State of	Virginia					101	I ZIVI ZAL I	TKOV	
STATEMEN AND PLAN (TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		49533	0	B. WING			07/27/2017		
NAME OF	PROVIDER OR SUPPLIER			DDRESS, CIT	Y, STATE, ZIP CODE	1 07	121120	1/	
CARRIN	GTON PLACE OF CH	ESAPEAKE	1017 GE CHESAP	EORGE WASHINGTON HIGHWAY NORTH PEAKE, VA 23323					
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F 000	Initial Comments			F 000					
	Inspection was cor 7/28/17. Four com Significant correction with the Virginia Rubicensure of Nursin The census in this time of the survey of 21 current reside through #19, and #4	120 bed facility was The survey sample ent reviews (Resider 34, #35). in compliance with ules and Regulation	ugh gated. compliance for the 105 at the consisted ats #1	AV.	F000 This plan of correction constitutes Credible Allegation of Compliance Preparation/or execution of this Pl Correction does not constitute adnagreement by the provider of the c set forth in the statement of deficie The Plan of Correction is prepared executed solely because it is requir provision of federal and state laws.	e. lan of hission or conclusion encies, and/or) :		
F 001	Non Compliance			F 001	F001				
The state of the s	The facility was out following state licen	of compliance with sure requirements:	the		Plan of Correction includes cross refeto state licensure requirements:	erences	to a service of Andrea and Andreas & Andreas		
	12 VAC 5-371-140 (is RULE: is not met as evidenced by: VAC 5-371-140 (D)(15.d) Dignity and Ré			12 VAC 5-371-140(D) (15.d) Dignity Respect F241	y and			
	Please Cross-Refer	ence to F-241	one con		12 VAC 5-371-270A. Social Services	s F250	1		
		AC 5-371-270A. Social Services se Cross Reference to F250.			12 VAC 5-371-300 (A, B) Pharmacy Services F425 and F431	, w		e Pig.	
	12 VAC 5-371-300 (, Please Cross Refere	A,B) Pharmacy Servence to F425 and F4	vices 131		12 VAC 5-371-250 (A, F, I, G). Resid Assessment and Care Planning F278 a F280.	lent I			
9	12 VAC 5-371-250 (/ Assessment and Ca Please Cross-Refere	re Planning	280.		12 VAC 5-371-370 (A, E). Maintenan Housekeeping F323 and F469.	ce and			
1			:	í	12 VAC 5-371-220 (B, C, 1). Nursing Services F314 and F309.				
C a	12 VAO 5-371,370 (A Housekeeping	4, E). Maintenance	and		12 VAC 5-371-360 (E.4). Clinical Rec F514.	ords			
RATORA	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENT	ATIVE'S SIGN.	ATURE	THILE		(X6) DATE	J	

STATEFORM

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PRINTED: 08/10/2017 FORM APPROVED

State of Virginia (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING _ 495330 B. WING 07/27/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARRINGTON PLACE OF CHESAPEAKE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 001 Continued From Page 1 F 001 Please Cross-Reference to F323 and F-469. 12 VAC 5-371-220 (B,C.1) Nursing Services Please Cross Reference to F314 and F309 12 VAC 5-371-360 (E.4). Clinical Records Please Cross-Reference to F514

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NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A 95330 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMMETCED TO THE APPROPRIATE DEFICIENCY)	
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F 000 INITIAL COMMENTS F 000	(X5) COMPLETION DATE
F000	
An unannounced Medicare/Medicaid standard	
survey was conducted 7/25/17 through 7/27/17. Four complaints were investigated. Significant This plan of correction constitutes our Credible Allegation of Compliance.	
corrections are required for compliance with the	
following 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code Preparation/or execution of this Plan of Correction does not constitute admission or	
survey/report will follow. agreement by the provider of the conclusion	
set forth in the statement of deficiencies.	
The census in this 120 certified bed facility was 105 at the time of the survey. The survey sample The Plan of Correction is prepared and/or executed solely because it is required by the	
105 at the time of the survey. The survey sample consisted of 35 residents, 21 current Resident provision of federal and state laws.	
reviews (Resident #1 through #19, and	
#34, #35) and 14 closed record reviews (Resident	
#20 through #33). 159 483.10(f)(10)(i)-(iv) FACILITY MANAGEMENT OF F 159	
SS=D PERSONAL FUNDS	
(f)(10)(i)If a resident chooses to deposit	
personal funds with the facility, upon written	
authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold,	
safeguard, manage, and account for the personal	
funds of the resident deposited with the facility, as	
specified in this section.	
(f)(10)(ii) Deposit of Funds.	
(A) In general: Except as set out in paragraph (f)	
(I0)(ii)(B) of this section, the facility must deposit	
any residents' personal funds in excess of \$100 in an interest bearing account (or accounts) that is	
the first to an antique	
accounts, and that credits all interest earned on	
resident's funds to that account. (In pooled	
accounts, there must be a separate decounting	
maintain a resident's personal funds that do not	
exceed \$100 in/a non-interest bearing account,	
ABORATORY DRECTORY OR PROVIDER'S INPLIER REPRESENTATIVE'S SIGNATURE	117

A sliciency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that or 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.

MAIL OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE STREET ADDRESS, CITY, STATE, 7JE CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323 STREET ADDRESS, CITY, STATE, 7JE CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323 FF 159 Continued From page 1 interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the resident's personal funds in excess of \$50 in an interest bearing account, for pootunits) that is separate from any of the facility so operating accounts, and that credits all interest earned on resident's funds to that alcount, (In pooted accounts, there must be a separate accounting and records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the tacility on the resident's behalf. (B) The system must preclude any commingting of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. (X) (10)(N) Notice of certain balances. The facility must notify oach resident that receives Medicaid benefits. (A) When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act, and		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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TAG RECULATORY OR LSC IDENTIFYING INFORMATION) F 159 Continued From page 1 interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the resident's personal funds in excess of \$50 in an interest bearing account, and that redits all interest earned on resident's funds to that account. (In pooled accounts, and that redits all interest earned on resident's funds that do not exceed \$50 in a noninterest bearing account, interest bearing account, interest-bearing account, or petty cash fund. (f)(10)(iii) Accounting and records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting principles, of each resident's personal funds entrusted to the facility on the resident funds with facility funds or with the funds of any person other than another resident. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. (f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits. (A) When the amount in the resident's account reaches \$200 less than the \$SI resource limit for one person, specified in section 1611(a)(3/18) of				STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH					
interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed \$50 in a noninterest bearing account, interest-bearing account, or petty cash fund. (f)(10)(iii) Accounting and records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. (f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits. (A) When the amount in the resident's account reaches \$200 less than the \$\$SI resource limit for one person, specified in section 1811(4)(3)(R) of	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	1	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION	
		(B) Residents whose The facility must defunds in excess of account (or account the facility's operating all interest earned of account. (In pooled separate accounting The facility must man not exceed \$50 in a sinterest-bearing account. (In pooled separate accounting The facility must man of exceed \$50 in a sinterest-bearing account (f)(10)(iii) Accounting (A) The facility must system that assures separate accounting accepted accounting accepted accounting personal funds entruresident's behalf. (B) The system must funds of any person (C)The individual finds action accepted accounting the funds of any person (f)(10)(iv) Notice of comust notify each residentits—(A) When the amount eaches \$200 less the one person, specified	se care is funded by Medicaid: sposit the residents' personal \$50 in an interest bearing ts) that is separate from any of accounts, and that credits on resident's funds to that accounts, there must be a g for each resident's share.) aintain personal funds that do noninterest bearing account, count, or petty cash fund. If and records. It establish and maintain a sa full and complete and g, according to generally g principles, of each resident's susted to the facility on the stablish and maintain a sa full and complete and g, according to generally g principles, of each resident's susted to the facility on the stable that another resident. If preclude any commingling h facility funds or with the other than another resident. In ancial record must be dent through quarterly in request. It establishes a facility in the resident's account that the SSI resource limit for		159				

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C 07/27/2017

495330

IDENTIFICATION NUMBER

(X1) PROVIDER/SUPPLIER/CLIA

B. WING

(X2) MULTIPLE CONSTRUCTION

A BUILDING

NAME OF PROVIDER OR SUPPLIER

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

NAME OF PROVI	DER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
CARRINGTON	N PLACE OF CHESAPEAKE	3	1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
(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)	(XS) COMPLETION DATE			
(B) to the resource of the person resource of the persource of the person residue of the persource of the person residue of the person resi	That, if the amount in the account, in addition be value of the resident's other nonexempt burces, reaches the SSI resource limit for one son, the resident may lose eligibility for licaid or SSI. REQUIREMENT is not met as evidenced led on resident interview, staff interview, ty documentation review, clinical record lew, and in the course of a complaint stigation, the facility staff failed to ensure dents had access to funds available during led hours for 1 Resident (Resident #34) of 35 dents in the survey sample. Sindings included: Indings included: Indi	F 159	 Resident #34 received funds requested from resident fund account. Residents who have active resident account funds have the potential to be affected. Staff who are assigned to receptionist duty will be in-serviced on notifying residents when banking hours change. The BOM/designee will monitor resident funds availability 3xs a week for 30 days, then 2xs a week for 30 days. Results of audits will be reported to QAPI committee for recommendations. A.O.C. 9/06/17 				

	S FOR MEDICAR! DE DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING		1	С	
		495330	B. WING		710,000	07/27/2017		
	ROVIDER OR SUPPLIER			1017	ET ADDRESS, CITY, STATE, ZIP COD GEORGE WASHINGTON HIGHWA ESAPEAKE, VA 23323			
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1				150			# · · · · · · · · · · · · · · · · · · ·	
F 159	was coded to regu	page 3 sonal hygiene. Resident #34 uire extensive assistance with assistance for toilet use and	F .	159				
	7/26/17 at approx verbalized by Res (Sunday) at appro obtain money from stated that he ask the Front Lobby I person with the k Resident #34 sta hours at the Busi 8:00 p.m. and ask (Assistant Director assist. Resident that she could no and that he woul	erviewed Resident #34 on imately 5:27 p.m One concern sident #34 was that on 7/23/17 eximately 6:00 p.m. he went to m his account. Resident #34 ked the Receptionist sitting at Desk and was told that the ey to the safe left earlier. Ited that he pointed to the posted ness Office Door of 8:00 a.m. to sked for his money. The ADON or of Nursing) #3 was called to #34 stated that the ADON said of get the code or key to the safe d have to wait until Monday int #34 stated that he wanted the ake out food as he was not facility food.						
	The ADON was interviewed on 7/27/17 at approximately 10:30 a.m. She stated when asked about Resident #34's attempts to obtain his money on 7/23/17, that his statement is correct. He was not able to obtain his money as the person with the key had left the facility early.			100 AND WINDOWS BUILDING BOOKS & CHINADAS AND				
	Office door that	rved posted at the Business listed times available: 8 a.m. to 8	3					
	p.m.			i				
	findings during a	inistration was informed of the a briefing on 7/27/17 at :15 p.m. The facility did not her information about the findings	S.	:			pot Page 4 of 1	

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	CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ND PLAN O	FICORRECTION	IDENTIFICATION NUMBER:	A. BUILC	ING _		С		
lter		495330	B. WING			07/2	27/2017	
	PROVIDER OR SUPPLIER	ESAPEAKE		10	TREET ADDRESS, CITY, STATE, ZIP CODE 017 GEORGE WASHINGTON HIGHWAY NO HESAPEAKE, VA 23323	RTH		
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F 159	Continued From page	age 4	F	159				
	DEFINITIONS							
	Heart failure is a c	Medline plus documented: ondition in which the heart can't od to meet the body's needs.						
	(2) Benign Prostatic H documented: The pro helps make semen, th The prostate surround	ic Hyperplasia: Medline plus prostate is a gland in men. It n, the fluid that contains sperm. Dunds the tube that carries urines men age, their prostate grows to large, it can cause problems.						
	documented: Bip illness. People whood changes. Tand active to very inactive, and then normal moods in	sion/Bipolar: Medline plus olar disorder is a serious mental to have it go through unusual hey go from very happy, "up," sad and hopeless, "down," and back again. They often have between. The up feeling is a down feeling is depression.						
	Medline Plus doc obstructive pulmo you to breathe. The bronchitis and em COPD is long-ter	uctive Pulmonary Disease: umented: COPD (chronic onary disease) makes it hard for he two main types are chronic aphysema. The main cause of m exposure to substances that ge the lungs. This is usually Air pollution, chemical fumes, or use it.			•			
	your body does n	e II: Medline Plus documented: ot make or use insulin well. nsulin, the glucose stays in your	- Address of the state of the st					



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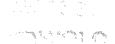
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TATEMENT ND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		495330	B. WING		REET ADDRESS, CITY, STATE, ZIP CODE	07/2	27/2017
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F 159	disorder of your hat your heart be with an irregular promote from problems in heart. (7) Cellulitis: Cell and deep underly (streptococcal) be cause. The bacter get an injury such or wound. 483.10(a)(1) DIG INDIVIDUALITY (a)(1) A facility man resident in a man promotes mainted her quality of life individuality. The promote the right This REQUIREM by: Based on observe record review and facility staff failed wound dressing the survey samp. The facility staff Resident #6 by I on the resident to The findings incompleted.	rillator: An arrhythmia is any heart rate or rhythm. It means eats too quickly, too slowly, or pattern. Most arrhythmias result the electrical system of the lulitis is an infection of the skin ying tissues. Group A strep acteria are the most common eria enter your body when you has a bruise, burn, surgical cut, in an an environment that enance or enhancement of his or recognizing each resident's efacility must protect and the resident. MENT is not met as evidenced evation, staff interview, clinical and facility document review, the domination dignity during a change for 1 of 35 residents in olle, Resident #6. failed to maintain dignity for abeling the wound dressing while with date and initials.	F	241	 Resident #6 treatments were administered appropriately with and dignity honored. Residents with pressure injurie require treatment administratio the potential to be affected. Facility licensed nurses will be serviced on the policy and procappropriate dressing change. The DON/designee will audit of changes by licensed nurses 3xs for 30 days, then 2xs a week for days. Results of audits will be report QAPI committee for recomme A.O.C. 9/06/17. 	s and n have in- cedure of dressing s a week or 30	
	by: Based on obser record review ar facility staff failed wound dressing the survey samp. The facility staff Resident #6 by lon the resident. The findings inc.	vation, staff interview, clinical and facility document review, the document facile for a maintain dignity for abeling the wound dressing while with date and initials.		Fa	the potential to be affected. 3. Facility licensed nurses will be serviced on the policy and procappropriate dressing change. 4. The DON/designee will audit of changes by licensed nurses 3xs for 30 days, then 2xs a week for days. 5. Results of audits will be report QAPI committee for recomme	in- dress a vor 3	ure of ssing week 0 to ations.

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			C			
		495330	B. WING	, J		07/27/2017			
	PROVIDER OR SUPPLIER			STF 101	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
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F 241	limited to, Type artidepression. The most recent M assessment refere Resident #6 with a on the Brief Intervisindicating Residen decision making at On 7/26/17 at 2:15 LPN (Licensed Prawound dressing chon the right heel at the procedure for twashed hands; Prepared supplies Assessed Resider Cleaned and disint Placed barrier on twashed hands; Applied clean pair Removed soiled w Assessed the wou Removed soiled gwashed hands; Applied a clean pact Cleansed the wou Removed soiled gwashed hands; Applied clean pair Applied (Brand na Placed adhesive ta Labeled the adhes on the resident. Washed hands.	ident #6 included but not hritis, high blood pressure and hoce date of 7/18/17, coded score of 15 out of possible 15 ew for Mental Status (BIMS), the for Mental Status (BIMS), the surveyor observed actical Nurse) #2 perform a hange on Resident #6's wounds had left heel. LPN #2 performed he left heel wound as follows: The for pain; fected overbed table; he overbed table; hor of gloves;		241					
	LPN #2 repeated t	the same procedure for the							

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323					
CARRING			l ID	1	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
(X4) ID PREFIX TAG	(EACH DEEICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAC	IX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	COMPLETION DATE	
F 241	right heel wound be adhesive tape prior labeled adhesive to dressing. LPN #2 in tape with her initials on applied on Reside proper procedure dressing prior to a asked what the proper procedure dressing prior to a asked what the proper procedure for would have a seen on 7/27/17 at 9:50 Nursing) was asked procedure for would have a seen on the resident." In proper procedure to a resident's seen on 7/27/17, the management of the left heel and the right heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel, bot on 7/26/27 at any tape of the left heel and the right heel, bot on 7/26/27 at any tape of the left heel and the right heel, bot on 7/26/27 at any tape of the left heel and the right heel, bot on 7/26/27 at any tape of the right heel.	ut this time she dated the r to application; she placed the ape on the right heel wound missed labeling the adhesive is, so she took a marker and in the dressing that had been not #6's wound. She missed the twice for labeling the wound pplication. When LPN #2 was oper procedure was for labeling g, she stated, "Label before ing." Doam, the DON (Director of led regarding the proper and dressing change and in particular, and she replied, g before you apply; do not label when asked why this was the she stated, "It may cause injuries itive skinIt is a dignity issue" to stage 3 pressure wound of a Stage 3 pressure wound of had improved.	y	241				
	was reviewed. The follows, "Purpose is to provide guid clean, dressings.	dure titled, "Dressing, Dry/Clean he policy stated, in part, as in the purpose of this procedure elines for the application of dry, Steps in the Procedure: 1. and. Establish a clean field 10. ssing with date, time and initials eld"						



F 241 Continued From The Administrat	CHESAPEAKE STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	B. WINGS ID PREFIX TAG	O'STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	MPLETED C 7/27/2017 (X5) COMPLETION DATE
(X4) ID SUMMARY PREFIX TAG (EACH DEFICIE REGULATORY CONTINUED FROM The Administrat made aware of	ER CHESAPEAKE STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) I page 8 or, DON and Corporate VP were these findings on 7/27/17 at	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION
(X4) ID SUMMARY PREFIX (EACH DEFICIE REGULATORY CO F 241 Continued From The Administrat made aware of	ER CHESAPEAKE STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) I page 8 or, DON and Corporate VP were these findings on 7/27/17 at	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION
(X4) ID SUMMARY PREFIX (EACH DEFICIE REGULATORY C F 241 Continued From The Administrat	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) I page 8 or, DON and Corporate VP were these findings on 7/27/17 at	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION
F 241 Continued From The Administrat	or, DON and Corporate VP were these findings on 7/27/17 at			
was provided. 483.40(d) PROV SS=E (d) The facility of social services practicable phywell-being of earthis REQUIRE by: Based on clinic staff and resided documentation provide medical or maintain the psychosocial we (Resident #17) The facility failed needs of Resident support services community. The findings in 1. Resident #1 diagnosis that Intellectual Districtions.	nust provide medically-related to attain or maintain the highest sical, mental and psychosocial ach resident. MENT is not met as evidenced cal record review, observations, ant interview, and facility review, the facility staff failed to lly-related social services to attain highest practical mental and ell-being for 1 of 35 residents in the survey sample. The detect of the potential cutside services to include Day and or integration into the clude: The was admitted on 3/12/15 with included but not limited to Mild		1. Resident #17 plan was developed to address supportive community services available for resident. Resident was presented with options and accepted exercise Zumba classes. 2. Residents who have a diagnosis of MR/ID that reside in the facility have the potential to be affected. 3. Facility DON, social worker and MDS coordinators in-serviced on PASRR significance and facility responsibility to resident who are assessed at level 2. 4. The SS director/designee will monitor PASRR assessments, recommendation and follow up needed 3xs a week for 3 days, then 2xs a week for 30 days. 5. Results of audits will be reported to QAPI committee for recommendation A.O.C. 9/06/17.	60
which did not a	assess Resident #17 with the 0, thus subsequent prompted not completed, A1510 and A1550		Facility ID: VA0043 If continuation st	



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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE C		(X3) DATE SURVEY COMPLETED			
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER	A. BUILD	ING		C	
• .		495330	B. WING	;		1	/27/2017
NAME OF E	PROVIDER OR SUPPLIER			1	EET ADDRESS, CITY, STATE, ZIP CODE		
				1	GEORGE WASHINGTON HIGHWAY	Y NORTH	
CARRING	GTON PLACE OF CH	IESAPEAKE		CHE	ESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEEICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 250	(Admissions, Ann	age 9 MDS assessments uals and Quarterlies) from the dmission to the current one, did	F	250			
	not assess the research resident was a possible 15 on the Status (BIMS). The	sident with the diagnosis of ID. coded with a score of 15 out of the Brief Interview for Mental the resident had no behavioral or nor did he refuse care.		1			
	7/21/17 identified mentally challeng	revised care plan dated the resident was verbally and ed but did not identify any ted services to be provided el II screening 8/24/16.	:	ALVO MARKANI V PRO			
	Administrator for Screening and Reapplicable Level I	0 p.m., when asked of the all PASRR (Preadmission esident Review) Level I, and if I screenings based on Resident ID, he stated he was not aware eyor was asking for or the cch screenings.					
	documents led to Coordinator and on 7/27/17 at 12: and level II scree from the resident PASRR identified cerebral palsy as	the request for the PASRR the Medical Records Director of Social Work (DSW) 30 p.m. who presented all level I nings. All of them were obtained s' purged chart. The Level II I the resident had mild ID and a related condition. The s dated 8/24/16 indicated the					
	resident could be of lesser intensity care and service indicated the followangement is a supportive service.	enefit services in the community y, referring to just nursing home s. The recommendations owing: "Targeted case recommended to connect with tes and explore the potential for community, should he and his			-		

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AUG 22 2017
VDHVOLG

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1, ,	IPLE CONSTRUCTION NG	COMPLETED
		495330	B. WING _		C 07/27/2017
	PROVIDER OR SUPPLIER GTON PLACE OF CH	ESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NO CHESAPEAKE, VA 23323	ORTH .
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE COMPLETION
F 250	the local Communi helpful in identifying (Resident #17's narestrictive environmerecommended in 1 that time and identineeded." Further dishe had been the Edropped the ball or Level II recommensurveyor inquiry, shad she was not to DSW, nor was it dishe stated she did A1550 of the MDS, what to do because population in the pawould do a preliminate available for the talk to the resident possible day classe Community Service resident was not or and there were no stated it was a part explore resident no outside resources fresidents. On 7/27/17 at 1:30 conducted with the (MDS) Coordinator complete the section and thought the Sections. A closer eaforementioned se	in to do so. Collaboration with the Services Board may be greatly services that may allow me) needs to be met in a less nent. A resident review is 80 days to assess his status at fy any additional supports iscussion with the DSW stated DSW a little over a year and infollowing through with the dations. She stated until ne had not seen or reviewed by Level I of Level II screening lid anything by the previous iscussed by Administration. In not complete A1500, A1510 or but she was well familiar with the entry search to see what would are resident in the community and she returned with two the sand an appointment with the entry search to see what would are sident in the community and she returned with two the sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand and appointment with the entry search to see what would be sand and appointment with the entry search to see what would be sand and appointment with the entry search to see what would be sand and appointment with the entry search to see what would be sand and appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand an appointment with the entry search to see what would be sand to search the entry search to see what would be sand to search the entry search to search the entry search to search the entr	marketing the state of the stat	50	





