fredericksburgrehab.com



July 17, 2017

Wietske G. Weigel-Delano, LTC Supervisor Department of Health Office of Licensure & Certification 9960 Maryland Drive, Suite 401 Henrico, Virginia 23233-1485

Attention: Wietske G. Weigel-Delano:

Please find the completed Plan of Correction. This Plan of Correction being submitted does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law. The facility alleges compliance with the submission of this plan as of July 21, 2017.

If you have any questions, please don't hesitate to contact me at the facility (540) 786-8351 or email me at trocquemore@fredericksburgrehab.com

Sincerely,

Tanya Rocquemore, RN MHA LNHA

Administrator

Encl: Plan of Correction

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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-039					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1		INSTRUCTION =	(X3)	DATE SURVEY COMPLETED	
		495240	B_WING				R-C 06/21/2017	
	PROVIDER OR SUPPLIER	AND REHAB		3900 I	ET ADDRESS, CITY, STATE, ZIP COI PLANK ROAD DERICKSBURG, VA 22407	DE		
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{F 000}	INITIAL COMMEN	ΓS	{F 00	00}				
	An unannounced M standard survey co 04/28/17, was cond 06/21/17. Correction compliance with 42 Term Care Require deficiencies are ide Corrected deficiencies 2567-B.							
{F 281} SS=D		{F 26	81}					
	(b)(3) Comprehens	ive Care Plans						
		The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-						
	This REQUIREMENT by: Based on staff intered and clinical record in the facility staff failed standards of practic clarification of a physical physi	al standards of quality. NT is not met as evidenced erview, facility document review review, it was determined that ed to follow professional ce for the transcription and ysician order for Resident led to correctly transcribe the Florinef and further failed to	,					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

TITLE

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 these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

IX6IDATE

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	11/17/16 with a recediagnoses that includiabetes, chronic paraxiety, bipolar disordance characterized by epidepression (1)), and The most recent ME assessment, an annuassessment reference resident as scoring interview for mental the resident was cap cognitive decisions. requiring supervision with set up assistant for all of her activities. The physician order "Fludrocortisone Ace (milligram) by mouth PURE HYPERCHOL normal amounts of contractions and indicated as partial primary and secondarinsufficiency in Addistreatment of salt-losi (3).	admitted to the facility on ent readmission on 5/2/17 with readmission on 5/2/17 with readmission on 5/2/17 with readmission on 5/2/17 with read but were not limited to: ain, muscle weakness, order (a mental disorder isodes of mania and it high blood pressure. DS (minimum data set) and assessment, with an oce date of 5/8/17, coded the at 15 on the BIMS (brief status) score indicating that bable of making daily. The resident was coded as nor as being independent oce or one person assistance is of daily living. dated, 6/8/17, documented, etate* Tablet; give 0.1 mg in three times a day related to LESTEROLEMIA (higher than cholesterol in the blood (2))." etate, also known as Florinef, all replacement therapy for any adrenocortical son's disease and for the ng adrenogenital syndrome.	{F 2	281}	1. Resident #107 medication administr record was corrected on June 20, 2017 indicate hyponatremia as the correct difor florinef. 2. The Director of Nursing/designee to educate nursing staff on professional stof quality to include transcribing order hired nursing staff will be educated durorientation. 3. The Director of Nursing/RNAC/deswill review physician orders with accurdiagnosis three times a week times four twice a month, and then monthly times month. 4. The Director of Nursing/designee was audit results monthly to the Quality As Performance Improvement committee ensure continued compliance and/or residual.	to agnosis re- tandards s. Newly ring ignee rate ir weeks, s one iill report esurance to	7-21-17
		, "Fludrocortisone Acetate*					

times a day related to PURE

Tablet; give 0.1 mg (milligram) by mouth three

HYPERCHOLESTEROLEMIA." The medication

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB N	NO. 0938-0391
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		495240	B_ WING			9	06/21/2017
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
FREDER	ICKSBURG HEALTH	AND REHAB			D PLANK ROAD EDERICKSBURG, VA 22407		
(VA) ID	AT2 V9AMMI2	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT	TON	000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
{F 281}	Continued From pa	ge 2	{F 2	31}			
	as ordered. A "Pair			,			
	documented above	each dose.					
	documented, "Lab (critical sodium lab a	ated, 6/8/17 at 2:49 p.m. laboratory) called and stated t 124*, called MD (medical ssage. Pending call back for					
	new orders."	0					
		els in the blood are 137 to ivalents per liter). (4)					
	documented in part:	ted, 6/8/17 at 2:54 p.m. "MD called back, new mg po (by mouth) TID (three					
	mEq/L. On the labor	ident's sodium level as 129 ratory test results dated, nted in pen the following:					
	revised on 5/29/17, or Potential for alteration diuretic use and h/o of) nausea." The "Inpart, "Obtain and mo	care plan dated, 5/24/16 and documented in part, "Focus: on in Hydration related to: (history of) c/o (complaints terventions" documented in onitor lab/diagnostic work per port results to physician and d."					
	practical nurse) #3 o asked how verbal ph	nducted with LPN (licensed in 6/20/17 at 2:04 p.m. When sysician orders for dled, LPN #3 stated, "When					

we get an order, we have to enter it in the computer under telephone order. We print it out

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CENTE	ENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391
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		495240	B. WING	**	R-C 06/21/2017
	PROVIDER OR SUPPLIER	AND REHAB		STREET ADDRESS, CITY, STATE, ZIF 3900 PLANK ROAD FREDERICKSBURG, VA 2240	CODE
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	goes in the chart." Nellorinef/Fludrocortis stated, "I believe it's was low." LPN #3 with physician order and When asked if the person who enterpicked the wrong districted the person who enterpicked the wrong districted	Signs it and it (the order) When asked if she knew what sone is used for, LPN #3 If or her sodium because it as asked to review the MAR for Resident #107. Inhysician order for Florinef larified, LPN #3 stated, "Yes, ered that into the computer agnosis from the drop down The paper chart for Resident with LPN #3 and the doctor's The order for the Florinef I. Inducted with administrative 1. Inducted with administrative 2. Inducted with administrative 3. Inducted with administrative 4. Inducted with administrative 5. Inducted with administrative 6. Inducted with administrative 7. Inducted with administrative 8. Inducted with administrative 9. Inducted with ASM #2, the 9.	{F 28	}1}	
	in the computer and	verbal orders for 2 stated, "The nurse types it prints it out for the doctor to	(8)		

sign." When asked if a nurse is allowed to write an order on the laboratory test results, ASM #2

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	TIPLE CONS	TRUCTION		(X3) DATE	SURVEY
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	laboratory test result an order, ASM #2 swas asked if she was Florinef/Fludrocortist cortisone, but I am in shown the order for ASM #2 was asked hypercholesterolem stated, "No, I wouldn't hat order should hastated, "Yes." When practice the facility for "Lippincott." A policy orders was requested. An interview was conurse) #2, the nurse the Florinef on 6/21 asked where the pring RN #2 stated, "I had the pharmacy." RN #2 typed order dated, 62:59 p.m. RN #2 stated, about where to write me to write it there." is correct for the memust have hit the windown list."	asked if it was written on the tts paper, is that considered tated, "No, Ma'am." ASM #2 as familiar with the drug one. ASM #2 stated, "It's a not that familiar with it." When the Florinef/Fludrocortisone, if the diagnosis of ia was correct, ASM #2 n't think so." When asked if one been clarified, ASM #2 asked what standard of collows, ASM #2 stated, on transcribing and clarifying ed. Inducted with RN (registered who transcribed the order for /17 at 11:25 a.m. When noted copy of the order was, printed it off and faxed it to #2 presented a copy of the /8/17 with a time stamp of ted, I had the pharmacy send done it but I don't know where if it is acceptable to write a ne laboratory test results "I had asked another nurse the order and she instructed When asked if the diagnosis dication, RN #2 stated, "I ong diagnosis on the drop	{F 2	81}				

"After you receive a written medication order, transcribe it onto a working document approved by your health care facility...read the order

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIER	AND REHAB		STREET ADDRESS, CITY, STATE, ZIP COD 3900 PLANK ROAD FREDERICKSBURG, VA 22407	06/21/2017
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{F 281}	check it when you're The administrator a	te on copying it correctly,	{F 2	81}	
{F 282}	(1) Barron's Dictiona Non-Medical Reade Chapman, page 73. (2) Barron's Diction Non-Medical Reade Chapman, page 283 (3) This information following website: https://dailymed.nlm m?setid=2cd3965d- f3 (4) This information following website: https://www.ncbi.nlm (5) Barron's Dictiona Non-Medical Reade Chapman, page 285	ary of Medical Terms for the rr, 5th edition; Rothenberg and l was obtained from the .nih.gov/dailymed/drugInfo.cf cab9-a97c-db61-7d03ced154 was obtained from the n.nih.gov/books/NBK306/ary of Medical Terms for the rr, 5th edition; Rothenberg and	{F 28	321	
	PERSONS/PER CA (b)(3) Comprehensive The services provided	RE PLAN	{r 20)Z]	
	care.	ualified persons in the resident's written plan of the root met as evidenced			

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		S WILDION IID OLIVIOLO			VID 140. 0300 033
STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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FREDERICK	SBURG HEALTH	AND REHAB		3900 PLANK ROAD FREDERICKSBURG, VA 22407	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)

PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

{F 282} Continued From page 6

Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to follow the written plan of care for two of 14 residents in the survey sample, Residents #113 and #102.

