PRINTED: 04/26/2018 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		495362	B. WING_		R-C 04/19/2018
	PROVIDER OR SUPPLIER D NURSING AND RE			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	1 04/19/2018
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	revisit survey to the conducted on 3/14 conducted 4/18/18 are required for co Federal Long Term Uncorrected deficie report. Corrected of the CMS 2567 - B.				
	172 at the time of t consisted of 16 cur Residents #201 thr	t Comprehensive Care Plan	{F 656	RECE May 91	WED WE
	§483.21(b)(1) The implement a complement a complement a complement action for each resident rights set for §483.10(c)(3), that objectives and time medical, nursing, an eeds that are identification assessment. The codescribe the following (i) The services that or maintain the resiphysical, mental, arrequired under §48 (ii) Any services that under §483.24, §48	chensive Care Plans facility must develop and rehensive person-centered resident, consistent with the forth at §483.10(c)(2) and includes measurable frames to meet a resident's and mental and psychosocial diffied in the comprehensive comprehensive care plan must ang t are to be furnished to attain dent's highest practicable and psychosocial well-being as 3.24, §483.25 or §483.40; and at would otherwise be required 3.25 or §483.40 but are not		Pevelopment/In Comprehensive 1. Resident #201 cl order for dressing right arm pit obta 4/18/18. Resident continues to recei care and dressing physician orders. updated to reflect needs of resident wound care to right 4/19/18.	arification change to ined #201 ve wound change per Care plan the care #201's

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.

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUI A. BUILE	(X3) DATE SURVEY COMPLETED	
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{F 656}	under §483.10, incomplete treatment under § (iii) Any specialize rehabilitative servi provide as a result recommendations findings of the PAS rationale in the resident's represensed (iv) In consultation resident's represensed (A) The resident's desired outcomes. (B) The resident's future discharge. Future discharge. Future discharge of the resident community was as local contact agent entities, for this puture plan, as appropriate requirements set for section. This REQUIREME by: Based on observation document review as was determined factore plan for two or sample, Resident for the plan of case on the plan of case on the plan of case.	e resident's exercise of rights cluding the right to refuse 483.10(c)(6). d services or specialized ces the nursing facility will to f PASARR. If a facility disagrees with the SARR, it must indicate its sident's medical record. with the resident and the ntative(s)-goals for admission and preference and potential for facilities must document ent's desire to return to the resessed and any referrals to cless and/or other appropriate repose. The in accordance with the porth in paragraph (c) of this ent's not met as evidenced without, staff interview, facility and clinical record review, it cility staff failed to follow the facilied to administer wound failed to administer wound failed to follow the physician and fare for Resident #201.	{F 6	Resident #2 care to left toe co 4/18/18 per phys Resident #210 co receive wound ca physician order. LPN #2 re-educa Director of Nursi regarding followi orders and the pla residents requirin care on 4-18-18. LPN #1 re-educa DON regarding e residents wound of completed per phy order without om Treatment Admin Record (TAR) 4/2	ompleted ician order. ontinues to are per ted by the ng (DON) ang physician an of care r/t g wound ted by the nsuring care is ysician ission on the istration



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING R-C 04/15 NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION (X3) DATE S COMPL R-C 04/15 STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (F 656) Continued From page 2 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE S COMPL (X4) ID 906 THOMPSON STREET ASHLAND, VA 23005	OMB NO. 0938-0391		
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the state of current	(X5) OMPLETION DATE		
The findings include: 1. Resident #201 was admitted to the facility on 8/12/15 with diagnoses that included but were not limited to: heart failure, irregular heart beat, dementia, anemia and seizures. The most recent MDS (minimum data set), a quarterly assessment, with an ARD (assessment reference date) of 1/11/18 coded the resident as having short and long term memory problems and as severely impaired cognitively. The resident was coded as requiring assistance from staff for all activities of daily living. An observation of Resident #201 was made on 4/18/18 at 10:00 a.m. The resident was lying in bed. He did not have a shirt on and multiple scabbed and opened areas were noted on and in his right armpit. The skin around the areas was very reddened. There were scabbed areas on the inner aspect of the elbow. The skin around the area was very reddened. An observation of Resident #201 was made on 4/18/18 at 1:30 p.m. The resident was lying in bed. His skin was exposed as before. There were scabbed areas on the inner aspect of the elbow. The skin around the area was very reddened. There were no dressings on the open areas. Review of the resident's care plan initiated on 3/30/18 documented, "Focus. (Name of resident) has impaired skin integrity of the right arm pit and ichest. "from autoimmune disease. Interventions."	ts gs. by		

effectiveness.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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(F 656)	Continued From pa	ao 3	(F. C.	r.O.)			
(, 000)	•	2018 physician's orders	{F 6	20}			
	documented, "BETA				4. N	(T) (
) 0.05% CREAM. APPLY TO			• • •	IDS	
	AREAS AND COVE	R WITH DRY DRESSING			Coordi	nator/DON	V/designee to
		start date was documented			conduc	t quality m	nonitoring
	as 6/5/17.				urougi	n Morning	Clinical
	Pavious of the physi	cian's order dated 3/29/18			Meetin	g to ensure	the care
		nse right armpit with soap +			pian is	followed re	egarding
		bacitrican (sic) [2] and place			residen	ts requiring	g wound
		gauze pad) until healed."			care 5 t	imes week	ly x 2
					weeks,	3x weekly	x 4 weeks,
	Further review of th	e physician's orders dated			india.	weekly ar	nd PRN as
		, "Bactroban (3) to underarm			indicate		
	2 (4) wound."	crease of (R) arm daily. Stage			DON/de	esignee to d	conduct
	2 (4) Would.				quality i	monitoring	through
	Review of the April 2	2018 (TAR) treatment			Morning	g Clinical N	Meeting to
	administration recor					vound care	
	administration recor				complete	ed per phys	sician
		E DIPROPIONATE 0.05%			order Wi	thout omis	sion on the
		AREAS AND COVER WITH			IAR 5 ti	imes weekl	ly x 2
		VERY DAY." The start date 6/5/17. The nurses signed			weeks, 3	x weekly x	4 weeks,
	off that the treatmer				then 2 x	weekly and	d PRN as
	on that the treatmen	it was sompleted.			indicated		
	Review of the April 2	2018 TAR documented,			Findings	to be repo	orted to
		it with soap + water pat dry			QAPI coi	mmittee m	onthly and
) and place AB (abdominal)			updated a	is indicated	I. Onality
		e pad) until healed." The			monitorir	ig schedule	e modified
		at the treatment was as no documented evidence			based on	findings.	
		as no documented evidence an order for the bactroban on				_	
	Resident #201's Apr				5. Date of (Compliance	e 5-3-18.
	An interview was co	nducted on 4/18/18 at 4:00					
		sed practical nurse) #2, the					

resident's nurse. When asked what treatment was administered to Resident #201's right armpit

