PRINTED: 02/07/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495142	B. WING		1	C / 26/2017
	PROVIDER OR SUPPLIER	ЕНАВ		STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		12012011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	-s	Foo	00	halika 24900a seediinteen ja	
	one complaint was survey. Corrections with the following 42	Medicare/Medicaid standard ted 1/24/17 through 1/26/17. investigated during the sare required for compliance 2 CFR Part 483 Federal Longnents. The Life Safety Code llow.		RECEIV	ŒD	
	147 at the time of the consisted of 21 cur (Residents # 1 throad)		F 15	FER 16 2	017 . C	
	consult with the resi	mediately inform the resident; dent's physician; and notify, or her authority, the resident		1. Corrective action has been accomple for the alleged deficient practice in retoo Resident #1. All licensed staff educated on the importance of notifyin MD and POA on thoughts of self-harm changes in physician's orders.	gards were g the	
	results in injury and physician intervention	nge in the resident's physical,		2. Current facility residents have potential to be affected by the all deficient practice. The 24 hour report be audited from 1/26/17 through 2/1 for any changes and new orders and en notification of the MD and POA.	leged will 3/17	
	deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of reatment due to adverse consequences, or to commence a new form of treatment); or			3. Measures put into place to ensure alleged deficient practice does not include: The Director of Nursing at nursing administration team will mo 10 residents per week for 4 weeks the residents per month for 3 months to en MD and POA are notified of any chain condition and/or new orders.	nitor n 15 nsure nges	
30KATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNA	ATURE	TITLE	.()	X6) DATE

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

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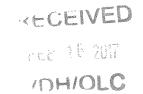
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495142	B. WING			01	C / 26/2017
	PROVIDER OR SUPPLIE			380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601		120/2011
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	resident from the section of the section of this section all pertinent inform is available and prophysician. (iii) The facility muresident and the rewhen there is- (A) A change in research of the section of the sec	ransfer or discharge the facility as specified in notification under paragraph (g) on, the facility must ensure that nation specified in §483.15(c)(2) ovided upon request to the st also promptly notify the esident representative, if any, om or roommate assignment (3.10(e)(6); or sident rights under Federal or tions as specified in paragraph on. Set record and periodically (mailing and email) and he resident representative(s). Note is not met as evidenced erview, facility document record review, it was stillity staff failed to notify the RP and MD (Medical Doctor) of a for one of 27 residents in the	F 1	57	 4. The Director of Nursing and/or de will analyze reviews/observations patterns/trends and report in the Q Assurance Committee quarterly for months to evaluate the effectiveness plan and will adjust the plan base outcomes/trends identified. 5. Completion Date: 3/3/17 	s for Quality or six of the	

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Event ID: 5XO911

Facility ID: VA0218

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIE	495142	B. WING	REET ADDRESS, CITY, STATE, ZIP COD	01	/26/2017
EVERG	REEN HEALTH AND	REHAB	38	0 MILLWOOD AVENUE INCHESTER, VA 22601		
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	RP of a new physithat was initiated of that was initiated of that was initiated of the findings included. The findings included that included but with disorder, high blood disease (stage 3), COPD (chronic ob Resident #1's mosset) was a quarterl (assessment references the ability to make out of 15 on the BII Status) exam. Resident #1 was crequiring extensive most ADLS (activitit transfers, locomoticity in the similar transfers, locomoticity in the similar transfers, locomoticity in the similar transfers in the simila	, facility staff failed to notify the cian's order for Risperdal [1] on 12/15/16. de: as admitted to the facility on ted on 5/13/16 with diagnoses were not limited to mood d pressure, chronic kidney atrial fibrillation, stroke, and structive pulmonary disease). It recent MDS (minimum data y assessment with an ARD ence date) of 11/9/16. Odded as being cognitively intact as daily decisions scoring 15 MS (Brief Interview for Mental sident #1 was coded as assistance from staff with es of daily living) including on, toileting, and personal ndence on staff with bathing,	F 157	DETIGINATION		
; ; ;	to the Resident: "C you been bothered problems?l. Thou off dead, or of hurtin "1" was documente indicating "Yes." A under "Symptom Fr resident never had thoughts for one da Review of the clinical	lowing for Resident #1: "Say over the last 2 weeks, have by any of the following ghts that you would be better ng yourself in some way." A d under "Symptom Presence" '0" (zero) was documented equency" indicating the these thoughts or had these				

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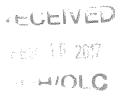
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NAME OF	PROVIDER OR SUPPLIE		D. WING	STREET ADDRESS, CITY, STATE, ZIP	CODE	01/26/2017	
EVERGE	REEN HEALTH AND	REHAB		380 MILLWOOD AVENUE WINCHESTER, VA 22601			
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	"This worker went doing. Resident v different things. Thad a thought of hyes but she has no wants a medicatio day that would hel Wellbutrin [2] 150 Resident is seen to Resident said she one with a counse if her daughter wo daughter called the come to see her be talked about doing program. This worker documente more to the clinical of Psychiatrist)." The next note date worker documente review. Resident is place, and time). Resident is place, and time). Resident is seen be this review, this woe how she was doing sadness. Resident daughter has not be asked resident if sherself and resident it would make her for the worker doy and set the other day and set the set of the set o	in to talk to see how she is vas sad. We talked about his worker asked resident if she urting herself and resident said or plan. Resident says she in for her depression during the pher. Resident takes in for her depression during the pher. Resident takes in (milligrams) per day. It is interested in talking one on lor. Resident would feel better all during the per day and said she will use the day and said she will use the day and said she will use the told the nurse on duty all of ion. This information will be a Nurse who works with (Name of 1/11/16 from the social during the following: "Quarterly alert and oriented X3 (person, esident is compliant with her is a diagnosis of Depression. It is worker the had a thought of hurting the had a thought of hurting the said yes but she has no plant eel better if her daughter into says her daughter called aid she will come to see her in. Resident said she is	F 1	57			
,	It would make her f visited her. Reside the other day and s but did not say whe interested in meetir one. The above inf	eel better if her daughter nt says her daughter called aid she will come to see her					

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Event ID: 5XO911

Facility ID: VA0218

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA (X2) MU		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	1		New York Control of the Control of t		MPLETED		
	F 157 Continued From p 11-10-16. The abordinical nurse who Psychiatrist)." No other notes or regarding the aborevidence that the doctor or Psychiat above events. On 1/25/17 at 9:22 conducted with OS						С		
NAME OF	DDOMDED OF CURPUER	495142	B. WING			01	1/26/2017		
	REEN HEALTH AND R			38	TREET ADDRESS, CITY, STATE, ZIP CODE 80 MILLWOOD AVENUE VINCHESTER, VA 22601				
PRÉFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE		
	11-10-16. The above clinical nurse who we Psychiatrist)." No other notes or a regarding the above evidence that the Redoctor or Psychiatrist above events. On 1/25/17 at 9:22 a conducted with OSM the social worker. We process staff follows thoughts of self harm would speak with the plan of self-harm. Or eport this to the nur OSM #9 stated that already seeing the period that if the resistance of the psychiatrist come in #9 stated that Reside has a diagnosis of dewas asked if she coureported thoughts of	ge 4 re information was given to the works with (Name of seessments could be found e situation. There was no responsible Party, Medical st were made aware of the sees a.m., an interview was of (Other Staff Member) #9, When asked about the sees when a resident reports on, OSM #9 stated that she resident to see if they had a resident to see if they had a resident was not see manager or nurse on shift. If the resident was not sychiatrist, she would have uate the resident. OSM #9 dent was already under the first, she would have the for an as needed visit. OSM rent #1 is often tearful, and repression. When OSM #9 stated, it think I told the nurse on	F 1	57					
	duty, [name of nurse nurse #17) 7-3 (7:0 and (name of nurse (that LPN #1 worked cand made rounds with often the psychiatrist stated, "Once a week esponsible for notifyimedical doctor or psy	(LPN licensed practical 0 a.m. to 3:00 p.m.) shift, LPN #1)." OSM #9 stated directly with the Psychiatrist, h him. When asked how visited the facility, OSM #9" When asked who was ng the responsible party, rchiatrist when there are this regarding self harm from							

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	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER		TIPLE CONS	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			380 MILL	ADDRESS. CITY, STATE. ZIP CODE LWOOD AVENUE ESTER, VA 22601	1 01.	/20/2017
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F 157	responsible. OSM nurses notified the doctor. I don't think make the (name of know if (Name of Ll ask her." On 1/25/17 at 9:35 conducted with LPN clinical nurse. LPN when following the that she takes note: orders when the psymedications, and mhow often the psych#1 stated that he co is on vacation. LPN process staff is to fothoughts of self hard #1 stated that if a repsychiatric services would follow up that prn (as needed) base evaluation would be not receiving psychestated that she wou psychiatrist). When for notifying the responsible the social worker, the notifying the RP. staff usually could not RP. When asked if Resident #1 reported social worker, LPN #1 stated that it thoughts of self hard thoughts of self hard process.	stated that the nurses were #9 stated, "I am not sure if the RP (responsible party) or I did. I personally didn't psychiatrist) aware. I don't PN #1) did. You would have to a.m., an interview was I (licensed practical) #1, the #1 was asked about her role psychiatrist. LPN #1 stated is during rounding and writes yochiatrist recommends certain onitoring etc. When asked hiatrist visits the facility, LPN immes in every week, unless he I #1 was asked about the follow if a resident reports in to the social worker. LPN esident was already under then (Name of Psychiatrist) week with the resident on a sis or a psychological requested if the resident was blogical services. LPN #1	F 1	57			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495142	B. WING			С
	PROVIDER OR SUPPLIER		STF 380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601		1/26/2017
(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 CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
	on a prn basis. LP can find that." Wh the responsible particle stated, "No, not if the document." On 1/25/17 at 10:4 (Psychiatrist) did now when asked if he will be ware." On 1/25/17 at 2:13 conducted with ASM member) #4, the Psyche would expect now when a resident report suicide. ASM #4 prompts him. ASM to him that a reside he would visit with the stated that he did reporting any thoug not recall being notion. On 1/25/17 at 4:08 prompts of self-harmabout the process for the that a resident hat stoughts of self-harmabout the process for the that a resident to fithoughts, review curfamily come in, and #17 stated that she with the resident that she with the resident that she with the resident that thoughts, review curfamily come in, and #17 stated that she with the resident that the residen	en the psychiatrist came to visit N #1 stated, "Let me see if I en asked if she could recall if the record of the social worker didn't he social worker didn't for the social for the	F 157			

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	PROVIDER OR SUPPLIER			STF 380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601	U1/	/26/2017
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F 157	and notify the famil #17 stated that she (Name of Psychiatr remembered hearing she was not the null LPN #17 stated she duty that day who was a state of the conducted with ASM Nursing). ASM #2 nursing staff to assefor a plan of self-hadministrator, MD (practitioner) on call nursing staff felt that self-harm, they wousent to the hospital depending on the self-harm, they wousent to the hospital depending on the self-harm, and provide information on 1/26/17 at 8:45 conducted with ASM #1 stated that she was the responsible part administration if a reof self-harm. She devents. ASM 1 state it." On 1/26/17 at 9:04 a interview was attemphysician. He could interview.	ald call the doctor, supervisor, y or any close relatives. LPN would also follow up with ist). LPN #17 stated she ing about the above events, but itse that this was reported to. It is could not recall the nurse on was assigned to Resident #1. In p.m., an interview was with a many was and interview was with a many was and interview the resident itses and interview the resident it is and notify himself, the medical doctor) or NP (nurse with a many was at risk for a lid need to be monitored or for a psychological evaluation, everity of the situation. ASM and any recall an incident with #2 stated, "I'll look into that	F 1	57			

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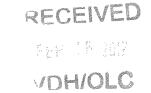
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601	01	1/26/2017
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	10/11/16 7-3 shift. events. On 1/26/17 at 10:2 attempted with LPN 10/11/16 7-3 shift. On 1/25/17 at 5:25 administrator, and Nursing) were made concerns. The facility policy ti and Responsible" of following: "To infor party of any change PROCEDURE: 1. Neractitioner) of any condition of the resemble of the resemble of the resemble of POA (power Poals tatement). So any changes and/or name of POA (power Poals tatement). So allow information to No further information. The responsible part for Risperdal [1] that Review of Resident the following note for 12/14/16, "This is female who appears sitting in a chair I (Sposture. She was continuous contin	N #16, a nurse who worked on She could not recall the above 5 a.m., an interview was N #19, a nurse who worked on She could not be reached. p.m., ASM #1, the ASM#2, the DON (Director of le aware of the above tled "Notification of Physician documents in part, the m physician and responsible es in the care of the resident. Notify MD/NP (Nurse changes in care, changes in ident2. Document name of their response to notification 3. Notify responsible party of r new orders. 4. Document er of attorney) notified and Check 24 hour report. The proof of a new physician's order twas initiated on 12/15/16. #1's clinical record revealed om the psychiatrist dated an 81 year old Caucasian of her stated age. She was ic.) her room and a normal ooperative, easily	F 157			
	attempted with LPN 10/11/16 7-3 shift. On 1/25/17 at 5:25 administrator, and Nursing) were made concerns. The facility policy ti and Responsible of following: "To inforparty of any change PROCEDURE: 1. Note that the following and condition of the responsible part of the responsible part of Resident #1, RP (responsible part of Resident the following note for 12/14/16, "This is female who appears sitting in a chair I (Sposture. She was cengage-able and materials)	N #19, a nurse who worked on She could not be reached. p.m., ASM #1, the ASM#2, the DON (Director of le aware of the above) tled "Notification of Physician documents in part, the m physician and responsible es in the care of the resident. Notify MD/NP (Nurse changes in care, changes in ident2. Document name of I their response to notification 3. Notify responsible party of r new orders. 4. Document er of attorney) notified and Check 24 hour report box to flow to 24 hour report." on was presented prior to exit. facility staff failed to notify the rty) of a new physician's order t was initiated on 12/15/16. #1's clinical record revealed om the psychiatrist dated an 81 year old Caucasian s of her stated age. She was ic.) her room and a normal				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	C		E SURVEY PLETED
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F 157	evidence of aggres was spontaneous tone. She describe and her affect was Thought process v. She denied and desuicidal, homicidal was alert and orier PLAN: I woul (side bedtime for mood Nuedexta [3] as it dat this time" Further review of Frevealed the follow "Risperdal Tablet 0 (Risperidone) Give psychosis." This of (licensed practical Review of Residenthe following note of Psychiatrist) in for the following note of the following po (by mouth) aware of new order Review of the clinic evidence that the Faware of the new of the n	and hygiene were fair. No ssion or agitation. Her speech with normal rate, volume and ed her mood was "Depressed tearful and dysphoric. was linear and goal directed. Immonstrated no evidence if or psychotic ideation. She at the tearth of th	F 1	57:			

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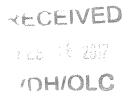
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B WING				(X3) DATE SURVEY COMPLETED C 01/26/2017	
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	PROVIDER OR SUPPLIE			380	EET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE ICHESTER, VA 22601		T/L0/L0 I ;	
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F 157	aware. When as made aware of th Risperdal, LPN # check. On 1/26/17 at 8:1 conducted with LI process followed order, LPN #16 si family and resider copy of the order stated that she we everyone. On 1/26/17 at 9:0 Resident #1's RP order was reques #6, the staff devel stated that she wo On 1/25/17 at 5:2 administrator and Nursing) were maconcerns. No further information was of schizirritability associatinformation was of Institutes of Health https://www.ncbi.rtm.012012/?report [2] Wellbutrin-antic depression. This The National Institutes.	arty and resident would be made ked if the responsible party was e new order for Resident #1's 1 stated that she would have to 5 a.m., an interview was PN #16. When asked about the when a physician writes a new tated that she would notify the not of the new order, make a and fax to pharmacy. LPN #16 build chart that she notified 0 a.m., information that was notified of the Risperdal ted from RN (registered nurse) opment coordinator. RN #6 build look into it. 5 p.m., ASM #1, the ASM #2, the DON (Director of de aware of the above ation was provided prior to exit. psychotic used to treat zophrenia, bipolar disorder or ed with autistic disorder. This btained from The National n. alm.nih.gov/pubmedhealth/PMH =details. depressant, used to treat information was obtained from	F 1	57				
	T0009361/?report [3] Nuedexta- Use							

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495142	B. WING		C 01/26/2017		
	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP 380 MILLWOOD AVENUE WINCHESTER, VA 22601		1/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	IVE ACTION SHOULD BE COMPLÉTION DATE DATE		
F 241	1/25/17 at 1:05 p. in bed. There was from the bottom robserved in the b An observation of 1/25/17 at 1:15 p. surveyor confirme in a privacy bag abag. Review of the 1/2 documented, "Fol (French) with 10 or please continue in Urinary retention 11/17/2016." Review of the 12/record documented with 10 cc ballo maintenance" Review of Reside 11/14/16 documented in indwelling catheretention. Interver Position catheter of the bladder and door." An interview was p.m. with LPN (lick When asked how had urinary catheter is kept in why a privacy bag a dignity issue." An interview was a dignity issue." An interview was a a.m. with LPN #7, resident on 1/25/1 been anything under the second in the privacy bag and the privacy bag an	.m. The resident was sitting up s a urinary catheter bag hanging railing of the bed. Urine was	F 2	reviews/observations patterns/trends and rep Quality Assurance quarterly for six months to effectiveness of the pla	for port in the Committee of evaluate the an and will based on		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495142	B. WING			1	C /26/2017		
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SS=D	walking up the hall bag so we put it in cher wheelchair but in why the catheter wa #7 stated, "Would y bag with lots of urin them into the privace An interview was coal." with Resident about having her call Resident #18 stated but they have it in a On 1/26/17 at 10:25 staff member) #1, the director of nursing findings. Review of the facility Catheter Care" document diamage be with dignity bag." No further information with dignity bag. "No further information of urither information with dignity bag." (d) The facility must social services to attend practicable physical, well-being of each residents in survey some staff interview, and clinical redetermined that facilimedically related socresidents in survey some facility staff faile #1, after she reporter	and saw it wasn't in a privacy one. She had a privacy bag on not on her bed." When asked as kept in a privacy bag, LPN ou want someone to see a e in it? That's why we put by bag." Onducted on 1/26/17 at 10:20 #18. When asked how she felt of the street bag open to view, dt, "I never thought of it before bag now so I'm ok." In a administrative ne administrator and ASM #2, and were made aware of the consumer of the was provided prior to exit. ON OF MEDICALLY SERVICE provide medically-related that or maintain the highest mental and psychosocial esident. T is not met as evidenced wiew, facility document ecord review, it was ity staff failed to provide cial services for one of 27 ample, Resident #1. d to follow up with Resident	F 2		F- 250 1. Corrective action has been accomplis for the alleged deficient practice in regator Resident #1. On 1/26/17 the So Worker was educated on the suice prevention policy. 2. Current facility residents have potential to be affected by the alleged efficient practice. The Director of Nursand/or nursing administration tecompleted 100% audit of all resident ord to validate each resident has an order for psychiatric consult as needed.	ards cial cide the ged ing am			

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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		
		495142	B. WING		01	C / 26/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 380 MILLWOOD AVENUE WINCHESTER, VA 22601		72072017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC 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	
	The findings included Resident #1 was a and readmitted on included but were high blood pressur (stage 3), atrial fib (chronic obstructived Resident #1's mosset) was a quarter (assessment refered Resident #1 was on the ability to make out of 15 on the BI Status) exam. Resident #1 was on the ability to make out of 15 on the BI Status) exam. Resident #1 was for the Resident was requiring extensived most ADLS (activite transfers, locomotic hygiene; total dependent was section D (Mood) of documented the for the Resident: "O you been bothered problems?I. Tho off dead, or of hurting "1" was documented indicating "Yes." A under "Symptom Fresident never had thoughts for one dad Review of the clinic following social ser "This worker went in (Resident #1) is doitalked about differed resident if she had and resident says she was a she was and resident says she was an and resident says she was an an and resident says she was an	de: admitted to the facility on 5/4/14 5/13/16 with diagnoses that not limited to mood disorder, re, chronic kidney disease rillation, stroke, and COPD e pulmonary disease). It recent MDS (minimum data ly assessment with an ARD ence date) of 11/9/16. oded as being cognitively intact ke daily decisions scoring 15 MS (Brief Interview for Mental sident #1 was coded as e assistance from staff with lies of daily living) including on, toileting, and personal endence on staff with bathing, with meals. of the 11/9/16 MDS Illowing for Resident #1: "Say Over the last 2 weeks, have by any of the following ughts that you would be better ng yourself in some way." A ed under "Symptom Presence" "0" (zero) was documented requency" indicating the these thoughts or had these	F 25	3. Measures put into place to alleged deficient practice docinclude: The Director of Nunursing administration team service education for licensed regarding suicide prevention Director of Nursing and/administration team will reviadmissions to ensure each resioned for a psychiatric consult at three months and then ongoing A random sample of resider audited quarterly thereafter continued compliance. 4. The Director of Nursing and will analyze reviews/observ patterns/trends and report in Assurance Committee quarter months to evaluate the effective plan and will adjust the plan outcomes/trends identified. 5. Completion Date: 3/3/17	es not recur ursing and/or began re-in- nursing staff policy. The for nursing iew all new ident has an as needed for g as needed. nts will be to ensure for designee for the Quality rly for six eness of the		

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Event ID: 5XO911

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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		495142	B. WING				26/2017	
NAME OF I	PROVIDER OR SUPPLIE	R	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP	CODE	017.	20/2011	
EVEDOD	EEN HEALTH AND	DELLAR		380 MILLWOOD AVENUE				
EVENGR	CEN HEALTH AND	KEHAD		WINCHESTER, VA 22601				
(X4) ID		TATEMENT OF DEFICIENCIES	; ID	PROVIDER'S PLAN OF CO		· • • • • • • • • • • • • • • • • • • •	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				COMPLETION DATE	
F 250 Continued From page 15			F2	250				
	Resident takes W	ellbutrin [1] 150 mg (milligrams)						
		t is seen by (Name of						
		sident said she is interested in				i		
		e with a counselor. Resident						
	would feel better i	f her daughter would visit her.						
	Resident says her	daughter called the other day					***	
		come to see her but did not say				!		
		alked about doing exercises in				ì		
		ogram. This worker told the						
		of the above information. This						
		given to the clinical Nurse who						
	works with (Name	ed 11/11/16 from the social				***		
		ed 11/11/16 from the social ed the following: "Quarterly				1		
		s alert and oriented X3.						
		iant with her care. Resident				į.	- Average of the second	
		Depression. Resident is seen					-	
		hiatrist). For this review, this						
		resident to see how she was					MODIFICACION	
	doing. Resident h	ad some sadness. Resident					ni di kacamatan	
	was sad because	her daughter has not been in to				1		
		ker asked resident if she had a						
	thought of hurting	herself and resident said yes						
		n. It would make her feel						
		ter visited her. Resident says				ĺ		
	-	d the other day and said she				1		
		er but did not say when.				1	-	
		is interested in meeting with a					erreza estado	
		one. The above information				1		
		rse on duty after this				3		
		-10-16. The above information				,	THE PROPERTY OF THE PROPERTY O	
		inical nurse who works with				1		
	(Name of Psychiat	assessments could be found				į		
		e situation. There was no				į		
		ocial worker had followed up						
		se or Resident #1 to see if						
						1		
interventions were in place to meet Resident #1's psychosocial needs. No other social work notes						4		