- 1. The facility staff failed to follow the written care plan for the administration of oxygen to Resident #113.
- 2. The facility staff failed to follow Resident # 102's written plan of care for the administration of oxygen.

The findings include:

1. Resident #113 was admitted to the facility on 3/10/17 with a recent readmission on 5/13/17 with diagnoses that included but were not limited to: COPD (chronic obstructive pulmonary disease - general term used for chronic nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)), high blood pressure, depression, diabetes, obesity, blindness in right eye, heart disease, arthritis of knees, and muscle weakness.

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/13/17, coded the resident as scoring a 13 on the BIMS (brief interview for mental status) score, indicating she was capable of making cognitive daily decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of her activities of daily living except eating in which she was coded as requiring supervision after set up assistance was provided. In Section O -

{F 282}

F282

- Resident #113 oxygen flow rate was adjusted according to the care plan. Resident #102 was assessed and orders clarified to read oxygen at 2L via nasal cannula continuously may remove for short periods of time.
- 2. The Director of Nursing/designee will review current residents receiving oxygen to ensure adherence to their written plan of care. The Director of Nursing/designee will re-educate the licensed nurses on following the written plan of care. Newly hired nursing staff will be educated during 7-21-17 orientation.
- 3. The Director of Nursing/designee will randomly audit residents receiving oxygen according to their written care plan weekly times four weeks and then monthly times two months.
- 4. The Director of Nursing/designee will report the audits monthly to the Quality Assurance Performance Improvement committee to ensure continued compliance and/or revision.

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{F 282}	Continued From pa	ge 7	{F 28	32}		
(* ===,	Special Treatments	, Procedures and Problems, ded as receiving oxygen while	(*			
	documented in part Status due to Chror Disease." The "Inte "Administer oxygen order. Monitor oxyg	e care plan dated, 3/12/17, , "Alteration in Respiratory nic Obstructive Pulmonary rventions" documented in part, as needed per physician gen saturations on room air nitor oxygen flow rate and				
	"Oxygen on via n/c (may remove for sh	dated, 5/31/17, documented, (nasal cannula) @ (at) 3 L/min ort periods of time) every shift ostructive pulmonary disease."				
	6/20/17 at 7:58 a.m with her oxygen on oxygen flow rate on L/min (liters per min	ade of Resident #113 on . Resident #113 was in bed, via a nasal cannula. The the concentrator was set at 4 nute). Resident #113 was . the oxygen flow rate was at 4 L/min.				
	nurse) #3 on 6/20/1 the purpose of the of the essential care the do to take care of the	Inducted with RN (registered 7 at 1:50 p.m. When asked tare plan, RN #3 stated, "It's nat we provide. It's what we tem (the residents). It's their asked should the care plan stated, "Yes."	R			
	practical nurse) #3 of asked the purpose of	nducted with LPN (licensed on 6/20/17 at 2:04 p.m. When of the care plan, LPN #3 know how to take care of the				

residents and should be follow it according to the

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{F 282}	Continued From pa	ne 8	{F 2	821		
(1 202)	resident's diagnose	-	\r Z	023		
	A i t					
		nducted with administrative) #2, the director of nursing,				
	on 6/20/17 at 4:35 p.m. When asked the purpose					
of the care plan, ASM #2 stated, "It's to drive your						
	plan of care. It's how we take care of the resident." When asked if it should be followed,					
ASM #2 stated, "Yes."						
	7.0 72 0.0.00, 10.					100
	According to Fundamentals of Nursing Lippincott					
		s 2007 pages 65-77 Iten care plan serves as a				
		among health care team				
	members that helps	ensure continuity of				
		are plan is a vital source of				
		e patient's problems, needs, ns detailed instructions for				
		established for the patient				
	and is used to direct					
	The administrator a	nd ASM #2 were made aware				
		s on 6/20/17 at 5:03 p.m.				
	The policy presents	d for following the care plan				
		wing the plan of care.				
	No further information	on was provided prior to exit.				
	(1) Barron's Dictiona	ary of Medical Terms for the				
		r, 5th edition; Rothenberg and				
	Chapman, page 124					
		ailed to follow Resident #				
	oxygen.	care for the administration of				
	oxygon.					-
		admitted to the facility on				
	06/09/17 with diagno	oses that included but were				

not limited to: heart disease (1), heart failure,

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		495240	D WING			1 06	/21/2017
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INLULN	ICKSDONG HEALITI	AND REITAB		FRE	DERICKSBURG, VA 22407		
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{F 282}		, diabetes mellitus (2), sleep	{F 2	82}			
	Resident # 102's m data set); an admis at the time of surve record for Resident admission assessmenties of the nursin documented Reside impaired of cognition. An observation conta.m. revealed Residential Reside	(4) and cancer of the intestine. ost recent MDS (minimum sion assessment was not due y. Review of the clinical # 102 revealed a nursing lent dated 06/09/17. Further g admission assessment ent # 102 was moderately in for making daily decisions. ducted on 06/20/17 at 7:45 dent # 102 was sitting up in					
	Further review of th nasal cannula (5) at was wrapped aroun	ished eating breakfast. e resident's room revealed the tached to the oxygen tubing, d the upper bed rail nt # 102 was not observed					
	a.m. revealed Residence her bed. Further revealed the nasal coxygen tubing, was	ducted on 06/20/17 at 9:15 lent # 102 was sitting up in view of the resident's room cannula attached to the wrapped around the upper Resident # 102 was not oxygen.			9		
	a.m. revealed Resid her wheelchair in the Resident # 102 was a therapist. Further 102 revealed a porta	ducted on 06/20/17 at 10:50 lent # 102 was sitting up in e therapy department. engaged with exercises with observation of Resident # able oxygen tank on the back wheelchair. Resident # 102 eceiving oxygen.					

An observation conducted on 06/20/17 at 12:45

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				MR NO.	0938-0391
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		495240	B. WING			R-	C 21/2017
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FREDER	ICKSBURG HEALTH	AND REHAB					
				FRE	DERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{F 282}	Continued From pa	ge 10	{F 2	82}			
		dent # 102 was sitting up in					
		her room eating lunch. of Resident # 102 revealed a					
		ik on the back of Resident #					
		Resident # 102 was not					
	observed receiving						
	The second second second	1.1.100/40/00477					
		er dated 06/13/2017 for umented, "2L (two liters per					
		i) via (by) NC (nasal cannula)					
	continuous."	, via (2), via (viasar sarinara)					
	7						
	The care plan for Re	esident # 102 dated ented, "Focus. Alteration in					
		Due to Congestive Heart					
		xygen, History of Pneumonia,					
	risk for fatigue due t	to shortness of breath, risk of					
	shortness of Breath						
		"Interventions" it documented,					
		as needed per Physician en saturation on room air					
		nitor oxygen flow rate and					
	response. Date Initi						
		rview was conducted at 2:15					
		ered nurse) # 3. When asked ose of a resident's care plan,					
		as the individualized care with					
		ollowed." After reviewing the					
	care plan dated 06/1	10/2017 for resident # 102 RN					
		care plan was followed for					
	the administration of	f oxygen. RN # 3 stated, "No."					
	On 06/20/17 at 4:30	p.m. an interview was					
		I (administrative staff					
	member) # 2, the dir	rector of nursing. When					1
	asked to describe th	e purpose of a resident's					

care."

