FAUQUIER HEALTH

Rehabilitation & Nursing Center

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August 31, 2017

Ms. Wietske Welgel-Delano LTC Supervisor Division of Long Term Care Services Office of Licensure and Certification 9960 Mayland Drive Suite 401 Richmond, Va. 23233

Dear Ms. Weigel-Delano:

Enclosed please find the Plan of Correction for the revisit survey which was conducted on August 16, 2017 at Fauquier Health Rehabilitation & Nursing Center. If you require any further information, I may be reached at (540) 316-5471.

RECEIVED SEP 9 1 2017 YORYOLO

Respectfully yours

Mary Ann Crocker, LNHA, JD

Interim Administrator

PAR LIVI NTERS	FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	LADI MIL	TIPLE CO	NSTRUCTION	(X3) DATE SURVEY COMPLETED	
	DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				R	
PLAN OF V	OMILE	107000	B. WING		***	08/16/2017	\dashv
		495233	<u> </u>	STREE	ET ADDRESS, CITY, STATE, ZIP CODE		
MF OF PRI	OVIDER OR SUPPLIER	a suspense CENTER		360 H	OSPITAL DRIVE RENTON, VA 20188		
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X4) ID PREFIX TAG		TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG	1X	PROVIDER'S PLAN OF CHARLES (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (PROVIDER OF CHARLES OF CHAR		
				000}			
F 000}	INITIAL COMMEN	VTS	ų ·	J V V 2	Preparation and/or execution	of this	
		Medicars/Medicald revisit to th	e		plan of correction does not co	onstitute	
					admission or agreement by th	ne provider	
			av		with the statement of deficie		
	One complaint wi	as investigated during impliance			plan of correction is prepared	l and/or	
					executed because it is require		
	n dramante H	VCULGCIED DEliniplinion and			provision of Federal and State	9	
	identified within to deficiencies are i	dentified on the CMS 2567 - B.			regulations.		
	The census in th	is 113 bed certified facility was	e				
	90 at the time of	the surrent resident reviews					. 1.
					On 8/29/17, location of call	bell 9/	18/1
		rd review, Resident #112. ASONABLE ACCOMMODATION	N I	F 246	discussed with resident#110		•
F 246	483.10(e)(3) RE OF NEEDS/PRE	FERENCES			stated preference to have o	all bell in	
ŞŞ≃D	Of MELDON 11	The resident he	18		nightstand drawer. Care pla	an updated	
	483.10(e) Resp	ect and Dignity. The resident ha ated with respect and dignity,			to specify resident preferen	ce. When	
	including:				Resident is in bed, call bell v	vill be within	
	(e)(3) The right	to reside and receive services i	In		1 to the section		
	the facility with	reasonable accommon when t	O		An audit of call bell placeme	ent will be	
	resident needs	danger the health or safety of the	n ė		conducted. Cognizant resid	lents &	Ω
					preference will be accommo	odated and	B
		MENT is not met as evidenced			care plans updated, if neces	sary.	September 1
	by: Rased on obsi	ervation, staff interview, facility			Residents not capable of de		political and the second
	document revie	by and chilical too staff falled to			their call bell placement wil	l have the	걸
			13		call bell placed within their		2000
	residents in the	B survey sample, resident	J.	•	care plans updated, if neces		
	Resident #110	was observed on separate ed with her call bell positioned				(X8) D	DATE
	-7	PROVIDER/SUPPLIER REPRESENTATIVE	S SIGNATU	JRE	TITLE	8:31	
LABORATO	DEV DIRECTOR'S OK	1 NILLX	مرکر 1	4	and imm portanting pro	- Internet	ed tha
		n win an esterisk (*) denotes a deficier	ncy which t	HOPINE NU	ition may be excused from correcting pro or nursing homes, the findings stated abo omes, the above findings and plans of co are clied, an approved plan of correction	ove are disclosable 8	i0 day ible 14
Any danch	euch Risifernant annu	ient protection to the patients. (See inc	guenons.)	on malanua	mes, the above findings and plans of comestion are clied, an approved plan of correction	in ection pro diocedar	nued