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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION	1''	ATE SURVEY DMPLETED	
			,		C		
		495330	B. WING		07/27/2017		
NAME OF I	PROVIDER OR SUPPLIE	R	1	STREET ADDRESS, CITY, STATE, ZIP			
				1017 GEORGE WASHINGTON HIG	HWAY NORTH		
CARRIN	GTON PLACE OF C	HESAPEAKE		CHESAPEAKE, VA 23323			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 250	Continued From p	nage 11	F 2	250		COOPERA AN INTO MANAGEMENT	
1 200		_		.00			
		d she did not know what PASRR		\$ •			
		eeded to gain education on the	1 e f	f			
		o further assess and code the it would have had some bearing					
		anning and addressing his					
		t they did not coordinate any of					
		sections for ID. She stated she				** **	
		Resident Assessment				4	
		manual to help her understand				:	
		the sections that refer to					
	PASRR.						
						mando com a m	
		6 p.m., an interview was	¢.	•			
		e Administrator, Director of					
		Corporate Administrator and					
		The Administrator and the DON					
		not familiar with PASRR and					
	would have to res	earch the topic. They stated the level I or Level II screening					
		d not know what it was or that		· ·			
		view it. The Corporate nurse					
		ose of the PASRR is to identify					
	residents with me	ntal illness or Intellectual	, , ,				
		n the Level I screening leading					
		eening and provide any services					
		sing home that even may lead					
		the community or day support		1			
		irther stated they would start		:			
		el I and Level II assessments on					
		sure social services would	:				
		, A1510 and A1550 that would	1	•			
;		and seeking out additional				A Paragraphy	
		They stated there had not been				an manual state	
:		s to collaborate with the local					
		ce Board (CSB), nor had they				:	
	mvited this entity t	o participate in care planning.					
	On 7/26/17 at ann	proximately 3:00 p.m., the		- .		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		erved in a wheelchair. The right					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
-		495330		***************************************		0.7	C	
	PROVIDER OR SUPPLIER			1017 (ET ADDRESS, CITY, STATE, ZIP CO GEORGE WASHINGTON HIGHV SAPEAKE, VA 23323	DDE	/27/2017	
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 250	Continued From page 12 arm was in a splint and contracted in a 90 degree angle. The resident was able to actively initiate and sustain conversation. On 7/27/17 at approximately 3:45 p.m., the			250				
resident was observed in be accurate historian of how he clothes and where he partici programing before he was in admitted to the nursing hom name. He was able to remer worker names and stated if I numbers he would call them accurately stated where he list hospitalization and his Resider (RR). The resident called ou		ved in bed. He was an of how he use to work and fold he participated in other day he was in the hospital and was sing home, even the street to remember past CSB case stated if he had their phone call them. He further there he lived before the his Resident Representative						
	hospitalization and his Resident Representative (RR). The resident called out the names of nurses, aides, social worker and read the name off the badge of the aide that came to check on him during the interview with this surveyor. He spoke about the reason he was in the hospital due to breaking his right leg in 2015, that required a rod and physical therapy. He stated, "I would love to go out of the building and do other things, but did not know I could do anything but be here. No one here came to talk about that. I had a care			:				
	had a chance to ma	day and they didn't tell me I aybe go back to the place I other place. I won't turn down I am ready for."		·				
:	Services" dated 20"Medically related by the facility's staff maintaining or impressed their everyday physical needs. Services to include making references	and procedures titled "Social 16 indicated the following: social services are provided to assist residents in oving their ability to manage ical, mental and psychosocial meet resident's needs may rrals and obtaining services is seeking ways to support			-	1		

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495330	B. WING	Annable Colonia de Labor Ne			C / 27/2017
	PROVIDER OR SUPPLIER			1017	REET ADDRESS, CITY, STATE, ZIP CODE 7 GEORGE WASHINGTON HIGHWAY NO ESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 250	Continued From p		F 2	250			
F 278 SS=E	plan will reflect one how these needs a 483.20(g)-(j) ASSE	al needsThe resident's care going social service needs and are being addressed." ESSMENT DRDINATION/CERTIFIED	F 2	278			
	10,	ssessments. The assessment effect the resident's status.	:				
		e must conduct or coordinate with the appropriate alth professionals.					
	(i) Certification (1) A registered nu the assessment is	urse must sign and certify that completed.	The proper pages is party	:			
		I who completes a portion of the sign and certify the accuracy of assessment.	The state of the s				
	(j) Penalty for Falsi (1) Under Medicare who willfully and kr	e and Medicaid, an individual					
	resident assessme	erial and false statement in a ent is subject to a civil money e than \$1,000 for each					
:	and false statemen	r individual to certify a material int in a resident assessment is oney penalty or not more than assessment.				\$ Jac	
	(2) Clinical disagre	eement does not constitute a			3 1	2	1

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
(_*)		405220	B. WING		0.7	C
		495330	B. WING			/27/2017
NAME OF	PROVIDER OR SUPPLIE	R	1	STREET ADDRESS, CITY, STATE, ZIP COD		
CADDIN	GTON PLACE OF C	HESADEAKE	1	1017 GEORGE WASHINGTON HIGHWA	Y NORTH	
CARRIN	GION PLACE OF C	HESAFLANL	′	CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SHOOLS) CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 278	Continued From paterial and false This REQUIREMI by: Based on clinical and facility documfailed to ensure 2 #17 and #10) Minassessments acc 1. The facility staf A1500 Preadmiss Review (PASRR) assessment area A1510 and A1550 2. The facility staf Resident #10's 7/ assessment to inc Glaucoma in sect The findings inclusion. The findings inclusion in the findings inclusion in the findings inclusion in the findings inclusion. The findings inclusion in the findings in the findi	page 14 e statement. ENT is not met as evidenced record review, staff interview nentation review, the facility staff out of 35 residents (Resident imum Data Set (MDS) urately reflected their status. If failed to code Resident #17 in sion Screening and Resident which would prompt additional is that were not completed, It failed to accurately code 11/17 Significant Change MDS clude Hypertension and ion "I" Active Diagnoses. It was admitted on 3/12/15 with luded but not limited to Mild	F 2		for PASRR tion ension and the PASRR osis of ave the in- DS section ng all of ADS d active for 30 days, ted to	
	a possible 15 on t Status (BIMS). Th	he Brief Interview for Mental e resident had no behavioral or for did he refuse care.			Ψ,	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTIC		(X3) DATE SURVEY COMPLETED	
÷.		495330	B. WING			1	C /27/2017
MANE OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ANDRESS	S, CITY, STATE, ZIP CODE		/27/2017
NAME OF	PROVIDER OR SUPPLIER		1				
CARRIN	GTON PLACE OF CH	ESAPEAKE		CHESAPEAKE,	/ASHINGTON HIGHWAY , VA 23323	NORTH	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH C	IDER'S PLAN OF CORREC ORRECTIVE ACTION SHO FERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 278	Continued From pa	age 15	F 2	78			
	The most recently 7/21/17 identified to mentally challenge additional suggested based on the Leve On 7/26/17 at 2:00 Administrator for a Screening and Resapplicable Level II #17's diagnosis of of what this survey significance of such Coordinator and Dion 7/27/17 at 12:30 and level II screenifrom the residents PASRR recommental from the residents PASRR recommental for dischallenge the community of lenursing home care recommendations in Targeted case maconnect with suppopotential for dischallenge in a less restricted the community of lenursing home care recommendations in Targeted case maconnect with suppopotential for dischallenge in a less restricted the support of the length of	revised care plan dated he resident was verbally and d but did not identify any ed services to be provided I II screening 8/24/16. p.m., when asked of the II PASRR (Preadmission sident Review) Level I and if screenings, based on Resident ID, he stated he was not aware or was asking for or the h screenings. The request for the PASRR he Medical Records rector of Social Work (DSW) p.m. who presented all level I ngs. All of them were obtained purged chart. The Level II dations dated 8/24/16 ent could benefit services in esser intensity, referring to just					
	status at that time a supports needed." DSW stated she ha	and identify any additional - Further discussion with the ad been the DSW a little over a second on following through				- :	



	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED C	
. *		495330	B. WING		(07/27/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1017 GEORGE WASHINGTON HIGH CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ARAGA PEFEBENAEN TO THE	SHOULD BE	(X5) COMPLETION DATE
	until surveyor inquireviewed the Augustreviewed Administration. Sh A1500, A1510 or Awell familiar with with the ID popular On 7/27/17 at 1:30 conducted with the (MDS) Coordinated complete the section and thought the Sections. A closer aforementioned section. She said on further care playspecial needs, but the assessment sewould refer to the Instrument (RAI) in how to complete the PASRR. On 7/27/17 at 5:16 conducted with the Nursing (DON), Corporate Nurse, stated they were in would have to resonurse stated, "The identify residents with the Instrument (RAI) in the Instrument (RAI) in the Instrument (Instrument (Instru	ecommendations. She stated iry, she had not seen or list 24, 2016, Level I of Level II e was not told anything by the or was it discussed by the stated she did not complete A1550 of the MDS, but she was what to do because she worked		278		

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	LOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION ING	1. /	TE SURVEY
		495330	B. WING		07	C 7/ 27/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETION DATE
F 278	outside of the nurs to integration into the services." They fur keeping Level I and chart, making sure the A1500, A1510 evaluation and sees services. The facility's policy Instrument" dated Assessment Coordensuring that the Intermediate the A150 ID or MI (mental illustream conduct time assessments" The Resident Assessindicated the A150 ID or MI (mental illustream conduct time and services provided and/or specialized A1510 further code a diagnosis of ID ocondition. A1550 icondition. A1550	page 17 gening and provide any services sing home that even may lead the community or day support rither stated they would start and Level II assessments on the esocial services would assess and A1550 that would trigger eking out additional outside y entitled "Resident Assessment 2010 indicated "The dinator is responsible for interdisciplinary Assessment ely and accurate resident essment Instrument (RAI) to section refers to coding for liness). Residents covered by rocess may require certain care ided by the nursing home, a services provided by the State, ed for whether the resident has for MI with a Level II PASRR dentifies the specific condition enital conditions, cerebral allus (increased ventricular fluid) as originally admitted to the readmitted 8/16/16 after an on. The current diagnoses did pressure and glaucoma. It with an assessment	F 2	.78		
		RD) of 7/11/17 coded the				

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	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495330	B. WING	~~~~		0.	C 7/27/2017	
	PROVIDER OR SUPPLIER			1017	EET ADDRESS, CITY, STATE, ZIP CODE 7 GEORGE WASHINGTON HIGHWA' ESAPEAKE, VA 23323		· i tari i av	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE	
	Continued From page 18 resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. This indicated Resident #10 cognitive abilities for daily decision making were intact.			78				
	hypertension was a neither was glauce. The Resident Asse October 2016 state documented diagn have a direct relation functional status, cobehavior status, mentional status, me	/17 MDS assessment revealed not coded at "I0700" and ima coded at "I6500". essment Instrument dated ed, "Code diseases that have a osis in the last 60 days and onship to the resident's current ognitive status, mood or edical treatments, nursing of death during the 7-day (page I-4)						
	included an order f medication indicate hypertension). Adm hours for hypertens summary also reve drops 0.004% (an of for the reduction of	ninister 1/2 tablet every 12 sion. The July physician's order aled an order for Travatan Z ophthalmic solution is indicated elevated intraocular pressure n-angle glaucoma or ocular				E		
	7/18/17 revealed a hypertension with a goal read; "Resider signs/symptoms rel	#10's active care plan dated care plan problem for risk for complications. The st will not have ated to hypertension such as urred vision, dizziness,		*			:	

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Facility ID: VA0043

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD		NSTRUCTION	(X3) DATE SURVE COMPLETED	
		495330	B. WING			C 07/27/201	17
NAME OF	PROVIDER OR SUPPLIER	13000	<u> </u>	STREE	ET ADDRESS, CITY, STATE, ZIP CODE	07/27/201	1 1
CARRIN	GTON PLACE OF CH	ESAPEAKE			GEORGE WASHINGTON HIGHWAY NO SAPEAKE, VA 23323	RTH	
(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 SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	ETION
F 278	Continued From page 19		F 2	78		:	
the approaches wa		gue through review." One of s; Administer medication as s no care plan to address the		organização rotana desa atributa a sema desaste e e e e e e e e e e e e e e e e e e			
; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	An interview was conducted with the MDS Coordinator on 7/26/17 at approximately 4:40 p.m., the MDS Coordinator stated the MDS should have been coded at section "I" for both hypertension and glaucoma.			THE COMMENT OF THE BEST OF THE COMMENT.			
F 280 SS=E	findings were share debriefing with the Nursing, Corporate Regional Nurse Co Nursing stated the coded on the MDS 483.10(c)(2)(i-ii,iv,v	oximately 6:15 p.m., the above ed during the pre-exit Administrator, Director of Administrator and the nsultant. The Director of diagnoses should have been assessment. (3),483.21(b)(2) RIGHT TO NNING CARE-REVISE CP	F 2	80			
7	483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:						
A Management of the second	including the right to be included in the p request meetings a	cipate in the planning process, o identify individuals or roles to lanning process, the right to nd the right to request son-centered plan of care.					
	expected goals and amount, frequency,	cipate in establishing the outcomes of care, the type, and duration of care, and any to the effectiveness of the		The special section of the section o	-		

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION NG	(X3) DATE SURVLY COMPLETED	
		495330	B. WING		C 07/27/2017	7
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE : COMPLÉ	NOIT
	included in the plan (v) The right to see right to sign after si of care. (c)(3) The facility shright to participate is shall support the replanning process multiple of the resident representation of the cest of the cultural preferences. (ii) Include an assess trengths and need (iii) Incorporate the cultural preferences. 483.21 (b) Comprehensive (2) A comprehensive (i) Developed within the comprehensive (ii) Prepared by an includes but is not lift (A) The attending plant (B) A registered nur resident.	ceive the services and/or items of care. It the care plan, including the ignificant changes to the plan thall inform the resident of the in his or her treatment and esident in this right. The must lusion of the resident and/or active. I was sment of the resident and/or active. I was sment of the resident's desired and so in developing goals of care. I was care plan must be a care plan interdisciplinary team, that imited to	F 28	30		
	(C) A nurse aide wit	n responsibility for the				

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	IPLE CONSTRUCTION VG	(X3) DATE SURVEY COMPLETED	Y
		495330	B. WING		C 07/27/2017	
	PROVIDER OR SUPPLIER GTON PLACE OF CH			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY N CHESAPEAKE, VA 23323		F history-recover
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	LD BE COMPLE	HON
F 280	resident. (D) A member of formula (E) To the extent puther resident and the An explanation mula medical record if the and their resident rand practicable for resident's care plant (F) Other appropriate disciplines as deteror as requested by (iii) Reviewed and team after each as comprehensive and assessments. This REQUIREMED by: Based on clinical rand facility document to revise care plans participation in his care for 4 out of 35 #3 and #18) in the seriew) recomment to implement those Resident #17.	racticable, the participation of the resident's representative(s). Its be included in a resident's representative in the participation of the resident representative is determined the development of the remaind the development of the remaind the the development of the remaind by the resident's needs of the resident. The revised by the interdisciplinary revised by the interdisciplinary revised development of the resident. The revised by the interdisciplinary revised by the interdisciplinary revised development of the resident including both the development as evidenced record review, staff interviews rentation, the facility staff failed is and/or allow opportunity for or her person centered plan of the residents (Resident #17, #10, survey sample. If alled to care plan the Level II sion Screening and Resident redations for Intellectual ition and provide approaches the recommendations for	F 28	1. Resident #17, #10, #3 and #18 v offered invites to care plan. Resident #17 care plan was updated reflect community services offeresident. Resident #10 was offered the opportunity to attend care plan meetings. Resident #3 care plan was updated include smoking restrictions. Resident #18 care plan was updated include smoking. 2. Residents who have MR/ID and scheduled care plan meeting or has the potential to be affected. 3. Facility licensed nurses and sock services in-serviced on care plated care plan invites and all inclusing plans for residents. 4. MDS/designee will audit care prinvites and care plan updates 3 week for 30 days, then 2xs a w 30 days. 5. Results of audits will be reported QAP1 committee for recommend A.O.C. 9/06/17.	ated to red to ted to ated to I has a smokes cial anning, ve care plan xs a cek for ed to	
; ;	the opportunity to p	failed to afford Resident #10 articipate in planning and n centered plan of care.				and the second s

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILDI	TIPLE CONSTRUCTION ING		ATE SURVEY DMPLETED
		405000				С
		495330	B. WING			7/27/2017
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
CARRING	GTON PLACE OF CHI	ESAPEAKE		1017 GEORGE WASHINGTON HIGH CHESAPEAKE, VA 23323	WAY NORTH	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 280	Continued From pa	ge 22	F 2	280		
		ailed to review and revise plan to include smoking				
:		ailed to review and revise blan to include smoking.				
	The findings include	e:				
- 11		s admitted on 3/12/15 with ded but not limited to Mild y (ID).	: :			
	(MDS) assessment assessment which with the diagnosis of prompted sections and A1550. Also, the assessments (Adm Quarterlies) from the tothe current one, with the diagnosis of with a score of 15 or Brief Interview for More additional suggester assessments.	issions, Annuals and e resident's initial admission did not assess the resident of ID. The resident was coded out of a possible 15 on the flental Status (BIMS). The havioral or mood problems,				
	8/24/16.	n screening conducted on				;
	conducted with the	o.m., an interview was Minimum Data Assessment She stated the MDS				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495330	B. WING			07/27/2017	
	PROVIDER OR SUPPLIE GTON PLACE OF C	₹	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 280	interdisciplinary to Coordinator stated referred to and not subject and how to section. She said on further care play special needs. On 7/27/17 at 5:10 conducted with the Nursing (DON), Corporate Nurse, stated they were rould have to resistated all condition addressed on the Care Plan. The facility's policiplans-Compreher "The resident's includes measural meet the resident."	plans issues, as well as other cam members. The MDS d she did not know what PASRR edded to gain education on the ofurther assess and code the it would have had some bearing anning and addressing his 6 p.m., an interview was e Administrator, Director of corporate Administrator and The Administrator and the DON not familiar with PASRR and earch the topic. The DON ins and care needs would be resident's Person Centered by and procedure titled "Care insive" dated 9/2010 indicated dividualized care plan that ble objectives and timetables to its medical, nursing, mental and eds is developed for each	F 2	80			
	facility 6/6/16 and acute hospitalizat	vas originally admitted to the readmitted 8/16/16 after an ion. The current diagnoses od pressure and glaucoma.					
	(MDS) assessme reference date (A resident as complete.	nange Minimum Data Set nt with an assessment RD) of 7/11/17 coded the eting the Brief Interview for MS) and scoring 12 out of a			· ⊱'		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION		TE SURVEY MPLETED
•		495330	B. WING	acrossing address states at 1974 MAY / Asses		07	C 7/27/201 7
NAME OF	PROVIDER OR SUPPLIEF	3	1	STREE	ET ADDRESS, CITY, STATE, ZIP CODE	***************************************	
CADDIN	GTON PLACE OF CH	JES V DE V KE		1017 (GEORGE WASHINGTON HIGHWA	Y NORTH	
CARRIN	GION PLACE OF CI	TESAFEARE		CHES	SAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 280	Continued From p	age 24	F 2	80			
		ndicated Resident #10's for daily decision making were	Address A Marks				
	signature logs for 7/19/17 reveal the the meetings. The 7/19/17 care plan indicated the Residuhe care plan mee	nt #10's care plan meeting 7/21/16, 10/20/16, 4/20/17 and resident did not participate in notes on the 4/20/17 and meeting signature logs dent and family were invited to tings but did not choose to 6, 10/20/16 care plan meeting					
	at 7:20 p.m. The Reletter and stated he	w with Resident #10 on 7/25/17 desident viewed the sample e had never seen or received a care plan meetings.		:			
	Worker on 7/27/17 The Social Worker resident does not of the interdisciplinary room and holds the	conducted with the Social at approximately 1:40 p.m. stated normally when a come to the conference room by team goes to the resident's e meeting. She offered no is did not happen for Resident					
	and had never bee diagnoses included	s originally admitted 7/13/16 n discharged. The current d cirrhosis, malnourishment, ctive pulmonary disease.					
*	assessment refere	assessment with an nce date (ARD) of 5/15/17 as completing the Brief				-	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	TIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
		495330	B. WING		0	C 7/27/2017
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP C 1017 GEORGE WASHINGTON HIGH CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 280	Interview for Men out of a possible	tal Status (BIMS) and scoring 5 15. This indicated Resident #3's for daily decision making was	F 2	80		
	note dated 4/24/1 certified nursing a resident was obseroom. The nurse materials and not services note dat stated the resider policy, a copy was econdary to a C room and all smooth the note further services.	nical record revealed a nurse's 7 at 8:15 a.m., which stated the assistant (CNA) reported the erved smoking a cigarette in his confiscated the smoking ified social services. The social ed 4/24/17 at 11:31 a.m., which not was reminded of the smoking is given to the resident NA observing him smoking in his king materials were confiscated. Stated the resident apologized Id not happen again.				
	plan problem date which read; Smolin facility at this till documentation of to hospitalization comply with smolin review. Will main Some of the apprassessment on a instruct resident a facility smoking p	ent #3 care plan revealed a care ed 2/7/17 and updated 5/18/17 ker has not attempted to smoke me. Has a significant smoking one pack a day prior. The goals read; "Resident will king guidelines through the next tain oxygen saturation levels." coaches included; smoking dmission and as needed. and responsible party of the olicy and procedure and remind noking policy as needed.				
5	Worker on 7/27/1	conducted with the Social 7 at approximately 1:40 p.m. er stated the resident is no				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		495330	B. WING		07	C 7/27/2017	
	PROVIDER OR SUPPLIE GTON PLACE OF CI			STREET ADDRESS, CITY, STATE 1017 GEORGE WASHINGTON CHESAPEAKE, VA 23323			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 280	longer allowed to The Social Worke Resident #3's smothen to the resider A review of the fact Smoking" dated 7 read "No smoking areas. A note at the you do not follow the paraphernalia will nursing station. The facility's policy 12/2011 read at #8 privileges, restriction need for close modern care plan, and all president shall be a Con 7/27/17 at appere-exit debriefing the care plan shouther resident was not smoker. 4. Resident #18 was facility 10/7/16 and from the facility. The sident was not smoker.	keep his smoking materials. For further stated staff stores oking materials and distributes and at smoke breaks. Cility's document titled "Rules for 1/1/17 revealed 4 rules. Rule #4 in rooms, only in designated the bottom of page one read "If the rules, your smoking be placed in a lock box at the sy titled "Smoking Policy" dated for sand concerns (for example, initoring) shall be noted on the personnel caring for the alerted to these issues". Troximately 6:15 p.m., during the stee Director of Nursing stated and have been updated to reflect to longer an independent as originally admitted to the dispersional diagnoses included: tentia, arthritis, high cholesteroles.	F 2	180			
	assessment refere coded the resident Interview for Menta	S assessment with an ence date (ARD) of 10/7/16 as completing the Brief al Status (BIMS) and scoring 15. This indicated Resident #18				-	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		495330	B. WING		ngar- _{agar-agar-ag} ar-afan sanar sanar sanagalahan kasaran pan-agar-agar-agar-agar-agar-agar-agar-ag	07	//27/2017
	PROVIDER OR SUPPLIE			1017 GE	ADDRESS, CITY, STATE, ZIP CODE EORGE WASHINGTON HIGHWAY APEAKE, VA 23323	NORTH	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 280	Continued From cognitive abilities intact.	page 27 for daily decision making were	F2	280			
	approximately 11 with smoking ma	s observed on 7/26/17 at :50 a.m., outside on the patio terials. Resident #18 was ing other residents by lighting					
	care plan for smo policy titled "Smo read; "Residents privileges may no	ent #18's care plan revealed no oking. Review of the facility's oking Policy" dated 12/2011, 12 e with independent smoking of give smoking materials to with restricted smoking					A CONTRACTOR OF THE PARTY OF TH
	findings were sha debriefing with the Nursing, Corpora Regional Nurse (proximately 6:15 p.m., the above ared during the pre-exit he Administrator, Director of ate Administrator and the Consultant. The Director of he Resident should have a care smoking.		The second secon			
	surveyor on 7/27	presented a care plan to the 7/16 at approximately 7:00 p.m., sident as an independent	AND THE PARTY OF T				
	Comprehensive" assessments of plans are revised	cy titled "Care Plans - ' dated 9/2010 read at #8 that residents are ongoing and care d as information about the resident's condition changes.	# 1 A A A A A A A A A A A A A A A A A A	:			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	PLE CONSTRUCTION IG	1 '	E SURVEY PLETED
-						0
		495330	B. WING _	THE SIZE A PRINCE P. R. P. P. LEWIS B. PRINCE P. SHEWHARD STREET, WHICH SHEW AND RESIDENCE STREET, CO. S. P. P. P. S. P. P. P. S. P.	07/2	27/2017
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
0.455111	0.TON DU A 0.E. 0.E. 0.II	UT C A DE A IZE		1017 GEORGE WASHINGTON HIGHWAY NO	ORTH	
CARRING	GTON PLACE OF CH	ESAPEARE		CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 280	Continued From pa	titled "Care Plans -	F 28	0	A. (1100 1100 1100 1100 1100 1100 1100 11	
F 281	resident's family ar representative/gua encouraged to part and revisions to the 483.21(b)(3)(i) SEF	t #3 reads that the resident, the nd or the residents legal rdian or surrogate are ticipate in the development of e resident's care plan. RVICES PROVIDED MEET STANDARDS	F 28	1 F281	: : : : : : : : :	
,	(b)(3) Comprehens	sive Care Plans		1. Resident #25 has been discharged	d from	
1	The services provided or arranged by the facilias outlined by the comprehensive care plan, must-			the facility. 2. Residents who have an order for treatment administration has the potential to be affected.		
	(i) Meet professional standards of qualithis REQUIREMENT is not met as exby: Based on staff interviews, clinical recfacility document review and in the coccomplaint investigation the facility staff follow professional standards of practic of 35 residents in the survey sample, F#25.			 Wound Physician in-serviced on out physician orders on telephone forms. Licensed nurses in-service appropriate transcription of physicorders. DON/designee will audit new ord transcription 3xs a week for 30day then 2xs a week for 30days. Results of audits will be reported. 	e order ed on cian lers ys,	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	order for a sacral w	led to transcribe the physician vound treatment to include m 10/13/16-10/24/16.		QAPI committee for recommenda A.O.C. 9/06/17.	tions.	
:	The findings include	ed:			record of American complete.	
	on 11/04/03, discha 05/23/16 through 09 right femur fracture 05/27/16 then disch	originally admitted to the facility arged to a local hospital on 5/27/16 after a fall resulting in returned to facility on harged to a local hospital on #25 did not return to the				