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION A SULDING 495362 NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION STREET ACCRESS, CITY, STATE, ZIP CODE 905 THOMPSON STREET ASHLAND, VIA 23005 PREFEX FREETY	CENTERS FUR MEDICAL		: & MEDICAID SERVICES				OMB NO. 0938-0391		
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FREEFIX TAG REGULATORY OR LSC IDENTEFYING INFORMATION) (F 656) Continued From page 4 and elbow area, LPN #2 stated, "I put some cream on it." III show you." LPN #2 opened the treatment cart and took out a tube of betamethazone diprojo. LPN #2 stated, "I put some of this on a gauze and put it on the areas." When asked if she put an AB pad under the arm, LPN #2 stated, "No. I just leave the gauze that I had the medication on there." When asked what size gauze she used, LPN #2 stated, when asked to review the treatment administration order for the 3/29/18 right armpit wound care, LPN #2 stated, "Oh. I didn't follow that one. It is more specific than the one I used." When asked which order she should follow, LPN #2 stated, "The most recent order." When asked wishes had care plans, RN #2 stated, "The most sow even tailor the care plan, RN #2 stated, "The most sow even tailor the care plan RN #2 stated, "The most sow even tailor the care plan, RN #2 stated, "Stated are plans, RN #2 stated, "To take care plan, RN #2 stated," To take care plan, RN #2 stated, "To take care of the patient." When asked why residents had care plans, LPN #1. When asked why residents had care plans. LPN #1. When asked why residents had care plans. LPN #1. When asked why residents had care plans. LPN #1. When asked why residents had care plans. LPN #1 stated, "To take care of the patient." When asked who used the care plan, LPN #1 stated, "All the staff." When asked why residents had care plans. LPN #1 stated, "To take care of the patient." When asked who used the care plan, LPN #1 stated, "All the staff." When asked if staff were expected to follow the care plan, LPN #1 stated, "All the staff." When asked if staff were expected to follow the care plan, LPN #1 stated, "All the staff." When asked if staff were expected to follow the care plan, LPN #1 stated, "All the staff." When asked if staff were expected to follow the care plan, LPN #1.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ASH	LAND, VA 23005			
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On 4/18/18 at 5:00 p.m. ASM (administrative staff member) #1, the administrator and ASM #2, the		and elbow area, LP cream on it. I'll show treatment cart and it betamethazone dirp some of this on a gray When asked if she LPN #2 stated, "No had the medication size gauze she used two inch by two inchereview the treatmen 3/29/18 right armpit "Oh. I didn't follow than the one I used she should follow, L recent order." When the physician's orde An interview was cop.m. with RN (regist coordinator. When a plans, RN #2 stated so we can tailor the When asked who us stated, "All the staff. expected to follow theyes they should. An interview was cop.m. with LPN #1. Whad care plans, LPN the patient." When a LPN #1 stated, "All the were expected to follow theyes they should. On 4/18/18 at 5:00 p	N #2 stated, "I put some vyou." LPN #2 opened the cook out a tube of priop. LPN #2 stated, "I put auze and put it on the areas." put an AB pad under the arm, I just leave the gauze that I on there." When asked what d, LPN #2 showed this writer a figurate. When asked to it administration order for the wound care, LPN #2 stated, nat one. It is more specific. "When asked which order PN #2 stated, "The most in asked if she had followed in LPN #2 stated she had not. Inducted on 4/18/18 at 4:15 ered nurse) #2, the MDS asked why residents had care, "Residents have care plans care we provide for them." sed the care plan, RN #2 when asked if staff were ne care plan, RN #2 stated. "To take care of sked who used the care plan, he staff." When asked if staff low the care plan, LPN #1. Im. ASM (administrative staff.) Im. ASM (administrative staff.)	{F 6	56}				

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

director of nursing were made aware of the

Event ID: 727W13

Facility ID: VA0008

If continuation sheet Page 5 of 33



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{F 656}	findings at that time Review of the facilit Care" documented, person-centered pla by the interdiscipling residents and/or residents and/or residents and feder Procedure: Develop individualized Person plan of are by the In No further informati According to Funda Williams and Wilkin documented, "A write communication tool members that helps care The nursing of information about th and goals.: It contail achieving the goals and is used to direct	y's policy titled, "Plans of "Policy: An individualized an of care will be established ary team (IDT) with the sident representatives(s) to the nd updated in accordance al regulatory requirements.	{F 6	56}	DEFICIENCY)	
		n condition, treatments, and				
	Dipropionate Cream high-potency cortico the inflammatory an corticosteroid-respo 13 years and older obtained from: https://dailymed.nlm	dipriop Betamethasone (Augmented), 0.05% is a steroid indicated for relief of d pruritic manifestations of nsive dermatoses in patients This information was nih.gov/dailymed/drugInfo.cf b3c1-571f-e054-00144ff8d46				

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	cuts, burns or sora obtained from: https://www.ncbi.n T0009198/?report: (3). Bactroban Mantibiotic from a st fluorescens. It has against gram-posit streptococci. The atthe treatment of pr disorders, nasai in This information whttps://pubchem.ncrocin#section=Top (4). Stage 2 wound	fupirocin is a topically used rain of Pseudomonas shown excellent activity ive staphylococci and antibiotic is used primarily for imary and secondary skin fections, and wound healing. as obtained from: cbi.nlm.nih.gov/compound/Mupi				
	Partial-thickness ic dermis. The wound moist, and may als ruptured serum-fille visible and deeper Granulation tissue, present. These inju- adverse microclima the pelvis and sheat should not be used associated skin dat incontinence associated skin dat incentinence associated skin injury ((skin tears, burns, a was obtained from: http://www.npuap.o	kin loss with exposed dermis ass of skin with exposed d bed is viable, pink or red, o present as an intact or ed blister. Adipose (fat) is not tissues are not visible. slough and eschar are not uries commonly result from ate and shear in the skin over ar in the heel. This stage to describe moisture mage (MASD) including siated dermatitis (IAD), atitis (ITD), medical adhesive MARSI), or traumatic wounds abrasions). This information rg/reseurces/educational-and- puap-pressure-injury-stages/				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING	(X3) D	ATE SURVEY OMPLETED
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	NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (F 656) Continued From page 7 (5) Fundamentals of Nursing Lippincott Williams & Wilkins 2007 Lippincott Company Philadelphia pages 65-77.(5) Fundamentals of Nursing Lippincott Williams & Wilkins 2007 Lippincott Company Philadelphia pages 65-77. 2. The facility staff failed to follow the plan of care and provide a dressing treatment to Resident #210's left toe on 4/17/18. Resident #210 was admitted to the facility on 10/3/16 with diagnoses that included but were not limited to chronic kidney disease, high blood pressure, psychotic disorder with hallucinations, type two diabetes mellitus, and peripheral nervous system disorder. Resident #210's most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 2/17/18. Resident #210 was coded as being cognitively intact in the ability to make daily decisions scoring 14 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #210 was coded as requiring extensive assistance from one to two staff members with most ADL\$ (activities of daily living). Review of Resident #210's wound care note dated 4/16/18 documented the following: "Arterial Wound (1), of the left, second toe- initial evaluation; Primary dressing (s): Santyl (2) apply once daily for 30 days. Secondary dressing: Dry protective dressing apply once daily for 30 days. Factors complicating wound healing: Polyneuropathy in diabetes, diabetes mellitus		STREET ADDRESS, CITY, STATE, ZIP 906 THOMPSON STREET ASHLAND, VA 23005	CODE		
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
{F 656}	Continued From pa	ge 7	{F 65	56}		
	& Wilkins 2007 Lipp pages 65-77.(5) Fu Lippincott Williams Company Philadelp 2. The facility staff f and provide a dress #210's left toe on 4/ Resident #210 was 10/3/16 with diagno limited to chronic kiepressure, psychotic type two diabetes m nervous system discrecent MDS (minimassessment with an date) of 2/17/18. Rebeing cognitively interview for Mental #210 was coded as assistance from one most ADL\$ (activities Review of Resident	sincott Company Philadelphian damentals of Nursing & Wilkins 2007 Lippincott hia pages 65-77. A light of care sing treatment to Resident 17/18. Admitted to the facility on ses that included but were not drey disease, high blood disorder with hallucinations, wellitus, and peripheral order. Resident #210's most um data set) was a quarterly ARD (assessment reference esident #210 was coded as act in the ability to make daily 1 out of 15 on the BIMS (Brief Status) exam. Resident requiring extensive to two staff members with sof daily living).				
	Wound (1) of the left evaluation;Primary once daily for 30 day protective dressing a Factors complicating Polyneuropathy in ditype two."	t, second toe- initial dressing (s): Santyl (2) apply vs. Secondary dressing: Dry apply once daily for 30 days. g wound healing: abetes, diabetes mellitus				-
	Review of Resident:	#210's clinical record				

revealed the following order dated 4/16/18: "apply santyl once daily for 30 days to the left second

