PRINTED: 07/13/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& WIEDICAID SERVICES			1410 140. 0000 0001
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		S-1000			С
		495236	B. WING		07/07/2017
NAME OF P	ROVIDER OR SUPPLIER			EET ADDRESS, CITY, STATE, ZIP CODE	
FNVOY A	T THE MEADOWS			5 DOGTOWN ROAD	
Litto	.,		GO	OCHLAND, VA 23063	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 000	INITIAL COMMEN	rs	F 000		
	survey was conduct Corrections are req	Medicare/Medicaid abbreviated ted 7/6/17 through 7/7/17. juired for compliance with 42 eral Long Term Care			
F 281 SS=D	at the time of the si consisted of three (Residents 1 through 483.21(b)(3)(i) SEF PROFESSIONAL S	RVICES PROVIDED MEET STANDARDS	F 281		
	(b)(3) Comprehens	ive Care Plans			
		ded or arranged by the facility, comprehensive care plan,			
	This REQUIREME	al standards of quality. NT is not met as evidenced			
	and clinical record the facility staff faile	erview, facility document review review, it was determined that ed to follow professional ce for one of three residents in Resident #2.	1.	Resident #2 wound orders and wound physician recommendation were clarified, physician	July 26, 2017
	physician's orders dated 6/21/17 and	led to transcribe Resident #2's for sacral (1) wound care 6/28/17 onto the June 2017 ministration record)		clarification order received and physician order wound treatment updated and rewritten on the	
	The findings includ	le:		Treatment Administration	
		dmitted to the facility on #2's diagnoses included but		Records( TARs)	,
LABORATOR	V DADECTOR'S OR DROVI	DER/SMPPLIER REPRESENTATIVE'S SIG	NATURE	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

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

program participation.

Event ID: U89X11

Facility ID: VA0162

If continuation sheet Page 1 of 27

PRINTED: 07/13/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICAR	RE & MEDICAID SERVICES	OMB NO. 0938-0391				
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		495236	B. WING			0.7	C 7/07/2017
	PROVIDER OR SUPPLIE			271	REET ADDRESS, CITY, STATE, ZIP CODE 15 DOGTOWN ROAD DOCHLAND, VA 23063	1 07	70772017
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 281	and paraplegia (2 MDS (minimum of with an ARD (ass 5/7/17, coded the intact.  Review of Reside physician's order "Sacral wdx (wou pat dry; apply collaignate (4), cove & prn (as needed dated 6/28/17 do sacrum orders. (5) 3 x (times) a v (with) DD (dry dre (with) DD (dry dre (with) DD."  Resident #2's Jur the above orders  On 7/7/17 at 12:1 conducted with R	to: diabetes, high blood pressure (2). Resident #2's most recent data set), a quarterly assessment reference date) of a resident as being cognitively ent #2's clinical record revealed a dated 6/21/17 that documented, and treatment): Clean (with) NS, lagen (3) dsg (dressing), calcium or (with) foam dsg Q (every) day (1)." Another physician's order cumented, "D/C previous Sacrum Cleanse (with) hibiclens week; apply collagen & cover essing). Sacrums (sic) cleanse ne 4 x a week; apply collagen & me 2017 TAR failed to document dated 6/21/17 and 6/28/17.	F 2	2.	DCS/designee completed a quality review on current Residents with wounds for physician orders. Physician orders for wound treatments clarified as indicated with wound physician, new physician clarification orders written as indicated and transcribed on the TAR.  Director of Clinical Services (DCS) /designee met with wound physician and discussed plan to ensure recommendations are followed through to		
	nurses completed stated, "I wound s go to find out wha #1 stated the night complete chart ch chart but were no were getting miss TARs because the the chart checks."				telephone orders.		
	On 7/7/17 at 12:2	5 n.m. ASM /administrative staff					

member) #1 (the executive director) and ASM #2 (the director of clinical services) were made

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MEDICAID SERVICES			OMB NO. 0938-0391
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495236	B. WING		C 07/07/2017
		STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063	
MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
concern. ASM #2 was asked citice the facility followed on. ASM #2 stated the facility ty policies.  ad, "Physician Orders" cal Nurse may accept a the physician only or or Nurse PractitionerThe ranscribed to all appropriate tion administration record),  In was presented prior to exit.  shield-shaped bony ed at the base of the lumbar connected to the pelvis" obtained from the website: ov/ency/imagepages/19464.  ower half of your body, in called paraplegia." This ined from the website: in.gov/vivisimo/cgi-bin/query-medlineplus&v%3Asources= query=paraplegia&_ga=2.16.1499704680-139120270.14  gs are used to treat wounds. obtained from the website: .nih.gov/pmc/articles/PMC36  is a dressing used to treat			
	### ### ### ### ### ### ### ### ### ##	A BUILDI  495236  EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  EVERYOR ASM #2 was asked citice the facility followed on. ASM #2 stated the facility fity policies.  Ed. "Physician Orders" ical Nurse may accept a on the physician only or or Nurse PractitionerThe ranscribed to all appropriate and instration record),  In was presented prior to exit.  Shield-shaped bony led at the base of the lumbar connected to the pelvis"  E obtained from the website: ov/ency/imagepages/19464.  Ower half of your body, s called paraplegia." This ined from the website: inin.gov/ivisimo/cgi-bin/query-medlineplus&v%3Asources= aquery=paraplegia&_ga=2.16.  1499704680-139120270.14  ID MUTA A BUILDI  A BUILDI  EXAMPLE AND A BUILDI  PREFID TAG  F 2  F 2  F 3  F 4  F 4  F 5  F 6  F 7  F 7  F 8  F 9  F 9  F 9  F 9  F 9  F 9  F 9	A95236   R. WING

website:

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION		TE SURVEY MPLETED
		495236	B. WING _			07	/07/2017
NAME OF F	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	-	
				2715	DOGTOWN ROAD		
ENVOY A	AT THE MEADOWS			GO	OCHLAND, VA 23063		
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F 281	Continued From pa	age 3	F 28	81			
	https://www.ncbi.nl	lm.nih.gov/pubmed/8954425					
				4.	The Director of Clinical		
		rhexidine) is an antiseptic			Services or designee to		
		used to clean the skin. This stained from the website:			conduct Quality		
		Im.nih.gov/pubmedhealth/PMH			Monitoring 3 times per		
	T0009564/?report				week for 4 weeks on each		
F 309	483.24, 483.25(k)(	I) PROVIDE CARE/SERVICES					
SS=D	FOR HIGHEST W	ELL BEING			shift to ensure compliance		
	402 24 Ovelity of I	if a			with wound treatment		
	483.24 Quality of li	fundamental principle that			orders then 1 time		
		and services provided to facility			weekly for 1 month then		
		esident must receive and the			quarterly		
		le the necessary care and			thereafter. Quality		
		or maintain the highest al, mental, and psychosocial			Monitoring schedule to be		
		tent with the resident's			modified based on finding		
		sessment and plan of care.			of Quality Reviews. The		
	483.25 Quality of o	care			results of the Quality		
		a fundamental principle that			Monitoring to be reviewed		
		ment and care provided to Based on the comprehensive			at the monthly Quality		
		esident, the facility must ensure			Assurance Performance		
		eive treatment and care in	24		Improvement (QAPI)		
		rofessional standards of			meetings for review,		
		orehensive person-centered			analysis, and further		
	but not limited to the	residents' choices, including he following:			recommendations		
	provided to reside consistent with pro	ensure that pain management is nts who require such services, ofessional standards of practice,					
		e person-centered care plan, goals and preferences.					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING		STRUCTION	(X3) DATE SURVEY COMPLETED	
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	T THE MEADOWS		2	715 D	ADDRESS, CITY, STATE ZIP CODE OGTOWN ROAD HLAND, VA 23063		
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F 281	Continued From po	age 3 lm.nih.gov/pubmed/8954425	F 281				
	(5) Hibiclens (chlor antibacterial agent information was of https://www.ncbi.n T0009564/?report: 483.24, 483.25(k)(	rhexidine) is an antiseptic tused to clean the skin. This btained from the website:  Im.nih.gov/pubmedhealth/PMH = details  (I) PROVIDE CARE/SERVICES	F 309				
SS=D	applies to all care residents. Each re			1.	Resident #3 wound orders and wound physician recommendation were clarified, physician	uly 26, ?017	
	practicable physic well-being, consist comprehensive as	or maintain the highest al, mental, and psychosocial tent with the resident's esessment and plan of care.			clarification order received and physician order wound treatment updated and rewritten		
	applies to all treats facility residents. E assessment of a r that residents rece accordance with p practice, the comp	a fundamental principle that ment and care provided to Based on the comprehensive esident, the facility must ensure eive treatment and care in professional standards of prehensive person-centered e residents' choices, including			on the Treatment Administration Records( TARs)		
	provided to reside consistent with pro the comprehensiv	nent. ensure that pain management is ents who require such services, ofessional standards of practice, e person-centered care plan, goals and preferences.					

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	PROVIDER OR SUPPLIER			2715	ET ADDRESS, CITY, STATE, ZIP CODE DOGTOWN ROAD CHLAND, VA 23063		
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F 309	residents who requestrices, consister of practice, the concare plan, and the preferences. This REQUIREME by:  Based on staff introduced in the facility staff fair highest level of we residents in the surface treatment was not the facility staff fair wound care treatment was not the findings included in the findings in the	acility must ensure that uire dialysis receive such int with professional standards imprehensive person-centered residents' goals and			DCS/designee completed a quality review on current Residents with wounds for physician orders. Physician orders for wound treatments clarified as indicated with wound physician, new physician clarification orders written as indicated and transcribed on the TAR.		

Once Daily. Add: Calcium Alginate (3) - Once

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			D. 17 1143	OTOE	ET ADDRESS, CITY, STATE, ZIP CODE	1 07	07/2017
NAME OF P	ROVIDER OR SUPPLIER						
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F 309	Continued From pa	age 5 nmendation was not	F 30	9 3.	Director of Clinical		
		6/14/17. An order dated			Services/designee met		
	wound orders to le	ed, "D/C (Discontinue) previous ift calf. Cleanse left calf wound saline), apply calcium alginate			with wound physician and discussed plan to		
		y protective drsg (dressing)			ensure		
	once daily."	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			recommendations are		
Resident #3's June 2017 TAR (treatment administration record) documented, "5-25-17					followed through to		
			telephone orders. Using				
administration record) documented, "5-25-17 Venous Wound L (left) calf: Apply zinc ointment				the 24 Hour chart check			
	qd (every day) & p	rn (as needed). Cover with a			process orders to be		
		g (dressing)." The treatment					
		being performed through further documented, "6/14/17			checked for accurate		
		with) Normal saline, apply			transcription.		
		cover (with) DD (dry dressing)			DCS/designee provided		
	QD (every day)."				re-education to the		
					licensed on policy and		
		prehensive care plan initiated nted, "The resident has the			procedure for		
		npaired skin integrity r/t (related			transcribing physician		
		ss-Venous Medications Left calf			orders & chart check		
		erventions: Administer			procedure to ensure		
	medications as or	dered"			orders are being		
	On 7/6/17 at 11:05	a.m., an interview was					
		(registered nurse) #1 (the unit			transcribed correctly &		
		stated a nurse conducts			documentation on the		
		ound care physician every week			24 hour report sheet of		
		e doesn't always conduct the			any new orders.		
		ated usually she, the assistant services or a particular staff					
		unds. When asked about the					
	facility process for	ensuring the wound care					
		mendations are implemented,					
		wound care physician makes					
	recommendations	and dictates her notes then the					

