responsible but night shift usually notices any issues. CNA #5 stated if anything is wrong then staff has to fill out a slip and turn it into the maintenance department. CNA #5 was shown Resident #1's wheelchair cushion. When asked if the cushion should contain the torn areas, CNA #5 stated, "No." CNA #5 stated Resident #1 used to have a different cushion and she thought the rehab (rehabilitation) department gave her a new one. On 7/27/17 at 3:05 p.m. an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated the night shift can talk to the therapy staff who can order new cushions. Resident #1's comprehensive care plan initiated on 5/4/17 failed to document information regarding the resident's wheelchair cushion. On 7/27/17 at 6:32 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2				1 ' '		(X3) DATE SURVEY
### STREET ADDRESS, CITY, STATE, ZIP CODE #### STREET ADDRESS, CITY, STATE, ZIP CODE ####################################			495 301	B. WING		!
A00 WEST STRASBURG ROAD FRONT ROYAL, VA 22830 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREPER CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 252 Continued From page 27 ensuring wheelchairs and cushions are in good repair, CNA #5 stated all staff is responsible but night shift usually notices any issues. CNA #5 stated if anything is wrong then staff has to fill out a slip and turn it into the maintenance department. CNA #5 was shown Resident #1's wheelchair cushion. When asked if the cushion should contain the torn areas, CNA #5 stated, "No." CNA #5 stated Resident #1 used to have a different cushion and she thought the rehab (rehabilitation) department gave her a new one. On 7/27/17 at 3:05 p.m. an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated the night shift staff is responsible for cleaning wheelchairs and should let the day shift employees know when there is an issue so the day shift staff can talk to the therapy staff who can order new cushions. Resident #1's comprehensive care plan initiated on 5/4/17 failed to document information regarding the resident's wheelchair cushion. On 7/27/17 at 6:32 p.m., ASM (administrative staff member) #1 (the administrative) and ASM #2	NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 07/20/2017
PRETIX FRONT ROYAL REVISED COPY (A4) ID SUMMARY STATEMENT OF DEFICIENCIES PRETIX (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 252 Continued From page 27 ensuring wheelchairs and cushions are in good repair, CNA #5 stated all staff is responsible but night shift usually notices any issues. CNA #5 stated if anything is wrong then staff has to fill out a slip and turn it into the maintenance department. CNA #5 was shown Resident #1's wheelchair cushion. When asked if the cushion should contain the torn areas, CNA #5 stated, "No." CNA #5 stated Resident #1 used to have a different cushion and she thought the rehab (rehabilitation) department gave her a new one. On 7/27/17 at 3:05 p.m. an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated the night shift staff is responsible for cleaning wheelchairs and should let the day shift employees know when there is an issue so the day shift staff can talk to the therapy staff who can order new cushions. Resident #1's comprehensive care plan initiated on 5/4/17 failed to document information regarding the resident's wheelchair cushion. On 7/27/17 at 6:32 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2						
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 252 Continued From page 27 ensuring wheelchairs and cushions are in good repair, CNA #5 stated all staff is responsible but night shift usually notices any issues. CNA #5 stated if anything is wrong then staff has to fill out a slip and turn it into the maintenance department. CNA #5 was shown Resident #1's wheelchair cushion. When asked if the cushion should contain the torn areas, CNA #5 stated, "No." CNA #5 stated Resident #1 used to have a different cushion and she thought the rehab (rehabilitation) department gave her a new one. On 7/27/17 at 3:05 p.m. an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated the night shift staff is responsible for cleaning wheelchair sand should let the day shift employees know when there is an issue so the day shift staff can talk to the therapy staff who can order new cushions. Resident #1's comprehensive care plan initiated on 5/4/17 failed to document information regarding the resident's wheelchair cushion. On 7/27/17 at 6:32 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2	HERITAGE		·			
ensuring wheelchairs and cushions are in good repair, CNA #5 stated all staff is responsible but night shift usually notices any issues. CNA #5 stated if anything is wrong then staff has to fill out a slip and turn it into the maintenance department. CNA #5 was shown Resident #1's wheelchair cushion. When asked if the cushion should contain the torn areas, CNA #5 stated, "No." CNA #5 stated Resident #1 used to have a different cushion and she thought the rehab (rehabilitation) department gave her a new one. On 7/27/17 at 3:05 p.m. an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated the night shift staff is responsible for cleaning wheelchairs and should let the day shift employees know when there is an issue so the day shift staff can talk to the therapy staff who can order new cushions. Resident #1's comprehensive care plan initiated on 5/4/17 failed to document information regarding the resident's wheelchair cushion. On 7/27/17 at 6:32 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETION
(the director of nursing) were made aware of the above findings. The facility policy titled, "Quality of Life- Homelike Environment" documented, "Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible" No further information was presented prior to exit.		ensuring wheelchairs repair, CNA #5 stated night shift usually notistated if anything is was lip and turn it into the department. CNA #5 wheelchair cushion. It is should contain the tor "No." CNA #5 stated different cushion and (rehabilitation) departs. On 7/27/17 at 3:05 p.r. conducted with LPN (LPN #5 stated the nig for cleaning wheelchas shift employees know the day shift staff can can order new cushion. Resident #1's compre on 5/4/17 failed to door regarding the resident. On 7/27/17 at 6:32 p.r. staff member) #1 (the director of nursing above findings. The facility policy titled Environment" docume provided with a safe, cohomelike environment their personal belonging.	and cushions are in good I all staff is responsible but ices any issues. CNA #5 rong then staff has to fill out the maintenance was shown Resident #1's When asked if the cushion in areas, CNA #5 stated, Resident #1 used to have a she thought the rehab ment gave her a new one. m. an interview was licensed practical nurse) #5. ht shift staff is responsible irs and should let the day when there is an issue so talk to the therapy staff who ins. hensive care plan initiated cument information 's wheelchair cushion. m., ASM (administrative administrator) and ASM #2 g) were made aware of the d, "Quality of Life- Homelike inted, "Residents are clean, comfortable and and encouraged to use ings to the extent possible"	F	review weekly rounds to ens negative findings are being corrected. Cumulative finding be reported to the Quality Assurance Committee for re- analysis, and recommendation change in facility policy, pro- and/or practice	gs will view, ons for

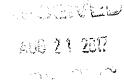
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2. The facility staff failed to maintain Resident

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Facility ID: VA0101

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF OEFICIENCIES (X1) ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILO		NSTRUCTION	(X3) OATE SURVEY COMPLETEO
		495301	B. WING			C 07/28/2017
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	#7's wheelchair armre armrests were torn armrests were torn arm Resident #7 was adm 7/17/17. Resident #7 were not limited to: sti dementia (1). Reside completed MDS (mini admission nursing asswas documented as book on 7/25/17 at 2:45 p.r. 7/27/17 at 8:49 a.m. Flying in bed. The folloresident's wheelchair adates/times: One torn area (appro 0.5 inch [width]) on the exposed. One torn area (appro by 1.25 inch [width]) of oam exposed. Another torn area (appro length] by 1 inch [width] of oam exposed. On 7/27/17 at 8:39 a.m. conducted with CNA (1/45. When asked who ensuring wheelchairs are pair, CNA #5 stated night shift usually notice.	ests in good repair. The ad foam was exposed. litted to the facility on a diagnoses included but roke, high cholesterol and ant #7 did not have a mum data set). On his sessment dated 7/17/17, he reing "alert" and "confused." m., 7/26/17 at 3:21 p.m. and desident #7 was observed wing was observed on the during the above eximately 0.5 inch [length] by the left armrest with foam eximately 0.75 inch [length] in the right armrest with exproximately 0.5 inch the right armrest with eximately 0.5 inch armrest with exproximately 0.5 inch the right armrest with expressions are in good all staff is responsible but the sany issues. CNA #5 ong then staff has to fill out	F	252		
	On 7/27/17 at 3:05 p.m	n. an interview was				

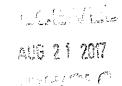
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conducted with LPN (licensed practical nurse) #5. LPN #5 stated the night shift staff is responsible

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Facility IO: VA0101

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
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	shift employees know the day shift staff can can order new arm re was asked to observe armrests. During this armrest was replaced tom areas. LPN #5 warmrest. LPN #5 control not have been torn and that." Resident #7's compresinitiated on 7/18/17 but On 7/27/17 at 6:32 p.r. staff member) #1 (the (the director of nursing above findings. No further information (1) "Dementia is the nasymptoms caused by brain. It is not a specified dementia may not be a do normal activities, sue eating" This informative website: https://vsearch.nlm.nifmeta?v%3Aproject=mmedlineplus-bundle&q	airs and should let the day when there is an issue so talk to the therapy staff who ests. At this time, LPN #5 Resident #7's wheelchair sobservation, the right d and did not contain any was asked to observe the left offirmed the armrest should and stated, "They should fix whensive care plan was ut was not complete. m., ASM (administrative administrator) and ASM #2 g) were made aware of the was presented prior to exit. It was presented prior to exit.	F 25.	2	
		ratched paint were in Room 310A. Also, a			

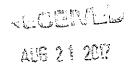
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brown stain was observed in the bottom of the

Event ID: KFYC11

Facility ID: VA0101

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		AD HOMAN OF KAICES				FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING_			C 0 7 /28/ 20 17
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	$\overline{}$	STRI	EET ADDRESS, CITY, STATE, ZIP CODE	UTIZUIZUTI
			Ì		WEST STRASBURG ROAD	
HERITAGE	E HALL FRONT ROYAL	REVISED COPY			ONT ROYAL, VA 22630	
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F 252	Continued From page	e 30	F:	252		
		n debris, were observed on	• -	-02		
		pase of the toilet in the				
		kimately 12:15 p.m. and the following was observed				
		to the concentration wise				
	 The back wall (paint observed with multiple paint. 					
	•	acing the back wall) (painted				
		erved with multiple white				
	areas of scratched pa	•				
	•	bserved in the bottom of the				
	toilet in the bathroom.					
	-	were observed on the floor				
	around the base of the	e toilet in the bathroom.				
		ector was newly employed				
		tive staff member) #1 (the				
	administrator) request					
	concerns be reported	TO NIEL.				
	On 7/27/17 at 4:30 p.r					
		#1. ASM #1 stated the				•
		director left the facility in				
	•	w maintenance director				
		#1 stated he covered the nent during the time no				
		was employed. ASM #1				
		multiple maintenance audits				
		d. ASM #1 stated the audits				
		ets, sink faucets, beds for				
		ASM #1 stated some issues				
		was still working on some				
	areas. In regards to the	he walls, ASM #1 stated he				
	conducted an audit an	nd the current maintenance				

director spackled multiple walls and was about to paint the walls. ASM #1 stated he and the

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DE17(1()	WENT OF THE CETTOR	TO HOW IN CENTICES			FORM APPROVED
CENTER	₹S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		405304	E WING		С
		495301	B. WING_	 _	07/28/2017
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	IP CODE
HERITAG	E HALL FRONT ROYAL	. REVISED COPY	1	400 WEST STRASBURG ROAD	
[Harrier -	E HALL I INCH. INC.	KEAISED OOL !		FRONT ROYAL, VA 22630	
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F 252	Continued From page	e 31	F;	252	
		r had now decided to spackle		.52	
		r had now decided to spackle at a time then move on to the			
	•	at a time then move on to the the time frame from when			
		ne time trame from when ackled then painted was too			
		he toilets, ASM #1 stated			
		ing were replaced with new			
		a. ASM #1 stated some			
	-	be replaced because the			
		de bottom of the toilet had			
	come off, creating a b	brown stain. ASM #1 stated			
	all resident bathroom	toilets were 19 inches in			
	height and those type	es of toilets were safer for			
		ot made any more so the			
	toilets were going to h				
		ck in. ASM #1 stated this			
	•	been started. ASM #1 stated			
		a homelike environment.			
		nd been taking steps to do so			
	•	nment was not where he			
		ugh he was working on it.			
	•	ne environmental audits and			
		e completed during the			
		2017. The audits contained			
		im, sink leaks, wall, screens			
	in the "wall" column fo	check mark was documented for room 310A,			
	III tarse visus :	71 100m 0 100 G			
	On 7/27/17 at 5:10 p.r	.m. room 310A and the			
	bathroom were observ	rved with ASM #1. In			
	_	prown debris around the			
		M #1 stated the floor had			
		aced as evidenced by the			
		tile color. ASM #1 stated it			
	appeared there had be				
	_	n the room, ASM #1 stated			
		tan wall may have come			
	from staff attaching ar	nd removing items from the			

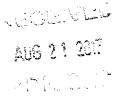
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wall. ASM #1 stated the scratches on the cocpa wall may have come from the metal on the back

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Facility ID: VA0101

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				10	MB NO. 0938-039 t
STATEMENT (OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTR	RUCTION	- 1	(3) DATE SURVEY COMPLETED
		495301	B. WING_			ļ	C 07/2 8/201 7
	PROVIDER OR SUPPLIER E HALL FRONT ROYAL	REVISED COPY		400 WEST	DDRESS, CITY, STATE, ZIP CODE T STRASBURG ROAD ROYAL, VA 22630	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / OEFICIENCY)	SHOULD BE	(X5) COMPLETION OATE
F 252	but some beds did no	stated some beds had of the bed to protect the wall	F2	252			
	4. The facility staff fai #3's bed rail in a home was held together by						
	with diagnoses includi rhabdomyolysis (t), at dementia. On the mo- data set), an annual a- assessment reference #3 was coded as being making daily decisions	tently readmitted on tt/t2/t5 ding, but not limited to: arthritis, diabetes and ost recent MDS (minimum assessment with the edate of 7/t8/t7, Residenting moderately impaired for is. She was coded as the assistance of two staff					
	bed: 7/25/t7 at 2:42 p at 2:30 p.m.; 7/27/t7 a	vas observed lying in her o.m. and 5:30 p.m.; 7/26/t7 at 8:40 a.m. On each of resident's left bedrail was ogether at the bottom					
	assistant) #3 accompa Resident #3's bedside bed rail, CNA #3 stated ever since I started wo she had been employed	m., CNA (certified nursing anied the surveyor to e. When asked about the ed: "It has been that way orking here." CNA #3 stated ed at the facility for over a the duct tape on the bedrail					

provided a home-like environment for Resident

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DELVE	VICINI OI TILALITIAN	ID HOMAN SERVICES				FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			O	MB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG		(3) DATE SURVEY COMPLETED
		495301	B. WING			C 07 /2 8/20 17
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		01/20/2011
				400 WEST STRASBURG ROAD		
HERITAGE	HALL FRONT ROYAL	REVISED COPY		FRONT ROYAL, VA 22630		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	IX5) COMPLETION OATE
	have that in my house process for getting the stated: "We can put r system. The maintentake care of things as asked if she had ever request for Resident # CNA #3 stated: "No n On 7/27/17 at 4:25 p.r staff member) #1, the interviewed. He stated in that he covered the mabsence of a director audits throughout the needed to be made. A performed audits on a bumpers. He stated heeds that were identifacility's computerized system. ASM #1 descriptions at the survey Resident #3's bedrail of comfortable, home-like On 7/27/17 at 6:10 p.m staff member) #1, the idirector of nursing, and nurse, were informed of	You are right. I would not e." When asked about the e bedrail fixed, CNA #3 equests into the computer ance guys come by and they have time." When put in a maintenance f3's bed rail to be fixed, na'am." m., ASM (administrative executive director, was d the facility maintenance ly May, and that the new early June. ASM #1 stated aintenance tasks in the He stated he performed building of repairs that ASM #1 stated he ll toilets, faucets, and bed le did not put all the repair fied by the audits in the maintenance request cribed the facility's ance request system, and ngs to work on daily, terly and yearly." ASM #1 of team that the duct tape on does not promote a clean, are environment. In., ASM (administrative administrator, ASM #2, the did ASM #3, the corporate of these concerns.	F	252		
	No further information	was provided prior to exit.				

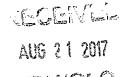
FORM CMS-2567(02-99) Previous Versions Obsolete

(1) "Rhabdomyolysis is the breakdown of muscle

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CDNSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED			
		495301	B. WING		C 07/28/2017
	ROVIDER OR SUPPLIER E HALL FRONT ROYAL	REVISED COPY		STREET ADDRESS, CITY, STATE, ZIP CO 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE COMPLETION BE APPROPRIATE DATE
F 252	contents into the bloo- harmful to the kidney damage." This inform website	e 34 These substances are and often cause kidney nation was taken from the ov/ency/article/000473.htm.	F	252	
	dented and marred or the inside. The ceram	g unit in room 309 was n the outside, and dirty on nic inside the toilet bowl was g an appearance of being			
	Room #309 was obse was dented in multiple sections of paint chipp top screen of the air co	o.m. during the facility tour, erved. The air conditioner eplaces, and had large ped off. The area under the conditioner contained debris in the bathroom, the toilet plack in places.			
	staff member) #1, the interviewed. He stated director had left in earl director had started in that he covered the manabsence of a director. audits throughout the inneeded to be made. A performed audits on all bumpers. He stated hin needs that were identificability's computerized system. ASM #1 descriptions.	II toilets, faucets, and bed ne did not put all the repair fied by the audits in the maintenance request			

stated: "It gives us things to work on daily,

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT	OF OEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) OATE SURVEY COMPLETEO
		495301	B. WING			C 07/2 8/2 0 1 7
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY		REVISED COPY		STREET ADDRESS, CITY, STATE, 2 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	ZIP COOE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDEO BY FULL LSC IOENTIFYING INFORMATION)	IO PREFI TAG	IX (EACH CORRECTIVE CROSS-REFERENCEO		
	weekly, monthly, quarhe was aware that the Room 309 was old an and that this is on the to be done. ASM #1 s need to be repaired of ceramic has worn off, appearance. He state undertaking these toile. A review of the facility did not reveal informat Room #309. On 7/27/17 at 6:10 p.r. staff member) #1, the director of nursing, annurse, were informed in the facility did not reveal information. In room 201, all four covered with multiple point of the room 201, all four covered with multiple point four walls of the room 201. The four walls of the room 201 at 3:27 p.m. conducted with OSM (maintenance director. had been going from room any areas that were daphase, was to paint ow stated that he has only director for two months.	rterly and yearly." He stated a air conditioning unit in and needed to be replaced, list of things that still needs stated that some toilets in the inside because the and gives a dark ed the facility staff will be et repairs. If audits provided by ASM #1 tion related to the toilet in ed., ASM (administrative administrator, ASM #2, the aid ASM #3, the corporate of these concerns. Was provided prior to exit. If walls were observed patches of spackle. If and, tour of the facility was aim, Room 201 was tiple patches of spackle on orm.	F	252		

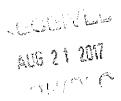
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room 201 and was going to paint it next. OSM #3 stated that he had spackled room 201 the week

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NTERS FOR MEDICARE & I	MEDICAID SERVICES	OMB NO. 0938-039

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1	TPLE CONSTRUCTION	(X3) OATE SURVEY COMPLETEO
					c
		495301	B. WING_		0 7/ 28/20 17
NAME OF PR	ROVIOER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP CO	
MEDITA CO	HALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD	
TIERTIAGE	TIALL PRONT ROTAL	KEVIGED COF I		FRONT ROYAL, VA 22630	
(X4) IO PREFIX TA G	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE OEFICIENCY	ON SHOULO BE COMPLETION HE APPROPRIATE OATE
F 252	Continued From page prior.	: 36	F 2	252	
	that he had been doin what needed repair. A concerns were toilets cosmetic things/issue toilets were fixed. The requested. Review of needed repair on the bed bumper for the re	-			
	staff member) #1, the DON (Director of nurs corporate nurse were	m., ASM (administrative administrator, ASM #2, the ing) and ASM #3, the made aware of the above formation was presented			
	was chipped away, lea being black, Also, blac	orcelain inside the toilet bowl aving an appearance of ck/brown debris, were around the base of the toilet			
	conducted. At 11:40 a was observed. The pobowl was chipped awa of being black. There	.m., tour of the facility was a.m., room 208's bathroom orcelain inside the toilet ay, leaving the appearance was also black/brown a floor around the base of orm			

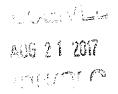
FORM CMS-2567(02-99) Previous Versions Obsolele

On 7/26/17 at 3:30 p.m., an interview was

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		AD HOMAN SEKAICES			FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILOI	TIPLE CONSTRUCTION NG	(X3) OATE SURVEY COMPLETEO
		495301	B. WING		C 07/28/2017
NAME OF P	ROVIOER OR SUPPLIER	<u> </u>		STREET AOORESS, CITY, STATE, ZIP COO	
LIEDITAGE	CHALL COOKEDOVAL	55455		400 WEST STRASBURG ROAD	-
HERITAGE	E HALL FRONT ROYAL	REVISED COPY		FRONT ROYAL, VA 22630	
(X4) IO PREFIX TAG	(EACH OEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG	•	N SHOULO BE COMPLETION E APPROPRIATE DATE
F 252	Continued From page	. 27	_		
, 202			F:	252	
		#3. OSM #3 stated that it			
		celain inside the toilet had et. When asked how often			
		ts, OSM #3 stated that he			
		nce in the past two months.			
		not notice the porcelain			
	coming up from the to	ilet in the bathroom of room			
		the black/brown debris			
		have been from a previous			
		that the grout around the			
	toilet needed to come	up and be cleaned.			
	On 7/27/17 at 4:27 p.r				
	conducted with ASM (
	member) #1, the admi	nistrator. ASM #1 stated he			
		of all rooms to see what			
	needed repair. ASM #				
		that were leaking and that out on hold until the toilets			
		ated he looked into new			
		r toilets are shorter than the			
		. ASM #1 stated putting			
		would make it harder for			
		ise they are 3 inches lower			
		M #1 stated his new plan			
	was to remove all toile				
	missing, and replace tl				
		pe a long process because			
		e a resident a temporary			
		ASM #1 stated they do not			ļ
	nave many temporary do this process one re	toilets and would have to sident at a time.			
1	On 7/27/17 at 6:32 n m	a., ASM (administrative			
		administrator, ASM #2, the			Ī
	DON (Director of Nursi				
		made aware of the above			J

prior to exit. FORM CMS-2567(02-99) Previous Versions Obsolele

findings. No further information was presented

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA NO PLAN OF CORRECTION (DENTIFICATION NUMBER:			(X2) MULT A. BUILOII		CONSTRUCTION	(X3) OATE SURVEY COMPLETEO
		495301	B. WING_			C . 07/28/2017
NAME OF P	ROVIOER OR SUPPLIER			ST	REET AOORESS, CITY, STATE, ZIP COOE	
HERITAG	E HALL FRONT ROYAL	REVISED COPY			0 WEST STRASBURG ROAD RONT ROYAL, VA 22630	
(X4) IO PREFIX TAG	(EACH OEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO E CROSS-REFERENCEO TO THE APPROPRI OEFICIENCY)	
F 252	Continued From page	e 38	, F2	252		
	8 In Room 304 two	gouges were observed in the				
		pproximately 5.5 inches.				
	conducted. At 11:45 a observed to have two measuring approxima	tely 5.5 inches in length.				
	0 0	ated at the bottom of the ed used to be on the side				·
		m., an interview was (other staff member) #3. d been going from room to				
		ny areas that were s next phase, was to paint M #3 stated he was not				
		n room 304. OSM #3 en the Maintenance director was only him doing repairs.				
	On 7/27/17 at 4:27 p.r conducted with ASM (member) #1, the adm	m., an interview was				

needed repair. ASM #1 stated his main concerns were toilets that were leaking and that cosmetic things/issues were put on hold until the toilets were fixed. The audit for room 304 was requested. Review of the audit for room 304 room revealed that nothing was needed for the resident's walls. The following was documented as the only thing needed for room 304: "Needs plastic glove holder." ASM #1 stated he started

doing audits the second week of May.

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING		C 07/28/2017
	ROVIOER OR SUPPLIER	REVISED COPY	400	REET ADDRESS, CITY, STATE, ZIP CODE 0 WEST STRASBURG ROAD RONT ROYAL, VA 22630	
(X4) IO PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDEO BY FULL LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLO BE COMPLETION
F 252	staff member) #1, the DON (Director of Nurs corporate nurse, were findings. No further in prior to exit.	.m., ASM (administrative administrator, ASM #2, the rising) and ASM #3, the e made aware of the above information was presented	F 252		
	on 7/25/17 at 11:35 a conducted. At 11:41	observed on the ceiling tiles and some some some some some some some some			
	maintenance director. has had multiple roof replaced several ceiling as soon as he replaced occurs and stains their there was an issue with currently being address. On 7/27/17 at approximaterview was conduct staff member) #1, the stated that seven year replaced. Three years leaking affecting the anursing station. ASM is never put on correctly built and that the roof allowing water to drip is stated that they had a	(other staff member) #3, the . OSM #3 stated the facility leaks and he has already ng tiles. OSM #3 stated that es ceiling tiles, another leak em again. OSM #3 stated ith the roof that was ssed by the administrator. imately 4:27 p.m., an ted with ASM (administrative administrator. ASM #1			

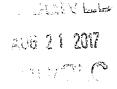
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replace the roof. When asked if ASM #1 had

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			1	OMB NO. 0938-0391
STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA (X2) MU IOENTIFICATION NUMBER: A. BUILC		IPLE CONSTRUCTION		(X3) OATE SURVEY COMPLETEO
		495301	B. WING	- de		C 07/28/201 7
	ROVIOER OR SUPPLIER	REVISED COPY		STREET AOORESS, CITY, STATE, ZIP CO 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	DOE	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFI TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCEO TO TI OEFICIENC	ION SHOULO BE HE APPROPRIA	
F 252	and that the roof was ASM #1 stated that he On 7/27/17 at 6:32 p.r administrator, ASM #2 Nursing) and ASM #3	ing company had come in in the process of repair, e did not have that evidence. m., ASM #1, the 2, the DON (Director of the corporate nurse were ove findings. No further	F	252		
	observed ripped out of exposed blue wires. On 7/26/17 at 3:00 p.r shower room located conducted with OSM of maintenance directors. hanging out of the wall	100 hall shower room was f the wall and dangling by n., an observation of the on the 100 hall was (other staff member) #3, the The call bell was observed I dangling by blue exposed				
	bell looked broken. Whenchecks the shower room #3 stated he checks the OSM #3 stated, "I hard asked how he is made needs repair, OSM #3 can put a work order in OSM #3 stated he will and repair what needs	n., OSM #3 stated the call then asked how often he oms for maintenance, OSM me shower rooms monthly. If you come in here." When a ware of anything that stated any staff member into the computer system. Then get that work order to be fixed. OSM #3 are of the call bell needing				
	On 7/27/17 at 6:32 p.n	n. ASM #1. the				

administrator stated that he and OSM #3 tested the call bell (in the 100 hall shower room) as soon

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				<u> </u>	MB NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCT	TIDN	(X	3) DATE SURVEY COMPLETED
		495301	B. WING				C 07/28/20 17
	ROVIDER OR SUPPLIER E HALL FRONT ROYAL	REVISED COPY		400 WEST ST	ESS, CITY, STATE, ZIP CODE RASBURG RDAD 'AL, VA 22630	E	0112012011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF T A G	•	PROVIDER'S PLAN OF COR EACH CORRECTIVE ACTION OSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 252	was still functioning er out of the wall. On 7/28/17 at 7:48 a.i. conducted with OSM did to fix the call bell is stated he re-secured screws. OSM #3 state broken, but he and the call bell system or functioning. When as were a safety risk for stated the wires had sresidents would not be hold of the wires. On 7/28/17 at approxi (administrative staff madministrator, ASM #2 Nursing) and ASM #3	thed with general 1 stated that the call bell wen though it was coming m., further interview was #3. When asked what he in the shower room, OSM #3 the call bell to the wall with ed the call bell looked a administrator had tested in 7/26/17 and it was still ked if the exposed wires the residents, OSM #3 uch a low voltage that the e shocked if they ever got a mately 12:00 p.m., ASM ember) #1, the 2, the DON (Director of the corporate nurse were ove findings. No further	F	252			
		ive Resident #5 a shower room floor from a previous					
	limited to Alzheimer's o ostenporosis, and den disturbance. Resident (minimum data set) as	s that included but were not disease, age-related					

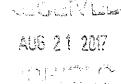
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date of 6/28/17. Resident #5 was coded as being

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL1	TIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI			COMPLETED
						c
		495301	B. WING_		***	07/28/2017
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	0,,20,20,1,
				41	00 WEST STRASBURG RDAD	
HERITAGE	EHALL FRONT ROYAL	REVISED COPY		F	RONT ROYAL, VA 22630	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PRDVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
				-	,	_
F 252	Continued From page	: 42	F	252		
		npaired in the ability to make				
	• •	g 00 out of 15 on the BIMS				
	(Brief Interview for Me	=				
	Resident #5 was code					
	dependence on two st	taff members with bed				
	mobility, transfers, toil	eting, and personal				
	hygiene; and total dep	endence on one staff				
	member with dressing	, and eating.				
	O= 7/00/47 -+ 2:00	an abana dia asila				
	shower room located	m., an observation of the				
	maintenance director.	(other staff member) #3, the				
	observed in the drain	•				
		yn [1] dressing was also				
		of the shower room. The				
	shower room floor app					
	On 7/26/17 at 3:00 p.r	n., an interview was				
	conducted with OSM #	#3. When asked how often				
	the shower rooms wer	e cleaned, OSM #3 stated				
	he was not sure when	the CNAs cleaned up the				
	room. When asked wi	hat was in the drain, OSM				
	#3 stated that it appea	red to be feces in the drain.				
		mately 3:03 p.m., CNA				
	(certified nursing assis	stant) #10 walked into the				
	shower room. When a	asked how often shower				
	rooms were cleaned, (CNA #10 stated that CNAs				
		y mess after each resident				
		. CNA #10 was asked				
	when she had last sho	wered a resident in the				
	shower room. CNA #1					
	•	0:25 that morning. CNA				
	#10 stated that the dre	ssing and feces were not				

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used the shower room last.