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		495330	B. WING			07/2	7/2017
NIANAE OE	20074DED OB STIPPLIEF		<u> </u>		CITY, STATE, ZIP CODE	U I I E	//2011
NAME OF	PROVIDER OR SUPPLIEF	*			ASHINGTON HIGHWAY NO	отц	
CARRIN	IGTON PLACE OF CH	HESAPEAKE		CHESAPEAKE,		KIII	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CO	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD FERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 281	Continued From p	page 29	F 2	281			
	nursing facility. Di included but not lir (1), Type II Diabete	piagnoses for Resident #25 mited to: Sacral Pressure Ulcer tes (2), Cerebrovascular B), Anorexia (4), and Urinary					
	Set) with an Assess of 08/31/17 was coindicating severe of #25 was coded as one with personal assistance of two dressing, extensive and toilet use for A Under section "G" Range of Motion (I impairment one side extremity and under section and under section are settlement one side extremity and under section are settlement one side extremity and under section are settlement on the settlement of the section are settlement on	uarterly MDS (Minimum Data ssment Reference Date (ARD) coded 00 out of a possible 15 cognitive impairment. Resident is requiring total dependence of hygiene and bathing, extensive with bed mobility, transfer and we assistance of one with eating Activities of Daily Living care. The functional limitation in (ROM) was coded for ide for both upper and lower ler section "H" for bladder and for indwelling Foley (6) catheter tof bowel.					
	"M" (Skin Condition Resident has a state Under section (M0 pressure ulcers was (M0210) for unhead yes, under section pressure ulcer and ulcer was coded yed dimension of unhead ulcers or eschar which the largest surmeasured (4.5 cm section (M0700) meressure ulcer was brown, or tan tissue.	ARD of 08/31/17 under section on - M0100) was coded: age 1 or greater pressure ulcer. 0150) at risk for developing as coded yes, under section aled pressure ulcers was coded in (M0300) for having stage 3 (7) did unstageable (8) pressure yes. Under section (M0610) for ealed stage 3 or 4 pressure yes to identify the pressure ulcer urface area (length x width) was in x 3.0 cm x 0 cm). Under nost severe tissue type for any is coded 4 for eschar (black, use that adheres firmly to the er edges, may be shorter or					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495330	B. WING		C 07/27/2047	
NAME OF	PROVIDER OR SUPPLIE	₹		STREET ADDRESS, CITY, STATE, Z	07/27/2017	
	IGTON PLACE OF CI			1017 GEORGE WASHINGTON H		
				CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLETION THE APPROPRIATE DATE	
F 281	Continued From p	age 30	F 2	281		
	harder that an sur section (M1200) for coded for having proceed for having problems, pressur nonsurgical dressis ointments/medical Resident #25's Codocumented resid skin breakdown doincontinent of bown deficits. Resident reductions devices ulcers with an unstable with ongoing The goal: to have a ulcer or signs or syreview. Some of the manage goal inclus Physician as needed pressure relief deviand assist with turn pressure on bony pressure on bony pressure on bony pressure on bony pressure for the stage II to sacrum 0.1 cm; being pale but surrounding skill on 07/27/17 at apprinterview was conditioned to the remembered (in the code of the code of the stage II to sacrum 0.1 cm; being pale but surrounding skill on 07/27/17 at apprinterview was conditioned to the remembered (in the code of th	rounding skin) and under or skin and treatments was pressure reducing device for ning /repositioning program, on intervention to manage skin the ulcer care, application of any and applications of the stions other than feet. Imprehensive care plan the tent with potential for further use to (d/t) decreased mobility, all elimination and cognitive has use of splints and pressure that the sacrum and right the treatments to sacrum and heel. The increase in size of pressure and wound and treatment as ordered, ince as needed in bed and chair ning and positioning to relieve to the treatment of the sacrum and heel. The intervention of the sacrum and wound and treatment as ordered, ince as needed in bed and chair ning and positioning to relieve to the sacrum and no drainage of the sacrum and no drainage in pink, closed but fragile.	F 2	281		
	which heel and a w	her heel but was not sure ound to a sacrum but can't tell bout (name of Resident #25).				

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AUG 22 2017



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING	1' '	COMPLETED	
•		495330	B. WING			C 0 7/27/201 7
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 281	An interview was Director of Nursin approximately 8:3 remember anythir #25); I never laid of A phone call was at 9:00 a.m., who 10/24/16, a messaback. A phone call was pat 9:10 a.m., who 10/20/16, a messaback. An interview was of 07/27/17 at approximate in the remembered shad a wound to he	ed if she remembered anything wound and she replied "No." conducted with Assistant g (ADON) on 07/27/17 at 0 a.m., who stated "I don't ag about 9name of Resident	F2	81		
	wound had a smelloss mattress (9). Resident needed herepositioning and velocities believed they were (10). The surveyonotes written by he 1:46 p.m., who do and verbally respowound day 9, no redraining clear yellowery 2 hours and stated, "I didn't see Resident #25's sac	ly odor and was on a low air. She proceeded to say the nelp with bed mobility and wore boots to both feet, she the blue ones, Prevalon boots reviewed with LPN #8 nurse's er on 12/22/16 at approximately cumented the following, "Alert nsive, antibiotics for sacral eactions, Foley catheter intact w urine, turned/repositioned temp 97.6." The surveyor er from your nurse's notes that cral wound presented with an mentioned, she replied "I only			and the second of the second o	

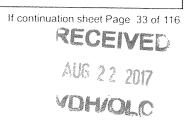
PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU		1	TIPLE CONST		(X3) DATE SURVEY COMPLETED		
		495330	B. WING			0.	C 7/ 27/201 7	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : ROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 281	F 281 Continued From page 32 work here labor pool, I guess I just forgot to chit but I do remember, her sacral wound definite		F 2	81			:	
	and monitored by weekly starting on On 06/02/16 the w documented the sa 3 measuring 2.5 cr surface area of 5.0	cral wound was being assessed the wound care specialist 06/02/16 through 10/20/16: ound care specialist acral pressure ulcer as a stage m x 2 cm x 0.1 cm with a 00 cm2 and having light serous or granulation tissue.						
	documented the sa unstageable with n cm x 0.1 cm with a and having light se necrotic and 10% of progress had deter decline of patient.	ound care specialist acral pressure ulcer is now an ecrosis measuring 5 cm x 5 surface area of 25.00 cm2 rous exudate with 90% yellow granulation tissue. The wound iterated due to generalized Recommendation to Off-Load on per facility policy and evel.						
	Resident's sacral wimproved on the following	pecialist documented yound pressure ulcer had llowing days: 06/16/16, , 07/14/16, 07/21/16, 07/28/17, and 08/18/16.						
	the sacral wound p measuring 0.6 cm of progress with no ch hyper-granulation (wound margins. The surfaced area of 0.3	ound specialist documented ressure ulcer as stage 3 of 0.5 cm x 0.1 cm. The wound range but now has 15) tissue present within the ne sacral wound had a 30 cm2 with light serous granulation tissue. The						

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Event ID: X63511

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		40.5220	B. WING			C
		495330	B. WING			7/27/2017
NAME OF	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, Z		
CARRIN	IGTON PLACE OF C	HESAPEAKE		1017 GEORGE WASHINGTON H	HIGHWAY NORTH	
OAITH	GIORI LAGE 1.	ALORI Crisc		CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 281	Continued From p	page 33	F 2	281		
	procedure perform follows: Chemical hyper-granulation	med by the wound doctor is as all Cauterization (16) of a tissue performed on sacrumal anesthetic to facilitate healing.				The same of the sa
	sacral pressure upon the cm x 0.2 cm x 0.1 indicated improve area 0.04 cm2 with granulation tissue edges) present with procedure perform follows: Chemical performed on sacranesthetic to faciliary	wound specialist documented the alcer as stage III measuring 0.2 1 cm. The wound progress ement by decreased surface ith light serous exudate, 100% e with epiboly (rolled wound within the wound margins. The med by the wound doctor is as al Cauterization of epiboly crum wound with topical litate healing. No complications extment remains unchanged.				
	the sacral wound stage 3 measuring. The wound progred decreased surface serous exudate at epiboly present with procedure perform follows: Chemical performed on sact an esthetic to facility.	wound specialist documented pressure ulcer remains at a ang 0.1 cm x 0.1 cm. ess indicated improvement by the area at 0.01 cm2 with light and 100% granulation tissue with within the wound margins. The med by the wound doctor is as all Cauterization of epiboly crum wound with topical litate healing. No complications atment remains unchanged.				
Ī.	the sacral wound stage III measuring The surface area exudate and 100% with abnormal gra	wound specialist documented pressure ulcer remains at a ng 0.1 cm x 0.1 cm x 0.1 cm. is 0.01 cm2 with light serous % granulation tissue but now annulation present within the New treatment to sacral wound				

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
• ,		495330	B. WING			C 07/27/2017		
	PROVIDER OR SUPPLIEF	3		STREET ADDRESS, CITY, STATE, 1017 GEORGE WASHINGTON F			2112011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		TION SHOULD THE APPROP	BE	(X5) COMPLETION DATE	
F 281	Hydrogel (17) and dressing daily. Chabnormal granulat wound with topical No complications. On 09/22/16 the with esacral wound progress his generalized declinicm x 0.1 cm with a maceration to peri 30% yellow necrot tissue and 40% skindicated Resident frequent loose stocontributed to woundebrided via surgictissue removed alcontreatment to sacra	ep periwound, apply Silver cover with dry protective demical Cauterization of ion performed on sacrum anesthetic to facilitate healing. Found specialist documented pressure ulcer as stage 3. The as decreased due to be of patient measuring 3 cm x 4 as surface area of 12.00 cm2, wound, without any exudate, ic tissue, 30% of granulation in. Additional information at #25 noted to have recent pols, which may have and deterioration. Wound call excision and subcutaneous ong with necrotic disuse. New I wound as follows: skin prepoly Hydrocolloid (18) every three	F 2	281				
- -	the sacral wound progress has surface area meas with a surface area to periwound radiu yellow necrotic tiss skin. New treatmes skin prep periwour dry protective dres recommendation is wound, reposition deterioration secon (UTI). The procedu	ound specialist documented pressure ulcer as stage III. The as decreased due to increased suring 3.5 cm x 4 cm x 0.1 cm a of 14.00 cm2 with maceration s, light serous exudate, 40 sue, 10% granulation and 50% ent to sacral wound as follows: and, apply Santyl and cover with sing daily. The s as follow: continue off load per facility's policy, and suspect andary to Urinary Tract Infection are performed by the wound s: wound debrided via surgical	-					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER GTON PLACE OF CH			101	EET ADDRESS, CITY, STATE, ZIP CODE 7 GEORGE WASHINGTON HIGHWAY NO ESAPEAKE, VA 23323		72112011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
	on 10/06/16 the withe sacral wound progress has surface area. The x 0.1 cm with a surserous exudate wittissue, 10% granul. The sacral wound removing necrotic margins of the viab treatment to sacral Skin Prep to periword dry protective dress. On 10/13/16 the word the sacral wound pwound had deterior wound measured 4 surface area of 20. with 100% yellow no periwound radius. Surgically debrided establish the marging dressing to sacral wound produced by the sacral wound with dry protective or ecommendation would have protective or the sacral wound protecti	ound specialist documented ressure ulcer as stage 3. The ad improved due to decreased wound measured 3 cm x 4 cm face area of 12.00 cm2, light h 40% of yellow necrotic ation tissue and 50% skin. was surgically debrided tissue and establish the alle tissue. The dressing wound included the following: bund, apply Santyl, cover with sing daily. Sound specialist documented ressure ulcer as stage 3. The reated due to infection. The cm x 5 cm x 0.1 cm with a cm x 5 cm x 0.1 cm with a cm x 5 cm x 0.1 cm with a conductive tissue and ms of the viable tissue. The vound changed to the to peri-wound, apply Santyl, noistened gauze and cover dressing. The as to use Group 2 Mattress ess), and start antibiotics: 20 mg by mouth twice daily x	F 2	281			
		ne of patient. The wound				and a second and a second	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	ļ		ONSTRUCTION		TE SURVEY MPLETED
gak		495330	B. WING			1	C (27/2017
		495330	L. WING			07	/27/2017
	PROVIDER OR SUPPLIE GTON PLACE OF C			1017	ET ADDRESS, CITY, STATE, ZIP CODE GEORGE WASHINGTON HIGHWAY NO SAPEAKE, VA 23323	RTH	
				ChE			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 281	area of 42.00 cm. 100% yellow necromoving necrotic margins of the via sacral wound included peri-wound, apply gauze and cover According to Reserview, a stool sponsory 109/23/17 to rule of Infection (C-Diff)	6 cm x 0.1 cm with a surface 2, moderate serous exudate with otic tissue with odor present. I was surgically debrided tissue and establish the able tissue. The dressing to uded the following: skin prep to a Santyl, apply Dakins moistened with dry protective dressing. Ident #25's clinical record ecimen was obtained on ut (r/o) Clostridium Difficle (19) related to (r/t) diarrhea.	F	281			
	results. New order obtain	ed on 09/23/16 with negative ed on 09/29/17 for Cipro (20) every 12 hours x 14 days for ction.					
	Treatment Admin indicate the physistranscribed for the periwound, apply qauze and covered. An interview was specialist on 07/2 a.m., to discuss the Resident #25's sainterview with the stated, "I didn't sewound ulcer for 0	d review for October 2016 istration Record (TAR) did not cian order for 10/13/16 was a following order: Skin prep to Santly, apply Dakins moistened ad with protective dressing daily. conducted with the wound care 7/17 at approximately 11:25 he ongoing treatment of acral pressure ulcer. During the wound specialist, the surveyor are an evaluation on the sacral 7/07/16," the wound specialist as gone for a week during that			•		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495330	B. WING		07/27/2017	
	PROVIDER OR SUPPLIER GTON PLACE OF CH	ESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 281	10/13/16, she state was due an infectic suspicious of osteo wound was superfi sacral wound was stage 3 on 10/13/1 is Dakins solution at the wound care spenothing but diluted decrease bacterial surveyor asked how used, she replied, moistened with the into the wound on twith a dry dressing proceeded to say the behind in the wound continue with the S since it had only be specialist proceeded change in the progrequired a more ex surveyor asked the significant was the the sacral wound, shave seen great respectively a significant was the the sacral wound, shave seen great respectively and the sacral wound, shave seen great respectively. The surveyor information is the sacral wound, shave seen great respectively.	ed, "I felt like the deterioration on in the sacral wound but not omyelitis (23) because the cial and that Resident #25's an unstageable and not a 6. The surveyor asked what and why is it used on wounds, ecialist replied, "Dakins is bleach and the purpose is to growing in the wound." The w is Dakins solution typically 'The gauze is typically Dakins solution and placed op of the Santyl and covered at Dakins will kill anything left d. She stated, "I wanted to antyl and Dakins treatment ten one (1) week. The wound ed to say she saw a significant ress of the sacral wound which tensive debridement. The wound care specialist how Dakins solution in managing the replied, "Very important, I sults when using Santyl and he Doxycycline is a great and Dakins is great topically		81		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION ING	1	(X3) DATE SURVEY COMPLETED	
		495330	B. WING		0.7	C 7/27/2047
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, S		//27/2017
• • • • • • • • • • • • • • • • • • • •	· • • • • • • • • • • • • • • • • • • •			1017 GEORGE WASHING		
CARRIN	GTON PLACE OF CH	ESAPEAKE		CHESAPEAKE, VA 23		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTI CROSS-REFERENCI	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
F 281	Continued From pa	age 38	F 2	81.		
		ecialist, "How important was				
		to sacral wound treatment"		:		
		never added, that's an issue				
		ns was a significant form of		nan-		
		ging the sacral wound for	ì	!		ĺ
		veyor asked, "What is your				
		you write wound care orders,"				Works and
		st stated, "I expect for the				
		ribed as ordered," the surveyor				İ
		formed the order written on		•		
		kins was never transcribed to				
		AR, she replied, "No, I had no				İ
		25 wasn't receiving the Dakins				
		I." The wound specialist	1			
		at the nurse making wound		:		POTENTIAL AND ADDRESS OF THE POTENTIAL ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL AND ADDRESS OF THE POTENTIAL ADDRESS OF
	rounds is always co	mmunicated verbally of all				1
:		oing to be written that day, and				TO THE LANGUAGE
	a copy of the wound	progress report that includes		1		
		o emailed to the Director of				and the same of th
4	Nursing (DON) and	the wound nurse. The		1		
ŀ	surveyor asked, "W	hen is the wound progress				
1		review", she replied, "The				
		ng is completed the same day				
		cility." The surveyor informed				
	•	t on 07/27/17 that Resident				
		the hospital after a fall on				
		al diagnosis was sepsis from				
		nd that Resident #25 expired		•		
		ound care specialist was		1		
		eatment started to the sacral		;		
		ospital was to use Dakins,		!		
		that was initially ordered on				
		ever started." The wound care			March March	Law mer
		ne Dakins to the sacral wound difference in her outcome.		· ·		-
		i Wow, 12 days with no			. *	
		vould have been her best			**	
		vound infection - absolutely		5	*2	. ^-
	but unfortunately."	vound infection - absolutely			,	
	but unfoliuliately.				Į.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING		ATE SURVEY DMPLETED
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	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP CO 1017 GEORGE WASHINGTON HIGHV CHESAPEAKE, VA 23323		IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 281	Continued From p	page 39	F 2	281		
	5:27 a.m., indicate local Emergency I falling out of bed of The local ER/hospresident #25 arrive ER diagnosis includecubitus ulcer, fa hypoglycemia. The local ER/Hosp 10/24/16 included Integumentary: Pround sacral ulcerbone, appears to within that ulcer. over the left buttooit, but there is pure expressed. It has Management Plan wound culture of the Integrative for acute not show a current foul-smelling stage decubitus that whe drainage. We hav Vancomycin (24) a #3-Hypoglycemia (52 given IV D50 ar half-normal saline	bital note for 10/24/16 indicated ed to the ER at 6:54 p.m. The orded but not limited to: Sacral still - initial encounter and but not limited to: atient has a very large 5 cm that is all the way down to the pe dark brown or necrotic tissue. There is a smaller shallow ulcer sk without cellulitis surrounding allent drainage that is a foul odor. Impression and included but not limited to: ne large sacral ulcer. bital information dated on but not limited to: #1 I: Ct head and C-spine are findings. X-ray of the hip does fracture, #2- a very large at IV (intravenous) sacral en pressed expresses purulent e cultured it and ordered IV				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		1 ' '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
*. •	495330	B. WING		0-	C 7/27/2017
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CH		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323			
PRÉFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
Wound Nurse Progression: Wound Background: Medi predicting pressure Patient has history Hyperlipidemia, Hy is a resident of local admitted with sacral Assessment: Therefore pressure wound to 6.7 cm x 7.5 cm x 20 circumferentially to essential 100% black periwound is denuted Recommendation: strength Dakins dared daily to sacral wound debridement would. The infectious diseat local hospital dated indicated Resident and situation:	3 p.m., the local Hospital gress Note documented the nited to: Consult cal patient with Braden (for e sore risk) Score of 12/23. of Type 2 Diabetes, pertension and CVA. Patient all nursing home. She was all wound. e is a necrotic unstageable the sacrum which measures 2.4 cm with undermining 0.8 cm. The wound base is ck with necrotic odor. The led. Would recommend 1/4 mp gauze dressings twice and for now. Surgical be preferable. Base follow up noted from the 10/28/16 at 1:08 p.m., #25's sepsis was from the e sacral decubitus which was	F 2	81		
progress note docur Postoperative Diagr pressure ulcer, stag Following excisional measured 12 cm x & base of wound. Foll confirmation of adec	quate hemostasis, the wound in the Kerlix (woven gauze)				·

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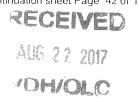
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER .		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
•		495330	B. WING		0.5	C 7 /27/2017
NAME OF I	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE.		112112011
				1017 GEORGE WASHINGTON I		
CARRIN	GTON PLACE OF CH	ESAPEAKE		CHESAPEAKE, VA 23323	nonvar nokm	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 281	Continued From pa	age 41	F 2	281		
	finding during a bria approximately 5:15 (DON) was asked of procedure for follow the wound care spe wound specialist we the wound care nur the nurse making re specialist. The nigle orders written for the been transcribed at The surveyor asked progress report wri- specialist for new of DON proceeded to wound specialist with	stration was informed of the efing on 07/27/17 at p.m. The Director of Nursing what is the facility process and wing up on orders written by ecialist, the DON replied, "The ill send out an email to me and rese and also gives a verbal to ounds with the wound hat shift will review all new nat day to make sure they have and put on the MAR or TAR." It if the night shift reviews the ten by the wound care orders, she replied, "No". The say; moving forward the ill be writing all new orders and ers the nurse to transcribe to				
: :	damage to the skin usually over a bony medical or other de as intact skin or an painful. The injury cand/or prolonged prombination with ships.	A pressure injury is localized and underlying soft tissue prominence or related to a vice. The injury can present open ulcer and may be occurs as a result of intense ressure or pressure in near org/resources/educational-and				
	-clinical-resources/r 2. Type II Diabetes disease in which the (glucose) in the block	Mellitus is a lifelong (chronic) ere is a high level of sugar			•	

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		405000	D. WING				С
		495330	B. WING			07	/27/2017
NAME OF	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
CARRIN	GTON PLACE OF CH	IESAPEAKE	1017 GEORGE WASHINGTON HIGHWAY NORTH				
alla Anido in terroria de la companyo				CHE	ESAPEAKE, VA 23323		
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F 281	Continued From pa	age 42	F2	81			
		9		***************************************			
	resulting in the inal	lack or loss of appetite, bility to eat (Mosby's Dictionary ng and Health Professions, 7th					
	urinary system, incureters, and kidney	on involving any part of the luding urethra, bladder, / /v/HAI/ca_uti/uti.html).					
:	drain and collect ur	a tube placed in the body to ine from the bladder s.gov/druginfo/meds/a682514.					
	loss. Full-thickness (fat) is visible in the and epibole (rolled present. Slough an The depth of tissue location; areas of s develop deep wour tunneling may occuligament, cartilage (http://www.npuap.c-clinical-resources/r	re Injury: Full-thickness skin is loss of skin, in which adipose is ulcer and granulation tissue wound edges) are often d/or eschar may be visible. It damage varies by anatomical ignificant adiposity can inds. Undermining and ir. Fascia, muscle, tendon, and/or bone are not exposed org/resources/educational-and inpuap-pressure-injury-stages/)					
	full-thickness skin a	essure Injury: Obscured and tissue loss. Full-thickness in which the extent of tissue				7.	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495330	B. WING		į	C 27/2017	
	PROVIDER OR SUPPLIER GTON PLACE OF CH			STREET ADDRESS, CITY, STATE, 1017 GEORGE WASHINGTON I CHESAPEAKE, VA 23323	ZIP CODE		
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F 281	because it is obscus lough or eschar is 4 pressure injury would (i.e. dry, adherent, fluctuance) on the not be softened or (http://www.npuapclinical-resources/) 9. Low air loss mat pressure mattress and prevent bed so (http://www.medical) 10. Prevalon boots friction and shear of non-ambulatory incheel, it delivers total relief (www.hdis.com/pres). 11. Skin prep is a total that, upon application protective film to he removal of tapes are (http://www.smith-nucts/advanced-would income and the protective film to he removal of tapes are (http://www.smith-nucts/advanced-would income and income and the protective film to he removal of tapes are (http://www.smith-nucts/advanced-would income and	ulcer cannot be confirmed ured by slough or eschar. If a removed, a Stage 3 or Stage will be revealed. Stable eschar intact without erythema or heel or ischemic limb should removed org/resources/educational-and inpuap-pressure-injury-stages/) attress is an alternating systems are designed to heal ores alairmattress.com/deluxe.html). It is helps minimize pressure, on the feet, heels and ankles of lividuals. By off-loading the al, continuous heel pressure walon-boot-heel-protector.html	F 2		ICY)		
;	wounds. Helps createnvironment. Balant Indications: pressurfull-thickness wound wounds, lacerations and first- and second	ate a moist wound ced formulation Easy irrigation re ulcers, partial and ds, leg ulcers, surgical s, abrasions and skin tears,	-			*	