director of clinical services prints out the

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		E & MEDICAID SERVICES			OMB NO. 093	
THE RESIDENCE OF STREET	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION  NG	(X3) DATE SUI COMPLET C	TED
		495236	B. WING		07/07/2	2017
	THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP COD 2715 DOGTOWN ROAD GOOCHLAND, VA 23063	Æ	
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p v c c c c c c c c c c c c c c c c c c	ased on the reco sked if nurses all hysician's recom- yould say yes. If all but she (the warders." RN #1 was re RN #1 stated, "Ur- lon't know if it got answer." RN #1 so with the wound can be 6/7/17 recommander worked at the frometimes the warder and and and and and and the formation and order and and and and and the formation and and and and and and and and and an	age 6 and nurses write the orders mmendations. RN #1 was ways follow the wound care mendations. RN #1 stated, "I we had a question we wound round care physician) gives the as asked why the wound care mendation noted on 6/7/17 for not implemented until 6/14/17. If ortunately I can't answer. I coverlooked. I don't have an stated the nurse that rounded are physician on 6/7/17 no the facility. RN #1 was asked if mendation should have been er sheet and implemented that stated, "Yes." RN #1 stated bund care physician verbalizes a endation than the she writes in her notes. RN #1 the wound care physician's mmendations after the director of prints out the notes. RN #1 should happen if the wound care documented in the note is recommendation the wound rbalizes. RN #1 stated, "She physician) needs to be called."  Toximately 2:40 p.m. an interview with ASM (administrative staff director of clinical services). The talked to the nurse who wound care physician on 6/7/17. The the wounds she would tell that orders and if she was going to		Physician orders to be revidaily in Daily Clinical meeti Wound doctor recommendations and woorders to be reviewed wee after wound physician visit ensure orders match the recommendations as well a Weekly Clinical Meeting  4. The Director of Clinical Services or designee to conduct Quality Monitoring 3 times per week for 4 weeks on each shift to ensure compliance with wound treatment orders then 1 time weekly for 1 month then quarterly thereafter. Quality Monitoring schedule to be modified based on findings of Quality	ing. und ekly t to as in	

change treatment or keep the same treatment. ASM #2 stated the nurse remembered the wound

PRINTED: 07/13/2017

CENTERS FOR MEDICAR	E & MEDICAID SERVICES		37	FORM APPROVED OMB NO. 0938-0391
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	495236	B. WING _		C 07/07/2017
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063	0110112011
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
treatment for Resistated the wound facility on this day probably did tell the treatment on 6/7/1 she dictated her not the facility process recommendations physician's notes a stated she received dictated notes the dictated. ASM #2 and gives them to rounded with the vistated the treatment the written recommendation is recommendation of the stated the treatment of the stated the stated the treatment of the stated the stated the treatment of the stated the	age 7 d to continue the current dent #3 on 6/7/17. ASM #2 care physician stopped by the (7/6/17) and stated she e nurse to keep the same 7 but changed her mind when ote. ASM #2 was asked what was for ensuring the dictated in the wound care are implemented. ASM #2 s the wound care physician's same day the notes are stated she prints off the notes the treatment nurse who yound care physician. ASM #2 nt nurse is supposed to look at mendation and write an order to ent as recommended. ASM #2 nould happen if the dictated different than the verbal liven during rounds. ASM #2 uld be clarification."	F 30	Reviews. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations	
On 7/6/17 at 3:15	m a telephone interview was			

conducted with ASM #4 (the wound care physician). ASM #4 stated sometimes she verbalizes different recommendations than the recommendations she documents in her notes. ASM #4 stated if the nurses ever have a question they can reach out and call her. ASM #4 stated the nurses are good about calling her. ASM #4 stated it's not fair to the nurses when she says one thing and writes another in her note. ASM #4 stated sometimes the computer may not capture her change or she puts the recommendation in the computer wrong. ASM #4 was asked if the recommendations written in her notes or if the treatment orders written should be followed. ASM #4 stated, "I want to say my note is more

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	PROVIDER OR SUPPLIER		271	EET ADDRESS. CITY, STATE. ZIP CODE 5 DOGTOWN ROAD OCHLAND, VA 23063	07/07/2017
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
F 309	on 7/6/17 at 4:30 p interview was cond was asked if she w and add calcium al treatment on 6/7/17 ASM #4 stated, "The don't know why it w asked if she wante on 6/7/17, ASM #4 wasn't drying and s	are doing what they are wounds are improving."  o.m. another telephone flucted with ASM #4. ASM #4 vanted staff to discontinue zinc ignate to Resident #3's recommended in her note. They were doing the alginate. It wasn't on the TAR." When it distaff to add calcium alginate stated Resident #3's wound she was making the change to ecause it dries the wound out a	F 309		
	director) and ASM above concern.  On 7/7/17 at 9:47 a conducted with AS physician). ASM # wound care physic transcribes her rectorms. ASM #3 staconcern if the nurs wound care physic doesn't follow wound care physic "okay" each order.  On 7/7/17 at 12:10 conducted with RN process was in plat treatment orders.	p.m. an interview was I #1. RN #1 was asked what ce to ensure nurses completed RN #1 stated, "I wound say on where I go to find out what			