care plan, ASM # 2 stated, "It directs the plan of

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					JIMB INC	0. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		DNSTRUCTION			TE SURVEY MPLETED
		40.0040	D W///					R-C
		495240	B WING				06	/21/2017
NAME OF	PROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
FREDER	ICKSBURG HEALTH	AND REHAB			PLANK ROAD	00407		
				FREL	DERICKSBURG, VA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAI (EACH CORRECTIVE CROSS-REFERENCED DEFIC	EACTION SHOUL	D BE	(X5) COMPLETION DATE
{F 282}	Continued From pa	ge 11	{F 28	32}				
	the administrator, a	roximately 5:00 p.m. ASM # 1, nd ASM # 2, the director of aware of the findings.						
	No further informati	on was provided prior to exit.						
	References:							
	disease. The most of disease is narrowing arteries, the blood verifies the heart itself. This	different forms of heart common cause of heart g or blockage of the coronary ressels that supply blood to is called coronary artery as slowly over time. It's the						
	major reason people kinds of heart proble in the heart, or the h cause heart failure.	e have heart attacks. Other ems may happen to the valves neart may not pump well and Some people are born with information was obtained						
	https://medlineplus.g	gov/heartdiseases.html.						
	regulate the amount information was obtained	e in which the body cannot t of sugar in the blood. This ained from the website: .gov/medlineplus/ency/article/						
	causes your breathing Breathing pauses caminutes. They may on hour. This informati	common disorder that ng to stop or get very shallow. In last from a few seconds to occur 30 times or more an on was obtained from the lineplus.gov/sleepapnea.html.			×			

(4) Low iron. This information was obtained from

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. SUILDING COMPLETER R-C 06/21/20:	CENTER	JIND INO. 0930-039 I
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (F 282) Continued From page 12 the website: https://www.nlm.nih.gov/medlineplus/anemia.html (5) Tubing used to deliver oxygen at levels from 1 to 6 L/min. The nasal prongs of the cannula extend approx. 1 cm into each naris and are connected to a common tube, which is then connected to the oxygen source. It is used to treat conditions in which a slightly enriched oxygen content is needed, such as emphysema. The exact percentage of oxygen delivered to the patient varies with respiratory rate and other factors. This information was obtained from the website: http://medical-dictionary.thefreedictionary.com/na sal+-cannula. (F 328) SS=D FOR SPECIAL NEEDS (b)(2) Foot care, To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: SIMMARY STATEMENT OF DEFICIENCES 3900 PLANK ROAD FREDERICKSBURG, VA 22407 FREDERICKSBURG, VA 22407 PROVIDER'S PLAN OF CORRECTIVE ACTON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF SALE OF CROSS-REFERENCED TO THE APPROPRIATE OF CROSS-REFEREN	STATEMENT	(X3) DATE SURVEY COMPLETED
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FREDERICKSBURG HEALTH AND REHAB (X4) ID PREFIX (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 12 (F 282) the website: https://www.nlm.nih.gov/medlineplus/anemia.html (5) Tubing used to deliver oxygen at levels from 1 to 6 L/min. The nasal prongs of the cannula extend approx. 1 cm into each naris and are connected to a common tube, which is then connected to the oxygen source. It is used to treat conditions in which a slightly enriched oxygen content is needed, such as emphysema. The exact percentage of oxygen delivered to the patient varies with respiratory rate and other factors. This information was obtained from the website: http://medical-dictionary.thefreedictionary.com/na sal+cannula. (F 328) (F) (2) (f) (g) (f) (g) (h) (i) (j) TREATMENT/CARE FOR SPECIAL NEEDS (b) (2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:		06/21/2017
FREDERICKSBURG HEALTH AND REHAB FREDERICKSBURG, VA 22407	NAME OF P	
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Fach deficiency must be preceded by full read that preceded by full read that preceded by full read to deliver oxygen at levels from 1 to 6 L/min. The nasal prongs of the cannula extend approx. 1 cm into each naris and are connected to the oxygen source. It is used to treat conditions in which a slightly enriched oxygen content is needed, such as emphysema. The exact percentage of oxygen delivered to the patient varies with respiratory rate and other factors. This information was obtained from the website: http://medical-dictionary.thefreedictionary.com/na sal+cannula. [F 328] SS=D FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: Fach CCRSS-REFERINCED TO THE APPROPRIATE COMPINE CROSS-REFERENCED TO THE APPROPRIATE COMPIN		ON
the website: https://www.nlm.nih.gov/medlineplus/anemia.html (5) Tubing used to deliver oxygen at levels from 1 to 6 L/min. The nasal prongs of the cannula extend approx. 1 cm into each naris and are connected to a common tube, which is then connected to the oxygen source. It is used to treat conditions in which a slightly enriched oxygen content is needed, such as emphysema. The exact percentage of oxygen delivered to the patient varies with respiratory rate and other factors. This information was obtained from the website: http://medical-dictionary.thefreedictionary.com/na sal-cannula. {F 328} 483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE SS=D FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: F328 1. Resident #113 oxygen flow rate was adjusted according to the care plan. Resident #112 oxygen tubing was placed in a protective storage bag. Resident #102 physician orders for oxygen were clarified to allow removal for short periods of time. Resident #102 oxygen tubing was placed in a protective storage bag. F328 F328 F328 F328 483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:	PREFIX	D BE COMPLETION
to 6 L/min. The nasal prongs of the cannula extend approx. 1 cm into each naris and are connected to a common tube, which is then connected to the oxygen source. It is used to treat conditions in which a slightly enriched oxygen content is needed, such as emphysema. The exact percentage of oxygen delivered to the patient varies with respiratory rate and other factors. This information was obtained from the website: http://medical-dictionary.thefreedictionary.com/na sal+cannula. {F 328} 483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE SS=D FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: F328 I. Resident #113 oxygen flow rate was adjusted according to the care plan. Resident #113 oxygen tubing was placed in a protective storage bag. Resident #102 physician orders for oxygen were clarified to allow removal for short periods of time. Resident #102 oxygen tubing was placed in a protective storage bag. Storage bag. F328 (F 328) The Director of Nursing and nursing staff assessed current residents receive physician orders and tubing properly stored. The care plan. Resident #113 oxygen flow rate was adjusted according to the care plan. Resident #1102 oxygen tubing was placed in a protective storage bag. Resident #102 oxygen tubing was placed in a protective storage bag. The Director of Nursing and nursing staff assessed current residents receive physician orders and tubing properly stored. The care plan. Resident #113 oxygen flow rate was adjusted according to the care plan. Resident #112 oxygen tubing was placed in a protective storage bag. Resident #102 oxygen tubing was placed in a protective storage bag. The Director of Nursing and nursing staff assessed current residents receive physician orders and tubing properly stored. The care plan Resident #113 oxygen flow rate was adjusted according to the care plan. Resident #112 oxygen tubing was placed in a transition and the care plan Resident #112 oxyg	{F 282}	
proper treatment and care to maintain mobility and good foot health, the facility must: 3. The Director of Nursing/designee will re-educate nursing	{F 328} SS=D	was placed in a cian orders for short periods of sed in a protective assessed current stration per
(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and staff on treatment care for special needs and proper storage of respiratory equipment. The Director of Nursing/designee will randomly audit residents receiving oxygen to ensure		educate nursing proper storage of sing/designee will 7-21-14
(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments (f) Colostomy, ureterostomy, or ileostomy care. The facility must ensure that residents who require colostomy, ureterostomy, or ileostomy administration per physician orders and properly stored tubing weekly times four weeks and then monthly times two months. 4. The Director of Nursing/designee will report the audit result monthly to the Quality Assurance Performance Improvement committee for continued compliance and/or revision.		times two months. port the audit results nce Improvement

services, receive such care consistent with

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CENTE	45 FOR MEDICARE	& MEDICAID SERVICES				OIMB MC	7. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI		ONSTRUCTION	СО	TE SURVEY
		495240	B. WING				R-C 5/ 21/2017
NAME OF F	PROVIDER OR SUPPLIER	V		STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
FRENCE	IONOBIIDO LIEALTIL	AND DELLAD		3900	PLANK ROAD		
FREDER	ICKSBURG HEALTH	ANU REHAB		FRE	DERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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
{F 328}	Continued From pa professional standa comprehensive per the resident's goals	ords of practice, the son-centered care plan, and	{F 32	28}			
	receives the appropriate and prevent compliance including but not limited diarrhea, vomiting, of	no is fed by enteral means oriate treatment and services ications of enteral feeding lited to aspiration pneumonia, dehydration, metabolic masal-pharyngeal ulcers.					
	administered consists standards of practic physician orders, the	re plan, and the resident's					
	and tracheal suction that a resident who including tracheosto suctioning, is provid professional standar comprehensive pers	including tracheostomy care ning. The facility must ensure needs respiratory care, my care and tracheal ed such care, consistent with rds of practice, the son-centered care plan, the preferences, and 483.65 of					
	resident who has a pand assistance, con standards of practice person-centered car and preferences, to prosthetic device.	facility must ensure that a prosthesis is provided care sistent with professional e, the comprehensive e plan, the residents' goals wear and be able to use the					