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Event ID: X63511

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STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
ı		495330	B. WING			07/2	: 7/2017
	VIDER OR SUPPLIER	ESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP 1017 GEORGE WASHINGTON HIC CHESAPEAKE, VA 23323			
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G 13 ar by tis ar (a < bi	nd ulcers. Collaged helping to break sue. This effect rand speed up your ntibiotics attp://www.webmootics-myths-facts. Prealbumin is a measured with a bout nutritional stattps://www.drugs. Hyper-granulaticguired to replace sult of skin injury ttps://www.ncbi.n	to help the healing of burns enase is an enzyme. It works up and remove dead skin and may also help to work better body's natural healing process d.com/cold-and-flu/rm-quiz-antial protein in the body and can a blood test. This protein tells atus com/cg/prealbumin.html). ion (or overgranulation) is an on tissue beyond the amount the tissue deficit incurred as a or wounding lm.nih.gov/pubmed/20335928)	F 2	81			
ag ca Me	ent used in the custic substances	A cautery is a device or cagulation of tissue by heat or (Mosby's Dictionary of and Health Professions, 7th					
dr. an po sil an (hi	aining wounds that timicrobial barried wer of ionic silved wer at a controlled timicrobial action action://www.exmed	is a wound dressing for lightly at are in need of an and an are in need of an and an are in need of an and are in need of an and are in a second spectrum, without harming tissue cells anot/p-3251-medline-silvasorb microbial-wound-gel.aspx).	-		The same to the	Second of Second	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MUL A. BUILD	TIPLE CONSTRUC ING			(X3) DATE SURVEY COMPLETED	
*		495330	B. WING				C 7/27/2047
	PROVIDER OR SUPPLIER	3	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				7/27/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF CORF IH CORRECTIVE ACTION S 3-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	semi-occlusive dre combination of gel exudate slowly by (http://woundeducis). 19. C-Diff is a back (https://medlinepluns.html). 20. Cipro is an antract infections (https://medlinepluntml). 21. Dakins solutionskin and tissue infectuts, scrapes and pefore and after sure wound infections. Exposed in the literature of	essings are occlusive or essings consisting of a forming polymers that absorb swelling into a gel-like mass ators.com/hydrocolloid-dressing deterium that causes diarrhea s.gov/clostridiumdifficileinfectio dibiotic used to treat urinary s.gov/druginfo/meds/a682514. In is used to prevent and treat ections that could result from pressure sores. It is also used regry to prevent surgical pakin's solution is a type of entity in the distribution of	F 2	81			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SURBILIER/SULA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		1 ' '	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		495330	B. WING		0.7	C 07/27/2017	
	CARRINGTON PLACE OF CHESAPEAKE			STREET ADDRESS, CITY, STATE, ZIP 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323	CODE	7/2//2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	V SHOULD BE	(X5) COMPLETION DATE.	
F 281	with other medical infections such as works by killing ba (https://medlinepluhtml). 25. Zosyn is an arand skin and infec	s used alone or in combination tions to treat certain serious skin, blood, and bones. It cteria that cause infections is gov/druginfo/meds/a601167. Intibibotic used treat pneumonia tions caused by bacteria s.gov/druginfo/meds/a601167.	F 28				
	483.20(e)(k)(1)-(4) FOR MI & MR (e) Coordination. A facility must coor pre-admission scree (PASARR) program of this part to the mayoid duplicative te includes: (1) Incorporating the content of the mayor of the m	dinate assessments with the rening and resident review nunder Medicaid in subpart C raximum extent practicable to sting and effort. Coordination e recommendations from the	F 285				
	PASARR level II de evaluation report in care planning, and (2) Referring all level with newly evident of disorder, intellectual condition for level II significant change in (k) Preadmission So	termination and the PASARR to a resident's assessment,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 495330		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVI. Y COMPLETED	
		B. WING		0.5	C 7/ 27/2017		
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE				STREET ADDRESS, CITY, STATE, ZIP C 1017 GEORGE WASHINGTON HIGH CHESAPEAKE, VA 23323	ODE	112112011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 285	disability. (1) A nursing facilit January 1, 1989, a (i) Mental disorder (i) of this section, usuathority has deterindependent physic performed by a per State mental health (A) That, because a condition of the indition of the indition of the individual services, whether it specialized services (ii) Intellectual disability authority has determed. (A) That, because a condition of the indition of the individual services, whether it specialized services and (B) If the individual is services, whether it specialized services.	y must not admit, on or after ny new residents with: as defined in paragraph (k)(3) inless the State mental health mined, based on an eal and mental evaluation rson or entity other than the n authority, prior to admission, of the physical and mental ividual, the individual requires s provided by a nursing facility; requires such level of he individual requires	F 28	35			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
* 4		495330	B. WING		C	C 7/27/2017	
	NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE			STREET ADDRESS, CITY, STATE, ZIF 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 285	for determinations to a nursing facilit being admitted to transferred for car (ii) The State may preadmission screparagraph (k)(1) of to a nursing facilit (A) Who is admitted hospital after recent hospital, (B) Who requires condition for which the hospital, and (C) Whose attend before admission is likely to require facility services. (3) Definition. For (i) An individual is disorder if the individual is disorder defined in the lectual disabilintellectual disabilior is a person with described in 435.	of this section need not provide in the case of the readmission by of an individual who, after the nursing facility, was re in a hospital. If choose not to apply the eening program under of this section to the admission by of an individual-ed to the facility directly from a civing acute inpatient care at the nursing facility services for the hother individual received care in the facility that the individual less than 30 days of nursing representations.	F 2	85			

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Event ID: X63511

Facility ID: VA0043

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER	(X2) MUL: A BUILDE	HPLE CONSTRUCTION NING		(X3) DATE SURVEY COMPLETED	
		495330	B. WING		i i	C /27/2017	
	NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE			STREET ADDRESS, CITY, STATE, ZIP CO 1017 GEORGE WASHINGTON HIGH CHESAPEAKE, VA 23323	ODE	2112011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PRET IX TAG	PROVIDER'S PLAN OF COR	SHOULD BE	(X5) COMPLETION DATE	
	disability authority, significant change condition of a residential disability. Based on clinical resident interview review, the facility recommendations determination and resident's assessnormalitions of care #17) with a diagnomality of the findings included 1. Resident #17 was diagnosis that includintellectual Disability. Review of the mos (MDS) assessment which did not assessed diagnosis of ID, the sections were not of Also, the previous Interesident's initial admost assess the resident was capossible 15 on the Status (BIMS). The mood problems, not the most recently residentally challenged the mentally challenged the significant was capossible to the status (BIMS). The most recently residentally challenged the mentally challenged the significant resident was capossible to the status (BIMS). The most recently residentally challenged the mentally challenged the significant residentally residentally residentally residentally resident residentally residenta	y, as applicable, promptly after a e in the mental or physical ident who has mental illness or lity for resident review. ENT is not met as evidenced record review, staff and and facility documentation staff failed to incorporate the form the PASRR level II devaluation report into a ment, care planning and for 1 of 35 residents (Resident posis of Intellectual disability (ID). de: ras admitted on 3/12/15 with uded but not limited to Mild	F 28	F285 1. Resident #17 MDS mod completed, care plan upocommunity services avairesident. 2. Residents who have PAS for level 2 has the potent affected. 3. Social services/MDS and administration will be in-PASRR assessment signifupdating care plans, and for recommendation follow upocassessments, recommendate follow up needed and care updating 3xs a week for 30 days. 5. Results of audits will be reQAPI committee for recommendation for recommendation follows.	dated and ilable offered to SRR assessment ial to be Inursing eserviced on ficance, PASRR app. or PASRR ations, any explan 0 days, then		



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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
495330						С
		495330	B. WING		0	7/27/2017
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, Z		
CARRINGTON PLACE OF CHESAPEAKE			1017 GEORGE WASHINGTON H	IGHWAY NORTH		
CARRIN	GION PLACE OF CF	IESAPEAKE		CHESAPEAKE, VA 23323		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	IVE
PRÉFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		TION SHOULD BE THE APPROPRIATE	COMPLETION DATE
F 285	Continued From page	age 50	F 28	85		T T CONTROL OF THE CO
	based on the Leve	I II screening 8/24/16.				
	Administrator for a Screening and Res applicable Level II #17's diagnosis of	p.m., when asked of the II PASRR (Preadmission sident Review) Level I and if screenings, based on Resident ID, he stated he was not aware or was asking for or the pascreenings.				
	documents led to the Coordinator and Di on 7/27/17 at 12:30 and level II screening from the residents' PASRR identified the cerebral palsy as a recommendations of	ne request for the PASRR ne Medical Records rector of Social Work (DSW) p.m. who presented all level I ngs. All of them were obtained purged chart. The Level II ne resident had mild ID and related condition. The dated 8/24/16 indicated the effit services in the community				
	of lesser intensity, r care and services. indicated the follow	eferring to just nursing home The recommendations				
	discharge to the cor family desire for hin the local Communit helpful in identifying	and explore the potential for mmunity, should he and his to do so. Collaboration with y services Board may be services that may allow				
	restrictive environm recommended in 18 that time and identif needed." Further dis	ne) needs to be met in a less ent. A resident review is 0 days to assess his status at y any additional supports scussion with the DSW stated SW a little over a year and			•	
: 	dropped the ball on Level II recommend surveyor inquiry, she	following through with the ations. She stated untile had not seen or reviewed Level I of Level II screening			-	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	IG	CO	(X3) DATE SURVEY COMPLETED	
	495330	B. WING _		07	C 7/27/2017	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE			STREET ADDRESS, CITY, STATE, ZIP COL 1017 GEORGE WASHINGTON HIGHWA CHESAPEAKE, VA 23323	ÞΕ		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES IT BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A1550 of the MDS, but what to do because she population in the past. To would do a preliminary she available for the resident. She possible day classes an Community Service Boaresident was not on any and there were no Psychologopean of the possible day classes an Community Service Boaresident was not on any and there were no Psychologopean of the possible day classes an Community Service Boaresident was not on any and there were no Psychologopean of the possible day of the possible day classes and thought the Social V sections. A closer examination aforementioned sections department completed the Coordinator stated she coreferred to and needed the subject and how to further	ything by the previous sed by Administration. complete A1500, A1510 or she was well familiar with worked with the ID. The DSW stated she search to see what would dent in the community and returned with two d an appointment with the psychotropic medications hiatric evaluations. In an interview was mum Data Assessment stated she did not A1500, A1510 and A1550 Worker completed those mation of the servealed MDS mem. The MDS did not know what PASRR or gain education on the errassess and code the drawer had some bearing and addressing his did not coordinate any of sefor ID. She stated she ent Assessment to help her understand tions that refer to an interview was mistrator, Director of the Administrator and the DON mistrator and the DON mistrat					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
- 		495330	B WING	NG		07/27/2017		
NAME OF PROVIDER OR SUPPLIER		L	STREET ADDRESS, CITY, STATE	, ZIP CODE	077	2112011		
CARRINGTON PLACE OF CHESAPEAKE				1017 GEORGE WASHINGTON CHESAPEAKE, VA 23323	HIGHWAY NO	RTH	тн	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD O THE APPROPE	BE	(X5) COMPLETION DATE	
F 285	they had not seen evaluation and did they needed to restated, "The purp residents with me Disability (ID) from to the Level II scroutside of the nur to integration into services." They fur from keeping Level the chart, making assess the A1500 trigger evaluation outside services. any arrangements Community Servicinvited this entity on 7/26/17 at appresident was observed in a 90 degree and actively initiate and on 7/27/17 at appresident was observed to the services and where clothes and where	earch the topic. They stated the level I or Level II screening do not know what it was or that view it. The Corporate nurse one of the PASRR is to identify intal illness or Intellectual in the Level I screening leading beening and provide any services sing home that even may lead the community or day support in the stated they would start let I and Level II assessments on sure social services would and seeking out additional. They stated there had not been to collaborate with the local one board (CSB), nor had they so participate in care planning. To proximately 3:00 p.m., the leaved in a wheelchair. The lam was in a splint and contracted gle. The resident was able to do sustain conversation.	F 2	285				
i.	name. He was ab worker names an numbers he woul accurately stated hospitalization an (RR). The resider	rrsing home, even the street le to remember past CSB case d stated if he had their phone d call them. He further where he lived before the d his Resident Representative at called out the names of cial worker and read the name				and the state of t	-	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE (X1) AND MULTIPLE (X2) MULTIPLE (X2) MULTIPLE (X2) MULTIPLE (X3) MULTIPLE (X3) MULTIPLE (X3) MULTIPLE (X4) MULTIPLE (

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NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE SUMMARY STATEMENT OF DEPICIENCIES (FACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 285 Continued From page 53 off the badge of the aide that came to check on him during the interview with this surveyor. He spoke about the reason he was in the hospital due to breaking his right leg in 2015, that required a rod and physical therapy. He stated, "I would love to go out of the building and do other things, but did not know I could do amything but he here. No one here came to talk about that. I had a care plan meeting yesterday and they didn't tell me! had a chance to maybe go back to the place! was at before or another place. I won't turn down anything they think I am ready for." The facility's policy and procedure titled "Coordination with PASRR Program" dated 2016 indicated "This facility coordinates with the Preadmission Screening and Resident Review (PASRR) program under Medicaid to the maximum extent practicable to avoid duplicate testing and effort. All individuals with a mental disorder or intellectual disability (ID) who the State mental health or ID authority has determined as appropriate for admission. Recommendations, such as specialized services from a PASRR Level II determination and/or PASRR valuation report will be incorporated into the resident's assessment, care planning, and transitions of care." F 287 483.20(f(t)1-(4) ENCODING/TRANSMITTING SSEE	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLLI TAG FREGULATORY OR ISC IDENTIFYING INFORMATION) F 285 Continued From page 53 off the badge of the aide that came to check on him during the interview with this surveyor. He spoke about the reason he was in the hospital due to breaking his right leg in 2015, that required a rod and physical therapy. He stated, "I would love to go out of the building and do other things, but did not know I could do anything but be here. No one here came to talk about that. I had a care plan meeting yesterday and they didn't tell me I had a chance to maybe go back to the place I was at before or another place. I won't turn down anything they think I am ready for." The facility's policy and procedure titled "Coordination with PASRR Program" dated 2016 indicated "This facility coordinates with the Preadmission Screening and Resident Review (PASRR) program under Medicaid to the maximum extent practicable to avoid duplicate testing and effort. All individuals with a mental disorder or intellectual disability (ID) who the State mental health or ID authority has determined as appropriate for admission. Recommendations, such as specialized services from a PASRR Level II determination and/or PASRR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care." F 287 483.20(I)(1)-(4) ENCODING/TRANSMITTING SSEE	THE LEWIS C	A CONTROLL					1	
CARRINGTON PLACE OF CHESAPEAKE CHESAPEAK, W. 23323 COMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FILL REGULATORY ORLSC IDENTIFYING INFORMATION) F. 285			495330	B. WING			07/	27/2017
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 285 Continued From page 53 off the badge of the aide that came to check on him during the interview with this surveyor. He spoke about the reason he was in the hospital due to breaking his right leg in 2015, that required a rod and physical therapy. He stated, "I would love to go out of the building and do other things, but did not know I could do anything but be here. No one here came to talk about that. I had a care plan meeting yesterday and they didn't tell me I had a chance to maybe go back to the place I was at before or another place. I won't turn down anything they think I am ready for." The facility's policy and procedure titled "Coordination with PASRR Program" dated 2016 indicated "This facility coordinates with the Preadmission Screening and Resident Review (PASRR) program under Medicaid to the maximum extent practicable to avoid duplicate testing and effort. All individuals with a mental disorder or intellectual disability (ID) who the State mental health or ID authority has determined as appropriate for admission. Recommendations, such as specialized services from a PASRR Level II determination and/or PASRR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care." F 287 483.20(f)(1)-(4) ENCODING/TRANSMITTING SSEE			ESAPEAKE			1017 GEORGE WASHINGTON HIGHWAY NO	RTH	
off the badge of the aide that came to check on him during the interview with this surveyor. He spoke about the reason he was in the hospital due to breaking his right leg in 2015, that required a rod and physical therapy. He stated, "I would love to go out of the building and do other things, but did not know I could do anything but be here. No one here came to talk about that. I had a care plan meeting yesterday and they didn't tell me I had a chance to maybe go back to the place I was at before or another place. I won't turn down anything they think I am ready for." The facility's policy and procedure titled "Coordination with PASRR Program" dated 2016 indicated "This facility coordinates with the Preadmission Screening and Resident Review (PASRR) program under Medicaid to the maximum extent practicable to avoid duplicate testing and effort. All individuals with a mental disorder or intellectual disability (ID) who the State mental health or ID authority has determined as appropriate for admission. Recommendations, such as specialized services from a PASRR Level II determination and/or PASRR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care." F 287 483.20(f)(1)-(4) ENCCDING/TRANSMITTING SS=E RESIDENT ASSESSMENT	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	(X5) COMPLETION DATE
 (f) Automated Data Processing Requirement (1) Encoding Data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: 	F 287	off the badge of the him during the interspoke about the redue to breaking his a rod and physical love to go out of the but did not know I on one here came plan meeting yeste had a chance to make at before or an anything they think. The facility's policy "Coordination with indicated "This facing Preadmission Scree (PASRR) program maximum extent preadmission of care that the properties of the program of the	e aide that came to check on rview with this surveyor. He ason he was in the hospital right leg in 2015, that required therapy. He stated, "I would building and do other things, could do anything but be here. It to talk about that. I had a care rday and they didn't tell me I aybe go back to the place I hother place. I won't turn down I am ready for." and procedure titled PASRR Program" dated 2016 lity coordinates with the ening and Resident Review under Medicaid to the racticable to avoid duplicate full individuals with a mental rual disability (ID) who the nor ID authority has repriate for admission. In such as specialized services all I determination and/or report will be incorporated into sesment, care planning, and a Processing Requirement Within 7 days after a facility of the sassessment, a facility of lowing information for each					

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

Facility ID: VA0043

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
	495330	B. WING		07	C // 27/2017	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CH	ESAPEAKE		STREET ADDRESS, CITY, STATE, ZI 1017 GEORGE WASHINGTON HI CHESAPEAKE, VA 23323	P CODE		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
(iv) Quarterly review (v) A subset of item reentry, discharge, (vi) Background (fais no admission assion are completed a facility must be caparable of the ME standard record lay and that passes standard record lay and that passes standard record lay and that passes standard record lay and that passes standard record lay and that passes standard record lay and that passes standard record lay and that passes standard record lay and that passes standard record assessment, including the control of the cont	ssment. nent updates. nge in status assessments. w assessments. supon a resident's transfer, and death. ce-sheet) information, if there sessment. ta. Within 7 days after a resident's assessment, a able of transmitting to the nation for each resident DS in a format that conforms to outs and data dictionaries, indardized edits defined by irements. Within 14 days letes a resident's assessment, onically transmit encoded, elete MDS data to the CMS ne following: sment. ent. ge in status assessment. ction of prior full assessment. ction of prior quarterly is upon a resident's transfer,	F2	287			

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STATE WITH CIT CIT. HOLES		1 ' '	TIPLE CONSTRUCTION DING		C C	
495330		B. WING		07	07/27/2017	
CARRINGTON PLACE OF CHESAPEAKE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			STREET ADDRESS, CITY, STATE, ZIP 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323 PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	ORRECTION ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
which has an the format spec CMS. This REQUIR by: Based on clirinterview, the encoding and Data Set) to the Medicaid (CM the survey said #28, #29, #30) The facility state (2) an MDS Defederal time for #26, #27, #28 The findings in A review of the Budget Record was conducted residents were OBRA Dischated 1. Resident #25 stroke and high discharged from with return not according to the resident's was an Annual date of 9/19/1	specified by CMS or, for a State alternate RAI approved by CMS, in ecified by the State and approved by EMENT is not met as evidenced nical record review and staff facility staff failed to assure prompt transmittal of an MDS (Minimum ne Centers for Medicare and IS) System for 9 of 35 residents in mple, Residents #23, #26, #27, #31, #32 and #33. aff failed to encode (1) and transmit ischarge assessment according to frames for nine (9) Residents #23, #29, #30, #31, #32 and #33. Included: The MDS 3.0 Missing OBRA (Omnibus nciliation Act Assessment) Report don 7/25/17. Nine discharge identified on the report as missing rege assessments as follows: 23 was admitted on 9/10/15 with a gh blood pressure. The resident was om the nursing facility on 9/28/16 transmitted MDS assessment all with an assessment reference 6. Discharge MDS found in the		F287 1. Residents #23, #26, #27, #31, #32, #33 MDS were transmitted. 2. Residents who MDS is d submission has the poten affected. 3. MDS coordinators will b on encoding and transmit timely. 4. MDS/Designee will mon schedule validation report OBRA assessment report for 30 days, then 2xs a west. 5. Results of audits will be r QAPI committee for reco A.O.C. 9/06/17.	tue for ntial to be in-serviced tting MDS and missing Saxs a week eek for 30days.		

Event ID: X63511

PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	
		495330	B. WING			07/27/2017	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE				STREET ADDRESS, CITY, STATE, ZIP 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ORGOD RECEDENCES TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
	Continued From The facility staff of electronically transfer 9/19/16 to in QIES ASAP Systofor the Centers of for Resident #23 2. Resident #26 of the transfer and pelvious resident was discont 12/30/16 with the resident's lass was an Admission date of 12/6/16. There was no Diresident's record the facility staff electronically transfer 12/6/16 to interest the resident's record the facility staff electronically transfer 12/6/16 to interest the resident's record the facility staff electronically transfer 12/6/16 to interest the resident that the resident is record to the resident that the resident is record to the resident that the resident is record to the resident that the resident is record to the resident that the resid	page 56 failed to encode and namit any MDS assessments include a discharge MDS to the em (2) (the National Data Base or Medicare and Medicaid-CMS) was admitted on 11/29/16 with a inflammation and infection. The charged from the nursing facility return not anticipated. MDS 3.0 Missing OBRA Report at transmitted MDS assessment on with an assessment reference scharge MDS found in the	F2				
	severe sepsis ar discharged from with return not a According to the the resident's las	was admitted on 1/24/17 with and shock. The resident was the nursing facility on 1/25/17 nticipated. MDS 3.0 Missing OBRA Report st transmitted MDS assessment than assessment reference date					
		ischarge MDS found in the	i I				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495330	B. WING		C 07/27/2017	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE				STREET ADDRESS, CITY, STATE, ZIP 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETION DATE	
F 287	after 1/24/17 to inc QIES ASAP System 4. Resident #28 wareadmission date of unspecified Atrial fir rhythm). The resident for anticipated. According to the Mathematic for the Mathemat	led to encode and mit any MDS assessments lude a discharge MDS to the n for Resident #27. as admitted on 1/23/07 with a of 4/5/16 with diagnosis of brillation (abnormal heart ent was discharged from the 1/12/16 with return DS 3.0 Missing OBRA Report ransmitted MDS assessment h an assessment reference that any MDS assessments clude a discharge MDS to the	F 2			
:	on 11/26/16 with rel According to the MI the resident's last tr was an Admission v	orged from the nursing facility turn not anticipated. DS 3.0 Missing OBRA Report ansmitted MDS assessment with an assessment reference h return not anticipated.				