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		495236	B. WING		07	C //07/2017
	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP C 2715 DOGTOWN ROAD		10112011
ENVOTA	THE MEADOWS			GOOCHLAND, VA 23063		
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F 309	Continued From p	page 9	F 3	09		П
	(sic)" documented medical staff will rewhen appropriate the medical staff rorder the consultation will be consultation will be consulting physicial qualified in the field sought. The consexamination of the record. The constitle 'Report' section Consultation or its					
	Diagnosis: The re Recommendation recommended Signature: Consu Upon completion nurse will notify th consult is comple plan of care or me consulting physici	tion-gathered from examination sultant diagnosis per findings. It is: The plan of care  Itant physician's signature. It is is in the consultation the charge attending physician that the te and obtain any changes in edications recommended by the an. The attending will need to iffication notes that consultation outcome of this"				
	No further informa	ation was presented prior to exit.				
	venous hypertens venous insufficient system, pressure result of the action When the muscle perforating veins	ceration is due to sustained ion, which results from chronic icy. In the normal venous decreases with exercise as a n of the calf muscle pump. In the connecting the superficial to the ulation prevent reflux and the				

pressure remains low. The venous pressure

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 309	valves are incomposite obtained from the https://www.ncbi.nl 63917/  (2) "ZINC OXIDE is protectant with sort used in bandages, cements, and as a was obtained from https://pubchem.nc_oxide#section=To(3) Calcium Alginat wounds. This information in the control of	ever, in a system where the etent" This information was website:  Im.nih.gov/pmc/articles/PMC13  s a mild astringent and topical ne antiseptic action. It is also pastes, ointments, dental sunblock." This information the website:  cbi.nlm.nih.gov/compound/zinc	F 30	)9	
	483.25(b)(1) TREAPREVENT/HEAL F  (b) Skin Integrity -  (1) Pressure ulcers comprehensive as facility must ensure (i) A resident receive professional standar pressure ulcers an ulcers unless the indemonstrates that (ii) A resident with precessary treatment professional standard professi	RESSURE SORES  Based on the sessment of a resident, the	F 3	1. Resident #2 wound order wound physician recommendation were claphysician clarification ordereceived and physician orwound treatment update rewritten on the Treatment Administration Records (1)	2017 arified, der order ed and

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CENTER	RS FOR MEDICAR	E & MEDICAID SERVICES			ON	OMB NO. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		495236	B. WING _			C 07/07/2017	
	NAME OF PROVIDER OR SUPPLIER ENVOY AT THE MEADOWS			2715	ET ADDRESS. CITY, STATE, ZIP CODE DOGTOWN ROAD OCHLAND, VA 23063		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	į	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 314	by: Based on staff in and clinical record the facility staff farecommended proof three residents #2.  The facility staff faischium (1) treath wound care physio 6/21/17. The facil Resident #2 right recommended by 5/17/17 through 7 Resident #2 sach recommended by 5/17/17 through 6 The findings inclusively for the findings inclusively facility was 8/31/16. Resident #2 was 8/31/16. Resident #2 was 8/31/16. Resident were not limited to and paraplegia (3 MDS (minimum of with an ARD (ass 5/7/17, coded the intact. Section M presented with twand one unstage. Review of Reside wound care spection wound care physical parameters in the findings in the first section of the first section	terview, facility document review direview, it was determined that illed to provide the essure injury treatment for one in the survey sample, Resident alled to provide Resident #2 left nent as recommended by the ician from 5/17/17 through ity staff also failed to provide ischium treatment as the wound care physician from 1/5/17 and failed to provide um (2) treatment as the wound care physician from 1/5/30/17.		4 2.	DCS/designee completed a quality review on current Residents with wounds for physician orders. Physician orders for wound treatments clarified as indicated with wound physician, new physic clarification orders written a indicated and transcribed on the TAR.	cian s	

Dressing (5) - Once Daily. Continue Calcium

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES				OMB NO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION BUILDING		C C CX3) DATE SURVEY	
		495236	B. WING			07	/07/2017
	T THE MEADOWS			2715	EET ADDRESS, CITY, STATE, ZIP CODE DOGTOWN ROAD DCHLAND, VA 23063		
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 314	A wound care spect wound care physics "STAGE 4 PRESS! ISCHIUM. Continu Daily, Foam- Once A wound care spect wound care physics "STAGE 4 PRESS! ISCHIUM- IMPRO! DECREASED SUF	cialist evaluation signed by the sian on 5/24/17 documented, URE WOUND OF THE LEFT are: Calcium Alginate- Once Daily"  cialist evaluation signed by the sian on 5/31/17 documented, URE WOUND OF THE LEFT VED EVIDENCED BY REACE AREA, DECREASED: Calcium Alginate- Once Daily,	F3	314 3.	Services/designee met with wound physician and discurplan to ensure recommendations are followard through to telephone order Using the 24 Hour chart characters orders to be check for accurate transcription. DCS/designee provided reducation to the licensed	owed ers. eck eed	
					nursing staff on policy and		
	wound care physic "STAGE 4 PRESS ISCHIUM. Continue Daily, Foam- Once A wound care spect wound care physic "STAGE 4 PRESS ISCHIUM- IMPRO DECREASED NEG GRANULATION Once Daily, Foam- Further review of F failed to reveal a p to the left ischium is physician's order of "Left ischium wour saline), apply calci	cialist evaluation signed by the cian on 6/21/17 documented, URE WOUND OF THE LEFT VED EVIDENCED BY CROTIC TISSUE, INCREASED Continue: Calcium Alginate-			physician orders & chart ch procedure to ensure physic orders are being transcribed correctly & documentation the 24 hour report sheet of Provided education to the nursing staff on policy and procedure for transcribing physician orders & chart ch procedure to ensure order being transcribed correctly documentation on the 24 hour report sheet of any new or	neck cian ed n on f	