Based on observation, staff interview, facility document review and clinical record review, it

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l .	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION (X3) DATE COM		
		495240	B WING			R-	C 21/2017
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				390	00 PLANK ROAD		
FREDER	ICKSBURG HEALTH	AND REHAB		FR	EDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 328}	Continued From pa	ge 14	{F 32	283			
,	·	t the facility staff failed to	ί. Ο.	-01			
		per the physician order and					
		ment in a sanitary manner for					
		in the survey sample,					
	Residents #113 and	#102.					
	4 - The feetite of						
		ff failed to administer oxygen er the physician order.					
	to resident #113 pe	r the physician order.					
		ff failed to store oxygen tubing der for Resident #113.					
	102's oxygen nasal	f failed to keep Resident # cannula (plastic tube placed ver oxygen) covered when					
		ff failed to administer ygen according to the					
	The findings include						
	3/10/17 with a recending diagnoses that inclu COPD (chronic obstigeneral term used for disease that is usual emphysema and chiblood pressure, depition of the diagnoses of the d	ronic bronchitis (1)), high ression, diabetes, obesity, e, heart disease, arthritis of					
	assessment, a quart assessment referen	S (minimum data set) erly assessment, with an ce date of 6/13/17, coded the a 13 on the BIMS (brief					

interview for mental status) score, indicating she

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			01	MB NO. 093	8-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SUF COMPLET	
		495240	B. WING			R-C 06/21/2	017
	PROVIDER OR SUPPLIER	AND REHAB		STREET ADDRESS, CITY, STATE 3900 PLANK ROAD FREDERICKSBURG, VA 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD FO THE APPROPE	BE COM	(X5) IPLETION DATE
	The resident was coassistance of one of her activities of daily she was coded as rup assistance was possistance was coarresident at the factor of the physician order "Oxygen on via n/c ((may remove for she related to chronic obtorolated to chronic obtorolated to chronic obstorolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated to chronic obstorolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for disease that its usual emphysema and chrolicolated term used for dis	cing cognitive daily decisions. Oded as requiring extensive of more staff members for all of a living except eating in which requiring supervision after set provided. In Section O - Procedures and Problems, ded as receiving oxygen while illity. I dated, 5/31/17, documented, masal cannula) @ (at) 3 L/min port periods of time) every shift restructive pulmonary disease." The same admitted to the facility on the treadmission on 5/13/17 with ded but were not limited to: ructive pulmonary disease - for chronic nonreversible lunger ly a combination of the concentration of th	{F 32	!8}			

Special Treatments, Procedures and Problems, the resident was coded as receiving oxygen while

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		495240	B. WING		R-C 06/21/2017
	PROVIDER OR SUPPLIER	AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3900 PLANK ROAD FREDERICKSBURG, VA 22407	CODE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
{F 328}	"Oxygen on via n/c (may remove for sh related to chronic of Observation was ma 6/20/17 at 7:58 a.m with her oxygen on oxygen flow rate on L/min (liters per min asleep. At 9:13 a.m. again observed set The comprehensive documented in part, Status due to Chron Disease." The "Inter "Administer oxygen order. Monitor oxyg and/or oxygen. Mor response." An interview was co practical nurse) #3 a asked to view Resid concentrator for the LPN #3 reviewed Reorders on the computed Resident #113's oxy #3 stated, "3 L/min." Resident #113's roord concentrator. When oxygen concentrator	collity. In dated, 5/31/17, documented, (nasal cannula) @ (at) 3 L/min ort periods of time) every shift ostructive pulmonary disease." In ade of Resident #113 on and a nasal cannula. The sthe concentrator was set at 4 ute). Resident #113 was at 4 L/min. In a care plan dated, 3/12/17, "Alteration in Respiratory ic Obstructive Pulmonary eventions" documented in part, as needed per physician en saturations on room air nitor oxygen flow rate and and oxygen flow rate and entered with LPN (licensed at 9:15 a.m. LPN #3 was ent #113's oxygen oxygen flow rate settings. Esident #113's physician oxygen flow rate should be. LPN LPN #3 then entered	{F 32	?8}	

resident.

check the resident's oxygen level and assess the

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		495240	B. WING	<u> </u>		R-C 06/21/2017
NAME OF	PROVIDER OR SUPPLIER		· I	STREET ADDRESS, CITY, STATE, ZIP		
				3900 PLANK ROAD		
FREDER	ICKSBURG HEALTH			FREDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETION DATE
{F 328}	Continued From pa	ge 17	{F 32	8}		
		onducted with LPN #2, the unit	(
		7 at 1:35 p.m., regarding how				
		ped oxygen flow rates for				
		stated, "Sometimes nurses				
		w to put the ball (on the				
		When asked where the ball				
		escribed rate, LPN #2 stated, scribed rate should be				
		of the ball." When asked if				
		k the oxygen concentrator				
		PN #2 stated, "Yes, they				
	should check it each	n time they enter the room."				
		nducted with administrative				
) #2, the director of nursing,				
		.m., regarding administering as prescribed by the				
		stated, "They should check				
		k the concentrator to ensure				
	its set at the prescri	bed rate." When asked if				
		a resident receives too much				
		ted, "Yes, I was taught in				
	in certain patients."	too much can be dangerous				
	ni certain patients.					
	The administrator ar	nd ASM #2 were made aware				
		s on 6/20/17 at 5:03 p.m. A				
	copy of the policy re					
	administration was r	equestea.				
	The facility presente	d a document on 6/21/17 at				
	approximately 10:30	a.m. The document was				
		of Nursing - Lippincott." It				
		"Oxygen Administration -				
		ify the doctor's order for the				
		p place oxygen delivery t. Make sure it fits properly				
		ng Alert: Never administer				

oxygen by nasal cannula at more than 2L/minute

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		495240	B. WING				R-C 6/21/2017	
	PROVIDER OR SUPPLIER	AND REHAB		3900	ET ADDRESS, CITY, STATE, ZIP CODE PLANK ROAD DERICKSBURG, VA 22407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
{F 328}	have a specific order with chronic lung disstate of hypercapnia the blood (2)) and hof available oxygen their respirations and cause them to stop term oxygen therapy help patients with chapter, survive longer incidence of pulmon. According to Fundar Potter, 6th edition, putreated as a drug. It such as atelectasis any drug, the dosag should be continuous should routinely cheverify that the client oxygen concentration medication administration." (1) Barron's Dictional Non-Medical Reader Chapman, page 124 (2) Barron's Dictional	conic lung disease unless you er to do so. Some patients sease are dependent on a a (excess carbon dioxide in typoxia (inadequate amounts in the blood (3)) to stimulate ad supplemental oxygen could breathing. However, long y of 12 - 17 hours daily may bronic lung disease sleep er and experience a reduced hary hypertension." Immentals of Nursing, Perry and page 1122, Oxygen should be thas dangerous side effects, or oxygen toxicity. As with the er concentration of oxygen as ly monitored. The nurse to the physician's orders to its receiving the prescribed on. The six rights of the ration also pertain to oxygen ary of Medical Terms for the ref. 5th edition; Rothenberg and the restriction of Rothenberg and the restriction of Rothenberg and the restriction; Rothenberg and the restriction of Rothenberg and Roth	{F 3:	28}				
	(3) Barron's Dictiona Non-Medical Reader Chapman, page 2861. b. During the initia	ary of Medical Terms for the r, 5th edition; Rothenberg and						

room. Resident #113's oxygen nasal cannula was observed wrapped around the upper side