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES				ONB NO. 0838-0381
CENTER	S FOR MEDICARE	& MEDICAID SEVAIARA	I		ONSTRUCTION	(X3) DATE SURVEY
OTATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILD		UND 11 TO WITH THE TOTAL T	COMPLETED
AND PLAN O	FCORRECTION	Safety (Control of the Control of th			•	R
		495233	B. WING			08/16/2017
•		450200		STRE	ET ADDRESS, CITY, STATE, ZIP CODE	
	ROVIDER OR SUPPLIER		1		HOSPITAL DRIVE	
TANIONIE	P HEALTH REHABIL	ITATION & NURSING CENTER		WAF	RENTON, VA 20186	
PAUGUE			ID.		PROVIDER'S I'LAN OF CORRECT!	ON (X5) DBE COMPLETION
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED FIGURACY)	
TAG						
			E	246	Dally manager rounds are be	ing done.
F 246	Continued From pa	age 1		<u></u>	Daily manager rounds are a	
	either in the nights	tand drawer, or on top of the	•		Care managers for each unit	. Will
	nightstand, out of I	ner reach.			regularly check room for cor	rect call
		io.			bell placement. Nursing star	ff Will make
	The findings include	16.			observations when in rooms	s. \$taff are
	Resident #110 was	s admitted to the facility on			being reeducated regarding	care
	on alta with a real	imission on 6/10/17, Willi			Delug teedacece regularie	
	diamanage that im	Hudad but were not himse w.	_		planning process.	,
	high blood pressul	re, dementia, atrial itorillation (=	1			
	condition characte	LIZED BY LEDIO SUO LEUGOIII				
	contractions of the	atria of the heart causing			Monitoring of compliance w	ill be done
	irregular beats of t	he ventricles and resulting in utput and frequently clot			by managers, care managers	
	cecreased near u	ria (1)), and history of falls.			nursing staff. Audits will be	used to
					nursing stair. Addies with be	and riven to
	The most recent N	IDS (minimum data set)			document locations checks a	
		artariv assassment, With an			DON/designee. Results will	be
	seconoment referi	ence date (AKU) of /////			reviewed and addressed by	the QUAPI
	anded the regiden	t as ususiiv understativiiiis			committee for guidance and	further
	others and usually	making herself understood. coded as having both short and	đ		Instruction.	
	he resident was	problems and was coded as			Histi account	
	to a to an own of members to a	impored to make upily				
	idium decicion	e The resident was courd as				
	having an difficult	IN WITH THE FRIDE OF INVITOR OF				
	althor her HDDAF O	L IOMBL SXII.BILIIII.B2' IZB2ICCI II				
	— #44∆ une naded \$	se rantiffing extensive				
	assistance for mo	ving in the bed and transfers.				
	Cheeniellan was	made of Resident #110 on			The addressive and	
	カルヒルブ っしゅつりゅ	m The resident was in her			e de la companya de Cen	
	in had Sh	a was tacing the Wingow on he	r		SEP 012	
	James alda Thorre	all hell was in the hight stand			SEP n t -	nes
	diameter the rec	ident's left side. I nore was a	ıd			.01/
	fall mat approxim	ately two feet in width, observe sen the bed and night stand. The	he		VINHIN	
	on the floor between	sen the bed and riight dent.			The state of the s	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1	call bell was not a	innegativity to the discount of the				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 08/24/2017 FORM APPROVED OMB NO. 0938-0391