Resident #2's May 2017 and June 2017 TARs

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CENTER	RS FOR MEDICAR	E & MEDICAID SERVICES			OMB N	IO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495236	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION NG	C	OATE SURVEY COMPLETED C 07/07/2017
	NAME OF PROVIDER OR SUPPLIER ENVOY AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CO 2715 DOGTOWN ROAD GOOCHLAND, VA 23063		1710772017
(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 COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 314	document a treatischium from 5/17 A wound care spewound care physicular single of the control of	istration records) failed to ment was provided for the left 7/17 until 6/21/17.  ecialist evaluation signed by the ician on 5/17/17 documented, (DUE TO NECROSIS) OF THE Daily. Continue: Collagen Daily. Continue: Foam- Once ginate- Once Daily"  ecialist evaluation signed by the ician on 5/24/17 documented, (DUE TO NECROSIS) OF THE Continue: Foam- Once Daily,	v t r	eting. ions ewed n visit in onduct es per h shift h then 1 then		
	Calcium Alginate- Once Daily"  A wound care specialist evaluation signed by the wound care physician on 6/7/17 documented, "UNSTAGEABLE (DUE TO NECROSIS) OF THE RIGHT ISCHIUM. Continue: Foam- Once Daily, Calcium Alginate- Once Daily"  A wound care specialist evaluation signed by the wound care physician on 6/21/17 documented, "UNSTAGEABLE (DUE TO NECROSIS) OF THE RIGHT ISCHIUM- IMPROVED EVIDENCED BY DECREASED DEPTHContinue: Foam- Once Daily, Calcium Alginate- Once Daily"			ality e gs of ults of be mance etings further		
	A wound care sp	ecialist evaluation signed by the				

wound care physician on 6/28/17 documented, "UNSTAGEABLE (DUE TO NECROSIS) OF THE

CENTER	(2 LOK MEDICAKE	& MEDICAID SERVICES			OIVID IVO	7. 0930-039
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		TE SURVEY MPLETED
		495236	B. WING		07	C //07/2017
	NAME OF PROVIDER OR SUPPLIER  ENVOY AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP 2715 DOGTOWN ROAD GOOCHLAND, VA 23063		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 314	Further review of Failed to reveal a p to the right ischium physician's order d'Right Ischium- cle gluconate (hibicler alginate. Cover (w (every day)."  Resident #2's May TARs failed to door	Continue: Foam- Once Daily,	F	314		
	wound care physic "STAGE 4 PRESS IMPROVED EVID SURFACE AREA. Collagen Dressing Alginate- Once Da  A wound care spe wound care physic "STAGE 4 PRESS SACRUMContin Collagen Dressing Once Daily"  A wound care spe wound care physic "STAGE 4 PRESS IMPROVED EVID SURFACE AREA.	cialist evaluation signed by the cian on 5/31/17 documented,				

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CENTER	RS FOR MEDICARE	E & MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		ATE SURVEY OMPLETED
		495236	B. WING			07	C 7/ <b>07/2017</b>
	PROVIDER OR SUPPLIER			2715	EET ADDRESS, CITY, STATE, ZIP COD S DOGTOWN ROAD OCHLAND, VA 23063	E	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 314	wound care physic "STAGE 4 PRESS IMPROVED EVID	cialist evaluation signed by the cian on 6/21/17 documented, URE WOUND SACRUM-ENCED BY DECREASED	F3	314			
	Dressing- Once Daily"  A wound care specified and care specified are specified as a specified are sp	e: Foam- Once Daily, Collagen aily, Calcium Alginate- Once					199
	"STAGE 4 PRESS IMPROVED EVID NECROTIC TISSU	cian on 6/28/17 documented, FURE WOUND SACRUM- ENCED BY DECREASED JE, INCREASED Continue: Foam- Once Daily,					
		- Once Daily, Calcium Alginate- Hibiclens rinse during dressing vers"					
	revealed a physicidocumented, "D/C sacrum. New would clean wound with Apply collagen dreonce daily and proto include the record The following sacro 6/21/17 and document to the collagen dsg (dress (with) foam dsg Q	Resident #2's clinical record an's order dated 5/17/17 that (Discontinue) wound orders to and order to sacral wound: NS (normal saline). Pat dry. essing. Cover with optifoam (as needed)." The order failed mmended calcium alginate. al wound care order was dated nented, "Sacral wdx (wound (with) NS, pat dry; apply esing), calcium alginate, cover (every) day & prn." Another					
	physician's order of "D/C previous sac (with) hibiclens 3 x & cover (with) DD	dated 6/28/17 documented, rum orders. Sacrum Cleanse (times) a week; apply collagen (dry dressing). Sacrums (sic) mal saline 4 x a week; apply					

collagen & cover (with) DD."