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CENTE	RS FOR MEDICARE	: & MEDICAID SERVICES	Т		0	MB NO	D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .		E CONSTRUCTION		TE SURVEY MPLETED
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NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAN	D NURSING AND RE	HABILITATION			06 THOMPSON STREET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES			ASHLAND, VA 23005		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 656}	Continued From pa	ge 8	{F 65	563			
	toe. Indication: arte toe."	rial wound of the left second	(, 0,	,0,			
	(treatment administ missing signature o	#210's April 2018 TAR ration record) revealed a hole; n 4/17/18, indicating that that empleted that day on 7-3 shift.					
	10/26/17 and revise part, the following: "	#210's care plan dated ed on 4/16/18 documented in 4/5/18 non pressure area on erventions: Administer ed and monitor					
	conducted with LPN LPN #1 was asked in Resident #210's dressing to he following date "4/16," That hasn't been of it." When asked if Leshift on 4/17/18, LPI When asked who will dressings, LPN #1 sets to the resident that seasked why he did not dressing on 4/17/18.	o.m., an interview was I (licensed practical nurse) #1. If he could show this writer essing to her foot. Resident her left foot documented the left. Resident #210 stated, manged since the doctor saw left. PN #1 had worked the 7-3 N #1 stated that he did. The left was responsible for changing stated that the nurse assigned shift was responsible. When lot change Resident #210's Left Left Left Hat he was his shift. Left Hat he unit.					
	conducted with LPN purpose of the care purpose of the care care of each residen	.m., a further interview was #1. When asked the plan, LPN #1 stated that the plan was to know how to take t. LPN #1 stated, "The plan t." LPN #1 stated that all staff					

had access to the care plan. When asked in

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CENTE	KS FOR MEDICARE	& MEDICAID SERVICES		-		OMB NO	<u>0. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTING	TION		ATE SURVEY OMPLETED
		495362	B. WING	9974444	to an analysis of the second s	į.	R-C 4/19/2018
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRE	ESS, CITY, STATE, ZIP COD		
ASHI AN	D NURSING AND RE	HARII ITATION		906 THOMPSO	ON STREET		
,				ASHLAND, V	/A 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH	OVIDER'S PLAN OF CORRI H CORRECTIVE ACTION SI -REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	followed, LPN #1 st not accurate. Wher followed if the dress was not completed that the care plan was not completed that the care plan was not completed that the care plan was defined in the care plan to the above concerns. No further information are plan communication of the latter properties of the goals of care. The goals of care in the goals of care. The goals of care in the goals of care. The goals of care in the goals of care in the goals of care. The goals of care in the goals of care in the goals of care. The goals of care in the goals of care in the goals of care. The goals of care in the goals of care in the goals of care. The goals of care in the goals of care in the goals of care in the goals of care. The goals of care in	s the care plan would not be rated that if the care plan was a asked if the care plan was sing to Resident #210's toe on 4/17/18, LPN #1 stated vasn't followed. a.m., ASM (administrative he administrator, ASM #2, the ursing) were made aware of	{F 6	56}			
		nent is an FDA-approved erapy that continuously					

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removes necrotic tissue from wounds at the

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Facility ID: VA0008

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CENTEINOI CIVILLEIGANE	A MEDIOMO OF MAIO			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
	495362	B. WING		R-C 04/19/2018
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
	UADU ITATION		906 THOMPSON STREET	
ASHLAND NURSING AND REI	HABILITATION		ASHLAND, VA 23005	
(VA) ID SUMMARY STA	TEMENT OF DEFICIENCIES			
PREFIX (EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC' X (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
{F 656} Continued From pa	ae 10	{F 65	563	
•	This works to free the wound	100	50)	
	cellular debris, allowing			
	eed and epithelialization to			
	.santyl.com/about>)			
1 2 2 2 × (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Based on observati	on, staff interview, clinical			
	acility document review, it was			
	staff failed to follow the care			
	esidents in the survey sample,			,
Resident #201 and				
	d to administer wound care			
	ed by the physician and as on			
the plan of care for	Resident #201.			
2. For Resident #21	0, facility staff failed to follow			
	provide a dressing treatment			
to her left toe on 4/1				,
The findings include				
The findings include	3.	•		
Resident #201 was	admitted to the facility on			
8/12/15 with diagnor	ses that included but were not			
limited to: heart failu	ıre, irregular heart beat,			
dementia, anemia a	nd seizures.			
	20/11/			- The second sec
	OS (minimum data set), a			
	nt, with an ARD (assessment			
	/11/18 coded the resident as			
	ng term memory problems			
	paired cognitively. The as requiring assistance from			
staff for all activities				
अवाग गण वाग वर्णागरिष्ठि	or daily living.			
An observation of Re	esident #201 was made on			
4/18/18 at 10:00 a.m	n. The resident was lying in			
bed. He did not have	e a shirt on and multiple			

scabbed and opened areas were noted on and in

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		(X3) DAT	TE SURVEY MPLETED
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NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE	, ZIP CODE		10/2010
ACLIAN	D MITDEING AND DE	HADII ITATION	1	9	06 THOMPSON STREET			
ASTILAN	D NURSING AND REI	HABILITATION	ĺ	F	ASHLAND, VA 23005			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD O THE APPROPE	BE	(X5) COMPLETION DATE
{F 656}	very reddened. The inner aspect of the area was very reddened. An observation of R 4/18/18 at 1:30 p.m bed. His skin was element of the were scabbed areas elbow. The skin aro	e skin around the areas was re were scabbed areas on the elbow. The skin around the	{F 6	56}	•			
	3/30/18 documented has impaired skin in chestfrom autoimr Administer treatmen effectiveness. There open areas. Review of the April 2 documented, "BETA DIPROPIONATE (1) AREAS AND COVE	ent's care plan initiated on d, "Focus. (Name of resident) tegrity of the right arm pit and mune disease. Interventions. Its as ordered and monitor for ewere no dressings on the 2018 physician's orders METHASONE 10.05% CREAM. APPLY TO R WITH DRY DRESSING start date was documented						
	Review of the physic documented, "Clean water pat dry apply b AB pad (large soft ga Further review of the 4/9/18 documented,	sian's order dated 3/29/18 se right armpit with soap + pacitrican (sic) [1] and place auze pad) until healed." sphysician's orders dated "Bactroban (2) to underarm rease of (R) arm daily. Stage						

Review of the April 2018 (TAR) treatment

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMR NO	D. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILE		CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
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	PROVIDER OR SUPPLIER ID NURSING AND RE	HABILITATION		90	REET ADDRESS, CITY, STATE, ZIP CODE 6 THOMPSON STREET 5HLAND, VA 23005	1 04	4/19/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBF	(X5) COMPLETION DATE
{F 656}	CREAM. APPLY TO DRY DRESSING E was documented a off that the treatme Review of the April "Cleanse right arm apply bacitrican (sic gauze pad) until he that the treatment vevidence of docume physician order for An interview was cop.m. with LPN (licer resident's nurse. W was administered to and elbow area, LP cream on it. I'll show treatment cart and the betamethazone dirp some of this on a gawhen asked if she LPN #2 stated, "No. had the medication size gauze he used, two inch by two inch	rd and treatment rd documented, rd documented, rE DIPROPIONATE 0.05% D AREAS AND COVER WITH VERY DAY." The start date s 6/5/17. The nurses signed nt was completed. 2018 TAR documented, oit with soap + water pat dry c) and place AB pad (large soft aled." The nurses signed off vas completed. There was no entation of the 4/9/18 the bactroban. anducted on 4/18/18 at 4:00 nsed practical nurse) #2, the hen asked what treatment o Resident #201's right armpit N #2 stated, "I put some v you." LPN #2 opened the ook out a tube of riop (4). LPN #2 stated, "I put auze and put it on the areas." out an AB pad under the arm, I just leave the gauze that I on there." When asked what LPN #2 showed this writer a gauze. When asked to	{F 6:	56}			
	right armpit wound of didn't follow that one one I used" When a follow, LPN #2 state	t administration order for the care, LPN #2 stated, "Oh. i e. It is more specific than the sked which order she should d, "The most recent order." nad followed the physician's d she had not.					