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		TE SURVEY MPLETED
		495330	B. WING			0.7	C //27/2017
NAME OF D	ROVIDER OR SUPPLIEF		L	STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 01	12112011
					7 GEORGE WASHINGTON HIGHWAY NO	ORTH	
CARRING	TON PLACE OF CH	HESAPEAKE		СН	ESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 287	Continued From p There was no Discresident's record. The facility staff farelectronically transafter 11/09/16 to in QIES ASAP System 6. Resident #30 woreadmission date diagnosis of viral ediagnosis of vira	age 58 charge MDS found in the filed to encode and smit any MDS assessments include a discharge MDS to the im for Resident #29. It is admitted on 9/29/08 with a of 2/23/17 with admitting enteritis (inflammation of the esident was discharged from the 3/29/17 with return not IMDS 3.0 Missing OBRA Report transmitted MDS assessment with an assessment reference charge MDS found in the Initially MDS assessments and a discharge MDS to the em for Resident #30. It is admitted on 8/4/16 with a of 2/2/17 with diagnosis of ion. The resident was the nursing facility on 3/23/17		287	DEFICIENCY)		

Facility ID: VA0043

	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ING		OMPLETED
* ,		495330	B. WING			C 07/27/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1017 GEORGE WASHINGTON HIC CHESAPEAKE, VA 23323	CODE	
(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 C X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 287	resident's record. The facility staff fai electronically trans after 2/9/17 to inclu QIES ASAP System 8. Resident #32 wadiagnosis of a stroddischarged from the with return not anti-According to the M the resident's last the was an Admission date of 2/2/17. There was no Discresident's record. The facility staff fai electronically transafter 2/2/17 to inclu QIES ASAP System 9. Resident #33 wadiagnosis of a stroddischarged from the with return anticipal According to the M the resident's last the was an Admission date of 10/14/16.	led to encode and mit any MDS assessments ide a discharge MDS to the m for Resident #31. as admitted on 1/26/17 with ke. The resident was e nursing facility on 3/24/17 cipated. DS 3.0 Missing OBRA Report ransmitted MDS assessment with an assessment reference tharge MDS found in the led to encode and mit any MDS assessments ide a discharge MDS to the in for Resident #32. Is admitted on 10/7/16 with ke. The resident was e nursing facility on 11/3/16	F 2		The property of the second of	
	resident's record.	large MDO round in the	: :		, w _o '	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		495330	B. WING	white of the design of the contract of the con		07/27/2017	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ARABA REFERENCES TO THE	I SHOULD BE	(X5) COMPLETION DATE	
F 287	electronically tranafter 10/14/16 to QIES ASAP System An interview was Coordinator on 7/Missing OBRA Asthe nine Resident today was the first Missing OBRA Resident and sequentment are sidents were on Report. On 7/26/17 at 5:5 returned to say the #23, #26, #27, #2 were on the Missis because they did She stated they be transmitted except the facility's system transmission and the State Survey assistance. The above finding Administrator, the Director of Nursin Clinical Services conducted on 7/2 The CMS RAI 3.6	ailed to encode and ismit any MDS assessments include a discharge MDS to the em for Resident #33. conducted with the MDS (25/17 at 4:15 p.m. The 3.0 assessment Report that identified its was shared. She stated that it time she had ever pulled a eport. She further stated that ge in personnel in the MDS (astated, "getting discharge MDS's ashion" had been an issue. She follow up as to why these nine in the Missing OBRA Assessment (Resident's 28, #29, #30, #31, #32 and #33) are one and she for Resident #33. She stated em was not allowing the she is awaiting a call back from Agency to obtain further (gs was shared with the experience of during a pre-exit meeting ext/17 at 5:15 pm.)	F 2	287			
	chapter 2: Asses Assessment Inst	sment for the RAI (Resident rument) OBRA Discharge				:	

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AUG 22 2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DE CORRECTION	IDENTIFICATION NUMBER	1	DING	1' '	MPLETED
-		495330	B. WING		0.	C 7/27/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 1017 GEORGE WASHINGTON HI CHESAPEAKE, VA 23323	P CODE	112112011
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE:
F 287	discharge return a not anticipated. 09. Discharge Ass Anticipated 1. Must be compled discharged from the expected to return 2. Must be compled discharge date. 3. Must be submit MDS completion of the expected to return 10. Discharge Ass 1. Must be compled discharged from the expected to return 11 This status require each time the resident is discharge and OBRA Discharge and Completion of the expected to return 12. Must be completed is charge date. 3. Must be submitted in the expected to return 13. Must be completed is charge date. 3. Must be submitted in the expected to return 2. Must be completed is discharge date. 3. Must be submitted in the expected to return 2. Must be completed is charge date. 3. Must be submitted in the expected in the expected to return 2. Must be completed in the expected	in part: assessment consist of anticipated and discharge return essment-Return Not ete when the resident is ne facility and the resident is not to the facility within 30 days. eted within 14 days after the eted within 14 days after the late. essment-Return Anticipated eted when the resident is ne facility and the resident is to the facility within 30 days. es an Entry tracking record dent returns to the facility and ge assessment each time the ged. eted within 14 days after the eted within 14 days after the eted within 14 days after the ate."	F 2	287		
-	information into a c 2. Transmitting data sending encoded I facility to the QIES Improvement and	ng" means entering MDS computer. a" refers to electronically MDS information, from the ASAP System (Quality Evaluation System Assessment rocessing System), using a	÷.			

STATEMENT OF DEFICIENCIES (XIND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED C
		495330	B. WING		07/27/2017
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323	
(X4) ID PREFIX TAG	(FACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
F 309	483.24, 483.25(k) FOR HIGHEST VA 483.24 Quality of life is a applies to all carresidents. Each facility must proviservices to attain practicable physic well-being, consicomprehensive at 483.25 Quality of Quality of care is applies to all treafacility residents assessment of a that residents reaccordance with practice, the con	munications software. (a)(I) PROVIDE CARE/SERVICES WELL BEING If life a fundamental principle that a and services provided to facility resident must receive and the ride the necessary care and a or maintain the highest real, mental, and psychosocial stent with the resident's assessment and plan of care. If care If care If a fundamental principle that atment and care provided to Based on the comprehensive resident, the facility must ensure receive treatment and care in professional standards of aprehensive person-centered are residents' choices, including	F 2		
	(k) Pain Manage The facility must provided to resid consistent with p the comprehens and the resident (I) Dialysis. The residents who re services, consist of practice, the of				The second secon

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		TE SURVEY MPLETED
AND PLAN (OF CORRECTION	W. C.	A BUILD	ING		С
*		495330	B. WING	A TOTAL AND SANITE BALL AND AND AND AND AND AND AND AND AND AND	07	/27/2017
	PROVIDER OR SUPPLIEF GTON PLACE OF CL SUMMARY S	HESAPEAKE	ID	STREET ADDRESS, CITY, STATE, ZI 1017 GEORGE WASHINGTON HI CHESAPEAKE, VA 23323 PROVIDER'S PLAN OF (GHWAY NORTH CORRECTION	(X5)
PREFIX TAG	(FACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI	X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETION
F 309	by: Based on resider interview, facility or record review, and investigation, the physician orders faurvey sample, Round 1. Resident #34 with 1/16/16. Diagno but are not limited Prostatic Hyperpla Depression (4) (B. Obstructive Pulmo Difficulty in Walkin with Medical Trea Presence of Autor Defibrillator (7) and Resident #34's Quant (MDS - an assess Assessment Reference of Mental Status) cognitive impairmant In addition the Quant #34 to require extended person assistance Resident #34 was assistance with or dressing and person assistance with dressing and person assistance with dressing and person assistance with dressing and person ass	ent interview, observations, staff documentation review, clinical d in the course of a complaint facility staff failed to follow for 2 of 35 Residents in the resident #34 and Resident #23. ded: was admitted to the facility on ses for Resident #34 included to Heart Failure (2), Benign resident Benign (3) (BPH), Manic report Disease), Chronic conary Disease (5) (COPD), reg, Patient Non-Compliance tment, Diabetes Type II (6), matic Implantable Cardiac and Cellulitis (8) of Lower Legs. uarterly Minimum Data Set sement protocol) with an erence Date (ARD) of 7/21/17 resident of 15 of 15 indicating no	F3	F309 1. Resident #34 assessed for breath and offered PRN relief as needed per phy Resident #23 has been facility. 2. Residents who experies breath and those reside physician orders for vit shift and weekly skin a potential to be affected. 3. Facility licensed nurses serviced on medication including PRN meds, coassessments and follow orders. 4. DON/designee will aud skin assessment complete for 30 days, then 2xs at Results of audits will be QAPI committee for read. A.O.C. 9/06/17.	I Proventil for ysician order. discharged from the shortness of onts who have tal signs every assessments have to say will be introduced in the same talking the same talking the same talking the same talking the same talking the same talking the same talking the same talking the same talking the same talking the same talking the same talking the same talking the same talking the same talking talking the same talking talking the same talking t	

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING		C	
		495330	B. WING		07	/27/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323			
(X4) ID PREFIX TAG	(FACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	SECON DECEDENATO TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	the following: 4/22/17 Order: E topically to dry ski 4/25/17 Order: A face and neck twi 6/28/17 Order: S for COPD. 4/19/17 Order: P four hours as need of breath. 5/20/17 Order: B puff by mouth dail Resident #34's C following Problem 3/22/17 Refuses not care for him: versus risk of refuordered by physical state of the state	ucerin cream Application in daily. quaphor Apply to dry areas on ce daily for dry flaky skin. piriva 2 puffs via inhalation daily roventil 2 puffs by mouth every eded for wheezing and shortness are Ellipta Inhalation 100-25 1 ly. are Plan documented the areas and interventions: Care then complains staff does Interventions: Explain benefits usal, Administer medication as cometimes refuses care that is aff: Interventions: explain sible consequences of continued		309			
	Facility Social Wo #34 to get his wh Nursing Room, a	proximately 5:27 p.m., the orker (SW) assisted Resident eel chair to the Restorative is Resident was complaining of ath. It was observed that no		÷	The second secon) j.m., s.	

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TATEMENT OF DEFICIENCIES (X ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		IPLE CONSTRUCTION IG		C C COMPLETED	
·		495330	B. WING _		07	/27/2017	
	PROVIDER OR SUPPLIER	ESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 309	On 7/27/17 at approximate 2 meeting with the D #34 was observed of breath. After re only to require stop breath. The DON offer Resident #34	c offered Resident #34 in the 2 hours. roximately 11:30 a.m. during a birector of Nursing, Resident to stop talking as he was short st the resident resumed talking apping again due to shortness of (Director of Nurses) did not his PRN Proventil. Part of the n was that Resident #34 was		09			
	Observation of Re (Medication Admir he received his rown Spireva and Breo. Resident #34 has Resident #34 com the new inhaler the during a meeting of 5:26 p.m	sident #34's July MAR 2017 histrator Record) documented utinely scheduled inhalers of The MAR documented that received no PRN Proventil. plained that he was not getting e Doctor had prescribed to him on 7/26/17 at approximately					
	application topical on 7/6/17 and 7/11 reasons for this no	nt apply to dry areas on face					
	and neck twice da	ully for dry flaky skin was not oplied on 7/6/17 morning and th no documentation as reason					
	#34 stated, I'm fin	proximately 2:00 p.m., Resident ally getting the treatment done lent #34's TAR for July 2017 had been no gaps for legs.	:	· •		And the Control Contro	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED C	
		495330	B WING		0	7/27/2017	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NO CHESAPEAKE, VA 23323		ORTH	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CORREST TO THE ACTION DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 309	Continued From	page 66	: : F3	09			
	The DON was as Resident #34 sho The DON stated, she offered Resident haler, and the Don Stated was asked if she of PRN Proventil The facility admirting findings during a approximately 5:	the Director of Nursing on cimately 3:00 p.m. was done. ked if she had every observed out of breath in the last month. "Yes". The DON was asked if dent #34 his PRN Proventil DON stated she had. The DON documented her administration inhaler and she stated, "No." inistration was informed of the briefing on 7/27/17 at 15 p.m. The facility did not er information about the findings.					
	Albuterol is used difficulty breathin caused by lung d chronic obstructive group of disease airways). Albuter called bronchodil opening the air p breathing easier. (2) Heart Failure: Heart failure is a pump enough block. (3) Benign Prostation documented: The helps make seminare and the seminare is a pump enough block.	to prevent and treat wheezing, g, chest tightness, and coughing iseases such as asthma and ve pulmonary disease (COPD; a s that affect the lungs and ol is in a class of medications ators. It works by relaxing and assages to the lungs to make Medline plus documented: condition in which the heart can't bod to meet the body's needs. Atic Hyperplasia: Medline plus e prostate is a gland in men. It en, the fluid that contains sperm. Founds the tube that carries urine					

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Event ID: X63511

Facility ID VA0043

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PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		495330	B. WING	07	/27/2017		
	PROVIDER OR SUPPLIER			11	TREET ADDRESS, CITY, STATE, ZIP CODE 017 GEORGE WASHINGTON HIGHWAY NO :HESAPEAKE, VA 23323	ORTH	
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	(4) Manic Depress documented: Bip illness. People wh	age 67 s men age, their prostate grows o large, it can cause problems. sion/Bipolar: Medline plus olar disorder is a serious mental o have it go through unusual		309			
	Medline Plus doci	uctive Pulmonary Disease: umented: COPD (chronic nary disease) makes it hard for ne two main types are chronic uphysema.					
	Lyour hody does n	e II: Medline Plus documented: ot make or use insulin well. nsulin, the glucose stays in your					
	disorder of your heart your heart be with an irregular from problems in heart. If your arrha cardiac pacem cardioverter defit						
	and deep underly (streptococcal) b	Ilulitis is an infection of the skin ying tissues. Group A strep acteria are the most common eria enter your body when you h as a bruise, burn, surgical cut,					
	0/10/15 Diagno	was admitted to the facility on ses for Resident #23 included to Non Alzheimer's Dementia	:				at Page 68 of

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Event ID: X63511

Facility ID. VA0043

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
AND PLAN O	LOURICOHOIN					C
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323			112112011
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	(EACH CORRECT CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Resident #23's Yean assessment p Reference Date of Brief Interview for 00 of 15 indicatin problems affection making. In addition the MI requiring extensiv person assistance total dependence assistance for ba as occasionally in frequently incontic Review of Reside documented Emfollowing dates: 8/13/16 diagnosi Infection 9/12/16 diagnosi Inritation 9/22/16 diagnosi superimposed of Resident #23 ha with diagnoses of Accident, Acute and left carotid of Resident #23's Of	A (Cerebral Vascular Accident*), (2). Pearly Minimum Data Set (MDS - rotocol) with an Assessment of coded Resident #23 with a Mental Status (BIMS) score of g short and long term memory ig resident's daily decision DS scored Resident #23 as we assistance with one staff e for hygiene and toileting and with one staff person at thing. Resident #23 was coded incontinent of bowel function and inent of bladder functioning. Pent #23's clinical Record ergency Room visits on the sweakness and Urinary Tract is smild dehydration and scrotal is acute lethargy, delirium in dementia did a hospitalization on 9/28/17 of recurrent Cerebrovascular thalamic infarct *and intracranial origin stenosis* of 70% to 80%. Care Plan documented the	F	309		
	following probler	ns and interventions:				<u> </u>

	RS FOR MEDICARE OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED		
ND PLAN ()	F CORRECTION	IDENTIFICATION NUMBER:			i	C / 27/2017		
-		495330	B. WING	TREET ADDRESS, CITY, STATE, ZIP CO		12112011		
NAME OF F	PROVIDER OR SUPPLIER	3		017 GEORGE WASHINGTON HIGHW				
CARRING	GTON PLACE OF CH	HESAPEAKE	C	HESAPEAKE, VA 23323				
(X4) ID PREFIX TAG	CACH DEDOEN	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE		
F 309	Continued From p	page 69	F 309					
	to MD any signific	Deficit: Interventions: Report cant change in ADL abilities, treatments as ordered, Monitor difficulty chewing or tolerating				***************************************		
	to diagnosis Hype signs per order, a BP (blood pressu		1					
	to decreased cog	or impaired skin integrity related gnition and episodes of terventions: Treatments as in clean and dry, encourage and food intake				· Company Control of C		
	antibiotics as ord	Fract Infection Fract Infection Interventions: Hered, vital signs every shift, Hunless contraindicated.				- Mary -		
	Review of Resid Record (MAR) d MD orders:	ent's Medication Administration ocumented the following gaps of						
	night: this medi	5 milligrams by mouth every cation was not documented as owing dates: 8/11/16, 8/14/16, 8, 8/29/16						
	capsule by mou	Capsule 30 milligrams give 1 th daily for GERD eal reflux disease): This not given on 8/27/16.			-			
	g/10/15 Metopro	ol 25 milligrams give 1 tablet by ily for hypertension: This			continuation she	et Page 70 of		

TATEMENT	S FOR MEDICAR OF DEFICIENCIES CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY MPLETED		
,		495330	B. WING	Address and the standard programmed in Spills and the community of the St. 1822. The Community Spills and Spil		/27/2017		
	ROVIDER OR SUPPLIER	3	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323					
(X4) ID PREFIX TAG	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
			F 309					
F 309	Continued From medication was r	not given on 8/14/16.						
	5/24/16 Magic of and 5 pm: this m 8/26/16 for 12 pm	up by mouth twice daily at 12 pm nedication was not given on n and 5 pm						
	8/10/16 Ferrous mouth twice a da given on 8/28/16	Sulfate 325 milligrams t tablet by ay. This medication was not i.						
	three times a da on 8/28/16.	C 250 milligrams 1 tab by mouth y. This medication was not given				1		
	daily. This med 8/27/16 and 8/2							
	swish and spit the stomatitis: an a for a resident when long term memory was not given a 2016 MAR did s	Mouth wash 5 milliliters by mouth hree times a day as needed for its needed medication was ordere ith dementia who had short and bry problems. This medication it all on 9/27/16. The September show that some nurses did acces d others didn't offer.						
	documented 7/	Weekly skin assessment sheet 5/16 refusal and then not n until 7/19/17 (a 14 day gap)				maximum. Annua pirk in mamma war .		
	following gaps Vital Signs eve not done any ir to 3 p.m.)	ry shift ordered 8/11/10. This was August 2016 for day shift (7 a.m.	S					
	not done on the (3 p.m. to 11 p	e following dates for evering sring	1		continuation she	+ D=== 71 of		

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ² A. BUILDI	FIPLE CONSTRUCTION NG		TE SURVEY MPLETED C
		495330	B. WING			/27/2017
	PROVIDER OR SUPPLIE	ER .		STREET ADDRESS, CITY, STATE, ZIP (1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIE!	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 309	through 8/29/16 Vital Signs every not done on the the following dat 8/25/16, 8/27/16 An interview with 7/27/17 at approximately 5/16 as ordered by the would be an expectation of the medications as ordered by the would be an expectation for the sexpectation for the sexpectation for the facility Polititled, "Documer Administration" The Facility Polititled, "Documer Administration" The facility administration for the facility administration fo	shift ordered 8/11/16: This was night shift (11 p.m. to 7 a.m.) on es: , 8/28/16, 8/29/16 In the Director of Nursing on eximately 5:15 p.m. was DON stated it would be the nervice to administer ordered and to follow treatments to Physician. When asked if it ectation of the Nurses to attempt to before waiting 14 days after d, she stated, "It would be my he Nurses to try again, before the ch would be due in 7 days." Cy with a revision of April 2007, intation of Medication documented the following: ified Medication aide shall edications administered to each resident's medication		009		
	COMPLAINT D	EFICIENCY		; ;		
	DEFINITIONS:			;		5
	(1) Non Alzheim	ner's Dementia: Medline Plus				

PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391 (x3) DATE SURVEY

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION LDING		MPLETED C
#5		495330	B. WING			/27/2017
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIF 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	TEACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 309	(2) CVA (Cerebr Plus documente emergency. Stroyour brain stops to die. There are common kind, oby a blood clot to in the brain. The stroke, is cause and bleeds into transient ischen blood supply to Hypertension*: blood pressure not treated, can heart, blood vest the body. Acute thalmic in www.ausefulguralamic_stroke. It is so nare area of the brain thalamus server coordination cerebral stroke.	avesed of dementia other than ase ovascular Accident): Medline d: A stroke is a medical okes happen when blood flow to . Within minutes, brain cells begin e two kinds of stroke. The more alled ischemic stroke, is caused hat blocks or plugs a blood vessel e other kind, called hemorrhagic d by a blood vessel that breaks the brain. "Mini-strokes" or nic attacks (TIAs), occur when the the brain is briefly interrupted. Medline Plus documented; High is a common condition and when cause damage to the brain, ssels, kidneys and other parts of		09		
	documented: (the carotid arte	tenosis*: Medline Plus Carotid artery disease occurs whe ries become narrowed or blocked eries provide part of the main your brain. They are located on our neck. You can feel their pulse	n	; ;		

	S FOR MEDICARE OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION		X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER	A BUILDI	NG	С		
			B. WING		07/27/20	017	
* _* ′		495330	D. WING	STREET ADDRESS, CITY, STATE, 2	1		
NAME OF P	ROVIDER OR SUPPLIER		l	1017 GEORGE WASHINGTON F			
CARRING	STON PLACE OF CH	IESAPEAKE		CHESAPEAKE, VA 23323			
	CLIMANAA DV ST	ATEMENT OF DEFICIENCIES	: ID	PROVIDER'S PLAN OF	CORRECTION	(X5) 4PLETION	
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F 309	Continued From p	age 73	F 3	09			
, 000	under your jaw line						
	T . * Madino [Plus Documented: Fenofibrate					
	is used with a low-	-fat diet, exercise, and					
	sometimes with at	ther medications to reduce the	•	1 5			
	amounts of fatty s	ubstances such as cholesterol		•	:		
	and triglycerides in	n the blood and to increase the igh-density lipoprotein; a type o	f		•		
	: fatty substance th	at decreases the risk of heart	į	1	·		
	disease) in the blo	ood. Build-up of cholesterol and		¥ .	; ·		
	fats along the wal	Is of the arteries (a process	i	· ·			
	known as atheros	clerosis) decreases the blood					
	flow and, therefor	e, the oxygen supply to the other parts of the body. This					
	increases the risk	of heart disease, angina (chest	t ¦				
	nain) strokes an	d heart attacks. Although					
	fonofibrate decrea	ases the levels of fatty					
	substances in the	blood, it has not been shown to of heart attacks or strokes.) ·		1		
	decrease the risk	a class of medications called			44		
	antilinemic agent	s It works by speeding the			1		
	natural processes	s that remove cholesterol from	į.				
	the body.						
	Dexilant* Medlin	ne Plus documented:	1				
	Dexlansoprazole	is used to treat	1				
	gastroesonhagea	al reflux disease (GERD), a					
	condition in which	h backward flow of acid from the	=		i		
	stomach causes	heartburn and possible injury of he tube between the throat and	i				
	tomach) Devlar	nsoprazole is used to treat the					
	symptoms of GE	RD, allow the esophagus to nea	al,			dal	
	and prevent furth	ner damage to the esophagus.	9				
	Devlansoprazole	is in a class of medications	THE STATE OF THE S	ŧ			
	 called proton pur 	mp inhibitors. It works by	*				
	 decreasing the a stomach. 	mount of acid made in the					
	Metoprol*: Medl	ine Plus documented:					

	(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVLY COMPLETED	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER	A BUILE	DING _			С
		495330	B. WING	i ,,,		0	7/27/2017
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				i	17 GEORGE WASHINGTON HIGHV	VAY NORTH	
CARRING	GTON PLACE OF CH	ESAPEAKE		C	HESAPEAKE, VA 23323	BECTION	//61
(X4) ID PREFIX TAG	/EXCHIDEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE
r 200	Cartinuad From D	ogo 74	: F	309			
F 309	Continued From pa	alone or in combination with					5
	other medications	to treat high blood pressure. It					:
	also is used to pre	vent angina (chest pain) and to					:
	improve survival a	fter a heart attack. Metoprolol nbination with other					•
	medications to treat	at heart failure. Metoprolol is in					
	a class of medicat	ions called beta blockers. It			ı		
	works by relaxing	blood vessels and slowing ove blood flow and decrease					
	blood pressure.	ye blood now and see			:		
	Magia Cun*: Lives	strong.com documented; a	:				
	creative way to me	eet the calorie needs of those at					
	nutritional risk It is	s a nutritional supplement that					÷ 4
	can be eaten as a	pudding or frozen as an ice meals or in between meals as					
	a snack Magic Ci	up is a way to boost your					
	nutritional intake.	Magic Cup is an alternative to					2 1
	the traditional liqu	id supplements.					1
	Vitamin C*: Medl	ine Plus documented: Ascorbic					i
	acid is used to pre	event and treat scurvy, a	,				
	1	y a lack of vitamin C in the					
	body. This medication is	s sometimes prescribed for	:				i
	other uses; ask yo	our doctor or pharmacist for	!				1
	more information		\$				
	Ferrous Sulfate*:	Medline Plus documented:	:		· · · · · · · · · · · · · · · · · · ·		
	Ferrous sulfate p	rovides the iron needed by the	•				1
	body to produce r	red blood cells. It is used to trea eficiency anemia, a condition					
	that occurs when	the body has too few red blood	1				
	cells because of	pregnancy, poor diet, excess					
	bleeding, or other	r medical problems.			*		
					÷		
	Fish Oil*: Medlin	e Plus documented: If you					

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CENTER	S FOR MEDICAR	E & MEDICAID SCRVICES	ATTENDED A TO AN ARCHAEGO OF THE CONTRACT OF T		(X3) DATE SURVEY	1
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER	`	CONSTRUCTION	COMPLETED	
		495330	B. WING		C 07/27/2017	
	PROVIDER OR SUPPLIEF	3	10	TREET ADDRESS, CITY, STATE, ZIP CODE 017 GEORGE WASHINGTON HIGHWAY NO HESAPEAKE, VA 23323	RTH	
(X4) ID PREFIX TAG	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETIO	25
E 314	you may benefit for of omega-3 fatty a enough omega-3 if taking fish oil su idea.	page 75 Int disease or high triglycerides, from consuming higher amounts eacids. It may be hard to get so through food. Ask your doctor applements might be a good eact the pressure some F 309				
	(i) A resident receprofessional standard pressure ulcers and ulcers unless the demonstrates that (ii) A resident with necessary treatmark professional standard professional sta	ers. Based on the assessment of a resident, the are that- erives care, consistent with adards of practice, to prevent and does not develop pressure individual's clinical condition at they were unavoidable; and the pressure ulcers receives nent and services, consistent with adards of practice, to promote infection and prevent new ulcers a ment and services are evidenced interviews, clinical record review, the review and in the course of a figation the facility staff failed to hall standards of practice for one in the survey sample, Resident failed to transcribe the physician	2 0000000000000000000000000000000000000	 Resident #25 has been discharge facility. Residents who have physician or treatment administration to press injury has the potential to be affed. Wound Physician in-serviced on own physician orders. Facility lie nurses in-serviced on transcribing physician orders accurately. DON/designee will audit new order transcription accuracy 3xs a weekdown 30 days, then 2xs a week for 30 days, then 2xs a week for 30 days. Results of audits will be reported QAPI committee for recommend A.O.C. 9/06/17. 	der for ure ected. writing censed g der k for days.	
	order for a sacra	l wound treatment to include from 10/13/16-10/24/16.			1	