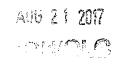
in the drain at that time or the shower she had provided. CNA #10 stated she did not know who

On 7/26/17 at 3:40 p.m., an interview was

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILOI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING	<u> </u>	C 07/28/2017
	PROVIDER OR SUPPLIER E HALL FRONT ROYAL	REV)SED COPY		STREET ADDRESS, CITY, STATE, ZIP CDD 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE COMPLETION BE APPROPRIATE OATE
	asked who was responshower room, CNA #8 supposed to clean the use. When asked if it and dressings in the stated, "Absolutely no On 7/26/17 at approximaterview was conduct staff member) #2, the ASM #2 stated, "I wan stuff that was left in the CNA who was assigning Resident #5 as combative with the CN to quickly get the residue before her behaviors at that the CNA was on his bathroom when this with dressing and feces what time the CNA gar ASM #2 stated that she Resident #5 was usual day shift.	#9, a 3-11 shift CNA. When onsible for cleaning the 9 stated that CNAs are e shower room after each t was ever ok to leave feces shower drain, CNA #9 ot. No ma'am." imately 4:00 p.m., an eted with ASM (administrative pDN (Director of Nursing). In to talk to you about the ne drain." ASM #2 stated signed to Resident #5, was shower when she became NA. The CNA then decided dent back to her room safely escalated. ASM #2 stated her way back to clean the writer had already observed as in the drain. When asked are Resident #5 her shower, he was not sure but ally the last shower of the	F:	252	
	who gave Resident #5 when she had given R CNA #7 stated that she room around 2:35 p.m brought the resident be 2:50-2:55 p.m. becaus becoming restless. CN	ted with CNA #7, the CNA 5 her shower. When asked Resident #5 her shower, he went into the shower h. CNA #5 stated that she hack to her room around			

discovered my mess."

On 7/28/17 at 8:30 a.m., an interview was

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CENTER	S EOD MEDICADE 9	MEDICAID SERVICES				FORM APPROVED
	RS FOR MEDICARE &				·	OMB NO. 0938-0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL [*] A. BUILOI		NSTRUCTION	(X3) OATE SURVEY COMPLETEO
		495301	B. WING			C 07/28/2017
NAME OF P	ROVIOER OR SUPPLIER			STRE	ET AOORESS, CITY, STATE, ZIP COOE	
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F 252	Continued From page	<u>.</u> 44	F:	· 252		-
	· =	Licensed practical nurse)				
	#10. When asked ab					
		with a dressing in place,				
		ssings get wet, then the				
		nurse, and the nurse would				
		area. LPN #10 stated that			•	
•	allevyn dressings wer	e able to get wet. LPN #10				
		essing were to come off				
	during a shower, she	would re-dress (reapply a				
	dressing) after the sho	ower.				
	interview was conduct asked about the process resident with a dressin stated that allevyn drewould notify the nurse come off during the state process followed for resident, CNA #7 state put a bucket underneat the resident has an incontinent, CNA #7 saked if she had used Resident #5 while givi CNA #7 stated, "I didn she (Resident #5) did episode in the shower usually go to the bathr CNA #7 was asked withe shower drain came	ng her a shower on 7/26/17, 't use a bucket that day but not have an incontinent with me. She doesn't				
	the feces, was on the to her giving Resident stated the dressing in					
	_	he feces. When CNA #7				

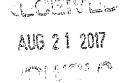
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was asked if she brought Resident #5 into the shower room with feces on the floor, CNA #7

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Facility IO: VA0101

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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F 279 SS=D	brought Resident #5 is shower. CNA #7 courshower. CNA #7 courshower. CNA #7 courshower. CNA #7 courshower room prior to On 7/28/17 at approxication (administrator, ASM #3 made aware of the above as the sacromator of the most as the sacromator of the most as the sacromator of the s	was on the floor when she into the shower room for her ald not recall who used the her. cimately 12 p.m., ASM member) #1, the E2, the DON (Director of B3, the corporate nurse were cove findings. It is able is awkward body areas such and elbows. It is suitable for kuding wounds and can be with a hydrogel for sloughy ation was obtained from the Health. Inih.gov/pubmed/8845677. I) DEVELOP CARE PLANS Is maintain all resident ted within the previous 15 it's active record and use the ments to develop, review int's comprehensive care	F 2	Corrective Action(s) Resident #4's compre plan has been review completely revised to appropriate goals, intapproaches to address specific medical and needs as identified in the comprehensive Massessment. A Facilit Accident Form was of this incident.	ehensive care yed and oreflect the terventions and so the resident's treatment or section Vof MDS ty Incident &

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Event ID: KFYC11

Facility IO: VA0101

If conlinuation sheel Page 46 of 161



CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 279 Continued From page 46

set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following –

- (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
- (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
- (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
- (iv)In consultation with the resident and the resident's representative (s)-
- (A) The resident's goals for admission and desired outcomes.
- (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.

F 279

Identification of Deficient Practices

& Corrective Action(s):

All residents may have potentially been affected. A 100% review of all comprehensive care plans will be conducted by the DON, RCC and/or designee to identify residents with inaccurate or incomplete care plans. Resident identified with inaccurate or incomplete care plans will have their care plan reviewed and updated to reflect their current interventions and appropriate approaches to address their medical and treatment needs. A Facility Incident & Accident Form will be completed for each incident identified.

Systemic Changes:

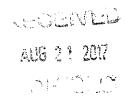
The facility Policy and Procedure has been reviewed and no changes are warranted at this time. The nursing assessment process as evidenced by the 24 Hours Report and documentation in the medical record and physician orders will be used to develop and revise comprehensive plans of care. The

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Event ID: KFYC11

Facility ID: VA0101

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 279 Continued From page 47

(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and clinical record review, it was determined that the facility staff failed to develop a comprehensive care plan from the CAA (care area assessment) section of the MDS (minimum data set) assessment for one of 25 residents in the survey sample, Resident #4.

The facility staff failed to develop a care plan to address the CAA triggered area of psychosocial well-being on Resident #4's annual assessment with an ARD (assessment reference date) of 6/2/17.

The findings include:

Resident #4 was admitted to the facility on 3/24/11. Resident #4's diagnoses included but were not limited to: dementia (1), high blood pressure and dysphagia (2). Resident #4's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 6/2/17, coded the resident's cognitive skills for daily decision making as severely impaired.

Section V of the above MDS assessment documented an "X" beside the care area of psychosocial well-being and documented the area would be care planned. Resident #4's comprehensive care plan initiated on 5/31/17 failed to document information regarding psychosocial well-being.

F 279

RCC, IDT and the DON will be inserviced by the regional nurse consultant on the development and implementation process of individualized care plans within 7 days of the completion of the comprehensive assessment and or quarterly assessment.

Monitoring:

The RCC and DON are responsible for maintaining compliance. The DON and/or RCC will perform care plan audits weekly coinciding with the care plan calendar to monitor for compliance. Any/all negative findings will be reported to the RCC for immediate correction. Detailed findings of the Care Plan audit will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.

Completion Date:

9/11/17

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F 279 Continued From page 48

On 7/27/17 at 3:37 p.m. an interview was conducted with LPN (licensed practical nurse) #6 (the MDS coordinator). LPN #6 was asked what should be done if a care area is checked as being triggered on the MDS assessment and staff check they will care plan the triggered area. LPN #6 stated the area should be care planned. LPN #6 stated psychosocial well-being may be included in the cognition or activities portions of the care plan. LPN #6 was asked to review Resident #4's annual MDS assessment dated 6/2/17, and Resident #4's care plan, and to show this surveyor where psychosocial well-being was care planned. LPN #6 reviewed Resident #4's MDS assessment, care area documentation and care plan. LPN #6 stated the care area of psychosocial well-being triggered on the MDS assessment due to the activities interview portion of the MDS assessment. LPN #6 stated she guessed the activities director would have had to interview staff because Resident #4 doesn't respond and is unable to participate in the interview. When asked how psychosocial well-being was addressed on the care plan, LPN #6 stated the care plan really didn't address psychosocial well-being. LPN #6 stated when the staff assessment of daily and activity preferences was completed, the activities director checked "None of the above" (indicating the resident didn't prefer any of activity options listed on the assessment) and by checking "None of the above," psychosocial well-being triggered as a care area. LPN #6 was again asked how psychosocial well-being was addressed on Resident #4's care plan. LPN #6 stated, "He (the activities director) documented on the care plan staff must speak loudly and directly to communicate though she (Resident #4) rarely gestures a response." When asked if this

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asked what resource s developing care plans area assessments, LPI the RAI (resident asses manual. The activities director w interview. On 7/27/17 at 6:32 p.m staff member) #1 (the a (the director of nursing above findings. The CMS (Centers for Services) RAI manual w "Coding Instructions for Facility staff are to use mechanism to determine require review and add triggered care areas ar "Care Area Triggered" each triggered care area and current standard of or expert-endorsed clim resources to conduct for care area. Document information regarding to Chapter 4 of this manual instructions on the CAM and documentation. For each triggered care Planning Decision" is conew care plan, care plan of the current care plan	al well-being, LPN #6 but kind of didn't." When he references when based on triggered care N #6 stated she references ssment instrument) was not available for n., ASM (administrative administrator) and ASM #2) were made aware of the Medicare and Medicaid documented the following: r V0200A, CAAs the RAI triggering ne which care areas litional assessment. The re checked in Column A in the CAAs section. For ea, use the CAA process f practice, evidence-based nical guidelines and urther assessment of the relevant assessment he resident's status.	F 279		

care area. The "Care Planning Decision" column

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F 280	the RAI, as indicated which is the date that decision(s) were compresident's care plan were sident's care plan were compresident's care plan were compresident's care plan were compresident in the new particular and the new partic	ithin 7 days of completing by the date in V0200C2, the care planning pleted and that the ras completed." In was presented prior to exit. In was presented prior to	F 28	79	and ent to prevent a bruise	
	request meetings and			right chest and the new p area located on resident #	oressure	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
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F 280 Continued From page 51

- (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.
- (iv) The right to receive the services and/or items included in the plan of care.
- (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.
- (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must---
- (i) Facilitate the inclusion of the resident and/or resident representative.
- (ii) Include an assessment of the resident's strengths and needs.
- (iii) Incorporate the resident's personal and cultural preferences in developing goals of care.

483.21

- (b) Comprehensive Care Plans
- (2) A comprehensive care plan must be-
- (i) Developed within 7 days after completion of the comprehensive assessment.
- (ii) Prepared by an interdisciplinary team, that includes but is not limited to--

F 280 coccyx area. A Facility Incident & Accident Form was completed for this incident.

Resident #8's comprehensive care plan have been reviewed and revised to reflect a resident to resident altercation and nursing interventions in place to prevent future occurrences. A Risk Management Incident & Accident Form was completed for this incident.

Identification of Deficient Practices

& Corrective Action(s):

All residents may have potentially been affected. A 100% review of all resident comprehensive care plans will be conducted by the RCC and/or designee to identify residents at risk. Residents identified at risk will have their comprehensive care plans corrected at time of discovery and a Risk Management Incident & Accident Form will be completed for each incident identified.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 280 Continued From page 52

- (A) The attending physician.
- (B) A registered nurse with responsibility for the resident.
- (C) A nurse aide with responsibility for the resident.
- (D) A member of food and nutrition services staff.
- (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
- (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
- (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

This REQUIREMENT is not met as evidenced

Based on observation, staff interview, facility document review, and clinical record review, it was determined that facility staff failed to review and revise the comprehensive care plan for two of 25 residents in the survey sample, Resident #5 and #8.

1, a. The facility staff failed to review and revise Resident #5's comprehensive care plan after an 8/11/16 resident-to-resident altercation.

Systemic Changes: F 280

The assessment process will continue to be utilized as the primary tool for developing comprehensive plans of care. The RCC is responsible for implementing the RAI Process. The nursing assessment process as evidenced by the 24 Hours Report and documentation in the medical record/physician orders will be used to develop and revise comprehensive plans of care. The Regional Nurse Consultant and/or RCC will provide in-service training to the interdisciplinary care plan team on the mandate to develop individualized care plans within 7 days of the completion of the comprehensive assessment and/or revisions to the comprehensive care plan as indicated with any changes in condition.

Monitoring:

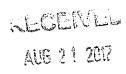
The RCC and DON are responsible for maintaining compliance. The interdisciplinary team will audit all comprehensive care plans prior to finalization to monitor for

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Facility ID: VA0101

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	comprehensive care p Resident #5's left eye found on 11/29/16 and c. The facility staff fails comprehensive care p pressure ulcer to her c 6/29/17. 2. The facility staff fails comprehensive care p resident-to-resident alt The findings include: 1. a. The facility staff fa Resident #5's compreh 8/11/16 resident-to-res Resident #5 was admit	led to review or revise the plan after a bruise to and upper right chest were d 11/30/16. led to revise Resident #5's plan after a stage two coccyx was resolved on lifed to update Resident #8's plan after an 8/11/16 letercation. It is a review and revise thensive care plan after an sident altercation. It is to the facility on the state included but were not disease, age-related tentia with behavioral	F 280	compliance. Any/all negative findings will be reported to the DON and RCC for immediate correction. Detailed findings interdisciplinary team's audit be reported to the Quality Assurance Committee for revanalysis, and recommendation change in facility policy, production practice. Completion Date:	ne e of the will riew, ns for
,	(minimum data set) ass assessment with an AR date) of 6/28/17. Resid being severely cognitive make daily decisions so	sessment was a quarterly RD (assessment reference			

Resident #5 was coded as requiring total dependence on two staff members with bed mobility, transfers, toileting, and personal hygiene; and total dependence on one staff

member with dressing, and eating.

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F 280	the following note dat documented the follow recipient (sic) by anot shin), no unusual brui (signs/symptoms) pai (left lower extremity) was a stime shaking distress/discomfort not (temperature) -76 (put 139/77 (blood pressure saturation) 98 % RA (nursing notes could be incident. Review of Resident # and 8/19/16 failed to recomprehensive care prevised after this incident. Review of Resident # 8/11/16, did not evide interventions to keep resident who kicked here in the MDS coordinator. Of the comprehensive that the purpose of the patient care, problems problems. When asked who plan would be updated care plan would be updated care plan would be updated to the comprehensive care plan would be updated care plan would be updated to the comprehensive care plan would be updated care plan would be updated care plan would be updated to the comprehensive care plan would be updated care plan would be updated to the comprehensive care plan would be updated care plan would be updated to the comprehensive that the purpose of the comprehensive care plan would be updated to the comprehensive that the purpose of the comprehensiv	5's nursing notes revealed ed 8/11/16 at 1:38 a.m. that wing: "S/P (status post) her resident kicked in L (left sing noted, no s/s n or discomfort, Moved LLE without difficulty. Noteding grab bars, no s/s of oted. VS (vital signs) -97.1 lese) - 20 (respirations) - re), SPO2 (oxygen room air)." No additional e found regarding the 5's care plans dated 6/29/16 reveal that the olan was reviewed or lent. 5's incident report dated ince any long term the resident safe from the er.	F	280	

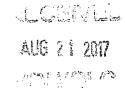
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bruises, pressure sores or skin tears, etc. When

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F 280	Continued From page	∍ 55	F	280		
	•	ensive care plan would be				
	**	t to resident altercation, LPN cial worker would make a				
		r the aggressor, or they				
	would update the care	e plan for the victim of the				
		Itercation if there was an				
	injury. When asked hi keeping Resident #5 s	now nursing staff are safe from the resident who				
		LPN #6 stated, "Well we				
	know (Name of aggree	ssor) gets agitated very				
	•	nursing staff verbally to				
		. We let the staff know so				
	we can be prepared." nurse would know to k	When asked how a new keep the two residents				
		ocumented on Resident				
		6 stated that she wasn't				
		nope a nurse would inform				
		#6 stated the social worker				
	was currently on vacat	ition and could not be ew. LPN #6 confirmed that				
	she could not find a ca					
		tercation for Resident #5.				
	On 7/27/17 at 9:35 a.n	n., an interview was				
	conducted with LPN#					
	•	N #1 stated the care plans				
		uld be updated regarding nt altercation. LPN #1 stated				
	the MDS nurse and/or					
		ng the behavior care plans.				
	On 7/27/17 at 6:32 p.n	m., ASM (administrative				
	staff member) #1, the	administrator and ASM #2,				
		Nursing), and ASM #3, the				
	concerns.	made aware of the above				

The facility policy titled, Resident to Resident Altercations, documents in part, the following: "If

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CENTER	₹S FOR MEDICARE &	MEDICAID SERVICES				OM	IB NO. 0938-0391
STATEMENT	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCT	FION		OATE SURVEY COMPLETEO
		495301	B. WING				C 07/28/2017
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F 280	two residents are invo will:f. Make necessa approaches to any or individuals"	olved in an altercation, staff ary changes in the care plan	F2	280			
	comprehensive care p	and upper right chest were					
	the following note date behaviors noted for the small bruise under left staff rubbing eyes with doctor) and RP (respo	bruise to be measured and					
	following note dated 1 "Resident is alert and s/sx (signs/symptoms) noted. Continues with change noted. Noted to upper right breast the seed ark purple in color (nurse practitioner) is a Vitals as follows: 97.1 16 (respirations), 130/3	oriented to name with no) of abnormal behaviors bruise to left eye with no to have a bruise to her size of a penny appeared to r. Will make RP and NP aware. No orders given. (temperature), 72 (pulse), 72 (blood pressure), 95 % dendum 11/30/16 at 7:12 en observed by staff					

Review of Resident #5's comprehensive care

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	plan was updated for and her right chest. On 7/26/17 at 9:30 a.r. conducted with LPN (I the MDS coordinator. of the comprehensive that the purpose of the patient care, problems problems. When asked comprehensive care pand nurse manageme plan. When asked who plan would be updated care plan would be updated care plan would be upfalls, acute illnesses, soruises, pressure sore asked who would be recare plan for bruises, presponsible. When as comprehensive care ptwo bruises on 11/29/1 stated that she would On 7/26/17 at 11:13 a. could not find where the DON (Director of Notes and the poon (Director of	m., an interview was licensed practical nurse) #6, When asked the purpose care plan, LPN #6 stated a care plan was to guide s, and how to take care of d who had access to the plan, LPN #6 stated nurses and how to take care of d who had access to the plan, LPN #6 stated nurses and how to take care of d who had access to the care nen the comprehensive care d, LPN #6 stated that the plant that the plant the stated issues such as set or skin tears, etc. When esponsible for updating the LPN #6 stated she was sked if Resident #5's plan was updated after her 16 and 11/30/16, LPN #6	F	280	
	The facility policy titled documents in part, the Planning/Interdisciplinathe review and updating	following: "The Care ary Team is responsible for			

a. When there has been a significant change in

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E 390 (Sanking and Face				-	

F 280 Continued From page 58

the resident's condition:

- b. When the desired outcome is not met;
- c. When the resident has been readmitted to the facility from a hospital stay; and
- d. At least quarterly."

Basic Nursing, Essentials for Practice, 6th edition, (Potter and Perry, 2007, pages 119-127), was a reference for care plans. A nursing care plan is a written guideline for coordinating nursing care, promoting continuity of care and listing outcome criteria to be used in the evaluation of nursing care. The written care plan communicates nursing care priorities to other health care professionals. The care plan also identifies and coordinates resources used to deliver nursing care. A correctly formulated care plan makes it easy to continue care from one nurse to another. If the patient's status has changed and the nursing diagnosis and related interventions are no longer appropriate, modify the nursing care plan. An out of date or incorrect care plan compromises the quality of nursing care.

c. The facility staff failed to revise Resident #5's comprehensive care plan after a stage two pressure ulcer [1] to her coccyx was resolved on 6/29/17.

Review of Resident #5's clinical record revealed that she had developed a stage two pressure ulcer [2] to her coccyx on 5/9/17. The following was documented on the Wound Assessment Report: "Date of Assessment 5/9/17 ...Wound Type: Pressure ...Wound Location: Coccyx ...Stage: 2 ...Measurements: Length: 1.50 cm (centimeter) x 1.00 cm x 0.10 cm ...MD (medical

F 280

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F 280	doctor) made aware, RP (responsible party Review of Resident # the following note dat 6/26/17She is alert 1-2 assist with ADL's incontinent of B/B (bo coccyx has been reso position) q (every) 2 hallow" Review of Resident # plan dated 6/29/17 do risk for developing a particle decreased mobility. 5: (sic)skin will remain review5/10/17 treatr (discontinue) 7/27/17.	tx (treatment) per ordered, c) aware." 5's nursing notes revealed ed 6/29/17: "Late entry from and oriented x 1 (to self), (activities of daily living), wel/bladder). Stage 2 to elved. T&P (turn and rours as resident will 5's comprehensive care recumented the following: "At bressure ulcer due to /10/17 stage 2 to coccxy intact over next ment per order d/c "	F	280	DEFICIENCY)	
	the MDS coordinator. of the comprehensive the purpose of the car care, problems, and h problems. When aske comprehensive care pand nurse manageme plan. When asked who plan would be updated care plan would be updated care plan would be updated to the care plan would be updated t	When asked the purpose care plan, LPN #6 stated to plan was to guide patient ow to take care of d who had access to the plan, LPN #6 stated nurses not had access to the care the comprehensive care to LPN #6 stated that the dated for things such as				
	bruises, pressure sore asked who would be re	skin related issues such as sor skin tears, etc. When esponsible for updating the lan for skin areas, LPN #6 asible.				

On 7/26/17 at 11:13 a.m., LPN #6 stated she had

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F 280 Continued From page 60

F 280

forgotten to resolve the stage two pressure sore to Resident #5's coccyx on the care plan. LPN #6 stated she just realized that the pressure area was still on the care plan so she had just resolved it. LPN #6 stated that it (the pressure sore on Resident #5's coccyx) should have been taken off the care plan on 6/29/17 when the area was healed.

On 7/27/17 at 6:32 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the DON (Director of Nursing), and ASM #3, the corporate nurse were made aware of the above concerns. No further information was presented prior to exit.

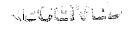
- [1] A pressure ulcer is an inflammation or sore on the skin over a bony prominence (e.g., shoulder blade, elbow, hip, buttocks, or heel), resulting from prolonged pressure on the area, usually from being confined to bed. Most frequently seen in elderly and immobilized persons, decubitus ulcers may be prevented by frequently change of position, early ambulation, cleanliness, and use of skin lubricants and a water or air mattress. Also called bedsores. Pressure sores. Barron's Dictionary of Medical Terms for the Non Medical Reader 2006; Mikel A. Rothenberg, M.D. and Charles F. Chapman. Page 155.
- [2] Stage II pressure ulcer is partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister. This information was obtained from The National Pressure Ulcer Advisory Panel website at http://www.npuap.org/pr2.htm.