TATELACIOT	S FOR MEDICARE OF DEFICIENCIES	(X1) PROVIDER/SUPPI IDENTIFICATION N		X2) MULT	PLE CONSTRUCTION		OMPLETED	
ND PLAN OF	CORRECTION	IDEM LEICKHON	,	i. Builuii			R	.
		495233	3 2	, WING _	STREET ADDRESS, CITY.	CTATE ZIP CODE	08/16/2017	\dashv
	ROVIDER OR SUPPLIER R HEALTH REHABIL	ITATION & NURSIN	IG CENTER		360 HOSPITAL DRIVE WARRENTON, VA 20			
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED SC IDENTIFYING INFOF	CIES BY FULL	ID PREFIX TAG	((EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	(X6) COMPLET TE DATE	
	Continued From pa #110 on 8/16/17 at her bed on her bed toward the window mat was in place of floor, between the call bell was obser stand, and was no The comprehensive revised on 7/6/17, (Resident #110) is by history of falls, unstable health co "Interventions/Tasi light within reach a #110) is in her roo	8:45 a.m. The reside. Her head was to towards her right on the left side of the head and the night oved sitting on top of the accessible to Residucumented in particular at risk for falls chemultiple risk factor indition." The ks" documented in at all times when (Firm."	side. A fall the bed on the stand. The of the night eldent #110. 4/22/16 and rt, "Focus: aracterized is related to; part, "Call Resident	F 2	46			
	positioned when restated, "Right nexthem, anywhere it when asked if the on top of the night drawer, CNA #1 s Resident #110 constated, "She used When asked if Recall bell, CNA #1 s as much as she of the constated in the constant of the con	#1 on 8/16/17 at 1 d where call bells a esidents are in bed to the resident, in hat is easy access a call bell should be tetand or in the night tated, "No." When uld use the call bell to use it but has distanced, "Yes, she dised to, but still car conducted with LP 1, on 8/16/17 at 2: bells should be poed. LPN #1 stated, as asked if it is acconsitioned on top of the still car as asked if it is acconsitioned on top of the still car are still top of the still car as asked if it is acconsitioned on top of the still car are still top of the still car are still top of the still car are still top of the still top of t	should be it. CNA#1 front of for them." is positioned ht stand asked if it. CNA#1 eclined." till activate the oesn't use it it use it." In (Ilcensed 0.2 p.m. When sitioned when "Within ceptable to of a wer, when			SEP 8 2017 VOI-VOI-VOI-O	ir:	3 of 8
	nightstand of in a		Event ID: NB1L1	2	Fadlity ID: VA0261	If continue	tion sheet Page	3 of 8

PRINTED: 08/24/2017 FORM APPROVED OMB NO. 0938-0391

		Of INICIAIN OF INTO IN	(X2) MULTIPLE	CONSTRUCTION	COMPLETED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		
AND PLAN OF	CORRECTION	IDENTITION TO THE TENT	A. DOILD!!!		R
			B, WING		08/16/2017
		485233	3/ 13/1/0	REET ADDRESS, CITY, STATE, ZIP CODE	
NAME OF B	ROVIDER OR SUPPLIER	4			
				O HOSPITAL DRIVE	
FAUQUIE	R HEALTH REHABIL	ITATION & NURSING CENTER	W	ARRENTON, VA 20186	
			ID	PROVIDER'S PLAN OF CORRECTION	D BE COMPLETION
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL OF THE PROPERTY OF THE OR A TION	PREFIX	A AN ARREST IVE ACTION SHOUL	DES COMMENTS
PREFIX	CEACH DEPIDIENC	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROX DEFICIENCY)	· · · · · · · · · · · · · · · · · · ·
TAG	110000000000000000000000000000000000000				• •
F 0.48	Camtinued From no	rce 3	F 246	,	
F 240	Continued From pa	yuu u			
	there is a fall mat of	on the floor, between the bed			
	and the night stance	LPN #1 stated, "It should be			
	in the bed, within re	each of the resident." When			
	asked if Resident F	110 could use the call bell,			
	LPN #1 stated, "Sh	ne's relatively new to me but			
	she can use the ca	all bell. She has no physical	1		
	issues with her arn	ns."			
		A CRANT TO SERVICE THE	•		
	The administrative	staff member (ASM) #1, the			
	administrator, ASM	# 2, the director of nursing,			
	and ASM #3, the ci	hief administrative officer, were			
	made aware of the	above findings on 8/16/17 at			
	approximately 2:45	p.m. A copy of the facility			
	policy on call bells	was requested.			
	11	on the table dansament in			
	The facility policy,	"Call Light" documented in			
	part, "Make sure c	all light is placed within reach			
	of resident when le	eaving resident unattended."			'
		the same annual and a star to swit			
ļ	No further informati	tion was provided prior to exit.			
	asa massa sa a sa Matagana	of Madinal Tarma for the			1
	(1) Barron's Diction	nary of Medical Terms for the	t		
	Non-Medical Read	er, 5th edition, Rothenberg and	ı		
]	Chapman, page 55	5.	(F 282)		
{F 282}	483,21(b)(3)(ii) SE	RVICES BY QUALIFIED	(L YOY)		
SS=D	PERSONS/PER C	ARE PLAN			
				On 8/29/17, location of call b	eii 9/8/17
	(b)(3) Comprehens	sive Care Plans			
	The services provi	ded or arranged by the facility,		discussed with resident#110.	
1 ,		comprehensive care plan,		stated preference to have cal	l beli in
	must-			nightstand drawer. Care plan	undated
	and the second	a altitud namana in			
	(II) Be provided by	qualified persons in		to specify resident preference	
	accordance with e	ach resident's written plan of		Resident is in bed, call beli wi	ll be within
	care.	hannahim na tamataman			,
	This REQUIREME	NT is not met as evidenced		reach.	
	by:	the season intermediate families			
	Based on observa	ation, staff interview, facility			
1			· ·		Land Same Care dof 8