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0	938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	ING	INSTRUCTION	(X3) DATE S COMPL	ETED
		495236	B. WING			07/07	7/2017
	PROVIDER OR SUPPLIER  AT THE MEADOWS			2715	ET ADDRESS, CITY, STATE, ZIP CODE DOGTOWN ROAD CHLAND, VA 23063		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE (	(X5) COMPLETION DATE
F 314	"5-17-17 Sacrum (dry, apply collagen optifoam once daily June 2017 TAR do WOUND: CLEAN APPLY COLLAGE OPTIFOAM ONCE The June 2017 TA 6/21/17 physician's calcium alginate au	2017 TAR documented, Clean wound (with) NS. Pat dressing. Cover (with) y & PRN" Resident #2's cumented "5/17/17 SACRAL WOUND WITH NS; PAT DRY; N DRESSING, COVER WITH E DAILY AND AS NEEDED" R failed to document the s order for a collagen dressing, and a foam dressing. The June ed to document the 6/28/17	F	314			
		prehensive care plan initiated					
	impaired skin integree treatments as order effectiveness"  On 7/6/17 at 11:05 conducted with RN manager). RN #1 rounds with the wobut the same nurse rounds. RN #1 stadirector of clinical snurse conducts rounds for ecommendations stated the wound or recommendations director of clinical recommendations based on the recommendations based on the recommendations based if nurses alworks in the same recommendations based on the recommendations based o	ented, "The resident has prityInterventions: Administer ared and monitor for a.m., an interview was I (registered nurse) #1 (the unit stated a nurse conducts bund care physician every week a doesn't always conduct the ated usually she, the assistant services or a particular staff unds. When asked the facilitying the wound care physician's are implemented, RN #1 care physician makes and dictates her notes then the services prints out the and nurses write the orders mmendations. RN #1 was ways follow the wound care mendations. RN #1 stated, "I we had a question we wound					

call but she (the wound care physician) gives the

CENTER	49 LOK MEDICAKE	& MEDICAID SERVICES				CIVID IVC	7. 0530-0351
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
		495236	B. WING			07	/07/2017
	PROVIDER OR SUPPLIER	,		2715 D	T ADDRESS, CITY, STATE, ZIP CODE COGTOWN ROAD CHLAND, VA 23063		
(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 APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 314	physician's recommendation to the commendation of the commendation	as asked why the wound care mendations documented for y 2017 and June 2017 were not #1 stated sometimes the cian verbalizes a different han the recommendation she . RN #1 stated she reads the		314			
	was conducted wit member) #2 (the dashed) #2 was asked for ensuring the rewound care physician's dictate are dictated. ASM notes and gives the rounded with the wastated the treatment of change the treatment of the written recommendation is recommendation of stated, "There shows on 7/6/17 at 3:15 conducted with AS physician). ASM #	oximately 2:40 p.m. an interview h ASM (administrative staff lirector of clinical services). d what the facility process was commendations dictated in the sian's notes are implemented. The receives the wound care d notes the same day the notes are the stated she prints off the em to the treatment nurse who wound care physician. ASM #2 nt nurse is supposed to look at nendations and write an order the theorem that should happen if the dictated is different than the verbal given during rounds. ASM #2 and be clarification."  p.m., a telephone interview was M #4 (the wound care the trecommendations than the trecommendations than the					

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CENTER	43 FUR MEDICARE	& MEDICAID SERVICES			OND NO. 0930-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		S (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495236	B. WING		07/07/2017
	PROVIDER OR SUPPLIER  AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ARREST ARRESTS AND THE ARREST	OULD BE COMPLETION
F 314	ASM #4 stated if the they can reach out the nurses are good stated it's not fair to one thing and write stated sometimes the change or she the computer wrong recommendations followed or if the trobe followed. ASM note is more accurrence.	age 18 she documents in her notes. e nurses ever have a question and call her. ASM #4 stated d about calling her. ASM #4 o the nurses when she says s another in her note. ASM #4 the computer may not capture puts the recommendation in g. ASM #4 was asked if the written in her notes should be eatment orders written should #4 stated, "I want to say my ate but they are doing what to. The wounds are	F	314	
	interview was conditioned was made aware the between her written physician's orders. Resident #2. ASM what I have ordere #2 has the approprievaluates him on a On 7/6/17 at 5:15 producted with ASM above concern.  On 7/7/17 at 9:47 at conducted with ASM physician). ASM #3 wound care physicianscribes her recorders. ASM #3 state concern if the nurse.	o.m. another telephone lucted with ASM #4. ASM #4 here were discrepancies in recommendations, the written and the TARs for life stated, "They have done in d." ASM #4 stated Resident life treatment on when she life weekly basis.  o.m. ASM #1 (the executive life were made aware of the life a.m., an interview was M #3 (Resident #2's attending 3 stated nurses follow the life ian's recommendations and commendations onto the order lated he will oversee a wound less can't get in touch with the life ian but other than that, he			

doesn't follow wounds. ASM #3 stated he has

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495236	B. WING		07/07/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG		ULD BE COMPLETION
F 314 Continued From page 19 delegated wound care order decisions to the wound care physician and he doesn't have to "okay" each order.  On 7/7/17 at 12:10 p.m. an interview was conducted with RN #1. RN #1 was asked what process was in place to ensure nurses completed treatment orders. RN #1 stated, "I wound say on the TAR. That is where I go to find out what treatments I need to do."  The facility policy titled, "Medical Consolations" documented, "Policy: Members of the medical staff will request a medical consultation when appropriate. Procedure: The member of the medical staff requesting a consultation will order		F3	314		
	the consultation an will be initiated by rephysician. The confield in which the organization will incresident and the method physician will compressed the consultation will compressed to the consultation of the consultations of the consultation o	d a Request For Consultation nursing to the consulting insultant will be qualified in the pinion is sought. The clude the examination of the edical record. The consultant olete the 'Report' section of the ultation or its equivalent. On gathered from examination. ultant diagnosis per findings. The plan of care  ant physician's signature. If the consultation the charge is attending physician that the examt obtain any changes in dications recommended by the in. The attending will need to ication notes that consultation			

No further information was presented prior to exit.