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Event IO: KFYC11

Facility IO: VA0101

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F 280	Continued From page	∍ 61	F	280			
	2. The facility staff fa	iled to update Resident #8's					
	comprehensive care	•					
	resident-to-resident al	Itercation.					
	Resident #8 was adm	nitted to the facility on					
		ently readmitted on 9/15/16					
	with diagnoses includ	ling, but not limited to:					
	•	ementia, depression and					
	, ,	On the most recent MDS an annual assessment with					
	the assessment refere						
	Resident #8 was code	·					
		or making daily decisions.					
		t having received pain					
	medications during the	e look back period.					
	During the time of the	survey, Resident #8 was				,	
	not observed demons	- ·					
	toward any other resid	dents or staff.					
	A review of Resident	#8's nurses' notes revealed					
	the following: 8/11/16						
		ggressive behaviors towards					
		further episodes noted.					
		with resp (respirations) No unusual behaviors					
	noted."	NO dilaggal pellaviole					
	A review of the facility	's investigation of the					
		pove revealed that Resident					
		ident on 8/11/16. Further					
	review of Resident #8'	's clinical record failed to					

residents.

reveal evidence that interventions were put into place to prevent Resident #8 from injuring others or to protect Resident #8 from retaliation by other

A review of Resident #8's comprehensive care plan most recently updated 7/14/17 failed to

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F 280	Continued From page reveal information rela	e 62 ated to the 8/11/16 incident.	F 2	BO			
	nurse) #6, the MDS n stated the social work any interventions nec resident-to-resident in She stated the facility on vacation. LPN #6	ncident related to behaviors. social worker was currently stated that she could not t Resident #8's care plan					
	nurse) #7 (who wrote referenced above) wa she separated the res altercation and wrote stated she was not ce interventions were put	the nurse's note. She					
i (staff member) #1, the	m., ASM (administrative administrator, ASM #2, the nd ASM #3, the corporate of these concerns.					
	assurance) nurse was she used to work the floor when recase of a resident to remost immediate conceresidents and assessithis immediate action, should be documented on an incident report.	m., LPN #1, the QA (quality is interviewed. She stated floor all the time, and now needed. She stated in the resident altercation, the ern is separating the ing both for injuries. Beyond is she stated the incident d in the nurses' notes and LPN #1 stated resident to discussed at weekly risk					

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meetings, and at those meetings, further interventions are discussed. She stated the

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Facility IO: VA0101

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CENTERS FOR MEDICARE & MEDICAID SERVICES		MEDICAID SERVICES			OMB NO. 0938-0391		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495301	B. WING			70	C 7/28/2 017
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STI	REET ADDRESS, CITY, STATE, ZIP CODE	1 01	720/2017
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F 280	resident's care plan, a reflect that the incider the social worker is re	ne documented clearly in the and that the care plan should nt occurred. LPN #1 stated esponsible for updating care esident altercations, and for	F	280			
F 281 SS=E	No further information was presented prior to exit. 483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans		F 28		F281 Corrective Action(s): Resident #2, #8, #3, and #	£11's	
The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to follow professional standards of practice for five of 25 residents in the survey sample, Residents #2, #8, #3, #11 and #7.				attending physicians have notified that the facility st to clarify the resident's m needed pain medication odid not have clear instruct when to administer which medication. Resident's #2 and #11 have had their comprehensive care plan reflect their current pain management needs. A Fa	e been caff failed ultiple as rders and tions as to pain 2, #8, #3 updated to		
	orders for as-needed #2 had orders for two medications, with no c give either medication 2. The facility staff fail orders for as-needed	led to clarify Resident #2's pain medication. Resident different as needed pain clarification as to when to different as resident #8's pain medication. Resident			Incident & Accident Form completed for this incident Resident #7's attending p has been notified that the staff failed to keep HOB during incontinence care.	nt. hysician facility elevated	y

medications, with no clarification as to when to

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F 281 Continued From page 64 give either medication.

- 3. The facility staff failed to clarity Resident #3's orders for as-needed pain medication. Resident #3 had orders for two different as needed pain medications, with no clarification as to when to give either medication.
- 4. The facility staff failed to clarity Resident #11's orders for as-needed pain medication. Resident #11 had orders for multiple as needed pain medications, with no clarification as to when to give the medications.
- 5. The facility staff failed to keep Resident #7's head of bed elevated during incontinence care when his tube feed was running.

The findings include:

1. The facility staff failed to clarify Resident #2's orders for as-needed pain medication. Resident #2 had orders for two different as needed pain medications, with no clarification as to when to give either medication.

Resident #2 was admitted to the facility on 12/20/16 and most recently readmitted on 5/30/17 with diagnoses including, but not limited to: history of a stroke, epilepsy, diabetes, and difficulty swallowing. On the most recent MDS (Minimum Data Set), a 30-day Medicare assessment with an assessment reference date of 6/25/17, Resident #2 was coded as having no cognitive impairment for making daily decisions. He was coded as having received pain medication during the look back period.

During the course of the survey, the surveyor was

Incident & Accident Form was completed for this incident.

Identification of Deficient Practices/Corrective Action(s):

All other residents may have been potentially affected. The DON, ADON and/or designee will conduct a 100% review of all resident's pain medication orders to identify any residents at risk. All residents identified at risk will be corrected at time of discovery and an Incident & Accident form will be completed for each negative finding. The attending physician will be notified of each incorrect pain medication order for clarification.

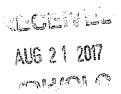
All Tube feeding residents may have potentially been affected. The DON or designee will conduct 100% review of all tube feeding residents during incontinent care to monitor for proper positioning during care delivery to ensure the HOB is not lowered below 45 degrees. All residents identified at risk will be corrected at time of discovery and staff involved will

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If continuation sheet Page 65 of t6t



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED	
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F 281 Continued From page 65 unable to obtain an interview with Resident #2.

A review of Resident #2's clinical record revealed the following orders, written 5/30/17 and signed by the physician most recently on 7/24/17:
"Acetaminophen (Tylenol (1)) 325 mg (milligrams) tablet. Take two tablets by mouth every 4 hours as needed pain/fever....Norco
(Hydrocodone/Acetaminophen (2)) 5-325 (mg) tablet. Give 1 tab (tablet) PO (by mouth) q 6 hours (every six hours) prn (as needed). Dx (diagnosis) pain." Review of the clinical record revealed no further clarification for when to administer these medications.

A review of Resident #2's comprehensive care plan dated 5/23/17 revealed, in part, the following: "Assess and establish the level of pain. Medicate per order and monitor for effectiveness. Reposition for comfort."

On 7/27/17 at 6:10 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the corporate nurse, were informed of these concerns.

On 7/28/17 at 9:25 a.m., LPN (licensed practical nurse) #1, the QA (quality assurance) nurse was interviewed. She stated she used to work the floor all the time, and now works the floor when needed. When asked to review Resident #2's prn pain medication orders and to tell the surveyor which pain medication should be given under which circumstances, LPN #1 stated: "I think you would have to ask the resident. I would have to use my nursing judgment." When asked what she would do if the resident could not or would not participate in the assessment, LPN #1 stated: "We really should get clarification. This is the

F 281 receive one-on-one inservice training.

Systemic Change(s):

The facility policy and procedure has been reviewed and no revisions are warranted at this time. The nursing assessment process as evidenced by the 24 Hours Report, documentation in the medical record and physician orders remains the source document for the development and monitoring of the plan care which includes, obtaining, transcribing and administering physician ordered medications and treatments, revising and completing interim care plans. Licensed staff will be inserviced by the DON and/or regional nurse consultant on the procedure for obtaining and transcribing physician accurate medication & treatment orders. All C.N.A. staff will be inserviced on the proper delivery of incontinence care to Tube Feeding residents to ensure proper positioning is maintained.

Monitoring:

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CENTER	RS FOR MEDICARE & I	MEDICAID SERVICES				OMB NO.	0938-0391
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F 281	It should be up to the the way the orders are technically possible for both medications at or "This would not be said the doctor intended. A control of the facility of the fa	uld not be up to the nurse. doctor." LPN #1 stated that e written, it would be or the resident to receive the time. LPN #1 stated: tife, and it wouldn't be what We need clarification." m., ASM #3, the corporate urvey team that the facility olicies as their professional policy "Medication and vealed, in part, the following: ns must include: Name and quantity or specific duration and frequency of or administration; and which given." was provided prior to exit. s used to relieve mild to eadaches, muscle aches, lds and sore throats, es, and reactions to and to reduce fever. also be used to relieve the farthritis caused by the ig of the joints). a class of medications called vers) and antipyretics (fever changing the way the body	·	281		DON, e will in m 2 audits audits ion regate e ance ew, as for eedure,	9/11/17
	information is taken fro						

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() continue to the continue to	other ingredients, and products are prescribe hydrocodone combinarelieve moderate-to-sin hydrocodone combinarelieve cough. Hydrocodone called op and in a class of mediations called op and in a class of mediaty of the brain and nervous Hydrocodone relieves activity in the part of the coughing." This informwebsite https://medlineplus.gottml. The following informate Fundamentals of Nurse Perry, 2005, p.846): "required for any medication urseIf the medication order." 2. The facility staff fail orders for as-needed parts and orders for two medications, with no capive either medication. Resident #8 was admited.	available in combination with didifferent combination wed for different uses. Some ation products are used to severe pain. Other ation products are used to codone is in a class of potate (narcotic) analgesics dications called antitussives. It is pain by changing the way as system respond to pain. It is cough by decreasing the brain that causes mation is taken from the cov/druginfo/meds/a601006.h without it is provided in sing, 6th edition (Potter and "A medication order is cation to be administered by ation order is incomplete, rem the prescriber and before carrying out any willed to clarity Resident #8's pain medication. Resident different as needed pain clarification as to when to in.	F	281		

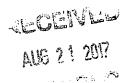
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with diagnoses including, but not limited to: history of a stroke, dementia, depression and difficulty swallowing. On the most recent MDS

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Facility ID: VAD101

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F 281	Continued From page	· 68		281	-
		n annual assessment with	'	201	
	the assessment refere				
	Resident #8 was code				
		or making daily decisions.			
	She was coded as no				
medications during the look back period.					
	A ravious of Basidant t	40's clinical record revealed			
A review of Resident #8's clinical record revealed the following orders, written 9/15/16 and most					
	-	physician on 7/24/17:			
		Take 1 tab (tablet) po q4 (by			
	mouth every four) hou				
		taminophen 325 mg tablet			
		g PO q 4 hrs (hours) prn.			
	Not to exceed 3 gms (grams) in 24 hour period.			
	· · · · · · · · · · · · · · · · · · ·	' Review of the clinical			
		ther clarification for when to			
	administer these medi	cations.			
	A review of Resident #	8's comprehensive care			
		realed, in part, the following:			
	•	the level of pain. Medicate			
	per order and monitor	for effectiveness.			
	Reposition for comfort	· ·			
	On 7/27/17 at 6:10 p.m	n., ASM (administrative			
		administrator, ASM #2, the			
		d ASM #3, the corporate			
	nurse, were informed				
	On 7/28/17 at 9:25 a n	1., LPN #1, the QA (quality			
		interviewed. She stated			ļ
		loor all the time, and now			
		eeded. When asked to			
		rn pain medication orders			
		which pain medication			
		which circumstances, LPN			
		would have to ask the			

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resident. I would have to use my nursing

Event ID: KFYC11

Facility IO: VA0101

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391		
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F 281	judgment." When asl resident could not or assessment, LPN #1 get clarification. This should not be up to the doctor." LPN #1 sorders are written, it was for the resident to recone time. LPN #1 staff safe, and it wouldn't be we need clarification. No further information. 3. The facility staff fare orders for as-needed #3 had orders for two medications, with not give either medication. Resident #3 was adm 6/23/10 and most reconstituted with diagnoses included rhabdomyolysis (3), and dementia. On the modata set), an annual assessment reference #3 was coded as bein making daily decisions having received pain reback period. A review of Resident # the following orders, decently signed by the	ked what she would do if the would not participate in the stated: "We really should is the doctor's order. It is now to stated that the way the would be technically possible eive both medications at ted: "This would not be what the doctor intended." It was provided prior to exit. F 2	281					

(solution). Give 0.5 ml (10 mg) SL (sublingual - under the tongue) q 30 min (every 30 minutes)

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	prn Dx pain, dyspnea (respiratory rate) great (Tylenol) 325 mg table every 4 hours as need 101." Review of the control of the	difficulty breathing) or responder than 30MAPAP et. Give two tabs by mouth ded pain/fever greater than clinical record revealed no rewhen to administer these #3's comprehensive care evealed, in part, the eresident to describe the tablish the level of pain. Ind monitor for m., ASM (administrative administrator, ASM #2, the administrator, ASM #2, the administrator, ASM #2, the administrator, ASM sometimes of these concerns. m., LPN #1, the QA (quality is interviewed. She stated floor all the time, and now needed. When asked to prin pain medication or which pain medication or which pain medication or which circumstances, LPN to would have to ask the ere to use my nursing ted what she would do if the would not participate in the stated: "We really should is the doctor's order. It enurse. It should be up to	F 281		

safe, and it wouldn't be what the doctor intended.

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F 281	Continued From page	71	F 2	81			
	We need clarification.	п					
	No further information	was provided prior to exit.					
	(3) "Rhabdomyolysis is the breakdown of muscle tissue that leads to the release of muscle fiber contents into the blood. These substances are harmful to the kidney and often cause kidney damage." This information was taken from the website https://medlineplus.gov/ency/article/000473.htm.						
	and capsules are only (around-the-clock) pai by the use of other parextended-release table be used to treat pain to medication that is take in a class of medication analgesics. It works by brain and nervous systems information is taken from Health website	to relieve moderate to extended-release tablets used to relieve severe in that cannot be controlled in medications. Morphine ets and capsules should not that can be controlled by en as needed. Morphine is ens called opiate (narcotic) or changing the way the tem respond to pain." This em the National Institutes of ev/medlineplus/druginfo/me					
	orders for as-needed p #11 had orders for mul medications, with no c give the medications.	larification as to when to					
	Resident #11 was adm	itted to the facility on					

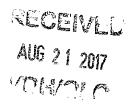
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4/23/10 with diagnoses including, but not limited to: Cerebral palsy (5), high blood pressure, and depression. On the most recent MDS (minimum

EvenI IO: KFYC11

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				0938-0391
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F 281	data set), an annual a assessment reference #11 was coded as har for making daily decis having received pain back period. A review of the clinical following orders: - "Norco 5-325 (mg) to hours) prn for HA (heavitten 1/28/17 and mphysician on 7/24/17. - "Butalb-ASA-Caff (B) (6) Cap (capsule). Ta hours as needed." The and signed by the physician or 2 q 6 hrs prn for HA 6/12/17 and signed by mouth every 6 hours a order was written 5/18 physician on 7/24/17. record revealed no fur administer these med. A review of Resident a plan dated 5/23/17 rev. "Assess and establish per order and monitor."	assessment with the e date of 5/17/17, Resident ving no cognitive impairment sions. He was coded as medications during the look al record revealed the ablet. 1 po q 6 hrs (every six adache)." This order was nost recently signed by the sutalbital-Aspirin-Caffeine) ake 1 cap by mouth every 6 his order was written 7/17/17 spician on 7/24/17. sophen-Caffeine-Codeine phen-Caffeine-Codeine) the physician on 7/24/17. let. Take two tablets by as needed [for] pain." This B/17 and signed by the Review of the clinical rther clarification for when to ications. #11's comprehensive care vealed, in part, the following: in the level of pain. Medicate	F 2	81		
	staff member) #1, the	m., ASM (administrative administrator, ASM #2, the id ASM #3, the corporate				

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nurse, were informed of these concerns.

Event IQ: KFYC11

Facility IO: VA0101

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES		<u> </u>	ON.	<u>/IB NO. 0938-0</u> 39
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F 281			F 281			
	assurance) nurse was	m., LPN #1, the QA (quality s interviewed. She stated floor all the time, and now				

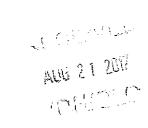
works the floor when needed. When asked to review Resident #11's prn pain medication orders and to tell the surveyor which pain medication should be given under which circumstances, LPN #1 stated: "I think you would have to ask the resident. I would have to use my nursing judgment." When asked what she would do if the resident could not or would not participate in the assessment, LPN #1 stated: "We really should get clarification. This is the doctor's order. It should not be up to the nurse. It should be up to the doctor." LPN #1 stated that the way the orders are written, it would be technically possible for the resident to receive both medications at one time. LPN #1 stated: "This would not be safe, and it wouldn't be what the doctor intended. We need clarification."

No further information was provided prior to exit.

(5) "Cerebral palsy refers to a group of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination Cerebral palsy (CP) is caused by damage to or abnormalities inside the developing brain that disrupt the brain's ability to control movement and maintain posture and balance. The term cerebral refers to the brain; palsy refers to the loss or impairment of motor function." This information was taken from the website https://www.ninds.nih.gov/Disorders/Patient-Care giver-Education/Hope-Through-Research/Cerebr al-Palsy-Hope-Through-Research.

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F 281	tension headaches." from the website https://medlineplus.go tml. 5. The facility staff fa head of bed elevated when his tube feeding Resident #7 was adm 7/17/17 with diagnose limited to cerebral infa (stroke), Parkinson's o behavioral disturbanc (gastro-esophageal re pressure, and dyspha Resident #7 was docu note dated 7/17/17 as self and needing an a ADLs (activities of dai not have a completed assessment. On 7/26/17 at 8:37 a.i incontinence care was (certified nursing assis to Resident #7 and C observed lowering Re the way flat. CNA #7	of drugs is used to relieve This information is taken ov/druginfo/meds/a601009.h illed to keep Resident #7's during incontinence care g was running. iitted to the facility on es that included but were not arction due to occlusion disease, dementia with e, GERD eflux disease), high blood gia (difficulty swallowing). umented in an admission is being alert and oriented to ssist of two persons with ity living). Resident #7 did MDS (minimum data set) m., observation of is conducted with CNA estant) #7, the CNA assigned NA #10. CNA #7 was esident #7's head of bed all then proceeded to start	F	281			
	was observed hooked (percutaneous endose and running the entire provided. Resident #7	tesident #7's peg feeding I up to his peg copic gastrostomy (1)) tube time incontinence care was "s head was observed flat time incontinence care was					



minutes.

provided. Incontinence care lasted fifteen

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ С 495301 B. WING 07/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD HERITAGE HALL FRONT ROYAL REVISED COPY FRONT ROYAL, VA 22630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 281 Continued From page 75 F 281 Resident #7's nutrition care plan dated 7/18/17. documented the following: "At nutrition risk related to recent CVA (stroke) and PEG placement. Enteral feeding dependent...Will experience no s/sx (signs/symptoms) of intolerance of TF (tube feed)...Maintain resident in upright position during feedings and one hour after each feeding." On 7/27/17 at 9:15 a.m., an interview was conducted with CNA (certified nursing assistant) #11. CNA #11 was asked about the process for providing incontinence care to a resident with a tube feeding running. CNA #11 stated she would ask the nurse to shut it (the tube feeding) off and to make sure that the HOB (head of bed) was not all the way flat. When asked how the HOB should be, CNA #11 stated, "At least at 45 degrees." On 7/27/17 at 9:20 a.m., an interview was conducted with CNA #3, regarding the process followed for providing incontinence care to a resident with a tube feeding running. CNA #3 stated she would ask the nurse to turn the feeding off and she would make sure the resident's head was not all the way flat during care. CNA #3 stated she would keep the HOB (head of bed) elevated. On 7/27/17 at 2:11 p.m., an interview was conducted with CNA #7, the CNA who lowered Resident #7's head of bed during incontinence care. CNA #7 stated resident's with tube feeds should not have the head of the bed flat. When asked why residents who are on tube feedings should not have their HOB flat while the tube

feeding is running or for an hour after their feeding has been completed, CNA #7 stated, "It

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F 281	she had made a mista (Resident #7's) head she was nervous. On 7/27/17 at 6:32 p.1 staff member) #1, the the DON (Director of corporate nurse were concerns. ASM #2 st their policy as a profe The facility policy title precautions," docume "Preventing aspirati head of the bed (HOE	r throat." CNA #7 stated ake and forgot to keep his elevated. CNA #7 stated m., ASM (administrative administrator and ASM #2, Nursing), and ASM #3, the made aware of the above ated they (the facility) use	F	281			
	a tube placed in the s temporary or permane information is taken fr https://medlineplus.go 483.21(b)(3)(ii) SERV PERSONS/PER CAR (b)(3) Comprehensive The services provided as outlined by the commust- (ii) Be provided by qua accordance with each care.	om the website: v/ency/article/002937.htm. ICES BY QUALIFIED E PLAN Care Plans I or arranged by the facility, nprehensive care plan,	F	F282 Corrective Action(s Resident #7's attend has been notified that failed to provide inc a Tube feeding resid written plan of care, incident and accident completed for this in	ding physician at facility staff ontinent care to lent per the A facility at form has been		

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

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F 282

F 282 Continued From page 77

Based on observation, staff interview, facility document review, and clinical record review it was determined that facility staff failed to follow the written plan of care for two of 25 residents in the survey sample, Resident # 7 and #4.

- 1. The facility staff failed to follow the written plan of care and lowered Resident #7's head all the way flat in bed during incontinence care while his tube feeding was running.
- 2. The facility staff failed to implement Resident #4's "Heelz up" cushion per the resident's care plan.

The findings include:

1. Resident #7 was admitted to the facility on 7/17/17 with diagnoses that included but were not limited to cerebral infarction due to occlusion (stroke), Parkinson's disease, dementia with behavioral disturbance, GERD (gastro-esophageal reflux disease), high blood pressure, and dysphagia (difficulty swallowing). Resident #7 was documented in an admission note dated 7/17/17 as being alert and oriented to self and needing an assist of two persons with ADLs (activities of daily living). Resident #7 did not have a completed MDS (minimum data set) assessment.

On 7/26/17 at 8:37 a.m., observation of incontinence care was conducted with CNA (certified nursing assistant) #7, the CNA assigned to Resident #7 and CNA #10. CNA #7 was observed lowering Resident #7's head of bed all the way flat. CNA #7 then proceeded to start incontinence care. Resident #7's peg feeding was observed hooked up to his peg

Resident #4's attending physician has been notified that the facility staff failed to ensure placement of Resident #4's Heelz Up Cushion while in bed per written plan of care.

Identification of Deficient Practices/Corrective Action(s):

All other residents may have been potentially affected. The DON, ADON and/or Unit Managers will conduct a 100% review of all resident physician orders and care plans to identify residents at risk for not following and/or implementing physician ordered plan of care. All residents identified at risk will be corrected at time of discovery and an Incident & Accident form will be completed for each negative finding. The attending physician will be notified of each incident.

Systemic Change(s):

The facility policy and procedure for following and implementing physician ordered laboratory and the use of specialty equipment have been reviewed and no revisions are warranted at this time. The DON

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

EvenI IO:KFYC11

Facility IO: VA0101

If continuation sheel Page 78 of 161



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FORM APPROVED

PRINTED: 08/11/2017

CENTER	(S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETEO
		495301	B. WING			C 07/28/2017
NAME OF P	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP COOE	
HERITAGI	E HALL FRONT ROYAL	REVISED COPY			00 WEST STRASBURG ROAD RONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA OEFICIENCY)	
F 282	F 282 Continued From page 78 (percutaneous endoscopic gastrostomy (1)) tube and running the entire time incontinence care was provided. Resident #7's head was observed flat on the bed the entire time incontinence care was provided. Incontinence care lasted fifteen minutes. Resident #7's nutrition care plan dated 7/18/17, documented the following: "At nutrition risk related to recent CVA (stroke) and PEG placement. Enteral feeding dependentWill experience no s/sx (signs/symptoms) of intolerance of TF (tube feed)Maintain resident in upright position during feedings and one hour after each feeding." On 7/27/17 at 9:15 a.m., an interview was conducted with CNA (certified nursing assistant) #11. CNA #11 was asked about the process for providing incontinence care to a resident with a		, F	282	and/or regional nurse consulta will inservice all Nursing staff following the physician ordere plan of care and the comprehe care plan.	f on ed
					Monitoring: The DON is responsible for maintaining compliance. The ADON, and/or Unit Manager perform weekly chart audits coinciding with the care plan calendar to monitor for compl Any/all negative findings will corrected at time of discovery disciplinary action will be takeneeded. Aggregate findings or	will liance. be and en as
	tube feeding running. ask the nurse to shut i	CNA #11 stated she would it (the tube feeding) off and HOB (head of bed) was not			these reviews will be reported the Quality Assurance Commi- quarterly for review, analysis,	ittee

should be, CNA #11 stated, "At least at 45

On 7/27/17 at 9:20 a.m., an interview was

degrees." CNA #11 stated that all nurses should know the head of bed should be elevated for a

resident's head was not all the way flat during care. CNA #3 stated she would keep the HOB (head of bed) elevated.

resident with a tube feeding.

Completion Date:

practice.

recommendations for change in

facility policy, procedure, and/or

9/11/17

PRINTED: 08/11/2017 FORM APPROVED

CENTER	<u>.S FOR MEDICARE & '</u>	MEDICAID SERVICES			ON	<u>MB NO. 09</u> 38-0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG	(X:	3) DATE SURVEY COMPLETEO
		495301	B. WING_			C 07/28/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADORESS, CITY, STATE, ZIP COD		01/20/2017
	**************************************		}	400 WEST STRASBURG ROAD	_	
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F 282	Continued From page	∍ 79	- F:	282		
	On 7/27/17 at 2:11 p.r		• •	<u>-02</u>		
	•	#7, the CNA who lowered				
		f bed during incontinence				
		resident's with tube feeds				
		nead of the bed flat. When				
		who are on tube feedings				
	_	HOB flat while the tube				
	feeding is running or f					
		npleted, CNA #7 stated, "It				
	can come up into thei	ir throat." CNA #7 stated				
	she had made a mistr	ake and forgot to keep his				
	(Resident #7's) head	elevated. CNA #7 stated				
	she was nervous.					
	staff member) #1, the the DON (Director of I	m., ASM (administrative e administrator and ASM #2, Nursing), and ASM #3, the made aware of the above				
	The facility policy title	d, "Care Plans" did not	1			
		oncerns. The facility policy				
		g- Safety precautions,"				
		e following: "Preventing				
		evate the head of the bed				
		grees-45 degrees during the				
	tube feed and at least					
		nd Perry's, Fundamentals of				
		page 269 states "A written				
		tes nursing care priorities to				
		essionals. The nursing care				
		ntinuity of care by listing		•		
		rentions needed to achieve				
		e complete care plan is the				
		ction. It provides direction the plan plus the framework				
	•	the plan plus the framework lient's response to nursing				
	TOT EVALUATION OF THE C	deura reabouae to uniguid				

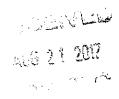
FORM CMS-2567(02-99) Previous Versions Obsolete

actions."

Event IO: KFYC11

Facility IO: VA0101

If continuation sheet Page 80 of 161



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

PRINTED: 08/11/2017 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES					. 01	OMB NO. 0938-0391	
	OF OEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL1 A. BUILDI	TIPLE CONSTRUCTION NG	(X	(X3) DATE SURVEY COMPLETED	
		495301	B. WING			C 07/28/2017	
NAME OF PI	ROVIDER OR SUPPLIER	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	STREET ADDRESS, CITY, STATE, ZI	IP CODE	0772072017	
				400 WEST STRASBURG ROAD			
HERITAGE	E HALL FRONT ROYAL	REVISED COPY		FRONT ROYAL, VA 22630			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDEO BY FULL SC IDENTIFYING INFORMATION)	IO PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T OEFICIE	ACTION SHOULO BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 282	Continued From page	80	F	282			
	a tube placed in the s temporary or permand information is taken fr						
	 The facility staff failed to implement Resident #4's "Heelz up" cushion (a cushion used to prevent an individual's heels from touching the mattress) per the resident's written plan of care. 						
	were not limited to: de pressure and dysphag recent MDS (minimum assessment with an A date) of 6/2/17, coded skills for daily decision	s diagnoses included but ementia (1), high blood gia (2). Resident #4's most in data set), an annual RD (assessment reference the resident's cognitive in making as severely coded Resident #4 as not					
	assessment report da documented Resident injury on the right hee	#4 developed a pressure					
	A physician's order su physician on 7/24/17 of 7/18/17 for a "Heelz u protection and preven	documented an order dated p cushion to bed for					

Resident #4's July 2017 TAR (treatment administration record) documented, "Heelz up

PRINTED: 08/tt/2017 FORM APPROVED

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND PLAN OF CORRECTION ASSOCIATION ASSO	CENTER	S FOR MEDICARE &	MEDICAID SERVICES		<u></u>	OMB NO. 0938-039 t
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FRONT ROYAL, VA 22630 FROVIDER'S PLAN OF CORRECTION FROM	HEDITACE	HALL FRONT ROYAL	BEVICED CODY		400 WEST STRASBURG RDAD	
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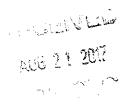
FORM CMS-2567(02-99) Previous Versions Obsole(e

portion of the resident's blanket. Resident #4 had

Event IO: KFYC11

Facility IO: VA0101

If continuation sheet Page 82 of 161



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CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		495301	B. WING_		C 07/ 28/201 7	
	NAME OF PROVIDER OR SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY			STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION	
F 282	socks on her feet and mattress. No "Heelz On 7/27/17 at 3:05 p. conducted with LPN (LPN #5 was asked he types of pressure	her heels were lying on the up" cushion was observed.	F 2	82		

On 7/27/17 at 6:32 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above findings.

room.