An interview was conducted on 4/18/18 at 4:15

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		T T T T T T T T T T T T T T T T T T T	T	***************************************		CIVID I	10. 0938-0391	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER						04/19/2018	
ASHLAN	ND NURSING AND REI		***************************************	906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET ILAND, VA 23005			
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	p.m. with RN (regis coordinator. When plans, RN #2 stated so we can tailor the When asked who u stated, "All the staff expected to follow t yes they should." An interview was cop.m. with LPN #1. Vhad care plans, LPN the patient." When a LPN #1 stated, "All the staff would not follow stated, "If the order staff were expected #1 stated they were On 4/18/18 at 5:00 pmember) #1, the addirector of nursing wfindings at that time. Review of the facility Care" documented, person-centered pla by the interdisciplinare sidents and/or residents and/or residents and federa Procedure: Develop individualized Person plan of are by the Interdiscontained According to Fundant	dered nurse) #2, the MDS asked why residents had care asked why residents had care asked why residents have care plans asked the care plan, RN #2 and the care plan, RN #2 and the care plan, RN #2 stated and the care plan, To take care of asked who used the care plan, the staff." When asked when we the care plan, LPN #2 is changed." When asked if to follow the care plan, LPN Do.m. ASM (administrative staff ministrator and ASM #2, the were made aware of the asked in accordance and implement and updated in accordance and implement and implement and implement and implement and and implement and imp	{F 6	56}				
	Williams and Wilkins	2007 pages 65-77						

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		T WEDICAID SERVICES	-	ollokelenia savos		OMB N	O. 0938-0391
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION	(X3) D/	ATE SURVEY DMPLETED
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	PROVIDER OR SUPPLIER ID NURSING AND REI	HABILITATION		906	REET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DUIDBE	(X5) COMPLETION DATE
	communication tool members that helps careThe nursing of information about the and goals. It contains achieving the goals and is used to direct revise and update at there are changes in with new orders" (1) Fundamentals of & Wilkins 2007 Lipp pages 65-77. 1. Bacitracin Previous of Scrapes. The from: https://www.ncbi.nlm	tten care plan serves as a among health care team sensure continuity of care plan is a vital source of the patient's problems, needs, and detailed instructions for established for the patient of the care expect to review, the care plan regularly, when the condition, treatments, and and an information was obtained the information w	{F 6	56}			

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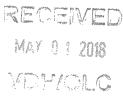
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTR ING			(X3) DATE SURVEY COMPLETED		
		495362	B. WING				R-C 04/19/2018		
	PROVIDER OR SUPPLIER D NURSING AND REI	HABILITATION		906 THOMP	PRESS, CITY, STATE SON STREET , VA 23005	, ZIP CODE	04/13/2010		
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	Granulation tissue, present. These inju adverse microclima the pelvis and sheat should not be used associated skin dar incontinence associated skin injury (for (skin tears, burns, awas obtained from: http://www.npuap.orclinical-resources/ng/2). Betamehasone definition of the inflammatory and corticosteroid-resportation of the inflammatory and corticosteroid-resportations.	ge 15 issues are not visible. slough and eschar are not ries commonly result from te and shear in the skin over r in the heel. This stage to describe moisture nage (MASD) including ated dermatitis (IAD), atitis (ITD), medical adhesive MARSI), or traumatic wounds brasions). This information rg/resources/educational-and-buap-pressure-injury-stages/sipriop Betamethasone (Augmented), 0.05% is a esteroid indicated for relief of d pruritic manifestations of nsive dermatoses in patients This information was obained .nih.gov/dailymed/drugInfo.cf b3c1-571f-e054-00144ff8d46	{F 6	56}					
	Care Plan Timing ar CFR(s): 483.21(b)(2		F6	57	F657: <u>Ca</u> <u>Revision</u>	re Plan Tin	ning and		
	be- (i) Developed within the comprehensive a (ii) Prepared by an ir includes but is not lir (A) The attending ph	prehensive care plan must 7 days after completion of assessment. Interdisciplinary team, that inted to-			18 to reflect resident #2 2. Quality resident completed Coordin	review of c 's care plans ed by the M	urrent DS		

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Event ID: 727W13

Facility ID: VA0008

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CENTERS FOR MEDICARE	& MEDICAID SERVICES	**		OMB N	O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING	(X3) D	ATE SURVEY DMPLETED
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	
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Not Let 10 Horizonto Allo IVE	AASIENATION		ASHLAND, VA 23005		
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(XS) COMPLETION DATE
resident. (D) A member of fo (E) To the extent pr the resident and the An explanation mus medical record if th and their resident re not practicable for t resident's care plan (F) Other appropria disciplines as deter or as requested by (iii)Reviewed and re team after each ass comprehensive and assessments. This REQUIREMEN by: Based on observat document review ar was determined the and revise the care the survey sample, The facility staff faile Resident #209's car physicians order to o The findings include Resident #209 was a 2/9/18 and readmitte that included but we dementia, anxiety, h diabetes.	th responsibility for the od and nutrition services staff. acticable, the participation of e resident's representative(s). It be included in a resident's representative is determined to the development of the estaff or professionals in mined by the resident's needs the resident. The evised by the interdisciplinary resement, including both the quarterly review. It is not met as evidenced ion, staff interview, facility and clinical record review, it facility staff failed to review plan for one of 16 residents in Resident #209. The dot or eview and revise replan to reflect the discontinue one on one care. Endamitted to the facility on red on 3/29/18 with diagnoses re not limited to: stroke, igh blood pressure and	F	supervision a the plan of ca Quality revie resident's car completed by Coordinator /DON/UM/de residents Care current plan o up based on f 3. Licensed nur by the DON/ Coordinator / ensure the car followed rega requiring 1:13	ew of current re plans the MDS esignee to ensure e Plans reflect of care Follow indings. The reserved the session of the plan is residents supervision. The reserved the ses re-educated MDS designee to re plan is re-educated MDS designee to re-educated MDS designee to re-educated MDS designee to	
The most recent MD	S (minimum data set), a				

quarterly assessment, with an ARD (assessment

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING	;		R-C 04/19/2018
	PROVIDER OR SUPPLIER D NURSING AND RE	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005	1 01110/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETION
F 657	having scored an emental status indication impaired cognitively assistance from state except for eating with perform after the transfer at 1:45 p.m. propelling herself in Review of the care revised on 4/10/18 of resident) exhibits related to Disruptive	ight on the brief interview for ating the resident was severely in the resident was severely in the resident needed iff for activities of daily living nich the resident could ay was set up. The resident was made on a resident #209 was the wheelchair in the hallway. The resident #209 was the wheelchair in the hallway. The plan initiated on 3/28/18 and documented, "Focus. (Name inappropriate behaviors in the behaviors as needed and	F	557	4. MDS Coordinator/DON/desiconduct quality monitor through Morning Clinic Meeting to ensure the oplan is accurate and for regarding residents required 1:1 supervision 5 times weekly x 2 weeks, 3x x x 4 weeks, then 2 x we and PRN as indicated. Findings to be reported QAPI committee mont updated as indicated. Quantitoring schedule meased on findings.	oring cal care llowed quiring s weekly ekly I to hly and Quality
	resident's nurse. Whon one to one super An interview was cop.m. with RN (regist coordinator. When a revised the care pla (interdisciplinary tea When asked how thof changes in the reorders, RN #2 stated care plan. A represe				5. Date of Compliance: 5	-3-18.