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495240	B. WING			R-C 06/21/2017
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	
FREDER	CICKSBURG HEALTH	AND REHAB			0 PLANK ROAD EDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
{F 328}	was attached to the 6/19/17 at 5:22 p.m again observed, she oxygen nasal cannobserved wrapped a stored in a bag. The An interview was con 6/20/17 at 9:13 a with her oxygen in cremoves her own of the side rail, Reside move it from the collim up in the wheeled the tubing." An interview was con practical nurse) #2, at 1:35 p.m. When a and cannulas are st stated, "They should resident's name, da An interview was conurse) #3, on 6/20/1 where oxygen tubing when not in use, RN concentrator." An interview was con 6/20/17 at 2:04 p.m.	avila was not in a bag. A bag oxygen concentrator. On a Resident #113's room was awas not in the room. The alla and tubing was again around the side rail and not be tubing was dated 6/14/17. Inducted with Resident #113 a.m. Resident #113 was in bed ase. When asked if she awayen tubing and puts in on an time #113 stated, "No, they incentrator to the tank when are thair. I don't do anything with anducted with LPN (licensed the unit manager, on 6/20/17 asked where oxygen tubing ored when not in use, LPN #2 did be stored in a bag with the te and room number." Inducted with RN (registered 7 at 1:50 p.m. When asked and cannulas are stored and asked where oxygen and cannulas are stored when not in when asked where oxygen and are stored when not in when asked where oxygen and are stored when not in	{F 3	28}		
	An interview was co	nducted with administrative				

staff member (ASM) #2, the director of nursing, on 6/20/17 at 4:35 p.m. When asked where

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CENTER	KS FUR WIEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		495240	B. WING		R-C 06/21/2017
NAME OF F	PROVIDER OR SUPPLIER	11		STREET ADDRESS, CITY, STATE, ZIP CODE	
FREDER	ICKSBURG HEALTH	AND REHAB		3900 PLANK ROAD	
W (1) IB	CLIMMADV CTA	TEMENT OF DEFICIENCIES		FREDERICKSBURG, VA 22407	OTION
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
{F 328}	when not in use, AS bag on the concentre residents that wrap	onasal cannulas are stored SM #2 stated, "It is stored in a rator. We have a few it around things."	{F 32	?8}	-
		and ASM #2 were made aware as on 6/20/17 at 5:03 p.m.			
		ed by ASM #2 on 6/21/17 at D a.m. did not address the equipment.			
	bacteria. Pseudomo the organism involve equipment such as o harbor organisms." L. (2002) Medical So Thinking for Collabo	system may be a source of onas aeruginosa is frequently ed. Oxygen delivery cannulas and masks can also (Ignatavicius, D. & Workman, urgical Nursing, Critical prative Care, 4th edition. a, Pennsylvania: W. B.			
	No further information	on was provided prior to exit.			
	102's oxygen nasal o	failed to keep Resident # cannula (plastic tube placed ver oxygen (5)) covered when			
	06/09/17 with diagnorm not limited to: heart of shortness of breath,	admitted to the facility on oses that included but were disease (1), heart failure, diabetes mellitus (2), sleep 4) and caner of the intestine.			

Resident # 102's most recent MDS (minimum data set), an admission assessment was nor due

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES			C	MB NO. 0938-0391
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495240	B. WING			R-C 06/21/2017
NAME OF	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE	
FREDER	RICKSBURG HEALTH	AND REHAB			D PLANK ROAD EDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
{F 328}	record for Resident admission assessme review of the nursing documented Reside impaired of cognition. An observation contains, revealed Resident her bed and had fin Further review of the nasal cannula attact wrapped around the An observation contains, revealed Resident her bed. Further revealed the nasal convergent tubing, was bed rail uncovered. The physician's order Resident # 102 documents of the care plan for Resident for Resi	ey. Review of the clinical t # 102 revealed a nursing ment dated 06/09/17. Furthering admission assessment ent # 102 was moderately on for making daily decisions. Iducted on 06/20/17 at 7:45 dent # 102 was sitting up in hished eating breakfast. He resident's room revealed the ched to the oxygen tubing, was elupper bed rail uncovered. Iducted on 06/20/17 at 9:15 dent # 102 was sitting up in eview of the resident's room cannula attached to the wrapped around the upper er dated 06/13/2017 for sumented, "2L (two liters per n) via (by) NC (nasal cannula)	{F 3	28}	DETIGIENCY	
	Respiratory Status I Failure, Requires Ox risk for fatigue due t shortness of Breath, restrictions." Under " "Administer oxygen order. Monitor oxyg	"Interventions" it documented, as needed per Physician gen saturation on room air nitor oxygen flow rate and				

On 06/20/17 an interview was conducted at 1:40

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495240	B. WING		R-C 06/21/2017
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
EDEDED	ICKEBURG HEALTH	AND BEHAR		3900 PLANK ROAD	
FREDER	ICKSBURG HEALTH	AND KEHAB		FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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)	LD BE COMPLETION
{F 328}	p.m. with LPN (licer manager. When as storing a resident's use, LPN # 2 stated 2 further stated, "W ago checking residenasal cannulas and dating the bags. LF response when info observations of Resnot being stored in a On 06/20/17 an intep.m. with RN (regist about the procedure cannula when not in should be placed in When asked if nurs hours ago checking the nasal cannulas and dating the bags informed of the observations of	nsed practical nurse) # 2, unit sked about the procedure for nasal cannula when not in the should be covered. LPN # er an around about two hours ent's oxygen and putting the nebulizer masks in bags and PN # 2 did not have a rmed of the above sident # 102's nasal cannula	{F 32	28}	
		aware of the findings.			

No further information was provided prior to exit-

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				JIVIB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		40.50.40	D 14/11/10			R-C
		495240	B. WING			06/21/2017
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	
FREDER	ICKSBURG HEALTH	AND REHAB			PLANK ROAD DERICKSBURG, VA 22407	
	OLUMBA DV STA	TEMENT OF DESIGNATION		FKL		ON
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
{F 328}	Continued From pa	ge 23	{F 3	28}		
	References:					
	disease. The most of disease is narrowing arteries, the blood with the heart itself. This disease and happen major reason people kinds of heart proble in the heart, or the heart disease. This from the website: https://medlineplus.	different forms of heart common cause of heart g or blockage of the coronary ressels that supply blood to is called coronary artery as slowly over time. It's the e have heart attacks. Other ems may happen to the valves neart may not pump well and Some people are born with information was obtained gov/heartdiseases.html.				
	regulate the amount information was obt	e in which the body cannot to for sugar in the blood. This ained from the website: .gov/medlineplus/ency/article/		¥7		
	causes your breathi Breathing pauses caminutes. They may hour. This informati website: https://med	n common disorder that ing to stop or get very shallow, an last from a few seconds to occur 30 times or more an on was obtained from the lineplus.gov/sleepapnea.html.				
	the website:	formation was obtained from gov/medlineplus/anemia.html				
		eliver oxygen at levels from 1 all prongs of the cannula				

extend approx. 1 cm into each naris and are

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING R-C (X3) DATE SURVE COMPLETED R-C (6/21/201 STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG HEALTH AND REHAB FREDERICKSBURG, VA 22407		ILITO I OIT WILDIOMITE	& MEDICAID SERVICES			OMB NO	0. 0938-0391
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD			495240	B. WING			
FREDERICKSBURG HEALTH AND REHAB	NAME OF	OF PROVIDER OR SUPPLIER	4		STREET ADDRESS, CITY, STATE, ZIP		
FREDERICKSBURG, VA 22407	EDENER	EDICKEDIIDO HEALTH	AND DELIAD		3900 PLANK ROAD		
	FREDER	ERICKSBURG REALIN	AND REHAD		FREDERICKSBURG, VA 22407	,	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PREFIX	X (EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
(F 328) Continued From page 24 connected to a common tube, which is then connected to the oxygen source. It is used to treat conditions in which a slightly enriched oxygen content is needed, such as emphysema. The exact percentage of oxygen delivered to the patient varies with respiratory rate and other factors. This information was obtained from the website: http://medical-dictionary.thefreedictionary.com/na sal+cannula. 2b. The facility staff failed to administer Resident # 102's oxygen according to the physician's orders. An observation conducted on 06/20/17 at 7:45 a.m. revealed Resident # 102 was sitting up in her bed and had finished eating breakfast. Further review of the resident's room revealed the nasal cannula attached to the oxygen tubing, was wrapped around the upper bed rail uncovered. Resident # 102 was not receiving oxygen. An observation conducted on 06/20/17 at 9:15 a.m. revealed Resident # 102 was sitting up in her bed. Further review of the resident's room revealed the nasal cannula attached to the oxygen tubing, was wrapped around the upper bed rail uncovered. Resident # 102 was not receiving oxygen. An observation conducted on 06/20/17 at 10:50 a.m. revealed Resident # 102 was sitting up in her wheelchair in the therapy department. Resident # 102 was engaged with exercises with a therapist. Further observation of Resident #		connected to a component connected to the oxtreat conditions in voxygen content is in The exact percental patient varies with refactors. This information website: http://medical-dictionsal+cannula. 2b. The facility staff # 102's oxygen accorders. An observation conformal amanal cannula attactory wrapped around the Resident # 102 was and the revealed Resident # 102 was bed rail uncovered. The receiving oxygen. An observation conformal amanal cannula attactory and the revealed the nasal conformal amanal conformal amanal cannula attactory and the revealed Resident # 102 was bed rail uncovered. The receiving oxygen. An observation conformal amanal conformal amanal cannula attactory and the receiving oxygen.	mmon tube, which is then kygen source. It is used to which a slightly enriched beeded, such as emphysema. It is go of oxygen delivered to the respiratory rate and other mation was obtained from the inary. The free dictionary. Com/na if failed to administer Resident ording to the physician's ducted on 06/20/17 at 7:45 dent # 102 was sitting up in ished eating breakfast. It is resident's room revealed the hed to the oxygen tubing, was be upper bed rail uncovered. It is not receiving oxygen. ducted on 06/20/17 at 9:15 dent # 102 was sitting up in view of the resident's room cannula attached to the wrapped around the upper Resident # 102 was not ducted on 06/20/17 at 10:50 lent # 102 was sitting up in the therapy department. It is engaged with exercises with	{F 3:	28}		

of Resident # 102's wheelchair. Resident # 102

was not observed receiving oxygen.