FORM CMS-2567(D2-99) Previous Versions Obsolete

new order then the order would be documented on the 24 hour report and the new order would be verbally passed on during the nursing report. LPN #5 stated pressure injury interventions were also signed off on the TAR. LPN #5 was asked if Resident #4 required any pressure injury interventions. LPN #5 stated, "She has a Heelz up." LPN #5 stated the night shift had cleaned the cushion and didn't put it back in the resident's

On 7/28/17 at 8:50 a.m. an interview was conducted with LPN #1 regarding the purpose of the care plan. LPN #1 stated the purpose of the care plan was to capture the resident in his/her entirety. LPN #1 stated each resident's care plan contains care and services that are going to be provided by all disciplines. LPN #1 stated the facility staff try to develop care plans that are personalized to each resident. When asked how staff ensures each resident's care plan is followed, LPN #1 stated each resident's care plan is in the computer in case staff needs to reference it. LPN #1 stated CNA service care plans are also located in each resident's closet.

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			(OMB NO. 0938-0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A, BUILOI	TIPLE CONSTRUCTION NG		(X3) OATE SURVEY COMPLETEO
		495301	B. WING			C 0 7/ 28/20 17
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F 282	Continued From page		F	282		
	The facility policy title	•				
	•	nary Team" documented,				:
	•	anning/Interdisciplinary or the development of an				
	·	hensive person centered				
		ident." The policy did not				
document specific information regarding staff						
	following the care plan	n.				
	No further information	was presented prior to exit.				
	(1) "Dementia is the n	ame for a group of				
	• •	disorders that affect the				
	brain. It is not a spec	ific disease. People with				
	dementia may not be	able to think well enough to				
		uch as getting dressed or				
	website:	ation was obtained from the				
		n.gov/vivisimo/cgi-bin/query- nedlineplus&v%3Asources=				
		uery=dementia&_ga=2.205				
	672787.1977489418.	1501503571-139120270.14				
	77942321					
	(2) Dysphagia is diffic	ulty swallowing. This				
	information was obtain					
	https://medlineplus.go	v/swallowingdisorders.html				
	(3) A pressure injury is	s localized damage to the				
		oft tissue usually over a				
	bony prominence or re	elated to a medical or other				

of the soft tissue...

device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition

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_CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETEO
						С
		495301	B, WING			07/28/2017
NAME OF P	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE	
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F 282	Continued From page	2 84		282		
1 202			F	Z0Z		
	Deep Tissue Pressure					
		red, maroon or purple				
	discoloration	Constitute to the state of the				
	Intact or non-intact sk					
	persistent non-blanch					
	purple discoloration o revealing a dark wour					
	Pain and temperature					
	color changes. Disco					
		gmented skin. This injury				
		ind/or prolonged pressure				
		ne bone-muscle interface"				
		obtained from the website:				
		/resources/educational-and-				
		iap-pressure-injury-stages/			T400	
F 309		ROVIDE CARE/SERVICES	F	309	F309	
	FOR HIGHEST WELL		005	Corrective Action(s):		
0.5 L					Residents #4's attending phy	vsician
	483.24 Quality of life				was notified that the facility	
		damental principle that			<u>-</u>	
	applies to all care and	services provided to facility			to provide the left lateral sup	~
	residents. Each resid	ent must receive and the			wheelchair as ordered by the	;
	facility must provide the	ne necessary care and			attending physician. A facilit	ty
	services to attain or m				incident & Accident form wa	•
	practicable physical, n				,,	
	well-being, consistent	with the resident's			completed for this incident.	
	comprehensive asses	sment and plan of care.				
					Resident #7, #2, #8, #3 & #5	i's
	483.25 Quality of care				attending physicians were no	
		ndamental principle that			that the facility staff failed to	
		t and care provided to				
	=	ed on the comprehensive			the location of the resident's	pain
		lent, the facility must ensure			and failed to offer non-	
	that residents receive				pharmacological intervention	ns prior
	accordance with profe				to administering as needed p	•
		ensive person-centered				
	care plan, and the res	idents' choices, including			medication per physician ord	ier. A

but not limited to the following:

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

PRINTED: 08/11/2017 FORM APPROVED

CENTERIO	SERVICES TO THE BUILDING A MEDICARD SERVICES				OMB NO. 0938-03
STATEMENT OF OEFICIENCIES (X ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) OATE SURVEY COMPLETEO
		495301	B. WING_		C 07/28/2017
NAME OF PROVIOER OR SUPPLIER				STREET AOORESS, CITY, STATE, ZIP COOE	
HERITAGE H	ALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
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F 309 Continued From page 85

(k) Pain Management.

The facility must ensure that pain management is provided to residents who require such services. consistent with professional standards of practice. the comprehensive person-centered care plan, and the residents' goals and preferences.

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

This REQUIREMENT is not met as evidenced

Based on observation, staff interview, facility document review and clinical record review it was determined that the facility staff failed to provide treatment and care to promote and maintain the highest level of well-being for seven of 25 residents in the survey sample, Residents #4, #7, #2, #8, #3, #5 and #6.

- 1. The facility staff failed to provide Resident #4's left lateral support as prescribed by the physician.
- 2. The facility staff failed to assess the location of the resident's pain and failed to offer non-pharmacological interventions prior to administering as needed pain medication to Resident #7 in June and July 2017.
- 3. The facility staff failed to assess the location of the resident's pain and failed to offer non-pharmacological interventions prior to administering as needed pain medication to Resident #2 in June and July 2017.

facility Incident & Accident form was completed for this incident.

> Residents #6's attending physician was notified that the facility failed to attempt non-pharmacological interventions prior to the administration of Norco 5-325mg on four different occasions. A facility Incident and Accident form was completed for this incident.

Identification of Deficient Practices/Corrective Action(s):

All other residents may have been potentially affected. The DON, ADON, and Unit Managers will conduct a 100% audit of all resident's physician orders and MAR's to identify resident at risk. Residents identified at risk will be corrected at time of discovery and their comprehensive plans of care updated to reflect their resident specific needs. The attending physicians will be notified of each negative finding and a facility Incident & Accident Form will be completed for each negative finding.

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Facility IO: VA0101

CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 309 Continued From page 86

- 4. The facility staff failed to assess the location of the resident's pain and failed to offer non-pharmacological interventions prior to administering as needed pain medication to Resident #8 in June and July 2017.
- 5. The facility staff failed to assess the location of the resident's pain and failed to offer non-pharmacological interventions prior to administering as needed pain medication to Resident #3 in June and July 2017.
- 6. The facility staff failed to attempt non-pharmacological pain relief interventions and failed to assess the location of Resident #5's pain prior to the administration of Tylenol 650 mg on: 3/13/17, 3/16/17, 3/18/17, 3/23/17, 4/1/17, 4/18/17 and 7/6/17.
- 7. The facility staff failed to attempt non-pharmacological pain relief interventions prior to the administration of Norco 5-325 mg to Resident #6 on 3/29/17, 4/19/17, 4/26/17, and 5/20/17.

The findings include:

1. The facility staff failed to provide Resident #4's left lateral support as prescribed by the physician.

Resident #4 was admitted to the facility on 3/24/11. Resident #4's diagnoses included but were not limited to: dementia (1), high blood pressure and dysphagia (2). Resident #4's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 6/2/17, coded the resident's cognitive skills for daily decision making as severely impaired. Section G documented Resident #4

Systemic Change(s): F 309 The facility relieves

The facility policy and procedures have been reviewed and no revisions are warranted at this time. The nursing assessment process as evidenced by the 24 Hour Report and documentation in the medical record /physician orders remains the source document for the development and monitoring of the provision of care, which includes, obtaining, transcribing and completing physician orders, medication orders, treatment orders. This includes assessing the location of a resident's pain and attempting non-pharmacological interventions prior to pain medication administration. The DON and/or Regional nurse consultant will inservice all licensed nursing staff on the procedure for obtaining, transcribing, and completing physician medication and treatment orders. As well as performing physician ordered monitoring and follow up per physician orders.

Monitoring:

The DON will be responsible for maintaining compliance. The DON,

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F 309	F 309 Continued From page 87 was totally dependent on two or more staff with bed mobility and transfers. Review of Resident #4's clinical record revealed a physician's order summary signed by the physician on 7/24/17 that documented an order dated 6/1/17 for left lateral support and Posey posterior leg support while up in the wheelchair. Resident #4's July 2017 TAR (treatment administration record) documented, "L (Left) lateral support and Posey posterior leg support while up in w/c (wheelchair)." Resident #4's comprehensive care plan initiated on 5/31/17 and CNA (certified nursing assistant)		F 309		ADON and/or Unit Managers will		
	document information support or Posey post the wheelchair.	regarding left lateral terior leg support while up in			Completion Date:		9/11/17
	8:35 a.m. Resident #4 wheelchair. No left lat	teral support was observed s in the wheelchair. The					
	#7 (the CNA caring for was asked how she wa positioning devices red CNA #7 stated nurses aware during report/sh	certified nursing assistant) r Resident #4). CNA #7 as made aware of the quired for each resident. and other CNAs make her nift change and there is a ach resident's closet. CNA					

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positioning devices. CNA #7 stated, "Not that I know of. I haven't heard of any in report."

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F 309	Continued From page	e 88	F:	309	
	On 7/27/17 at 3:05 p.i				
	,	licensed practical nurse) #5.			
		ow she was made aware of			
	•	es required for each resident.			
		vices were documented on			
		der for the device was new			
		ware during the nursing asked to describe the left			
	•				
lateral support that was supposed to be implemented for Resident #4. LPN #5 stated the left lateral support was an "L" shaped cushion					
		placed beside the resident			
		he resident doesn't lean.			
	staff member) #1 (the	m., ASM (administrative administrator) and ASM #2			
	(the director of nursing above findings.	g) were made aware of the			
	The facility policy title	d, "Medication and			
	Treatment Orders" do	cumented, "Orders for			
		ments will be consistent			
		and effective order writing."			
	The policy failed to do				
	· -	ementation of left lateral			
	support.				
	No further information	was presented prior to exit.			
	(1) "Dementia is the n				
		disorders that affect the			
	•	ific disease. People with			
		able to think well enough to			
		uch as getting dressed or			
	eating" This informativebsite:	ation was obtained from the			
		n.gov/vivisimo/cgi-bin/query- nedlineplus&v%3Asources=			

medlineplus-bundle&query=dementia&_ga=2.205

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

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F 309		e 89 1501503571-139120270.14	F3	;09		
	information was obtain	culty swallowing. This ined from the website: by/swallowingdisorders.html				

2. The facility staff failed to assess the location of the resident's pain and failed to offer non-pharmacological interventions prior to administering as needed pain medication to Resident #7 on 7/26/17.

Resident #7 was admitted to the facility on 7/17/17. Resident #7's diagnoses included but were not limited to: stroke, high cholesterol and dementia. Resident #7 did not have a completed MDS (minimum data set). On his admission nursing assessment dated 7/17/17, he was documented as being "alert" and "confused." He was documented as being fed by "tube."

On 7/26/17 at 9:50 a.m., LPN (licensed practical nurse) #5 was observed as she assessed Resident #7 for pain. LPN #5 asked Resident #7 if he was experiencing pain. Resident #7 stated that he was. LPN #5 asked Resident #7 to rate the pain on a scale from one to ten. Resident #7 stated: "Seven." LPN #5 prepared the resident's medication by crushing two 325 mg (milligram) tablets of Tyleno! (2), mixing the crushed medication with water, and administering the medication through Resident #7's PEG tube. LPN #5 did not ask Resident #7 the location of his pain, or offer any non-pharmacological interventions prior to administering the medication.

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F 309	Continued From page	∍ 90	F:	309			
	A review of the physic #7, revealed the follow to give 2 tabs (tablets) mg Acetaminophen) where yerbal order on 7/26/1 A review of Resident # plan initiated 7/18/17 at 0:10 p.r staff member) #1, the director of nursing, an nurse, were informed on 7/28/17 at 9:25 a.m nurse) #1, the QA (quality for the plan initiated 7/18/17 at 9:25 a.m nurse) #1, the QA (quality for the plan initiated 7/18/17 at 9:25 a.m.	cian's orders for Resident wing order: "Change Tylenol c) 325 mg (milligram) (650 via g-tube q (every) 4 hours e: This was given as a 17 at 9:45 a.m.]." #7's comprehensive care and updated most recently no information related to pain ent. m., ASM (administrative administrator, ASM #2, the nd ASM #3, the corporate	Γ.	509			
	needed. When asked be performed prior to a pain medication to a re do a visual observation pain it is. I ask where rate the pain." She sta factors in helping other	now works the floor when I what assessments should administering an as needed esident, LPN #1 stated: "I in. I ask them what kind of it's located. I ask them to ated these are important or staff members know why ininistered. When asked if					

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she would document this information, LPN #1 stated: "Yes, I would. I would write a note. Our system does not give you the chance to document the location." When asked for clarification, LPN #1 stated: "There is nowhere in the computer system to document the location of the pain. I always write a note. There should be

a note." When asked if she attempts non-pharmacological interventions prior to administering an as-needed pain medication,

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F 309	Continued From page	9 t	F 3	09		
	LPN #t stated: "Som	etimes." She stated if she				
	does offer these inter-	ventions, it might include				
	turning, repositioning,	ice pack, or a different level				
		d. LPN#t stated: "Ideally,				
		ng. I might not always				
	document it."					
	Medications" revealed "The purpose of this purpose of the purpose of this purpose of the purpose of the purpose of this purpose of the purpose	assessment consists of tive and objective assessment as nd document the				
	No further information	was provided prior to exit.				
	a tube placed in the st temporary or permane information is taken fro https://medlineplus.go (2) "Acetaminophen is					
	menstrual periods, col					
	toothaches, backache					
	vaccinations (shots), a	ind to reduce fever.				

Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints).

Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body

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senses pain and by cooling the body." This information is taken from the website https://medlineplus.gov/druginfo/meds/a681004.h tml.

Fundamentals of Nursing, 6th Edition, Potter and Perry, 2005, pages 1239-1287, "Nurses need to approach pain management systematically to understand a client's pain and to provide appropriate intervention....it is necessary to monitor pain on a consistent basis....Assessment of common characteristics of pain helps the nurse form an understanding of the type of pain, its pattern, and types of interventions that may bring relief....Onset and duration....Location....Intensity....Quality....Pain Pattern....Relief Measures....Contributing Symptoms....Pain therapy requires an individualized approach....Nurses administer and monitor interventions ordered by physicians for pain relief and independently use pain-relief measures that complement those prescribed by a physician....Effective communication of a client's assessment of pain and his or her response to intervention is facilitated by accurate and thorough documentation. This communication needs to transpire from nurse to nurse, shift to shift, and nurse to other health care providers. It is the professional responsibility of the nurse caring for the client to report what has been effective for managing the client's pain. The client is not responsible for ensuring that this information is accurately transmitted. A variety of tools such as a pain flow sheet or diary will help centralize the information about pain management."

F 309

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	the resident's pain and non-pharmacological administering as need Resident #2 in June a Resident #2 was administering as need Resident #2 was administering as need Resident #2 was administery of a stroke, epidifficulty swallowing. (Minimum Data Set), a assessment with an as of 6/25/17, Resident # cognitive impairment of the was coded as having medication during the During the course of the unable to obtain an interpretable to obtain an interpretable. Take two tablet as needed pain/fever (Hydrocodone/Acetam tablet. Give 1 tab (tablet) hours (every six hours) (diagnosis) pain." A review of Resident # administration records)	illed to assess the location of d failed to offer interventions prior to ded pain medication to and July 2017. iitted to the facility on cently readmitted on 5/30/17 ing, but not limited to: illepsy, diabetes, and On the most recent MDS a 30-day Medicare ssessment reference date 2 was coded as having no for making daily decisions, ing received pain look back period. the survey, the surveyor was terview with Resident #2. #2's clinical record revealed written 5/30/17 and signed recently on 7/24/17: nol) 325 mg (milligrams) ts by mouth every 4 hoursNorco ninophen (3)) 5-325 (mg) det) PO (by mouth) q 6) prn (as needed). Dx	F	309	
		7, 6/5/17, 6/6/17, 6/9/17,			

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6/12/17, 6/18/17 X 2; 6/21/17, 6/22/17, 6/29/17, 6/30/17, 7/2/17 X 2, 7/4/17, 7/6/17, 7/9/17, and

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	ı		: '	,		
F 309	Continued From page	94	F	309		
	7/26/17					
	- Tylenol: 6/17/17					
	According to the docu	imentation, the facility nurse				
	failed to assess the lo	cation of the resident's pain				
	and failed to attempt i	non-pharmacological				
	interventions prior to	administering the				
		ent #2 on each of these				
occasions. A review of Resident #2's comprehensive care						
		#2's comprehensive care				
		vealed, in part, the following:				
	•	the level of pain. Medicate				
	per order and monitor	•				
	Reposition for comfor					
	On 7/27/17 at 6:10 p.i	m., ASM (administrative				
		administrator, ASM #2, the				
	•	nd ASM #3, the corporate				
	nurse, were informed	·				
	On 7/28/17 at 0:25 au	m I DN #1 the OA (quality				
	assurance) nurse was	m., LPN #1, the QA (quality				
	•	ork the floor all the time, and				
		hen needed. When asked				
		's medication administration				
		bove, LPN #1 stated she				
		that Resident #2's pain				
	location was assessed					
		acological interventions				
	prior to administering	-				
	J					
	No further information	was provided prior to exit.				
	(3) "Hydrocodone is a	vailable in combination with				
	other ingredients, and					
		ed for different uses. Some				
		ation products are used to				
	relieve moderate-to-se					1
		ition products are used to				

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F 309	medications called op and in a class of med Hydrocodone relieves the brain and nervous Hydrocodone relieves activity in the part of coughing." This infor website	codone is in a class of biate (narcotic) analgesics dications called antitussives. s pain by changing the way s system respond to pain. s cough by decreasing	F	309			
	the resident's pain ar non-pharmacological administering as nee Resident #8 in June Resident #8 was adm 6/10/11 and most red with diagnoses include history of a stroke, do difficulty swallowing. (minimum data set), the assessment refer Resident #8 was cool	i interventions prior to ded pain medication to					

(diagnosis) pain."

She was coded as not having received pain medications during the look back period.

A review of Resident #8's clinical record revealed the following order, written 9/15/16 and most recently signed by the physician on 7/24/17: "Norco 5-325 tablet. Take 1 tab po q4 (tablet by mouth every four) hours prn (as needed) dx

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-0391
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	administration records notes revealed that Re as follows: 6/24/17, 7/4 According to the docu failed to assess the loand failed to attempt rinterventions prior to a medications to Reside occasions. A review of Resident # plan dated 7/20/17 revivassess and establish per order and monitor Reposition for comfort On 7/27/17 at 6:10 p.m. staff member) #1, the director of nursing, and nurse, were informed on 7/28/17 at 9:25 a.m. assurance) nurse was stated she used to wornow works the floor who review Resident #85 records as indicated all did not see evidence the location was assessed attempted non-pharma prior to administering the state of the second	#8's MARs (medication s), MAR notes, and nurses' esident #8 received Norco (6/17, and 7/19/17. Immentation, the facility nurse cation of Resident #8's pain non-pharmacological administering the ent #8 on each of these (#8's comprehensive care wealed, in part, the following: In the level of pain. Medicate for effectiveness. Et." m., ASM (administrative administrator, ASM #2, the d ASM #3, the corporate of these concerns. m., LPN #1, the QA (quality interviewed. LPN #1 rk the floor all the time, and then needed. When asked s medication administration bove, LPN #1 stated she that the resident's pain if or that the nurse accological interventions	F:		
	5. The facility staff faile	ed to assess the location of			

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the resident's pain and failed to offer non-pharmacological interventions prior to

EvenI ID: KFYC11

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

PRINTED: 08/11/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA NO PLAN OF CORRECTION IOENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO
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administering as needed pain medication to Resident #3 in June and July 2017.

Resident #3 was admitted to the facility on 6/23/10 and most recently readmitted on 11/12/15 with diagnoses including, but not limited to: rhabdomyolysis (4), arthritis, diabetes and dementia. On the most recent MDS (minimum data set), an annual assessment with the assessment reference date of 7/18/17, Resident #3 was coded as being moderately impaired for making daily decisions. She was coded as having received pain medication during the look back period.

A review of Resident #3's clinical record revealed the following order, dated 8/2/16 and most recently signed by the physician on 7/24/17: "MAPAP (Tylenol) 325 mg tablet. Give two tabs (tablets) by mouth every 4 hours as needed pain/fever greater than 101."

A review of Resident #3's MARs (medication administration records), MAR notes, and nurses' notes revealed that Resident #3 received Tylenol as follows: 6/3/17, and 7/13/17. According to the documentation, the facility nurse failed to assess the location of Resident #3's pain and failed to attempt non-pharmacological interventions prior to administering the medications to Resident #3 on each of these occasions.

A review of Resident #3's comprehensive care plan dated 12/14/16 revealed, in part, the following: "Encourage resident to describe the pain. Assess and establish the level of pain. Medicate per order and monitor for effectiveness."

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F 309	Continued From page	2 O8	E 1	309		
1 500	· -		,	309		
	·	m., ASM (administrative administrator, ASM #2, the				
		nd ASM #3, the corporate				
	nurse, were informed					
	On 7/28/17 at 9:25 a.	m., LPN #1, the QA (quality				
		s interviewed. LPN #1				
		ork the floor all the time, and				
	now works the floor w					
	•• • • • • • • • • • • • • • • • • • • •	i's medication administration				
		above, LPN #1 stated she that the resident's pain				
	location was assesse					
		acological interventions				
	prior to administering	_				
	No further information	was provided prior to exit.				
	` ,	is the breakdown of muscle				
	== :	e release of muscle fiber				i
		d. These substances are				
		and often cause kidney nation was taken from the				
	website	lation was taken nom the				
	https://medlineplus.gov/ency/article/000473.htm.					
	6. The facility staff fai	led to attempt				
		pain relief interventions and				
		cation of Resident #5's pain				
	•	ation of Tylenol 650 mg on:				
	3/13/17, 3/16/17, 3/18 4/18/17 and 7/6/17.	3/17, 3/23/17, 4/1/17,				
	Resident #5 was adm	itted to the facility on				
		es that included but were not				
	limited to: Alzheimer's	disease, age-related				
	osteoporosis, and der	nentia with behavioral				

disturbance. Resident #5's most recent MDS (minimum data set) assessment was a quarterly

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	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING			(X3) OATE SURVEY COMPLETEO
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F 309	assessment with an A date of 6/28/17. Resiseverely cognitively in daily decisions scoring (Brief Interview for Me Resident #5 was code dependence on two standility, transfers, toil hygiene; and total dependence with dressing Review of Resident #6 (Physician Order Shed documented the following tablet 1 tab (tablet hours pring (as needed Review of Resident #6 2017 MARs (Medication of MG (milligram) Caplet PO (by mouth) Q (eveneeded) pain/fever." Further review of Resident #6 Record) revealed that Tylenol 650 mg on the 3/16/17, 3/18/17, 3/23, 7/6/17. Review of Resident #5 orders dated August 2 following order: "Tylenol edition of the side of the s	ARD (assessment reference ident #5 was coded as being impaired in the ability to make g 00 out of 15 on the BIMS ental Status) exam. ed as requiring total staff members with bed leting, and personal pendence on one staff g, and eating. 6's most recent POS et) dated August 2017, wing order: "Norco [1] 5/325 t) p.o. (by mouth) q (every) 8 dx (diagnosis) pain." 5's March, April, and July on Administration Record) wing order: "Tyleno! [1] 325 t 2 tabs (tablets) = 650 mg ery) 6 hours PRN (as ident #5's March, April, and dication Administration Resident #5 received a following dates: 3/13/17, 4/1/17, 4/18/17 and 5's most recent physician 2017, documented the not [1] 325 mg (milligram) = 650 mg p.o. (by mouth) q	F	309		

Review of the March, April, and July 2017 MAR note sheets revealed that non-pharmacological

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STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETEO
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F 309 (Continued From many	. 100		000	-
	Continued From page		r	309	
		re not documented as being			
	•	ation of pain was not			
	_	assessed for all of the			
ē	above dates.				
F	Review of the nursing	notes dated March through			
	July 2017 revealed no				
	•	pain interventions were			
		administration of Tylenol on			
		ther review of the nursing			
n	notes failed to reveal	assessments for the			
ło	ocation of pain on the	above dates.			
c	On 7/27/17 at 2:30 p.r	m an interview was			
		licensed practical nurse) #9.			
	When asked the proce				
		edication, LPN #9 stated that			
		e resident their pain level			
		I #9 stated that she would			
а	attempt other things to	o relieve pain			
(1	non-pharmacological) pain relief interventions.			
V	When asked if non-ph	armacological interventions			
		mpted, LPN #9 stated, "I			
		ed that if the resident			
		n, she would the administer			
		n asked if the location of			
-		documented anywhere,			
		s usually documented on			
	•	scale and should always			
		n asked if it is documented			
		armacological interventions			
	taff did not usually do	#9 stated that the nursing			
		nterventions attempted, but			
	· -	nursing note. When asked			
		ow if non-pharmacological			
		s were attempted if there is			
		ne clinical record, LPN #9			

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stated that she didn't know.

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Facility IO: VA0101

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		495301	B. WING	<u> </u>	07/28/2017
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F 309	Continued From page	101	, F:	309	
	medication, LPN #10 resident their pain lev #10 stated that she w relieve pain (non-phainterventions. When a documenting that non interventions were att that nursing can docushe didn't think nursin document non-pharm attempted. LPN #10 administer pain medic non-pharmacological effective and then folke #10 could not determi offered non-pharmacological effective and then folke #10 could not determi offered non-pharmacological effective and then folke #10 could not determi offered non-pharmacological effective and then folke #10 could not determi offered non-pharmacological effective and then folke #10 could not determi offered non-pharmacological effective and then folke #10 could not determi offered non-pharmacological effective and then folke #10 could not determine the polymer folke #10 could not determine the polymer #1. The polymer folke #10 could not determine the polymer folke #10 could not det	et10. When asked the and administering pain stated she would ask the el and the location. LPN ould attempt other things to macological) pain relief sked if nursing should be pharmacological empted, LPN #10 stated ment in a nursing note but g staff was required to acological interventions stated that she would eation if interventions were not but up after one hour. LPN ne if Resident #5 was elogical pain interventions. In., ASM (administrative administrator, ASM #2, the sing), and ASM #3, the made aware of the above In (Acetaminophen) - and pains and also reduces in was obtained from The Health. Inih.gov/pubmedhealth/PMH			
	7. The facility staff faile	ed to attempt			

non-pharmacological pain relief interventions prior to the administration of Norco 5-325 mg to

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				0	MB NO. 0938-0391
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F 309	Continued From page	∍ 102	F;	309			
	, -	/17, 4/19/17, 4/26/17, and					
	post right mastectom disorder, polyarthritis and dementia without Resident #6's most research was a quarterly a (Assessment Referent Resident #6 was codimpaired of cognition, BIMS (Brief Interview Resident #6 was codidependence on two sand extensive assistates	ed on 12/17/15 with ed but were not limited to y, major depressive , type two diabetes mellitus, t behavioral disturbance. ecent MDS (Minimum Data assessment with an ARD nce Date) of 7/7/17. ed as being moderately scoring 08 out of 15 on the for Mental Status) exam.					
	2017 MARs (medicati	6's March, April, and May ion administration record) wing order: "Norco [1] 5-325 o (by mouth) Q (every) 8 d)."					
		-					
	and May 2017 MARs non-pharmacological	eets on the March, April, failed to evidence that pain relief interventions to the administration of					

Norco for the above dates.