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would revise them (care plan) then." RN #2 was asked to review Resident #209's care plan for the

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		-		MB NO. 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	•	495362	B. WING			R-C 04/19/2018
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 04/19/2018
ASHLAN	ID NURSING AND RE	HADILITATION			6 THOMPSON STREET	
AOIILAN	TO NOROMO AND INC.	HABILITATION		AS	SHLAND, VA 23005	
(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 CORRECTIVE ACTION SHOUL(CROSS-REFERENCED TO THE APPROP DEFICIENCY)	TRE COMPLETION
F 657	Continued From pa	ige 18	F 6	357		
		sion. When asked if Resident				
	#209 was on one to	one supervision, RN #2				
	stated, "I would have	ve to check." When informed				
		liscontinued the one to one 18, RN #2 stated, RN #2				
		v how we missed that. We				
	need to update it."					
	On 4/18/18 at 5:00	p.m. ASM (administrative staff				
		Iministrator and ASM #2, the	•			
	director of nursing v	vere made aware of the				•
	findings.					
	Review of the facilit	y policy titled, "Plans of Care"				
	documented, "Polic					•
	person-centered pla	an of care will be established				~
		ary team (IDT) with the				
		sident representatives(s) to the nd updated in accordance				
		al regulatory requirements.				0.0
	Procedure: Review,	update and/or revise the				
		of care based on changing				
		and needs of the resident and nt interventionsThe				
		n shall ensure the plan of				
	care addresses any	resident needs and that the				
	plan is oriented towa	ard attaining or maintaining				
	the highest practical psychosocial well-be	ole physical, mental and				
	psychosocial well-be	eng.				
	No further information	on was provided prior to exit.				
	Basic Nursing, Esse	ntials for Practice, 6th edition,				
	(Potter and Perry, 20	007, pages 119-127), was a				
	reterence for care pl	ans. "A nursing care plan is				
	a writterr guideline 10 promotina continuity	or coordinating nursing care, of care and listing outcome				
	criteria to be used in	the evaluation of nursing				

care. The written care plan communicates

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		T	T		OIVIB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495362	B. WING		R-C 04/19/2018
	PROVIDER OR SUPPLIER ND NURSING AND REI	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD 906 THOMPSON STREET ASHLAND, VA 23005	DE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		HOULD BE COMPLETION
{F 658}	professionals. The coordinates resource care. A correctly for easy to continue call the patient's status nursing diagnosis as a no longer appropriate plan. An out of date compromises the quisarrows of the compromises the quisarrows of the compromises the quisarrows of the services provided for the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compustion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the services provided as outlined by the compusion of the servi	es to other health care care plan also identifies and des used to deliver nursing rmulated care plan makes it re from one nurse to another. It is has changed and the nursing care to related interventions are to related interventions are to or incorrect care plan uality of nursing care. If the determination of the facility, or prehensive Care Plans and or arranged by the facility, omprehensive care plan. If it is not met as evidenced eview, facility document review eview, it was determined that do follow professional are for one of 16 residents in Resident #201. The dot transcribe the 4/9/18 Resident #201's wound care ministration record. The definition of the facility on the sthat included but were not the irregular heartbeat,	F6	F658: Professional States order for dressing of right arm pit obtaine 4/18/18. Resident # wound care to right completed per physic order 4/19/18. Resident 4/19/18. Resident 4/19/18. Resident 5/19/18. Resident 5/19/18. Resident 5/19/18. Resident 5/19/18. Resident 6/19/18. Resident 6/19/18. Resident 7/19/18. Resident 7/19/18. Resident 6/19/18. Resident 6	arification hange to ed 201's arm pit deian dent #201 dressing an orders. urrent mpleted signee to and eleted per hout sions on b based educated the to s cian hentation

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	(X3) DATE SU COMPLET	RVEY
		495362	B. WING			R-C 04/19/2	2018
	PROVIDER OR SUPPLIER ID NURSING AND REI	HABILITATION		906 7	ET ADDRESS, CITY, STATE, ZIP THOMPSON STREET ILAND, VA 23005	CODE	:010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE COI E APPROPRIATE	(X5) MPLETION DATE
	reference date) of 1 having short and lor and as severely impresident was coded staff for all activities An observation of R 4/18/18 at 10:00 a.n bed. He did not have scabbed and opene his right armpit. The very reddened. There inner aspect of the earea was very reddened. An observation of R 4/18/18 at 1:30 p.m. bed. His skin was exwere scabbed areas elbow. The skin around reddened. There we areas. Review of the reside 3/30/18 documented has impaired skin int (sic.) and chestfror Interventions. Admin and monitor for effects.	int, with an ARD (assessment /11/18 coded the resident as ing term memory problems baired cognitively. The as requiring assistance from of daily living. esident #201 was made on ince a shirt on and multiple diversed areas were noted on and in skin around the areas was rewere scabbed areas on the elbow. The skin around the ened. esident #201 was made on The resident was lying in sposed as before. There on the inner aspect of the und the area was very re no dressings on the open int's care plan initiated on period in the resident was lying in sposed as before. There is on the inner aspect of the und the area was very re no dressings on the open int's care plan initiated on period in the inner aspect of the inner aspe	{F 65	58}	quality mo Morning C ensure woo treatments physician o omission o weekly x 2 x 4 weeks, and PRN a Findings to QAPI com- updated as monitoring based on fi	ignee to conduct onitoring through Clinical Meeting to und care and are completed per order without on the TAR 5 times weeks, 3x weekly then 2 x weekly s indicated. The condition of the monthly and indicated and indicated indicated. Quality schedule modified andings. Sompliance: 5-3-18.	

administration record and treatment administration record failed to evidence

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<u>CENIER</u>	RS FOR MEDICARE	& MEDICAID SERVICES				OME	NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	í	3) DATE SURVEY COMPLETED
		495362	B. WING				R-C 04/19/2018
NAME OF F	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP C	CODE	0 11 10/2010
ASHLAN	D NURSING AND RE	HABILITATION		906 T	HOMPSON STREET		
				ASHI	LAND, VA 23005		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION FE DATE
{F 658}	Continued From pa	age 21	{F 6	581			1
,	·	ne 4/9/18 physician order for	Įi O.	<i>J</i> 0 _j			
	the bactroban.	, ,					
	An intoniou was a	onducted on 4/19/18 at 8:20					
		tered nurse) #1, the unit					_
	manager and the ni	urse who wrote the verbal					
		to review the order and to nt administration record, RN #1					
		here." When asked about the			•		
	process staff follow	s when they received a					
		I #1 stated, "You get an order pharmacy and flag it for the					
		nen asked who would					
	transcribe the order						
	administration recoi	rd, RN #1 stated, "The nurse hen asked about 24 hour					
		1 stated, "They should be					
		date and the day before to					
	make sure nothing	was missed."					
•	On 4/19/18 at 8:35	a.m. ASM (administrative staff					
		visional education specialist					-
		ofessional standard the facility d.d., "Potter and Perry and					
	Lippincott."	a, rottor and rotty and					Methods to a second
	On 4/10/19 at 9:45	om ACM #2 the director of					-
		a.m. ASM #2, the director of aware of the findings.					
		P. CH. L. BEN.					
		y's policy titled, "Physician's d, "Procedure: ROUTINE					-
	ORDER: The order	is transcribed to all					
	appropriate areas (N						The second secon
	administration recor	d], TAR [treatment d], etc) or electronic					,
	equivalent."	a ₁ , old/ or older of no					
	According to Fundar	mentals of Nursing, 6th					

edition, 2001: Patricia A. Potter and Anne Griffin

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Contraction of the last		A MEDIOMID SERVICES	~		OMRIV	NO. 0938-0391
	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) D	DATE SURVEY COMPLETED
		495362	B. WING			R-C 04/19/2018
	PROVIDER OR SUPPLIER	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 906 THOMPSON STREET ASHLAND, VA 23005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
{F 658}	and completeness of printout with prescrit order." In Potter-Perry, Fundition, page 841, a "When medications compares the medicomputer orders with orders." On page 8 administration of ora accuracy and component orders."	dage 852, "Check accuracy of each MAR or computer ber's written medication damentals of Nursing, 6th noted standard of practice is: are first ordered, the nurse cation recording form or h the prescriber's written	{F 6	58}	,	
	1. Bactroban Mup antibiotic from a strafluorescens. It has s against gram-positiv streptococci. The anthe treatment of prindisorders, nasal infe This information was https://pubchem.ncbrocin#section=Top 2. Stage 2 wound Partial-thickness skir Partial-thickness loss dermis. The wound be moist, and may also ruptured serum-filled visible and deeper tis	rocin is a tepically used in of Pseudomonas hown excellent activity e staphylococci and tibiotic is used primarily for hary and secondary skin ctions, and wound healing.				