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		495142	B. WING			01	/26/2017		
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	conducted with OS the social worker. process staff follow thoughts of self hawould speak with the plan of self-harm. The process staff follow thoughts of self hamould speak with the plan of self-harm. The process stated that if the recare of the psychiatrist evant stated that if the recare of the psychiatrist come in th		F	:50					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X	(X3) DATE SURVEY COMPLETED		
		495142	B. WING		C 01/26/2017			
	PROVIDER OR SUPPLIE			STREET ADDRESS. CITY, STATE, ZII 380 MILLWOOD AVENUE WINCHESTER, VA 22601	P 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 ACTI CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIA			
F 250	Resident #1 ever stated, "To my know thoughts since the On 1/26/17 at 8:40 conducted with AS member) #1, the at that she would exup with the reside thoughts of self-habeing monitored. On 1/25/17 at 5:20 administrator, and Nursing) were maconcerns. Review of the Soci description docum "SUMMARY: Has accountability for the needs or the resident Advocate Responsibilities in duties may be assigned at a relevant to paractors for psychological procession interservice intervention goals, addresses in supports, physical to enhance quality No further informa [1] Wellbutrin-antic depression. This is The National Institution.	or." OSM #9 was not sure if talked to a counselor. OSM #9 owledge, she had no other en." 5 a.m., an interview was 6M (administrative staff administrator. ASM #1 stated pect the social worker to follow int after reports of having arm to ensure the resident was 6 p.m., ASM #1, the ASM #2, the DON (Director of de aware of the above ial Services Manager Job ents in part, the following: administrative authority and he provision of psychosocial ents and patients. Acts as e. Essential Duties and clude the following. Other ignedCollects and assesses attents' psychosocial needs, risk isocial deterioration, and wentions. Implements social ins that achieve treatment resident's needs, link social care and physical environment of life." Itel tion was presented prior to exit. Itel tion was presented to treat information was obtained from utes of Health. In m.nih.gov/pubmedhealth/PMH	F 2	50				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIE EVERGREEN HEALTH AND	REHAB		STREET ADDRESS, CITY, STATE, ZIP COD 380 MILLWOOD AVENUE WINCHESTER, VA 22601	E	20/2011	
PREFIX (EACH DEFICIENT	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
(e)(2) The right to possessions, includes space permits upon the rights or residents. (i)(1) A safe, clear environment, allother personal below (i) This includes ereceive care and physical layout of independence and (ii) The facility shat the protection of the or theft. This REQUIREM by: Based on observed document review, facility staff failed homelike environment rooms, room 124. In room 124, the evas chipped; expeduct tape around arm rest was eroom. The findings incluits on the control of	One of the corner of the sink oping the black cast iron and the the plastic portion of the toilet led.	F 25	1. Corrective action has been accepted the alleged deficient practice in Room 124. The sink and toilet a replaced by the maintenance staff 2. Current facility residents have to be affected by the alleged deficient 100% audit of all resident bathro toilet arm rests was completed on the maintenance staff to validate the notal additional chips in the enamel of duct tape on the toilet arm rests. 3. Measures put into place to a deficient practice does not recur maintenance staff will audit 10 be week for 4 weeks, then 23 be month times 2 months to validate nothips in the sinks and not duct toilet arm rests. All staff will be the use of maintenance logs to repairs needed in resident rooms. 4. The Director of Nursing and/or analyze audits/reviews for pattern report in the Quality Assurance meeting quarterly for a minimum to evaluate the effectiveness of will adjust the plan as the corrections.	n regards to arm rest were on 1/26/17. It the potential cient practice, om sinks and on 1/26/17 by hat there were of the sinks or assure alleged include: The pathrooms per that there are at tape on the educated on or report any designee will ins/trends and the committee of six months the plan and		

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ UND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	inches by two inches front left corner of chipped, exposing Silver duct tape was portion of the adaptacing the toilet. To tape was eroded, of the threads were of the threads were of the maintenance direct the maintenance direct the maintenance direct the maintenance log by document needed stated the maintenance log by document needed stated during the document needed stated during the document needed stated during the document needed stated the maintenance depart this time, OSM #1 awas shown the stated there was "no about the sink. Whapproval to replace facility was in the piguessed he could round the arm read of the confirmed the arm read and stated he would on 1/25/17 at 2:15 conducted with CNA	conducted. Approximately two less of the white enamel on the the sink (facing the sink) was the black cast iron underneath. The sax wrapped around the plastic potive arm rest on the right side the silver portion of the duct exposing white threads. Some the stained with a brown color. The p.m., an interview was some the same of the silver staff member of the duct exposing white threads. Some the stained with a brown color. The p.m., an interview was some the staff member of the st	F 2	:				

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STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
virts no cited the second of t	epairs to the main tated she documentated she documentated the book hown the sink in mink that's normal tated she didn't the When asked if she omelike, CNA #1 hown the duct tape the maintenance of the director of numbers and t	the communicated needed intenance department. CNA #1 ented needed repairs in the and the maintenance staff daily. At this time, CNA #1 was room 124. CNA #1 stated, "I wear and tear." CNA #1 ink the sink was "totally broke." It thought the sink was stated, "No." CNA #1 was be around the toilet arm rest. It would report the arm rest to epartment and confirmed the book homelike. In p.m., ASM (administrative the administrator) and ASM #2 stated the epolicies regarding maintaining the homelike environment, book orders. It ion was presented prior to exit. In p. CARE PLANS In must maintain all resident bleted within the previous 15 lent's active record and use the esments to develop, review dent's comprehensive care	F 25	F-279 1. Corrective action has been acthe alleged deficient practice Residents #5, #4 and #15. Resid a care plan to address are incontinence and psychosocial Resident #4 has a care pladehydration. Resident #4	in regards to ent #5 now has as of urinary all well-being. In to address #15 has a the Care Plan on 1/25/17 on the CAA. The the potential icient practice. From 1/1/17 has		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER REEN HEALTH AND R	ЕНАВ		STREET ADDRESS, CITY, STATE, ZIP COE 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
	(1) The facility mus comprehensive per each resident, cons set forth at §483.10 includes measurab to meet a resident's and psychosocial n comprehensive ass care plan must des (i) The services tha or maintain the resiphysical, mental, arrequired under §483.10, includer §483.24, §48 provided due to the under §483.10, inclutreatment under §48 (iii) Any specialized rehabilitative service provide as a result of recommendations. If findings of the PASA rationale in the residual	t develop and implement a son-centered care plan for sistent with the resident rights (c)(2) and §483.10(c)(3), that le objectives and timeframes a medical, nursing, and mental eeds that are identified in the essment. The comprehensive cribe the following - t are to be furnished to attain dent's highest practicable and psychosocial well-being as 3.24, §483.25 or §483.40; and t would otherwise be required 3.25 or §483.40 but are not resident's exercise of rights adding the right to refuse 33.10(c)(6). services or specialized es the nursing facility will of PASARR fa facility disagrees with the ARR, it must indicate its lent's medical record.	F 27	3. Measures put into place to a deficient practice does not recurservice education on 1/25/17 fc Coordinator and MDS nurses replanning of the triggered CAAs will print triggered CAAs and giv Plan Coordinator to ensure the Coordinator knows what needs to the resident's care plan. The Nursing and/or nursing adminis will review 10 current residents weeks, then 15 residents monthly to validate that the appropriate car been initiated for the resident. sample of residents will be audit thereafter to ensure continued company and the ensure continued company and the Quality Assurance meeting quarterly for six months to effectiveness of the plan and will plan as the committee may recommon outcomes/trends identified from 5. Completion Date: 3/3/17	include: In- or Care Plan garding care MDS nurses te to the Care te Care Plan to be added to Director of stration team weekly for 4 for 3 months te plans have A random ted quarterly pliance. designee will tes/trends and te committee tevaluate the ll adjust the mend, based		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495142	B. WING		0.	C I /26/2017	
	PROVIDER OR SUPPLIER	ЕНАВ		STREET ADDRESS, CITY, STATE, Z 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 279	community was as local contact agend entities, for this pur (C) Discharge plan plan, as appropriate requirements set for section. This REQUIREMED by: Based on staff intereview, and clinical determined that the a comprehensive coresidents in the sur and #15. 1. The facility staff for the CAA (care a urinary incontinence triggered on the 12/2 (minimum data set) 2. The facility staff for the CAA triggered contact triggered and the comprehensive continuing the contact triggered and the comprehensive comprehensive contact the comprehensive contact the comprehensive contact the comprehensive	sessed and any referrals to be sessed and any referrals to be sand/or other appropriate roose. Is in the comprehensive care to a consider the post of the control of this series and paragraph (c) of the consideration on the control of the consideration on the consideration of the consideration	F 2'	79			
	The findings include) :					
		admitted to the facility on oses including, but not limited					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	ЕНАВ		380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601		1/20/2017		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE		
	to: history of a strodifficulty swallowing diabetes. On the mata set), a 30-day assessment referent by was coded as be impaired for making. A review of Resider assessment referent that the CAA (care striggered urinary in well-being as areas comprehensive care. A review of the company psychosocial well-being as areas comprehensive care. A review of the company psychosocial well-being as areas comprehensive care. A review of the company psychosocial well-being as areas comprehensive care. A review of the company psychosocial well-being as areas comprehensive care. The care plan for urinary psychosocial well-being as a decision regular should be devented, at that point, the care plans triggered stated: "We've told what's triggering. A directly at the composition of the care plans into the care plans." On 1/25/17 at 10:15 plan nurse, was intendin't know about the plan nurse of the care plans. The care plans into the care plans. The care plans into the care plans. The care plans into the care plans.	oke, dementia with behaviors, g, high blood pressure, and nost recent MDS (minimum Medicare assessment with an nice date of 1/12/17, Resident eing severely cognitively g daily decisions. In #5's admission MDS with nice date 12/22/16 revealed area assessment) in section V continence and psychosocial to be addressed in the e plan. In prehensive care plan for 12/15/16 failed to reveal a v incontinence and eing In a.m., RN (registered nurse) In a.m., RN (registered nurse)	F 2	79					

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	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZI 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 279	on 1/25/17 at 4:0 surveyor and staturinary incontiner for [Resident #5]. let you know. On 1/25/17 at 5:1 staff member) #1 the director of nurconcerns. A review of the farevealed, in part, guideline is to ens (CP) are accurate patient/residents oplans are to be peand updated as no Summary (CAAS) Set (MDS) will be other areas that the No further information of the Cand Medicare Ser Instrument) Versically staff are to mechanism to det require review and triggered care are "Care Area Trigge each triggered car and current stands or expert-endorse	o p.m., RN #4 returned to the ed: "I cannot find care plans for ice or psychosocial well-being. I have looked. I just wanted to 5 p.m., ASM (administrative, the administrator, and ASM #2, rsing, were informed of these cility policy entitled "Care Plan" the following: "The company's sure interdisciplinary care plans and reflective of the current medical needs. Care eriodically reviewed for accuracy eededCare Area Assessment that trigger in Minimum Data included in the CP in addition to be IDT feels is appropriate." Ation was provided prior to exit. CMS RAI (Centers for Medicaid vices Resident Assessment on 1.13 (October 2015): Ins for V0200A, CAAs of use the RAI triggering ermine which care areas diadditional assessment. The as are checked in Column A red" in the CAAs section. For the area, use the CAA process and of practice, evidence-based declinical guidelines and functional functional decimal and functional decimal and functional functional decimal and functional decimal functional decimal and functional guidelines and functional decimal functional deci	F 27	79			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG		TE SURVEY MPLETED	
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	A 495142 MME OF PROVIDER OR SUPPLIER VERGREEN HEALTH AND REHAB X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601					
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 279	care area. Documentation regares Chapter 4 of this instructions on the and documentation of the current care planning Decision new care plan, can of the current care the issue(s) identificate area. The "of must be completed the RAI, as indicated which is the dated decision(s) were decision(s) were decision(s) were decision(s) were decision(s) were decision that a readmission that included, but hyperlipidemia (elstream), dysphaghypothyroidism (lodementia). Resident #4's moset) was a quarter (assessment refered Resident #4 was a BIMS (Brief Intervalout of 15. The foot	ment relevant assessment ding the resident's status. manual provides detailed e CAA process, care planning, on. ed care area, Column B "Care n" is checked to indicate that a are plan revision, or continuation e plan is necessary to address ified in the assessment of that Care Planning Decision" column ed within 7 days of completing ated by the date in V0200C2, that the care planning completed and that the an was completed." If failed to develop a care plan ered area of dehydration on inficant change assessment, 4/17. admitted to the facility on 7/6/16 in on 10/1/16 with diagnoses were not limited to, hip fracture, levated lipid levels in the blood ia (difficulty with swallowing), ow functioning thyroid) and est recent MDS (minimum data ray assessment with an ARD rence date) of 1/15/16. Coded on the MDS as having a riew for Mental Status) score of MDS manual documents that a les that the resident's cognition is	F 2'	79			
	A significant chan-	ge assessment for Resident #					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		ATE SURVEY OMPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 2 380 MILLWOOD AVENUE WINCHESTER, VA 22601	**************************************	
(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 X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 279	"14. Dehydration" care area under the was also checked Planning Decision Section V docume Care Area, indicate care plan revision plan is necessary identified in your a Check column B is addressed in the column B for Resident #4" Dehydration. A review of the CA revealed, in part, the "Care Plan Considered Plan Consid	1/4/17, revealed in section Area Assessment (CAA), that was checked as a triggered ne column "A". Dehydration under column "B. Care ". The instruction provided in ents, "2. For each triggered the whether a new care plan, to or continuation of current care to address the problem(s) assessment of the care area. If the triggered care area is care plan." Section V, Column to MA worksheet dated 1/4/17 the following documentation: the following documentation: derations: Will Maintenance - Functional the care plan? Yes. If care roblem, what is the overall the ement; Minimize risks."	F 2	79		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIE			380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601	1 01	126/2017
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETION DATE
	RN #5 were asked plan and to verify plan developed fo do not see one, I were asked and interview was a.m. with RN #1. her process for de plan. RN #1 state plan the resident asked she looks at the Cassessments. RN on the job for three training me." An interview was a 1/25/17 at 10:30 a information she us comprehensive cause the admission nurses and obtain morning meeting." not she looked at tassessments to destated that she was was asked what she complete the care that she used a nurpersonal book from whether or not she assessment instrurstated that she had past but generally a care plans. On 1/25/17 at 5:10	e CAA worksheet." RN #4 and d to review Resident #4's care whether or not there was a care r dehydration. RN #4 stated, "I will look in my office and let you conducted on 1/25/17 at 10:20 RN #1 was asked to describe veloping a comprehensive care d, "If it's a new admission I care conditions." RN #1 was asked if AA triggers on the MDS #1 stated, "I have only been be weeks. (Name of RN #2) is conducted with RN #2 on m. RN #2 was asked what	F2	279			

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Event ID: 5XO911

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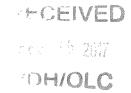
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING			E SURVEY IPLETED
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	PROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZI 380 MILLWOOD AVENUE WINCHESTER, VA 22601	IP CODE	U1/	20/2017
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F 279	nursing. ASM #1 a of the above refered regarding the commendation requested at this till. A review of the factoric procedure for intercare plans" revealed documentation, "It facility) that an asseach resident achies ocial, mental and by the developmental and by the developmental and these completed a will then developed comprehensive plans. For Resident #1 develop a comprehenting the admission of the admission of the admission of the admission requested at the second resident #1 develop a comprehensive plans.	tor and ASM #2, the director of and ASM #2 were made aware enced concerns. A policy pletion of care plans was me. ility policy titled "Policy and disciplinary assessments and ed, in part, the following is the policy of (name of igned team will assure that eves the highest practical, emotional well-being, directed at of a comprehensive are plan that meets ards of quality care. 5. From ssessments each department d and implement a in of care."	F 2	79			
	9/29/16 with the dia high blood pressure deficiency, and pre The admission MD ARD (Assessment coded the resident impaired in ability to scoring a 3 out of a	admitted to the facility on agnoses of but not limited to e, dementia, pain, vitamin D ssure ulcer of the left ankle. S (Minimum Data Set) with an Reference Date) of 10/5/16, as being severely cognitively make daily life decisions, possible 15 on the BIMS Mental Status) exam. The				700 - 110 -	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION		COM	E SURVEY IPLETED
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(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 X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD IE APPROPF	BE	(X5) COMPLETION DATE
F 279	for all areas of AD and was coded as bladder. A review of the ab Section V - Care A Summary, that the Column A (Care A care planned as e (Care Planning De Cognitive Loss/De 04. Communication Indwelling Cathete 11. Falls, 12. Nutriul Ulcer. In addition care planned for the Well-Being, althouarea. A review of the catevidence that the Function, 04. Communication of the Care planned for Function, 04. Communication of the Care planned for Function, 04. Communication of the Care planned for Function, of the Care planned for Function of the Care planned for Fu	ed as requiring extensive care all as (Activities of Daily Living) is incontinent of bowel and area Assessment (CAA) are resident was triggered in area Triggered) and was to be evidence by an "X" in Column Be ecision) for the areas of: 02. It is important to the area of: 02. It is important to the area of: 03. Visual Function, on, 06. Urinary Incontinence and er; 09. Behavioral Symptoms, it is	F 2	79			
	On 1/26/17 at 9:04	4 a.m., in an interview with RN					1

NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB (X4) ID PREFIX TAG TAG CONTINUED FOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 279 Continued From page 30 #4, the MDS nurse. RN #4 was asked how the MDS staff ensures that triggered areas of the MDS assessment are being care planned. RN #4 stated that she did not know the answer to that. A policy was requested at that time for the development of care plans. On 1/26/17 at 9:40 a.m., RN #4 stated that she had no further information. On 1/26/17 at 9:37 a.m., ASM #2 (Administrative)	rED
EVERGREEN HEALTH AND REHAB (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 279 Continued From page 30 #4, the MDS nurse. RN #4 was asked how the MDS staff ensures that triggered areas of the MDS assessment are being care planned. RN #4 stated that she did not know the answer to that. A policy was requested at that time for the development of care plans. On 1/26/17 at 9:40 a.m., RN #4 stated that she had no further information.	2017
F 279 Continued From page 30 #4, the MDS nurse. RN #4 was asked how the MDS assessment are being care planned. RN #4 stated that she development of care plans. On 1/26/17 at 9:40 a.m., RN #4 stated that she had no further information.	Additional
#4, the MDS nurse. RN #4 was asked how the MDS staff ensures that triggered areas of the MDS assessment are being care planned. RN #4 stated that she did not know the answer to that. A policy was requested at that time for the development of care plans. On 1/26/17 at 9:40 a.m., RN #4 stated that she had no further information.	(X5) MPLETION DATE
Staff Member #2, the Director of Nursing) was made aware of the findings. No further information was provided by the end of the survey. F 280 483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO SS=E PARTICIPATE PLANNING CARE-REVISE CP 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: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iv) The right to receive the services and/or items included in the plan of care.	

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F 280	right to sign after sit of care. (c)(3) The facility shright to participate it shall support the replanning process multiple for side of the planning process for side of the planning fo	the care plan, including the gnificant changes to the plan hall inform the resident of the half his or her treatment and sident in this right. The just usion of the resident and/or tive. ssment of the resident's ss. resident's personal and in developing goals of care. Care Plans be care plan must be- 7 days after completion of assessment. Interdisciplinary team, that mited to	F 2		 Current facility residents have the poto be affected by the alleged deficient procession of antibiotics, falls, antipsychotics, position boot, UTI, G-tube feedings, and of isolation has been completed to ensure all have been care planned. Measures put into place to assure a deficient practice does not recur include. Director of Nursing and/or madministration team will audit the 24 report beginning 1/1/17 through 2/10/ensure care plan revisions have been made 24 hour report will be reviewed 5 day week by the Care Plan Coordinator a designee to ensure that revisions are made Care Plan Team will audit 5 residents per for 4 weeks then 10 residents per month months to validate revisions have been and A random sample of residents will be at quarterly thereafter to ensure conticompliance. The Director of Nursing and/or designed analyze audits/reviews for patterns/trends report in the Quality Assurance Committee guarterly for six months to evaluate effectiveness of the plan, and will adjus plan as the committee may recommend, by on outcomes/trends identified from trend displaced. Completion Date: 3/3/17 	dleged: The ursing hour 17 to e. The week for 4 made. udited inued extended to the based	

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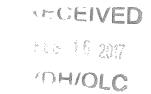
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601	<u> 01</u>	/26/2017
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	(E) To the extent p the resident and the An explanation mu medical record if the and their resident resident's care plan (F) Other appropriate disciplines as deter or as requested by (iii) Reviewed and ream after each assessments. This REQUIREMEN by: Based on staff intereview, observation was determined that review and revise the for seven of 27 resident #10, Resident #5, Resident #5, Resident #9. 1. The facility staff faresident #10's complete facility staff faresident #10's complete falls on 10/27/16, 12 1/8/17,1/12/17 and 12. The facility staff faresident #18's complete facility staff faresident #18	racticable, the participation of e resident's representative(s). It is not met as evidenced to review, facility staff failed to review and revise care plan after 1/6/16, 12/23/16, 1/15/17.	F 2	80			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER REEN HEALTH AND RI	ЕНАВ		STREET ADDRESS, CITY, STATE, Z 380 MILLWOOD AVENUE WINCHESTER, VA 22601		120120 1
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	discontinued on 12/ 3. The facility staff facomprehensive care Resident #3. 4. The facility staff facomprehensive care boot for Resident #5 5. The facility staff facesident #2's comprehensive care infection) on 10/3/16 6. For Resident #1, the comprehensive control on 12/14/1 7. The facility staff facomprehensive care The findings include: 1. The facility staff facomprehensive care The findings include: 1. The facility staff facomprehensive care The findings include:	ailed to review and revise the e plan after a fall on 1/8/17 for failed to review and revise the e plan regarding a positioning of the plan regarding a positioning of the plan regarding a positioning of the plan following of a UTI (urinary tract of and 10/24/16. If a cility staff failed to revise the plan to reflect the sychotic medication rams [1] ordered by the factorial of the plan after a fall. It is a control of the plan after a fall of the plan after a fall.	F 2	80		
I	1/15/16 with diagnose limited to: Parkinson's	mitted to the facility on es that included but were not s disease (1), falls, anxiety and hallucinations.				
		6 (minimum data set), a				

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	TIPLE	CONSTRUCTION		J. U930-U39 ATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:					MPLETED
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		495142	B. WING			0.	1/26/2017
	PROVIDER OR SUPPLIER REEN HEALTH AND R	ЕНАВ		380	REET ADDRESS, CITY, STATE, ZIP COD MILLWOOD AVENUE NCHESTER, VA 22601		1120/2011
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	reference date) of 1 having a 1 out of 18 for mental status) in severely impaired of coded as requiring corridors and the asfor dressing and toil "Any Falls Since Ad Reentry or Prior Asswas a 1 in the box) J900 Number of Fall Reentry or Prior Asswas a 1 in the box) J900 Number of Fall Reentry or Prior Asswas a 1 in the box) J900 Number of Fall Reentry or Prior Asswas a 1 in the box) J900 Number of Fall Reentry or Prior Asswas a 1 in the box) J900 Number of Fall Reentry or Prior Asswas a 1 in the box) J900 Number of Fall Reentry or Prior Asswas a 1 in the box) J900 Number of Fall (indicating the number of hard one fall with no major) 2 (was coded falls with injury occur Review of Resident documented: 10/27/16 at 3:48 p.m. this Resident's room by the CNA (certified the floor in her room front of her bed." 12/6/16 at 10:45 a.m. alarm was sounding walked into the bath walking back to the	2/28/16 coded the resident as 5 on the BIMS (brief interview indicating the resident was ognitively. The resident was supervision with walking in the esistance of one staff member leting. In Section J 1800 titled, mission/Entry or Entry or sessmentEnter Code (there 1. Yes Continue to Section II Since Admission Entry or sessmentwas documented, . One; 2 Two or more per of falls that occurred). A. ded indicating the resident injury). B. Injury (except d indicating that two or more rred.)."	F2	280			