FORM CMS-2587(02-99) Previous Versions Obsolate

Eveni ID: NB1L12

Facility ID: VA0261

if continuation sheet Page 4 of 8



LAND HUMAN SERVICES

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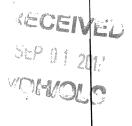
DEPARTI	MENT OF HEALTH	AND HUMAN SERVICES		QI	<u>ив NO, 0938-0391</u>
CENTER	S FOR MEDICARE	& MEDICAID SERVICES	/Y2\ MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
TATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		495233	B. WING		08/16/2017
	and the second			REET ADDRESS, CITY, STATE, ZIP CODE	
	ROVIDER OR SUPPLIER			HOSPITAL DRIVE	
FAUQUIE	R HEALTH REHABIL	ITATION & NURSING CENTER	W/	ARRENTON, VA 20186	196
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX ' TAG	PROVIDER'S PI AN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DE ICIENCY)	HE SOME CONTRACT
	·	* ************************************		An audit of call bell placement	will be
(F 282)	Continued From pa	ige 4	(F 282)	conducted. Cognizant residen	ts'
	document review, a	and clinical record review, it		preference will be accommoda	ted and
was determined that the facility staff falled to follow the comprehensive plan of care for one of	٠	care plans updated, if necessar			
	13 residents in the	survey sample, Resident #110.		Residents not capable of deter	
	The facility staff fai	led to ensure Resident #110's		their call bell placement will ha	ve the
	call hall was onsitio	ned within reacti per inc		call bell placed within their rea	ch and
	comprehensive car	re plan. Resident #110 was ate occasions in bed with her		care plans updated, if necessar	y. A
	call hall noelfloned	either in the nightstand		review of the care plans is bein	ig done
	drawer, or on top o	f the nightstand, out of her		to ensure call bell usage is refle	ective of
	reach.			residents' need/preference.	
	The findings includ	e:			
	Resident #110 was	admitted to the facility on		Dally manager rounds are bein	ig done.
	2/17/16 with a read	imission on 6/16/17, With		Care managers for each unit w	111
	blob blood pressur	luded but ware not limited to: e, dementia, atrial fibrillation (a		regularly check room for corre	ct dall
	-condition characte	rized by rapid and random		bell placement. Nursing staff	willmake
	contractions of the	atria of the neer causing		observations when in rooms.	Staff are
	irregular beats of the	he ventricles and resulting in utput and frequently clot		being reeducated regarding ca	re
	formation in the at	ria (1)), and history of falls.		planning process. Care plans r	1
				call bells are reviewed and upo	1
	pagagament a fills	IDS (minimum data set) arterly assessment, with an		needed per residents' preferer	ice.
	- connectment refere	ince date of /////, coded are		•	·
	ident se usually	understanding others and	•		
	usually making he	rself understood. The resident ing both short and long term			
	mamon/problems	and was coded as Deing			,
	deretable impair	ed to make cally cognilive			
	authorities with her	ident was coded as having no range of motion in either her			
	TIPPOR OF JOINIER BXT	remities. Resident #110 was			
	coded as requiring	extensive assistance ioi			
	moving in the bed	MIC Causiers.			