Review of the March, April, and May 2017 nursing

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	TENT OF THE LETTER	is monital objections					FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					MB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION		(X3) DATE SURVEY COMPLETED
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F 309		e 103 that non-pharmacological ns were attempted prior to	F	309			
	•	Norco for the above dates.				-	
	When asked the procadministering pain meshe would first ask the and the location. LPN attempt other things to (non-pharmacological When asked if non-phshould always be attedo, yes." LPN #9 staticontinues to have pain pain medication. When anywhere that non-phwere attempted, LPN staff did not usually do non-pharmacological sometimes it was in a how a nurse would knopain relief intervention.	licensed practical nurse) #9. ess of assessing and edication, LPN #9 stated that e resident their pain level N #9 stated that she would to relieve pain I) pain relief interventions. formacological interventions mpted, LPN #9 stated, "I fed that if the resident in, she would the administer en asked if it is documented formacological interventions #9 stated that the nursing focument interventions attempted, but nursing note. When asked ow if non-pharmacological is were attempted if there is the clinical record, LPN #9					
	medication, LPN #10 the resident their pain #10 stated that she we relieve pain (non-phar interventions. When a documenting that non-	and administering pain stated that she would ask level and the location. LPN bould attempt other things to macological) pain relief sked if nursing should be				,	

that nursing can document in a nursing note but she didn't think nursing staff was required to

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES		_	OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495301	B. WING_		C 07/28/2017
	ROVIDER OR SUPPLIER E HALL FRONT ROYAL	REVISED COPY		STREET ADDRESS, CITY, STATE, ZI 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	P CODE
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F 309	document non-pharm attempted. LPN #10 administer pain medic non-pharmacological effective and then foll #10 could not determ offered non-pharmacological effective and then foll #10 could not determ offered non-pharmacological effective and then foll #10 could not determ offered non-pharmacological pain medications, respond to the question of 7/27/17 at 6:32 p. staff member) #1, the DON (Director of Nursella)	acological interventions stated that she would cation if interventions were not ow up after one hour. LPN ine if Resident #6 was plogical pain interventions. imately 3:15 p.m., an ted with Resident #6. When ed other things before giving Resident #6 could not	F:	309	
	moderate to severe probtained from The Na https://dailymed.nlm.rm?setid=aaef2d01-1250. 483.25(b)(1) TREATM PREVENT/HEAL PR	ESSURE SORES Based on the sment of a resident, the at-	F	F- 314 Corrective Action Resident #4's physical notified that the physical Heelz Up cushion as ordered by the physical Resident #4 has been reviewed comprehensive car	sician was nysician ordered was not applied physician. een re-assessed by omised skin leelz Up order l. The

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pressure ulcers and does not develop pressure

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Facility ID: VA01D1

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

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STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SURVEY COMPLETED	
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+				been updated to reflect the cu	rrent	

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ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and

(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview and clinical record review, it was determined that the facility staff failed to implement pressure injury interventions to prevent the development and promote healing of pressure sores for one of 25 residents in the survey sample, Resident #4.

The facility staff failed to implement Resident #4's "Heelz up" cushion (a cushion used to prevent an individual's heels from touching the mattress) as prescribed by the physician and per the resident's plan of care.

The findings include:

Resident #4 was admitted to the facility on 3/24/11. Resident #4's diagnoses included but were not limited to: dementia (1), high blood pressure and dysphagia (2). Resident #4's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 6/2/17, coded the resident's cognitive skills for daily decision making as severely impaired. Section M coded Resident #4 as not having a pressure injury (3).

Resident #4's clinical record revealed a wound assessment report dated 7/27/17 that documented Resident #4 developed a pressure

been updated to reflect the current preventative skin care approaches and interventions to prevent pressure injuries.

Identification of Deficient Practice(s) and Corrective Action(s):

All other residents with pressure relieving devices may have been potentially affected. A 100% body audit of all residents with pressure relieving devices will be completed to identify any skin or pressure related issues. Any negative findings will be addressed at the time of discovery, the attending physician notified and a facility incident and accident form will be completed.

Systemic Change(s):

The facility Policy and Procedure for Wound Care has been reviewed and no changes are warranted at this time. The nursing staff will be inserviced by the DON and/or regional nurse consultant(s) on the facility's Pressure Ulcer Treatment and Prevention Policy and Procedure. Training will include,

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

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injury on the right heel on 7/18/17 that was documented as unstageable due to suspected deep tissue injury (3).

A physician's order summary signed by the physician on 7/24/17 documented an order dated 7/18/17 for a "Heelz up cushion to bed for protection and prevention QS (every shift)."

Resident #4's July 2017 TAR (treatment administration record) documented, "Heelz up cushion to bed for protection and prevention QS."

Resident #4's comprehensive care plan initiated on 5/31/17 documented, "At risk for pressure ulcers due to decrease (sic) mobility & incont (incontinence). 7/18/17 DTI (deep tissue injury) right heel...Approaches: Heelz up when in bed..." Resident #4's CNA (certified nursing assistant) care plan documented, "Heels up cushion in bed..."

On 7/26/17 at 3:21 p.m. Resident #4 was observed lying in bed on her back. The resident's feet were sticking out of the bottom of the blanket that was covering her. Resident #4 had socks on her feet and her heels were lying on the mattress. No "Heelz up" cushion was observed.

On 7/27/17 at 9:45 a.m. an interview was conducted with CNA #7 (the CNA caring for Resident #4). CNA #7 was asked how she was made aware of the types of pressure injury interventions each resident required. CNA #7 stated nurses and other CNAs make her aware during report/shift change and there is a care plan located in each resident's closet. CNA #7 was asked to describe a "Heelz up" cushion. CNA #7 stated a "Heelz up" cushion was a bigger version

performing weekly body audits, assessing risk for pressure ulcers using Braden scale, preventative measures, and implementation of physician ordered preventive interventions as ordered.

Monitoring:

The DON is responsible for maintaining compliance. The DON and/or designee will complete weekly audits of all resident Pressure Ulcer preventative orders to ensure they are being implemented per physician order. Any negative findings will be corrected at the time of discovery and disciplinary action will be taken as needed. All weekly audits will be reviewed weekly by the Risk Management Committee for appropriate implementation of prevention orders. The results of these audits will be provided to the Quality Assurance Committee monthly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.

Completion Date:

9/11/17

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) OATE SURVEY COMPLETEO
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		495301	B. WING			07/28/2017
NAME OF PROVIDER OR SUPPLIER			STREE	ET AOORESS, CITY, STATE, ZIP COOE	1 01,20,2011	
				400 W	EST STRASBURG ROAD	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)			IO PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION STAG CROSS-REFERENCEO TO THE A OEFICIENCY)		BE COMPLETION
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		; F	314		

FORM CMS-2567(D2-99) Previous Versions Obsolete

implementation of pressure injury interventions.

Evert ID: KFYC11

Facility ID: VA0101

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF OFFICIENCIES (X		(X1) PROVIOER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONS	(X3) OATE SURVEY	
	CORRECTION	IOENTIFICATION NUMBER:	A, BUILO	ING		COMPLETEO
						С
		495301	B. WING			07/28/2017
NAME OF DE	ROVIOER OR SUPPLIER				AOORESS, CITY, STATE, ZIP COOE	0772072017
NAME OF PE	ROVIDER OR SUFFLIER			l .		
HERITAGE	HALL FRONT ROYAL	REVISED COPY			ST STRASBURG ROAD	
				FRONT	ROYAL, VA 22630	
(X4) IO PREFIX TAG	(EACH OFFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIOER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULG CROSS-REFERENCEO TO THE APPROP OEFICIENCY)	D BE COMPLETION
,	· · ·		1	1		
F 314	Continued From page	108	F	314		
		was presented prior to exit.				
	(1) "Dementia is the r	name for a group of				
	` '	disorders that affect the				
		ific disease. People with				
	•	able to think well enough to				
	•	such as getting dressed or				
		ation was obtained from the				
,	website:					
		h.gov/vivisimo/cgi-bin/query-				
		nedlineplus&v%3Asources=				
		query=dementia&_ga=2.205				
	•	1501503571-139120270.14				
	77942321					
	(2) Dysphagia is diffic	culty swallowing. This				
	information was obtai					
		ov/swallowingdisorders.html				
	mpo.micamopiae.gc	51,011a1101111119a120,1a0,07111111				
	(3) A pressure injury i	s localized damage to the				
		oft tissue usually over a				
		elated to a medical or other				
	* *	n present as intact skin or				
		y be painful. The injury				
		ntense and/or prolonged				
	pressure or pressure	in combination with shear.				
	•	tissue for pressure and				
		ected by microclimate,				
		o-morbidities and condition				
	of the soft tissue					
	Deep Tissue Pressure	e Injury: Persistent				
	· · · · · · · · · · · · · · · · · · ·	red, maroon or purple				
	discoloration					
	Intact or non-intact sk	in with localized area of				
		able deep red, maroon,				
		r epidermal separation				
		nd bed or blood filled blister.				
	•	change often precede skin				

color changes. Discoloration may appear

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If continuation sheet Page 109 of 161



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

PRINTED: 08/11/2017 FORM APPROVED

CENTER	O FOR WILDICARL &	WEDICAID SERVICES				<u>OMB NO. 0938-039</u>	<u> 31</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495301	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>			REET ADDRESS, CITY, STATE, ZIP CODE	07/28/2017	_
HERITAG	E HALL FRONT ROYAL	REVISED COPY			WEST STRASBURG ROAD		
				F	RONT ROYAL, VA 22630		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 3 t 4	Continued From page	± 109	E	314			
			i-	314			
	differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure						
		ne bone-muscle interface"					
		obtained from the website:					
	http://www.npuap.org/resources/educational-and-						
		ap-pressure-injury-stages/			F322		
F 322		REATMENT/SERVICES -	F	322	Corrective Action(s):		
	RESTORE EATING S			J22	Residents #7's attending phys	sician	
00-B					has been notified that facility		
	(g) Assisted nutrition	and hydration.				Staff	
		and gastrostomy tubes,			did not position resident #7		
		doscopic gastrostomy and			correctly during incontinent c	are	
	percutaneous endosc	opic jejunostomy, and			while administering resident #	#7's	
	enteral fluids). Based	l on a resident's			tube feeding per physician ord		
		sment, the facility must			facility Incident & Accident f		
	ensure that a resident	 -			has been completed for this	OHI	
	(4) A resident who has	s been able to eat enough			incident.		
	alone or with assistan	ce is not fed by enteral					
		esident's clinical condition			Tan-4:Continue of Decima		
		eral feeding was clinically			Identification of Deficient		
	indicated and consent	ted to by the resident; and			Practice(s) & Corrective Action(s):		
	(5) A resident who is f	ed by enteral means			• •	.4	
	receives the appropria	ate treatment and services			All other tube-feeding residen		
	to restore, if possible,	oral eating skills and to			may have been potentially aff	ected.	
		of enteral feeding including			A 100% review of all tube-fee	ding	
		ation pneumonia, diarrhea,			residents was performed to id	entify	
		metabolic abnormalities,			those at risk. Any negative fir	•	
	and nasal-pharyngeal				· · · · · · · · · · · · · · · · · · ·	_	
		is not met as evidenced			will be corrected at the time o		
	by: Based on observation	n, staff interview, facility			discovery and a facility Incide		
		clinical record review, it			Accident form will be comple	:ted	
		acility staff failed to provide			for any/all negative findings.		
	the appropriate treatm	•			y, medan ye mindiligo.		
		nt complications for one of					
		vey sample, Resident #7.			Systemic Change(s):		

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	OF OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO
		495301	B. WING			C 07/28/2017
NAME OF P	ROVIOER OR SUPPLIER		•	STF	REET AOORESS, CITY, STATE, ZIP COOE	
HERITAGI	E HALL FRONT ROYAL	REVISED COPY			OWEST STRASBURG ROAD CONT ROYAL, VA 22630	
(X4) IO PREFIX TAG	(EACH OEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL LSC IOENTIFYING INFORMATION)	IO PREFI TAG		PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO CROSS-REFERENCEO TO THE APPROPR OEFICIENCY)	BE COMPLETION
F 322	Continued From page	e 110	F	322	The facility Policy and Proce was reviewed and no change	s are
	flat while providing in: #7's tube feed was he (Percutaneous endos was running during th incontinence care. The findings include: Resident #7 was adm				warranted at this time. All nu staff will be inserviced by the and/or the Regional Nurse Consultant on the facility poland procedure for positioning feeding administration, changand flushing of gastrostomy as well as proper documentar tube-feedings.	e DON licy g, tube ging tubes,
	limited to cerebral infa (stroke), Parkinson's of behavioral disturbance (gastro-esophageal re- pressure, and dyspha Resident #7 was door note dated 7/17/17 as self and needing an a ADLs (activities of date	es that included but were not carction due to occlusion disease, dementia with the GERD efflux disease), high blood agia (difficulty swallowing). Sumented in an admission as being alert and oriented to assist of two persons with fily living). Resident #7 did MDS (minimum data set)			Monitoring: The Director of Nursing is responsible for compliance. DON and or Unit Manager was perform random documented rounds on all tube feeding reweekly to monitor for completely and the second of the second	vill l sidents iance.

On 7/26/17 at 8:37 a.m., observation of incontinence care was conducted with CNA (certified nursing assistant) #7, the CNA assigned to Resident #7 and CNA #10. CNA #7 was observed lowering Resident #7's head of bed all the way flat. CNA #7 then proceeded to start incontinence care. Resident #7's peg feeding was hooked up to his peg tube and running the entire time incontinence care was provided. Resident #7's head was observed to be flat on the bed the entire time incontinence care was provided. Incontinence care lasted fifteen minutes.

Completion Date:

All negative findings identified

during the audit will be corrected at time of discovery and appropriate

disciplinary action taken. Detailed

findings of these reviews will be

Committee for review, analysis,

facility policy, procedure, and/or

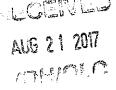
provided to the Quality Assurance

and recommendations for change in

9/11/17

assessment.

practice.



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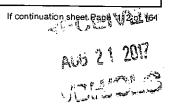
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		NSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING			C 07/28/2017
	ROVIDER OR SUPPLIER	REVISED COPY		400 V	ET ADDRESS, CITY, STATE, ZIP CODE VEST STRASBURG ROAD NT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPS DEFICIENCY)	BE COMPLETION
F 322	documented the follow related to recent CVA placement. Enteral fee experience no s/sx (si intolerance of TF (tube in upright position during after each feeding." On 7/27/17 at 9:15 a.r. conducted with CNA (#11. CNA #11 was as providing incontinence tube feeding running.	n care plan dated 7/18/17, wing: "At nutrition risk (stroke) and PEG eding dependentWill igns/symptoms) of e feed)Maintain resident ing feedings and one hour m., an interview was icertified nursing assistant) sked about the process for e care to a resident with a CNA#11 stated she would	F	322		
	to make sure that the all the way flat. When should be, CNA #11 st degrees." On 7/27/17 at 9:20 a.r conducted with CNA # followed for providing	n., an interview was				
	stated she would ask the feeding off and she wo resident's head was no	the nurse to turn the ould make sure the ot all the way flat during she would keep the HOB				
	Resident #7's head of care. CNA #7 stated r should not have the heasked why residents w	n., an interview was f7, the CNA who lowered bed during incontinence resident's with tube feeds ead of the bed flat. When who are on tube feedings HOB flat while the tube				

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feeding is running or for an hour after their feeding has been completed, CNA #7 stated, "It

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Facility ID: VA0101



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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER		TIPLE NG	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					 	C
		495301	B. WING			07/28/2017
NAME OF PI	ROVIDER OR SUPPLIER			Sì	TREET ADDRESS, CITY, STATE, ZIP CODE	
HERITAGE	E HALL FRONT ROYAL	REVISED COPY		40	00 WEST STRASBURG ROAD	
TILITIAGE	TIMEE TRONT ROTAL	REVIOLD COLL		FI	RONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
E 300	Cartinual Francisco	. 440	_	^		
F 322	Continued From page		۲	322		
		ir throat." CNA #7 stated ake and forgot to keep his				
		elevated. CNA#7 stated				
	she was nervous.					
	staff member) #1, the the DON (Director of corporate nurse were concerns. ASM #2 st their policy as a profet The facility policy title precautions," docume "Preventing aspirati	m., ASM (administrative administrator and ASM #2, Nursing), and ASM #3, the made aware of the above sated they (the facility) use ssional standard. d, "Enteral Feeding- Safety ents in part, the following: onAlways elevate the B) at least 30 degrees-45				
F 323 SS=D	degrees during the turafter." (1) "Percutaneous en a tube placed in the stemporary or permane information is taken from the stemporary or permane information in the stemporary or permane information is taken from the stemporary or permane information in the stemporary or permane information is taken from the stemporary or permane information in the stemporary or permane in the stemporary or permane in the stemporary or permane in the stempo	doscopic gastrostomy tube - tomach for the purpose of ent nutrition." This om the website: by/ency/article/002937.htm. (3) FREE OF ACCIDENT SION/DEVICES are that -	F	323	F323 Corrective Action(s): Resident #3's attending physhas been notified that facility failed to place her bed in the position for safety after using mechanical lift to transfer her the bed. A facility incident an accident form has been compfor this incident.	staff lowest the r from nd
		acility must attempt to use es prior to installing a side or				

CENTERS FOR MEDICARE & MEDICAID SERVICES

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					2112112122
' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING_		07/28/2017
NAME OF PRO	VIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	·
HERITAGE H	IALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD FRDNT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
i					

F 323

F 323 Continued From page 113

bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.

- (1) Assess the resident for risk of entrapment from bed rails prior to installation.
- (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.
- (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced

Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to provide care and services to promote a safe environment free from accident hazards for three of 25 residents in the survey sample, Residents #3, #8, and #5.

- 1. The facility staff failed to maintain Resident #3's bed at a safe level off the floor. During multiple observations Resident #3 was observed in bed with the bed in an elevated position (approximately 3 1/2 feet off the floor).
- 2. The facility staff failed to implement interventions to protect Resident #8, and to prevent her from injuring other residents after an altercation with another resident on 8/11/16.
- 3. The facility staff failed to put interventions in place to keep Resident #5 safe from a resident who had kicked her on 8/11/16.

Resident #8's attending physician has reviewed Resident #8's medical record, medications and current plan of care for modifications to the current plan of care to assist with managing her aggressive behavior. A psychological consult has been ordered to assist with addressing

resident #8's aggressive behaviors toward other residents. A facility incident and accident form has been completed for this incident.

Resident #5's attending physician has reviewed her medical record. medications and current plan of care to assist with preventing any future aggressive incidents with other residents. A psychological consult has been ordered to assist with addressing and preventing aggressive behaviors toward or from resident #5.

Identification of Deficient Practices/Corrective Action(s):

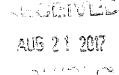
All other residents may have potentially been affected. Administrator will review the last 60 days of Incidents & Accidents

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Facility ID: VA0101

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES					0. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		495301	B. WING			į.	C /28/2017
NAME DF P	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		
HERITAGE HALL FRONT ROYAL REVISED COPY		REVISED COPY			OWEST STRASBURG ROAD CONT ROYAL, VA 22630		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CDRRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION OATE
F 323	#3's bed at a safe lever multiple observations in bed with the bed in (approximately 3 1/2 desident #3 was adm 6/23/10 and most recovered with diagnoses include rhabdomyolysis (1), a dementia. On the modata set), an annual assessment reference	iled to maintain Resident el off the floor. During Resident #3 was observed an elevated position feet off the floor). iitted to the facility on ently readmitted on 11/12/15 ing, but not limited to: rthritis, diabetes and st recent MDS (minimum	F	3323	1 2	ors. Any ave their by their changes care to further	
	making daily decision requiring the extensive members for bed mobiled with the following times #3 was observed lying these occasions, the approximately 3 1/2 fe 2:20 p.m. and 5:30 p. and 7/27/17 at 8:40 at A review of Resident aplan dated 12/14/16 refollowing: "At risk for ambulateCall bell in (wheelchair) daily. Er assistance. Re-education following: Re-educa	s. She was coded as a seasistance of two staff bility. during the survey, Resident g in her bed. On each of resident's bed was set off the floor: 7/25/17 at m.; 7/26/17 at 2:30 p.m.; m. and 2:20 p.m. #3's comprehensive care evealed, in part, the falls due to not being able to a reach. Up in w/c accourage resident to ask for ate staff on using			Systemic Change(s): The facility policy and prochas been reviewed and no reare warranted at this time. The DON and/or regional nurse consultant will inservice all staff on managing and mon of residents with aggressive behaviors as well as wander behaviors. All staff was inserviced on correct positioning of all be they are occupied by reside throughout the day and at not consider the staff was a staff was and at not consider the staff was a staff was a staff was a staff was and at not consider the staff was a	evisions The nursing itoring ring the ds wher	ı

something. Assist with transferring in and out of

On 7/27/17 at 2:20 p.m., CNA (certified nursing

bed. [Mechanical] lift for transfers."

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR IOENTIFICATION NUMBER: A, BUILOING			(X3) OATE	SURVEY LETEO	
		405204	B. WING				0
		495301	B. WING			1 0//	28/20 17
NAME OF P	ROVIOER OR SUPPLIER				REET AOORESS, CITY, STATE, ZIP COOE		
HERITAGI	E HALL FRONT ROYAL	REVISED COPY		ł	WEST STRASBURG ROAD		
				FR	ONT ROYAL, VA 22630		
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	1	***		,	Monitoring:		
F 323	Continued From page	e 115	F	323	The DON and Administrator	are	
	assistant) #3 accomp	anied the surveyor to			responsible for monitoring	ui c	
	•	e. When asked if she			•		
	observed anything ur	safe for Resident #3, CNA			compliance. The 24hour repo		
		The bed. We usually keep			be reviewed each morning du	ırıng	
		en asked if the bed was at its			the stand up meeting for any		
		#3 stated: "No, it can go a			incidents of aggressive/abusi	ve	
		ed if she knew why the bed ion off the floor, CNA #3			behavior. The Administrator		
		[mechanical] lift on [Resident			DON will investigation and t	follow	
		it if the bed is higher off the			up on all reports of inappropr		
		out it back." She added that					
		fall risk for falling out of the	and/or aggressive/abusive behavior				
	bed, but "it still is not	the safest position for her."			and report to the MD & RP a		
					the appropriate state agencies	s as	
		m., ASM (administrative			required.		
		administrator, ASM #2, the and ASM #3, the corporate			The Unit Manager will perfo	rm	
	nurse, were informed						
	naise, were informed	or group derivative.			daily inspections of all reside beds to monitor for complian		
	On 7/28/17 at 9:25 a.	m., LPN (licensed practical					
		uality assurance) nurse was			Any/all negative findings wi		
	interviewed. She sta	ted she used to work the			corrected at time of discover	-	
		now works the floor when			disciplinary action will be ta	ken as	
		d what position a resident's			needed. Aggregate findings	of	
	•	ff the floor, LPN #1 stated:			these reviews will be reporte		
		ecific care concern, the always be left at the lowest			the Quality Assurance Comr		
	position to the floor."	always be left at the lowest					
	position to the noon.				quarterly for review, analysi		
	On 7/28/17 at 9:39 a.	m., policies regarding safe			recommendations for change		
	bed height were requ				facility policy, procedure, ar	ıd/or	
					practice.		
	No further information	n was provided prior to exit.			_		
	(1) "Rhabdomyolysis	is the breakdown of muscle			Completion Date:		9/11/17
	1,	e release of muscle fiber					
	contents into the bloc	d. These substances are					

harmful to the kidney and often cause kidney damage." This information was taken from the

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391			
STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION		(X t) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILOI	TIPLE CONSTRUCTION NG	(X3) OATE SURVEY COMPLETEO			
					С			
		495301	B. WING		07/28/2017			
NAME OF PR	ROVIOER OR SUPPLIER			STREET AODRESS, CITY, STATE, ZIP COOE	-			
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F 202	0.0.15	440	_	•				
F 323	Continued From page	≥ 116	F	323				
	website							
	https://medlineplus.go	ov/ency/article/000473.htm.						
	According to Mosby's	Textbook for Long-Term						
		th edition, 2003. Page 144,						
	"Safety is a basic nee	ed. Nursing center residents						
	are at great risk for fa							
		to know the factors that						
	increase a person's risk of accidents and injury."							
	2. The facility staff fa	· · · · · · · · · · · · · · · · · · ·						
	•	ct Resident #8, and to						
		ing other residents after an er resident on 8/11/16.						
	anercation with anoth-	er resident on or thrio.						
	Resident #8 was adm	•						
		ently readmitted on 9/15/16						
	with diagnoses includ	_						
	-	mentia, depression and						
	-	On the most recent MDS						
	the assessment refere	an annual assessment with						
	Resident #8 was cod	•						
		or making daily decisions.						
	•	t having received pain						
	medications during th							
	During the time of the	survey, Resident #8 was						
	not observed demons							
	toward any other resid							
	A review of Resident	#8's nurses' notes revealed						
	the following: 8/11/16							
	-	gressive behaviors towards						
		further episodes noted.						
	Resting quietly in bed	with resp (respirations)						
	even and nonlabored.	No unusual behaviors						

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noted."