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Event ID X63511

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER.	A. BUILD	ONII		С	
		495330	B. WING			07/27/201	7
	PROVIDER OR SUPPLIER			1017	ET ADDRESS, CITY, STATE, ZIP CODE GEORGE WASHINGTON HIGHWAY N	ORTH	
CARRING	GTON PLACE OF CH	ESAPEAKE		CHE	SAPEAKE, VA 23323	ON (X	<u> </u>
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						,	
F 314	Continued From p	age 76	F	314		AND THROUGH	
	The findings include		:				
	on 11/04/03, disch 05/23/16 through right femur fractur 05/27/16 then disc 10/24/16. Resider nursing facility. D included but not li (1), Type II Diabel Accident (CVA) (3 Tract Infection (U Resident #25's Q Set) with an Asse of 08/31/17 was of indicating severe #25 was coded a one with personal assistance of two	uarterly MDS (Minimum Data ssment Reference Date (ARD) coded 00 out of a possible 15 cognitive impairment. Resident s requiring total dependence of I hygiene and bathing, extensive with bed mobility, transfer and ye assistance of one with eating					
	and toilet use for Under section "G Range of Motion impairment one sextremity and unbowel was coded always incontine The MDS with an "M" (Skin Condit Resident has a sextion (Market Section	Activities of Daily Living care. " for functional limitation in (ROM) was coded for side for both upper and lower der section "H" for bladder and I for indwelling Foley (6) cathete at of bowel. ARD of 08/31/17 under section ion - M0100) was coded: stage 1 or greater pressure ulcer M0150) at risk for developing					
	pressure ulcers (M0210) for unh	was coded yes, under section ealed pressure ulcers was coded on (M0300) for having stage 3 (7 nd unstageable (8) pressure	d ')		•	:	

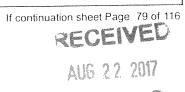
PRINTED: 08/10/2017 **FORM APPROVED** DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER. A BUILDING AND PLAN OF CORRECTION C 07/27/2017 B WING 495330 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1017 GEORGE WASHINGTON HIGHWAY NORTH CARRINGTON PLACE OF CHESAPEAKE CHESAPEAKE, VA 23323 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG F 314 F 314 | Continued From page 77 ulcer was coded yes. Under section (M0610) for dimension of unhealed stage 3 or 4 pressure ulcers or eschar was to identify the pressure ulcer with the largest surface area (length x width) was

measured (4.5 cm x 3.0 cm x 0 cm). Under section (M0700) most severe tissue type for any pressure ulcer was coded 4 for eschar (black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be shorter or harder that an surrounding skin) and under section (M1200) for skin and treatments was coded for having pressure reducing device for chair and bed, turning /repositioning program, nutrition or hydration intervention to manage skin problems, pressure ulcer care, application of nonsurgical dressings and applications of ointments/medications other than feet. Resident #25's Comprehensive care plan documented resident with potential for further skin breakdown due to (d/t) decreased mobility,

documented resident with potential for further skin breakdown due to (d/t) decreased mobility, incontinent of bowel elimination and cognitive deficits. Resident has use of splints and pressure reductions devices; history of healed pressure ulcers with an unstageable to sacrum and right heel with ongoing treatments to sacrum and heel. The goal: to have no increase in size of pressure ulcer or signs or symptoms (s/s) infection by next review. Some of the intervention/approaches to manage goal included: wound nurse and Wound Physician as needed and treatment as ordered, pressure relief device as needed in bed and chair and assist with turning and positioning to relieve pressure on bony prominences as needed.

According to the nursing documentation on 05/28/16 at approximately 12:48 p.m., Resident #25 re-entered the facility on 05/27/16 with a stage II to sacrum measuring 1.5 cm x 0.5 cm x

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING		(X3) DATE SURVEY COMPLETED					
AND PLAN C	F CORRECTION				and the second distribution of the second distri	i	C /27/2017
MAME OF I	PROVIDER OR SUPPLIE	₹ 495330	B. WING		CITY, STATE, ZIP CODE		Z1/ZU11
CARRIN	GTON PLACE OF C	HESAPEAKE		1017 GEORGE WAS	SHINGTON HIGHWAY N /A 23323	IORTH	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	Y (FACH COI	ER'S PLAN OF CORRECTI RRECTIVE ACTION SHOUI ERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 314	on 07/27/17 at an interview was conshe remembered a pressure ulcer which heel and a you anything else The surveyor ask about the sacral was Director of Nursing approximately 8:3 remember anything #25); I never laid A phone call was at 9:00 a.m., who 10/24/16, a messiback.	e red in color and no drainage kin pink, closed but fragile. pproximately 8:05 a.m., an adducted with LPN #6 who stated (name of Resident #25) having to her heel but was not sure wound to a sacrum but can't tell about (name of Resident #25). The conducted with Assistant (and (and the conducted with Assistant (and (and (and the conducted with Assistant (and (and (and (and (and (and (and (and	F	314			
	at 9:10 am who	cared for Resident #25 on sage was left, LPN never called					
	o7/27/17 at appr she remembered had a wound to l lime. The LPN a wound had a sm loss mattress (9 Resident needed repositioning and believed they we	s conducted with LPN #8 on oximately 8:45 a.m., who stated that (name of Resident #25) her sacrum; about the size of a lso stated she remembered the elly odor and was on a low air). She proceeded to say the d help with bed mobility and d wore boots to both feet, she ere the blue ones, Prevalon boots yor reviewed with LPN #8 nurse's				-	





PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ł ` '	TIPLE CONST		СОМ	PLETED
•		495330	B. WING	200000000000000000000000000000000000000		07/	27/2017
	PROVIDER OR SUPPLIER			1017 GEO	DDRESS, CITY, STATE, ZIP CODE ORGE WASHINGTON HIGHWAY PEAKE, VA 23323	NORTH	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT EACH CORRECTIVE ACTION SHOU ROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 314	1:46 p.m., who do and verbally response wound day 9, no redraining clear yellowery 2 hours and stated, "I didn't see Resident #25's say odor as previously work here labor point but I do remember had an odor." Resident #25's say and monitored by weekly starting or On 06/02/16 they documented the say measuring 2.5 consurface area of 5. exudate with 100° sacral wound treat (11) to periwound cover with foam of the documented the say unstageable with control of the cover with foam documented the say unstageable with control of the documented the say unstageable with control of the documented the say unstageable with control of the documented the say unstageable with control of the documented the say unstageable with control of patient, was changed to the periwound, apply daily. Recommented	er on 12/22/16 at approximately roumented the following, "Alert possive, antibiotics for sacral reactions, Foley catheter intact ow urine, turned/repositioned of temp 97.6." The surveyor referom your nurse's notes that recral wound presented with an approach, she replied "I only pool, I guess I just forgot to chart per, her sacral wound definitely acral wound was being assessed the wound care specialist to 06/02/16 through 10/20/16: wound care specialist searral pressure ulcer as a stage cm x 2 cm x 0.1 cm with a 00 cm2 and having light serous of the month of the mem them apply Hydrogel (12) and		314			
	level.						

Event ID: X63511

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	ATE SURVEY OMPLETED				
STATEMENT AND PLAN OF	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:	A. BUILE	ING				
•						i	C / 27/2017	
		495330	B. WING		EET ADDRESS, CITY, STATE, ZIP CODE		12112011	
NAME OF P	ROVIDER OR SUPPLIER				7 GEORGE WASHINGTON HIGHWAY			
CARRING	STON PLACE OF CH	ESAPEAKE		ı	ESAPEAKE, VA 23323			
CARRING			ID	L	PROVIDER'S PLAN OF CORRE	CTION	(X5)	
(X4) ID PREFIX TAG	ALVOIT DECICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF	IX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE	
							A property of the control of the con	
F 314	Continued From p	age 80	F	314			A. A. A. A. A. A. A. A. A. A. A. A. A. A	
		t the desumented	a delatedate of					
	The wound care s	pecialist documented		i				
	Resident's sacral	wound pressure ulcer had		1			and the second	
	improved on the to	ollowing days: 06/16/16, 07/14/16, 07/21/16, 07/28/17,	1					
	08/05/16, 08/11/16	6. and 08/18/16.					· ·	
	:			1				
	On 08/25/16 the w	vound specialist documented					:	
	the correl wound	nressure uicer as stage o	:					
	measuring 0.6 cm	$_{ m LX}$ 0.5 cm x 0.1 cm. The would	ì				E	
	progress with no	change but now has						
	hyper-granulation	(15) tissue present within the		:			() () () () () () () () () ()	
	wound margins.	The sacral wound had a 0.30 cm2 with light serous						
	surfaced area of 0	% granulation tissue. The	and the same of th				maderna i ve /ss	
	exudate and 100,	med by the wound doctor is as						
	follows: Chamica	il Cauterization (10) 0		1				
	hypor granulation	tissue performed on sacrum	l	1				
	wound with topical	al anesthetic to facilitate healing.						
	No complications	or bleeding.	1	;				
			2					
	On 09/1/16 the w	vound specialist documented the licer as stage III measuring 0.2		i				
	sacral pressure u	1 cm. The wound progress	1	1				
	cm x 0.2 cm x 0.	ement by decreased surface						
	aroa 0.04 cm2 wi	ith light serous exudate, 100%		;			to deciminate the second	
	arabulation tiesus	with eniboly (rolled wound	į				manufacture and an	
	odanc) present M	ithin the wound margins. The		!			ATAMA O	
	procedure perfor	med by the wound doctor is as					PLATE IN THE PROPERTY OF THE P	
	follows: Chemica	al Cauterization of epiboly	-	1				
	norformed on sai	crum wound with topical		!				
	anaethetic to faci	ilitate healing. No complications						
	or bleeding. Trea	atment remains unchanged.			,			
	On 00/08/16 the	wound specialist documented						
	the sacral wound	I pressure ulcer remains at a						
	- stage 3 measuril	na () 1 cm x U.1 cm x U.1 cm.						
	The wound prog	ress indicated improvement by						
	decreased surfa	ce area at 0.01 cm2 with light						

CENTE	13 I OI WEDIONITE	1 WILDION IID CERTIFICE	1		/W21/DAI	r chrovey
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		E SURVEY MPLETED
MIND LEWING	, conconton		A. DUILUIN		non-record	С
*		495330	B. WING _		07	27/2017
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
				1017 GEORGE WASHINGTON HIG	HWAY NORTH	
CARRIN	GTON PLACE OF CH	ESAPEAKE		CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 314	epiboly present with procedure performed on sacranesthetic to facility or bleeding. Treat On 09/15/16 the with the sacral wound procedure and 100% with abnormal grain wound margins. It as follows: skin procedures in grain dressing daily. Chabnormal granulat	d 100% granulation tissue with thin the wound margins. The sed by the wound doctor is as Cauterization of epiboly um wound with topical cate healing. No complications ment remains unchanged. Tound specialist documented pressure ulcer remains at a g 0.1 cm x 0.1 cm. s 0.01 cm2 with light serous granulation tissue but now mulation present within the New treatment to sacral wound apperiwound, apply Silver cover with dry protective remical Cauterization of ion performed on sacrum anesthetic to facilitate healing.	F 31	4		
	the sacral wound progress has generalized declination of the control of the contr	round specialist documented bressure ulcer as stage 3. The as decreased due to e of patient measuring 3 cm x 4 a surface area of 12.00 cm2, wound, without any exudate, ic tissue, 30% of granulation sin. Additional information t #25 noted to have recent ols, which may have and deterioration. Wound cal excision and subcutaneous ong with necrotic disuse. New all wound as follows: skin prepoly Hydrocolloid (18) every three ed.				a de la companya de l

PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	TIPLE CONSTRUCTION DING		ME SURVEY MPLETED C
		495330	B. WING			7/27/2017
	PROVIDER OR SUPPLIE GTON PLACE OF C			STREET ADDRESS, CITY, STATE 1017 GEORGE WASHINGTON CHESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	. /CACH DESIGNA	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 314	the sacral wound wound progress I surface area measuith a surface area to periwound radiyellow necrotic tisskin. New treatmeskin prep periword dry protective drecommendation wound, reposition deterioration sec (UTI). The procedoctor is as follow excision and subwith necrotic distribution of the sacral wound wound progress surface area. The x 0.1 cm with a serous exudate wound progress surface area. The sacral wound removing necrot margins of the vireatment to sac Skin Prep to perdry protective dron 10/13/16 the the sacral wound wound had dete wound measure surface area of with 100% yellow y	wound specialist documented pressure ulcer as stage III. The has decreased due to increased asuring 3.5 cm x 4 cm x 0.1 cm as of 14.00 cm2 with maceration ius, light serous exudate, 40 issue, 10% granulation and 50% ment to sacral wound as follows: and, apply Santyl and cover with assing daily. The is as follow: continue off load in per facility's policy, and suspect ondary to Urinary Tract Infection dure performed by the wound wis: wound debrided via surgical cutaneous tissue removed along use. Wound specialist documented in pressure ulcer as stage 3. The had improved due to decreased the wound measured 3 cm x 4 cm is ufface area of 12.00 cm2, light with 40% of yellow necrotic mulation tissue and 50% skin. In it was surgically debrided it itssue and establish the liable tissue. The dressing ral wound included the following: iwound, apply Santyl, cover with		314		

	S FOR MEDICARE OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:		NG	1	C / 27/2017		
NAME OF P	ROVIDER OR SUPPLIER	495330	B. WING	STREET ADDRESS, CITY, STATE	E, ZIP CODE	12112011		
	STON PLACE OF CH			CHESAPEAKE, VA 23323		(V5)		
(X4) ID PREFIX TAG	OULDERICHENIC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICE	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETION DATE		
F 314	establish the mary dressing to sacral following: skin pre apply Dakins (21) with dry protective recommendation (Low Air Loss Ma Doxycycline (22) 14 days for infect the sacral wound with necrosis. The sacral wound area of 42.00 cm 100% yellow necrosing necrot margins of the visacral wound incommendation.	d removing necrotic tissue and gins of the viable tissue. The wound changed to the per to peri-wound, apply Santyl, moistened gauze and cover de dressing. The was to use Group 2 Mattress ttress), and start antibiotics:	1	314				
	review, a stool s 09/23/17 to rule Infection (C-Diff Stool results ret results.	sident #25's clinical record specimen was obtained on out (r/o) Clostridium Difficle (19) related to (r/t) diarrhea. urned on 09/23/16 with negative			the state of the s	Santie But's		
	New order obta 500mg by mout Urinary Tract In	ined on 09/29/17 for Cipro (20) the every 12 hours x 14 days for fection.			Company of Same			
	The clinical rec	ord review for October 2016	i		If continuation she	1 Dans 04 of 1		

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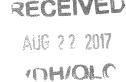
CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ND PLAN C	E CORRECTION	IDENTIFICATION NUMBER:	A. BUILC	ING			С	
		495330	B. WING			07	//27/2017	
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>		REET ADDRESS, CITY, STATE, ZIP CODE			
				ì	7 GEORGE WASHINGTON HIGHWAY	NORTH		
CARRIN	GTON PLACE OF CH	ESAPEAKE		СН	ESAPEAKE, VA 23323	TION	11/5	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
TAG	Continued From p Treatment Administindicate the physic transcribed for the periwound, apply squuze and covere An interview was a specialist on 07/2 a.m., to discuss the Resident #25's sainterview with the stated, "I didn't se wound ulcer for 00 stated, "I must watime." Related to stated, "I must watime." Related to stated, "I must watime." Related to stated, and infect suspicious of oste wound was super sacral wound was super sacral wound was super sacral wound care stated and infect suspicious of oste wound care stated and the wound care stated, she replied moistened with the into the wound or with a dry dressin proceeded to say		F	314	DEFICIENCY)			
	since it had only be specialist proceed change in the proceed a more of surveyor asked the surveyor asked th	Santyl and Dakins treatment been one (1) week. The wound ded to say she saw a significant gress of the sacral wound which extensive debridement. The wound care specialist how e Dakins solution in managing	1				i	

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

Event ID: X63511

Facility ID: VA0043

If continuation sheet Page 85 of 116



CENTER	S FOR MEDICARE	E & MEDICAID SERVICES		TIOLEC	CONSTRUCTION	(X3) DATE S	SURVEY	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COMPLETED		
AND PLAN OF	CORRECTION	IDENTIFICATION TO THE PROPERTY OF THE PROPERTY	A. BUILL	/II 40		C		
		495330	B. WING			07/2	7/2017	
	THE OR SUPPLIES			STR	EET ADDRESS, CITY, STATE, ZIP CODE			
	ROVIDER OR SUPPLIER		1	101	7 GEORGE WASHINGTON HIGHWAY NO	ORTH		
CARRING	STON PLACE OF CH	IESAPEAKE		СНІ	ESAPEAKE, VA 23323			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID PREF	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETION DATE	
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F 314	Continued From p	page 85	F	314		4		
1 317	the sacral wound	she replied, "Very important, I				i		
	have seen great r	esults when using Santyl and		1		•		
ı	Dakins together.	The Doxycycline is a great	ALICE TRACTIC			· .		
	systemic antibiotic because it kills ba	c and Dakins is great topically acteria."		1				
	The surveyor into	ormed the wound care specialist ag Resident #25's Treatment		*				
	Administration Re	cord (TAR) for October 2016,						
	the order written (on 06/13/16 to apply skill prep to	1	ť				
	neri-wound apply	Santyl then apply Dakins						
	moistened gauze	and cover with dry protective		Ì				
	dressing daily wa	s never transcribed indicating		į				
	the treatment to a	add Dakins solution was never trail wound. The surveyor asked		i				
	started to the sac	pecialist, "How important was						
	the Dakine solution	on to sacral wound treatment						
	che renlied "Daki	ns never added, that's an issue						
	unfortunately Da	kins was a significant form of						
	treatment in man	aging the sacral wound for						
	infection." The s	urveyor asked, "What is your en you write wound care orders,"		ļ				
	the wound specis	alist stated. "I expect for the						
	orders to be tran	scribed as ordered," the surveyo	r	!				
	asked if she was	informed the order written on		1				
	10/13/16 to add I	Dakins was never transcribed to		Ì				
	the October 2016	TAR, she replied, "No, I had no						
	idea the Resider	it#25 wasn't receiving the Dakins				,		
	to her sacral wou	und." The wound specialist y that the nurse making wound	1	1			,	
	proceeded to say	communicated verbally of all						
	now orders that's	s going to be written that day, and	d	,		ξ, x - ε		
	a conv of the wo	und progress report that include:	5	į	the standing of the standing o	server 2 Dr. server of	#20° -	
	all new orders is	also emailed to the Director of						
	Nursing (DON) a	and the wound nurse. The	1	:		and the second		
	surveyor asked,	"When is the wound progress for review", she replied, "The	1		g state of		Š.	
	same day every	thing is completed the same day	<i>i</i> .					
	hefore Heave th	e facility." The surveyor informed	1	:				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '	NG	(X3) DATE SURVEY COMPLETED C			
		495330	B. WING			1	27/2017
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COME CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 314	#25 was sent out 10/24/16 and her her sacral wound on 10/31/16. The informed that the wound at the locathe same treatment 10/13/16 but was specialist stated, could have made she then stated: Dakins; the Dakins	list on 07/27/17 that Resident to the hospital after a fall on final diagnosis was sepsis from and that Resident #25 expired wound care specialist was treatment started to the sacral all hospital was to use Dakins, ent that was initially ordered on never started." The wound care "The Dakins to the sacral wound a difference in her outcome, "Oh Wow, 12 days with no as would have been her best er wound infection - absolutely" dated 10/25/16 at approximately ed Resident #25 was sent out to Room (ER) for evaluation after	F 3	14			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
".		495330	B. WING			C 07/27/2017	
	PROVIDER OR SUPPLIE	R	1	STREET ADDRESS, CIT 1017 GEORGE WASH CHESAPEAKE, VA	INGTON HIGHWAY NOF		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 314	10/24/16 included evaluation after far negative for acute not show a currer foul-smelling stag decubitus that who drainage. We had Vancomycin (24) #3-Hypoglycemia 52 given IV D50 a half-normal saline 82. Patient will not this very large On 10/25/16 at 3: Wound Nurse Profollowing but not I Situation: Wound Background: Me predicting pressure a resident of loadmitted with sack Assessment: The pressure wound to 6.7 cm x 7.5 cm of circumferentially essential 100% be periwound is denoted by the sacral wood debridement wound. The infectious distance of the sacral wood debridement wound.	spital information dated on a but not limited to: #1 all: Ct head and C-spine are a findings. X-ray of the hip does not fracture, #2- a very large ge IV (intravenous) sacral nen pressed expresses purulent ve cultured it and ordered IV and Zosyn (25), a (low blood sugar): Blood sugar and then started on D5 are infusion. Recheck blood sugar need to be admitted for treatment foul-smelling sacral decubitus. 13 p.m., the local Hospital negress Note documented the limited to: 12 Consult dical patient with Braden (for re sore risk) Score of 12/23. Try of Type 2 Diabetes, thypertension and CVA. Patient cal nursing home. She was cral wound. The wound hase is lack with necrotic odor. The uded. 15 Would recommend 1/4 damp gauze dressings twice und for now. Surgical	F	314			
FORM CMS-2:	indicated Resider	nt #25's sepsis was from the	<u> </u>	Facility ID: VA0043	Continuation	sheet Page 88 of 116	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. (X2) MOLTH-LE CONSTROCTION A BUILDING C O7/27/2017 STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323 PROVIDER'S PLAN OF CORRECTION (X5)	CENTERS FOR I	MEDICARE	& MEDICAID SERVICES	<u> </u>	YOU CONCEDED	TION	(X3) DA	TE SURVEY
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE CARRINGTON PLACE OF CHESAPEAKE SUMMARY STATEMENT OF PRITISEPHINES CHESAPEAKE C	STATEMENT OF DEFICE	ENCIES	(X1) PROVIDER/SUPPLIER/CLI.					
NAME OF PROVIDER ON SUPPLIER CARRINGTON PLACE OF CHESAPEAKE SUPPLIES STATEMENT OF DEFORMATES BY THE MENT OF DEFORMATION THE SAPEAKE, VA 23323 (XA) ID PRETENT STATEMENT OF DEFORMATION THE SAPEAKE, VA 23323 F 314 Continued From page 88 infected unstageable sacral decubitus which was Present on Admission (POA). On 10/28/16 at 2.12 p.m., local Hospital progress note documented the following: Patient noted to have decreased mentation today, noted to have fevers today as well. Recxamined patient and sacral wound with continued necrolic tissue and odor but not drainage and with concerned that the source of lever and mental status change is due to sacral wound. I have discussed that patient is high risk of procedure with possible respiratory failure, cardical event, bleeding complications, etc. Alternatively, I have discussed that the insk of rot debriding would result in further decline of medical status and possible death of patient. The patient's daughter states that she understands the situation and the risks of surgery and alternative of no surgery. She states that she wishes to proceed with surgery due to possible poor outcome and possible death of patient. The patient's daughter states that she understands the situation and the risks of surgery and alternative of no surgery. She states that she wishes to proceed with surgery due to possible poor outcome and possible death of patient. The patient's debridement not performed and the sacral wound continues to be a source of sepsis for the resident. On 10/28/16 at 4:21 p.m., the local Hospital progress note documented the following: Postoperative Diagnoses included sacral pressure utleer, stage 4 and sacral osteomyelits, Following excisional debridement, the wound measured 12 cm x 8 cm x 3 cm with bone at the base of wound. Following impation and confirmation of adequate hemostasis, the wound was then packed with Keffix (woven gauze) soaked in X-strength Dakin's. On 10/28/16 at 2.12 p.m., local Hospital progress note documented the following: Patient notes to	AND PLAN OF CORREC	HON		A BOILE				С
STREET ADDRESS, CITY, STATE, JAP CODE CARRINGTON PLACE OF CHESAPEAKE SUMMIN STATEMENT OF DEFICIENCES SUMMIN STATEMENT PROTECTION PRETTY READ REPORT WAST THE PRECIDED BY FULL PRESS PRESS OF THE PRECIDED BY FULL PRESS PRESS OF THE PRECIDED BY FULL PRESS OF THE PRECIDED BY FULL PRESS OF THE PRECIDED BY FULL PRESS OF THE PRECIDED BY FULL PRESS OF THE PRECIDED BY FULL PRESS OF THE PRECIDED BY FULL PRESS OF THE PROTECTION SHOULD BE CROSS REFERENCES. F 314 Continued From page 88 infected unstageable sacral decubitus which was Present on Admission (PCA). On 10/28/16 at 2-12 p. m., local Hospital progress note documented the following: Patient noted to have decreased mentation today, noted to have fevers today as well. Reexamined patient and sacral wound with continued necrotic tissue and odor but not drainage and with concerned that the source of fever and mental status change is due to sacral wound. I have discussed that the risk of not debnding would result in further decline of medical status and possible death of patient. The patient's daughter states that she understands the situation and the risks of surgery and alternative of no surgery. She states that she wishes to proceed with surgery due to possible poor outcome and possible death of patient if debndement not performed and the sacral wound continues to be a source of sepsis for the resident. On 10/28/16 at 4-21 p.m., the local Hospital progress note documented the following: Postoperative Diagnoses included sacral pressure ulcer: stage 4 and sacral osteomyelits. Following excisional debndement, the wound measured 12 cm x 8 cm x 3 cm with bone at the base of wound. Following impagion and confirmation of adequate hemostass, the wound was then packed with Kefrix (wown gauze) soaked in X -strength Dakin's. On 10/28/16 at 2.12 p.m., local Hospital progress note documented the following: Patient noted to have decreased mentation today; noted to have			495330	B. WING			07	//27/2017
CARRINGTON PLACE OF CHESAPEAKE (XA) ID PREFIX (EAD IDESCENSY MAST OF DEPTRICATES TARK TARK TO DEPTRICATE OF THE TARK TARK TARK TO DEPTRICATE OF THE TARK TARK TARK TARK TARK TARK TARK TARK	NAME OF BROWDER	OR SUPPLIER			l .			
PREFORM I FACH DEFICIENCY MUST BE PRECEDED BY THE REGULATORY OF LIST DEFINITIONS OF THE APPROPRIATE DEFICIENCY THAT I BE PRECEDED BY THE REGULATORY OF LIST DEFINITIONS OF THE APPROPRIATE DEFICIENCY OF LIST					1		GHWAY NORTH	
PREERX TAG F 314 Continued From page 88 infected unstageable sacral decubitus which was Present on Admission (PQA). On 10/28/16 at 2-12 p.m., local Hospital progress note documented the following: Patient and sacral wound was the patient's doubt of surgery and alternative of no surgery. She states that she wishes to proceed with surgery due to possible poor outcome and possible death of patient if debridement not performed and the sacral wound continues to be a source of sacral wound continues to be a source of surgery and alternative of no surgery. She states that she wishes to proceed with surgery due to possible poor outcome and possible death of patient if debridement not performed and the sacral wound continues to be a source of species of surgery and alternative process one documented the following: Postoperative Diagnoses included sacral pressure ulcer, stage 4 and sacral osteomyelitis. Following excisional debridement, the wound measured 12 cm x 8 cm x 3 cm with bone at the base of wound. Following impaliant on a dequate temporals and confirmation of adequate hemostasis, the wound was then packed with Kerik (wover gauze) soaked in ½-strength Dakin's On 10/28/16 at 2.12 p.m., local Hospital progress note documented the following: Postoperative Dakin's On 10/28/16 at 2.12 p.m., local Hospital progress note documented the following: Postoperative Dakin's On 10/28/16 at 2.12 p.m., local Hospital progress note documented the following: Postoperative Dakin's	CARRINGTON PL	ACE OF CH	ESAPEAKE					
infected unstageable sacral decubitus which was Present on Admission (POA). On 10/28/16 at 2:12 p.m., local Hospital progress note documented the following: Patient noted to have fevers today as well. Reexamined patient and sacral wound with continued necrotic tissue and odor but not drainage and with concerned that the source of fever and mental status change is due to sacral wound. I have discussed that patient is high risk of procedure with possible respiratory failure, cardiac event, bleeding complications, etc. Alternatively, I have discussed that the risk of not debriding would result in further decline of medical status and possible death of patient. The patient's daughter states that she understands the situation and the risks of surgery and alternative of no surgery. She states that she wishes to proceed with surgery due to possible poor outcome and possible death of patient if debridement not performed and the sacral wound continues to be a source of sepsis for the resident. On 10/28/16 at 4:21 p.m., the local Hospital progress note documented the following: Postoperative Diagnoses included sacral pressure ulcer, stage 4 and sacral osteomyelitis. Following excisional debridement, the wound measured 12 cm x 8 cm x 3 cm with bone at the base of wound. Following irrigation and confirmation of adequate hemostasis, the wound was then packed with Kerlix (woven gauze) soaked in ¼ -strength Dakin's. On 10/28/16 at 2:12 p.m., local Hospital progress note documented the following. Patient noted to have decreased mentation today, noted to have	PREFIX (EA	NU DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	IX (EAC	H CORRECTIVE ACTI S-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETION
On 10/28/16 at 2:12 p.m., local Hospital progress note documented the following: Patient noted to have decreased mentation today; noted to have	F 314 Continuinfected Present On 10/2 note do have defevers sacral odor be source to sacral high ris failure, Alterna debriding medical patient the situal terna wishes poor of debrid continuing reside On 10 progres Posto pressi Follow mease base confirms was the situal terna with the s	d unstageal ton Admiss 28/16 at 2:1 ocumented ecreased material wound with at not draine of fever an al wound. Sk of proceed at status and the status and th	age 88 ble sacral decubitus which sion (POA). 12 p.m., local Hospital prothe following: Patient not hentation today; noted to hell. Reexamined patient as continued necrotic tissue age and with concerned the mental status change is I have discussed that patient, bleeding complication we discussed that the risk esult in further decline of ad possible death of patient states that she understathe risks of surgery and surgery. She states that she understathe risks of surgery and surgery due to possible death of patient performed and the sacral source of sepsis for the cumented the following: agnoses included sacral tage 4 and sacral osteominal debridement, the would a x 8 cm x 3 cm with bone Following irrigation and dequate hemostasis, the with Kerlix (woven gauze	pgress ted to have and e and hat the s due ient is tory ns, etc. of not nt. The nds she sible it if wound yelitis. und at the wound	314			
	note (documented	d the following: Patient no mentation today; noted to	have	Facility ID: VA00)43	If continuation shee	; et Page 89 of 11

