

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2018
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NAME OF PROVIDER OR SUPPLIER HANOVER HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>A biennial State Licensure Inspection was conducted in the facility 2-27-18 through 3-05-18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. Three complaints were investigated during the survey.</p> <p>The census in this 120 certified bed facility was 95 at the time of the survey. The survey sample consisted of 20 current Resident reviews (Residents #15, 81, 246, 26, 250, 40, 11, 74, 4, 83, 31, 94, 6, 87, 79, 62, 39, 12, 18, and #66) and four closed record reviews (Residents #245, #95, #295, and #345).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations, which are cross referenced to the federal citations:</p> <p>12 VAC 5-371-250 (B). Please Cross reference to F-657.</p> <p>12 VAC 5-371-200 (B) . Please Cross-Reference to F-658.</p> <p>12 VAC 5-371-220 (C). Please Cross-Reference to F-684, and 697.</p> <p>12 VAC 5-371-220 (B). Please Cross-Reference to F-757.</p>	F 001	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F 657 Cross Reference to VAC 371 / 250</p>	4/6/18

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

Electronically Signed

TITLE

(X6) DATE

03/26/18

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F 001	<p>Continued From page 1</p> <p>12 VAC 5-371-220 (B). Please Cross-Reference to F-760.</p> <p>12 VAC 5-371-300 (B). Please Cross-Reference to F-761.</p> <p>12 VAC 5-371-360 (E). Please Cross-Reference to F-842.</p>	F 001	<p>Care Plan Timing and Revision</p> <ol style="list-style-type: none"> Patient # 295 was discharged from the facility. All residents with skin impairments are at risk for deficient practice. Measures taken to prevent re-occurrences: <ul style="list-style-type: none"> DON / Designee in-service nursing on Care Plan revision for change in skin condition. 100% audit of patients with skin impairment and validate Care Plan accuracy. Monitor 30% patients weekly for 3 weeks for accuracy of Care Plan. Performance will be reviewed through QA & A weekly. <p>F 658 Cross Reference to VAC 371 / 200 Services Provided Meet Professional Standards</p> <ol style="list-style-type: none"> All patients affected by the deficient practice were immediately addressed by reporting to the Physician prior to the end of the survey. All patients are at risk for deficient practice. Measures taken to prevent re-occurrences: <ul style="list-style-type: none"> DON / Designee will in-service all Licensed Nurses on medication administration. Unit Manager / Designee will audit 30% on patients with medication administration records weekly for 3 weeks 	

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F 001	Continued From page 2	F 001	<p>for timeliness.</p> <p>4. Performance will be reviewed quarterly through QA & A meeting.</p> <p>F 684 Cross Reference to VAC 371 / 220 Quality of Care</p> <p>1. Residents affected by the deficient practice weights reviewed by Physician and responsible parties made aware of any discrepancies.</p> <p>Resident # 87 pain medications were administered and Physician was made aware during survey. No untoward effects.</p> <p>2. All residents are at risk.</p> <p>3. Measures taken: " DON / Designee will in-service all Licensed Nurses on appropriate process for weights. " DON / Designee will in-service all Licensed Nurses on pain medication administration. " A 30% audit of patients weights weekly for 3 weeks for changes. " A 30% audit of patients receiving pain meds weekly for 3 weeks for accuracy.</p> <p>4. Performance will be reviewed quarterly through QA & A meeting.</p> <p>F 697 Cross Reference to VAC 371 / 220 Pain Management</p> <p>1. Resident # 87 medication was</p>	

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F 001	Continued From page 3	F 001	<p>administered during survey and Physician was made aware of the discrepancy.</p> <p>2. All patients receiving pain medications are at risk for the deficient practice.</p> <p>3. DON or Designee will in-service Licensed Nurses on medication administration. " A 30% audit will be completed on residents medication administration record for timely administration weekly for 3 weeks.</p> <p>4. Performance will be reviewed through quarterly QA & A meeting.</p> <p>F 757 Cross Reference to VAC 371 / 220 Drug Regimen is Free from Unnecessary Drugs</p> <p>1. Resident # 250 has been discharged from facility.</p> <p>2. All residents with orders for Seroquel are at risk for deficient practice.</p> <p>3. DON / Designee will in-service Licensed Nurses on the appropriate diagnosis for Seroquel. " A 100% audit of residents on Seroquel will be reviewed weekly for 3 weeks for appropriate diagnosis.</p> <p>4. Performance will be reviewed through quarterly QA & A meeting.</p>	

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F 001	Continued From page 4	F 001	<p>F 760 Cross Reference to VAC 371 / 220 Residents are Free of Significant Med Errors</p> <ol style="list-style-type: none"> Resident # 94 medications were administered during the survey, the Physician was notified and no untoward effects. Resident # 345 was discharged from the facility. All residents may be at risk for deficient practice. DON / Designee will in-service all Licensed Nurses on proper medication administration. " A 30% audit weekly of residents medication administration record for timeliness for 3 weeks. Performance will be monitored quarterly through QA & A meeting. <p>F 761 Cross Reference to VAC 371 / 300 Label / Store Drugs and Biologicals</p> <ol style="list-style-type: none"> The expired drugs and biologicals found were immediately disposed of during survey process. All drugs and biologicals are at risk for expiration. Measures taken to prevent re-occurrences: " DON / Designee will in-service all Licensed Nurses on proper storage of drugs and biologicals. " Weekly rounds to audit med carts and medication rooms for proper storage of medications and biologicals for 3 weeks. 	

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F 001	Continued From page 5	F 001	<p>4. Performance will be reviewed in quarterly QA & A meeting.</p> <p>F 842 Cross Reference to VAC 371 / 360 Resident Records <input type="checkbox"/> Identifiable Information</p> <p>1. Resident # 87, the diagnosis was immediately corrected. The BP was typed in error.</p> <p>2. All residents requiring SNF documentation are at risk for deficient practice.</p> <p>3. DON / Designee will in-service all Licensed Nurses on accurate skilled progress note documentation. " A 30% audit of skilled patients progress notes will be monitored for accurate diagnosis and typographic errors in Blood Pressures. Audit will be performed weekly for 3 weeks.</p> <p>4. Performance will be monitored through Quarterly QA & A meeting.</p>	