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CENTERS FOR MED	ICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		495240	B. WING		R-C 06/21/2017
NAME OF PROVIDER OR SU FREDERICKSBURG HI		AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407	,
PREFIX (EACH DE	FICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
p.m. reveale her wheelch Further obse portable oxy 102's wheeld observed red The physicial Resident # 1 minute) O2 (continuous." On 06/20/17 p.m. with RN if she was R "Yes." When ordered to rephysician's coxygen continuous and at 12:45 not receiving her about a lidescribe the receive oxygen. #3 stated shift." When received oxygen. and at stated, "I did On 06/20/17 conducted with member) # 2	ion con de Residair in in ervation gen tar chair. For ceiving in's ord 02 doc oxyger an intella (registes identification as ked order ar inuouslistat 7:44 p.m. of p.m	ducted on 06/20/17 at 12:45 dent # 102 was sitting up in her room eating lunch. of Resident # 102 revealed a lk on the back of Resident # Resident # 102 was not	{F 32	28}	

residents receive oxygen continuously as prescribed by the physician, ASM # 2 stated,

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A BUILDIN		R-C
		495240	B. WING _		06/21/2017
	PROVIDER OR SUPPLIER	AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407	
(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)	BE COMPLETION
{F 328}	Continued From pa "Nursing should che	=	{F 328	3}	
	administrator, and A	roximately 5:00 p.m. AS # 1, ASM # 2, the director of aware of the findings.			
	No further informati	on was provided prior to exit		F507	
F 507 SS=D	483.50(a)(2)(iv) LAE	on was provided prior to exit. B REPORTS IN RECORD - SS	F 50	7 1. Resident #109 lab results from June	15, 2017 are in
				the clinical record.	
	(a) Laboratory Servi	ices		2. The Director of Nursing/designee wi	ll review
	(2) The facility must	-		current residents labs ordered to ensure	they are filed
	reports that are date	ent's clinical record laboratory ed and contain the name and		in the residents' clinical records.	
	address of the testir This REQUIREMEN	ng laboratory. IT is not met as evidenced		3. The Director of Nursing/designee wi	ll educate
	by:	view and clinical record		nursing staff and the Medical Records	coordinator on
	review it was determ	nined that the facility staff		timely filing lab results in the clinical r	ecord. The 7-21-17
		ory results in the clinical record nts in the survey sample,		Director of Nursing/designee will rand	omly audit lab
	Resident # 109.			reports in clinical records three times a	week times
		ed to ensure a physician est results for BMP [basic		four weeks and then monthly times two	months.
	metabolic panel (1)]	, CBC [complete blood count moglobin (3)] were filed in		4. The Director of Nursing/designee wi	ll report the
	Resident # 109's clir			audit results monthly to the Quality As	surance
	The findings include			Performance Improvement committee	for continued
	06/09/17 with diagnorm not limited to: chroni	admitted to the facility on oses that included but were c kidney disease (4), heart litus (5), depressive disorder		compliance and/or revision.	

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		AND HOWAN SERVICES				FOR	M APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		ATE SURVEY DMPLETED
		495240	B. WING			1	R-C 6 /21/2017
NAME OF I	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP COD	E	
FREDER	ICKSBURG HEALTH	AND REHAR		390	00 PLANK ROAD		
TREBER	IOROBORO NEAETTI	AND KENAD		FR	EDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 507	Continued From no	an 27					
F 307	Continued From pa	-	F 5	507			
	and cerebral vascul	ar disease (6).					
	data set); an admission at the time of survey record for Resident admission assessment of the nursing documented Resides	ost recent MDS (minimum sion assessment was not due y. Review of the clinical # 109 revealed a nursing tent dated 06/09/17. Further g admission assessment ent # 109 was cognitively or making daily decisions.					
		(physician order sheet) dated nted, "Laboratory. BMP and drawn on 6/15/17."					
		# 109's clinical record failed ults of the BMP, HgbA1c and s for 06/15/2017.					
	a.m. with LPN # 4 (I and LPN # 6 regard CBC laboratory test LPN # 4 stated, "We of Laboratory) or the of the day." LPN # 6 resident's clinical resurveyor with a copy CBC laboratory test 06/20/17 at approximates."	inducted on 06/20/17 at 10:45 icensed practical nurse) # 4 ing the BMP, HgbA1c and results for Resident # 109. It is print the results from (Name ey fax them, usually at the end is stated, "It should be in the cord." LPN # 4 provided this of the BMP, HgbA1c and results for Resident # 109 on mately 11:00 a.m. LPN # 4 and the laboratory results from atory) website.					
	results for Resident	and CBC laboratory test # 109 from (Name of nted, "RPTD (Report Date)					

On 06/20/17 at approximately 5:00 p.m. AS # 1,

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CENTE	NO FOR MEDICARE	& MEDICAID SERVICES			OIVIB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495240	B WING		R-C 06/21/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-
EDENED	ICKSBURG HEALTH	AND DEHAR	1	3900 PLANK ROAD	
TREDER	ICKODOKO NEAEM	AND KENAB		FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		LD BE COMPLETION
F 507	Continued From pa	ge 28 ASM # 2, the director of	F 50	507	
		aware of the findings.			
		on was provided prior to exit.			
	tests that provides i metabolism. This in the website:	polic panel is a group of blood information about your body's information was obtained from gov/ency/article/003462.htm.			
	the following: the nucount), the number count), the total amblood and the fraction red blood cells (her provides information measurements: average (MCV), hemoglobin (MCH) and the amounth of the cell (liper red blood cell (Nobtained from the word country).	rage red blood cell size amount per red blood cell unt of hemoglobin relative to nemoglobin concentration) 1CHC). This information was			
	provides information levels of blood glucd over the past 3 mon sometimes called th glycohemoglobin test used for diabete research. Taken fro	e hemoglobin A1c, HbA1c, or st. The A1C test is the primary as management and diabetes			

(4) Kidneys are damaged and can't filter blood as

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		40.50.40				R-C
		495240	B. WING			06/21/2017
FREDER	PROVIDER OR SUPPLIER RICKSBURG HEALTH	AND REHAB		3900	PLANK ROAD DERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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 APPROPE DEFICIENCY)	BE COMPLETION
F 507	the website:	age 29 Iformation was obtained from .gov/chronickidneydisease.htm	F 5	507		
	regulate the amoun information was obt	se in which the body cannot to f sugar in the blood. This tained from the website: n.gov/medlineplus/ency/article/				
{F 514} SS=D	brain stops. A stroke attack." If blood flov few seconds, the broxygen. Brain cells of damage. This information website: https://medlineplus.q 483.70(i)(1)(5) RES	blood flow to a part of the e is sometimes called a "brain w is cut off for longer than a rain cannot get nutrients and can die, causing lasting mation was obtained from the gov/ency/article/000726.htm.	{F 51	14}		
	standards and pract	rith accepted professional tices, the facility must cords on each resident that				
	(i) Complete;					
	(ii) Accurately docum	nented;				
	(iii) Readily accessib	ole; and				
	(iv) Systematically or	rganized				
	(5) The medical reco	ord must contain-				

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES				0. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		TE SURVEY MPLETED	
	4	495240	B. WING			R-C / 21/2017
NAME OF PE	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
FREDERIC	CKSBURG HEALTH	AND REHAB		3900 PLANK ROAD FREDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(SHOULD BE	(X5) COMPLETION DATE
[E 514] (Continued From					

{F 514} Continued From page 30

- (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;
- (v) Physician's, nurse's, and other licensed professional's progress notes; and
- (vi) Laboratory, radiology and other diagnostic services reports as required under §483,50. This REQUIREMENT is not met as evidenced by:

Based on resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate clinical record for three of 14 residents in the survey sample, Resident's #113, #107, and #112.