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NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIF		12012011
	REEN HEALTH AND			380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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F 280	1/12/17 at 10:17 a resident was witned bed controls at the her buttock with multiple to the plan initiated on 10 to 10/24/16 did not eregarding the above An interview was cam. with RN (regicoordinator. RN # care plan would be time there's an assor a change." Whe residents care plan plan coordinator." care plan, RN #5 s RN #5 was asked plans. RN #5 state (plan of care), to mesident's) needs a residents), good q ability or their ability plan coordinator we care plan, RN #5 s care plan when we when asked how occurred, RN #5 s coccurred, RN #5 s coccurred.	all on floor, no injuries noted." a.m. "At 0950 (9:50 a.m.) assed by staff tripping on the a foot of the bed. She landed on o injury noted." a.m. "Staff was serving and ith Breakfast, when one CNA ident stand up, before the CNA he turned to walk away, and fell at #10's comprehensive care 10/19/16 and revised on vidence documentation ve falls. conducted on 1/25/17 at 9:15 stered nurse) #5, the MDS 5 was asked when a resident a updated. RN #5 stated, "Every sessment (MDS assessment) en asked who updates the ns, RN #5 stated, "The care When asked who uses the stated, "It should be all staff." why Residents have care ed, "To assist with the POC otify staff of their (the and to give them (the uality care, to the best of our ty." When asked how the care ould know when to update the stated, "She would update the stated, "She would update the et have a care plan meeting." often the care plan meeting."	F 2	80		
		ne care plan coordinator. When				:

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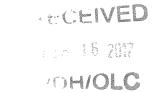
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		E SURVEY IPLETED
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F 280	how she would knoplan, RN #1 stated, 24 hour shift report changes and do up When asked when updated, RN #1 stated, endition, new medichanges affect the current." When ask RN #1 stated, "The When asked about RN #1 stated, "Canit's important to knot oget the best outdoof life." RN #1 was a falls and asked if the care plan. RN #1 splan would have be actual fall. It would were any injuries. When fall meeting were Resident #10's care can't tell if there have 10/19/16." When asknow that informational ma'am." An interview was cop.m. with LPN (licer unit manager. When plan, LPN #11 state care." When asked plan, LPN #11 state care." When asked plan, LPN #11 state	age 36 In to update a resident's care If so every morning we do a and part of my job is to do any idates (on the care plans)." If a resident care plan would be ated, "Any changes in lication, behaviors, whatever patient so we can stay the dwho uses the care plan, staff has access to them." If the importance of a care plan, the importance of a care plan, the plans are important because to the condition of the resident tomes as possible and quality tasked about Resident #10's tose would be added to the tated, "Yes and no. Her care then reflective had she had an ent be updated unless there the add any interventions after telly." When asked to review the plan, RN #1 stated, "You the been any falls since the sked if it would be important to the plan, RN #1 stated, "Yes, and total nurse) #11, the the masked who used the care the did any the residents have a care the did any the resident any the resid	F 2	280			
	episode." When ask care plan in compar stated, "Doesn't loo	stated, "After any incident or ked to review Resident #10's rison to the fall dates, LPN #11 k like it's on this one." When				- Charles on the profession and the control of the	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		495142	B. WING		0.	C 1/26/2017
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, 2 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
	member) #1, the a director of nursing findings. Review of the faci documented, "GU guideline is to ens (CP) are accurate patient/residents or plans are to be per and updated as not be monitored and as circumstances and with significant will serve as a guidand services to material to the period of the period		F 2	30		
	there are changes with new orders"	in condition, treatments, and ease Parkinson's disease				T

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIF			
EVERGE	REEN HEALTH AND	DEHAR		380 MILLWOOD AVENUE			
EVENOR	CERTICALITI AND	KLIAD		WINCHESTER, VA 22601			
(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 TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETION DATE	
F 280	Continued From p	page 38	F 28	30			
	https://medlineple !>. It happens whe produce enough of dopamine. This in	us.gov/movementdisorders.htm en nerve cells in the brain don't of a brain chemical called formation was obtained from: s.gov/parkinsonsdisease.html	. 2				
	Resident #18's condiscontinuation of for treatment of a discontinued on 12 Resident #18 was 7/25/16 and readmidiagnoses that incostroke, difficulty was urine and difficulty The most recent Massessment, with a resident as having BIMS indicating the tomake daily decisas requiring assists of daily living. An observation of 1/25/17 at 1:05 p.m. in bed. She was in roommate who was Review of Residen Date initiated 11/3/requires a G (gastropysphagia (2). Intereds the HOB (hed degrees during and Provide bolus feedid documentation of a	admitted to the facility on hitted on 10/28/16 with luded but were not limited to: alking, depression, retention of					

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIEI	₹		STREET AD	ODRESS, CITY, STATE, ZIP CO VOOD AVENUE STER, VA 22601	ODE	01/	20/2017
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F 280	Maintain droplet p masks and gloves linens in bags ma close bag tightly b was no document evidenced.) Date initiated 11/1 a Urinary Tract Inf Give antibiotic as and effectiveness no documentation Review of the phy did not evidence of tube feedings, cur isolation. Review of the Nov administration rec (4) TabletGive 1 day for (sic) UTI (u daysStart Date- was documented a 1/20/16. Review of the Dec "JEVITY (5) if less PO (by mouth) adi Date- 11/11/16 -D/ 12/2/2016." Review of the Dec "Droplet Isolation p MRSA in the lungs Date- 12/23/2016. An interview was of a.m. with RN (regist coordinator. RN #5 resident care plan stated, "Every time assessment) or a constant of the policy of the assessment) or a constant of the plan stated, "Every time assessment) or a constant of the plan stated, "Every time assessment of the plan stated, "Every time assessment of the plan	sputum. Interventions/Tasks recautions: Wear gowns, swhen in room. Place soiled rked biohazard. Bag linens and refore taking to laundry." (There ation of any revisions 4/16 "Focus The resident has rection. Interventions/Tasks ordered. Monitor for side effects to the medication." (There was of any revisions evidenced.) sician's orders dated 1/1/2016 documentation regarding gastric rent antibiotic therapy or rember 2016 MAR (medication ord) documented, "Bactrim DS tablet by mouth two times a urinary tract infection) for 10 11/10/2016." The medication as being given from 1/10/16 to rember 2016 MAR documented, than 75% of meal is consumed minister 1 can of JevityStart C (discontinue) Date- ember 2016 MAR documented, orecautions every shift for a Start Date - 10/28/2016 -D/C	F 2	80				

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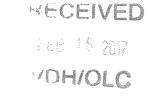
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495142	B. WING		01	C 1 /26/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
	plan coordinator." care plan, RN #5 s RN #5 was asked plans. RN #5 state (plan of care), to n resident's) needs a residents), good quability or their ability plan coordinator w care plan, RN #5 s care plan when we When asked how o occurred, RN #5 si An additional intervat 8:40 a.m. with R coordinator. When follows to update a resolved, RN #2 st notes or if the unit asked to review Re urinary tract infection have been resolve antibiotics." When feeding care plan, I tube feedings. It's to When asked to rev the droplet isolation should have been r On 1/26/17 at 10:29 staff member) #1, t the director of nursi findings. No further information (1) Droplet isolation	When asked who uses the stated, "It should be all staff." why Residents have care ed, "To assist with the POC otify staff of their (the and to give them (the uality care, to the best of our cy." When asked how the care ould know when to update the stated, "She would update the stated, "She would update the stated, "She would update the stated, "Weekly." It was conducted on 1/26/17 IN #2, the care plan asked about the process staff care plan for an issue that has ated, "If the nurse puts it in her manager tells us." When esident #18's care plan for the lon, RN #2 stated, "That should when she got off her asked to review the tube RN #2 stated, "She came in on been d/c'd (discontinued)." iew the resident's care plan for in precautions, RN #2 stated, "It	F 2				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		495142	B. WING_		01	/26/2017		
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
EVERGR	EEN HEALTH AND F	REHAB		380 MILLWOOD AVENUE WINCHESTER, VA 22601				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETION DATE		
F 280	Continued From p	_	F 28	0				
	details on respirate spread of airborne implementing airborne implementing airborne requires the three 1.2): administrative engineering control air handling and very particulate respirate whenever possible). This information https://www.ncbi.m?report=reader (2) Dysphagia - Pedifficulty swallowing pain while swallow people may be commay have troubles or saliva. When the challenge. This information which will have the challenge of the challeng	til/references.rl1/?report=reade on was obtained from: Im.nih.gov/books/NBK143287/ eople with dysphagia have g and may even experience ring (odynophagia). Some mpletely unable to swallow or safely swallowing liquids, foods, at happens, eating becomes a ormation was obtained from: nih.gov/health/dysphagia stands for methicillin-resistant ureus. It causes a staph us.gov/staphylococcalinfections d "staff infection") that is I common antibiotics us.gov/antibiotics.html>. This obtained from: s.gov/mrsa.html FRIM (sulfamethoxazole and synthetic antibacterial let available in DS (double each containing 800 mg and 160 mg. This information : m.nih.gov/dailymed/drugInfo.cf						
	m?setid=0138A15	6-859A-48A3-BF5A-E2DB0CC	İ			1		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI		(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER	J.		S 38	TREET ADDRESS, CITY, STATE, ZIP CODE 80 MILLWOOD AVENUE VINCHESTER, VA 22601	1 01	/26/2017
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	patients. This informattps://www.ncbi.nlm. 3. The facility staff of comprehensive care. Resident #3. Resident #3 was an 10/25/04 with diagnate in the limited to: intelles pressure, dementiated diabetes, and benig (enlargement of the continuous o	rtified feedings in immobile mation was obtained from: m.nih.gov/pubmed/8173521 failed to review and revise the e plan after a fall on 1/8/17 for dimitted to the facility on oses that included but were extually disabled, high blood, psychosis, anxiety disorder, in prostatic hypertrophy prostate (1)). DS (minimum data set) terly assessment, with an oce date of 11/18/17, coded erely impaired to make daily Resident #3 was coded as easistance of one or more all of his activities of daily living on the was coded as eat up assistance was J - Health Conditions, ded as having had two falls aperiod with no injuries. The period with no injuries are and also on assessment, abrasion centimeters) long, no open cream applied to affected	F 2	280			
	notified and family no	rell. NP (nurse practitioner) otified about this. Resident ress. No pain offered at this					

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Event ID: 5XO911

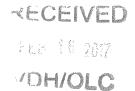
Facility ID: VA0218

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		(X3) DATE SURVEY COMPLETED		
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	started around 19 pressure) 100/70 Pulse 74 bpm (be rate) 18 rpm (respondered) 18 rpm (respondered) 97 (oxygen) 94% (per note dated, 1/9/13 "Staff reported pt weekend, has suppain noted. no so (status post) fall monitor." There was no furth nurse's notes related the part of the facility "Fall Indocumented in part of the fac	al checks for unwitnessed fall 0:55 (7:55 p.m.) BP (blood mmHg (millimeters of mercury), eats per minute), RR (respiratory birations per minute), Temp 6 F (Fahrenheit), O2 saturation ercent)." ical doctor/nurse practitioner) 7 at 1:10 p.m. documented, (patient) found next to bed over perficial abrasion back area. no be (shortness of breath)s/p abrasion back - continue to	F 2	30			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND R			STREET ADDRESS, CITY, STATE, Z 380 MILLWOOD AVENUE WINCHESTER, VA 22601		720/2017		
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Immediate Action Taffected area and taffected area	O2 saturation, 94%." Taken: Barrier cream applied to olerated well. NP notified and at this. Resident not in any pain offered at this time. Is for unwitnessed fall started ental Status: no records found. In one of the fall on 1/8/17 care plan. RN #1 stated, mation I see here, it's not on r stated, "They are in offered at this time."	F 2	80				



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING		TE SURVEY MPLETED
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F 280	Continued From pa	ge 45	F 2	80		And the state of t
	Review of the clinic fall committee mee	al record did not reveal any ting notes.				men Oblahovaha - province and mine
	nursing, on 1/25/17 who is responsible to ASM #2 stated, "The 1/25/17 at 4:12 p.m not being updated for a fall was revealed. It and get back with 4:50 p.m. ASM #2 reinformation to give y fall." The administrator are of the above concerned to further information to further information (1) Barron's Medical Non-Medical Reader Chapman; page 282 4. The facility staff for comprehensive care boot for Resident #5 was additionally and the state of th	member) #2, the director of at 10:37 a.m. When asked for updating the care plan, e care plan coordinator." On the concern of the care plan or Resident #3 on 1/8/17 after ASM #2 stated he'd look into this surveyor. On 1/25/17 at eturned and stated, "I have no you related to (Resident #3)'s and ASM #2 were made aware in on 1/25/17 at 5:30 p.m. On was provided prior to exit. Dictionary for the resident #3 is alled to review and revise the plan regarding a positioning the intention of the plan regarding a positioning in the plan regarding, but not limited to the facility on is ses including, but not limited				
;	difficulty swallowing, diabetes. On the mo data set), a 30-day M assessment reference	e, dementia with behaviors, high blood pressure, and est recent MDS (minimum dedicare assessment with an ee date of 1/12/17, Resident ang severely cognitively daily decisions.			Territory to the control of the cont	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		COM	E SURVEY IPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601	ODE -		
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F 280	Continued From p	age 46	F 28	30			
	"Nursing to apply resident is in bed a A review of Resident	nical record for Resident #5 ving order dated 1/13/17: multi podus boot (1) while every shift." ent #5's comprehensive care 16 revealed no information		i			
	On 1/25/17 at 9:10 #5, the MDS coord #5 stated: "We have every day." She s the interdisciplinar hours of resident c #5 stated the care						
	#1, the care plan in stated: "We have morning." She stated past 24 hours with up meetings. RN information and up asked to locate the #5's care plan, she	5 a.m., RN (registered nurse) surse, was interviewed. She a stand up meeting every ted unit managers review the their residents at these stand #1 stated: "I take that date the care plan." When a multipodus boots on Resident reviewed the care plan and eti. I must have just missed it."					
	staff member) #1,	p.m., ASM (administrative the administrator, and ASM #2, ing, were informed of these				Andrews of the second s	
	No further informat	ion was provided prior to exit.					
	(1) "The multi pode	us boot is a foot and ankle				WOOD AND ADDRESS OF THE PARTY O	-

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495142	B. WING			01/2	26/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE		
(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 (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
F 280	orthosis made of patient is on bed r neutral position (9 rotation." This info manufacturer's we http://www.plor.ne	plastic and lined with soft the skin. It is used while the est to hold the ankle in a 0 degree angle) and can control ormation is obtained from the	F 2	80			
	Resident #2's com the resident's president resident's president management of the resident #2 was a and readmitted to resident #2's diagolimited to: urinary to pain. Resident #2' data set), a quarte (assessment reference the resident's cognimpaired. Section resident as having resident	dmitted to the facility on 1/8/01 the facility on 6/27/16. noses included but were not ract infection, heart failure and s most recent MDS (minimum rly assessment with an ARD ence date) of 1/12/17, coded lition as being moderately I failed to document the a UTI during the last 30 days. t #2's clinical record revealed signed by the NP (nurse hysician's orders: Note Text: reviewed lab					
	sensitivity) shows +	. Urine C&S (culture and - (positive) Providencia stuartii actrim DS (double strength)				1 Mary 1	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	(2)UTI- will start mouth) BID (twice 10/3/16 physician's MG (milligrams). Otimes a day related INFECTION for 7 10/24/16 NP noteshow E. coli (3); wi (intramuscular) ever 10/24/16 physician's hours for 7 days Review of Resident plan effective 1/20/2016 failed to docuregarding the reside 10/3/16 and 10/24/2016 failed to docuregarding the reside 10/3/16 and 10/24/2016 failed to docure approximately three former care plan coapproximately three former care plan that we will be updated to 10/3/16 and 10/2 see where the care plan should diagnosed UTI. RN should be updated as should b	Bactrim DS 1 tab PO (by a day) x (times) 7 days" Forder- "Bactrim DS 800-160 Give 1 tablet by mouth two I to URINARY TRACT" days." "Note text: urinalysis results II start Tobramycin (4) IM ery eight hours x seven days" s order- "Tobramycin IM every" #2's comprehensive care 15 and active during October ment any information ent's UTI diagnoses on	F 2	280			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 280	the care plan woultime, RN #2 confirhad not been revision on 1/25/17 at 12:5 was conducted wit coordinator prior to currently held a diff RN #3 stated care each newly diagnodidn't remember at made to Resident schanged positions. On 1/25/17 at 5:25 staff member) #1 ((the director of nursabove concern.) The facility policy ti "GUIDELINE: The ensure interdiscipli accurate and reflect current medical neeperiodically reviewed as needed" No further information of the urinary obtained from the whitps://www.ncbi.nli	d reflect that history. At this med Resident #2's care plan sed to reflect a history of UTIs. 55 p.m., a telephone interview th RN #3 (the former care plan of RN #1 and RN #2 who ferent position at the facility), plans should be updated after sed UTI. RN #3 stated she nything regarding the changes #2's care plan and she at the end of October 2016. 5 p.m., ASM (administrative the administrator) and ASM #2 sing) were made aware of the steed. "Care Plan" documented, company's guideline is to nary care plans (CP) are citive of the patient/residents eds. Care plans are to be ed for accuracy and updated artii is a bacterium that can be a tract. This information was	F 24	80			

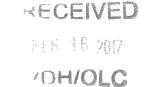
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE		
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F 280	(3) E. Coli is a bacturinary tract. This the website: https://www.ncbi.m. (4) Tobramycin is a treat infections. The from the website: https://dailymed.nlmm?setid=49151a623 6. For Resident #1 the comprehensive initiation of an anti-Risperdal 0.25 mill physician on 12/14 Resident #1 was a and readmitted on included but were rehigh blood pressure (stage 3), atrial fibre (chronic obstructive Resident #1's most set) was a quarterly (assessment reference Resident #1 was continued to the ability to make out of 15 on the BII Status) exam. Resident #2 requiring extensive most ADLS (activiti	terium that can be found in the information was obtained from lm.nih.gov/pubmed/3081988 an antibiotic medication used to his information was obtained m.nih.gov/dailymed/drugInfo.cf 2-191a-4ba8-8b8c-bd8535f2fdb	F 2	80			
	and independent w	ndence on staff with bathing, ith meals. :#1's clinical record revealed					

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Facility ID: VA0218

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495142	B. WING_			C 01/26/2017	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 280	the following note 12/14/16, "This female who appesitting in a chair I She was coopera made poor eye cowas dressed in cand hygiene were aggression or agi spontaneous with She described he her affect was teaprocess was linead denied and demo homicidal or psychological and disorder and mood care platifications and the an anti-psychotic of the conducted with RIMDS nurse. RN #4 care plan is updat morning the facilit new orders or incireviewed. RN #4 coordinator takes	from the psychologist dated is an 81 year old Caucasian ars of her stated age. She was her room and a normal posture. tive, easily engage able and ontact during the interview. She asual attire and her grooming fair. No evidence of tation. Her speech was normal rate, volume and tone. It mood was "Depressed and arful and dysphoric. Thought ar and goal directed. She instrated no evidence if suicidal, thotic ideation. She was alert erself and placePLAN: I woul al 0.25 mg at bedtime for mood ontinue Nuedexta [2] as it does eneficial at this time" Resident #1's clinical record wing order dated 12/14/16: 0.25 MG (milligrams) e 1 mg by mouth at bedtime for order was written by LPN I nurse) #1. Int #1's depression, behavior, an dated 11/21/16 and updated ddress the use of anti-psychotic hat Resident #1 was receiving	F 28				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495142	B. WING				C 26/2017
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP C	CODE		
NAME OF	PROVIDER OR SUFFLIER	`		380 MILLWOOD AVENUE	p 40 av au		
EVERG	REEN HEALTH AND	REHAB		WINCHESTER, VA 22601			
				WINCHESTER, VA 22001		Marin and the same	
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD	BE	(X5) COMPLETION DATE
F 280	Continued From p	page 52	F2	80			
	the care plan for t	hat resident. RN #4 stated that					1
		ses do not update the care plan.	1				-
	When asked if a c	care plan should be in place if a	4				:
		a new order for an	1				
	anti-psychotic me	dication, RN #4 stated yes.	1				
	When asked what	t types of interventions would be					
	seen on an anti-p	sychotic medication care plan,					
		anti-psychotic medication side	200				
		ed behaviors should be listed on					
		I #4 could not find an	İ				
		dication care plan for Resident					
	#1.	Mana on intonious woo	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM				
		01 a.m., an interview was N #2, the care plan nurse. RN					
	#2 was asked who	en a resident care plan is					
	#2 was asked with	tated that a care plan is updated					
		ers. When asked if a care plan					
	should be in place	e for a resident with a new order					THE ALL PARTY AND ALL PARTY AN
	for anti-psychotic	medication, RN #2 stated yes,					
	and social service	s was responsible for updating					
	any mood or beha	avior care plan. When asked					
	what type of interv	ventions would be in place for a					Toronto anno a
	resident on a new	anti-psychotic medication, RN					
		medication side effects and					
	behavior monitoring	ng should be in place to see if					***************************************
	the medication is	working for the resident. RN #2					
		censed practical nurse) #1, the					
		rounds with the psychiatrist					
		ponsible for updating the					
		an for a new anti-psychotic					
	medication.	33 a.m., an interview was					
	conducted with O	SM (other staff member) #9, the					
	social worker OS	SM #9 stated that she has					
	updated a care pla	an when a resident was placed					
	on a new anti-nsv	chotic medication but it was the					
	care plan coordina	ator's responsibility. OSM #9					-
	stated, "I would ha	ave to ask and make sure. I				:	
	don't want to assu						

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495142	B. WING		01	C 1/ 26/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 280	conducted with LP 1 stated that it was update the care pla medication. LPN 7 Coordinator is resp anti-psychotic care On 1/25/17 at 5:25 Administrator and Nursing) were mad concerns. No further informa above concern by process. [1] Risperdal- anti- symptoms of schiz irritability associate information was ob Institutes of Health https://www.ncbi.nl T0012012/?report- [2] Nuedexta- User laughing or crying, from The National	N #1, the clinical nurse. LPN # s not her responsibility to an with a new anti-psychotic #1 stated, "The Care Plan consible for updating an e plan." I p.m., ASM #1, the ASM #2, the DON (Director of de aware of the above tion was provided regarding the the completion of the survey psychotic used to treat cophrenia, bipolar disorder or ed with autistic disorder. This obtained from The National m.nih.gov/pubmedhealth/PMH edetails. d to treat uncontrollable This information was obtained lnstitutes of Health. nlm.nih.gov/pubmedhealth/PM	F 2	80			
	7. The facility staff comprehensive cal	failed to update Resident # 9's re plan after a fall.					
	with diagnoses incl diabetes, depression hyperlipidemia, gas	admitted to the facility on 7/8/14 uding, but not limited to: on, hypertension, stroesophageal reflux disease, lrome, and vitamin D					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
			A. DOILL	1140			С	
		495142	B. WING			01/	/26/2017	
	PROVIDER OR SUPPLIER		STATE OF THE STATE	380	REET ADDRESS, CITY, STATE, ZIP CODE O MILLWOOD AVENUE NCHESTER, VA 22601	and the state of t		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 280	data set), a signifi ARD (assessmen Resident # 9 was possible 15 on the status) indicating. Review of the cona "Date Initiated: "Resident # 9's mointerventions relat Further review of physician order da "Bed alarm at all tattempts pt (patien another dated 12/alarm to alert staff unsafe transfers interventions were During an intervier RN (registered nu RN # 1, the care put that she now does for new orders. Redirector of nurses plan updates for fa # 2 further stated practical nurse) # updates for falls. The floors can view update the care pleasurance nurse, discussed. LPN # update the care pleasurance nurse.	e most recent MDS (minimum cant change assessment with the treference date) of 12/30/16, coded as scoring a 15 out of a BIMS (brief interview of mental that he was cognitively intact. Inpressive care plan for falls with 10/05/16" did not document strecent fall or any ed to that fall. Ithe clinical record revealed a sted 12/23/16 that documented: imes to alert staff members of nt) unsafe transfers" and 23/16 that documented: "Chair members of attempts of" Neither the fall nor the new on the resident care plan. If you not not not not not not not not not not		280				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495142	B. WING_		01	C / 26/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 380 MILLWOOD AVENUE WINCHESTER, VA 22601	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	(X5) COMPLETION DATE
	LPN # 6, LPN # 6 the care plan was. plan tells one every the plan of care. V care plan LPN # 6 the building that up further stated that the case of a fall a in the care plan. During the end of cop.m. with ASM (add the administrator, a nurses, this concern. No further informated 483.21(b)(3)(ii) SE PERSONS/PER Composition (b)(3) Comprehens The services provide as outlined by the composition of the care. This REQUIREME by: Based on observation interview, facility do record review, it was staff failed to provide written plan of care.	or on 1/25/17 at 5:00 p.m. with was asked what the purpose of LPN # 6 related that the care of thing about the resident it is. When asked about updating the stated that there is a nurse in odates the care plans but staff could go in and update in and could put new interventions. Iday interview on 1/25/17 at 5:10 ministrative staff member) # 1, and ASM # 2, the director of mas reviewed. Ition was provided prior to exit. RVICES BY QUALIFIED ARE PLAN	F 28		in regards to dent #4's intake nued. Resident 5/17, nurse was tempting non-fore medicating glove and splint we the potential efficient practice, and/or nursing d all licensed the of reviewing	