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OND 110. 0000 0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495236	B. WING		07/07/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS. CITY. STATE. ZIP CODE 2715 DOGTOWN ROAD	
Littoria				GOOCHLAND, VA 23063	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 314	Continued From pa	age 20	F 314	4	
	hip bone. This info	the lower and back part of the ormation was obtained from the dlineplus.gov/appendixa.html			
	structure that is loo vertebrae and that This information w	a shield-shaped bony cated at the base of the lumbar is connected to the pelvis" as obtained from the website: s.gov/ency/imagepages/19464.			
	including both legs information was ob https://vsearch.nlm	e lower half of your body, s, is called paraplegia." This btained from the website: n.nih.gov/vivisimo/cgi-bin/query- t=medlineplus&v%3Asources=			
	medlineplus-bundl	e&query=paraplegia&_ga=2.16 52.1499704680-139120270.14			
	and underlying sof prominence or rela device. The injury open ulcer and ma as a result of inten or pressure in com tolerance of soft tis may also be affect	is localized damage to the skin it tissue usually over a bony ated to a medical or other can present as intact skin or an ay be painful. The injury occurs use and/or prolonged pressure abination with shear. The ssue for pressure and shear ted by microclimate, nutrition, bidities and condition of the soft			
	tissue Stage 4 Pressure tissue loss Full-thickness skir or directly palpable ligament, cartilage	Injury: Full-thickness skin and and tissue loss with exposed e fascia, muscle, tendon, or bone in the ulcer. Slough y be visible. Epibole (rolled			

edges), undermining and/or tunneling often occur.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		IDENTIFICATION NUMBER: A. E		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
		495236	B. WING		07/07/2017
NAME OF PROVIDER OR SUPPLIER  ENVOY AT THE MEADOWS			STREET ADDRESS. CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 314	eschar obscures than Unstageable Prunstageable Pressfull-thickness skin Full-thickness skin extent of tissue dabe confirmed becaeschar. If slough (3 or Stage 4 press Stable eschar (i.e. erythema or fluctualimb should not be information was of http://www.npuap.	natomical location. If slough or the extent of tissue loss this is ressure Injury. Sure Injury: Obscured	F3	14	
F 514 SS=D	This information whttps://www.ncbi.no1889/  (6) (3) Calcium Algoricate wounds. This from the website: https://www.ncbi.no/ (7) Hibiclens (chloantibacterial agent information was of https://www.ncbi.no/ T0009564/?report 483.70(i)(1)(5) RERECORDS-COMFLE  (i) Medical records	S PLETE/ACCURATE/ACCESSIB		1. The nurses that were assigned to residents # 2 # 3 were contacted to ve the treatments had been completed. Residents # 2 and # 3 receive wound treatments per physician orders.	erify n 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495236	B. WING		C 07/07/2047	
NAME OF F	PROVIDER OR SUPPLIER	495230	B. WING_	STREET ADDRESS. CITY, STATE, ZIP CODE	07/07/2017	
	AT THE MEADOWS			2715 DOGTOWN ROAD GOOCHLAND, VA 23063		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 514	Continued From pa	age 22	F 51	4		
0. 5000	standards and prac maintain medical re are-	ctices, the facility must ecords on each resident that		2. DCS/designee completed a Quality Review on current resident s' MAR & TAR to		
	(i) Complete; (ii) Accurately docu	imented:		ensure medications and treatments are being signed		
	(iii) Readily access			off.		
	(iv) Systematically organized			Director of Clinical Services(DCS) /designee met	1	
	(5) The medical re-	cord must contain- ation to identify the resident;		with wound physician and discussed plan to ensure	W	
	(i) Gamelett inform	ation to locality the resident,		recommendations are		
	* *	resident's assessments;		followed through to telephone orders.		
	(iii) The comprehe provided;	nsive plan of care and services		During report at the end of		
	and resident review	any preadmission screening w evaluations and inducted by the State;		the shift the oncoming and the off-going nurse will check the TARs to ensure		
	(v) Physician's, nur professional's prog	rse's, and other licensed gress notes; and		the treatment(s) have been completed and signed off by the nurse.		
	services reports as	diology and other diagnostic required under §483.50. NT is not met as evidenced				
	Based on resident facility document re review, it was dete failed to maintain a	t interview, staff interview, eview and clinical record rmined that the facility staff a complete and accurate clinical aree residents in the survey				

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CENTER	S FOR MEDICAR	E & MEDICAID SERVICES		OM	B NO. 0938-0391			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100	III EE GOND INGO II GO	(X3) DATE SURVEY COMPLETED			
			A. BUILDING		C			
		495236	B. WING		07/07/2017			
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
ENVOY AT THE MEADOWS				2715 DOGTOWN ROAD				
				GOOCHLAND, VA 23063				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)				
F 514	Continued From p	nage 23	F.5	14				
1 014	1. The facility staff failed to sign off wound care treatment was administered to Resident #2 on 6/11/17, 6/16/17, 6/19/17, 6/22/17 and 6/23/17.  2. The facility staff failed to sign off wound care treatment was administered to Resident #3 on 6/15/17, 6/16/17, 6/19/17 and 6/25/17.			DCS/designee provided re-				
				education to the licensed nursing				
				staff on policy and procedure for transcribing physician orders &				
				chart check procedure to ensure				
				physician orders are being				
	The findings include:			transcribed correctly, TARs are				
				signed off when treatment (s) are				
	The facility staff failed to sign off wound care treatment was administered to Resident #2 on 6/11/17, 6/16/17, 6/19/17, 6/22/17 and 6/23/17.  Resident #2 was admitted to the facility on 8/31/16. Resident #2's diagnoses included but			completed & documentation on	the			
				24 hour report sheet of any new				
				orders.				
				Physician orders to be reviewed				
	were not limited to: diabetes, high blood pressure and paraplegia (1). Resident #2's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 5/7/17, coded the resident as being cognitively intact.			in Daily Clinical meeting.				
				Wound doctor				
				recommendations and wound				
				orders to be reviewed weekly				
				after wound physician visit to				
				ensure orders match the				
	Review of Resident #2's clinical record revealed a physician's order dated 5/17/17 that documented, "D/C (Discontinue) wound orders to sacrum. New wound order to sacral wound: Clean wound with NS (normal saline). Pat dry. Apply collagen dressing. Cover with optifoam (dressing) once daily and prn (as needed)."			recommendations as well as				
				reviewed weekly in Weekly				
				Clinical Meeting				
				administration re SACRAL WOUN	ne 2017 TAR (treatment cord) documented, "05/17/17 D: CLEAN WOUND WITH NS; Y COLLAGEN DRESSING,			