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CENTER	S FOR MEDICARE & I	VIEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILOR	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495301	B. WING		C 07/29/2017
NAME OF P	ROVIDER OR SUPPLIER		'	STREET ADDRESS, CITY, STATE, ZIP CODE	07/28/2017
75			1		
HERITAGE	EHALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
	SUMMADY ST	TEMENT OF PERIOR NOISE	<u></u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 323	Continued From page	117	F	323	
	#8 kicked another res review of Resident #8 reveal evidence that in place to prevent Resident residents. A review of Resident # plan most recently upor reveal information relations of the MDS not stated the social worked any interventions necessident-to-resident in LPN #6 stated the faci currently on vacation. On 7/27/17 at 4:05 p.m. nurse) #7 (who wrote facility words and the facility of the	tove revealed that Resident dent on 8/11/16. Further is clinical record failed to interventions were put into dent #8 from injuring others #8 from retaliation by other is seen at the first of the firs			
	she separated the resiliatercation and wrote to stated she was not cellinterventions were put	dents involved in the he nurse's note. She			
	staff member) #1, the	n., ASM (administrative administrator, ASM #2, the d ASM #3, the corporate of these concerns.			
		n., LPN (licensed practical ality assurance) nurse was			

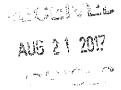
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interviewed. She stated she used to work the

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OME	3 NO. 0938-0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) E	DATE SURVEY COMPLETEO
						-	С
		495301	B. WING				07/28/2017
NAME OF PE	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		0772072017
					WEST STRASBURG ROAD		
HERITAGE	E HALL FRONT ROYAL	REVISED COPY		1	ONT ROYAL, VA 22630		
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F 323	Cartinued From page	440	,				
F 323	, ,		F	323			
		now works the floor when					
		ted in the case of a resident					
	to resident altercation						
	concern is separating						
	assessing both for inju	·					
	-	e stated the incident should					
		e nurses' notes and on an					
		stated resident to resident					
		ed at weekly risk meetings,					
	_	s, further interventions are					
		tated the interventions					
		ed clearly in the resident's					
		e care plan should reflect					
		rred. LPN #1 stated the					
		onsible for updating care					
		esident altercations, and for					
		v interventions put into					
	place.						
	A review of the facility	policy Resident-to-Resident					
	Altercations revealed,						ĺ
	"Facility staff will moni						ĺ
		ate behaviors towards other					
		nbers, visitors and other					
	•	such incidents shall be					
	promptly reported to the	_					
	Director of Nursing Se	· ·					
	· ·	o residents are involved in					
	an altercation, staff wil						
		ents, and institute measures					
	to calm the situation;						
	·	ened, including what might					
		e conduct on the part of one					
	or more of the individu						
	altercation;	Total III and an iii iii an					
	c. Notify each resident	t's representative and					
	Attending physician of						
		with the Nursing Supervisor					
		min are marching caperation					

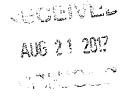
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and Director of Nursing, including interventions to

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION ING	(X3) OATE SURVEY COMPLETED
		495301	B. WING		C 07/28/2017
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F 323	Continued From page	o 110		200	
1 020	· -		г.	323	
	try to prevent addition				
		ttending Physician to identify			
		such as acute psychosis that contributed to the problem;			
	•	ry changes in the care plan			
	approaches to any or				
	individuals:	an of the hirespec			
		esident's clinical record all			
	interventions and thei				
		services as needed for			
		ing the resident, identifying			
	causes, and developing				
	•	agement as necessary or as			
	•	d by the Attending physician			
	or Interdisciplinary Pla				
		t of Incident/Accident form			
		cident, findings, and any			
		taken in the resident's			
	medical/clinical record	•			
		aluating the situation, it is			
		cannot be readily given			
	within the facility, tran				
		ndings, and corrective			
	measures to appropria				
	outlined in our lacinty:	's abuse reporting policy."			
	No further information	n was presented prior to exit.			
	3. The facility staff fail	led to put interventions in			
	· · · · · · · · · · · · · · · · · · ·	nt #5 safe from a resident			
	who had kicked her or				
	Resident #5 was adm.	itted to the facility on			
		es that included but were not			
	limited to Alzheimer's	disease, age-related			
	osteoporosis, and der	mentia with behavioral			
	disturbance. Resident	t #5's most recent MDS			
	(minimum data set) as	ssessment was a quarterly			

assessment with an ARD (assessment reference

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STATEMENT OF DEPICIONALES AND PLAN OF CORRECTION A SULDING. A SULDING. COMPANDER OR SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY SUMMARY STATEMENT OF DEPICIENCIES DEPOCHABLE PROCESS OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CORRECTION SHOULD BE CANNESS PREFERENCE OF PROVIDERS PLAN OF CANNESS PREFERENCE OF P	CENTERS FOR MEDICARE & MEDICAID SERVICES					OM.	B NO. 0938-0391
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY REPORT SUPPLIER SUPPLIER SUPPLIER RECORD BY FILL FRONT ROYAL, VA. 22830 PRETIX ELECAN DEFICIENCY MUST BE PRECEDED BY FILL FRONT ROYAL, VA. 22830 FRONT ROYAL, VA. 22830 FROM ROYAL,				1 ' '		(X3)	DATE SURVEY
HERITAGE HALL FRONT ROYAL REVISED COPY WEST STREASURG ROAD (X4) 10 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING REFORMATION) F 323 Continued From page 120 date) of 6/28/17. Resident #5 was coded as being severely cognitively impaired in the ability to make daily decisions scoring 00 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #5 was coded as requiring total dependence on two staff members with bed mobility, transfers, tolleting, and personal hygiene, and total dependence on two staff members with add commented the following: "SP/ Estatus post) recipient (sic) by another resident kicked in L (left shin), no unusual bruising noted, no s/s (signs/symptoms) pain or discomfort, Moved LLE (left lower extremity) without difficulty. Noted awake at times shaking grab bars, no s/s of distress/discomfort noted. VS (vital signs) -9-1 (temperature) -76 (pulse) - 20 (respirations)-139/77 (blood pressure), SPO2 (oxygen saturation) 98 % RA (room air). No additional nursing notes could be found regarding the incident. Review of Resident #5's care plans dated 6/29/16 and 8/19/16 failed to reveal that the care plan was reviewed or revised after this incident. Review of Resident #5's incident report dated 8/11/16, did not evidence any interventions to keep the resident safe from the resident who kicked her.			495301	B. WING	· · · · · · · · · · · · · · · · · · ·		- 1
PRONT ROYAL REVISED COPY FRONT ROYAL, VA 22630 PROVIDERS PLAN OF CORRECTION PREFIX TAGE PROVIDERS PLAN OF CORRECTION PROPERTY TAGE PROPERTY PROPE	NAME OF PR	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
FREFIX TAG REGULATORY OR LSC IDEMIFYING INFORMATION) F 323 Continued From page 120 F 323 date) of 6/28/17. Resident #5 was coded as being severely cognitively impaired in the ability to make daily decisions scoring 00 out of 15 on the BIMS (Biref Interview for Mental Status) exam. Resident #5 was coded as requiring total dependence on two staff members with bed mobility, transfers, tolleting, and personal hygiene; and total dependence on one staff member with dressing, and eating. Review of Resident #5 was nother resident kicked in L (left shin), no unusual bruising noted, no s/s (signs/symptoms) pain or discomfort, Moved LLE (left flower extremity) without difficulty. Noted awake at times shaking grab bars, no s/s of distress/discomfort noted. VS (vital signs) =97.1 (temperature) -76 (pulse) - 20 (respirations) - 133/17 (blood pressure). SPO2 (oxygen saturation) 98 % RA (room air). No additional nursing notes could be found regarding the incident. Review of Resident #5's care plans dated 6/29/16 and 8/19/16 failed to reveal that the care plan was reviewed or revised after this incident. Review of Resident #5's incident report dated 8/11/16, did not evidence any interventions to keep the resident safe from the resident who kicked her.	HERITAGE	HALL FRONT ROYAL	REVISED COPY				
date) of 6/28/17. Resident #5 was coded as being severely cognitively impaired in the ability to make daily decisions scoring 00 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #5 was coded as requiring total dependence on two staff members with bed mobility, transfers, toileting, and personal hygiene; and total dependence on one staff member with dressing, and eating. Review of Resident #5's nursing notes revealed the following note dated 8/11/16 at 1:38 a.m. that documented the following: "S/P (status post) recipient (sic) by another resident kicked in L (left shin), no unusual bruising noted, no s/s (signs/symptoms) pain or discomfort, Moved LLE (left lower extremity) without difficulty. Noted awake at times shaking grab bars, no s/s of distress/discomfort noted. VS (vital signs) -97.1 (temperature) -76 (pulse) - 20 (respirations)-139/77 (blood pressure), SPO2 (oxygen saturation) 98 % RA (room air)." No additional nursing notes could be found regarding the incident. Review of Resident #5's care plans dated 6/29/16 and 8/19/16 failed to reveal that the care plan was reviewed or revised after this incident. Review of Resident #5's incident report dated 8/11/16, did not evidence any interventions to keep the resident safe from the resident who kicked her.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETION
On 7/26/17 at 9:30 a.m., an interview was conducted with LPN (licensed practical nurse) #6, the MDS coordinator. When asked the purpose of the comprehensive care plan, LPN #6 stated		date) of 6/28/17. Res being severely cognitis make daily decisions is BIMS (Brief Interview Resident #5 was code dependence on two simobility, transfers, toil hygiene; and total dependence on the simobility, transfers, toil hygiene; and total dependence on two simobility, transfers, toil hygiene; and total dependence with dressing Review of Resident #8 the following note date documented the follow recipient (sic) by anott shin), no unusual bruit (signs/symptoms) pain (left lower extremity) wawake at times shakin distress/discomfort no (temperature) -76 (pull 139/77 (blood pressur saturation) 98 % RA (mursing notes could be incident. Review of Resident #8 and 8/19/16 failed to reviewed or revised at Review of Resident #8 8/11/16, did not evider keep the resident safe kicked her. On 7/26/17 at 9:30 a.r. conducted with LPN (I the MDS coordinator.	sident #5 was coded as ively impaired in the ability to scoring 00 out of 15 on the for Mental Status) exam. The day are quiring total taff members with bed setting, and personal bendence on one staff grand eating. 5's nursing notes revealed ed 8/11/16 at 1:38 a.m. that wing: "S/P (status post) her resident kicked in L (left sing noted, no s/s in or discomfort, Moved LLE without difficulty. Noted ing grab bars, no s/s of oted. VS (vital signs) -97.1 dise)- 20 (respirations)-re), SPO2 (oxygen room air)." No additional e found regarding the 5's care plans dated 6/29/16 deveal that the care plan was fiter this incident. 5's incident report dated ince any interventions to be from the resident who	_ ;	323		

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that the purpose of the care plan was to guide

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING	i		C 07/28/2017
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/25/22.
HERITAGE	E HALL FRONT ROYAL	REVISED COPY		40	00 WEST STRASBURG ROAD Ront Royal, va 22630	
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F 323	Continued From page	e 121	F	323		
		s, and how to take care of				
		ed who had access to the				
		plan, LPN #6 stated nurses				
	_	ent had access to the care hen the comprehensive care				
	•	ed, LPN #6 stated that the				
	care plan would be up	pdated for things such as				
		skin related issues such as				
		es or skin tears, etc. When				
	•	ensive care plan would be it to resident altercation, LPN				
		it to resident aftercation, LPN cial worker would make a				
		r the aggressor, or they				
	•	e plan for the victim of the				
	resident to resident all	Itercation if there was an				
	injury. When asked h					
		safe from the resident who				
		i, LPN #6 stated, "Well we				
		essor) gets agitated very I nursing staff verbally to				
		. We let the staff know so				
	we can be prepared."	When asked how a new				
	nurse would know to k	keep the two residents				
	separated if it is not do	ocumented on Resident				
		6 stated that she wasn't				
		nope a nurse would inform				
	was currently on vacat	#6 stated the social worker				
		ew. LPN #6 confirmed that				
	she could not find a ca					
		tercation for Resident #5.				
	On 7/27/17 at 9:35 a.n	m an interview was				
	conducted with LPN#					

assurance) nurse. When asked about the process followed for a resident to resident altercation, LPN #1 stated that typically the residents would be separated and then assessed

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-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI		NSTRUCTION	(X3) DATE SURVEY COMPLETED
						С
		495301	B. WING			07/28/2017
NAME OF PE	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	
	TOTAL FRONT BOYAL	DEVICED CODY		400 V	NEST STRASBURG R O AD	
HERITAGE	HALL FRONT ROYAL	REVISED COPY		FRO	NT ROYAL, VA 22630	
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F 323	Continued From page	e 122	· F:	323		
	· -	ated if the residents were in	•	0_0		•
	•	and cognitively intact, she				
	would educate the res	sidents on appropriate				
		. LPN #1 stated an incident				
	•	leted and notification of				
	both residents' respon	otified. LPN #1 stated that				
	• •	discussed in the weekly risk				
		s to determine if additional				
		e appropriate such as a				
		nsult. LPN #1 stated both				
	(resident) care plans aggressor) should be	•				
		rention put into place to				
		tions. LPN #1 stated the				
	•	also reflect the incident and				
	•	ing. LPN #1 stated social				
		tes the behavior care plan				
		sident altercation occurs. e MDS coordinator can also				
	update the care plan.	e MDS coordinator can also				
	•	m., ASM (administrator staff				
		inistrator, ASM #2, the DON				
		and ASM #3, the corporate are of the above findings.				
		ntions were in place to keep				

483.45(d) Unnecessary Drugs-General.

No further information was presented prior to exit.

Resident #5 safe from the resident who had

F 329 483.45(d)(e)(1)-(2) DRUG REGIMEN IS FREE

kicked her could not be provided.

SS=D FROM UNNECESSARY DRUGS

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any

F 329 F 329

Corrective Action(s):

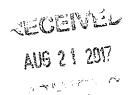
Resident #3's attending physician was notified that resident #3 received Ativan on 3 occasions in

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		(Xt) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SUR COMPLETE	
		495301	B. WING	•		C 07/28/2	2017
	ROVIDER OR SUPPLIER	REVISED COPY		40	REET ADDRESS, CITY, STATE, ZIP CODE 0 WEST STRASBURG ROAD RONT ROYAL, VA 22630	1 0772072	.017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO	IX5) DMPLETION DATE
F 329	Continued From page 123 drug when used— (1) In excessive dose (including duplicate drug therapy); Dr (2) For excessive duration; Dr (3) Without adequate monitoring; or (4) Without adequate indications for its use; or			329	June and July 2017 without fattempting non-pharmacolog interventions. Resident #3's physician reviewed resident	ical	
					medication orders and no adjustments were needed. A facility Incident & Accident and a medication error form		
					completed for this incident.		
	(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.				Identification of Deficient Practice(s) and Corrective Action(s): All other residents receiving anxiety medications may have		
	483.45(e) Psychotrop Based on a compreh resident, the facility r	ensive assessment of a			been potentially affected. The DON, Unit Manager and/or Pharmacy consultant will return the medication orders of all		
	 (1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; (2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to ensure 				residents to ensure that no unnecessary medications or duplicate medication therapy been ordered and that non-pharmacological interventio	ns are	
					attempted prior to administe PRN anti-anxiety medication Any/all negative findings with communicated to the attending physicians for corrective act Facility Incident & Accident	ns. Il be ng ion. A	

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

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					<u> </u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49530 t	8. WNG		C 07/ 28/201 7	
NAME OF PROVIDER OR SUPPLIER			I	STREET ADDRESS, CITY, STATE, ZIP CODE		
HERITAGE H	ALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630		
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F 329 Continued From page t24

the drug regimen for one of 25 residents in the survey sample, (Resident #3), was free from unnecessary drugs.

The facility staff administered as needed Lorazepam (Ativan (†)) to Resident #3 on three occasions during June and July 2017 without first attempting nonpharmacological interventions.

The findings include:

Resident #3 was admitted to the facility on 6/23/t0 and most recently readmitted on tt/t2/t5 with diagnoses including, but not limited to: rhabdomyolysis (2), arthritis, diabetes and dementia. On the most recent MDS (minimum data set), an annual assessment with the assessment reference date of 7/t8/t7, Resident #3 was coded as being moderately impaired for making daily decisions. She was coded as not having received anti-anxiety medications during the look back period.

A review of Resident #3's clinical record revealed the following order, written 4/5/17 and most recently signed by the physician on 7/24/17: "Ativan 0.5 mg (milligram) tablet. Take t tab (tablet) po (by mouth) q6 hours (every six hours) prn (as needed). Dx (diagnosis) anxiety."

A review of Resident #3's MARs (medication administration records), MAR notes, and nurses' notes revealed that Resident #3 was administered Ativan as follows: 6/20/t7, 7/3/t7, and 7/t9/t7. According to the documentation, the facility nurse did not attempt non-pharmacological interventions prior to administering Ativan to Resident #3 on each of the occasions listed above.

F 329 will be completed for each negative finding.

Systemic Change(s):

The facility Policy and Procedure has been reviewed. No revisions are warranted at this time. All nursing staff will be inserviced by the DON and/or regional nurse consultant and issued a copy of the facility policy and procedure for proper administration and monitoring of all medications. This includes attempting non-pharmacological interventions prior to administration of PRN anti-anxiety medication.

Monitoring:

The DON is responsible for maintaining compliance. The DON, Unit Manager and/or designee will complete weekly physician orders and MAR audits coinciding with the Care plan calendar to monitor compliance. All negative findings will be corrected immediately and appropriate disciplinary action will be taken as necessary. Aggregate findings of these audits

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	DF OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) OATE SURVEY COMPLETEO
		495301	B. WING			C 07/28/2017
NAME OF P	ROVIDER OR SUPPLIER			STI	REET AOORESS, CITY, STATE, ZIP CODE	1 01/20/2011
HERITAGI	HALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDEO BY FULL LSC IDENTIFYING INFORMATION)	lo PREFI TAG	x .	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 329	Continued From page	e 125	F	329	will be provided to the Quali Assurance Committee for re	•
	A			analysis, and recommendation	•	
	plan dated 12/14/16 r	#3's comprehensive care			for change in facility policy,	
	following: "Potentially				procedure, and/or practice.	
	•	on: Praise resident for			r, r	
	demonstrating desired behavior. Encourage resident to verbalize through one-to-one interactions. Provide emotional support to resident when needed. Encourage resident to attend activities of interest. Administer medications as ordered."				Completion Date:	9/11/17
	staff member) #1, the	m., ASM (administrative administrator, ASM #2, the od ASM #3, the corporate of these concerns.				
	nurse) #1, the QA (quinterviewed. She statifloor all the time, and needed. LPN #1 state other interventions be as-needed dose of Atiattempt interventions an activity, offering a sresident to give her so When asked if she wo interventions, LPN #1 documented, it's not didocument for the Aliva Resident #3's medicate	stated: "Yes. If it's not one. You have to an." When asked to review cion administration records PN #1 stated she did not nurse attempted merventions prior to				

No further information was provided prior to exit.

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OLITICIO	OTT MEDIO, ALE OF	MEBIO, NB OLITAIOLO		<u>,,,,</u>	ONID 110, 0000-0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING		C 07/28/2017
NAME OF PROVIDER OR SUPPLIER				STREET AODRESS, CITY, STATE, ZIP CODE	
HERITAGE H	IALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFII TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION

F 329 Continued From page 126

(1) "Lorazepam is used to relieve anxiety. Lorazepam is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow for relaxation." This information is taken from the National Institutes of Health

https://www.nlm.nih.gov/medlineplus/druginfo/me ds/a682053.html.

(2) "Rhabdomyolysis is the breakdown of muscle tissue that leads to the release of muscle fiber contents into the blood. These substances are harmful to the kidney and often cause kidney damage." This information was taken from the website

https://medlineplus.gov/ency/article/000473.htm. F 332 483.45(f)(1) FREE OF MEDICATION ERROR

SS=D RATES OF 5% OR MORE

- (f) Medication Errors. The facility must ensure that its-
- (1) Medication error rates are not 5 percent or

This REQUIREMENT is not met as evidenced hv:

Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to administer medications in a manner to prevent a medication error rate greater than 5% for one of four residents in the medication administration observation, Resident #21. The staff made two errors out of 31 opportunities. The medication error rate was 6.5%.

On 7/26/17, the facility staff failed to administer Gabapentin (1) with breakfast, as ordered by the F 329

F332 F 332

Corrective Action(s):

Resident #21 involved in Medication Pass Observation has had their attending physicians notified of the medication errors that occurred. LPN #4 involved in the medication pass observation has received one-on-one inservice training on medication administration and the 5 rights of medication administration. A facility Incident & Accident form was completed for each medication error.

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EvenI ID: KFYC11

Facility ID: VA0101

If continuation sheet Page 127 of 161



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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-0				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495301	B. WING_		C 07/29/2017		
NAME OF I	PROVIDER OR SUPPLIER	-	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	07/28/2017		
				400 WEST STRASBURG ROAD	_		
HERITAG	E HALL FRONT ROYAL	REVISED COPY		FRONT ROYAL, VA 22630			
(X4) IO PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEOED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE OEFICIENCY)	SHOULD BE COMPLETION		
F 332	F 332 Continued From page 127 physician. The facility staff failed to have Resident #21, rinse her mouth with water and spit after administering Spiriva (2). The findings include:		F 3	Actions(s):	ve		
				All residents may have been affected. A 100% pass audit of all licens	medication		
	6/7/17 and most receivith diagnoses includidabetes, COPD (chrodisease (3)), and hear recent MDS (minimum change assessment was reference date of 7/19 coded as having no comaking daily decisions. On 7/26/17 at 8:50 a.r.	onic obstructive pulmonary on the failure. On the most on data set), a significant with the assessment 0/17, Resident #21 was ognitive impairment for s. on., LPN (licensed practical		within the facility will to identify those nurse Medication Administratechnique errors. A fact & Accident form will for each negative finding one-on-one inservice tappropriate disciplinar warranted for nursing observed.	be conducted s at risk for ation and/or cility Incident be completed ng as well as raining and ry action if		
	time of the medication #21 was sitting in the stated she had been t	to Resident #21. At the administration, Resident chair beside her bed. She to the dining room, eaten eady returned to her room: illigrams)		Systemic Change(s): The facility Policy and for medication adminition has been reviewed and are warranted at this till Licensed nursing staff inserviced by the DON	stration and I no changes me. All will be		

- Paroxetine (12) 40 mg - Spiriva 2.5 mcg inhaler

- Gabapentin 300 mg

- Amiodarone (9) 200 mg

- Metolazone (11) 2.5 mg

- Breo Ellipta (13) inhaler

- Lasix (14) 80 mg

After LPN #4 administered two puffs of Spiriva to

- Diltiazem ER (extended release) (10) 240 mg

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EvenI ID: KFYC11

Facility ID: VA0101

If continuation sheet Page 128 of 161

on the facility policy and procedure

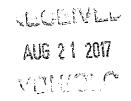
physician order and the 5 rights of

for medication administration.

administering medication per

medication administration and

Inservices will include



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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-				
	OF OEFICIENCIES F C ORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) OATE SURVEY COMPLETEO	
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		495301	B. WING			07/28/2017	
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				prope	er procedure to be follow	ved	
F 332	Continued From page	128	F 33	2	administering inhalers.		
		mediately administered one		WIICII	deministering innerers.		
	puff of Breo Ellipta. L		1. # ·	•, •			
	Resident #21 to rinse			itoring:			
	Spiriva.			Director of Nursing is			
	A review of the physic	cian's orders for Resident		respo	onsible for maintaining		
	#21 revealed, in part,			comp	liance. The DON, Unit	į	
		g capsule - One cap by		Mana	ager and/or designee wil	i 1	
	mouth every morning		condi	uct two random weekly			
	was written 7/12/17 a			cation pass observations	s of		
	on 7/24/17.	5 mag INIU labela 2 nuffa			sed nurses to monitor fo		
		.5 mcg INH Inhale 2 puffs Dx (diagnosis) COPD.					
	Rinse mouth after."		•	_	oliance. Any negatives f	_	
		y the physician on 7/24/17.			be addressed at the time	of	
		, ,		disco	very and appropriate		
		facturer's instructions for		discip	plinary action will be tal	ken.	
		ealed, in part, the following:		All d	iscrepancies found in th	iese	
		instruct patient to dispose of			s will be reported to the		
		r to storing the inhaler and atter to minimize dry mouth."			ity Assurance Committe		
	to mise moder with w	ater to minimize dry modifi.		-	w, analysis, and	~ 101	
	A review of Resident	#21's comprehensive care				. :	
		vealed, in part, the following:			nmendations for change		
	"Medication per order				ty policy, procedure, an	.d/or	
				pract	ice.		
		m., LPN #4 was interviewed.					
		Resident #21's order for		Com	pletion Date:	9/11/17	
	Gabapentin, she pulle	ad the order up on the			1	,	
	•	ive it with breakfast. She					
	-	. I guess I should have					
	•	he was going to the dining					
		o check Resident #21's					
	·	pulled the order up on the					
	· · · · · · · · · · · · · · · · · · ·	ed if she followed the order,					
	LPN #4 stated she did	 When asked if she 					

remembered whether or not she had asked Resident #21 to rise her mouth after the Spiriva

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CENTER	.S FUR WEDICARE &	MEDICAID SERVICES				<u>OMB NO. 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	_	(X3) DATE SURVEY COMPLETED
	!	495301	B. WING_			C 07/28/2017
NAME OF P	ROVIDER OR SUPPLIER		'	STREET ADDRESS, CITY,	STATE ZID CODE	01/20/2011
				400 WEST STRASBURG	•	
HERITAGE	E HALL FRONT ROYAL	REVISED COPY				
				FRONT ROYAL, VA 2	.2630	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY)	
F 332	Continued From page	a 129	F '	332		
•		ated: "Oh, no. I didn't. I	1 .	132		
		nough to just rinse it once				
		I didn't know I had to have				
	her rinse her mouth at					
	Hel Illise her mouth a	iter each prinaierj.				
	On 7/27/17 at 6:10 p.	m., ASM (administrative				
		administrator, ASM #2, the		•		
		nd ASM #3, the corporate				
	nurse, were informed	•				
	A review of the facility	policy "Medication and				
	-	vealed, in part, the following:				
		administered only upon the				
	written order of a pers	• •				
		e such medications in this	-			
		n was provided prior to exit.				
	(1) "Gabapentin capsu					
		elp control certain types of				
	seizures in people who	•				
	· · ·	tablets, and oral solution				
		e the pain of postherpetic				
		urning, stabbing pain or				
		or months or years after an				
		This information is taken				
	from the website					
		ov/druginfp/meds/a694007.h				
	tml.					;
	(2) "Tiotropium (Spiriva					
		of breath, coughing, and				
	chest tightness in patie				•	
		disease (COPD, a group of				
		e lungs and airways) such				
	as chronic bronchitis (swelling of the air passages				

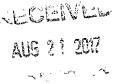
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that lead to the lungs) and emphysema (damage to air sacs in the lungs)." This information is

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Facility ID: VA0101

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07/28/2017

CENTERS FOR MEDICARE	& MEDICAID SERVICES		OMB NO. 0938-03
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	495301	B. WING	C 07/29/2047

NAME OF PROVIDER OR SUPPLIER

HERITAGE HALL FRONT ROYAL REVISED COPY

STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD

FRONT ROYAL, VA 22630

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEF)CIENCY)

(X5) COMPLÉTION OATE

F 332 Continued From page 130

taken from the website https://medlineplus.gov/druginfo/meds/a604018.h tml.