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495142	B. WING			I	C 26/2017
	PROVIDER OR SUPPLIER			380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601		
(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 SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
F 282	intake and output a comprehensive plateleven of 54 shifts 2 a. The facility statheels per the comprehensive plate in the comprehensive plate to prevent edema aright arm. The findings included. 1. The facility staff intake and output a comprehensive plate intake and output a comprehensive plateleven of 54 shifts. Resident #4 was a with a readmission that included, but whyperlipidemia (elestream), dysphagia hypothyroidism (loudementia. Resident #4's mosset) was a quarter (assessment referencesident #4 was considered with the comprehensive plateleven of 54 shifts.	failed to obtain and document as instructed in the written an of care for Resident #4 on in January 2017. Iff failed to "float" the resident's prehensive care plan for failed to follow the resident's sive care plan for the treatment ain. If failed to follow the an of care for applying a glove and arm splint to Resident #5's failed to obtain and document as instructed in the written an of care for Resident #4 on	F 2	82	3. Measures put into place to assure deficient practice does not recur includ Director of Nursing and/or administration team will audit 10 residues for 4 weeks and 15 residents per for 3 months to ensure care plans ar followed. A random sample of reside be audited quarterly thereafter to continued compliance. 4. The Director of Nursing and/or designanlyze audits/reviews for patterns/trer report in the Quality Assurance Commeting quarterly for six months to eval effectiveness of the plan, and will adplan as the committee may recommend on outcomes/trends identified from trends. 5. Completion Date: 3/3/17	e: The nursing ents per r month e being nts will ensure nee will ads and mmittee uate the just the I, based	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495142	B. WING			i	C
			L		ACCULATION OF THE ACCULATION O	01/	/26/2017
NAME OF I	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
EVERGR	EEN HEALTH AND R	EHAB			MILLWOOD AVENUE		
			-	WII	NCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL! CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 282	score of 6 indicates severely impaired. A review of Resider in part, the following Date: 1/2/17 0855 (Method: Verbal. Ophysician). Descrip Frequency: every severyday."	S manual documents that a that the resident's cognition is at #4's clinical record revealed, g physician's order, "Order 8:55 a.m.) Communication ordered By: (name of otion: Intake and Output. shift. Schedule Type:	F 2	282			
	revealed, in part, a record) for January contained columns January, and a spato document Reside The following dates night shift, 1/6/17 danight shift, 1/12/17 in	esident #4's clinical record TAR (treatment administration 2017. The January TAR for each day in the month of ce for three shifts on each day ent #4's intake and output. and shifts were blank; 1/4/17 ay shift, 1/7/17 and 1/8/17 hight shift, 1/13/17 day shift /15/17 and 1/16/17 day shift, r night shift.					
	conducted with LPN #11, a unit manager describe the process intake and output. It was to document the and document the r LPN #11 was asked was documented; L documented in the whether or not there TAR for intake and of "There should not be that it was not chart	is a.m. an interview was a (licensed practical nurse) of LPN #11 was asked to see when there was an order for LPN #11 stated that the nurse e resident's total fluid intake esident's total fluid output. If where the intake and output PN #11 stated that it was TAR. LPN #11 was asked eshould be blank spots on the output. LPN #11 stated, e blank spots. This means ed or there was no input or If there was no input or output.					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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, , , , , , , , , , , , , , , , , , , ,	PROVIDER OR SUPPLIER	₹		STREET ADDRESS, CITY, STATE, ZIP 380 MILLWOOD AVENUE WINCHESTER, VA 22601		123/2311	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 282	and a note in the shown Resident # the blank spots for previously noted of was not done. On 1/25/17 at 1:00 conducted with LF worked with Resident # were blank spots #2 stated that the completed as order asked whether or to have been obtained at each of the completed t each of the complete at each of the comple	be a notation in the blank areas progress notes." LPN #11 was 4's TAR and was asked about r intake and output on the dates. LPN #11 stated that it O p.m. an interview was PN #2, a unit manager who had dent #4. LPN #2 was asked to 4's TAR and explain why there for the intake and output. LPN intake and output had not been ered on each shift. LPN #2 was not the intake and output was not the intake and output was not shift. LPN #2 stated that it done and it did not appear that	F 2	282			
	plan dated 7/6/16 documentation; "Findwelling Foley r/Date initiated: 10/Monitor and docur facility policy. Date a review of the fact procedure relating in part, the following Intake and output insure optimal hydresidents and to a management by un Record. 1. Recorproper column as accuracy. 2. If re	ent #4's comprehensive care revealed, in part, the following Problem: The resident has an it (related to) urinary retention. 13/20106. Interventions/Tasks: ment intake and output as per e initiated: 10/13/2016." cility policy titled, "Policy and it to intake and output" revealed, ing documentation, "Standard: is monitored accurately to dration levels of certain ssist in their assessment and ising the Intake and Output diall p.o. (by mouth) fluids in soon as possible to maintain sident does not take any p.o. en shift, write zero in the shift					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495142	B. WING			1	C /26/2017
	PROVIDER OR SUPPLIER			380	REET ADDRESS, CITY, STATE, ZIP CODE) MILLWOOD AVENUE NCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETION DATE
F 282	measure outputs insure accuracy." On 1/25/17 at 5:10 was held with ASM #1, the administration nursing. ASM #1 of the above refers to further informate and of the survey 2 a. The facility state heels per the writter for Resident #6. Resident #6 was a 11/4/11 with a receivable of the survey with diagnoses that to: cough repeated blood pressure, per abnormal condition outside the heart (condition of the per survey)	Jse a urinal or graduate to from Indwelling catheters to from Indwelling catheters to graduate to from Indwelling catheters to graduate to graduate to graduate and ASM #2, the director of and ASM #2 were made aware enced concerns. Attion was provided prior to the process. Affifialed to "float" the resident's en comprehensive plan of care admitted to the facility on ent readmission on 11/22/16, at included but were not limited at falls, spinal stenosis, high eripheral vascular disease (any naffecting blood vessels 1), neuropathy (any abnormal eripheral nerves (2)), benign only (enlargement of the	F	282			
	The most recent Massessment, a quassessment reference the resident as socionterview for mental he was capable of decisions. The resextensive assistant members for most He was coded as in the code of	MDS (minimum data set) arterly assessment, with an ence date of 10/20/16, coded oring a 15 on his BIMS (brief al status) score, indicating that making daily cognitive sident was coded as requiring ace of one or more staff of his activities of daily living. requiring supervision after set moving on and off the unit and				Andrews and the second	

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONST		(X3) DATE SURVEY COMPLETED	
		495142	B. WING				C 01/26/2017
	PROVIDER OR SUPPLIE			380 MILL	NDDRESS, CITY, STATE, ZIP COD NOOD AVENUE ESTER, VA 22601	DE .	01/20/2017
(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 CORRE (EACH CORRECTIVE ACTION SH ROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 282	resident was code PRN (as needed) during the resident resident had pain was rated as a "5" ten being the worst en being the wor	J - Health Conditions, the ed as receiving scheduled and pain medication. It was coded, it interview for pain that the almost constantly and the pain on a pain scale of zero to ten, se pain he was ever in. Observed on 1/25/17 at 8:08 I. He was lying in the bed, on als were resting directly on the stress. Oserved by the nurse 5/17. She documented the all heels - very dry and cracked as (signs and symptoms) of lanceable (sic). see nursing ments, no drainage. Pt (patient) in and hard to determine if heels darker in color, did express to at I want heels off loaded from DON'T OBTAIN A DTI (DEEP at this point it's not will add to	F 2	82			
	non-blanchable de discoloration Intact or non-intact persistent non-blan purple discoloratio revealing a dark w Pain and temperat color changes. Dis differently in darkly results from intens and shear forces a	sure Injury: Persistent ep red, maroon or purple skin with localized area of nchable deep red, maroon, n or epidermal separation ound bed or blood filled blister. ure change often precede skin coloration may appear pigmented skin. This injury e and/or prolonged pressure t the bone-muscle interface.					

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		495142	B. WING		٥.	01/26/2017		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 380 MILLWOOD AVENUE WINCHESTER, VA 22601		1120/2017		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE		
F 282	without tissue loss The comprehensive reviewed on 11/11/ "Problem: Skin Interviewed on 11/11/ "Problem: Skin Interventions" Skin Interventions Plavix (peripheral vascula "Interventions" document of as resident allows. An interview was contacted nurse) #1 When asked the properties of the stated, "It's the to do to care for an An interview was contacted in the stated of the stated of the stated of the stated of the stated of the stated of the stated of the stated of the stated of the stated of the stated of the administrator of the administrator of the above concerns of the above concerns of the stated of the stated of the above concerns of the above con	sue injury, or may resolve (4) e care plan dated, 5/11/16 and 16, documented in part, egrity: At risk for skin k for skin breakdowns related and diagnosis of PVD ar disease)." The numented in part, "Float heels onducted with LPN (licensed 6 on 1/25/17 at 10:37 a.m. pose of the care plan, LPN edifferent interventions of what resident." onducted with administrative 1/1) #2, the director of nursing, 1/2 a.m. When asked the 1/2 plan, ASM #2 stated, "It's 1/2 are for each resident." When 1/2 hould be following the care 1/3 "Yes." 1/2 Care Plan," documented in 1/3 "Care Plan," documented in 1/4 "Yes." 1/4 "Care Plan will serve as 1/4 in helping achieve the 1/4 cticable well-being." 1/4 and ASM #2 were made aware 1/5 and ASM #2 were 1/5 a	F 2	82				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495142	B. WING	i		1	C /26/2047
		453142	J		TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	/26/2017
NAME OF I	PROVIDER OR SUPPLIER				80 MILLWOOD AVENUE		
EVERGR	REEN HEALTH AND R	EHAB			VINCHESTER, VA 22601		

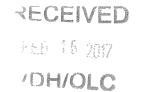
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F 282	Continued From pa	ige 62	F:	282			
	Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 282. (4)This information was taken from the following website: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/						4
		failed to follow the resident's sive care plan for the treatment in.	771 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2				
	The comprehensive care plan, dated, 5/11/16 and reviewed on 11/11/16, documented in part, "Problem: Pain Management - Alteration in comfort - pain related to Peripheral Neuropathy and chronic back pain and gout pain." The "Interventions" documented in part, "On-going assessment of the resident's pain with emphasis on the onset, location, description, intensity of pain and alleviating and aggravating factors. Administer medications as ordered by MD (medical doctor)."						
	(used to treat mode pain (1)) 5 mg (milli	rs dated, 10/03/16, ocodone - Acetaminophen erate to severely moderate grams) - 325 mg tablet. Give 8 hours as needed for pain					
	December 2016 do Acetaminophen 5 n tablet orally every 8 level 1 -10." The MA	ministration record (MAR) for cumented, "Hydrocodone - ng - 325 mg tablet; give 1 hours as needed for pain AR documented the resident ation on the following dates . and 11:12 a.m.					

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Event ID: 5XO911

Facility ID: VA0218

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF ID PLAN OF CORRECTION IDENTIFICATION		1 ' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495142	B. WING		0.	C 1/26/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 282	The December M Pain level Q (ever every shift." The of for the dates and administered above having "0" pain. The nurse's notes note dated, 12/5/1 p.m., 12/11/16 at p.m., 12/16/16 at p.m., 12/20/16 at p.m., 12/30/16 at documented, "Adra - Acetaminophen administration wadocumentation of non-pharmacolog prior to the admin The January 2017 "Hydrocodone - A tablet; give 1 table needed for pain leg	p.m. p.m. p.m. p.m. p.m. p.m. a.m. and 9:49 p.m. AR documented, "Document ry) shift using a scale of 1 -10 documented pain assessment shifts that the medication was we were all documented as were reviewed. The nurse's 6 at 3:50 a.m., 12/5/16 at 12:19 1:36 p.m.,12/15/16 at 10:43 7:00 p.m., 12/19/16 at 10:39 5:19 p.m., 12/29/16 at 11:10 12:51 p.m. and 10:12 p.m., ministration Note: Hydrocodone 5 mg - 325 mg tablet. PRN s: Effective." There was no the location, intensity and ical interventions attempted istration of medication. MAR documented, "cetaminophen 5 mg - 325 mg et orally every 8 hours as evel 1 -10." The MAR esident received the medication attes and times: and 10:40 p.m. m. m.	F 2	32			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495142	B. WING			C 01/26/2017	
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP COD 380 MILLWOOD AVENUE WINCHESTER, VA 22601				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 282	level Q (every) she shift." The docum following dates ar zero, no pain: 1/1/17 - evening s 1/4/17 - night shift 1/12/17 - night shift 1/12/17 - night shift 1/25/17 - day shift 1/25/17 - day shift 1/25/17 at 11:12 p. 1:43 p.m., 1/12/17 a.m., 1/25/17 at 9 "Administration Not Acetaminophen 5 administration wadocumentation of non-pharmacolog prior to the admin The nurse's note documented, "Administration wadocumented, "Administration wadocumented, "Administration wadocumented, "Administration wadocumented, "Administration wadocumented, "Administration wadocumentation of interventions attermedication. Observation was at 8:08 a.m. in bed directly on the sur	m. R documented, "Document Pain ift using a scale of 1 -10 every ented pain assessment for the nd shift was documented as shift (3:00 p.m 11:00 p.m.) t (11:00 p.m 7:00 a.m.)	F 2	82			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495142	B. WING		01	C / 26/2017	
NAME OF	PROVIDER OR SUPPLIE		1	STREET ADDRESS, CITY, STATE, ZIP C		LUILUII	
				380 MILLWOOD AVENUE			
EVERGR	EEN HEALTH AND	REHAB		WINCHESTER, VA 22601			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 282	Continued From	page 65	F 28	32		a von V. vo no ne rezonazione e	
	(licensed practical nurse, on 1/25/1)	al nurse) #16, Resident #6's 7, was alerted to the resident's #16 then medicated Resident #6	The second secon				
	Resident #6's nu regarding the pro	conducted with LPN #16, rse, on 1/25/17 at 10:25 a.m., ocess staff follows when a ns of pain. LPN #16 stated, "I	medical provency on the community				
	ask them what le and then give the she offers any no	evel of pain it is, where it hurts em a pain pill." When asked if on-medication interventions, LPN routinely." When asked if she					
	complained of pa	ent #6's heels when he ain this morning, LPN #6 stated, as asked if that was part of dent for pain. LPN #16 stated, "I	NAMES OF THE PARTY	£		10 To 10 To	
	guess so." Wher plan, LPN #16 st	asked the purpose of the care ated, "It's the different what to do to care for a resident."	announ common e e e e				
	staff member (AS	conducted with administrative SM) #2, the director of nursing, 47 a.m. ASM #2 was asked				A PART COMMUNICATION TO THE PROPERTY OF THE PR	
	complaining of p	s staff follows for a resident ain. ASM #2 stated, "First the sess the resident, ask the pain				nomina a a a a a a a a a a a a a a a a a a	
	offer non-pharma	cation of the pain. They should acological interventions first, uning, snack or back rub. Then if we check the physician's orders	Tall company in the Constitution of the Consti				
	and give a pain r	medication per the orders, if no e nurse practitioner or physician." ASM #2 was asked where staff	Marie Valore				
	documents the reassessment of p	esident's complaint of pain, ain, location, intensity and the gical interventions provided. ASM	i				
	#2 stated, "That notes." When as	should all be in the nurse's ked the purpose of the care plan, 'It's how we base our care for					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		495142	B. WING		01	01/26/2017		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601	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 CX (EACH CORRECTIVE ACTIVE ACTIVE ACTIVE ACTIVE CROSS-REFERENCED TO THE CORRESPONDED TO THE CORRESPOND TO THE CORRESPONDED TO THE CORRESPONDED TO THE CORRESPONDED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 282	An interview was 1/25/17 at 12:48 pthe nurses ask hir complains of pain When asked if the offer a back rub w Resident #6 state The resident was hallway on 1/25/1 interviewed at this if the nurses come pain pill to see if it "No, my feet are smorning." The restalk to the nurse. 1/25/17 at 9:19 a.i. effective. The administrator of the above conc No further informat (1)This informatio website:	Then asked if the staff should be plan, ASM #2 stated, "Yes." conducted with Resident #6 on o.m. Resident #6 was asked if m a pain scale when he, the resident stated they did. ey offered to reposition him or when he complains of pain,	F 2	82				
	comprehensive pl	ff failed to follow the an of care for applying a glove and arm splint to Resident #5's						
		admitted to the facility on moses including, but not limited	20 AP 14.7			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495142	B. WING				C 01/26/2017	
	PROVIDER OR SUPPLIEI			380	REET ADDRESS, CITY, STATE, ZIP CODE D MILLWOOD AVENUE NCHESTER, VA 22601			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	difficulty swallowindiabetes. On the data set), a 30-data assessment refere #5 was coded as limpaired for making. On the following dwas observed with (swelling) and a spat 11:55 a.m. and 9:30 a.m., 11:15 a	roke, dementia with behaviors, ng, high blood pressure, and most recent MDS (minimum y Medicare assessment with an ence date of 1/12/17, Resident being severely cognitively ng daily decisions. ates and times, Resident #5 nout a glove to prevent edema polint on her right arm: 1/24/17 4:55 p.m.; 1/25/17 at 8:35 a.m., .m., 12:20 p.m., and 1:30 p.m. Aysician's orders for Resident #5 wing order written and signed by /18/17: "Place edema glove arm in am (morning) and off at a hitor skin and for circulation lint on every day and evening ent #5's comprehensive care 6 and updated 1/19/17	F 2	282				
	edema glove and sordered." On 1/25/17 at 1:45	ne following: "Resident has an splint for right arm, use as p.m. at 1:45 p.m., CNA ssistant) #5 and LPN (licensed				The state of the s		
	practical nurse) #1. Resident #5's beds asked if they were should have had or stated: "I don't kno supposed to have a know she's suppos	3 accompanied the surveyor to side. Both staff members were aware of anything Resident #5 h her right arm. CNA #5 www. I don't know she's anything." LPN #13 stated: "I ed to have something. A not sure why it's not on."						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495142	B. WING			01	C /26/2017	
	PROVIDER OR SUPPLIER			380 N	ET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE CHESTER, VA 22601		720,2011	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
F 282	interviewed. She streatment nurse on noticed that Reside glove or splint. What this or notified anyour To be honest, I did On 1/27/17 at 1:55 member) #8, the spinterviewed. When Resident #5 on 1/2 just a little while agaware of anything Fibe wearing on her reknow she is supposasked if Resident #OSM #8 stated: "NI asked one of the someone else was glove on." OSM #8	p.m., LPN #14 was stated she was working as the in the unit. LPN #14 stated she ent # 5 was not wearing her men asked if she investigated one about it, LPN #14 stated: I not." p.m., OSM (other staff peech therapist, was asked if she had worked with 5/17, OSM #8 stated: "Yes, o." When asked if she was Resident #5 was supposed to right arm, OSM #8 stated: "I sed to have a glove." When 5 had been wearing the glove, o, she didn't." OSM #8 stated: aides about it. They told me responsible for putting the stated she was not aware as also ordered to wear a	F 2	82				
	When asked who is implementing a resistated: "The nurse. process she follows LPN #5 stated: "We	p.m., LPN #5 was interviewed. ultimately responsible for dent's care plan, LPN #5 I am." When asked the for implementing a care plan, a have the care plan in the ways check the care plan						
	staff member) #1, th	o.m., ASM (administrative ne administrator, and ASM #2, ng, were informed of these				mann deuts de ce en de sancie ann annue en en contra		
,	A review of the facili	ty policy entitled "Care Plan"						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
			N. WYILL	Juvo			С
		495142	B. WING	j		1	26/2017
NAME OF F	PROVIDER OR SUPPLIER	Aktivasyonda saha cida kalini kerrasachaka cida kiristi dhamilkan cupara morata taratan.		1	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
EVERGR	REEN HEALTH AND R	REHAB	•	1	80 MILLWOOD AVENUE		
			<u></u>	W	VINCHESTER, VA 22601	in the state of th	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	Continued From pa	age 69	F;	282		Print Aller Calledon	
	revealed, in part, th will serve as a guide and services to mee patient/resident and	ne following: "The care plan de for all staff in delivery of care set the needs of each d in helping achieve the acticable well being."	The second of th	3	F-309		
SS=D	483.24, 483.25(k)(l) FOR HIGHEST WE		F 3	309	1. Corrective action has been accomplish the alleged deficient practice in rega Residents #6, #4, and #5. Resident #6's were floated on 1/25/17, nurse was educa 1/25/17 on attempting non-pharmacol	rds to s heels ited on	
	483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and			:	methods before medicating resident for Resident #4's intake and output has discontinued. On 1/26/17, the glove and was placed on Resident #5.	pain. been	
	services to attain or practicable physical well-being, consiste	r maintain the highest all with the resident's sessment and plan of care.	ı		2. Current facility residents have the pot to be affected by the alleged deficient proof. The Director of Nursing and/or madministration team educated all licularing staff on the importance of review and following physician's orders.	actice. ursing ensed	
	483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.				3. Measures put into place to assure al deficient practice does not recur include:	The ursing ts per month rs are	
	residents who require services, consistent of practice, the compared plan, and the repreferences. This REQUIREMEN by: Based on observations	cility must ensure that ire dialysis receive such twith professional standards aprehensive person-centered esidents' goals and NT is not met as evidenced ion, resident interview, staff cument review and clinical			will be audited quarterly thereafter to e continued compliance. 4. The Director of Nursing and/or designed analyze audits/reviews for patterns/trends report in the Quality Assurance Commeeting quarterly for six months to evaluate effectiveness of the plan, and will adjust plan as the committee may recommend, be on outcomes/trends identified from trend designed.	e will s and nittee te the tot the pased	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	495142	B. WING			C 04/00/0047		
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND R			STREET ADDRESS, CITY, STATE, Z 380 MILLWOOD AVENUE WINCHESTER, VA 22601		/26/2017		
PRÉFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
staff failed to maintain well-being for three sample, Residents 1. For Resident #6, document the location non-pharmacological administration of particular to obtain and intake and output extends and out	ain the highest level of of 27 residents in the survey #6, #4, and #5. the facility staff failed to ion and intensity of pain, offer al interventions prior to the ain medication and follow up the medication effectiveness. failed to follow a physician's document Resident #4's very shift. failed to apply a glove to d an arm splint as ordered by sident #5. Examined to the facility on the readmission on 11/22/16, included but were not limited falls, spinal stenosis, high pheral vascular disease (any affecting blood vessels), neuropathy (any abnormal otheral nerves (2)), benign y (enlargement of the ut. S (minimum data set) erly assessment, with an one date of 10/20/16, codeding a 15 on his BIMS (brief status) score, indicating that	F 309					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION			E SURVEY MPLETED
		495142	B. WING	004.44-000.00		C 01/26/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 380 MILLWOOD AVENUE WINCHESTER, VA 22601	IP CODE	01/	20/2011
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD THE APPROPR	BE	(X5) COMPLETION DATE
	members for most He was coded as rup assistance for reating. In Section resident was coder PRN (as needed) during the resident resident had pain a was rated as a "5" ten being the wors. The physician order documented, "Hydroused to treat moder pain (4)) 5 mg (mill 1 tablet orally every level 1 -10." The "Pain Assessm 1/11/17, documented." A. Pain Presence: B. Pain Frequency: documented. C. Pain effect on furthas pain made it has no was documented. C. Pain Intensity: Pwas documented. No was documented. Very severe, horrible. Staff assessment documented next to (that hurts, ouch, stresident complains, pain/possible pain. documented.	ce of one or more staff of his activities of daily living. equiring supervision after set moving on and off the unit and J - Health Conditions, the das receiving scheduled and pain medication. It was coded, interview for pain that the almost constantly and the pain on a pain scale of zero to ten, e pain he was ever in. ers dated, 10/03/16, rocodone - Acetaminophen erate to severely moderate igrams) - 325 mg tablet. Give y 8 hours as needed for pain ment Quarterly/Annual" dated, ed in part: Yes was documented. Occasionally was nction: Over the past 5 days, and for you to sleep at night? ed. Over the past 5 days, have y-to day activities because of mented. ain intensity scale 1 -10: a 9 //erbal pain descriptor code: e was documented. of ropain: A check mark was of "vocal complaints of pain op). Frequency with which	F 3	09			