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED C		
1		495330	B. WING		07/27/2017		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323			
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F 314	sacral wound with odor but not drain; source of fever an to sacral wound. high risk of proced failure, cardiac ev Alternatively, I have debriding would remedical status an patient's daughter the situation and alternative of no swishes to proceed poor outcome and debridement not proceed poor outcome and debridement not proceed poor outcome and debridement not proceed to the morning of condition worsen. Care Unit (ICU) warrest and was commade a Do Not Fexpired on 10/31. The facility admir finding during a bapproximately 5: (DON) was asked procedure for foll the wound care is wound specialist, the wound care is the nurse making specialist. The roorders written for the procedure for followers transcribed the sent transcribed the procedure for followers written for the procedure for followers writen for the procedure for followers written for the procedure for followers written	ell. Reexamined patient and continued necrotic tissue and age and with concerned that the d mental status change is due I have discussed that patient is dure with possible respiratory ent, bleeding complications, etc. we discussed that the risk of not esult in further decline of d possible death of patient. The states that she understands the risks of surgery and surgery. She states that she d with surgery due to possible death of patient if performed and the sacral wound source of sepsis for the of 10/31/16, Resident #25's ed, she was sent to Intensive where she later went into cardiac oded. The family ultimately resuscitate (DNR); Resident #25/16 at approximately 6:48 a.m. Inistration was informed of the priefing on 07/27/17 at 15 p.m. The Director of Nursing d what is the facility process and lowing up on orders written by specialist, the DON replied, "The will send out an email to me and also gives a verbal to grounds with the wound hight shift will review all new of that day to make sure they have and put on the MAR or TAR."		314			
	The surveyor as	ked if the night shift reviews the	,	1.5	continuation she	et Page 90 of 1	

STATEMENT	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVI	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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F 314	specialist for new or DON proceeded to wound specialist w	age 90 itten by the wound care orders, she replied, "No". The o say; moving forward the vill be writing all new orders and ders the nurse to transcribe to	F	314			
	damage to the ski usually over a bon medical or other d as intact skin or a painful. The injury and/or prolonged combination with	Pressure Injury: A pressure injury is localized amage to the skin and underlying soft tissue sually over a bony prominence or related to a nedical or other device. The injury can present intact skin or an open ulcer and may be ainful. The injury occurs as a result of intense and/or prolonged pressure or pressure in ombination with shear anttp://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/					
	disease in which to (glucose) in the bi (https://medlineplication). 3. CVA is a medication when blood flow to minutes, brain ce	us.gov/ency/article/007365.htm) cal emergency. Strokes happen o your brain stops. Within					
	resulting in the in of Medicine, Nurs Edition).	e lack or loss of appetite, ability to eat (Mosby's Dictionary sing and Health Professions, 7th					
	UTI is an infec urinary system, ir ureters, and kidn	tion involving any part of the ncluding urethra, bladder, ey Event ID: X635		Facility ID: VA0043	If continuation shee	t Page 91 of 11	

And the Control of th	S FOR MEDICARE OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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	a van de la companya de la companya de la companya de la companya de la companya de la companya de la companya	49330			REET ADDRESS, CITY, STATE, ZIP CODE			
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CARRING	STON PLACE OF CH	ESAPEAKE		CF	HESAPEAKE, VA 23323	CTION	1 IVE	
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F 314		age 91	F	314				
	(http://www.cdc.go	v/HAI/ca_uti/uti.html).						
!	drain and collect II	s a tube placed in the body to rine from the bladder is.gov/druginfo/meds/a682514.						
	loss. Full-thickness (fat) is visible in the and epibole (rolled present. Slough a The depth of tissulocation; areas of develop deep work tunneling may occligament, cartilage (http://www.npual	ure Injury: Full-thickness skin as loss of skin, in which adipose the ulcer and granulation tissue of wound edges) are often and/or eschar may be visible. The damage varies by anatomical significant adiposity can unds. Undermining and cur. Fascia, muscle, tendon, and/or bone are not exposed p.org/resources/educational-ands/npuap-pressure-injury-stages/						
	full-thickness skir skin and tissue lo damage within th because it is obs slough or eschar 4 pressure injury (i.e. dry, adheren fluctuance) on th	Pressure Injury: Obscured and tissue loss. Full-thickness is in which the extent of tissue e ulcer cannot be confirmed cured by slough or eschar. If is removed, a Stage 3 or Stage will be revealed. Stable eschart, intact without erythema or e heel or ischemic limb should or removed p.org/resources/educational-anger injury stages.					The Secret will be	
	-clinical-resource	es/npuap-pressure-injury-stages	s/)		i	₩ v	15	
	9. Low air loss r pressure mattres and prevent bed	nattress is an alternating ss systems are designed to hea sores	1			, , , , , , , , , , , , , , , , , , ,	ot Page 93 of	

PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING				C C	
		495330	B. WING			07	/27/2017
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F 314	Continued From	page 92 calairmattress.com/deluxe.html).	F	314			A Committee of the comm
	friction and shear non-ambulatory in heel, it delivers to relief	ots helps minimize pressure, ron the feet, heels and ankles of ndividuals. By off-loading the otal, continuous heel pressure prevalon-boot-heel-protector.html					
	that, upon applice protective film to removal of tapes (http://www.smith	a thin liquid film-forming dressing ation to intact skin, forms a help reduce friction during and films n-nephew.com/professional/prodound-management/skin-prep/).	:				
	wounds. Helps c environment. Ba Indications: pres full-thickness wo wounds, laceration and first- and see	deal for dry-to-moist clean reate a moist wound lanced formulation Easy irrigation sure ulcers, partial and unds, leg ulcers, surgical ons, abrasions and skin tears, cond-degree burns om/product/Skintegrity-Hydrogel/ (2).					
	and ulcers. Collaby helping to bre tissue. This effect and speed up you (antibiotics)	ed to help the healing of burns agenase is an enzyme. It works eak up and remove dead skin and et may also help to work better our body's natural healing process and.com/cold-and-flu/rm-quiz-anticts.					
	14. Prealbumin be measured wit about nutritional	is a protein in the body and can th a blood test. This protein tells status					

	RS FOR MEDICAR OF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CHA	(X2) MULT	PLE CONSTRUCTION	NC		E SURVEY MPLETED
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			F 3	1.4			Cook a minute of the cook
F 314	Continued From p	page 93		1 ***			
	(https://www.drug	s.com/cg/prealbumin.html).	1	· ·			
	: 15 Hyner-granul	ation (or overgranulation) is an		ř.			
	avees of granula	ation tissue beyond the amount	:	•			
	required to replace	ce the tissue deficit incurred as a	l				
	result of skin inju	ry or wounding .nlm.nih.gov/pubmed/20335928)				
	(Uttbs://www.ncbi	.mm.mm.gov/pas/maa/21	,				
	,						
	16. Cauterization	is the process of burning a par	Į.				
	of the body caute	ery. A cautery is a device or ecoagulation of tissue by heat or	-				
	caustic substanc	es (Mosby's Dictionary of					
	Medicine, Nursin	g and Health Professions, 7th		:			
	Edition).		i	:			
	47 Cilian Hudro	gel is a wound dressing for lightl	v	İ			
	17. Silver Hyuro	that are in need of an					
	antimicrobial bar	rier. Silvasorb harnesses the	:	1 4 3			
	nower of ionic sil	ver. This wound gel releases		* 3 3 1			
	silver at a contro	lled level for broad spectrum		: :			MAAA PILA OF SAIL SO
	antimicrobial act	ion, without harming tissue cells ned.net/p-3251-medline-silvasor	b	1			
	-hvdrogel-silver-	antimicrobial-wound-gel.aspx).					to to the same
	1						
	18. Hydrolloid d	ressings are occlusive or					
	semi-occlusive of	dressings consisting of a gel-forming polymers that absorb	,				
	avudata clawly b	w swelling into a gel-like mass					
	(http://woundedu	ucators.com/hydrocolloid-dressir	ng :	*			
	s).			į			
	10 0 5:55	containing that causes diarrhea		1			
	19. C-Diff is a b	acterium that causes diarrhea olus.gov/clostridiumdifficileinfecti	io	3			an and an an an an an an an an an an an an an
	nttps://medimer	5140.g0 11 6100 11 11 11 11 11 11 11 11 11 11 11 11	\$			1 19 19 19	
		-				Some half was a first	of less larv
	20. Cipro is an	antibiotic used to treat urinary			=,		
	tract infections	plus.gov/druginfo/meds/a682514	1.				24
1	(https://meailne	pius.gov/urugimo/meas/acozo.				The state of the state of	DA 01-5

TATEMENT O NA 19 GNA	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING		COMPLETED	
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F 314	skin and tissue infecuts, scrapes and perfore and after survival wound infections. It hypochlorite solution has been diluted as (healthcentral.com misc-62261/uses) 22. Doxycycline is infections; it works spread of bacteria	n is used to prevent and treat ections that could result from pressure sores. It is also used argery to prevent surgical Dakin's solution is a type of on. It is made from bleach that and treated to decrease irritation /skin-care/medications/dakin-used to treat bacterial by preventing the growth and s.gov/druginfo/meds/a682514.		314			
	 infection of bone a casued by bacteria 	s a local or generalized nd bone marrow. It is usually al introduced by trauma or Dictionary of Medicine, Nursing sions, 7th Edition).	A COAL OF BEING MAN AND AND AND AND AND AND AND AND AND A				
	with other medicat infections such as works by killing ba	s used alone or in combination ions to treat certain serious skin, blood, and bones. It cteria that cause infections s.gov/druginfo/meds/a601167.					
	and skin and infec	ntibibotic used treat pneumonia tions caused by bacteria s.gov/druginfo/meds/a601167.				The state of the s	
F 323		(1)-(3) FREE OF ACCIDENT	F	323	*	l	

STATE MENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	CON	(X3) DATE SURVEY COMPLETED C		
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F 323 SS=E	(d) Accidents. The facility must of the facility must of the facility must of the facility must of the facility must of the facility appropriate after bed rail. If a bed must ensure corresponding ending the following ending the facility appropriate for the following ending the resident or resident or resident or resident or resident or resident or the facility staff failed temperatures on avoidable accided. The findings included the facility of the facility staff failed temperatures on avoidable accided. The findings included the facility of the facility of the facility staff failed temperatures on avoidable accided. On 7/27/17 during by drocollator was accided.	ensure that - environment remains as free gards as is possible; and receives adequate supervision evices to prevent accidents. The facility must attempt to use natives prior to installing a side or or side rail is used, the facility ect installation, use, and led rails, including but not limited lements. sident for risk of entrapment or to installation. sks and benefits of bed rails with sident representative and obtain the prior to installation. he bed's dimensions are he resident's size and weight. IENT is not met as evidenced evation and staff interviews the dito obtain and record daily the hydrocollator to prevent ints.	F3	F323 1. Facility hydrocollator temperate been documented daily. 2. Residents receiving heat pack potential to be affected. 3. Therapy staff will be in-service documenting hydrocollator tendaily. 4. Director of Therapy will monitemperature log 3xs a week for then 2xs a week for 30 days. 5. Results of audits will be report QAPI committee for recommendation. A.O.C. 9/06/17.	has the ed on imperature tor a 30 days, ted to		

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COM	COMPLETED	
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E 323	Continued From p	age 96	F	323			and an an an an an an an an an an an an an	
F 323	was there because	e it had not used for a while.	an managan and					
	The unit was unpl	ugged but very warm to touch						
	and the water was	s clear with multiple not packs		:				
	submerged. The p	physical Therapy Assistant temperature reading of 123	İ					
	degrees The SUN	revor asked to view the						
	tomporature log for	or the unit but the PTA stated						
	there was no log f	for the unit was not in use and						
	there were no res hot packs.	idents currently with orders for						
	not packs.		! !				1	
		and the stand with the	4	1			OV IN PROPERTY OF THE PROPERTY	
	An interview was	conducted with the ector on 7/27/17 at	ĺ					
	annroximately 1:3	30 p.m., the Rehabilitation	Ì	4				
	Director stated th	e PTA was mistaken as the					10	
	hydrocollator was	currently in use but they had e daily temperatures as		į				
	required The Re	habilitation Director stated the	A PERSONAL PROPERTY OF THE PERSON PROPERTY PROPERTY OF THE PERSON PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROP					
	hydrocollator had	been calibrated last month and						
	she was unable to	o provide the temperature log		1				
	because it had be	een misplaced during the 's renovations and they had not		:				
	started another h	ut they would begin another		:				
	temperature log t	oday (7/27/17). The	1	1			F	
	□ Rehabilitation Dir	rector stated hydrocollator buld be obtained daily minimally.		:			ADA	
	temperatures sin	Juliu de Obtained daily Imministra	Parameter and the second secon					
		and the state of the staff		;			l I	
	The facility's poli	cy provided by the facility staff						
	temperatures Th	obtaining hydrocollator ne manufacturers user manual				≪ بھو ہیں ہی	24 77	
	road "Precaution	as: The recommended operating	_				Supple dos	
	: temperature is 1	60 degrees F (Fahrenheit) to 163)			4110 55	460	
	F. The temperat	ture of the water should be hermometer after every	6 6 7 7	,		ACC 23	400	
	adjustment and	before using the hot pack."	ı			1000 5 4 7 9		
	adjustitioni, aria	-				*****	1 : · · · · · · · · · · · · · · · · · ·	

	annual state of the second sec	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE		
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	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
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F 323	findings were shar debriefing with the Nursing, Corporate Regional Nurse Co information was pr	oximately 6:15 p.m., the above ed during the pre-exit Administrator, Director of Administrator and the onsultant. No additional ovided.	F 32:	3			
F 332 SS=D	the Chattanooga F device consists of water bath for place heating pads. Who the bath, they are the patient. The deathletic trainers are above definition w Chattanooga Grouwww.chattgroup.cd	om). OF MEDICATION ERROR	F 33	F332			
	that its- (1) Medication errogreater; This REQUIREMED by: Based on observer record review and facility failed to en was not above 5% were observed wiresulting in a med	or rates are not 5 percent or ENT is not met as evidenced ation, staff interview, clinical facility document review the sure its medication error rate or greater. Thirty opportunities the two medication errors, ication error rate of 6.66 %.		 Resident #11 medication was obfrom pharmacy and inhaler administered appropriately. Residents who have physician of inhaler and medication have the potential to be affected. Facility licensed nurses will be a serviced on medication administration including inhalers. DON/designee will conduct mediadministration observation 3xs and for 30days, then 2xs a week for QAPI committee for recommend A.O.C. 9/06/17. 	in- tration dication a week 30days.		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED C
		495330	B. WING	William communicate distributed and conference and an advantage of the second and		07/27/2017
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323			PRTH
(X4) ID PREFIX TAG	(FACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD HE APPROPI	BE COMPLETION
F 332	The Licensed Praadminister an inh recommendations mg (milligram) tal antidepressant) dobservation for R. The findings included the findings included the findings included the second the findings included the findings included the findings included the findings included the findings included the finding obstructive airway. The current MDS with an assessment of the resider possible 15 on the status. A medication passible 15 on the status.	ctical Nurse (LPN #1) failed to aller per the manufacturer's and failed to administer a 30 olet of mirtazapine (an uring the medication pass esident #11. ded: ded: dadmitted to the facility on nosis to include chronic of the medication pass esident #11. ded: (Minimum Data Set) an Annual ent reference date of 5/29/17 at as scoring a 15 out of a er Brief Interview for Mental entry and part of the prepared three clude Sertraline 100 mg (an Risperdone 100 mg (an and Metformin 500 mg (an and Metformin 500 mg (and Metformin	F3	.32	/ ₃	and the same of th

STATEMENT OF DEFICIENCIES (X1) P		(X1) PROVIDER/SUPPLIER/CLIA		TIPLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
AND PLAN O	FCORRECTION	1DENTIFICATION NUMBER:	A. BUILD	ING		C	
t		495330	B. WING			07/27/2017	
		493330		STREET ADDRESS, CIT	Y, STATE, ZIP CODE		
	PROVIDER OR SUPPLIER			1017 GEORGE WASH	IINGTON HIGHWAY NORTH	1	
CARRING	GTON PLACE OF CH	ESAPEAKE		CHESAPEAKE, VA	23323		
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F 332	allowing at least 1- indicated on the in	age 99 red. The observation of not -2 minutes between doses as haler box was reviewed and es response was, "I didn't	F:	332			
	and the physician 7/26/17. The physician resident should had mg dose of mirtax pass observation order dated 5/20/1	the administered medications orders was conducted on sician orders indicated the ave been administered one 30 apine during the medication conducted on 7/25/17. The 17 read to administer 0 mg one tablet by mouth daily ssion.	TO THE TOTAL OF THE THE THE THE THE THE THE THE THE THE				
	were then reviewed of mirtazapine 30 7/25/17 was circled back of the MAR Mirtazapine 30 mg	dministration Records (MAR) ed. The entry for the daily dose mg scheduled at 5:00 pm for ed with LPN #1's initials. On the LPN#1 wrote, "7-25-17 5 p g awaiting from pharm of give" and initialed the entry.					
	shared with the A Administrator, the Regional Director	ation observation pass was dministrator, the Corporate Director of Nursing and the of Clinical Services during a conducted on 7/27/17 at 5:15					
	Inhalation Admini 2016 read, in par accurate, and effi medication using spacer/chamber)	by and Procedure titled "Oral stration" effective date June to "Purpose-To allow for safe, ective administration of an oral inhaler (with or without a or nebulizer. Inhalers: Inhaler once to release			A.A.		

PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION ING		COMPLETED
		495330	B. WING			C 07/27/2017
	PROVIDER OR SUPPLIER	ESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323		
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	through the mouth N. Hold breath for possible to allow mlungs. O. Slowly exhale the P. If another puff of medication is required between, then reported between the step 2. Hold the industry the step 3. After the splinger off the canis all the way, take the close your mouth. Step 6. Hold your between the inhaler as step 6." www.gsksource.comithKline/US/en/pla/pdf 483.45(a)(b)(1) Physical between the inhaler as step 6."	dent starts to breathe in slowly over 3 to 5 seconds. 10 seconds or as long as redication to reach deeply into arough nose. If the same or different red, wait at least 1-2 minutes eat procedures above." Is package insert for Ventolin follows: a haler with the mouthpiece through you mouth and push our lungs as you can. Put the remouth and close you lips on of the canister all the way eath in deeply and slowly have breathed in the inhaler out of your mouth and preath for about 10 seconds, or amfortable. Breath out slowly as your healthcare provider has re sprays, wait 1 minute and again. Repeat Steps 2 through the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information/ventolinHighter than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing information than the secribing in the secribing information than the secribing in the secribing in the secribing in th		425		

Facility ID: VA0043

	CENTERS FOR MEDICARE & MEDICALD SERVICES (X1) PROVIDERSUPPLIENCIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER	1		COMPLETED	
		495330			07/27/2017	
	PROVIDER OR SUPPLIER	3	10	TREET ADDRESS, CITY, STATE, ZIP CODE D17 GEORGE WASHINGTON HIGHWAY N HESAPEAKE, VA 23323		
(X4) ID PREFIX TAG	(CAOU DECICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	DBE COMPLETION	
F 425	(a) Procedures. A pharmaceutical set that assure the act dispensing, and a biologicals) to me (b) Service Consider employ or obtain pharmacist whomologicals who pharmacist who provision of pharmacist who provision of pharmacist who provision of pharmacist who provision of pharmacist who provision of pharmacist who provision of pharmacist record review an facility failed to provide the needs of the survey samp. Resident #11's mantidepressant administration or The findings included with a pharmacist with an assessment of the current MD with an assessment of the resident possible 15 on the Status indicating	A facility must provide ervices (including procedures courate acquiring, receiving, administering of all drugs and set the needs of each resident. Sultation. The facility must the services of a licensed sultation on all aspects of the macy services in the facility; ENT is not met as evidenced vation, staff interview, clinical d facility document review the rovide pharmacy services to of 1 resident (Resident #11) in le of 35. Initrazapine 30 mg (an was not available for 1/25/17. Suded: As admitted to the facility on gnosis to include chronic ay. S (Minimum Data Set) an Annual nent reference date of 5/29/17 ent as scoring a 15 out of a he Brief Interview for Mental g no cognitive impairment.	F 425	 Resident #11 medication was obtrom the pharmacy. Residents that have physician or medication administration have potential to be affected. Facility licensed nurses in-servimedication administration policing re-ordering mediation in a timel manner and utilizing the Cubex facility. DON/designee will audit MAR. 3xs a week for 30 days, then 2x for 30 days. Results of audits will be reported QAPI committee for recommer A.O.C. 9/06/17. 	ced on y and ly in /TAR s a week	
	and untod with	iss and pour observation was LPN #1 on 7/25/17 at 5:16 p.m., 1. The nurse prepared three		:	tion shoot Rago, 102 of 11	

STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN O	FCORRECTION	IDENTIFICATION NO.	A. BUILDING			С		
*.		495330				07/27/2017		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323				
(X4) ID PREFIX TAG	/EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE:		
F 425	Continued From predications to incomplete anti-depressant), anti-psychotic) and anti-diabetic medilinhaler. The nurse and then shook the and administered. A reconciliation of and the physician 7/26/17. The phyresident should he gass observation order dated 5/20/mirtazapine tab 3 mouth daily at 5 pmouth daily at 5 pm	lage 102 clude Sertraline 100 mg (an Risperdone 100 mg (an d Metformin 500 mg (an cation), and a Ventolin Hfa e administered the three pills to the resident. If the administered medications orders was conducted on sician orders indicated the ave also been administered one rtazapine during the medication conducted on 7/25/17. The 17 read to administer 0 mg (milligram) one tablet by om for depression. Idministration Records (MAR) and the entry for the daily dose of mg scheduled at 5:00 pm for ed with LPN #1's initials. On the LPN #1 wrote, "7-25-17 5 pg awaiting from pharm of give" and initialed the entry. It is a conducted on 7/27/17 at 5:15 on the conducted on 7/27/17 at 5:15 on the conducted on 7/27/17 at 5:15 on the conducted "Medication Ordering from Pharmacy" effective date	F 4					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A BUILDING			C C		
		495330	B. WING			07/27/2017	
	PROVIDER OR SUPPLIER	ESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP C 1017 GEORGE WASHINGTON HIGH CHESAPEAKE, VA 23323			
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F 431 SS=D	2. If not automatical repeat medications the top label from the placing it in the approximation form provided by the placing it in the approximation of the refill order is electronically or othe pharmacy. When appharmacy label (incompulled and transmit) Pharmacy Process 2. Pharmacy Fax C Schedule (fax lines ***Please allow 48-delivered*** 483.45(b)(2)(3)(g)(LABEL/STORE DR.) The facility must prodrugs and biological them under an agres §483.70(g) of this punicensed personnel aw permits, but on supervision of a lice (a) Procedures. Apharmaceutical ser that assure the accordispensing, and adbiologicals) to mee (b) Service Consultations of the place	ally refilled by the pharmacy, (refills) are ordered by peeling the physician order sheet and propriate area on the order the pharmacy for that purpose itically ordered as follows* is called in, faxed, sent there is called in, faxed, sent the envise transmitted to the envilable and legible, the cluding bar-code, if used is stated to the pharmacy. Training: Cutoff Times and Delivery #1). The hours for refills to be with DRUG RECORDS, and the emergency als to its residents, or obtain the ement described in the legible in the	F 4				
	employ or obtain the pharmacist who	e services of a licensed		-			

Event ID: X63511

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIE/PCLIA (X2) MULTIPLE CONSTRUCTION OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPEIER/CHA IDENTIFICATION NUMBER	' '	TIPLE CONSTRUCTION ING	COMPLETED
		405220	B WING		C 07/27/2017
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP COI 1017 GEORGE WASHINGTON HIGHW CHESAPEAKE, VA 23323	DE
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
F 431	(2) Establishes a disposition of all detail to enable at (3) Determines to that an account of maintained and (g) Labeling of Drugs and biolog labeled in according professional prinappropriate accessional prinappropriate access	system of records of receipt and controlled drugs in sufficient in accurate reconciliation; and that drug records are in order and of all controlled drugs is periodically reconciled. Trugs and Biologicals. Gicals used in the facility must be dance with currently accepted ciples, and include the essory and cautionary. The expiration date when the facility and biologicals in ments under proper temperature rmit only authorized personnel to the keys. Trugs and Biologicals. Trugs and Biologicals. Trugs and Biologicals in ments under proper temperature rmit only authorized personnel to the keys. Trugs and Biologicals in ments under proper temperature rmit only authorized personnel to the keys. Trugs and Biologicals in ments under proper temperature rmit only authorized personnel to the keys. Trugs and Biologicals in ments under proper temperature rmit only authorized personnel to the keys.		F431 1. The vial of PPD Aplisol soludiscarded appropriately. 2. Residents who have physicismedication/PPD requiring reand dating upon opening hapotential to be affected. 3. Facility licensed nurses insmedication storage and datinopening. 4. DON/designee will audit marefrigerator medication storage week for 30 days, then 2xs 30 days. 5. Results of audits will be reput QAPI committee for recomma. A.O.C. 9/06/17.	an order for efrigeration ve the serviced on ng upon ed room age 3xs a a week for ported to smendations.
	by: Based on gene	ral observations of the nursing			And the second of the second o
	facility, the facili were dated in a	ty failed to ensure medications coordance with currently accepted		· 1	

medication refrigerators.

professional principles in 1 out of 2 facility

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		40.5320	B. WING		ł	C / 27/2017	
	CONTROL OF CHERTIFE	495330	B. WING	STREET ADDRESS, CITY, STATE, ZIP C		12112011	
	PROVIDER OR SUPPLIER			1017 GEORGE WASHINGTON HIGH			
CARRIN	GTON PLACE OF CH	IESAPEAKE		CHESAPEAKE, VA 23323			
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F 431	Continued From p	age 105	F	131 ·		Account of the control of the contro	
	The North West Upossessed 1 undan Derivative) PPD-A	Init medication refrigerator ated vial of (Purified Protein aplisol.				And a contract of the contract	
	The findings inclu	de:					
	medication rooms undated vial of multiple perivative) PPD-A was identified in the vial was one in us Practical Nurse (Line have been dated the medication words. She proceed into the medication was also be proceed into the medication was also be proceed into the medication was also be proceed into the medication was also be proceed into the medication.						
	Assistant Director Director of Nursin should be done wundated in the meresponded that the in the sharps contact way to determine	proximately 1:45 p.m., the of Nursing (ADON) and the g (DON) were asked what ith a multi-dose vial if it was edication refrigerator. They e vial needed to be disposed of tainer because there was nowhen it was opened. They ated PPD vial and disposed of it.					
	"Administering Me indicated, "The exmedication label radministering. When it is administering."	y and procedure titled edications" dated 12/2012 kpiration/beyond use date on the must be checked prior to nen opening a multi-dose e opened shall be recorded on					
	The professional	standard from Drug Inserts.com				:	

STATEMENT OF DEFICIENCIES (X1) PROVIDER SUPPLIER VICTA (X1) PROVIDER SUPPLIER VICTA (X2) PROVIDER SUPPLIER VICTA (X3) PROVIDER SUPPLIER VICTA (X4) PROVIDER SUPPLIER VICTA (X5) PROVIDER SUPPLIER VICTA (X6) PROVIDER SUPPLIER VICTA (X7) PROV		(X.1) PROVIDER/SUPPLIER/CLIA			STRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN O	CORRECTION	IDENTIFICATION NUMBER	A. BUILDING			С	
		495330	B. WING		. , . , A. / 10 a a	07/:	27/2017
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
CARRING			l ID	Ones.	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
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F 431	should be discarded	als in use more than 30 days ed due to possible oxidation thich may affect potency.	F	131			
F 469 SS=E		TAINS EFFECTIVE PEST RAM			169		
	so that the facility This REQUIREME by: Based on observa staff interviews, th an effective pest of living units and the The findings include During the initial factors of the 7/27/17, flies were On 7/25/17 at app	ded: acility tour and general e facility from 7/25/17 through e observed as listed: proximately 11:30 a.m., on the e observed in the corridor, in on a urinal in room 405 B and		3.	contacted Ecolab for pest contr services regarding flies and Eco serviced facility on 7/28/17. Residents that reside in the faci the potential to be affected. The facility Director of Mainte serviced on maintaining pest co schedule and as needed service protocol. Maintenance Director/designee monitor pest control 3xs a weel days, then 2xs a week for 30 da	ol olab olab olab olab olab olab olab ol	
	were observed fly and in room 102 table. At approximobserved sitting of swarming around	It approximately 1:20 p.m., flies ving about in the 100 hall corridor A sitting on the over the bed nately 4:30 p.m., flies were on the medication cart and the nurse's station.	A TOTAL CONTRACTOR OF THE PARTY		roughter		
Ψ.	observed in the d	lining room flying about. As the smoking area opened for	* * * * * * * * * * * * * * * * * * *				:

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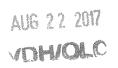
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	TIPLE CONSTRUCTION DING		ATE SURVEY DMPLETED
,		495330	B. WING		0	C 7/27/2017
	NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE			STREET ADDRESS, CITY, STATE 1017 GEORGE WASHINGTON CHESAPEAKE, VA 23323		
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F 469	into the dining are	page 107 3 flies were observed coming ea. Residents were observed Is to keep the flies away from	F4	469		
	wide observation with the Director Maintenance statultraviolet lights (aultraviolet rays to insect pests without coxic chemicals.) the lights are four Maintenance also exit doors with fly air across a door insects) but the fato have the air cuentrance door an reduce the fly poprovided which recompany had ide	of the building was conducted of Maintenance. The Director of ed the facility had the Ecolab an insect trap that uses powerful attract flies and other flying but the use of chemicals harmful, to aide with fly control but often and unplugged. The Director of a stated there were only three of curtains (a unit which circulates way to reduce penetration of acility would be obtaining quotes rain installed at the front d the dining room exit door to obtain the curtains. An invoice was evealed the pest control ntified large flies in the facility on ormed interior spot treatment.				
	approximately 11 observed with a f swatting flies. The coming in as the out of the door be slowly. The residence seat and place walker. Periodical	during the lunch meal at :55 a.m., a female resident was ly swatter in the dining room e resident stated the flies were residents who smoke go in and ecause the door closes so ent was observed returning to sing the swatter in a bag on the lly she would swat at a fly near up and chase flies around the				

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

Event ID: X63511

Facility ID: VA0043

If continuation sheet Page 108 of 116



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRO IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1	TIPLE CONSTRUCTION NG	СОМ	E SURVEY PLETFD	
,		495330	B. WING			27/2017	
	NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE			STREET ADDRESS, CITY, STATE 1017 GEORGE WASHINGTON CHESAPEAKE, VA 23323	n Highway North	ктн	
(X4) ID PREFIX TAG	/EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN X (EACH CORRECTIVE CROSS-REFERENCED DEFICE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 469	Continued From p	age 108	F4	169			
F 514 SS=D	On 7/27/17 at approximately 6:15 p.m., the above findings were shared during the pre-exit debriefing with the Administrator, Director of Nursing, Corporate Administrator and the Regional Nurse Consultant. The Administrator stated they were addressing the fly control problem and would be looking at other options to reduce flies in the facility. 483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that			514			
	(i) Complete;		Annual field point and selection of the	;		The second of th	
	(ii) Accurately do	cumented;	1000 t 1000			:	
	(iii) Readily acces	ssible; and	100 mm			! !	
	(iv) Systematicall	y organized					
	(5) The medical r	ecord must contain-		† :			
	(i) Sufficient infor	mation to identify the resident;			,		
	(ii) A record of th	e resident's assessments;			The statement of the st		
	(iii) The compreh provided;	nensive plan of care and services	5		The regions of the second of t	Section Section	
	(iv) The results of and resident revi	of any preadmission screening ew evaluations and					

TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER 495330 NAME OF PROVIDER OR SUPPLIER			(X3) DATE SURVEY COMPLETED C 07/27/2017	
		STREET ADDRESS CITY STATE ZIP CODE	077.	21/2017
ESAPEAKE			ORTH	
MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	.D BE	(X5) COMPLETION DATE
se's, and other licensed ress notes; and iology and other diagnostic required under §483.50. NT is not met as evidenced erviews, clinical record review ent review the facility staff failed sician order to include Dakins Treatment Administration October 2016 for 1 of 35 of the survey. Ied to transcribe an order to include Dakins solution on Treatment Administration of the include Dakins solution on the facility arged to local hospital on the facility on the		 Resident #25 has been discharg facility. Residents that have physician of treatment administration to presinjury has the potential to be af Wound Physician in-serviced of own physician order. Facility linurses in-serviced on physician transcription. DON/designee will conduct audiew physician orders transcript MAR/TAR 3xs a week for 30 days. Results of audits will be reported. 	rder for ssure fected. n writing censed order fit of ion to ays,	
	495330 ESAPEAKE TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) Ige 109 ducted by the State; se's, and other licensed ress notes; and iology and other diagnostic required under §483.50. NT is not met as evidenced erviews, clinical record review ent review the facility staff failed sician order to include Dakins Treatment Administration Detober 2016 for 1 of 35 Int #25) in the survey. Ied to transcribe an order to to include Dakins solution on Freatment Administration Ied: originally admitted to the facility arged to local hospital on tharged to a local hospital on tharged to a local hospital on tharged to a local hospital on tharged to a local hospital on tharged to a local hospital on tharged to a local hospital on tharged to Sacral Pressure Ulce that the sament Reference Date (ARD) cognitive impairment. In	### A BUILDING ### B WING ### A BUILDING ##	A BUILDING 495330 B WING STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY N CHESAPEAKE, VA 23323 PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL) TAG GEORGE WASHINGTON HIGHWAY N CHESAPEAKE, VA 23323 PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL) TAG F 514 1. Resident #25 has been discharg facility. 2. Residents that have physician or treatment administration on the facility staff failed sician order to include Dakins Treatment Administration Treatment Adm	A BRILONG 495330 B WING STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA. 23323 TEMENT OF DEFICIENCIES FINANCE IN PRECEDED BY FULL SECREPATIVE NET OR MACRISH IN PROPERTY PLAN OF CONRECTION GEORGE CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE 1. Resident #25 has been discharged from facility. 2. Residents that have physician order for treatment administration to pressure injury has the potential to be affected. 3. Wound Physician in-serviced on writing own physician order. Facility licensed nurses in-serviced on physician order. Facility licensed nurses in-serviced on physician orders transcription to MAR/TAR 3xs a week for 30 days, then 2xs a week for 30 days

PRINTED: 08/10/2017 FORM APPROVED OMB NO. 0938-0391

TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(XZ) MOLTIPLE CONSTRUCTION				DATE SURVEY COMPLETED	
ND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING				С	
		495330	B. WING			,	7/27/2017	
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE				10	TREET ADDRESS, CITY, STATE, ZIP CO 017 GEORGE WASHINGTON HIGHW :HESAPEAKE, VA 23323			
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 514	and bathing, exten mobility, transfer a assistance of one Activities of Daily L	nued From page 110 pathing, extensive assistance of two with bed lity, transfer and dressing, extensive tance of one with eating and toilet use for ities of Daily Living care.						
	Resident #25's comprehensive care plan documented resident with potential for further skin breakdown due to (d/t) decreased mobility incontinent of bowel elimination and cognitive deficits. Resident has use of splints and press reductions devices; history of healed pressure ulcers with an unstageable (3) to sacrum and right heel with ongoing treatments to sacrum and heel. The goal: to have no increase in size of pressure ulcer or signs or symptoms (s/s) infection by next review. Some of the intervention/approaches to manage goal included: wound nurse and Wound Physician needed and treatment as ordered.	ent with potential for further ue to (d/t) decreased mobility, el elimination and cognitive has use of splints and pressures; history of healed pressure tageable (3) to sacrum and poing treatments to sacrum and have no increase in size of signs or symptoms (s/s) eview. Some of the aches to manage goal surse and Wound Physician as						
	documented the sistage 3 (4). The vinfection. The wo 0.1 cm with a surfipurulent exudate vired periwound racingular surgically debride establish the marginal treatment to sacrafollowing: skin president and sacrafollowing; skin	wound care specialist acral wound pressure ulcer as wound had deteriorated due to und measured 4 cm x 5 cm x ace area of 20.00 cm2, light with 100% yellow necrotic with dius. The sacral wound was d removing necrotic tissue and gins of the viable tissue. The all wound was changed to the ep (5) to peri-wound, apply Dakins moistened gauze and otective dressing.						
	Administration Re	October 2016 Treatment ecord (TAR), the last sacral written on 09/29/16 as follows: yound, apply Santyl and cover de dressing daily.					:	

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

Event ID: X63511

Facility ID. VA0043

If continuation sheet Page 111 of 116



AUG 22 2017

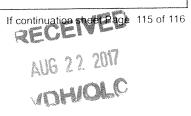


CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ND PLAN OF	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			С	
•		495330	B. WING			07/27/2017	
	NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE			101	REET ADDRESS, CITY, STATE, ZIP CODE 17 GEORGE WASHINGTON HIGHWAY NOI IESAPEAKE, VA 23323	RTH	
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TAG	REGULATORY OR	LOCIDENTII FINO III C.			DEFICIENCY)		
F 514	Continued From p	age 111	F	514			
	An interview was conducted with the wound care specialist on 07/27/17 at approximately 11:25 a.m., who stated Resident #25's sacral wound was an unstageable and not a stage 3 on 10/13/16.		AND THE CONTRACT OF THE CONTRA	A STATE OF THE STA		: : : : : : : : : : : : : : : : : : : :	
	Treatment Admini indicate the physic the following orde	d review, October 2016 stration Record (TAR) did not cian order was transcribed for r written on 10/13/16: Skin prep oly Santyl, cover with Dakins and covered with protective		manus mass of also			
	07/27/17 at 11:25 wound care speci Resident #25's T/ written on 10/13/2 peri-wound, apply moistened and co daily was never to	ew with wound care specialist on a.m., the surveyor informed the ialist that after reviewing AR for October 2016, the order to apply skin prep to a Santyl then apply Dakins over with dry protective dressing ranscribed indicating the Dakins solution was never				***	
	started to the sact the wound care so the Dakins solution she replied "Daking unfortunately, Date treatment in maninfection." The solutions who	cral wound. The surveyor asked specialist, "How important was on to sacral wound treatment" ns never added, that's an issue akins was a significant form of aging the sacral wound for urveyor asked, "What is your en you write wound care orders," alist stated, "I expect for the	MANAGEMENT OF THE PROPERTY OF				
	orders to be tran surveyor asked in she had written of never transcribed	scribed as ordered," the f she was informed that the orde on 10/13/16 to add Dakins was d to the October 2016 TAR, she ad no idea that Resident #25 the Dakins to her sacral wound.	1			on choot Page, 112 of	

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
AIND PLAN U	CONTROLLOR	495330	B. WING			C 07/27/2017		
	NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
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	the nurse making communicated verice going to be written wound progress or orders is also em (DON) and the worders is available for revise everything is compleave the facility. The facility admirring finding during a bapproximately 5: what is the facility following up on one specialist, the DON will send out and nurse and also grands in the worders is and put on the Mark or TAR. It is shift reviews the wound care specific. The DON forward the wour	specialist proceeded to say that wound rounds is always arbally of all new orders that's in that day, and a copy of the eport that includes all new ailed to the Director of Nursing bund nurse. The surveyor the wound progress report ew", she replied, "The same day, apleted the same day before I instration was informed of the priefing on 07/27/17 at 15 p.m., the DON was asked by process and procedure for orders written by the wound DN replied, "The wound specialist email to me and the wound care into the wound specialist. The priew all new orders written for sure they have been transcribed edication Administration Record The surveyor asked if the night progress report written by the cialist for new orders, she replied, proceeded to say that moving and specialist will be writing all then give them orders the nurse		514		Reserve Lamps		
	The facility's poli Orders" (Revised	cy: "Medication and Treatment d April 2014).						
	"Policy Statemer	nt: Orders for medications and e consistent with principles of						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. (495330)		3	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495330	B. WING		C 07/27/2017
	NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF CHESAPEAKE			STREET ADDRESS, CITY, STATE, ZIF 1017 GEORGE WASHINGTON HIG CHESAPEAKE, VA 23323	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
	Continued From page 113 safe and effective order writing. Policy Interpretation and Implementation and included but not limited to: #7. Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include the order and must include prescriber's last name, credentials, he date and time of the order. #8. Verbal orders must be signed by the prescriber at his or her next visit."			514	
	skin and tissue in cuts, scrapes are before and after wound infections hypochlorite solutions been diluted	ion is used to prevent and treat infections that could result from ad pressure sores. It is also used surgery to prevent surgical s. Dakin's solution is a type of ution. It is made from bleach that d and treated to decrease irritation om/skin-care/medications/dakin-s).			The second secon
	and underlying s prominence or r device. The inju open ulcer and as a result of int or pressure in c tolerance of sof may also be affe perfusion, co-m	er is localized damage to the sking of tissue usually over a bony elated to a medical or other ry can present as intact skin or armay be painful. The injury occursense and/or prolonged pressure ombination with shear. The tissue for pressure and shear ected by microclimate, nutrition, orbidities and condition of the soft ap.org/resources/educational-and			

CENTERS FOR MEDICARE & MEDICA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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·						C		
		495330	B. WING		EET ADDRESS, CITY, STATE, ZIP CODE	07/	27/2017	
NAME OF F	NAME OF PROVIDER OR SUPPLIER				GEORGE WASHINGTON HIGHWAY NO	RTH		
CARRING	GTON PLACE OF CH	ESAPEAKE			SAPEAKE, VA 23323			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
TAG	Continued From pa-clinical-resources/ 3. Unstageable Priest full-thickness skin skin and tissue los damage within the because it is obscissough or eschar is 4 pressure injury with (i.e. dry, adherent, fluctuance) on the not be softened or (http://www.npuap-clinical-resources) 4. Stage 3 Pressure injury with the because it is obscissored in the unity of the softened or (http://www.npuap-clinical-resources) 4. Stage 3 Pressure injury with the interest in the unity of the softened or (http://www.npuap-clinical-resources) 4. Skin prep is a that, upon applicate protective film to he in the softened or th	age 114 (npuap-pressure-injury-stages). ressure Injury: Obscured and tissue loss. Full-thickness in which the extent of tissue ulcer cannot be confirmed ured by slough or eschar. If is removed, a Stage 3 or Stage will be revealed. Stable eschar intact without erythema or heel or ischemic limb should removed. org/resources/educational-and/npuap-pressure-injury-stages/) are Injury: Full-thickness skin is of skin, in which adipose (fat) are and granulation tissue and und edges) are often present. The depth varies by anatomical location; at adiposity can develop deep ining and tunneling may occur. Indon, ligament, cartilage of exposed. If slough or eschar nt of tissue loss this is an sure Injury corg/resources/educational-and s/npuap-pressure-injury-stages). Thin liquid film-forming dressing tion to intact skin, forms a nelp reduce friction during	F			RIATE	DATE	
	removal of tapes a (http://www.smith- ucts/advanced-wo	-nephew.com/professional/prodound-management/skin-prep/).		:				



CENTER:	S FOR MEDICARE	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(XŽ) MUL	TIPLE C	CONSTRUCTION	(X3) DAT	E SURVEY IPLETED		
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					STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323				
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF C		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F 514	Continued From p 5. Santyl is used ulcers. Collagenas helping to break u tissue. This effect and speed up you	rage 115 to help the healing of burns and se is an enzyme. It works by and remove dead skin and may also help to work better ur body's natural healing process		514					
~			-			AUD EE			
, vervisionament	i		62511		Facility ID: VA0043	If continuation she	eet Page 116 of 11		