- (3) "COPD, or chronic obstructive pulmonary (PULL-mun-ary) disease, is a progressive disease that makes it hard to breathe."Progressive" means the disease gets worse over time." This information is taken from the website http://www.nhlbi.nih.gov/health/health-topics/topic s/copd.
- (4) "Prescription aspirin is used to relieve the symptoms of rheumatoid arthritis (arthritis caused by swelling of the lining of the joints), osteoarthritis (arthritis caused by breakdown of the lining of the joints), systemic lupus erythematosus (condition in which the immune system attacks the joints and organs and causes pain and swelling) and certain other rheumatologic conditions (conditions in which the immune system attacks parts of the body). Nonprescription aspirin is used to reduce fever and to relieve mild to moderate pain from headaches, menstrual periods, arthritis, colds, toothaches, and muscle aches. Nonprescription aspirin is also used to prevent heart attacks in people who have had a heart attack in the past or who have angina (chest pain that occurs when the heart does not get enough oxygen). Nonprescription aspirin is also used to reduce the risk of death in people who are experiencing or who have recently experienced a heart attack. Nonprescription aspirin is also used to prevent ischemic strokes (strokes that occur when a blood clot blocks the flow of blood to the brain) or mini-strokes (strokes that occur when the flow of blood to the brain is blocked for a short time) in

F 332

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CENTER	S FOR WEDICARE &	MEDICAID SERVICES	· · · · · · · · · · · · · · · · · · ·			OMB NO. 0938-0391	
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILD		ISTRUCTION	(X3) OATE SURVEY COMPLETEO	
		495301	B. WING			C 07/28/2017	
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l <u>-</u>		•			EST STRASBURG ROAD		
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F 332	Continued From page	⇒ 131	F	332			
	people who have had		•				
		t." This information is taken					
	from the website						
	https://medlineplus.go tml.	ov/druginfo/meds/a6828 7 8.h					
	(5) "Iron is a mineral t	hat our bodies need for					
		example, iron is part of					
		which carries oxygen from					
1		our bodies. It helps our					
		e oxygen. Iron is also part of					
	many other proteins a	•					
	information is taken fr	om the website					
	https://medlineplus.go	ov/iron.html.					
	(6) "Folic acid is a B v	itamin. It helps the body					
	make healthy new cel	ls. Everyone needs folic					
		may get pregnant, it is					
		ng enough folic acid before					
		can prevent major birth					
	defects of her baby's i	•					
	information was taken						
	https://medlineplus.go	v/folicacid.html.					
	(7) "Dietary suppleme	nts are vitamins, minerals,					
		r products. They can come					
		/ders, drinks, and energy					
		not have to go through the					
		Some supplements can					
		in health. For example,					
		are important for keeping					
		nt women can take the					
	vitarnin rolle acid to pre	event certain birth defects nformation was taken from					
	in their bables." This i the website	mormation was taken from					
		v/dietarysupplements.html.					
	(8) "Vitamin B12, like t	he other B vitamins, is					

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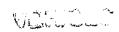
important for protein metabolism. It helps in the

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Facility IO: VA010 I

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				ON	IB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		STRUCTION	(X3) DATE SURVEY COMPLETED
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		495301	B. WING_				07/28/2017
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		DE1/10/FD 4.0-1/	Ì	400 WI	EST STRASBURG ROAD		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION OATE
F 332	This information is take https://medlineplus.go. (9) "Amiodarone is us certain types of seriou ventricular arrhythmia abnormal heart rhythmia did not help or could r Amiodarone is in a cla antiarrhythmics. It won heart muscles." This the website	d cells and in the entral nervous system." ken from the website ov/ency/article/002403.htm. ed to treat and prevent us, life-threatening s (a certain type of n when other medications	F3	332			
	blood vessels so the has hard. It also increasoxygen to the heart." from the website https://medlineplus.go tml. (11) "Metolazone is us and fluid retention cau kidney disease. It also medications to treat hi Metolazone is in a classifications ('water pills').	of angina (chest pain). of medications called ters. It works by relaxing the neart does not have to pump ses the supply of blood and This information was taken v/druginfo/meds/a684027.h ted to reduce the swelling used by heart failure or used alone or with other used by heart failure or used alone or with other used to reduce the swelling tended by heart failure or used alone or with other used to reduce the swelling tended by heart failure or u					

tml.

https://medlineplus.gov/druginfo/meds/a682345.h

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		495301	B. WING			0:	7/28/2017
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UEDITACI	CANAL EDON'T DOWN		ļ	400 V	WEST STRASBURG ROAD		
HEKNAGE	E HALL FRONT ROYAL	REVISED COPY	I	FRO	ONT ROYAL, VA 22630		
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F 332	Continued From page	e 133	F	332			:
r	(12) "Paroxetine table	ets, suspension (liquid), and					
	• •	ng-acting) tablets are used to					!
	treat depression, pani	ic disorder (sudden,					
		of extreme fear and worry					
		and social anxiety disorder					
	(extreme fear of intera						
		others that interferes with					
		ne tablets and suspension					
		obsessive-compulsive thoughts that won't go					
		e thoughts that won't go o perform certain actions					
	•	ralized anxiety disorder					
	(GAD; excessive worr	=					
	control), and posttraur						
		ical symptoms that develop					
	after a frightening exp	perience)." This information					
	is taken from the webs						
		ov/druginfo/meds/a698032.h					
	tml.						
	(13) "The combination	o of fluticacone and					
	vilanterol (Breo Ellipta						
	· · · · · · · · · · · · · · · · · · ·	of breath, coughing, and					
		ed by chronic obstructive					
		group of diseases that					
		irways, that includes chronic					
		sema). Fluticasone is in a					
		called steroids. It works by					
		ne airways. Vilanterol is in a					
	class of medications c						
		s). It works by relaxing and					
		in the lungs, making it his information is taken from					
	the website	is mornation is taken from					
		ov/druginfo/meds/a613037.h					
	tml.	Wardgillomieds/do 10007.ii					

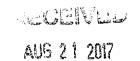
FORM CMS-2567(02-99) Previous Versions Obsolele

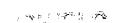
(14) "Furosemide (Lasix) is used alone or in

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED			
		495301	B. WING		C 07/28/2017
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	blood pressure. Furce edema (fluid retention tissues) caused by varincluding heart, kidner Furosemide is in a cladiuretics ('water pills') kidneys to get rid of utility from the body into the taken from the websith https://medlineplus.got tml. In Fundamentals of N Patricia A. Potter and Inc; Page 419: "The pid directing medical trea obligated to follow phybelieve the orders are clients."	er medications to treat high semide is used to treat his semide is used to treat his semide is used to treat his semide is used to treat his excess fluid held in body urious medical problems, y, and liver disease. ass of medications called . It works by causing the nneeded water and salt entine." This information is entire. This information is entire to wide water and salt entire. This information is entire to wide water and salt entire. This information is entire to wide water and salt entire. This information is entire to wide water and salt entire to water and salt entire to wide water and salt entire to		332 F 371	
	considered satisfactor authorities. (i) This may include for from local producers, and local laws or regulation. (ii) This provision doe facilities from using progradens, subject to consider growing and food (iii) This provision does	enverses approved or reproved on the solution of the s	F	Corrective Action(s) 1. The other staff mer involved in the observation has inserviced on the prophair net anytime they kitchen food preparate facility Incident and form was completed incident. 2. Other Staff member involved in the tray line observation obtaining	mber #2 vation of the as been per use of a renter the tion area. A Accident for this ers #4 & #5 ine

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CENTERS FOR MEDICARE 8	MEDICAID SERVICES			OMB NO. 0938-039
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F 371 Continued From page 135

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(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

SUMMARY STATEMENT OF DEFICIENCIES

REGULATORY OR LSC IDENTIFYING INFORMATION)

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, and facility document review, it was determined that the facility failed to prepare and serve food in a safe, sanitary manner.

- 1. The facility staff failed to wear a hair net in a food preparation area.
- 2. The facility staff failed to obtain temperatures of multiple food items before serving the items to residents.
- 3. The facility staff failed use serving utensils to serve bread to residents. The facility staff used contaminated gloved hands to serve bread. Only one resident in the entire facility was receiving tube feeding for the majority of his nutrition.

The findings include:

1. On 7/26/17 at 7:15 a.m., observation of coffee preparation was conducted in the kitchen. The coffee maker was positioned adjacent to the door between the kitchen and the dining room. Four freshly-poured, open carafes of hot coffee were on a cart next to the door to the dining room. OSM (other staff member) #2, the receptionist. entered the kitchen through the dining room

F 371

food without taking temperatures have received one-on-one inservice training regarding the proper procedure to obtaining and recording temperatures prior to serving food from the kitchen. A facility Incident and Accident form was completed for this incident.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

3. Other Staff members #4 & #5 involved in the tray line observation obtaining and serving food without changing gloves after touching steam table and microwave have received one-onone inservice training regarding the proper procedure to preparing and serving food from the kitchen in a sanitary fashion. A facility Incident and Accident form was completed for this incident

Identification of Deficient Practices & Corrective Action(s):

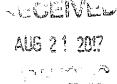
All other residents may have been potentially affected. The Food Service Manager, and/or Registered Dietician will randomly monitor the kitchen preparation area before, during

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F 371	approached the coffee coffee into a mug she kitchen, and left. On 7/26/17 at 8:35 a.interviewed. When as into the kitchen while resident carafes, OSM and pour myself some are not normally there already on the carts." wears a hair net wher OSM #2 stated: "No. go in and not have to to stay in our little box should have worn a hopen carafes of coffee should have. On 7/27/17 at 9:40 a.i manager, was interviewed.	wearing a hair net. She e maker, poured a cup of had brought into the m., OSM #2 was sked if it is her practice to go coffee is being poured for M #2 stated: "I always go in e coffee. But the carafes e. The carafes are usually When asked if she ever in she enters the kitchen, We have an area we can put on a hair net. We have it." When asked if she air net when she saw the e, OSM #2 stated she m., OSM #1, the dietary ewed. She stated OSM #2	F	371	and after meals to identify an negative findings. Any negatifindings will be corrected and time of discovering and disciplinary action will be taken as need. A facility Incident and Accident form will be completed for each negative finding identified. Systemic Change(s): Current facility policy & procedure has been reviewed no changes are warranted at the time. The CDM and dietary on the proper sanitation, store cleaning and transportation of dietary products per establish policy and procedure. In additional discovering and transportation.	and his staff age, f	
	should have put on a	hair net when she entered ved the open coffee carafes			the inservice will cover the		

A review of the facility policy "Safety and Sanitation" revealed, in part, the following: "The following rules will apply to dietary safety operations: Personal Hygiene: Hair nets and/or caps should be worn."

in the area. OSM #1 stated: "I explained it to her. The lids were not on the carafes. She (OSM

#2) should have put on a hair net."

On 7/27/17 at 6:10 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the corporate nurse, were informed of these concerns.

Monitoring:

measures.

The Dietary Manager is responsible for maintaining compliance. The Dietary manager

procedure for proper hair/beard

net application at all times while

in the kitchen area. The inservice

will include all aspects of

infection & sanitation control

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F 371	F 371 Continued From page 137 No further information was provided prior to exit. 2. On 7/26/17 at 11:35 a.m., observation was made of the tray line service for resident lunches. On four occasions, OSM (other staff member) #5, a cook, was observed obtaining a grilled cheese sandwich from a pan containing multiple sandwiches and placing it on a resident's lunch tray without first obtaining the temperature of the sandwich. On 7/26/17 at 4:55 p.m., OSM #4, a cook, was		F	will complete the Dietar preperation tool daily to for compliance. Any ne findings will be correcte of discovery and discipl action will be taken as w The results of these aud reported to the Quality a Committee for review, a recommendations for ch facility policy, procedur practice.	o monitor gative ed at time linary warranted. its will be Assurance analysis, & nange in
	been spooned into the microwaved at the tim not obtain the reheate bowls of vegetables pr	er vegetables which had bowls ahead of time and e of service. OSM #4 did d temperature of any of the rior to serving them.		Completion Date:	9/11/17
	residents should be as before being served, O When asked if she ren foods without obtaining she stated she could now when asked if she too grilled cheese sandwid residents, OSM #5 stated No. I did not. I didn't e On 7/27/17 at 9:40 a.m manager, was interview foods required temperaserved, OSM #1 stated	ked if all foods served to seessed for temperature DSM #5 stated: "Yes." nembered serving any g temperatures at lunch, ot remember doing so. k the temperatures of the ches before serving them to ted: "Oh my goodness.			

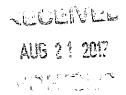
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grilled cheese sandwiches and the individual leftover vegetable bowls, OSM #1 stated: "They

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F 371	Continued From page	e 138	F	371		
	all should have had to being served."	emperatures taken before				
	revealed, in part, the temperatures will be to meal service, and temperatures will be serving temperature. obtain final temperature and cold, prior to sen A review of the facility revealed, in part, the be reheated in a safe maintain food quality temperature of 165 d On 7/27/17 at 6:10 p. staff member) #1, the	obtained and recorded prior any inappropriate corrected to ensure proper Using a food thermometer, ures for all menu items, hot ving." y policy "Reheating Foods" following: "All leftovers will and sanitary manner toBring all leftovers quickly to egrees throughout item." m., ASM (administrative administrator, ASM #2, the and ASM #3, the corporate				
	No further information	n was provided prior to exit.				
	made of the tray line On multiple occasion #5 was observed tou microwave handle, a with her gloved hand	35 a.m., observation was service for resident lunches. s, OSM (other staff member) ching the steam table, and various serving utensils s. She used her gloved re rolls to residents in ese other surfaces.				
	observed touching the handle, and various	m., OSM #4, a cook, was e steam table, microwave serving utensils with her ised her gloved hands to				

directly serve rolls to residents in between

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CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-0391
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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG

F 371

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION OATE

F 371 Continued From page 139

touching these other surfaces.

On 7/26/17 at 1:15 p.m., OSM #5 was interviewed. When asked the most sanitary method to serve individual rolls to residents, OSM #5 stated: "I think you can wear gloves." When asked if she remembered touching any other objects with gloved hands in between placing rolls on resident trays, OSM #5 stated: "Well, yes, I guess I did. It would probably be better to use some tongs."

On 7/27/17 at 9:40 a.m., OSM #1, the dietary manager, was interviewed. When asked if facility staff members should use gloved hands to directly serve rolls on resident trays, OSM #1 stated: "No. They should be using tongs."

A review of the facility policy "Glove Use" revealed, in part, the following: "Proper utensils will be used for food handling...Change gloves whenever you change an activity, the type of food being worked with, or whenever you leave the work station."

On 7/27/17 at 6:10 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the corporate nurse, were informed of these concerns.

No further information was provided prior to exit. F 441 483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, SS=E PREVENT SPREAD, LINENS

(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at

F 441

F 441 Corrective Action(s):

> Resident #1 has had their torn wheelchair seat cushion replaced. Resident #7 has had their torn and cracked wheelchair arm rests

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F 441	Continued From page 140 a minimum, the following elements: (1) A system for preventing, identifying, reporting,		F 441	replaced. A facility Incident Accident form has been completed for each of these incidents.	. &
	investigating, and cor communicable disease volunteers, visitors, a providing services un arrangement based u conducted according accepted national sta implementation is Phi-	ntrolling infections and ses for all residents, staff, and other individuals der a contractual epon the facility assessment to §483.70(e) and following ndards (facility assessment		The attending physician for Residents #1 was notified the facility failed to administer dietary supplement in a sanit way. A facility Incident & Accident form has been completed for this incident.	nat the a
	limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be			at a lent's cident	
	to be followed to prev (iv) When and how is resident; including bu (A) The type and dura depending upon the is involved, and (B) A requirement tha			incident. The air gap for the ice mach the kitchen was corrected to maintain a one inch gap bet the drain pipe and the waste drain. A facility Incident & Accident form has been completed for each of this incident.	ween water

circumstances.

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F 441 Continued From page 141

- (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
- (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.
- (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.
- (e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.
- (f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain infection control practices for two of 25 residents in the survey sample, (Residents #1 and #7); and failed to maintain infection control practices to prevent the spread of infection for two of four residents in the medication administration observation (Residents #1 and #7), and for one of two facility ice machines (the kitchen ice machine), and for one of two facility shower rooms (the shower room on the 100 hall).

1. The facility staff failed to maintain Resident #1's wheelchair cushion free from torn areas, exposing foam that was unable to be sanitized.

The 100 Hall Shower room has been deep cleaned and sanitized to include the shower floor. A facility Incident & Accident form has been completed for each of

this incident.

Identification of Deficient Practice(s) and Corrective Action(s):

All residents may have the potential to be affected by improper infection control and hand washing techniques. The DON and/or Unit Manager will conduct medication pass audits on all licensed staff to observe proper infection control practices and proper hand washing during medication administration procedures.

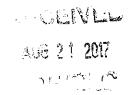
A 100% audit of all resident wheelchairs, Ice Machines and shower rooms will be completed to ensure that all equipment and rooms are in a clean, sanitary working order. Any negative findings will be addressed immediately and a facility Incident and Accident form will

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

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391	
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F 441	2. The facility staff fair #7's wheelchair armre	e 142 led to maintain Resident ests free from torn areas, as unable to be sanitized.	F	441	be completed for each negative finding. Systemic Change(s):	'e	
	The facility staff nu supplement to Reside	urse administered a dietary ent #1 after the nurse had oplement with her gloved			The facility Infection Control policy and procedure has been reviewed and no changes are warranted at this time. The D	1	

- 4. The facility staff nurse placed her fingers inside the medication cups and the pouches containing crushed medications prior to administering the medications to Resident #7.
- The facility staff failed to maintain a one inch air gap between the 1/2 inch diameter drain pipe and waste water drain in the ice machine in the kitchen.
- 6. The facility staff failed to clean the shower room floors (of the shower room located on the 100 unit hall) after a resident who was given a shower was incontinent of feces. Resident #5 was showered with the feces on the bathroom floor from a previous resident.

The findings include:

1. The facility staff failed to maintain Resident #1's wheelchair cushion free from torn areas, exposing foam that was unable to be sanitized.

Resident #1 was admitted to the facility on 3/1/17. Resident #1's diagnoses included but were not limited to: diabetes, high blood pressure and anxiety disorder. Resident #1's most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 5/2/17, coded the resident's cognition as

The facility Infection Control policy and procedure has been reviewed and no changes are warranted at this time. The DON and/or Regional Nurse Consultant will inservice all staff on the infection Control Policy to include the standard for cleaning and sanitizing resident shower rooms, maintenance of Ice Machines with the proper Air gap, proper medication administration and hand washing and the proper care and maintenance of resident equipment to prevent the spread or infections.

Monitoring:

The Administrator and DON are responsible for maintaining compliance. The DON and/or designee will perform 2 random Medication pass audits to monitor for compliance with medication administration and supplement administration. Any negative findings will be corrected at the

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F 441	room. The front left of wheelchair cushion wand a half inches and other corners of the company of the corner of the corner of Resident #1 torn approximately or foam was exposed; the cushion was torn approximately or foam was exposed. On 7/27/17 at 8:39 auxinomized with CNA (#5. When asked who ensuring wheelchairs repair, CNA #5 stated night shift usually not stated if anything is was a slip and turn it into the department. CNA #5 wheelchair cushion. It is should contain the tor "No." CNA #5 stated different cushion and	m. Resident #1 was wheelchair in the dining orner of Resident #1's as torn approximately one foam was exposed. The ushion were not observed. m. Resident #1 was in the eelchair was observed om door. The front left 's wheelchair cushion was as and a half inches and the front right corner of the roximately one half inch and m. an interview was deertified nursing assistant) was responsible for and cushions are in good all staff is responsible but ces any issues. CNA #5 rong then staff has to fill out the maintenance was shown Resident #1's When asked if the cushion on areas, CNA #5 stated, Resident #1 used to have a she thought the rehab ment gave her a new one.	F	441	time of discovery and discipaction taken as needed. The Administrator will perform weekly facility rounds to me for compliance of cleaning shower rooms, that wheelch are in proper functional woorder and that all Ice Machingaps are appropriate. Any negative findings will be corrected at time of discover Aggregate findings of the rewill be submitted to the Quantum Assurance Committee quarter for review, analysis, and recommendations for change the facility policy and process. Compliance Date:	bi- onitor nairs rking ine Ice er. eports ality terly ge in	9/11/17
	properly cleaned, CNA the cushion good with asked if that would be	A #5 stated she would clean sanitizing wipes. When sufficient to kill germs torn with foam exposed.					!

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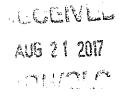
would have to be replaced.

CNA #5 stated, "No." CNA #5 stated the cushion

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CENTERS FOR MEDICARE & MEDICAID SERVICES				
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F 441	Continued From page On 7/27/17 at 3:05 p.		F	' 441		
	LPN #5 stated the nig	licensed practical nurse) #5. ht shift staff is responsible				
	•	airs and should let the day when there is an issue so				:
	the day shift staff can	talk to the therapy staff who				
		ns. When asked how it was cushions to kill bacteria.				
	LPN #5 stated, "It nee	eds to be addressed." LPN				
	#5 stated the cushion not be able to be prop	would get wet and would perly cleaned.				
	staff member) #1 (the	m., ASM (administrative administrator) and ASM #2 g) were made aware of the				
	Infection Control" doc	d, "Policies and Practices- umented, "This facility's				
	infection control polici	es and practices are naintaining a safe, sanitary				
		onment and to help prevent				
	and manage transmis infections"	sion of diseases and				
	No further information	was presented prior to exit.				
	•	ed to maintain Resident				
		ests free from torn areas, as unable to be sanitized.				
	CAPOSING IOUNI MALWE	ao anabie to be samuzed.				
	Resident #7 was adm					
		s diagnoses included but oke, high cholesterol and				
	dementia (1). Resider					

completed MDS (minimum data set). On his admission nursing assessment dated 7/17/17, he

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391
STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495301	B. WING		C 07/28/2017
	ROVIDER OR SUPPLIER E HALL FRONT ROYAL	REVISED COPY		STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IOENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
F 441	On 7/25/17 at 2:45 p. 7/27/17 at 8:49 a.m. I lying in bed. The folk resident's wheelchair dates/times: -One torn area (appro 0.5 inch [width]) on the exposed. -One torn area (appro by 1.25 inch [width]) of foam exposed. -Another torn area (appro 1.25 inch [width]) of foam exposed. -Another torn area (appro 1.25 inch [width]) by 1 inch [width] by 1 inch [width] of foam exposed. On 7/27/17 at 8:39 a.m. Conducted with CNA (#5. When asked who ensuring wheelchairs repair, CNA #5 stated night shift usually notistated if anything is we a slip and turn it into the department.	m., 7/26/17 at 3:21 p.m. and Resident #7 was observed owing was observed on the during the above oximately 0.5 inch [length] by the left armrest with foam oximately 0.75 inch [length] on the right armrest with opproximately 0.5 inch [length] on the	F 44	41	
	LPN #5 stated the nig for cleaning wheelcha shift employees know the day shift staff can can order new arm re- possible to clean torn bacteria, LPN #5 state	ht shift staff is responsible irs and should let the day when there is an issue so talk to the therapy staff who sts. When asked how it is wheelchair armrests to kill			

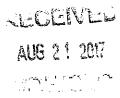
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wet and will not be able to be properly cleaned. At this time, LPN #5 was asked to observe

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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		495301	B, WING_		07/28/2017
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TIERTAGE	- TIALL TROIT ROTAL	REVIGED GOL I		FRONT ROYAL, VA 22630	
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E 444					
F 441			F	441	
		hair armrests. During this			
	· · · · · · · · · · · · · · · · · · ·	armrest was replaced and			
	asked to observe the	rn areas. LPN #5 was			
		t should not have been torn			
	and stated, "They sho				
	,				
	On 7/27/17 at 6:32 p.r	m., ASM (administrative			
		administrator) and ASM #2			
	(the director of nursing) were made aware of the				
	above findings.				
	No further information was presented prior to exit.				
	(1) "Dementia is the n				
	• •	disorders that affect the			
	•	ific disease. People with able to think well enough to			
	•	such as getting dressed or			
		ation was obtained from the			
	website:				
		h.gov/vivisimo/cgi-bin/query-			
		nedlineplus&v%3Asources=			
		query=dementia&_ga=2.205			
		1501503571-139120270.14			
	77942321				
	3. The facility staff nu	rse administered Med Pass			
	•	ent to Resident #1 after the			
		e liquid supplement with her			
	gloved finger.				
	Resident #1 was adm	itted to the facility on 3/1/17.			
		ses included but were not			
		igh blood pressure and			
		ident #1's most recent MDS			
	-	vas a significant change in			
		th an ARD (assessment			

reference date) of 5/2/17, and coded Resident

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

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r		METION NO CENTROLO			CIVID IVC. 0336-039 I
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		495301	B. WING		C 07/28/2017
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F 441 Continued From page 147
#1's cognition as severely impaired.

F 441

On 7/25/17 at 4:00 p.m., LPN (licensed practical nurse) #3 was observed preparing to give Resident #1 a liquid dietary supplement, Med Pass. LPN #3 set four small (30 milliliter [ml] each) medication cups on top of the med (medication) cart. She poured 30 mls of Med Pass into each of the four medication cups. She checked the order on the computer. As she did this, one of her gloved fingers came into contact with the Med Pass in one of the cups. LPN #3 then poured the contents of all four small medication cups into a larger cup. She took the large cup of Med Pass in Resident #1's room, handed the cup to Resident #1, and Resident #1 drank all the Med Pass in the cup.

A review of the physician's orders for Resident #1 revealed the following order, written on 4/27/17 and most recently signed by the physician on 7/24/17: "Med Pass 120 cc (cubic centimeters/milliliters) po (by mouth) TID (three limes a day)."

On 7/26/17 at 4:25 p.m., LPN #3 was interviewed. When asked what should be done if a nurse's gloved finger comes in direct contact with a medication or dietary supplement she is preparing 10 give a resident. LPN #3 stated: "It should be thrown out. You shouldn't give the resident anything you have touched." When asked if she remembered her gloved finger coming into contact with Resident #1's Med Pass on the previous afternoon, she stated she had no memory of this happening. LPN #3 stated: "If I had realized it, I would have thrown it away. Absolutely."