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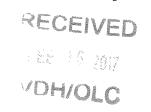
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		495142	B. WING _		01	C / 26/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	Received PRN me documented. List r side effects and eff Hydrocodone-Acet moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to moderate to the commented. Description of the compain? "Bilateral low When does pain or (morning) upon wall better? "Stretching, chair." Does anythis in bed." The comprehensive review on 11/11/16, Management - Alter to (peripheral neurogout pain - bilateral "Interventions" documented to the control on the onset, location pain and alleviating Administer medicate (medical doctor)." The medication administer 2016 documented to moderate moderate to moderate t	gimen? No was documented. dications? Yes was nedications, dose, frequency, fectiveness: aminophen (used to treat rately severe pain) 5 mg - 325 blet orally every 8 hours as rel 1 -10. Received erventions for pain? Yes was ribe interventions: a check need next to, repositioning and	F 30			
	level 1 -10." The MA	R documented the resident ation on the following dates			:	

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PREFIX (EACH DEFICIEN	IDENTIFICATION NUMBER		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495142	B. WING		01/26/2017	
				STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
PRÉFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 309	12/5/16 at 2:42 a.r 12/11/16 at 12:35 12/15/16 at 9:01 p 1216/16 at 6:19 p. 12/19/16 at 9:56 p 12/20/16 at 2:41 p 12/29/16 at 10:49 12/30/16 at 11:13 The December MAPain level Q (every every shift." The defor the dates and sadministered above having "0" pain. The nurse's notes note dated, 12/5/16 p.m., 12/11/16 at 1 p.m., 12/16/16 at 7 p.m., 12/20/16 at 5 p.m., 12/30/16 at 1 documented, "Adm - Acetaminophen 5 administration was documentation of the non-pharmacologic prior to the administration of the January 2017 "Hydrocodone - Acetablet; give 1 tablet needed for pain level at 12/30/16 at 14/30/16 at 14/3	m. and 11:12 a.m. p.m. m. m. m. m. m. a.m. and 9:49 p.m. AR documented, "Document y) shift using a scale of 1 -10 ocumented pain assessment shifts that the medication was to were all documented as were reviewed. The nurse's 6 at 3:50 a.m., 12/5/16 at 12:19 :36 p.m.,12/15/16 at 10:43 /2:00 p.m., 12/19/16 at 10:39 /2:19 p.m., and 10:12 p.m., and stration Note: Hydrocodone 6 mg - 325 mg tablet. PRN is Effective." There was no he location, intensity and cal interventions attempted stration of medication. MAR documented, etaminophen 5 mg - 325 mg is orally every 8 hours as yell 1 -10." The MAR sident received the medication tes and times: and 10:40 p.m.	F 30	9		

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER.			2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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	EVERGREEN HEALTH AND REHAB			REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE INCHESTER, VA 22601	01	1/26/2017	
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level Q (every) shift shift." The documer following dates and zero, no pain: 1/1/17 - evening shift 1/4/17 - night shift (1/1/2/17 - night shift 1/13/17 - night shift 1/25/17 - day shift (1/25/17 - day shift (1/25/17 - day shift (1/25/17 at 11:12 p.m. 1:43 p.m., 1/12/17 at a.m., 1/25/17 at 9:19 "Administration Note Acetaminophen 5 m administration was: I documentation of the non-pharmacologica prior to the administration was: E bilateral legs bothering documentation of non interventions attempt medication. Observation was madat 8:08 a.m. in bed. I directly on the surface	documented, "Document Pain using a scale of 1 -10 every need pain assessment for the shift was documented as ft (3:00 p.m 11:00 p.m.) 11:00 p.m 7:00 a.m.) 2:00 a.m 3:00 p.m.) ated, 1/1/17 at 4:56 a.m., 1/8/17 at 3:34 a.m. 1/13/17 at 2:18 a.m., documented, Hydrocodone -g - 325 mg tablet. PRN Effective." There was no elocation, intensity and I interventions attempted ation of medication. ed, 1/13/17 at 1:53 p.m. instration Note: Hydrocodone ng - 325 mg tablet. PRN Effective. Resident stated and him today." There was no n-pharmacological ed prior the administration of the of Resident #6 on 1/25/17	F 3	609				

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(licensed practical in nurse, on 1/25/17, vicomplaint. LPN #16 for pain at 8:39 a.m. An interview was concessioned the procession of the	s hurt really bad." LPN hurse) #16, Resident #6's was alerted to the resident's then medicated the resident nducted with LPN #16, on 1/25/17 at 10:25 a.m., as staff follows when a of pain. LPN #16 stated, "I of pain it is, where it hurts a pain pill." When asked if nedication interventions, LPN tinely." When asked if she	F3	39				

STATEMENT OF DEFICIENCIES ()		Toyan and the second			OMB NO. 0938-039		
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER REEN HEALTH AND R	ЕНАВ		STREET ADDRESS, CITY, STATE, ZIP COE 380 MILLWOOD AVENUE WINCHESTER, VA 22601	DE 1 0	1/26/2017	
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	the nurses ask him complains of pain, the when asked if they offer a back rub when Resident #6 stated. The resident was obtained hallway on 1/25/17 a interviewed at this till if the nurses come be pain pill to see if it he "No, my feet are still morning." The resident talk to the nurse. The 1/25/17 at 9:19 a.m. effective.	m. Resident #6 was asked if a pain scale when he he resident stated they did. offered to reposition him or en he complains of pain, "No." served self-propelling in the at 1:58 p.m., and was me. Resident #6 was asked tack after they've given him a elps. Resident #6 stated, hurting me from this ent proceeded up the hall to en nurse documented on that the medication was	F 309				
ti ti	documented, "Policy his/her highest practiquality of life, (Name when a resident has experience pain. Propain assessment will readmission, quarterlange that may impoumbered scale to de he resident that can verbal means; "0" being asked the intensity, loand quality of the pair will be documented or anable to articulate him otherwise, staff will be rough the Pain Asse	escribe pain will be used for effectively articulate by any no pain and "10" being addition the resident will be cation, duration, variation level experienced. This is or her pain level verbally assess resident pain level essment in Advanced will be documented on the					

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implemented. The reflect the pain mar Fundamentals of N Perry, 2005, pages approach pain man understand a client' appropriate interver monitor pain on a coof common charact nurse form an unde its pattern, and type bring reliefOnset durationLocation. PatternRelief Mea SymptomsPain the individualized appromonitor intervention pain relief and indep measures that compain intervention is facilitate thorough documentate needs to transpire from the caring for the client the effective for managing client is not responsion information is accurate tools such as a pain centralize the information and the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the above concerning the solution of the solution of the above concerning the solution of the solution of the above concerning the solution of t	anagement program will be care plan will be updated to nagement program." ursing, 6th Edition, Potter and 1239-1287, "Nurses need to agement systematically to spain and to provide ntionit is necessary to consistent basisAssessment eristics of pain helps the erstanding of the type of pain, so finterventions that may andIntensityQualityPain asuresContributing nerapy requires an achNurses administer and sordered by physicians for pendently use pain-relief plement those prescribed by a communication of a client's and his or her response to ated by accurate and ation. This communication om nurse to nurse, shift to ther health care providers. It esponsibility of the nurse to report what has been not the client's pain. The ble for ensuring that this ately transmitted. A variety of flow sheet or diary will help ation about pain	F3	09			

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Chapman; page 44 (2) Barron's Medica Non-Medical Reade Chapman; page 40; (3) Barron's Medica Non-Medical Reade Chapman; page 28; (4) This information website:	or, 5th edition, Rothenberg and 7. al Dictionary for the er, 5th edition, Rothenberg and 2 I Dictionary for the er, 5th edition, Rothenberg and	** * * 1000	09			
order to obtain and o intake and output ev Resident #4 was add with a readmission of that included, but we hyperlipidemia (eleva stream), dysphagia (railed to follow a physician's document Resident #4's ery shift. mitted to the facility on 7/6/16 on 10/1/16 with diagnoses ere not limited to, hip fracture, ated lipid levels in the blood difficulty with swallowing), functioning thyroid) and					
set) was a quarterly a (assessment referen Resident #4 was cod BIMs (Brief Interview out of 15. The MDS	ecent MDS (minimum data assessment with an ARD ce date) of 10/5/16. led on the MDS as having a for Mental Status) score of 6 manual documents that a hat the resident's cognition is					
in part, the following p	#4's clinical record revealed, ohysician's order, "Order 55 a.m.) Communication					

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F 309	physician). Descrip	age 79 Ordered By: (name of otion: Intake and Output. shift. Schedule Type:	F 309)		
	revealed, in part, a record) for January contained columns January, and a sparto document Reside The following dates night shift, 1/6/17 danight shift, 1/12/17 in	Resident #4's clinical record TAR (treatment administration 2017. The January TAR for each day in the month of ice for three shifts on each day ent #4's intake and output. It is and shifts were blank; 1/4/17 ay shift, 1/7/17 and 1/8/17 night shift, 1/13/17 day shift, 1/15/17 and 1/16/17 day shift, 1/15/17 and 1/16/17 day shift, 1/16/17 day shift.				
	conducted with LPN #11, a unit manager describe the process intake and output. It was to document the and document the r. LPN #11 was asked was documented; L. documented in the whether or not there TAR for intake and c. "There should not be that it was not charted output for the shift. Then there should be and a note in the proshown Resident #45; the blank spots for intake and control output for the shift.	So a.m. an interview was N (licensed practical nurse) r. LPN #11 was asked to so when there was an order for LPN #11 stated that the nurse he resident's total fluid intake resident's total fluid output. It was total that it was the should be blank spots on the output. LPN #11 was asked to should be blank spots on the output. LPN #11 stated, we blank spots. This means the dor there was no input or lf there was no input or output to a notation in the blank areas ogress notes." LPN #11 was so that was asked about intake and output on the tes. LPN #11 stated that it				

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	NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, 380 MILLWOOD AVENUE WINCHESTER, VA 22601		/26/2017
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	conducted with LP worked with Resid review Resident #2 were blank spots for #2 stated that the incompleted as order asked whether or into have been obtained documented at each should have been of it had been done. A review of Resider plan dated 7/6/16 indocumentation; "Prindwelling Foley r/t Date initiated: 10/1: Monitor and documentation and documentation and documentation and documentation and documentation and documentation." Date initiated: 10/1: Monitor and documentation and documentation and documentation and documentation. Date in part, the following in part, the following in part, the following in part, the following in part, and to assume an an an an an an an an an an an an an	p.m. an interview was N #2, a unit manager who had ent #4. LPN #2 was asked to It's TAR and explain why there or the intake and output. LPN intake and output had not been red on each shift. LPN #2 was not the intake and output was ned on each shift and on the intake and output was ned on each shift and on the shift. LPN #2 stated that it done and it did not appear that with the state of the intake and output was need on each shift and on the shift. LPN #2 stated that it done and it did not appear that with the state of the shift. LPN #2 stated that it done and it did not appear that with the state of the shift and output as per initiated: 10/13/2016." It is policy titled, "Policy and to intake and output as per initiated: 10/13/2016." It is policy titled, "Policy and to intake and output revealed, or documentation, "Standard: a monitored accurately to ation levels of certain sist in their assessment and ing the Intake and Output all p.o. (by mouth) fluids in on as possible to maintain dent does not take any p.o. in shift, write zero in the shift a urinal or graduate to om Indwelling catheters to one. An end of day meeting	F			
		(administrative staff member)				

F 309 Continued From p nursing. ASM #1 of the above refere requested regardinorders. On 1/26/17 at app stated that they did addressed following. No further information and of the survey process.	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF		(X3) DATE SURVEY COMPLETED			
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F 309	Continued From pa	age 81	F 309	1	***************************************		
	nursing. ASM #1 a of the above refere requested regarding	and ASM #2 were made aware enced concerns. A policy was ag the completion of physician				man // A Aramananan wasananana	
	stated that they did	oximately 9:00 a.m. ASM #2 not have a policy that g the physician orders.		•			
	No further informatend of the survey p	ion was provided prior to the process.				MARKA MARKA MARKANANA MARKANANA MARKANANA MARKANANA MARKANANA MARKANANA MARKANANA MARKANANA MARKANANA MARKANAN	
	12/15/16 with diagr to: history of a stro difficulty swallowing diabetes. On the m data set), a 30-day assessment referen	s admitted to the facility on noses including, but not limited ke, dementia with behaviors, g, high blood pressure, and nost recent MDS (minimum Medicare assessment with noce date 1/12/17, Resident #5 g severely cognitively impaired cisions.					
	was observed without (swelling) and a spl at 11:55 a.m. and 4	tes and times, Resident #5 but a glove to prevent edema int on her right arm: 1/24/17 :55 p.m.; 1/25/17 at 8:35 a.m., n., 12:20 p.m., and 1:30 p.m.					
	revealed the followi the physician on 1/1 and splint on right a hs (evening). Monit	sician's orders for Resident #5 ng order written and signed by 18/17: "Place edema glove rm in am (morning) and off at tor skin and for circulation nt on every day and evening					
		it #5's comprehensive care and updated 1/19/17				***************************************	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	edema glove and spordered." On 1/25/17 at 1:45 (certified nursing as practical nurse) #13 Resident #5's bedsi asked if they were a should have had on stated: "I don't know supposed to have a know she's supposed glove, maybe, I'm not on 1/25/17 at 1:50 printerviewed. She stateatment nurse on the noticed that Resident glove or splint. When this or notified anyon "To be honest, I did not on 1/27/17 at 1:55 printerviewed. When a Resident #5 on 1/25 pust a little while ago, aware of anything Resident #5 on 1/25 pust a little while ago, anything Resident #5 on 1/25 pust a little while ago, anything Resident #5 on 1/25 pust a little while ago, anything Resident #5 on 1/25 pust a little while ago, anything Resident #5 on	e following: "Resident has an polint for right arm, use as p.m. at 1:45 p.m., CNA sistant) #5 and LPN (licensed accompanied the surveyor to de. Both staff members were aware of anything Resident #5 her right arm. CNA #5 w. I don't know she's nything." LPN #13 stated: "I do to have something. A pot sure why it's not on." D.m., LPN #14 was ated she was working as the she unit. LPN #14 stated she was not wearing her en asked if she investigated he about it, LPN #14 stated: not." D.m., OSM (other staff beech therapist, was asked if she had worked with 177, OSM #8 stated: "Yes," When asked if she was sesident #5 was supposed to ght arm, OSM #8 stated: "I do to have a glove." When had been wearing the glove, she didn't." OSM #8 stated: ides about it. They told me esponsible for putting the stated she was not aware also ordered to wear a	F3	09			

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F 309	When asked who is implementing a res stated: "The nurse process she follows LPN #5 stated: "W computer. I can alwagainst the orders." On 1/25/17 at 5:15 staff member) #1, the director of nursi concerns. Policies rorders were reques On 1/26/17 at 8:15	p.m., LPN #5 was interviewed. s ultimately responsible for ident's care plan, LPN #5 . I am." When asked the for implementing a care plan, e have the care plan in the ways check the care plan p.m., ASM (administrative he administrator, and ASM #2, ng, were informed of these regarding following physician ted. a.m., ASM #2 informed the	F 3	309			
	On 1/26/17 at 8:15 a.m., ASM #2 informed the survey team that there were no policies specific to following physician's orders. No further information was provided prior to exit. In Fundamentals of Nursing, 6th edition, 2005, Patricia A. Potter and Anne Griffin Perry, Mosby, Inc; Page 419: "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm clients." 319 483.40(b)(1) TX/SVC FOR S=D MENTAL/PSYCHOSOCIAL DIFFICULTIES (b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being		F 31	1. Corrective action has be for the alleged deficient properties to Residents #1 and #7. Social Worker was educated prevention policy. Colarification order was observed by the second process of the	ractice in regard On 1/26/17 thed on the suicid On 1/26/17, otained from the	ds he de a ne ic	

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F 319	post-traumatic streimplemented beging This REQUIREMED by: Based on staff intreview, and clinical determined that the treatment and sendifficulties for two sample, Resident 1. The facility staff of Resident #1's we having thoughts of necessary psycholothis was reported to 11/10/16. 2. The facility staff antipsychotic medion ordered by the psy. The findings included to the findings included to	ry of trauma and/or ess disorder, will be nning November 28, 2019). ENT is not met as evidenced erview, facility document all record review, it was a facility staff failed to provide vices for psychosocial of 27 residents in the survey #1 and #7. failed to notify the psychiatrist erbalized statement regarding self-harm and failed to provide ogical care and services after to the social worker on a failed to reduce an eation for Resident #7 as chiatrist. It is admitted to the facility on ted on 5/13/16 with diagnoses were not limited to mood a pressure, chronic kidney atrial fibrillation, stroke, and estructive pulmonary disease). It recent MDS (minimum data by assessment with an ARD ence date) of 11/9/16. Ended as being cognitively intact are daily decisions scoring 15 MS (Brief Interview for Mental sident #1 was coded as assistance from staff with es of daily living) including on, toileting, and personal indence on staff with bathing,	F 3	19	 Current facility residents have potential to be affected by the all deficient practice. The Director of Nu and/or nursing administration completed 100% audit of all resident of to validate each resident has an order psychiatric consult as needed. Measures put into place to ensure alleged deficient practice does not reservice education for licensed nursing armursing administration team began reservice education for licensed nursing regarding suicide prevention por following physician orders, and notif the psychiatrist of any resident expresses thoughts of self-harm. Quality Assurance nurse and/or designation of the psychiatrist of any resident expresses thoughts of self-harm. Quality Assurance nurse and/or designation of the psychiatrist of any new ordentering new orders; notifying POAs; notifying unit managers of any chan The Director of Nursing and/or nur administration team will audit 4 residner week for 4 weeks then 10 residents month for 3 months, then random quart audits thereafter to ensure continuation to the ensure continuation of the properties of the properties of the particular of the plan based outcomes/trends identified. Completion Date: 3/3/17 	eged rsing team rders for a the recur ad/or e-in- staff licy, ying who The gnee totes ders; and, ages. sing ents rerly and for ein- staff licy, ying who The gnee totes ders; and, ages. sing ents rerly and for ein- staff licy, ying who The gnee totes ders; and, ages. sing ents rerly and the for ality six the	

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	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
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F 319	assessment docu Resident #1: "Say 2 weeks, have you following problem be better off dead way." A "1" was o Presence" indicati documented unde indicating the reside or had these thou Review of the clin following social se "This worker went (Resident #1) is de talked about differ resident if she had and resident says she depression during Resident takes We per day. Resident Psychiatrist). Res talking one on one would feel better if Resident says her and said she will o when. Resident ta the restorative pro nurse on duty all o information will be works with (Name The next note date worker documente "Quarterly review. X3. Resident is co has a diagnosis of by (Name of Psych	of the 11/9/16 quarterly MDS mented the following for to the Resident: "Over the last u been bothered by any of the s?l. Thoughts that you would, or of hurting yourself in some documented under "Symptoming "Yes." A "0" (zero) was ir "Symptom Frequency" dent never had these thoughts ghts for one day. I cal record revealed the ervices note dated 11/10/16, in to talk to see how she bing. Resident was sad. We ent things. This worker asked a thought of hurting herself yes but she has no plan. I wants a medication for her the day that would help her. I ellbutrin [1] 150 mg (milligrams) is seen by (Name of ident said she is interested in with a counselor. Resident her daughter would visit her. daughter called the other day ome to see her but did not say alked about doing exercises in gram. This worker told the fithe above information. This given to the clinical Nurse who of Psychiatrist)."	F 31	9			

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Facility ID: VA0218

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
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		495142	B. WING			01/26/2017	
	PROVIDER OR SUPPLIER REEN HEALTH AND			STREET ADDRESS, CITY, STATE, ZII 380 MILLWOOD AVENUE WINCHESTER, VA 22601	P CODE		
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F 319	was sad because see her. This wor thought of hurting but she has no plate better if her daughter calle will come to see here a said she counselor one on was told to the Nuconversation on 1 was given to the conversation of the conversation of the conversation of the conversation of the conversation of the Reservices after this worker on 11/10/16 Review of the Reservices after this worker on 11/10/16 Review of the Reservices after this worker on 11/10/16 (over the conversation of the conv	her daughter has not been in to ker asked resident if she had a herself and resident said yes an. It would make her feel atter visited her. Resident says defined the the the the the the the the the the	F 3	19			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495142	B. WING	·		01	/26/2017
	PROVIDER OR SUPPLIER			38	REET ADDRESS, CITY, STATE, ZIP CODE 0 MILLWOOD AVENUE INCHESTER, VA 22601		
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	directed. She den evidence if suicida ideation. She was and placePLAN 0.25 mg at bedtime discontinue Nuede be beneficial at this On 1/25/17 at 9:22 conducted with OS the social worker. process staff follow thoughts of self har would speak with the plan of self-harm. report this to the nu OSM #9 stated that already seeing the the psychiatrist eva stated that if the recare of the psychiatrist come in #9 stated that Residual psychiatrist come in #9 stated that Residual psychiatrist come in #9 stated that Residual psychiatrist come in #9 stated that Residual psychiatrist come in #9 stated that Residual psychiatrist come in #9 stated that Residual psychiatrist come in #9 stated that Residual psychiatrist come in the psychiatrist shad a diagnosis of was asked if she coreported thoughts of the psychiatrist shad (name of nursentat LPN #1 worked and made rounds woften the psychiatrist stated, "Once a weeresponsible for notificated doctor or pereports of verbalization are sident, OSM #9	nt process was linear and goal ied and demonstrated no I, homicidal or psychotic alert and oriented to herself I woul (sic) add Risperdal [2] ie for mood disorder and xta [3] as it does not seem to	F 3	19			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495142	B. WING			1	/26/2017
	PROVIDER OR SUPPLIER	ЕНАВ		380	REET ADDRESS, CITY, STATE, ZIP CODE) MILLWOOD AVENUE NCHESTER, VA 22601		
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F 319	doctor. I don't think make the (name of know if (Name of L ask her."	RP (responsible party) or cl did. I personally didn't psychiatrist) aware. I don't PN #1) did. You would have to	F3	19			
	conducted with LPN clinical nurse. LPN when following the that she takes note orders when the ps medications, and mhow often the psycl #1 stated that he co is on vacation. LPN process staff is to fo thoughts of self har #1 stated that if a re-	a.m., an interview was N (licensed practical) #1, the #1 was asked about her role psychiatrist. LPN #1 stated s during rounding and writes ychiatrist recommends certain conitoring etc. When asked hiatrist visits the facility, LPN omes in every week, unless he N #1 was asked about the collow if a resident reports m to the social worker. LPN esident was already under					
	would follow up that prn (as needed) basevaluation would be not receiving psychostated that she wou psychiatrist). When for notifying the resithat if the thoughts the social worker, the notifying the RP.	then (Name of Psychiatrist) t week with the resident on a sis or a psychological requested if the resident was blogical services. LPN #1 Id notify (Name of asked who was responsible bonsible party, LPN #1 stated of self-harm were reported to nan the social worker should LPN #1 stated that facility ot get a hold of Resident #1's					
	RP. When asked if Resident #1 reporte social worker, LPN : LPN #1 stated that i thoughts of self hard made aware, there is summary from when	she could recall when d thoughts of self-harm to the #1 stated, "I can't remember." f Resident #1 reported m and the psychiatrist was should have been a progress n the psychiatrist came to visit I #1 stated, "Let me see if I					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495142	B. WING			C 01/26/2017	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY 380 MILLWOOD AVEN WINCHESTER, VA 2	UE	, 01.	120/2017
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1	can find that." Will the responsible pastated, "No, not if document." On 1/25/17 at 10:4 (Psychiatrist) did r When asked if he #1's reports of self-know because I'm aware." On 1/25/17 at 2:13 conducted with AS member) #4, the Fhe would expect n when a resident reor suicide. ASM # prompts him. ASM to him that a reside he would visit with #4 stated that he dreporting any though not recall being nor On 1/25/17 at 4:08 conducted with LPI worker stated that thoughts of self-hair about the process if her that a resident LPN #17 stated that with the resident to thoughts, review cut family come in, and #17 stated that she for any objects that stated that she would that she would that the worker stated that she for any objects that stated that she would that she would that she would that the worker stated that she would that s	hen asked if she could recall if arty was made aware, LPN #1 the social worker didn't 45 p.m., LPN #1 stated, "He not see her until December." was made aware of Resident f harm, LPN #1 stated, "I don't not sure if I was even made 8 p.m., an interview was see M (administrative staff Psychiatrist. ASM #4 stated that pursing staff to contact him sports any thoughts of self harm 4 stated that LPN #1 usually M #4 stated that IFN #1 usually M #4 stated that if it is reported ent has thoughts of self-harm, that resident that week. ASM id not recall Resident #1 ghts of self-harm. ASM #4 did	F3	19			