present. These injuries commonly result from

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION (X3) DATE SUCCOMPLE R-C 04/19/2 STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX (FACULORIZES PLAN OF CORRECTION		elemente de la constitución de l	T DIONID CERTICES	ONB NO. 0938-039
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION (x4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (F 658) Continued From page 23 adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (IAD), intertriginous dermatitis (IAD), intertriginous dermatitis (IAD), intertriginous dermatitis (IAD), madical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). This information was obtained from: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/ (F 684) Quality of Care SS=D CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principie that applies to all treatment and care provided to facility residents. Sased on the comprehensive				(X3) DATE SURVEY COMPLETED
ASHLAND NURSING AND REHABILITATION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (F 658) Continued From page 23 adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). This information was obtained from: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/ {F 684} Quality of Care Sasociatity of Care Quality of care Quality of care applies to all treatment and care provided to facility residents. Based on the comprehensive			495362	04/19/2018
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F658 Continued From page 23 adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). This information was obtained from: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/ F684 Quality of Care F684 Sased or ithe comprehensive F684 Resident #206 skin test (PPD) administered per physician order on 4-18-18. Resident #210 wound care			HADII ITATION	ODE
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) {F 658} Continued From page 23		ASHLA		
adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). This information was obtained from: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/ SS=D {F 684} Quality of Care	PRÉFIX (EACH D		MUST BE PRECEDED BY FULL	SHOULD BE COMPLETION
SS=D CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive [F 684] obtained on 4-18-18. Resident #206 skin test (PPD administered per physician order on 4-18-18. Resident #210 wound care	adverse mi the pelvis a should not associated incontinenc intertriginou related skin (skin tears, was obtaine http://www.i	;8}	te and shear in the skin over r in the heel. This stage to describe moisture mage (MASD) including inted dermatitis (IAD), atitis (ITD), medical adhesive MARSI), or traumatic wounds abrasions). This information	201's clarification ressing change to it obtained esident #201's and dressing right arm pit per physician 18.
that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review it was determined the facility staff failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, for three of 16 residents in the survey sample, Resident's #201, #206 and #210. 1. The facility staff failed to follow the physician's	§ 483.25 Quality of ca applies to al facility residuassessment that resident accordance practice, the care plan, at This REQUI by: Based on o document redetermined to residents recacordance practice, the care plan, at 16 residents #201, #206 at 182.	4}	undamental principle that ent and care provided to sed on the comprehensive sident, the facility must ensure the treatment and care in fessional standards of chensive person-centered esidents' choices. This not met as evidenced on, staff interview, facility diclinical record review it was the staff failed to ensure that atment and care in fessional standards of chensive person-centered esidents' choices, for three of curvey sample, Resident's one.	4-18-18. 206 skin test (PPD) 2d per physician 18-18. 210 wound care 2g changes to left 24 wound) 24/18/18 per 25 der. Resident 26 ues to receive 27 and dressing

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	N) MULTIPLE CONSTRUCTION BUILDING			E SURVEY MPLETED
		495362	B. WING	i		i	R-C /19/2018
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION				900 AS	1 04/	10/2010	
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	2. The facility staff order for administer #206. 3. The facility staff orders and provide #210's arterial wour. The findings include 1. Resident #201 w 8/12/15 with diagnolimited to: heart faile dementia, anemia at the most recent MI quarterly assessme reference date) of 1 having short and lor and was severely in resident was coded staff for all activities. An observation of R 4/18/18 at 10:00 a.m. bed. He did not have scabbed and opene his right armpit. The very reddened. Their inner aspect of the earea was very reddened on the open areas.	re for Resident #201. Failed to follow the physician's ring a skin test for Resident Failed to follow physician's a daily treatment to Resident and on 4/17/18. The second sec	{F 6	34}	2. Quality review of resident's TAR con the DON/UM/designensure wound care completed per physorder without docu omissions. Follow on findings. Quality review of completed per physorder without documonissions. Follow on findings. Quality review of completed per physorder without documonissions. Follow on findings. Quality review of completed per physorder without documonissions. Follow on findings. Quality review of completed per physorder without ondesigned skin tests completed by the DON/UM/designed skin tests (PPDs) and completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Follow up based on Quality review of completed per physorder without omiss Physorder without omiss Physorder without omiss Phy	mpleted beginee to is sician mentation up based current inpleted beginee to resician mentation up based urrent on ers residents of (PPD) to ensure elician ion. Indings. In the inpleted signee to are ysician ions.	y
		The resident was Iving in			order without omissi		

4/18/18 at 1:30 p.m. The resident was lying in

bed. His skin was exposed as before. There were scabbed areas on the inner aspect of the Follow up based on findings.

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		* & MEDICAID SERVICES				OMB NO	. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
		495362	B. WING	·		i	R-C /19/2018
	PROVIDER OR SUPPLIER ID NURSING AND REI	HABILITATION		90	REET ADDRESS, CITY, STATE, ZIP CODE 6 THOMPSON STREET SHLAND, VA 23005	1 04/	13/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BF	(X5) COMPLETION DATE
	reddened. There we areas. Review of the reside 3/30/18 documente has impaired skin ir (sic.) and chestfrounterventions. Admirand monitor for effective of the April 2 documented, "BETA DIPROPIONATE (1 AREAS AND COVE EVERY DAY." The as 6/5/17. Review of the physic documented, "Clear water pat dry apply be AB (abdominal) pad healed." Further review of the 4/9/18 documented, (R) (right) side and continuous administration record admini	ent's care plan initiated on d, "Focus. (Name of resident) attegrity of the right arm pit of autoimmune disease. Inister treatments as ordered ctiveness. 2018 physician's orders attention of the right arm pit of autoimmune disease. Inister treatments as ordered ctiveness. 2018 physician's orders attention of the right arm pit with soap of the right arm pit with soap of the right arm pit with soap of the right arm pit of the	{F 6	84}	3. Licensed nurses rees by the DON/designer ensure wound care is completed per physicorder without document omissions on the TA Licensed nurses reed by the DON/designer ensure skin tests (PPI completed per physicorder without document omissions on the MA Licensed nurses reed by the DON/designer ensure treatments are completed per physicorder without document omissions on the TAR Licensed nurses reed by the DON/designer ensure medications are administered per physicorder without document omissions on the MAR of the DON/designer ensure medications are administered per physicorder without document omissions on the MAR of the DON/designer ensure medications are administered per physicorder without document omissions on the MAR of the DON/designer ensure medications are administered per physicorder without document omissions on the MAR of the DON/designer ensure medications are administered per physicorder without document omissions on the MAR of the DON/designer ensure medications are administered per physicorder without document omissions on the MAR of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medications are administered per physicorder without document of the DON/designer ensure medication and the DON/designer ensure physicorder without documen	ee to s cian nentation R. ducated e to Ds) are cian entation R. ducated to ian entation cucated to e ician ntation	