- 1. The facility staff failed to document the non-pharmacological interventions that were provided prior to the administration of PRN (as needed) pain medication for Resident #113.
- 2. The facility staff failed to document the non-pharmacological interventions that were provided prior to the administration of PRN (as needed) pain medication for Resident #107.
- 3. The facility staff failed to document non-pharmacological interventions provided to Resident #112 prior to as needed pain medication

{F 514} _{F514}

- 1. Resident #113 pain assessment conducted and care plan updated. Resident #107 pain assessment conducted and care plan updated. Resident #112 pain assessment conducted and care plan updated.
- 2. The Director of Nursing/designee will review current residents' records to ensure records are complete and accurate for non-pharmacological interventions prior to administration of prn pain medications.
- 3. The Director of Nursing/designee will educate nursing staff of completeness, accuracy, and documenting non-pharmacological interventions according to residents comprehensive care plan. The Director of Nursing/
 designee will randomly audit resident clinical records for completeness and accuracy three times a week times four weeks and then monthly times two months.
- 4. The Director of Nursing/designee will report the audit results monthly to the Quality Assurance Performance Improvement committee for continued compliance and/or revision.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A, BUILI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495240	B, WING			R-C 06/21/2017
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 00/21/2017
FREDER	RICKSBURG HEALTH	AND REHAB			PLANK ROAD EDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	DBE COMPLETION
{F 514}	Continued From paradministration.	ge 31	{F 5	14}		
	The findings include:					
	3/10/17 with a recer diagnoses that inclu COPD (chronic obst general term used for disease that is usual emphysema and chiblood pressure, dep	ronic bronchitis (1)), high ression, diabetes, obesity, e, heart disease, arthritis of				
	assessment, a quart assessment references resident as scoring a interview for mental was capable of mak. The resident was co assistance of one or her activities of daily she was coded as reup assistance was p. Special Treatments, the resident was cod a resident at the facil. The physician order "Hydrocodone - Acet MG (milligrams); Giv.	est (minimum data set) derly assessment, with an oce date of 6/13/17, coded the a 13 on the BIMS (brief status) score, indicating she ing cognitive daily decisions. ded as requiring extensive more staff members for all of living except eating in which equiring supervision after set rovided. In Section O - Procedures and Problems, led as receiving oxygen while lity. dated, 5/15/17, documented, aminophen Tablet* 10 -325 e 1 tablet by mouth every 6 pain." *Hydrocodone -				
	Acetaminophen is als	so known as Vicodin and is te to severe pain. (2).				

The June 2017 MAR (medication administration

record) documented: "Hydrocodone -

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	,		OMB NO. 0938-039
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER	•	*	STREET ADDRESS, CITY, STATE, ZI	
FREDER	ICKSBURG HEALTH	AND REHAB		3900 PLANK ROAD FREDERICKSBURG, VA 2240	07
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ION SHOULD BE COMPLETION THE APPROPRIATE DATE
	by mouth every 6 ho MAR documented to 6/18/17 at 1342 (1:4 practical nurse) #2. The eMAR (electror records) dated, 6/18 "Resident c/o (comp 6/10 (six out of ten) Review of the nurse nurse's note on 6/18 The comprehensive documented in part, Management and m Osteoarthritis, osteomellitus)." The "Inter "Administer pain me repositioning for con environment. Utilize evaluate effectivene: An interview was coron 6/20/17 at 9:15 a. nurses do if she comstated, "They ask yo one to ten and then a if they offer to reposisnack, Resident #11. An interview was coro 6/20/17 at 1:28 p.m. describe what action complains of pain, Life in the composition of the composition of pain, Life in the composition of the compositi	blet 10 -325 MG; Give 1 tablet burs as needed for pain." The hat it was administered on 12 p.m.) by LPN (licensed lice medication administration 13/17 at 13:42, documented: blained of) bilateral leg pain. with 10 being the worst." 's notes did not reveal any 13/17. care plan dated, 3/21/17, "Focus: Needs Pain onitoring related to porosis, DM (diabetes ventions" documented, dication as ordered. Attempt fort. Dim lighting/quiet pain monitoring tool to as of interventions." Inducted with Resident #113 am. When asked what the aplains of pain, Resident #113 ut to describe the pain from task where it is." When asked tion her, offer her a drink or	{F 5	14}	

try a warm compress, trying less invasive things prior to medication? The resident has the right to

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	No.	495240	B, WING	·		=	1	R-C 5 /21/2017
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{F 514}		_	{F 5′	14)	}			
	accept or refuse the less invasive treatment." When asked about 6/18/17, LPN #2 stated, "It							
	was towards the en-	d of the shift. She told me n medication because both of						
	her legs were hurtin	g. I suggested she go back sed. I also tried to scoot her						
	back in her chair bu	t due to her size, there wasn't						
	where she documer	coot back." When asked ited that she offered to put the						
	stated, "I will not lie,	bed to rest her legs, LPN #2 I didn't document it."						
		nducted with administrative						
	staff member (ASM member]) #2, the dir	ector of nursing, on 6/20/17						
	when residents' com	ng the process staff follows plain of pain. ASM #2						
	them to rate it. You o	where the pain is and asked off other interventions for pain						
	rubs." When asked v	lications, music, back or feet where this is documented,						
	non-pharmacologica	nurse's note." A policy for I interventions offered prior to						
	the documentation of requested from ASM	PRN pain medications and f those interventions was						
		"3. A Pain Flow Record will						
	Administration Recor	ne resident's Medication rd. This is to be completed						
	Record the following:	s identified they have painf. Interventions - non-med						
	(medication)/medicat	JOH.						

The following quotation is found in Lippincott's Fundamentals of Nursing 5th edition (2007, page

237): "The client record serves as a legal document of the client's health status and care

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	team members can assessments or interpretation at the fact, documentation at the The care may have documentation must the administrator are of the above findings. No further information (1) Barron's Dictional Non-Medical Reader Chapman, page 124 (2) This information following website: https://www.ncbi.nlm.T0010590/?report=d	e nurses and other healthcare not remember specific erventions involving a client accurate and complete e time of care is essential. been excellent, but the t prove it." and ASM #2 were made aware is on 6/20/17 at 5:03 p.m. on was provided prior to exit. ary of Medical Terms for the first the edition; Rothenberg and was obtained from the child.	{F 5	14}			
(((11/17/16 with a recer diagnoses that includ diabetes, chronic pail	nt readmission on 5/2/17 with ed but were not limited to: n, muscle weakness, der (a mental disorder odes of mania and					
7	The most recent MDS	6 (minimum data set)					

assessment, an annual assessment, with an assessment reference date of 5/8/17, coded the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY 3900 PLANK ROAD	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY 3900 PLANK POAD	
3000 DI ANK DOAD	R-C 06/21/2017
EPEDEDICK ERLIBC HEALTH AND DELIAR 3900 PLANK ROAD	
FREDERICKSBURG HEALTH AND REHAB FREDERICKSBURG FREDERICKSBURG	, VA 22407
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRE- TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFEREI	PLAN OF CORRECTION (X5) CTIVE ACTION SHOULD BE COMPLETION NCED TO THE APPROPRIATE DATE DEFICIENCY)
resident as scoring a 15 on the BIMS (brief interview for mental status) score indicating that the resident was capable of making daily cognitive decisions. The resident was coded as requiring supervision or as being independent with set up assistance or one person assistance for all of her activities of daily living. The physician order dated, 5/2/17, documented, "Norco "(Hydrocodone - Acetaminophen) 10 - 325 MG (milligrams); Give 1 tablet by mouth every 8 hours as needed for pain." "Norco - Hydrocodone - Acetaminophen is an opioid analgesic used to treat moderate to severe pain. (2). The June 2017 MAR (medication administration record) documented, "Norco Tablet 10 - 325 MG; Give 1 tablet by mouth every 8 hours as needed for pain." The MAR documented the resident received the Norco on the following dates and times: 6/9/17 at 5:25 a.m administered by LPN (licensed practical nurse) #5. 6/11/17 at 8:12 p.m. 6/12/17 at 17:53 p.m administered by LPN #4. 6/14/17 at 4:37 p.m administered by LPN #4. 6/16/17 at 4:41 p.m. 6/17/17 at 4:33 p.m. 6/18/17 at 3:44 p.m administered by LPN #4. 6/18/17 at 3:44 p.m administered by LPN #4. 6/18/17 at 3:44 p.m administered by LPN #5. The nurse's notes dated, 6/9/17 at 5:25 a.m.	