COVER WITH OPTIFOAM (dressing) ONCE DAILY AND AS NEEDED." The treatment was

initialed (indicating the treatment was administered) each day except for 6/11/17,

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495236	B. WING			C 07/07/2017	
NAME OF PROVIDER OR SUPPLIER  ENVOY AT THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE  2715 DOGTOWN ROAD  GOOCHLAND, VA 23063				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 514	6/16/17, 6/19/17, 6/1	7/7/17 at 9:45 a.m. an interview was ducted with Resident #2. The resident firmed nurses had changed his dressing every			The Director of Clinical Services or designee to conduct Quality Monitoring 3 times per week for 4 weeks on each shift to ensure compliance with wound treatment orders then 1 time weekly for 1 month then quarterly thereafter. Quality Monitoring schedule to be modified based on findings of Quality Reviews. The		
	member) #1 (the e. (the director of clini aware of the above TAR documentation on 7/7/17 at 12:40 policy titled, "Medic Of." ASM #2 state also applicable to the documented, "Charadministration reconstruction of the including both legs information was obhttps://vsearch.nlmmeta?v%3Aproject	p.m. ASM (administrative staff xecutive director) and ASM #2 cal services) were made concern. A policy regarding n was requested.  p.m., ASM #2 presented a ations- Oral Administration d she thought the policy was reatments. The policy rt on MAR (medication rd) according to policy"  ion was presented prior to exit. It is tained from the website: .nih.gov/vivisimo/cgi-bin/query=medlineplus&v%3Asources= e&query=paraplegia&_ga=2.16			results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations		

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CENTER	S EOD MEDICARE	& MEDICAID SERVICES				OMB NO	0.0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		495236	B. WING				C 7/07/2017
	PROVIDER OR SUPPLIER			2715	EET ADDRESS, CITY, STATE, ZIP CO 5 DOGTOWN ROAD DCHLAND, VA 23063	DE	
(X4) ID PREFIX TAG	SUMMARY ST/	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	DX .	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 514	Continued From pa	age 25	F	514			
	treatment was adn	failed to sign off wound care ninistered to Resident #3 on 6/19/17 and 6/25/17.					
	5/20/17. Resident were not limited to kidney failure. Re (minimum data se an ARD (assessm	admitted to the facility on #3's diagnoses included but at diabetes, seizures and acute sident #3's most recent MDS t), a quarterly assessment with ent reference date) of 5/30/17, t as being cognitively intact.					
	physician's order of "D/C (Discontinue calf. Cleanse left saline), apply calc	nt #3's clinical record revealed dated 6/14/17 that documented ) previous wound orders to left calf wound (with) NS (normal ium alginate (1) & cover (with) g (dressing) once daily."	Ι,				
	administration rec calf- cleanse (with alginate cover (wi day)." The treatm treatment was ad	ne 2017 TAR (treatment cord) documented, "6/14/17 Lef n) Normal saline, apply Calcium th) DD (dry dressing) QD (event was initialed (indicating the ministered) each day except fo 6/19/17 and 6/25/17.	y e				
	conducted with R was asked how n done. RN #1 stat treatment off on t a blank space on RN #1 stated, "If	5 a.m., an interview was N (registered nurse) #1. RN # urses indicate treatments are ted the nurses sign the he TAR. RN #1 was asked who the TAR with no initials meant. It's not charted it wasn't done book it was done but they didn't ge	at				

Facility ID: VA0162

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495236	B. WING			C 07/07/2017
NAME OF P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	
FAMILIAN AT THE MEADOWS				2715	DOGTOWN ROAD	
ENVOTA	T THE MEADOWS			GOO	OCHLAND, VA 23063	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE PROPRIES OF THE PROP	D BE COMPLETION
F 514	Continued From pa	age 26	F s	514		
	On 7/6/17 at 1:37 p.m. an interview was conducted with Resident #3. The resident confirmed nurses had changed his dressing every day.					
	On 7/6/17 at 1:52 p.m. RN #1 stated she spoke to the nurses who cared for Resident #3 on 6/15/17, 6/16/17, 6/19/17 and 6/25/17. RN #1 stated those nurses stated they did the treatment but didn't sign the treatment off.  On 7/7/17 at 12:25 p.m. ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of clinical services) were made aware of the above concern.					
	No further informat	ion was presented prior to exit.				
	(1) Calcium Alginate is a dressing used to treat wounds. This information was obtained from the website: https://www.ncbi.nlm.nih.gov/pubmed/8954425					
	111.00.111	m.m.gov/paomea/0004425				