Further review of the April 2018 documented,

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		495362	B. WING		R-C 04/19/2018
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE .
ASHLAN	ID NURSING AND REI	ABILITATION		906 THOMPSON STREET ASHLAND, VA 23005	
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	apply bacitrican (sic gauze pad) until her 3/29/18. The nurses was completed. There was no documphysician order for the #201's April 2018, The april 2018, The april 2018, The An interview was computed to an additional elbow area, LPI cream on it. I'll show treatment cart and the betamethazone dirpsome of this on a gas when asked if she pure LPN #2 stated, "No. had the medication asize gauze she used two inch by two-inch review the treatment right armpit wound addin't follow that one one I used." When a sked if she horder, LPN #2 stated when asked if she horder, LPN #2 stated on 4/18/18 at 5:00 pmember) #1, the addirector of nursing with findings at that time.	oit with soap + water pat dry (a) and place AB pad (large soft aled." The start date was a signed off that the treatment (b) mented evidence of the 4/9/18 (c) the bactroban on Resident (c) AR. (c) the bactroban on Resident (d) the the treatment (d) the bactroban on Resident (d) the the treatment (d) t	{F 68	4. DON/designee to completed per physicorder without documents of the completed per physicorder without documents weekly x 4 weeks, the weekly and PRN as DON/designee to completed per physicorder without documents of the completed per physicorder without documents of the completed per physicorder without documents weekly x 4 weeks, the weekly and PRN as DON/designee to completed per physicorder without documents of the completed per physicorder without documents weekly x 2 weekly x 4 weeks, the weekly and PRN as DON/designee to complete to comple	chrough deeting to deeting to deeting to deeting to deeting to deeks, 3x deeks, 3x deeting to deeti

Review of the facility's policy titled, "Physician Orders" did not specifically address following the

ensure residents medications

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		T TO OLIVIOLO	·			OMB NO. 0938-0391
	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495362	B. WING			R-C 04/19/2018
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION				906 T	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET ILAND, VA 23005	1 04/13/2010
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{F 684}	Patricia A. Potter ar Inc.; Page 419. "The directing medical troobligated to follow publicated to formation to follow publicated to formation to follow publicated to formation to follow publicated t	of Nursing" 6th edition, 2005; and Anne Griffin Perry; Mosby, the physician is responsible for eatment. Nurses are oblysician's orders unless they are in error or would harm on was provided prior to exit. NE dirpriop Betamethasone in (Augmented), 0.05% is a obsteroid indicated for relief of ad pruritic manifestations of insive dermatoses in patients. This information was inh.gov/dailymed/druglnfo.cfb3c1-571f-e054-00144ff8d46 ents infections in minor cuts, his information was obtained in nih.gov/pubmedhealth/PMH details irocin is a topically used in of Pseudomonas hown excellent activity e staphylococci and tibiotic is used primarily for nary and secondary skin ctions, and wound healing.	{F 6	34}	are administered physician order documentation of the MAR 5 time weeks, 3x weekly indicated. Findings to be r QAPI committed updated as indice monitoring schebased on finding. 5. Date of Compli	without omissions on s weekly x 2 ly x 4 weeks, and PRN as reported to e monthly and ated. Quality dule modified gs.

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	CARE & MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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{F 684} Continued Fro	m page 28	{F 68	34}	
Partial-thickne Partial-thickne dermis. The wi moist, and may ruptured serun visible and dee Granulation tis present. These adverse microse the pelvis and should not be u associated skin incontinence as intertriginous d related skin inju (skin tears, bur was obtained fi http://www.npus	and - Stage 2 Pressure Injury: ss skin loss with exposed dermis ss loss of skin with exposed ound bed is viable, pink or red, y also present as an intact or n-filled blister. Adipose (fat) is not exper tissues are not visible. Sue, slough and eschar are not a injuries commonly result from climate and shear in the skin over shear in the heel. This stage used to describe moisture a damage (MASD) including esociated dermatitis (IAD), ermatitis (ITD), medical adhesive try (MARSI), or traumatic wounds ns, abrasions). This information from: ap.org/resources/educational-and-es/npuap-pressure-injury-stages/			
order for admin	taff failed to follow the physician's istering PPD skin test (purified ve (1)) a skin test for Resident			
2/2/18 and read that included bu	was admitted to the facility on Imitted on 2/26/18 with diagnoses It were not limited to: irregular etes and high blood pressure.			
admission asse (assessment re the resident as	t MDS (minimum data set), an ssment, with an ARD ference date) of 2/13/18 coded being severely impaired resident was coded as requiring			

assistance from staff for all activities of daily

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		William International Property Control			D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DA	ATE SURVEY DMPLETED
		495362	B. WING	***************************************		l l	R-C 4/19/2018
	PROVIDER OR SUPPLIER O NURSING AND REI	HABILITATION		906 T	ET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET LAND, VA 23005	:	#175/Z010
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{F 684}	Continued From pa		{F 68	34}			
	Review of the physi documented, "PPD repeat in 7 days."	ician's orders dated 4/16/18 [1], read in 72 hours and					
	administration record box was drawn aroundicating the PPD	2018 MAR (medication rd) documented, "PPD." A und the date of 4/16/18 was to be administered on s no evidence that the PPD ordered.					. ,
	p.m. with LPN (licer resident's nurse. Whox on the MAR medone." Let me go of that the PPD had be this writer went into checked his arms. Inothing there. I'll ha	onducted on 418/18 at 4:00 ased practical nurse) #2, the hen asked what the empty eant, LPN #2 stated, "It wasn't neck his arms (for evidence een implanted). LPN #2 and Resident #206's room and LPN #2 stated, "No, there's ve to get a clarification order." buld have been administered stated yes.					* ~ '
	p.m. with RN (regist manager and the nu When asked when t administered, RN #2 taken in the morning anytime." When ask	nducted on 4/18/18 at 4:10 ered nurse) #2, the unit urse who wrote the order. The PPD should have been 2 stated, "That order was g. It could have been given ed when a PPD would not be 2 stated, "We always have it					
	On 4/18/18 at 5:00 p administrator and AS	o.m. ASM #1, the SM #2, the director of nursing					The control of the co

were made aware of the findings.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE	
		495362	B. WING	-		R-1	
	PROVIDER OR SUPPLIER ID NURSING AND REF	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005	04/1	9/2018
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	1. PPD TUBERSO Protein Derivative (I diagnosis of tubercu persons at increase disease. This inform https://dailymed.nlm gXsl.cfm?setid=a4a 2c36bfcd 3. The facility staff for orders and provide a #210's arterial woun Resident #210 was 10/3/16 with diagnos limited to chronic kid pressure, psychotic type two diabetes m nervous system discrecent MDS (minimulassessment with an date) of 2/17/18. Rebeing cognitively into decisions scoring 14 Interview for Mental #210 was coded as a assistance from one most ADLS (activities) Review of Resident a dated 4/16/18 docum Wound (1) of the left evaluationPrimary once daily for 30 day	on was provided prior to exit. DL, Tuberculin Purified Mantoux), is indicated to aid alosis infection (TB) in drisk of developing active nation was obtained from unih.gov/dailymed/fda/fdaDru 732e9-b8ee-4e6d-8b9a-6a9d ailed to follow physician's a daily treatment to Resident don 4/17/18. admitted to the facility on ses that included but were not liney disease, high blood disorder with hallucinations, ellitus, and peripheral order. Resident #210's most um data set) was a quarterly ARD (assessment reference esident #210 was coded as act in the ability to make daily out of 15 on the BIMS (Brief Status) exam. Resident as requiring extensive to two staff members with as of daily living). #210's wound care note mented the following: "Arterial cressing (s): Santyl (2) apply s. Secondary dressing: Dry pply once daily for 30 days.	{F 6	34};			

Polyneuropathy in diabetes, diabetes mellitus -type two."