documented, "Patient states her toes are hurting in the joints. Requests medication for pain

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{F 514}	Continued From pagmanagement."	ge 36	{F 5	14}			
	The nurse's note da documented, "Give hours for pain."	ited, 6/11/17 at 8:12 p.m. 1 tablet by mouth every 8					
	The nurse's note da documented, "Give hours for pain."	ted, 6/12/17 at11:53 a.m. 1 tablet by mouth every 8					
	documented, "Resid 10-325 mg tab (table	ted, 6/12/17 at 7:53 p.m. lent requests one Norco et) for pain per MD (medical eded) order; administered					
	The nurse's note dat documented, "Give hours as needed for	ted, 6/14/17 at 8:07 p.m. 1 tablet by mouth every 8 Pain."					
	The nurse's note dat documented, "Resid Norco tab for pain peadministered one."	ted, 6/15/17 at 4:57 p.m. ent requests one 10-325 mg er MD PRN order;					
	The nurse's note dat documented, "Give 1 hours as needed for	ed, 6/16/17 at 4:41 p.m. tablet by mouth every 8 Pain."					
		ed, 6/17/17 at 4:33 p.m. tablet by mouth every 8 Pain."					
	The nurse's note date documented, "Reside Norco tab for pain pe administered one."	ed, 6/18/17 at 3:01 a.m. ent requests one 10-325 mg er MD PRN order;					

The nurse's note dated, 6/18/17 at 8:44 p.m.

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{F 514}	for pain 5/10 (five or pain ever in)." The nurse's note da documented, "Patie	ge 37 Jested pin med (medication) Jut of ten, ten being the worse Juted, 6/20/17 at 12:24 a.m. Juted to the medication of pain in her Juted to the medication for pain	{F 5	14}		
	documented in part, management and m (diagnosis) DM (dial polyneuropathy (abriperipheral nerves in arthritis of hands." T documented in part, as ordered by physicand elevating BLE (blimplement the patier non-pharmacological dim lights, soft music	normal condition of the multiple places (3)) and he "Interventions" "Administer pain medication cian. Encourage rest periods bilateral lower extremities).				
; ;	director of nursing, o When asked if the number asked if the number approximately pain medication asked to the collection of the collectio	nducted with ASM #2, the n 6/20/17 at 11:35 a.m. urse should document I interventions prior to giving on, ASM #2 stated, "I, as a nt what I've done for the ed if there was a facility ASM #2 stated, "I don't licy related to that."				

6/20/17 at 3:40 p.m. When asked what she does when a resident complains of pain, LPN #5 stated, "A couple of people here are care planned

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		& MEDICAID SERVICES					FORM APPROVE MB NO. 0938-039	
	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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	RICKSBURG HEALTH	AND REHAB			STREET ADDRESS, CITY, STATE, Z 3900 PLANK ROAD FREDERICKSBURG, VA 224			
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{F 514}		ge 38 eir medications instead of		{F 514	.}			

repositioning or putting their legs ups. I have to ask where the pain is, what makes it worse or better and I have them rate their pain. First thing I do after that is reposition them." The MAR and nurse's notes were reviewed with LPN #5. LPN #5 stated, "I didn't know to document those things, whatever you do for a resident we should take credit for it." When asked if she could recall the mornings that she gave Resident #107 her pain medication, LPN #5 stated, "She was up walking around stating 'my feet hurt'. She had already propped them up." On 6/14/17 LPN #5 stated she could not remember what she did for her.

An interview was conducted with LPN #4 on 6/20/17 at 3:46 p.m. When asked what she does when a resident complains of pain, LPN #4 stated, "First I investigate the degree of pain, the location and circumstances. Then I take appropriate action." When asked what appropriate action is, LPN #4 stated, "I contact the doctor and offer the doctor suggestions as to what's done." When asked if there is anything else she would do for the resident, LPN #4 stated, "I would attempt non-pharmacological interventions like elevating their feet, offering massage, or trying to distract them." When asked where that is documented, LPN #4 stated, "In the nursing notes." When asked if she had any non-pharmacological interventions prior to administering Resident #107 her pain medication. LPN #4 stated, "I did them but the nursing rules are if it's not documented it's not done." When asked if Resident #107 was receptive to non-pharmacological interventions, LPN #4 stated, "Yes, she is."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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	director of nursing, or regarding the processomplains of pain, Athe location and interpain scale. Then yo prior to administering as music, back and where that informatic stated, "The nurse's notes for 6/18/17 at ASM #2. When asked interventions were differentiated document the non-plinterventions." When ASM #2 stated, "I malisten to, I tried to din want that." When asked documented, ASM #it." When asked shou ASM #2 stated, "Yes The administrator and the above findings No further information (1) Barron's Dictionar Non-Medical Reader, Chapman, page 73. (2) This information we following website: https://dailymed.nlm.remained.	nducted with ASM #2, the on 6/20/17 at 4:35 p.m., as staff follow when a resident aSM #2 stated, "First you find insity of pain, done on the u attempt other interventions go the pain medications such feet rubs." When asked on is documented, ASM #2 note." The MAR and nurse's 8:44 p.m. were reviewed with ad where the other occumented for Resident di, "There not there. I did not narmacological asked what she attempted, ade sure she had music to in her lights but she didn't ked where all of that is 2 stated, "I didn't document all did that be documented,	{F 5^	14}	

(3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition; Rothenberg and

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					0. 0938-0 39
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{F 514}	Continued From pa Chapman, page 40:		{F 51	4}			
	3. The facility staff non-pharmacologica Resident #112 prior administration.	failed to document al interventions provided to to as needed pain medication					
	5/19/17. Resident # were not limited to: I high cholesterol. Re MDS (minimum data assessment with an	admitted to the facility on 112's diagnoses included but iver cancer, chronic pain and esident #112's most recent a set), a 14 day Medicare ARD (assessment reference ed the resident as cognitively					
	Endocet (1) 5/325 m mouth every six hour of seven to ten on a Review of Resident a (medication administ resident was administ	#112's clinical record 's order dated 5/19/17 for g (milligrams) - two tablets by rs as needed for a pain level scale from zero to ten. #112's June 2017 MAR ration record) revealed the stered as needed Endocet on icluding but not limited to):					
	(including MAR notes reveal documentatior non-pharmacological	sident #112's clinical record and nurses' notes) failed to a that nurses provided interventions prior to ded Endocet to Resident					

#112 on the above dates.

Resident #112's comprehensive care plan

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	Resident #112) is a monitoringImplen non-pharmacologica Offer soothing mass music, Offer comfor Check environment administering Prn (a" The care plan faregarding the docum non-pharmacologica On 6/20/17 at 8:50 a conducted with Resi was asked if nurses interventions prior to medication to her. F They provide lotions On 6/20/17 at 10:36 conducted with LPN LPN #1 was asked v residents prior to admedication. LPN #1 something else to all Ask if you can do soothe pain." LPN #1 withe attempted non-pl LPN #1 stated, "If yo document." LPN #1 information in the nur On 6/20/17 at 11:35 a conducted with ASM	documented, "(Name of a risk for pain and needs ment preferred al pain relief strategies: i.e. sage, Dim lights, play soothing at foods and or beverages, al factors, Before as needed) pain medications alled to document information mentation of al interventions. a.m. an interview was dent #112. Resident #112 attempt non medication administering pain Resident #112 stated, "Yeah, and stuff like that." a.m. an interview was (licensed practical nurse) #1 what she provides to ministering as needed pain stated, "You can do eviate pain, maybe activities, mething else to help relieve as asked if she documents narmacological interventions, u do that you have to stated she documents the reses' progress notes. a.m. an interview was (administrative staff actor of nursing). ASM #2	{F 51	4}		

non-pharmacological interventions because the documentation shows what she did before medication was administered. ASM #2 was

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	The facility policy titl documented, "3. A F maintained with the Administration Recowhen the resident hapain. Record the fol non-med / medication. No further information (1) Endocet is used information was obtahttps://dailymed.nlm.	above concern. p.m. ASM #1 (the made aware of the above ed, "Pain Assessment" Pain Flow Record will be resident's Medication and. This is to be completed as identified they (sic) have lowingf. Interventions-in"	{F 51				