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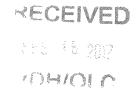
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND R	ЕНАВ		STREET ADDRESS, CITY, STATE, 380 MILLWOOD AVENUE WINCHESTER, VA 22601		1/20/2017	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	OTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETION DATE	
(Name of Psychiatr remembered hearing she was not the null LPN #17 stated she duty that day who was a state of the nursing staff to asset for a plan of self-ham administrator, MD (practitioner) on call nursing staff felt that self-harm, they would sent to the hospital depending on the self-hat he may be self-hat he	would also follow up with ist). LPN #17 stated she ing about the above events, but ree that this was reported to. It could not recall the nurse on was assigned to Resident #1. p.m., an interview was with #2, the DON (Director of stated that he would expect less and interview the resident rm; and notify himself, the medical doctor) or NP (nurse ASM #2 stated that if it the resident was at risk for ld need to be monitored or for a psychological evaluation, everity of the situation. ASM ay recall an incident with #2 stated, "I'll look into that	F 3	19			
conducted with ASM #1 stated that she we the responsible part administration if a responsible part administration if a responsible part administration if a responsible part administration. She considered was attemphysician. He could interview. On 1/26/17 at 10:11 conducted with LPN 10/11/16 7-3 shift. Shevents.	a.m., an interview was 1 #1, the administrator. ASM yould expect nursing to notify y, physician, psychiatrist and esident reports any thoughts ould not recall the above ed, "We are going to look into a.m. and 9:26 a.m., an oted with ASM #3, the primary not be reached for an a.m., an interview was #16, a nurse who worked on the could not recall the above a.m., an interview was					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
				Administration	Michael Martin (Angella and Inc.) — A martin (Angella and Angella		С	
		495142	B. WING			01	/26/2017	
	PROVIDER OR SUPPLIER			380 1	EET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE CHESTER, VA 22601	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETION DATE	
	10/11/16 7-3 shift. On 1/25/17 at 4:25 administrator and Nursing) were made concerns. Review of facility policy" documents PURPOSE: The proprevention policy is depressed and whomeasures to assist injury. IDENTIFYII High RISK: 1. The one. 3. Young adulunusual stress or leunemployment, the 5. People who have or who have experience and the staff feels are attending physician should be notified a needed. 2. If the rispection will be checked every 3 admit the resident to 3. Care plan will be be checked every 3 No further information that the National Institution has increased and the National Institution of the National Ins	N #19, a nurse who worked on She could not be reached. In p.m., ASM #1, the ASM#2, the DON (Director of de aware of the above solicy titled, "Suicide prevention in part, the following: "simary purpose of the suicide is to identify resident who are of are at risk and then to take if the resident and prevent any NG FACTORS OF THOSE AT elderly. 2. Loss of a loved its especially males enduring iss. 4. Losses such as, is newly divorced, living alone. Its previously attempted suicide in the family. 6. Symptoms: May include disturbance, somatic. I preoccupationIntervention: it is at risk for suicide the for POA (power of attorney) and a psychological consult as isk seems to be acute, a mould be made by the facility to of an acute psychiatric facility. Implemented. 4. Resident will so minutes." I on was presented prior to exit. It is pressant, used to treat formation was obtained from the sof Health. In the could be made health/PMH	F3	319				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED			
		495142	B. WING		01	C 01/26/2017		
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		17 20 07 20 0 1 1		
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F 319	information was of Institutes of Healt https://www.ncbi. T0012012/?repor [3] Nuedexta- Use laughing or crying from The Nationa	obtained from The National h. nlm.nih.gov/pubmedhealth/PMH t=details. ed to treat uncontrollable This information was obtained I Institutes of Health. Inlm.nih.gov/pubmedhealth/PM	F3	319				
	antipsychotic med ordered by the psychotic med ordered by the psychotic med ordered by the psychotic mediagnoses that industry deficit, dementia, deficit, dementia, Resident #7's mosset) was a quarter (assessment refer Resident #7 was of BIMs (Brief Interviout of 15. The Miscore of 9 indicate moderately impair coded as having resident #7 was of the psychotic moderately impair coded as having resident #7 was of the psychotic moderately impair coded as having resident #7 was of the psychotic moderately impair coded as having resident #7 was of the psychotic mediagnostic me	ff failed to reduce an lication for Resident #7 as ychiatrist. admitted to the facility on dmission date of 9/28/16 with cluded, but were not limited to, ty swallowing), communication psychosis and Alzheimer's. at recent MDS (minimum data residually assessment with an ARD rence date) of 1/13/17. Coded on the MDS as having a rew for Mental Status) score of 9 resident #7 was also received an antipsychotic the seven day look back						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DA	TE SURVEY
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NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND F		38	REET ADDRESS, CITY, STATE, ZIP CODE O MILLWOOD AVENUE INCHESTER, VA 22601	<u> 01</u>	1/26/2017
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
in part, a note writte member) #4, the ps The psychiatry note following document Dementia in other of without behavioral of Unspecified psychological Medications: Rispermedication (1)) 0.5 Procedure Notes: It may at bedtime and Further review of Risperded, in part, Madministration recons and 1/1/17 - 1/31/17 following order to be "Risperdal Tablet 0.5 (one) tablet by mout Start Date 10/4/2016 box for each day be was checked as addressed in part, the "Risperdal Tablet 0.5 (one) tablet by mout Communication met Active. Order Date: 10/4/2016."	nt #7's clinical record revealed, en by ASM (administrative staff sychiatrist, dated 11/30/16. e revealed, in part, the tation, "Problem List: 12/1/16 diseases classified elsewhere disturbance. 12/1/16. esis not due to a substance or al condition. Current erdal (an antipsychotic mg (milligrams) at bedtime. Decrease Risperdal to 0.25 gradually discontinue." esident #7's clinical record ARs (medication eds) dated 12/1/16 ~ 12/31/16 of that documented, in part, the endministered to Resident #7, 5 MG (Risperidone) Give 1 that bedtime for paranoid. 6. 2100 (9:00 p.m.)." Each tween 12/1/16 and 1/24/17 ministered to Resident #7. It #7's order summary report end following active order; and MG (RisperiDONE) Give 1 that bedtime for paranoid. Since the holds of the paranoid. Since the holds of the paranoid. Since the holds of the holds of the holds. Start Date:	F 319	DEFICIENCY)		
A review of Resident	#7's comprehensive care			-	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495142	B. WING	B. WING			C 1 /26/2017	
	PROVIDER OR SUPPLIE			380 MI	T ADDRESS, CITY, STATE, ZIP CODE LLWOOD AVENUE HESTER, VA 22601		1/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
	plan dated 7/22/1: documentation, "Gremain free of psycomplications, includiscomfort, hypote constipation / impairment through 10/24/2016. Targete / Tasks: Administ medications as or initiated: 10/24/20 On 1/25/17 at 11:5 conducted with LF LPN #1 was asked facility, LPN #1 stapsychiatrist when I was asked what di #1 stated, "I go into (the psychiatrist) at those orders into the cord) and comple RP (responsible paymether or not the LPN #1 stated she just allow the psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists' new psychiatrists note new psychiatrists note for "Procedure Notes."	3 revealed, in part, the following Goal: The resident will be / vchotropic drug related luding movement disorder, ension, gait disturbance, action or cognitive / behavioral ph review date. Date initiated: at Date: 4/6/2017. Interventions er PSYCHOTROPIC dered by physician. Date	F 3	19				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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orders for each rewhether or not should here or not should her time, back of the reside do and then uses LPN #1 was asked discussed during change once here that it was not like what was discussed note. LPN #1 asked here of the that it was not like what was discussed for the that it was not like what was discussed note. LPN #1 asked where notes 11/30/16. On 1/25/17 at 12: note book (not pasurveyor. LPN #1 book and I wrote (11/30/16)." LPN received the psychated, "It was sig was sent to us the records person ar was asked whether psychiatrists note received it. LPN #1 notes. I look at the when he wants the not look at the procedure psychiatrists' note: #1 stated, "It is a rasked whether or asked whether or	page 95 ok I keep and write down any esident." LPN #1 was asked he reviewed the psychiatrist's axed them to the facility and with her notes. LPN #1 stated, he usually writes down on the ent face sheet what he wants to shat to write his final note." ed whether or not the orders the visit would be likely to wrote his note. LPN #1 stated ely for his orders to differ from sed and what he wrote in his ked to go get her book and for the psychiatrists' visit on 10 p.m. LPN #1 brought her art of the medical record) to this in stated, "I reviewed the note "no changes" for that visit #1 was asked when she hiatrist's final note. LPN #1 ned and dated on 12/1/16 so it en. It goes to the medical had she gives it to me." LPN #1 er or not she read the for Resident #7 when she elast thing documented to see et follow up appointment. I did did dedure notes. There were no (name of Resident #7) LPN #1 was asked whether or notes at the bottom of the swere considered orders. LPN ecommendation." LPN #1 was not she would/should act on the LPN #1 stated that she	F3	19			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION NG	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495142	B. WING			С	
	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, 380 MILLWOOD AVENUE WINCHESTER, VA 22601	01 ZIP CODE	/26/2017	
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t f f c v	would. LPN #1 wa "last thing" on the date), LPN #1 state asked whether or visit was an order. On 1/25/17 at 2:05 conducted with AS member) #4, the p to describe his prosee residents. AS round on the reside #1 would round with orders / changes the rounds. ASM #4 worders provided at change once he wanders provided at change once he wanders provided at change once he wanders and understated to the ASM #4 stated, "(Name of LPN #1) shad she (LPN as asked if she acted on the note (the follow up appointment led that she did. LPN #1 was not a request for a follow up LPN #1 stated that it was. 5 p.m. an interview was asked less when visiting the facility to M #4 stated that he would ents to be seen and that LPN the him and make notes of any nat he provided during the was asked whether or not the the time of rounds could less back in his office writing his ed, "When I go back to my enter the time of rounds could less back in his office writing his led, "When I go back to my enter the time of rounds could less back in his office writing his led, "When I go back to my enter the orders after I review less wist and the past history." If how those changes would be the nursing staff at the facility lame of LPN #1) receives my lands that there have been was asked whether his lere understood as or orders. ASM #4 stated, knows that they are orders hould act on them as such." Whether or not he was aware crease Resident #7's leen followed. ASM #4 stated I wrote it to be decreased and	F 31	9				

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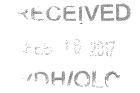
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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A A B April on the first	2021/1050 20 21/100/152	493142	I B. WING			/26/2017
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EVERGE	REEN HEALTH AND R	EHAB		380 MILLWOOD AVENUE		
				WINCHESTER, VA 22601		
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F 319	Continued From pa	ge 97	F3	19		
		nced concerns. A policy was g visits by the psychiatrist.				
	On 1/26/17 at approprovided two facility Physician Orders" a consults." Neither p	eximately 9:00 a.m. ASM #2 policies titled "Transcribing and "Policy for psychiatric policy addressed the process isit and the completion of the				
F 323	end of the survey pr (1) Risperdal (also be to treat the sympton illness that causes of loss of interest in life emotions) in adults age and older. This from the following we https://medlineplus.gtml	known as Risperidone) is used as of schizophrenia (a mental disturbed or unusual thinking, a, and strong or inappropriate and teenagers 13 years of information was obtained	F 32	F-323 1. Corrective action has been according to the control of t		
SS=D	HAZARDS/SUPERV (d) Accidents. The facility must ens (1) The resident env	/ISION/DEVICES	F 32	the alleged deficient practice in Residents #10, and #3. Resi comprehensive care plan has bee and revised and interventions purpertaining to falls on 12/6/16, 12 1/8/17. Resident #3's comprehensi has been reviewed and reinterventions put into place pertain on 1/8/17.	dent #10's en reviewed t into place 2/23/16, and ve care plan evised and	
	(n) - Bed Rails. The appropriate alternatibed rail. If a bed or must ensure correct	ceives adequate supervision ces to prevent accidents. facility must attempt to use wes prior to installing a side or side rail is used, the facility installation, use, and rails, including but not limited		2. Current facility residents have to be affected by the alleged deficing Fall reports are being reviewed 5 days and care plans are being update interventions. All licensed staff educated on initiating immediately after a fall. Interviewing reviewed during fall teal weekly and readjusted as needed.	ent practice. The system was per week and for fall have been enterventions are	

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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		
		495142	B. WING			i	C / 26/2017
	PROVIDER OR SUPPLIER REEN HEALTH AND R	ЕНАВ		38	TREET ADDRESS, CITY, STATE, ZIP COD 80 MILLWOOD AVENUE /INCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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
	(2) Review the risks the resident or resident or resident or resident or resident formed consent processes (3) Ensure that the suppropriate for the rappropriate for the racility staff failed implemented to prevent of 27 residents in Resident #10 and R. 1. Facility staff failed prevent falls after Reflected interventions following the resident #10 was 1/15/16 with diagnost limited to: Parkinson'd dementia, depression. The most recent MD quarterly assessment.	lent for risk of entrapment to installation. and benefits of bed rails with tent representative and obtain rior to installation. bed's dimensions are esident's size and weight. It is not met as evidenced view, facility document review eview, it was determined that d to ensure interventions were rent accidents after a fall for in the survey sample, esident #3. to initiate interventions to esident #10's falls on 12/6/16, o investigate and initiate and a fall on 1/8/17. Itled to investigate and initiate after Resident #3 had a fall admitted to the facility on es that included but were not	F 3	23	deficient practice does not re Beginning 2/14/17 all nursing seducated on the prevention of fa hour report will be audited from 1/2/13/17 to ensure care plan revisio made. The 24 hour report will be days per week by the Care Plan and/or designee to ensure that made. The Falls Committee will a and associated care plans weekly tinterventions are present, effective needed to ensure continued comp. Managers will audit 100% of re falls to ensure care plan intervebeen initiated and are being followed. The Director of Nursing and/or canalyze audits/reviews for pattern report in the Quality Assurance meeting quarterly for six months to effectiveness of the plan, and will plan as the committee may recommon outcomes/trends identified from 5. Completion Date: 3/3/17	cur include: staff will be alls. The 24 /1/17 through ans have been be reviewed 5 Coordinator revisions are audit all falls to ensure the and revise if liance. Unit sidents with entions have bed. designee will s/trends and Committee evaluate the ll adjust the mend, based	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	L	D. WING	STREET ADDRESS, CITY, STATE	710 000	01/2	6/2017
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		ACTION SHOULD BE O THE APPROPRIA	TE	(X5) COMPLETION DATE
t t	having a 1 out of 1 for mental status) severely impaired coded as requiring corridors and the afor dressing and to "Any Falls Since Ac Reentry or Prior As was a 1 in the box) J900 Number of Fa Reentry or Prior As "Coding: 0. None; (indicating the num No injury. 1 (was code falls with injury occurred wi	5 on the BIMS (brief interview indicating the resident was cognitively. The resident was supervision with walking in the assistance of one staff member illeting. In Section J 1800 titled, dmission/Entry or Entry or sessmentEnter Code (there 1. Yes Continue to Section all Since Admission Entry or sessmentwas documented, I. One; 2 Two or more ber of falls that occurred). A. oded indicating the resident injury). B. Injury (except d indicating that two or more urred.)."	F3	323			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495142	B. WING		01	C /26/2017
	PROVIDER OR SUPPLIER REEN HEALTH AND R	ЕНАВ		STREET ADDRESS, CITY, STATE, 2 380 MILLWOOD AVENUE WINCHESTER, VA 22601		120/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC 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 323		ge 100 ed on 10/24/16 did not ation regarding the above	F 3	23		
: : : : : : : : : : : : : : : : : : : :	a.m. with RN (regist coordinator. RN #5 care plan would be time there's an asset or a change." When residents care plans plan coordinator." We care plan, RN #5 stare (plan of care), to not resident's) needs an resident's) needs ar resident's), good qua ability or their ability. plan coordinator work care plan, RN #5 stare plan when we have the work occurred, RN #5 stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the stare plan when we have the start plan when we have the					
	a.m. with RN #1, the how she would know plan, RN #1 stated, "24 hour shift report a changes and do upd. When asked when a updated, RN #1 state condition, new medic changes affect the pacurrent." When asked	nducted on 1/25/17 at 10:05 care plan coordinator. When to update a resident's care So every morning we do a and part of my job is to do any ates (on the care plans)." resident care plan would be ed, "Any changes in the total plan to be eat, to be a care plan, the total plan, taff has access to them."				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495142		B. WING			C / 26/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 380 MILLWOOD AVENUE WINCHESTER, VA 22601	P CODE		20/2011
(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 (X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD HE APPROPR	BE	(X5) COMPLETION DATE
F 323	When asked about RN #1 stated, "Cait's important to know to get the best out of life." RN #1 was falls and asked if the care plan. RN #1 plan would have be actual fall. It would were any injuries. The fall meeting were any injuries. The fall meeting were any injuries. The fall meeting were any injuries. The fall meeting were any injuries. There were no min 12/6/16, 12/23/16 of the committee meeting.	age 101 If the importance of a care plan, re plans are important because low the condition of the resident comes as possible and quality asked about Resident #10's hose would be added to the stated, "Yes and no. Her care een reflective had she had an I not be updated unless there We add any interventions after eekly." When asked to review re plan, RN #1 stated, "You ave been any falls since asked if it would be important to ion, RN #1 stated, "Yes, 0 a.m. RN #5 provided the falls g minutes to this surveyor. Buttes for the weeks of the intervention are plans. When asked if the minutes available, RN #5	F3	23			
	p.m. with LPN (lice unit manager. Whe plan, LPN #11 state care." When asked plan, LPN #11 state for them." When as updated, LPN #11 episode." When as care plan in compastated, "Doesn't locasked if there was stated, "I don't think	onducted on 1/25/17 at 3:40 nsed practical nurse) #11, the en asked who used the care ed, "Anybody who provides I why the residents have a care ed, "So we know how to care sked when care plans were stated, "After any incident or ked to review Resident #10's rison to the fall dates, LPN #11 ok like it's on this one." When another care plan, LPN #11 k so."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	L		STR:	EET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE ICHESTER, VA 22601	01	/26/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETION DATE
	member) #1, the acdirector of nursing windings. On 1/26/17 at 8:00 a ASM #2 for a copy or reports. Review of Resident 12/6/16 and 12/23/1 documentation regal was no incident reports. On 1/26/17 at 10:25 nursing stated, "We for the fall on 1/8/17 Review of the facility documented, "GUID guideline is to ensure (CP) are accurate an patient/residents curplans are to be period and updated as need be monitored and review as circumstances chand with significant cowill serve as a guide and services to meet patient/resident and in highest level of practices.	Iministrator and ASM #2, the vere made aware of the a.m. a request was made to of Resident #10's fall incident #10's incident reports dated 6 did not evidence rding fall interventions. There out dated 1/8/17. a.m. ASM #2, the director of don't have an incident report " "'s policy titled, "Care Plan" ELINE The company's experiment in incident report in the rent medical needs. Care dically reviewed for accuracy ded. PROCEDURE 2. CP will viewed and open to revision ange, quarterly, annually, hanges. 10. The Care plan for all staff in delivery in care the needs of each in helping achieve the	F	323	DEFICIENCY)		
, \ (According to Fundam Williams and Wilkins documented, "A writte	entals of Nursing Lippincott 2007 pages 65-77 en care plan serves as a mong health care team				the companies from tracts from an areas	

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIE	R		380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601	1 01/	20/2017	
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F 323	information about and goals. It comachieving the goal and is used to direvise and update there are changed with new orders (1) Parkinson's di (PD) is a type of rehttps://medlineplus. It happens whe produce enough of dopamine. This in https://medlineplus. 2. The facility staff interventions for factor on 1/8/17, for Research with diagnot limited to: interpressure, dementifications and ben (enlargement of the tresident as seconditive decisions requiring extensive staff members for except eating in windependent after provided. In Sections and sections are provided. In Sections and sections are provided. In Sections and sections are provided. In Sections and sections are provided. In Sections and sections are provided. In Sections and sections are provided. In Sections and sections are provided. In Sections and sections are provided. In Sections and sections are provided.	g care plan is a vital source of the patient's problems, needs, tains detailed instructions for als established for the patient ect careexpect to review, the care plan regularly, when in condition, treatments, and sease — Parkinson's disease movement disorder lus.gov/movementdisorders.htmen nerve cells in the brain don't of a brain chemical called aformation was obtained from: s.gov/parkinsonsdisease.html If failed to investigate and initiate alls after the resident had a fall sident #3. Indentited to the facility on gnoses that included but were llectually disabled, high blood ita, psychosis, anxiety disorder, ign prostatic hypertrophy	F3	23				