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CENTE	13 FUN WEDICARE	& WEDICAID SERVICES			(<u>)MB NO. 0938-</u>	0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		ONSTRUCTION	(X3) DATE SURVE COMPLETED	
		495362	B. WING	;		R-C 04/19/201	18
NAME OF	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
ASHLAN	D NURSING AND REI	HARILITATION		906	THOMPSON STREET		
AOTIEA	D HOROMO AND RE	TABLETATION		ASH	ILAND, VA 23005		
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{F 684}	Continued From pa	ge 31	{F 6	84}			
	revealed the followi santyl once daily for	#210's clinical record ng order dated 4/16/18: "apply r 30 days to the left second rial wound of the left second				÷ .	
	(treatment administ missing signature o	#210's April 2018 TAR ration record) revealed a hole; n 4/17/18, indicating that that empleted that day on 7-3 shift.	: .				
	10/26/17 and revise part, the following: "	#210's care plan dated d on 4/16/18 documented in 4/5/18 non pressure area on erventions: Administer ed and monitor				•	And the state of t
	conducted with LPN LPN #1 was asked in Resident #210's dressing to the following date "4/16/"That hasn't been chit." When asked if Lishift on 4/17/18, LPN When asked who was dressings, LPN #1 sto the resident that sasked why he did not dressing on 4/17/18, with the sasked why he did not dressing on 4/17/18, with the resident that sasked why he did not dressing on 4/17/18, with the resident that sasked why he did not dressing on 4/17/18, with the resident that sasked why he did not dressing on 4/17/18, with the resident that sasked why he did not dressing on 4/17/18, with the resident that the resident that sasked why he did not dressing on 4/17/18, with the resident that the resident tha	o.m., an interview was (licensed practical nurse) #1. If he could show this writer ssing to her foot. Resident her left foot documented the left. Resident #210 stated, hanged since the doctor saw PN #1 had worked the 7-3 N #1 stated that he did. The as responsible for changing that the the nurse assigned that the nurse assigned that the nurse assigned that the her left was responsible. When the change Resident #210's LPN #1 stated he was his shift. LPN #1 stated her left was not the unit.					
		.m., ASM (administrative e administrator, ASM #2, the					-

DON (Director of Nursing) were made aware of

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CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
ASHLAN	D NURSING AND REI	HABILITATION		906 THOMPSON STREET ASHLAND, VA 23005		
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{F 684}	Continued From pa the above concerns	=	{F 68	4}		
	The facility policy titled, "Physician Orders," did not address the above concerns. No further information was presented prior to exit.				**	
	Patricia A. Potter ar Inc; Page 419. "Th directing medical tre obligated to follow p believe the orders a clients. Therefore a one is found to be a	of Nursing" 6th edition, 2005; and Anne Griffin Perry; Mosby, ee physician is responsible for eatment. Nurses are obysician's orders unless they are in error or would harm all orders must be assessed if erroneous or harmful further ee physician is necessary"				
	inadequate perfusion tissue at rest. Arteriamong smokers, dialead to claudication addition to localized was obtained from Health.	(ulcers) occur because of on of skin and subcutaneous al occlusive disease, common abetics and the elderly, can, rest pain and gangrene, in ulceration. This information The National Institutes of n.nih.gov/pubmed/8716033.				
	active enzymatic the removes necrotic tis microscopic level. bed of microscopic granulation to proce	nent is an FDA-approved erapy that continuously esue from wounds at the This works to free the wound cellular debris, allowing eed and epithelialization to tion was obtained from:				

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

Event ID: 727W13

Facility ID: VA0008

If continuation sheet Page 33 of 33





COMMONWEALTH of VIRGINIA

Department of Health

Marissa J. Levine, MD, MPH, FAAFP State Health Commissioner

Office of Licensure and Certification

TYY 7-1-1 OR 1-800-828-1120 9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485 Fax (804) 527-4502

April 26, 2018

Ms. Elizabeth Price, Administrator Ashland Nursing And Rehabilitation 906 Thompson Street Ashland, VA 23005

RE:

Ashland Nursing And Rehabilitation

Provider Number 495362

Dear Ms. Price:

Based on deficiencies cited during the survey ending January 16, 2018, your facility was found not to be in compliance with Federal participation requirements for the long term care Medicare and/or Medicaid programs. On April 19, 2018, surveyors from the Virginia Department of Health's Office of Licensure and Certification conducted an unannounced second revisit to verify that your facility had achieved and maintained compliance for deficiencies cited during the previous survey. No complaints were investigated during the survey.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Survey Results

The survey findings are reflected on the enclosed Statement of Isolated Deficiencies ("A" Form) and/or the Statement of Deficiencies and Plan of Correction (CMS-2567) and/or the Post-Certification Revisit Report (CMS-2567).

DIRECTOR (804) 367-2107

(804) 367-7104

COPN (804) 367-2126 VDH PIRGINIA DEPARTMENT PROPERTY IN THE PROPER

COMPLAINTS 1-800-955-1819 LONG TERM CARE

Ms. Elizabeth Price, Administrator April 26, 2018 Page 2

All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g) of the Federal requirements, the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

We had presumed, based on your allegation of compliance, that your facility was in substantial compliance. The April 19, 2018, revisit established the facility continues noncompliance with program requirements, including an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy (S/S of D), as evidenced by the attached CMS-2567L, whereby corrections are required.

Plan of Correction (PoC)

A PoC is not required for deficiencies cited on the Statement of Isolated Deficiencies, "A" Form. Nevertheless, the facility is expected to address and correct all areas of concern noted on this form.

Unless specifically otherwise indicated, a PoC for all certification and licensure deficiencies cited on the Statement of Deficiencies and Plan of Correction (CMS-2567) <u>must be submitted within ten (10) calendar days of receipt of these survey findings</u> to Wietske G. Weigel-Delano, LTC Supervisor, at: Office of Licensure and Certification, Division of Long Term Care Services, 9960 Mayland Drive, Suite 401, Richmond, Virginia 23233. If you are participating in ePOC, please submit your Plan of Correction through the ePOC website.

To be considered acceptable, the PoC must:

- 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and
- 5. Include dates when the corrective action will be completed. (The "outside" date by which all corrections must be made is the 45th calendar day after the survey ended.)

The PoC will serve as the facility's allegation of compliance. If an acceptable plan is not submitted, the State Survey Agency may propose to the Center for Medicare and Medicaid Services (CMS) Regional Office and/or the State Medicaid agency that remedies be imposed immediately within applicable notice requirements.

Ms. Elizabeth Price, Administrator April 26, 2018 Page 3

Informal Dispute Resolution

Following the receipt and review of your survey report, please contact the assigned supervisor to attempt to resolve any problems or concerns you may have about the citations. If those concerns are not resolved, in accordance with §488.331, you have one opportunity to question cited federal certification deficiencies through Informal Dispute Resolution Process, which may http://www.vdh.state.va.us/OLC/longtermcare/ To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: Director, Division of Long Term Care, Office of Licensure and Certification, 9960 Mayland Drive, Suite 401, Richmond, Virginia 23233. To be considered, the IDR request must follow the IDR guidelines and be received at the Office within 10 calendar days of your receipt of the enclosed survey findings. An incomplete informal dispute resolution process will not delay the effective date of the imposition of any enforcement actions.

In regards to previously listed potential remedies, by copy of this letter we are notifying the Centers for Medicare and Medicaid Services (CMS) Regional Office and the State Medicaid Agency (DMAS) that this revisit found your facility was not in in substantial compliance with the participation requirements.

Recommended Remedies

The results of the January 16, 2018 survey were forwarded to you under the January 30, 2018, initial letter. At that time, we indicated several remedies could be imposed by the Centers for Medicare and Medicaid Services (CMS) Regional Office and the State Medicaid Agency (Virginia Department of Medical Assistance Services) if compliance was not achieved. We are, by copy of this letter, notifying the CMS Regional Office and Virginia DMAS that the facility had not achieved compliance with program requirements at the time of the second April 19, 2018, revisit. Those agencies will notify you about any remedy they intend to impose.

Please be advised: The facility must maintain compliance with both the Health and the Life Safety Code requirements in order to continue provider certification.

Survey Response Form

The Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at: http://www.vdh.virginia.gov/OLC/Downloadables/documents/2011/pdf/LTC%20facility%20survey%20response%20form.pdf We will appreciate your participation.

If you have any questions concerning the content of this letter, please contact me at 804/367-2100.

Sincerely, Muls W C) Wagel

Wietske G. Weigel-Delano, LTC Supervisor

Division of Long Term Care Services

Enclosures

cc: Roxanne Rocco, Centers For Medicare & Medicaid Services

Joani Latimer, State Ombudsman

Bertha Ventura, Dmas (Sent Electronically)