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

Event IO: NB1L12

Facility ID: VA0261

If continuation sheet Page 5 of 8



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TATEMENT OF CERCITION A95233 NAME OF PROVIDER OR SUPPLIER A95233 NAME OF PROVIDER OR SUPPLIER FAUGUIER HEALTH REHABILITATION & NURSING CENTER PROVIDER HEALTH REHABILITATION & NURSING CENTER STREET ADDRESS. CITY, STATE, ZIP CODE 350 HOSPITAL DRIVE WARRENTON, VA 20186 PROVIDERS PLAN OF CORRECTION (EACH DEPROVED HOUSE) (EACH CORRECTION HOUSE)	SURVEY	(X3) DA	anetoučtión		& MEDICAID SERVICES	S FOR MEDICARE	CENTER
A95233 NAME OF PROVIDER OR SUPPLIER FAUQUIER HEALTH REHABILITATION & NURSING CENTER STREET ADDRESS. CITY, STATE, ZIP CODE 350 HOSPITAL DRIVE WARRENTON, VA 20186	PLETEO	CO			IVII BBDWBBBBBBBBBBBBBB	OF DEFICIENCIES	TATELAGNIT
NAME OF PROVIDER OR SUPPLIER FAUQUIER HEALTH REHABILITATION & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 355 HOSPITAL DRIVE WARRENTON, VA 20186 WARRENTON, VA 20186 WARRENTON, VA 20186 PROVIDER'S PLAN OF CORRECTION CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE C				a manufacture of the distance	(Parel 4.5 to 15h 21 tons 2 comments)	F CORRECTION	ND PLAN OF
FAUGUIER HEALTH REHABILITATION & NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (F 282) Continued From page 5 The comprehensive care plan dated, 4/22/16 and revised on 7/8/17, documented in part, "Focus: (Resident #110) is at risk for falls characterized by history of falls, multiple risk factors related to: unstable health condition." The "Interventions/Tasks" documented in part, "Call light within reach at all times when (Resident #110) is in her room." Observation was made of Resident #110 on 8/15/17 at 3:00 p.m. The resident was in her room, in bed. She was facing the window on her room, in bed. She was facing the window on her room, in bed. She was facing the window on her room, in bed. She was facing the window on her room, in bed. She was facing the window on her room, in bed. She was facing the window on her room, in bed. She was facing the window on her room, in bed. She was facing the window on her room.	16/2017			. WING	495233		
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SUMMARY STATEMENT OF DEFICIENCIES Deficiency PREFIX CACH OFFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE CROSS-REF					ITATION & NURSING CENTER		
(F 282) Continued From page 5 The comprehensive care plan dated, 4/22/16 and revised on 7/8/17, documented in part, "Focus: (Resident #110) is at risk for falls characterized by history of falls, multiple risk factors related to: unstable health condition." The "Interventions/Tasks" documented in part, "Call light within reach at all times when (Resident #110) is in her room." Observation was made of Resident #110 on 8/15/17 at 3:00 p.m. The resident was in her room, in bed. She was facing the window on her labeled to the resident was in the night stand.	(XA) COMPLETION	ECTION	PROMINER'S BLAN OF CORRECT				FAUQUIE
The comprehensive care plan dated, 4/22/16 and revised on 7/8/17, documented in part, "Focus: (Resident #110) is at risk for falls characterized by history of falls, multiple risk factors related to: unetable health condition." The "Interventions/Tasks" documented in part, "Call light within reach at all times when (Resident #110) is in her room." Observation was made of Resident #110 on 8/15/17 at 3:00 p.m. The resident was in her room, in bed. She was facing the window on her room, Tasks in the night stand	DATE	HOULD BE	(EACH CORRECT: VE ACTION SHE	PREFIX			PREFIX
drawer on the resident's left side. There was a fall mat approximately two feet in width, observed on the floor between the bed and night stand. The call bell was not accessible to Resident #110. A second observation was made of Resident #110 on 8/16/17 at 8:45 a.m. The resident was in her bed on her beck. Her head was turned toward the window, towards her right side. A fall mat was in place on the left side of the bed on the floor, between the bed and the night stand. The call bell was observed sitting on top of the night stand, and was not accessible to Resident #110. An Interview was conducted with CNA (certified nursing assistant) #1 on 8/16/17 at 1:68 p.m. When asked the purpose of a resident's care plan, CNA #1 stated, "That's how we provide care to the residents." An interview was conducted with LPN (licensed practical nurse) #1, on 8/16/17 at 2:02 p.m. When asked the purpose of the resident's care plan, LPN #1 stated, "It's a guide to the care we are to provide to each resident." When asked where call	to NPI	gers and I be used to ks and give will be I by the QU	by managers, care manage nursing staff. Audits will be document location checks DON/designee. Results will reviewed and addressed be committee for guidance at	⟨F 282}	e care plan dated, 4/22/16 and documented in part, "Focus: at risk for falls characterized multiple risk factors related to: ndition." The stall times when (Resident m." ande of Resident #110 on n. The resident was in her was facing the window on her libell was in the night stand dent's left side. There was a stely two feet in width, observed en the bed and night stand. The coessible to Resident #110. Iton was made of Resident #110. Iton was made of Resident it 8:45 a.m. The resident was in ck. Her head was turned w, towards her right side. A fall on the left side of the bed on the bed and the night stand. The road sitting on top of the night of accessible to Resident #110. Conducted with CNA (certified if an all on 8/16/17 at 1:58 p.m. purpose of a resident's care sed, "That's how we provide care conducted with LPN (licensed th, on 8/16/17 at 2:02 p.m. Where et it he resident's care plan, where of the resident's care plan, and the care was are to	Continued From pathe comprehensive revised on 7/8/17, (Resident #110) is by history of falls, runstable health committee rentions/Task light within reach a #110) is in her root. Observation was manual state of the resident of the resident and the floor between the floor, between the call bell was not at the resident of the residents. An interview was nursing assistant, when asked the plan, CNA #1 state to the residents." An interview was practical nurse) # asked the purpose the	