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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	
		495142	B. WING	******		01	C / 26/2017	
	PROVIDER OR SUPPLIER REEN HEALTH AND F			380	EET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	during the look back. The nurse's notes documented, "CNA alerted this nurse a an abrasion in (sic) reported that reside earlier this shift. U found to be 35 cm area noted. Barrier area and tolerated notified and family not in any acute distime. Neurological started around 19:5 pressure) 100/70 m Pulse 74 bpm (bearate) 18 rpm (respir (temperature) 97.6 (oxygen) 94% (peromote dated, 1/9/17 a "Staff reported pt (pweekend, has supe pain noted. no sobe (status post) fall - almonitor." There was no further nurse's notes relate. The comprehensive revised on 11/29/16 resident has had an Poor balance, unsterning and a superported pain noted. The comprehensive revised on 11/29/16 resident has had an Poor balance, unsterning the superported pain noted.	dated, 1/8/17 at 8:12 p.m. A (certified nursing assistant) around 19:45 (7:45 p.m.) about president's back area and also ent almost slid out of his bed pon assessment, abrasion (centimeters) long, no open receam applied to affected well. NP (nurse practitioner) notified about this. Resident stress. No pain offered at this checks for unwitnessed fall 55 (7:55 p.m.) BP (blood nmHg (millimeters of mercury), at per minute), RR (respiratory reations per minute), Temp F (Fahrenheit), O2 saturation cent)." all doctor/nurse practitioner) at 1:10 p.m. documented, ratient) found next to bed over rficial abrasion back area. no (shortness of breath)s/p brasion back - continue to	F3	23				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495142	B. WING		0.	C	
	PROVIDER OR SUPPLIER	3	STREET ADDRESS, CITY, STATE, ZIP C 380 MILLWOOD AVENUE WINCHESTER, VA 22601			1/26/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	documented in paralerted this nurse: an abrasion in (sic reported that resid earlier this shift. Us found to be 35 cm Barrier cream apply tolerated well. NP about this. Reside No pain offered at for unwitnessed fa p.m.) BP 100/70 mrpm, Temp 97.6 F, Immediate Action affected area and the family notified about acute distress. No Neurological check around 19:55Me Predisposing Envir Found. Predisposing E	cident Report" dated, 1/8/17, rt, "Incident description: CNA around 19:45 (7:45 p.m.) about) resident's back area and also ent almost slid out of his bed loon assessment, abrasion long, no open area noted. ied to affected area and notified and family notified and rot in any acute distress. this time. Neurological checks II started around 19:55 (7:55 mHg, Pulse 74 bpm, RR 18 O2 saturation, 94%." Taken: Barrier cream applied to olerated well. NP notified and at this. Resident not in any pain offered at this time. Its for unwitnessed fall started ental Status: no records found. It started ental Status: no records found. I	F 3:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			elmen der men sem menten der vinder verbrit der verbrit verbrit der verbrit de		С	
	495142	B. WING		01	/26/2017	
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND F		38	REET ADDRESS, CITY, STATE, ZIP CODE O MILLWOOD AVENUE INCHESTER, VA 22601			
PREFIX (EACH DEFICIENC	ATEMENT 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 APPE DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
An interview was coplan coordinator, of asked who updates fall, RN #1 stated, meeting that a fall I what the cause of the was asked to review see if she could find plan. RN #1 stated see here, it's not on "The fall committee fall. They are supposed Review of the clinic fall committee meeting." When asked how remeding." When asked how remeding." When asked his committee, LPN reconstructed the fall (1/19/17)." An interview was compactive was compacted in the fall committee in the fall committee in the fall committee, LPN reconstructed the fall (1/19/17)." An interview was compacted in the fall sare investing falls are investing falls are reported in asked who updates interventions, ASM #1 coordinator." When a reviews, investigates	"That would be (RN #1) the tor." onducted with RN #1, the care in 1/25/17 at 10:05 a.m. When is the care plan after an actual "They tell me in our morning has occurred. They tell me he fall, if known was." RN #1 w Resident #3's care plan to d the fall of 1/8/17 on the care I, "Based on the information I in there." RN #1 further stated, if meets and discusses every osed to be writing a note." all record did not reveal any ting notes. Inducted with LPN (licensed on 1/25/17 at 12:18 p.m. esident falls are reviewed and are developed, LPN #1 stated, d in the fall committee ked if she was in charge of I #1 stated, "No. We just ills committee last Thursday	F 323				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495142	B. WING_		01	C / 26/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	once a week that of causative factors a interventions." Who above concern, no plan regarding Res #2 stated he'd look surveyor. ASM #2 p.m. and stated he Resident #3's fall of the above concern. The administrator a of the above concern. No further informat (1) Barron's Medical Read Chapman; page 28 483.45(d) DRUG RUNNECESSARY Drunnecessary Drug regimen must drug regimen must drugs. An unnecessused— (1) In excessive do therapy); or (2) For excessive do therapy); or (3) Without adequal (4) Without adequal (5) In the presence	here is a falls team meeting discusses any falls, reviews and puts into place any new en ASM #2 was informed of the documentation on the care sident #3's fall of 1/8/17, ASM into it and get back with this returned on 1/25/17 at 4:50 had no information regarding on 1/8/17. And ASM #2 were made aware ern on 1/25/17 at 5:30 p.m. Ion was provided prior to exit. Al Dictionary for the er, 5th edition, Rothenberg and PRUGS Trugs-General. Each resident's be free from unnecessary sary drug is any drug when see (including duplicate drug uration; or	F 32	F-329 1. Corrective action has been a for the alleged deficient practi to Residents #3 and #7. Nu educated on the importance	ce in regards arse #16 was of offering tions prior to razepam. A d on 1/26/17 a to reducing was made have the the alleged r of Nursing n team will who have edications to interventions histration of arance nurse otes received lated to dose rs; notifying	

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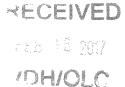
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER		B. WING		01	/26/2017	
EVERGREEN HEALTH AND R			STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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	
paragraphs (d)(1) the This REQUIREMENT by: Based on staff intered and clinical record in the facility staff failer free of unnecessary residents in the sum #7. 1. For Resident #3 the non-pharmacological administration of Loganziety). 2. The facility staff frantipsychotic medical ordered by the psychological facility staff frantipsychotic medical ordered by the psychological facility staff frantipsychotic medical ordered by the psychological facility staff frantipsychotic medical ordered by the psychological facility staff frantipsychotic medical ordered by the psychological facility staff frantipsychotic medical ordered by the psychological facility staff frantipsychotic medical ordered by the psychological facility staff frantipsychotic medical ordered by the psychological facility staff frantipsychological	ns of the reasons stated in hrough (5) of this section. NT is not met as evidenced rview, facility document review eview, it was determined that ed to ensure residents were redications for two of 27 vey sample, Residents #3 and the facility staff failed to offer all interventions prior to the razepam (used to treat failed to reduce Risperdal (an ation (1)) for Resident #7 as hiatrist. Eadmitted to the facility on oses that included but were equally disabled, high blood psychosis, anxiety disorder, a prostatic hypertrophy prostate (1)). S (minimum data set) erly assessment, with an ose date of 11/18/17, coded ely impaired to make daily Resident #3 was coded as sesistance of one or more of his activities of living	F 3.	 3. Measures put into place alleged deficient practice de include: The Director of N nursing administration team residents per week for 4 we residents per month for thre validate accuracy of orders and pharmacological interventions sample of residents will quarterly thereafter to ensu compliance. 4. The Director of Nursing and will analyze reviews/obser patterns/trends and report in Assurance Committee month months to evaluate the effective plan and will adjust the pla outcomes/trends identified. 5. Completion Date: 3/3/17 	fursing and/or will audit 10 eeks, then 15 ee months to ad use of nonse. A random be audited are continued d/or designee rvations for the Quality ally for three eveness of the		

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T		OMR MC) <u>. 0938-039</u>	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		495142	B. WING			С	
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, Z	<u> </u>	/26/2017	
EVERG	REEN HEALTH AND R	REHAB		380 MILLWOOD AVENUE WINCHESTER, VA 22601	IL 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 ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
	independent after s provided. In Section was coded as not h anti-anxiety medical period. The physician order "Lorazepam 0.5 mg tablet every 12 hour related to unspecified disorder in which the from reality and has thinking, responses relationships (2)) no known physiological The December 2016 record (MAR) documented anxiety (3)) 0.5 12 hours as needed unspecified psychosis known physiological documented the mediadministered on 12/112/20/16 at 4:05 p.m. The January 2017 M. "Lorazepam 0.5 mg the processing of the processing of the physiological course as needed for an specified psychosis chown physiological course as needed for an specified psychosis chown physiological course as needed for an appecified psychosis chown physiological color and the mediad physiological color and the mediad processing the processing processing the processing processing the processing pr	set up assistance was in N - Medications, Resident #3 having received any stions during the lookback and dated 3/15/16, documented, (milligrams) tablet; give 1 has as needed for anxiety ed psychosis (a mental ed person is usually detached impaired perceptions, and interpersonal to due to a substance or condition." Some medication administration mented, "Lorazepam (used to mg tablet; give 1 tablet every for anxiety related to its not due to a substance or condition." The MAR dication had been 6/16 at 10:01 a.m. and AR documented, ablet; give 1 tablet every 12 anxiety related to so not due to a substance or condition." The MAR	F 32	į	1)		
	/17/17 at 8:22 a.m. /22/17 at 10:10 p.m.	1					

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		WAY PROVIDED/OF PRINCIPAL	CVOLABILIT	FIDE CONSTRUCTION	(X3) L	ATE SURVEY	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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		495142	B. WING	, , , , , , , , , , , , , , , , , , , ,		01/26/2017	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (CODE		
EVEDGE	EEN HEALTH AND R	FHΔR		380 MILLWOOD AVENUE			
EVENGR	EEN HEALTH AND K	LIIAU		WINCHESTER, VA 22601			
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F 329	Continued From pa	age 110	F 3	29			
	patient is doing bet	te dated, 10/18/16, t, "According to the staff, ter. No aggressive behaviors ence of aggression or					
	documented, "Adm 0.5 mg tablet. PRN was: Effective." The why the medication non-pharmacologic	ated, 12/16/16 at 10:59 a.m. inistration Note: Lorazepam (as needed) administration ere was no documentation of was administered and if any cal interventions were he administration of the					
	The nurse's note documented, "Adm 0.5 mg tablet. PRN was: Effective." The why the medication non-pharmacologic	ated, 12/20/16 at 6:02 p.m. inistration Note: Lorazepam (as needed) administration ere was no documentation of was administered and if any all interventions were he administration of the					
	documented, "Adm 0.5 mg tablet. PRN was: Effective." The why the medication non-pharmacologic	ated, 1/6/17 at 2:10 a.m. inistration Note: Lorazepam (as needed) administration ere was no documentation of was administered and if any real interventions were he administration of the		: :			
	documented in part Resident aggressiv sound like a bee. S	ated, 1/9/17 at 4:39 p.m. i, "Administration Note: e with staff, making a buzzing winging his arms e was no documentation of					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TION NUMBER		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495142	B. WING	3000000000		C 01/26/2017	
	PROVIDER OR SUPPLIER			380 1	EET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE ICHESTER, VA 22601	j Ur	/20/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 329	prior to the admininote dated, 1/9/17 part, "Administration was: Effective." The nurse's note of documented in part Lorazepam 0.5 mg administration was documentation of vadministered and interventions were administration of the nurse's note of documented in part of the nurse o	ological interventions provided stration of the Lorazepam. The at 6:00 p.m. documented in on Note: PRN administration atted, 1/13/17 at 9:30 p.m. t, "Administration Note: g tablet. PRN (as needed): Effective." There was nowhy the medication was f any non-pharmacological attempted prior to the ne Lorazepam. atted, 1/15/17 at 4:53 p.m. t, "Administration Note:	F3	29			
	administration was documentation of vadministered and interventions were administration of the	-				3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
	documented in par Lorazepam 0.5 mg administration was documentation of v administered and if	ated, 1/17/17 at 9:26 a.m. t, "Administration Note: tablet. PRN (as needed) Effective." There was no why the medication was any non-pharmacological attempted prior to the e Lorazepam.				The state of the s	
	documented in part Lorazepam 0.5 mg administration was: documentation of w	ated, 1/20/17 at 1:54 a.m. , "Administration Note: tablet. PRN (as needed) Effective." There was no why the medication was any non-pharmacological					

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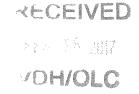
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495142	B. WING		1	C / 26/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 329	interventions were administration of the administration of the comprehensive documented in parphysically aggress towards staff and comprehensive documented in parphysically aggress towards staff and comprehensive medicaresident from the spenarion. When the Intervene before a from source of distinction conversation, if reswalk calmly away as a market of the conversation of the convers	attempted prior to the ne Lorazepam. The care plan dated, 11/29/16, rt, "Focus: The resident is ive and verbally abusive other residents." The cumented, "Administer PRN ations as ordered. Remove the situation that triggered the ne resident becomes agitated: gitation escalates: Guide away tress, engage calmly in sponse is aggressive, staff to and approach later." Fonducted with LPN (licensed 6 on 1/25/17 at 10:42 a.m. and what happens when agitated. LPN #16 stated, "I try g, he likes pudding, diet cokes. In the me." LPN #16 was asked dminister the antianxiety pam to Resident #3. LPN #16 tried to redirect him and it PN #16 was asked where staff are resident was doing to require that interventions were tried that interventions were tried medication. LPN #16 stated, "It inse's notes but I don't always onducted with administrative M) #2, the director of nursing on m. ASM #2 was asked what a nen a resident is exhibiting ssive behaviors. ASM #2	F 3:	29		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495142	B. WING			C 04/26/2047	
NAME OF PROVIDER OR S				STREET ADDRESS, CITY, STATE, 380 MILLWOOD AVENUE WINCHESTER, VA 22601	ZIP CODE	01/26/2017 ODE	
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in scenery. check the period medication asked if the intervention documents where the series #2 stated, ' The administrat On 1/26/17 stated he cadministrat No further in (1) Barron's Non-Medical Chapman; (2) Barron's Non-Medical Chapman; (3) This inforwebsite:	nack, relif that cohysicia per the reside is provid, ASM staff doo In the restrator e findin requestion of Part approved at approved at Approved in the restrator on of Part approved in Medicial Read page 28 Medicial Read page 48 medicial resident in the restrator on of Part approved in the restrator on of Part approved in the restrator in the r	edirect them, maybe a change doesn't work then they should in orders and administer the physician's order." When into behavior and any ded or attempted should be #2 stated, "Yes." When asked cuments this information, "ASM turse's notes." and ASM #2 were made aware gs on 1/25/17 at 5:30 p.m. A ed at this time on the RN anti-anxiety medications. oximately 8:25 a.m. ASM #2 if find a policy on the RN anti-anxiety medications. ion was provided prior to exit. al Dictionary for the er, 5th edition, Rothenberg and is a was taken from the following m.nih.gov/pubmedhealth/PMH	F3	229			
	c medi	failed to reduce an cation for Resident #7 as chiatrist.		,			
7/22/13 with	a read	dmitted to the facility on mission date of 9/28/16 with uded, but were not limited to,				The state of the s	

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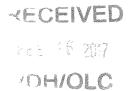
	<u> </u>	1	T			T	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILL	ING _		! ,	С
		495142	B. WING			i	26/2017
NAME OF I	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	4	
EVERGR	EEN HEALTH AND R	EHAB			80 MILLWOOD AVENUE		
LVEROR				W	/INCHESTER, VA 22601		Water-construction of the control of
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F 329	Continued From pa	age 114 y swallowing), communication	F (329			100 00000000000000000000000000000000000
		sychosis and Alzheimer's.					
	set) was a quarterly (assessment reference Resident #7 was considered BIMs (Brief Interview out of 15. The MD score of 9 indicates moderately impaired coded as having remedication during the period. A review of Reside in part, a note writte member) #4, the period of the psychiatry note following documents.	t recent MDS (minimum data y assessment with an ARD ence date) of 1/13/17. Odd on the MDS as having a sw for Mental Status) score of 9 S manual documents that a set that the resident's cognition is ed. Resident #7 was also received an antipsychotic the seven day look back on the seven day look back en the tation, "Problem List: 12/1/16 diseases classified elsewhere					
	without behavioral Unspecified psycho known physiologica Medications: Rispo medication (1)) 0.5 Procedure Notes:	disturbance. 12/1/16. psis not due to a substance or al condition. Current erdal (an antipsychotic mg (milligrams) at bedtime. Decrease Risperdal to 0.25 gradually discontinue."					
	revealed, in part, N administration reco and 1/1/17 - 1/31/1 following order to b "Risperdal Tablet 0 (one) tablet by mou Start Date 10/4/201 box for each day be	desident #7's clinical record IARs (medication ands) dated 12/1/16 - 12/31/16 7 that documented, in part, the e administered to Resident #7, .5 MG (Risperidone) Give 1 at he bedtime for paranoid. I6. 2100 (9:00 p.m.)." Each between 12/1/16 and 1/24/17 Iministered to Resident #7.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495142	B. WING	were consistent of the supplication of the sup	01	01/26/2017		
	PROVIDER OR SUPPLIER	ЕНАВ		STREET ADDRESS, CITY, STATE, 380 MILLWOOD AVENUE WINCHESTER, VA 22601				
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F 329	Continued From pa	ge 115	F 3	29				
	revealed, in part, th "Risperdal Tablet 0. (one) tablet by mou Communication me	at #7's order summary report e following active order; 5 MG (RisperiDONE) Give 1 th at bedtime for paranoid. thod: Phone. Order Status: 10/4/2016. Start Date:						
	A review of Residen did not reveal any e psychiatrist visit on							
	plan dated 7/22/13 r documentation, "Go remain free of psych complications, inclu- discomfort, hypotens constipation / impac impairment through 10/24/2016. Target I / Tasks: Administer	ding movement disorder, sion, gait disturbance, tion or cognitive / behavioral review date. Date initiated: Date: 4/6/2017. Interventions PSYCHOTROPIC red by physician. Date						
:	conducted with LPN LPN #1 was asked was facility, LPN #1 state psychiatrist when he was asked what did #1 stated, "I go into to the psychiatrist) and those orders into the record) and complete RP (responsible part whether or not the presponsible part whether or not the presponsible part was asked with the presponsible part whether or not the presponsible part whether or not the presponsible part whether or not the presponsible part whether or not the presponsible part whether or not the presponsible part was asked with the presponsible part was asked with the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether or not the presponsible part was asked whether was	a.m. an interview was (licensed practical nurse) #1. what her role was at the d, "I do rounds with the sees the residents." LPN #1 "doing rounds" entail. LPN he resident rooms with him I he gives me orders, I put EMR (electronic medical e a nurses note and notify the y)." LPN #1 was asked imary physician was notified, id not as "they (the facility)						

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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	
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		495142	B. WING		PET ADDECO OITY STATE TID CODE	01/	/26/2017
	PROVIDER OR SUPPLIER REEN HEALTH AND R			380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 329	just allow the psychist necessary. The the psych (psychiat the system." LPN at the psychiatrists of the psychiatrists of the psychiatrists of the psychiatrists of the psychiatrists not ediscussion / plan with the time he sees the psychiatrists note for "Procedure Notes." look in my book for visit in a note book orders for each resident when he faxed compared them with "Not all the time, he back of the resident do and then uses the LPN #1 was asked discussed during the change once he writh the time was not likely what was discussed note. LPN #1 asked review her notes for 11/30/16. On 1/25/17 at 12:10 note book (not part surveyor. LPN #1 shook and I wrote "in (11/30/16)." LPN #1 received the psychistated, "It was signed the psychiatria psych	hiatrist to do whatever he feels nurse practitioner signs off on trist) orders when I put them in #1 was asked who receives otes following the visits. LPN psychiatrist would fax over his thin a day or two. LPN #1 was ever differed from what the vas during the visit. LPN #1 ually, he tells me the orders at hem." LPN #1 was shown the for Resident #7, specifically the "LPN #1 stated, "I will have to that visit. I write down each I keep and write down any sident." LPN #1 was asked reviewed the psychiatrist's ed them to the facility and the her notes. LPN #1 stated, a usually writes down on the note sheet what he wants to hat to write his final note." whether or not the orders he visit would be likely to rote his note. LPN #1 stated by for his orders to differ from d and what he wrote in his ed to go get her book and or the psychiatrists' visit on the psychiatrists' visit on the changes" for that visit was asked when she interest of the medical record) to this stated, "I reviewed the note to changes" for that visit was asked when she interest of the medical record. It goes to the medical record. It goes to the medical record.	F	329			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		TE SURVEY MPLETED
	405440				С
	495142	B. WING			/26/2017
EVERGREEN HEALTH AND I			STREET ADDRESS, CITY, STATE, ZIP C 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
was asked whether psychiatrists note if received it. LPN # notes. I look at the when he wants the not look at the procedure is procedured in psychiatrists, notes #1 stated, "It is a reasked whether or recommendations. would. LPN #1 was "last thing" on the redate), LPN #1 state asked whether or notification with a see residents. ASM member) #4, the pset to describe his processee residents. ASM round on the reside #1 would round with orders / changes the rounds. ASM #4 was orders provided at the change once he was note. ASM #4 state office I may change everything from the ASM #4 stated, "(Na notes and understar	d she gives it to me." LPN #1 or or not she read the for Resident #7 when she 1 stated, "I don't read his e last thing documented to see e follow up appointment. I did bedure notes. There were no iname of Resident #7) LPN #1 was asked whether or notes at the bottom of the swere considered orders. LPN ecommendation." LPN #1 was not she would/should act on the LPN #1 stated that she is asked if she acted on the note (the follow up appointment ed that she did. LPN #1 was not a request for a follow up LPN #1 stated that it was. p.m. an interview was if (administrative staff sychiatrist. ASM #4 was asked cess when visiting the facility to if #4 stated that he would ints to be seen and that LPN in him and make notes of any if he provided during the as asked whether or not the he time of rounds could is back in his office writing his is d, "When I go back to my the orders after I review visit and the past history." how those changes would be e nursing staff at the facility. If ame of LPN #1) receives my inds that there have been was asked whether his	F 3	29		

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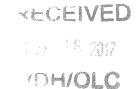
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING	All the second s	(X3) DATE SURVEY COMPLETED		
		495142	B. WING	}		C 01/26/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT 380 MILLWOOD AVENUE WINCHESTER, VA 22601	E, ZIP CODE		20/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD TO THE APPROPE	BE	(X5) COMPLETION DATE
F 329	procedure notes we recommendations "(Name of LPN #1) and she (LPN #1) ASM #4 was asked that the order to de Risperdal had not he was not aware, it should have been On 1/25/17 at 5:10 was held with ASM #1, the administration of the above reference requested regarding On 1/26/17 at approvided two facility Physician Orders" a consults." Neither for the psychiatric orders.	rere understood as or orders. ASM #4 stated,) knows that they are orders should act on them as such." d whether or not he was aware ecrease Resident #7's been followed. ASM #4 stated "I wrote it to be decreased and	F3	329			
F 371	end of the survey p (1) Risperdal (also to treat the symptor illness that causes closs of interest in life emotions) in adults age and older. This from the following what has://medlineplus.tml 483.60(i)(1)-(3) FOO	known as Risperidone) is used ms of schizophrenia (a mental disturbed or unusual thinking, e, and strong or inappropriate and teenagers 13 years of information was obtained yebsite gov/druginfo/meds/a694015.h	F 37	71			
						1	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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NAME OF	PROVIDER OR SUPPLIEF		1	CTDEE	ET ADDRESS, CITY, STATE, ZIP CODE	01/26/2017			
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F 371	Continued From p	age 119	F 371						
	considered satisfa authorities. (i) This may includ from local produce	e food items obtained directly ers, subject to applicable State		1. 2. 3.	1/25/2017. No resident was directly affected by t. Dietary Manager will in-service coclerk on policy and procedure for food foods that have been received, opened	this deficiency. boks and stock d storage of all d, and used the use by date and e area. monitor one ensure proper place. On an dietitian will ensure proper			
	facilities from using gardens, subject to	egulations. does not prohibit or prevent g produce grown in facility c compliance with applicable food-handling practices.		4.	first time. Those shall be dated with u sealed before returning to the storage Dietary Manager/designee will delivery weekly for 30 days to or receiving and use by dates are in pongoing basis, Dietary Manager or monitor storeroom monthly to en				
	 (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. 			5.	receiving of supplies and dating of ongoing problems will be brought to of the Risk Management committee of action can be developed. Completion Date: 3/3/17	such. Any the attention			
	foods brought to revisitors to ensure shandling, and cons This REQUIREME by: Based on observadocument review, i	regarding use and storage of esidents by family and other afe and sanitary storage, sumption. NT is not met as evidenced tion, staff interview and facility t was determined that facility food in a safe manner.							
	Facility staff failed	to ensure that a 25 gallon liquid labeled with its contents and							
	The findings includ	e:							
	1/24/17 at 12:00 p.	he kitchen was conducted on m. with OSM (other staff etary manager. In the dry							

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(0		E SURVEY PLETED
		495142	B. WING				0
	PROVIDER OR SUPPLIEI			STREET ADDRESS, CITY, STATE, ZIP 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE	U1/ <i>i</i>	26/2017
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	was a 25 gallon comproximately 20 gyellow liquid. OSM shelf and displayer surveyor. There was what the product will was "12-15". Whad been opened, When asked how shad been opened it was sure. When as for the product was we keep it (the confit would have the expension of the product was the expension of the product was sure. When as for the product was we keep it (the confit would have the expension of the product was the first would have the expension of the product was the confit would do if she had stated, "I'd call (nan was." When asked meant, OSM #6 stated, "I'd call (nan was." When asked meant, OSM #6 stated, "I'd call (nan was." When asked meant, OSM #6 stated, "It'd call (nan was." When asked meant, OSM #6 stated, "It'd call (nan was." When asked meant, OSM #6 stated, "It'd call (nan was." When asked meant, OSM #6 stated, "It'd call (nan was." When asked meant, OSM #6 stated, "It'd call (nan was." When asked meant, OSM #6 stated, "It'd call (nan was." When asked meant, OSM #7 stated, "It'd call (nan was." When asked meant, OSM #7 stated, "Do OSM #7 stated, "It'd call (nan was." When asked meant, OSM #7 stated, "It'd call (nan was." When asked meant, OSM #7 stated, "Do OSM #7 stated, "	per lowest shelf of the wire rack container that contained gallons of an opaque light and the entire container to this as no evidence of labeling as to was. Written on the container of the desired was well as the container of the desired was well as the container of the desired was sure that the container of the was sure that the container of the was sure that the container of the was sure that the container of the was sure that the container of the was sure that the container of the was sure that the container of the was sure that the container of the was sure that the container of the was sure that the container of the was sure that the container of the was in the stated, "It's crisco. It'll get the was in the stated, "It's Crisco. It's what we was in the stated, "It's Crisco. It's what we was oil to fry potatoes, only cook in the evenings, I when asked what she to fry potatoes, OSM #6 one of OSM #5) to see what it what the "12-15" on the lid ted, "I would assume it got	F 3	71			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
		495142	B. WING _		1	C / 26/2017
	PROVIDER OR SUPPLIER REEN HEALTH AND F			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		120/2011
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514 SS=E	member) #1, the a director of nursing findings. Review of the facility documented, "POL received, they show proper, secure storn All foods that have used shall be dated to a storage area." Review of a form pure manager titled, "HOCRISCO PRODUC documented in part year. Freshness Tip container's been op on the package when the	a label on it?" p.m. ASM (administrative staff dministrator and ASM #2, the were made aware of the ty's policy titled, "III Storage." ICY: After products have been ald be immediately taken to rage areas. PROCEDURE: 6. been opened and partially d and sealed before returning to a consider the consideration of the considera	F 37	F-514 1. Corrective action has been accomplished for the alleged deficient practice in regard to Residents #1, #9, #14 and #27. Nursum #10 and #6 were educated on the state of the state	ds es	
	are- (i) Complete; (ii) Accurately docur	nented;		importance of offering not pharmacological interventions prior to the administration of prior pain medication. Resident #27 has been discharged from the facility.	ne n.	