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ENTERS FOR MEDICARE & J	OMB NO. 0938-039		
TEMENT OF OFFICIENCIES	(Xt) PROVIOER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) OATE SURVEY

OLIVILIV	O I OIL MEDIONILE C.	VILDIO/IID OLIVIOLO			ONID NO. 0830-038
		(Xt) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SURVEY COMPLETEO
		495301	B. WING		C 07/28/2017
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NAIVIE OF PI	ROVIDER OR SUPPLIER			STREET ADORESS, CITY, STATE, ZIP CODE	
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				FRONT ROYAL, VA 22630	
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F 441	Continued From page	148	· F.	441	
		m., ASM (administrative		11 1	
	•	administrator, ASM #2, the			•
	•	nd ASM #3, the corporate			
	nurse, were informed	·			
	110100, 11010 11110 11110	31 11000 3011001110.			
	On 7/28/17 at 9:25 a.i	m., LPN #1, the QA (quality			
		s interviewed. She stated			
	she used to work the	floor all the time, and now			
	works the floor when needed. When asked what				
		ırse's gloved finger comes			
	into contact with any l				
		nt poured for a resident,			
		ould be thrown out. It is			
	it."	nould discard and re-pour			
	įt.				
	A review of the facility	policy "Infection Control			
		sing Procedures" revealed			
	no information related				
		ents contaminated by staff			
	gloves.	·			
		policy "Infection Control"			
		following: "All personnel will			
		ction control policies and			
		nd periodically thereafter,			
	_	low to find and use pertinent			
		ment related to infection			
		employee training shall be			
	appropriate to the deg contact and job respo				
	contact and too respo	nsibilities.			·
	No further information	was provided prior to exit.			
	(1) "Med Pass 2.0 Bal	anced Fortified Nutrition			
	Programme and the second	way to supplement calories			
	and protein. Deciane	d to be used as a			

medication pass drink (Unless milk or food is contraindicated with medication), delivers more

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IUMAN SERVICES	FORM APPROVED
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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				1	OMB NO. 0938-0391
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		49530 t	B. WING_				C 07/28/ 2 0 t7
	ROVIDER OR SUPPLIER E HALL FRONT ROYAL	REVISED COPY		400 W	ET ADDRESS, CITY, STATE, ZIF FEST STRASBURG ROAD NT ROYAL, VA 22630	CODE	
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F 44 t	intake can mean weig gain." This informatio manufacturer's websi https://www.medline.c	uice or milkAdditional pht maintenance or weight on is taken from the	F4	14 t			
	inside the medication containing crushed madministering the medication administering the medication and the medication of the medication o	dications to Resident #7. itted to the facility on 's diagnoses included but roke, high cholesterol and f7 did not have a completed set). On his admission					
	nurse) #5 was observed medications for admir - Norvasc (3) 5 mg (m - Atorvastatin (4) 80 m - Aspirin (5) 8 t mg - Finasteride (6) 5 mg - Multivitamin (7) - Sinemet t0-t00 mg - Tylenol 650 mg (9) Each of these medical #5 poured each indivisinto a separate medical	ng					

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

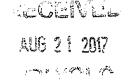
finger inside the cup. She poured each

medication into a separate small plastic pouch in order to crush the medication. As she pulled

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Facility ID: VA0 t01

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DEPARTMENT OF HEALTH AND HUMAN SERVICES DO FOR MEDICARE & MEDICAID DEDVICED

PRINTED: 08/11/2017 FORM APPROVED -0391

ENTERS FOR MEDICARE &	VIEDICAID SERVICES		<u>OMB NO. 0938</u> -
ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2 MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
D PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2] MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
	_	495301	B. WING		C 07/28/2017
	NAME OF PROVIDER OR SUPPLIER	,	;	STREET ADDRESS, CITY, STATE, ZIP CODE	
	HER!TAGE HALL FRONT ROYAL	REVISED COPY	i	400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
	PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		

F 441 Continued From page 150

each individual pouch from the stack prior to placing the pill/s in the pouch, she touched the inside of each pouch with her finger. She crushed each pill and poured the contents from the pouch back into the medication cup. She mixed each pill with water, and administered the medication through the Resident's PEG tube.

A review of the physician's orders for Resident #7, signed by the physician on 7/18/17, revealed, in part, the following:

- "Amlodipine Besylate (Norvasc) 5 mg tab (tablet) give one tab via g-tube QD (daily).
- Atorvastatin 80 mg tablet give one tab via g-tube QD.
- Proscar (Finasteride) 5 mg tablet give one tab via g-tube QD.
- Carbidopa-Levo (Sinemet) 10-100 mg give via g-tube 5X (five times) a day.
- Aspirin 81 mg tablet give one tab via g-tube QD
- Multivitamin one tab QD."

On 7/27/17 at 6:10 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the corporate nurse, were informed of these concerns.

On 7/28/17 at 9:25 a.m., LPN #1, the QA (quality assurance) nurse was interviewed. She stated she used to work the floor all the time, and now works the floor when needed. The surveyor demonstrated to LPN #1 how LPN #5 had placed her fingers in the medication cups and in the crushed pill pouches. When asked if this was an appropriate way to prepare medications for a resident, LPN #1 stated: "You just contaminated the med (medication) cups with your fingers. You can't do that. You can only touch the outside of the pill cups." LPN #1 stated: "It is never okay to

F 441

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
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F 441	put your fingers anyw the crushed the medicine were infection control. A review of the facility Guidelines for All Nur no information related medication administra. A review of the facility revealed, in part, the be trained on our infepractices upon hire an including where and hyprocedures and equip control. The depth of appropriate to the degical contact and job responsion. No further information. (2)"Percutaneous end a tube placed in the stemporary or permandinformation is taken from thitp://www.asge.org/p4. (3) "Amlodipine is use with other medications pressure and chest pain a class of medication blood vessels so the has hard. It controls chesupply of blood to the	there inside the pouches for er before or after you have "She stated both practices concerns." I policy "Infection Control sing Procedures" revealed to sanitary practices during ation. I policy "Infection Control" following: "All personnel will ction control policies and not periodically thereafter, now to find and use pertinent ment related to infection employee training shall be gree of direct resident insibilities." I was provided prior to exit. I oscopic gastrostomy tube - tomach for the purpose of ent nutrition." This om the website atients/patients.aspx?id=39 I d alone or in combination	F 44		

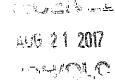
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stop chest pain once it starts." This information is

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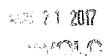
OLIVILIN	O I OK WEDICAKE &	WILDIOAID OLIVIOLO				OND NO. 0330-03
	OF OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
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		495301	B. WING			07/28/2017
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UEDITACE	E HALL FRONT ROVAL	REVISED COPY		400 WEST STRA	SBURG ROAD	
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F 441	Continued From page		· F	441		
		aken from the website https://medlineplus.gov/druginfo/meds/a692044.h ml.				
	loss, and exercise to attack and stroke and that heart surgery will have heart disease or developing heart disease the used to decrease the such as low-density li ('bad cholesterol') and and to increase the allipoprotein (HDL) cho in the blood." This intwebsite	ase. Atorvastatin is also amount of fatty substances poprotein (LDL) cholesterol d triglycerides in the blood				
	symptoms of rheumar by swelling of the lining osteoarthritis (arthritis the lining of the joints erythematosus (condisystem attacks the joint pain and swelling) and rheumatologic condition immune system attack Nonprescription aspir and to relieve mild to headaches, menstruat toothaches, and muscaspirin is also used to people who have had who have angina (che the heart does not get in the second system of the lining of	caused by breakdown of), systemic lupus ition in which the immune ints and organs and causes d certain other ons (conditions in which the ks parts of the body). in is used to reduce fever moderate pain from if periods, arthritis, colds, cle aches. Nonprescription is prevent heart attacks in a heart attack in the past or est pain that occurs when				

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Event ID: KFYC11

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

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F 441	who have recently ex Nonprescription aspir ischemic strokes (stro blood clot blocks the	e who are experiencing or perienced a heart attack. in is also used to prevent okes that occur when a flow of blood to the brain) or	F	, 441	
	blood to the brain is b people who have had mini-stroke in the pas from the website	that occur when the flow of clocked for a short time) in this type of stroke or t." This information is taken ov/druginfo/meds/a682878.h			
	combination with ano [Cardura]) to treat ber (BPH, enlargement of Finasteride is used to such as frequent and reduce the chance of (sudden inability to ur taken from the websit	treat symptoms of BPH difficult urination and may acute urinary retention inate)." This information is			
	herbs, and many other as pills, capsules, powbars. Supplements do testing that drugs do. play an important role calcium and vitamin Dones strong. Pregna vitamin folic acid to pr	ants are vitamins, minerals, or products. They can come viders, drinks, and energy onto have to go through the Some supplements can in health. For example, or are important for keeping int women can take the event certain birth defects information was taken from			

FORM CMS-2567(D2-99) Previous Versions Obsolete

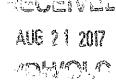
https://medlineplus.gov/dietarysupplements.html.

(8) "The combination of levodopa and carbidopa

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Facility IO: VA0101

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		495301	B. WING_		·		C 07/28/2017	
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, i <u>E</u>	- TOTAL PROTECTION OF THE			FRON?	TROYAL, VA 22630			
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F 441	Continued From page	± 154	F.	141				
	(Sinemet) is used to t		, -	r -1 1				
	Parkinson's disease a							
	symptoms that may d	evelop after encephalitis						
		or injury to the nervous						
		rbon monoxide poisoning or						
	including tremors (sha	g. Parkinson's symptoms,						
	-	nt, are caused by a lack of						
		ubstance usually found in						
		nation is taken from the						
	website							
		ov/druginfo/meds/a601068.h						
	tml.							
	(9) "Acetaminophen is	s used to relieve mild to						
	-	eadaches, muscle aches,						
	menstrual periods, co							
	toothaches, backache							
	vaccinations (shots), a	and to reduce tever. also be used to relieve the						
		arthritis caused by the						
	breakdown of the lining	•						
		class of medications called						
	•	vers) and antipyretics (fever						
		changing the way the body						
	senses pain and by co	,						
	information is taken from							
	tml.	v/druginfo/meds/a681004.h					•	
	5. The facility staff fai	led to maintain a one inch						
		/2 inch diameter drain pipe						
	and waste water drain	in the ice machine in the						

On 7/25/17 at 11:40 a.m., observation was made of the facility kitchen. OSM (other staff member) #1, the dietary manager, accompanied the

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CENTER	MEDICAID SERVICES	OMB NO. 0938-039				
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILO		DNSTRUCTION	(X3) OATE SURVEY COMPLETEO
	ļ					С
		495301	B. WING			0 7/28/20 17
NAME OF P	ROVIOER OR SUPPLIER			STRE	EET AOORESS, CITY, STATE, ZIP COOE	
HERITAGE	E HALL FRONT ROYAL	REVISED COPY			WEST STRASBURG ROAD ONT ROYAL, VA 22630	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL LSC IOENTIFYING INFORMATION)	IO PREFI TAG		PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO CROSS-REFERENCED TO THE APPROPE OEFICIENCY)	BE COMPLETION
F 441	Continued From page surveyors. The ice m The drain pipe drainin machine was observe from the floor drain. If the drain pipe appears contact with the floor of the drain pipe appears contact with the floor of the drain pipe appears contact with the floor of the drain pipe appears was interviewed. OSI supposed to be a gap drain line and the floor broke recently. I'm ho now. I put a temporar stated the ice machine right now." He stated always be twice the ardrain pipe off the floor he checks the ice machine "I check it monthly. It Since it's not a perman moved or hit." When a between the drain pipe important, OSM #3 staclog in the floor drain, to filter back into the ice on 7/27/17 at 6:10 p.m. staff member) #1, the	achine drain was observed. In excess water from the ed to be less than one incherom a distance of two feet, red to be nearly in direct drain. In oSM #3, the accompanied the surveyor exchine in the kitchen, and the first was stated: "There is the between the ice machine or drain. [The drain line] conestly not sure if it's correct try pipe on here." OSM #3 e drain was "not at code the drain pipe should mount of the diameter of the chine drain, OSM #3 stated: think I checked it mid-July. Inent fix, it's easy for it to get asked why the distance e and the floor drain is ated: "In case there is a You don't want dirty water ce machine." In aSM (administrative administrator, ASM #2, the dasm #3, the corporate	TAG		CROSS-REFERENCED TO THE APPROPR	
	surveyor with a copy o instructions for the ice					

and the floor drain.

to the required distance between the drain pipe

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OMB N	NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING			TE SURVEY MPLETED
						С
		495301	B. WING_		c	7/28/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>_</u>	772072011
				400 WEST STRASBURG ROAD		
HERITAGE	EHALL FRONT ROYAL	REVISED COPY		FRONT ROYAL, VA 22630		
(VA) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	I	PROVIDER'S PLAN OF CORE	PECTION	IVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		HOULD BE	IX5) COMPLETION DATE
F 441	Continued From page	: 156	۴۷	441		· ·
	No further information	was provided prior to exit.				
	Code, Chapter 8, Sec air gap between the ir floor level rim of the w less than twice the eff indirect waste pipe." 6. The facility staff fair room floors (of the short 100 unit hall) after a reshower was incontined was showered with the floor from a previous room located of conducted with OSM (maintenance director. observed in the drain shower room. An Alley	iled to clean the shower ower room located on the esident who was given a nt of feces. Resident #5 e feces on the bathroom resident. m., an observation of the on the t00 hall was (other staff member) #3, the Brown feces were and on the floor of the wyn dressing [1] was also of the shower room. The				
	the shower rooms wer that he was not sure we the room. When aske OSM #3 stated that it a drain. On 7/26/17 at a CNA (certified nursing the shower room. Wh rooms were cleaned, of should be cleaning any	m., an interview was #3. When asked how often re cleaned, OSM #3 stated when the CNAs cleaned up red what was in the drain, appeared to be feces in the approximately 3:03 p.m., assistant) #10 walked into en asked how often shower OSM #10 stated that CNAs y mess after each resident When asked the last time				

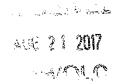
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she was in the shower room, CNA #10 stated that her last shower given was at 10:25 that morning.

EvenI ID: KFYC11

Facility ID: VAD10 t

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT (OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULT A. BUILOIN	IPLE CONSTRUCTION		(X3) OATE SURVEY COMPLETEO
		495301	B. WING			C 07/28/2017
	ROVIOER OR SUPPLIER E HALL FRONT ROYAL	REVISED COPY		STREET AOORESS, C. 400 WEST STRASBU FRONT ROYAL, VA	_	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL LSC IOENTIFYING INFORMATION)	IO PREFIX TAG	(EACH C	VIOER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULO B SEFERENCEO TO THE APPROPRIA OEFICIENCY)	-
	CNA #10 stated that to not in the drain at that CNA #10 did not know room last. On 7/26/17 at 3:40 p.m. conducted with CNA #asked who was resposhower room, CNA #8 supposed to clean the use. When asked if it and dressings in the stated, "Absolutely no On 7/26/17 at approximaterview was conduct staff member) #2, the ASM #2 stated, "I wan stuff that was left in that the CNA who was assigning Resident #5 as combative with the CNA was on hoathroom when this with dressing and feces what time the CNA gar ASM #2 stated that she	the dressing and feces were t time or after her shower. w who used the shower m., an interview was #9, a 3-11 shift CNA. When onsible for cleaning the 3 stated that CNAs are eshower room after each awas ever ok to leave feces shower drain, CNA #9 of. No ma'am." imately 4:00 p.m., an ted with ASM (administrative DON (Director of Nursing). In to talk to you about the led drain." ASM #2 stated signed to Resident #5, was shower when she became NA. The CNA then decided dent back to her room safely escalated. ASM #2 stated ther way back to clean the criter had already observed in the drain. When asked we Resident #5 her shower,	F4	41		
	who gave Resident #5 when she had given R CNA #7 stated that she	mately 4:29 p.m., an ted with CNA #7, the CNA 5 her shower. When asked tesident #5 her shower, e went into the shower in CNA #5 stated that she				

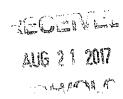
FORM CMS-2567(02-99) Previous Versions Obsolete

brought the resident back to her room around

EvenJ IO: KFYC t1

Facility IO: VA010t

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES					OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[V] . = . =			(X3) DATE SURVEY CDMPLETED	
		495301	B. WING		<u> </u>		C 07/28/2017
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL FRONT ROYAL		REVISED COPY		400 WES	ADDRESS, CITY, STATE, ZII T STRASBURG ROAD ROYAL, VA 22630	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BI O THE APPROPRIA	
	ready to go back to the discovered my mess." On 7/28/17 at 8:30 a.r. conducted with LPN (#10. When asked the to a resident with a dristated that if dressings would alert the nurse re-dress the affected a allevyn dressings (the drain) were able to ge if the allevyn dressing shower, she would re-On 7/28/17 at 8:30 a.r. conducted with LPN (#10. When asked aboshowering a resident vLPN #10 stated if dress CNAs would alert the re-dress the affected a allevyn dressings were stated if an allevyn dressing) after the should be conducted with a dressing sked about the procein resident with a dressing stated that allevyn drewould notify the nurse	se the resident was NA #5 stated, "I was getting e shower room when you all " m., an interview was Licensed practical nurse) e process of giving a shower essing in place, LPN #10 s get wet then the CNAs and the nurse would area. LPN #10 stated that dressing that was in the t wet. LPN #10 stated that were to come off during the dress after the shower. m., an interview was Licensed practical nurse) but the process for with a dressing in place, ssings get wet, then the nurse, and the nurse would area. LPN #10 stated that e able to get wet. LPN #10 essing were to come off would re-dress (reapply a lower. mately 10:54 a.m., further ed with CNA #7. When less followed for showering a log such as allevyn, CNA #7 ssings can get wet and she if the dressing were to	F	441			
	come off during the sh	ower. When asked about or showering an incontinent					

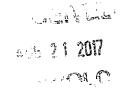
FORM CMS-2567(02-99) Previous Versions Obsolete

resident, CNA #7 stated CNA's were supposed to put a bucket underneath the shower chair in case

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Facility ID: VA010 t

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CENTERS FO	OR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039	
i, ,		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO	
		495301	B. WNG		C 07/28/2017	
NAME OF PROVICE	DER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP COOE		
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F 441 Continued From page 159

the resident has an incontinent episode in the shower room. When asked if Resident #5 was incontinent, CNA #7 stated that she was. When asked if she had used a bucket underneath Resident #5 while giving her a shower on 7/26/17, CNA #7 stated, "I didn't use a bucket that day but she (Resident #5) did not have an incontinent episode in the shower with me. She doesn't usually go to the bathroom during showers." CNA #7 was asked where the feces observed in the shower drain came from, if Resident #5 did not have an incontinence episode. CNA #7 stated the feces, was on the floor and in the drain prior to her giving Resident #5 a shower. CNA #7 stated the dressing in the drain was from her (Resident #5) but not the feces. When CNA #7 was asked if she brought Resident #5 into the shower room with feces on the floor. CNA #7

Resident #5 was admitted to the facility on 9/14/13 with diagnoses that included but were not limited to Alzheimer's disease, age-related osteoporosis, and dementia with behavioral disturbance. Resident #5's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date of 6/28/17. Resident #5 was coded as being severely cognitively impaired in the ability to make daily decisions scoring 00 out of 15 on the BIMS (Brief Interview for Mental Status) exam.

confirmed the feces was on the floor when she brought Resident #5 into the shower room for her shower. CNA #7 could not recall who used the

shower room prior to her.

On 7/28/17 at approximately 12 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the DON (Director of Nursing) and ASM #3, the corporate nurse were

F 441

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			C	MB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI	TIPLE CONSTRUCTION	((X3) DATE SURVEY COMPLETED
						С
·		495301	B. WING			0 7/28/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP	CODE	
HERITAGE	HALL FRONT ROYAL	REVISED COPY		400 WEST STRASBURG ROAD		
				FRONT ROYAL, VA 22630		
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F 441	Continued From page	e 160	, F	, 441		
	made aware of the ab		·			
	The facility policy title address the above co	d, "Infection Control" did not incerns.				
	No further information	was presented prior to exit.				
	secondary dressing, to conform to the most as the sacrum, heels use on a variety of exused in conjunction wounds. This informational Institutes of the sacromatic sac	waterproof and requires no ape or bandages. It is able at awkward body areas such and elbows. It is suitable for uding wounds and can be ith a hydrogel for sloughy ation was obtained from the lealth. nih.gov/pubmed/8845677.				

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

Event IO: KFYC11

Facility ID: VA0101

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State of V	irginia					FOR	MAPPROVE	
STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		IOENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO	
		495301		B. WNG_		07/2	.8/ 2 017	
NAME OF PR	ROVIOER OR SUPPLIER	'	STREET AOC	RESS, CITY, ST	ATE, ZIP COOE			
HERITAGE	HALL FRONT ROYAL		1	STRASBURG YAL, VA 226				
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F 000	Initial Comments	,		F 000	F 001 12 VAC 5-371-180 Infection Control Cros F-441	s References to		
	An unannounced bier	nnial State Licensure			Cross Reference POC for F- 441			
	Inspection was conducted 7/25/17 through 7/28/17. Corrections are required for compliance with the following with the Virginia Rules and				12 VAC 5-371-250 Resident Assessment a Planning Cross Reference to F-279	ference to F-279		
	Regulations for the Licensure of Nursing Facilities.				Cross Reference POC for F-279			
	The census in this 60 certified bed facility was 58 at the time of the survey. The survey sample				12 VAC 5-371-220 Nursing Services Cross Reference to F-309			
	consisted of 15 current resident reviews				Cross Reference POC for F-309			
	(Residents #1 through #14 and Resident #21) and ten closed record reviews (Residents #15 through #20 and Residents #22 through #25).				12 VAC 5-371-220 Nurse Services Cross Reference to F-314			
					Cross Reference POC for F-314			
F 001	Non Compliance			F 001	12 VAC 5-371-370 Maintenance and Housekeeping Cross Reference to F-252 Cross Reference POC for F-252			
	The facility was out of compliance with the							
	following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-180. Infection control				12 VAC 371-250 Resident Assessment and Planning Cross Reference to F-278	i Care		
	cross reference to F441				Cross Reference POC for F-278			
	12VAC5-371-250. Resident assessment and care planning cross reference to F279				12 VAC 371-200B. Director of Nursing Cross Reference to F-281			
					Cross Reference POC for F-281			
					12 VAC 5-371-220A Nurse Services Cross Reference to F-323			
	12VAC5-371-220, Nu cross reference to F36	•			Cross Reference POC for F-323			
	Sides reference to 1 000				12 VAC 5-371-140 Policies and Procedures			
	12VAC5-371-220. Nursing services cross reference to F314				Cross Reference to F-329			
					Cross Reference POC for F-329			
	12VAC5-371-370. Maintenance and housekeeping cross reference to F252				12 VAC 5-371-220B Nurse Services Cross Reference to F-332			
					Cross Reference POC for F-332			
	12VAC5-371-250. Resplanning Cross reference to F-2	sident assessment and 278	d care					

LABORATORY OIRECTOR'S OR PROVIOER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 08/10/2017 FORM APPROVED

State of Virginia STATEMENT OF DEFICIENCIES (Xt) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495301 B. WING 07/28/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 400 WEST STRASBURG ROAO HERITAGE HALL FRONT ROYAL FRONT ROYAL, VA 22630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4LID ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) F 001 Continued From Page 1 12 VAC 5-371-340 Dietary and Food Services Program F 001 Cross Reference to F-371 Cross Reference POC for F-371 12VAC5-371-200B. Director of Nursing Cross reference to F-281 12 VAC 5-371-220 Nurse Services Cross Reference to F-157, F-280 12VAC5-371-220A. Nursing services. Cross Reference POC for F-157 & F-280 Cross reference to F-323 12 VAC 5-371-130B Resident Rights 12VAC5-371-140. Policies and procedures Cross Reference to F-167, F-157 Cross reference to F-329 Cross Reference POC for F-167, F-157 12VAC5-371-220B. Nursing services. 12 VAC 5-371-110 B1, 2 Cross Reference to F-225 Cross reference to F-332 Cross Reference POC for F-225 12VAC5-371-340. Dietary and food service 12 VAC 5-371-110 B1, 2, 3 program. Cross Reference to F-226 Cross reference to F371 Cross Reference POC for F-226 12 VAC 5-371-220 Director of Nursing 12VAC5-371-220. Nursing Services cross Cross Reference to F-282 references to F157, F280 Cross Reference POC for F-282 12VAC5-371-130B. Resident Rights cross 12 VAC 5-371-140 Policies and Procedures references to F167, F157 Cross Reference to F-322 Cross Reference POC for F-322 12VAC5-371-110 B1, 2 cross references to F225 Completion Date: 9/11/17 12VAC5-371-110 B1, 2, 3, cross references to F226 12VAC 5-371-200. Director of Nursing cross references to F282 12VAC5-371-140. Policies and Procedures cross references to F322.

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STATEMENT O	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY					
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:					
FOR SNFs AND	MFs	495301	B. WING	7/28/2017					
NAME OF PRO	VIDER OR SUPPLIER	STREET ADDRESS,	, CITY, STATE, ZIP CODE						
	HERITAGE HALL FRONT ROYAL REVISED COPY		400 WEST STRASBURG ROAD FRONT ROYAL, VA						
ID			Maria Maria						
PREFIX	CURDAND CTATEMENT OF DEFICIENCIES								
TAG	SUMMARY STATEMENT OF DEFICIENCIES			, <u>, , , , , , , , , , , , , , , , , , </u>					
F 278	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED								
	(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.								
	(h) Coordination								
	A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.								
	(i) Certification								
	, ,	(1) A registered nurse must sign and certify that the assessment is completed.							
	(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.								
	(j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly-								
	(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or								
	(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.								
	(2) Clinical disagreement does not constitute This REQUIREMENT is not met as evidence	(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by:							
	Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to complete an accurate MDS (minimum data set) assessment for one of 25 residents in the survey sample, Resident #8.								
	The facility staff inaccurately coded Resident #8's bathing status on the 7/14/17 annual MDS assessment.								
	The findings include:								
	Resident #8 was admitted to the facility on 6/10/11 and most recently readmitted on 9/15/16 with diagnoses including, but not limited to: history of a stroke, dementia, depression and difficulty swallowing. On the most recent MDS (minimum data set), an annual assessment with the assessment reference date of 7/14/17, Resident #8 was coded as being severely cognitively impaired for making daily decisions. She was coded as not having a bath of any kind during the look back period.								
	A review of Resident #8's ADL (activities of daily living) record during the seven day look back period for the 7/14/17 MDS assessment, revealed that she received a sponge bath in bed on 7/12/17.								

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided.

For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of the patients of the

The above isolated deficiencies pose no actual harm to the residents

All continuation slices I of 2

SETTE DITE	TRANSPICATION OF THE PROPERTY OF THE POPULATION			A TORM				
STATEMENT O	F ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY				
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:				
FOR SNFs AND NFs								
		495301	B. WING	7/28/2017				
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL FRONT ROYAL REVISED COPY		STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA						
ID								
PREFIX								
TAG	SUMMARY STATEMENT OF DEFICIENCE	S						
F 278	Continued From Page I							
	On 7/28/17 at 9:25 a.m., LPN (licensed pra LPN #1 stated she had helped to complete t shown Resident #8's ADL records for 7/12/LPN #1 stated: "Oh that is my mistake. At those areas so 1 don't normally go back and A review of the facility policy "Resident As purpose of the assessment is to describe the significant impairment in functional capacit the staff to plan care that allows the resident On 7/27/17 at 6:10 p.m., ASM (administrat nursing, and ASM #3, the corporate nurse, who further information was provided prior to the staff to plan care that allows the resident nursing, and ASM #3, the corporate nurse, who further information was provided prior to the staff to plan the staff to pla	he above referenced 17 and the coding for chally, it is the compresence them. I'm reseasement Instrument resident's capability by Information derivit to reach his/her highwere informed of the	MDS assessment for Resident #8. We bathing on the 7/14/17 MDS assessmenter's mistake. The computer pre-poport sure how this mistake was made." "revealed, in part, the following: "To to perform daily life functions and to yed from the comprehensive assessmentes the practicable level of functioning." the administrator, ASM #2, the direction in the comprehensive assessmentes the start of the comprehensive assessmentes and the comprehensive assessmentes and the comprehensive assessmentes and the comprehensive assessmentes and the comprehensive assessmentes and the comprehensive assessmentes and the comprehensive assessmentes and the comprehensive assessmentes and the comprehensive assessmented and the comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive assessmented as a comprehensive as a compreh	Then nent, pulates he pidentify ent helps				

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