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

Event ID: NB1L12

Facility ID; VA0261

if continuation sheet Page 5 of 8



DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2017 FORM APPROVED OME NO. 0938-0391

DENTIFE	SEOR MEDICARE	& MEDICAID SERVICES			(x\$	DATE SURVEY
CENTER	(S FOR MEDICIES			TIPLE CONSTRUCTION		COMPLETED
STATEMENT	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:	A BUILD	DING		R
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NAME OF F	PROVIDER OR SUPPLIER	•		360 HOSPITAL DRIVE		
MANAGE CO.		CENTED		WARRENTON, VA 20186		
FAUQUIE	ER HEALTH REHABIL	ITATION & NURSING CENTER		WARRENTON, VA 2510	PRECTION	(×5)
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	floor, between the	ild be in the bed, within reach of	1			
	#1 stated, "It shou	en asked if Resident #110 could	i			
	the resident." Whit	all asked if resident in a latively				,
	use the call bell, L	PN #1 stated, "She's relatively				
	new to me but she	s can use the call bell. She has				'
1	no physical issues	with her arms."				
	·					
	The administrative	e staff member (ASM) #1, the				
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	. #1, the sommens	copy of the facility policy on ca	1			
}	been followed. A	CODY OF THE ISSUED PRINTS				
	bells was request	tea.				į
		Was "Assessment and Care o	of			
	The facility policy	titled, "Assessment and Care of				
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	(1) Barron's Dict	ionary of Medical Terms for the	nd			
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1	Chapman, page	55.		- www.vm.v/a0284	If continu	stion sheet Page 7

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: NB1L12

Fedility ID: VA0281



PRINTED: 08/24/2017 FORM APPROVED OMB NO. 0938-0391

	ENT OF HEALTH	AND HUMAN SERVICES				NO. 0938-039
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Event ID: NB1L12

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