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

Event ID: 5XO911

Facility ID: VA0218

If continuation sheet Page 122 of 135





F 514 Continued From page 122 (iii) Readily accessible; and (iv) Systematically organized (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations conducted by the State; PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (III) Readily accessible; and (IV) Systematically residents have the potential to be affected by the alleged deficient practice. The Director of Nursing and/or Nursing and/or Nursing and/or Nursing and/or Nursing administration team will review all current residents have the potential to be affected by the alleged deficient practice. The Director of Nursing and/or Nursing and/or Nursing and/or nursing administration to the potential to be affected by the alleged deficient practice. The Director of Nursing and/or nursing administration team will review all current residents have the potential to be affected by	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601 [X4] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 514 Continued From page 122 (iii) Readily accessible; and (iv) Systematically organized (iv) Systematically organized (ii) Sufficient information to identify the resident; (iii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601 (IV) PREFIX (EACH CORRECTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTION ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTION ACTION SHOULD BE (EACH CORRECTION ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 10 PREFIX TAG (EACH CORRECTION ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 2. Current facility residents have the potential to be affected by the alleged deficient practice. The Director of Nursing and/or Nursing administration team will review all current residents who have received prn pain medications to validate non-pharmacological interventions were attempted before administration of medication and that physical assessments were completed. 3. Measures put into place to ensure the alleged deficient practice does not recur include: Nurses will be in-serviced on the importance of documenting non-pharmacological interventions for pain so that the resident's clinical record is complete and accurat		495142	B. WING		01	
F 514 Continued From page 122 (iii) Readily accessible; and (iv) Systematically organized (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (III) The Appropriate of the intervention team will review all current residents have the potential to be affected by the alleged deficient practice. The Director of Nursing and/or nursing administration to the intervention of the intervention of the importance of documenting non-pharmacological interventions for pain so that the resident's clinical record is complete and accurate. The Director of Nursing and/or nursing administration team				380 MILLWOOD AVENUE		72072017
(iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; potential to be affected by the alleged deficient practice. The Director of Nursing and/or Nursing Administration team will review and deficient practice. The Director of Nursing and/or Nursing Administration team will review and pain medications to validate non-pharmacological interventions were attempted before administration of medication and that physical assessments were completed. 3. Measures put into place to ensure the alleged deficient practice does not recur include: Nurse will be in-serviced on the importance of documenting non-pharmacological interventions for pain so that the resident's clinical record is complete and accurate. The Director of Nursing and/or nursing administration team	PREFIX (EACH DEFI	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
will audit 10 residents per week for 4 weeks, then 15 residents per month for three months to validate the use of non-pharmacological interventions and the completion of physical assessments. A random sample of residents will be audited quarterly thereafter to ensure continued compliance. Based on staff interview, resident interview, facility document review and clinical record review, it was determined that facility staff failed to maintain a complete and accurate clinical record for four of 27 residents in the survey sample, Resident #1, #9, #14, and #27. The facility staff failed to document non-pharmacological interventions prior to administering Tylenol [1] 325 mg (milligrams) prn (as needed) to Resident # 1 on several occasions during the month of January 2017. The facility staff did not document that non-pharmacological pain relieving methods were attempted for Residents per month for three months to validate the use of non-pharmacological interventions and the completion of physical assessments. A random sample of residents will be audited quarterly thereafter to ensure continued compliance. 4. The Director of Nursing and/or designee will analyze reviews/observations for patterns/trends and report in the Quality Assurance Committee monthly for three months to evaluate the effectiveness of the plan and will adjust the use of non-pharmacological interventions and the completion of physical assessments. A random sample of residents will be audited quarterly thereafter to ensure continued compliance. The Director of Nursing and/or designee will analyze reviews/observations for patterns/trends and report in the Quality Assurance Committee monthly for three months to evaluate the effectiveness of the plan and will adjust the use of non-pharmacological interventions prior to administering Tylenol [1] 325 mg (milligrams) prior to administering Tylenol [1] 325 mg (milligrams) prior to administering Tylenol [2] 325 mg (milligrams) prior to administering Tylenol [3] 325 mg (milligrams) prior to administering	(iii) Readily ac (iv) Systematic (5) The medic (i) Sufficient in (ii) A record of (iii) The compression of the results and resident redeterminations (v) Physician's professional's (vi) Laboratory services report This REQUIRE by: Based on staffacility docume review, it was a to maintain a corecord for four sample, Reside 1. The facility's non-pharmacol administering T (as needed) to during the mon 2. The facility's non-pharmacol	y organized ecord must contain- mation to identify the resident e resident's assessments; ensive plan of care and service any preadmission screening ew evaluations and inducted by the State; urse's, and other licensed gress notes; and diology and other diagnostic s required under §483.50. ENT is not met as evidenced erview, resident interview, review and clinical record ermined that facility staff failed plete and accurate clinical erview and clinical record ermined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed plete and accurate clinical erview and clinical record formined that facility staff failed preview and clinical record formined that facility staff failed es .	potential to be affected by deficient practice. The Direct and/or Nursing Administrative review all current resident received prn pain medication non-pharmacological intervatempted before administrative medication and that physical were completed. 3. Measures put into place alleged deficient practice definctude: Nurses will be in-second include: Nurses will be in-second includ	y the alleged tor of Nursing ion team will ts who have used to validate entions were distration of all assessments. to ensure the ones not recurrency in the enting non-used on the enting non-used for pain so all record is the Director of distration team week for 4 for month for the use of non-used for the enting and the enting the entity of the enti		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED	
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F 514	Continued From pa	ge 123	F 5	14	4 11 4 11 11 11 11 11 11 11 11 11 11 11	
	3. The facility staff of	did not document that all pain relieving methods were				A CHARACTER STATE OF THE PARTY
	physical assessmer	ailed to document their nt of Resident #27 after ed that she was injured by a				
	The findings include)				TOTAL SERVICE
	5/4/14 and readmitted that included but were disorder, high blood disease (stage 3), a COPD (chronic obstraction o	ded as being cognitively intact daily decisions scoring 15 is (Brief Interview for Mental dent #1 was coded as assistance from staff with s of daily living) including in, toileting, and personal dence on staff with bathing,				
	(Medication Administ	ration Record) revealed that if the Tylenol 325 mg, 2 tablets			1	

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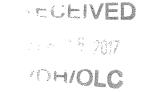
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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ALC BAT OF	DECOMPTE OF OURSE	495142	B. WING			01	/26/2017
	PROVIDER OR SUPPLIER REEN HEALTH AND R	ЕНАВ		380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601		
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F 514	at 4:15 p.m., 1/5/17 a.m., 1/7/17 at 9:14 1/9/17 at 6:51 a.m. a.m. and 4:28 p.m. at 12:53 p.m., 1/15/1/16/17 at 3:18 a.m. 7:51 a.m., 1/18/17 at 9:58 a.m. 1/21/17 at 9:58 a.m. 1/21/17 at 4:15 p.m. Review of the nurse non-pharmacologic attempted or offere Tylenol. On 1/25/17 at 3:50 conducted with LPN administered Tyleno occasions in Janual would attempt non-prior to administerin stated, "You can repared. I would try thir stated that non-pha attempted should be notes. When asked does she offer to Readministering pain r"I talk to her, she ha just talking makes hasked if she docume interventions for Readministering medical ways do it, I proba On 1/25/17 at 5:25 padministrator and AS Nursing were made No further informatic	tes and times: , 1/2/17 at 12:56 p.m., 1/4/17 I at 6:39 a.m., 1/6/17 at 7:01 I a.m., 1/8/17 at 8:10 a.m., and 4:26 p.m., 1/10/17 at 6:08 , 1/12/17 at 5:28 a.m., 1/14/17 I at 2:42 a.m. and 8:02 a.m., and 2:06 p.m., 1/17/17 at at 7:38 a.m. and 1:38 p.m., ., and 1/22/17 at 5:53 p.m., ., and 1/22/17 at 8:48 a.m. es ' notes failed to reveal that al interventions were d prior to the administration of p.m., an interview was I #10, a nurse who of to Resident #1 on several ry. LPN #10 stated that she charmacological interventions ag pain medications. LPN #10 position them, or message the ngs like that before." LPN #10 rmacological interventions and documented in the nurses what type of interventions es documented in the nurses what type of interventions es documented in the nurses what type of interventions es documented in the nurses what type of interventions esident #1 prior to nedications, LPN #10 stated, s depression so sometimes er pain feel better." When ented non-pharmacological sident #10 prior to sation, LPN #10 stated, "I bly didn't document."	F	114			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495142	B. WING		0	C 1/26/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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	(2005, p. 477): "Ewritten or printed to proof for authorized within a client meanursing practice." accurate, compreferetrieve critical data track client outcomstandards of nursic client record providevel of quality of complete of quality of	ntals of Nursing 6th edition occumentation is anything hat is relied on as record or ed persons. Documentation dical record is a vital aspect of Nursing documentation must be nensive, and flexible enough to a, maintain continuity of care, nes, and reflect current and practice. Information in the des a detailed account of the care delivered to the clients." 825 mg (Acetaminophen) - s and pains and also reduces ation was obtained from The of Health. Im.nih.gov/pubmedhealth/PMH edetails 9 the facility staff did not repharmacological pain relieving mpted. admitted to the facility on ses including, but not limited to: on, hypertension, stroesophageal reflux disease, frome, and vitamin D most recent MDS (minimum ant change assessment with reference date) of 12/30/16, coded as scoring a 15 out of a BIMS (brief interview of mental nat he was cognitively intact.	F 5			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	FIPLE CONSTRUCTION NG		TE SURVEY MPLETED			
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	medication admin notes for the mon staff failed to docupain relieving met. For December 20 following: Resider medication (Hydro 5-325 MG Give 1 as needed for Pair Review of Resider medication admininates for the mont staff failed to docupain relieving met. For January 2017 following: Resider medication (Hydro 5-325 MG Give 1 tas needed for Pair Review of Resider care plan that was Focus: The resider Interventions/Task: Encourage the non-pharmacologic positioning, relaxat cold application. An interview was a approximately 11:4 concerning his pair	for Pain." Int # 9's eMARs (electronic istration records) and nurses' the of December 2016 revealed iment that non-pharmacological hods were attempted. 16 the eMAR documented the int # 9 received the ordered pain recodone-Acetaminophen Tablet tablet by mouth every 6 hours in nine times. Int # 9's eMARs (electronic stration records) and nurses' he of January 2017 revealed ment that non-pharmacological mods were attempted. Int # 9 received the ordered pain codone-Acetaminophen Tablet ablet by mouth every 6 hours in 50 times. Int # 9's care plan revealed a updated on 11/21/16. Under int has the potential for pain.	F 5				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		E SURVEY MPLETED
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	PROVIDER OR SUPPLIER			380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601	1 017	20/2017
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	During an interview LPN (licensed prachas cared for Resimbat she would dopain. LPN # 10 was were to try non-phemethods. LPN # 1 LPN # 10 was ask documented LPN; documented in the stated, "I have not fall short." During an interview LPN # 6, LPN # 6 when a resident cospecifically asked in non-pharmacologic LPN # 6 stated, "Yeasked where this wastated that when clawindow opens uppain scale, location non-pharmacologic documented. LPN these. During the end of dop.m. with ASM (admitted administrator, and nurses, this concertion of a second pages communication of a second pages communication of a second pages communication of a second pages and pages communication of a second pages and pages	w on 1/25/17 at 4:20 p.m. with ctical nurse) # 10, a nurse that dent # 9, LPN # 10 was asked when a resident complains of as specifically asked if staff armacological pain relieving 0 stated, "Yes, I do." When ed where this would be # 10 stated that it would be nurses notes, and further (documented) - this is where I w on 1/25/17 at 5:00 p.m. with was asked what she would do implains of pain. LPN # 6 was f staff were to try cal pain relieving methods. es, I do." When LPN # 6 was fould be documented LPN # 6 icking on the pain medication, and that is where things like a of pain, and cal pain relieving methods is # 6 stated that she did all ay interview on 1/25/17 at 5:10 ministrative staff member) # 1, and ASM # 2, the director of m was reviewed. The complete of pain in the complete of pain onse to intervention is	F 5	14			

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Event ID: 5XO911

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	PROVIDER OR SUPPLIER			BTREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601	01	/26/2017
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F 514	documentation. The transpire from nurse nurse to other health professional responsible for ensuraccurately transmitted a pain flow sheet or information about part of the dient to responsible for ensuraccurately transmitted a pain flow sheet or information about part of the following transmitted (1) Hydrocodone-Accand acetaminophen relieve moderate to a Acetaminophen is us reduce fever in patie	is communication needs to a to nurse, shift to shift, and h care providers. It is the isibility of the nurse caring for what has been effective for 's pain. The client is not uring that this information is ed. A variety of tools such as diary will help centralize the ain management." On was provided prior to exit. etaminophen: Hydrocodone combination is used to moderately severe pain.	F 514			
	document that non-p methods were attempted. Resident # 14 was ac 12/4/16 with diagnose to: hypertension, cor obstructive pulmonar coronary artery disea reflux disease. On the (minimum data set), a with ARD (assessment 12/10/16, Resident #	dmitted to the facility on es including, but not limited agestive heart failure, chronic y disease, depression, se, and gastroesophageal the most recent MDS an admission assessment at reference date) of 14 was coded as scoring an on the BIMS (brief interview exating that he was				

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	IDENTIFICATION NUMBER:	LIA (X2) MULTIPLE CONSTRUCTION R: A. BUILDING		(X3) DATE SURVEY COMPLETED	
	495142	B. WING		01	C /26/2017
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND RE	EHAB		STREET ADDRESS, CITY, STATE, ZII 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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
a physician order da "Acetaminophen Tal every 4 hours as new Review of Resident medication administ notes for the month staff failed to docum pain relieving method For December 2016 following: Resident pain medication (Acemg by mouth every 4 pain/fever) ten times Review of Resident medication administration administration for the month of staff failed to docume pain relieving method For January 2017 the following: Resident pain medication (Acemg medication (# 14's clinical record revealed ated 12/4/16 for: blet Give 650 mg by mouth eded for pain/fever." # 14's eMARs (electronic tration records) and nurses' of December 2016 revealed tent that non-pharmacological and were attempted. # the eMAR documented the # 14 received the ordered etaminophen Tablet Give 650 4 hours as needed for station records) and nurses' of January 2017 revealed ent that non-pharmacological des were attempted. # 14's eMARs (electronic tration records) and nurses' of January 2017 revealed ent that non-pharmacological des were attempted. # 14 received the ordered etaminophen (1) Tablet Give by mouth every 4 hours as r) 14 times. # 14's care plan revealed a podated on 12/05/2016. sident has chronic pain.	F 5			

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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		
		495142	B. WING	*****		01	C /26/2017
NAME OF PROVIDER OR SUF EVERGREEN HEALTH A		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		380 M	ET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE CHESTER, VA 22601	and the second s	
PREFIX (EACH DEF	FICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
and the offeri interventions, nurses do off pain pills. During an inte LPN (licensed has cared for what she wou pain. LPN # were to try not methods. LP LPN # 10 was documented documented stated, "I have fall short." During an inte LPN # 6, LPN when a reside specifically as non-pharmace LPN # 6 state asked where stated that when window opens pain scale, lonon-pharmace documented. these. During the en p.m. with ASM the administrations, this contracts.	th Residing normal strains and the review of praction on the review of praction on the review of the	dent # 14 concerning his pain in-pharmacological dent # 14 stated that the er things before giving him his on 1/25/17 at 4:20 p.m. with tical nurse) # 10, a nurse that dent # 14, LPN # 10 was asked when a resident complains of a specifically asked if staff rmacological pain relieving 0 stated, "Yes, I do." When do where this would be 10 stated that it would be nurses notes, and further documented) - this is where I on 1/25/17 at 5:00 p.m. with was asked what she would domplains of pain. LPN # 6 was staff were to try al pain relieving methods. s, I do." When LPN # 6 was ould be documented LPN # 6 cking on the pain medication a and that is where things like	F 5	14			

Event ID: 5XO911

PRINTED: 02/07/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION		TE SURVEY MPLETED
		495142	B. WING		01	C / 26/2017
	PROVIDER OR SUPPLIER	ЕНАВ		STREET ADDRESS, CITY, STATE, Z 380 MILLWOOD AVENUE WINCHESTER, VA 22601		12012011
(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 514	and reduces fever.	ge 131 : Treats minor aches and pain m.nih.gov/pubmedhealth/?ter	F 5	514		
	physical assessme Resident #27 allege staff member. Resident #27 was a 2/28/11, and most rhospitalization on 6 but not limited to at obstructive pulmona disease, dysphagia neuropathy, diabete peripheral vascular coronary atheroscle and hypopituitarism discharged on 7/6/1 on 7/13/16.	failed to document their nt of Resident #27 after ed that she was injured by a admitted to the facility on ecently readmitted after a brief /10/16, with the diagnoses of rial fibrillation, chronic ary disease, chronic kidney, high blood pressure, es, lupus, sarcoidosis, disease, nephrolithiasis, erosis, adult failure to thrive, . The resident was 6 and expired at the hospital				
	to discharge was a ARD (Assessment I The resident was cointact in ability to ma scoring a 15 out of a (Brief Interview for Mareas of ADL's (Acticoded as being incomplete Reported Incident (If	OS (Minimum Data Set) prior 14-day assessment with an Reference Date) of 6/23/16. Oded as being cognitively ake daily life decisions, a possible 15 on the BIMS Mental Status) exam. The as requiring total care for all vities of Daily Living) and was entinent of bowel and bladder. Int investigation, a Facility FRI) about the incident was documented, "Resident c/o				

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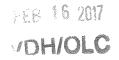
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495142	B. WING		0	C 1/26/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 380 MILLWOOD AVENUE WINCHESTER, VA 22601		1/20/2011	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	x-ray] difficult to ex Sent for CT on 4/4 fracture of left fem reported to DON (I was broke because Certified Nursing A his fist.' Investigation A review of the investigation of	o pain on 3/31/16. (results [of sclude undisplaced fracture). /16. + (positive for) impacted oral neck. On 4//7/16 resident Director of Nursing) that her hip is that boy (name of CNA #2 - ssistant) hit her on the hip with ion started." estigation report documented, me of LPN #3 - Licensed Resident #27) reported to A #2) was caring for her when pain but stated "he did not do it illegations or suspicious LPN #3) stated the resident did ng or edema noted. Unit is aware and NP (nurse d" cal record failed to reveal any of LPN #3's physical resident. se's notes revealed one dated m., that documented, "(Nurse sed, resident c/o increased N/O (new order) xray, to L-hip and L-knee 2 view. Increased for pain (1)) to q6hr (every 6 sible party - and name of sotified of new orders." This LPN #4. rest note written for 3/31/16. noce of the nursing esident regarding her fit hip pain for that date prior to	F 5				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING				
495142 B. WING	C 01/26/2017			
EVERGREEN HEALTH AND REHAB 380 MILLWOOD AVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE			
On 1/25/17 at approximately 10:20 a.m., an interview was conducted with LPN #4. She did not recall the incident and stated that she started work at the facility "around the end of April" which was approximately one month after she wrote the above note. (The administrator verified that LPN #4's first date of duty was 3/29/16, not April). A review of the internal incident report revealed that at the time of the incident, LPN #3 documented resident vital signs on the report, in addition to her conversation with Resident #27. The incident report did not contain any physical assessment apart from the vital signs. The vital signs were not documented in the nursing notes. On 1/25/17 at 10:22 a.m., an interview was conducted with LPN #3. She stated that the resident did not have any redness or edema. She stated that she should have documented her physical assessment of the resident in the clinical record. On 1/26/17 at 9:30 a.m., the Administrator and Director of Nursing (DON) (ASM #1 and #2 - Administrative Staff Member) were made aware of the findings. The DON stated he expects nurses to document physical assessments they obtain on residents. On 1/26/17 at approximately 8:15 a.m., the DON stated there were no policies for a complete and accurate clinical record. No further information was provided by the end of the survey. (1) Information obtained from https://medlineplus.gov/druginfo/meds/a614045.html				



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495142	B. WING		C 04/05/0547		
EVERGR	PROVIDER OR SUPPLIER	REHAB	S 33	TREET ADDRESS, CITY, STATE, ZIP (80 MILLWOOD AVENUE /INCHESTER, VA 22601	CODE	/26/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMMENTED TO THE APPROPR DEFICIENCY)		N SHOULD BE E APPROPRIATE	BE COMPLETION		
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