# Our family exists to care for yours.

Heritage Hall - Blackstone • P.O. Box 550 • 900 S. Main Street • Blackstone, VA 23824 • (P) 434.292.5301

March 16, 2018

Office of Licensure and Certification Division of Long Term Care Services 9960 Mayland Drive – Suite 401 Attn: Wietske G Weigel-Delano, Long Term Care Supervisor Richmond, VA 23233-1463

Ms. Weigel-Delano,

Attached to this cover letter you will find Heritage Hall–Blackstone's Corrected Plan of Correction for the State Licensure requirement as requested on 3/16/18 for F tag 641. The Plan of Correction addresses the corrective action, identification of deficient practices, systemic changes, and monitoring that will be implemented to address deficient practices identified during our annual standard Licensing inspection.

If I can be of further assistance don't hesitate to contact me at (434) 292-5301.

Sincerely;

Diane Barksdale Administrator

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PRINTED: 02/27/2018 FORM APPROVED OMB NO. 0938-0391

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E 000	Initial Comments  An unannounced	Emergency Preparedness	ΕO	00	
F 000	survey was conducted to 2/16/18. The factor of the compliance with 4	cted 02/13/18 through illity was in substantial 2 CFR Part 483.73, ong-Term Care Facilities.	FC	000	
	survey was condu A complaint was i Corrections are re Part 483 Federal	Medicare/Medicaid standard loted 2/13/18 through 2/16/18. Investigated during the survey. Equired for compliance with 42 Long Term Care requirements. Once survey/report will follow.			
	145 at the time of consisted of 29 of (Residents #5, 14 130, 401, 11, 78, 44, 254, 1095, 38 three closed reco	s 180 certified bed facility was the survey. The survey sample current Resident reviews 19, 30, 98, 60, 301, 452, 122, 62, 139, 52, 66, 39, 24, 85, 40, 6, 22, 255, 25, 352, and 93) and ord reviews (Residents #151, 152	2		
F 622 SS=E	S483.15(c) Trans §483.15(c)(1) Fa (i) The facility muremain in the fact discharge the resident's welfar cannot be met in (B) The transfer	ifer and discharge- cility requirements- ist permit each resident to ility, and not transfer or sident from the facility unless- or discharge is necessary for the e and the resident's needs		Corrective Action(s): The facility medical director has notified that the physicians for #66, #44, #93, #254 and #78 document in the progress note residents' respective clinical regarding discharge and/or trathe facility to the hospital. Adeach physician who failed to discharge/transfer note has be of the missing documentation A facility Incident & Accider been completed for each residence.	r residents did not es in those records ensfer from diditionally, make a een notified in the Form has
	sufficiently so the services provide	e resident no longer needs the	101147117	involved.	(X6) DATE

LABORATORY DIRECTOR'S OF

Facility ID: VA0108

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

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AND PLAN C	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:					
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F 622	(C) The safety of ir endangered due to status of the reside (D) The health of it otherwise be enda (E) The resident he appropriate notice, under Medicare or Nonpayment applisubmit the necess payment or after the Medicare or Medicare o	ndividuals in the facility is the clinical or behavioral ent; andividuals in the facility would ngered; as failed, after reasonable and to pay for (or to have paid Medicaid) a stay at the facility. The resident does not ary paperwork for third party ne third party, including caid, denies the claim and the pay for his or her stay. For a mes eligible for Medicaid after elility, the facility may charge a vable charges under Medicaid; ases to operate. It is pending, pursuant to chapter, when a resident er right to appeal a transfer or rom the facility pursuant to she chapter, unless the failure to effer would endanger the health sident or other individuals in the ty must document the danger sfer or discharge would pose. Cumentation. Transfers or discharges a y of the circumstances specified (1)(i)(A) through (F) of this y must ensure that the transfer or dispropriate information is		522	Identification of Deficient Practices/Corrective Action(s): All other residents discharged and/or transferred from the facility may have been affected. The DON/designee with conduct a 100% audit of all resident have been discharged and/or transfer in the past 60 days. Residents ident at risk will be corrected at time of discovery and their attending physic notified and the facility's medical dwill be notified. A facility Incident Accident Form will be completed for negative finding.  Systemic Change(s): Facility policy and procedures have reviewed. No revisions are warrant this time. The DON and/or Region Nurse Consultant will inservice fact healthcare providers on the require that they document in the physician progress notes in the clinical record addressing resident discharges and transfers to the hospital or other out health care facility.  Monitoring: The DON/designee will be responsing maintaining compliance. The DON designee will conduct chart audits of all residents who have been discand/or transferred from the facility Any/all negative findings and or envil be corrected at time of discovery Aggregate findings of these audits reported to the Quality Assurance Committee quarterly for review, a and recommendations for change facility policy, procedure, and/or proc	we will s who med iffied sians irector & or each been ted at al ility ment for tside sible for I and/or weekly charged . Tors ery. will be malysis, in	

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F 622	must include:  (A) The basis for  (i) of this section.  (B) In the case of section, the special be met, facility at needs, and the section of this section.  (ii) The document (2)(i) of this section.  (iii) The resident discharge is needed.  (A) or (B) of this section.  (B) A physician was necessary under this section.  (iii) Information produces and (A) Contact information responsible for the section.  (B) Resident repontact information on the section.  (C) Advance Direct (C) Advance (C	the transfer per paragraph (c)(1)  f paragraph (c)(1)(i)(A) of this ific resident need(s) that cannot tempts to meet the resident ervice available at the receiving e need(s). Itation required by paragraph (c) on must be made by- s physician when transfer or essary under paragraph (c) (1) section; and when transfer or discharge is paragraph (c)(1)(i)(C) or (D) of provided to the receiving provider ninimum of the following: mation of the practitioner the care of the resident. resentative information including ion ective information structions or precautions for		`		
•	and clinical reco facility staff faile physician in the	nterview, facility document review of review, it was determined the documentation by the clinical record when five of 31 survey sample. Resident #66,				

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F 622	#44, #93, #254 and hospital.  1. Resident #66 was 12/17/17. There was record.  2. The facility staff documented why a necessary for Resident when Reside hospital on 12/22/14. The facility staff documented a not Resident #254, whas to the hospital on 15. The facility staff documented a not Resident ##78, who has ident ##78, who has identified and has	d #78, were transferred to the as transferred to the hospital on vere no physician notes on for the transfer in the clinical failed to ensure the physician a facility-initiated discharge was ident #44 when the resident the hospital on 11/19/17.  If failed to document a physician of the 17 for treatment of seizures.  If ailed to ensure the physician in the clinical record for the resident was transferred.		722		
	7/29/14 and readr diagnoses that inc high blood pressu two diabetes, and recent MDS (mini- change assessme reference date) of	de:  as admitted to the facility on nitted on 12/21/17 with cluded but were not limited to re, neurogenic bladder [1], type dementia. Resident #66's most mum data set) was a significant ent with an ARD (assessment 12/28/17. Resident #66 was oderately impaired in cognitive				

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F 622	Continued From pa		F	622			
	Interview for Menta was coded in secti as being usually ur to express ideas a	out of 15 on the BIMS (Brief al Status) exam. Resident #66 on B (Hearing, Speech, Vision) inderstood by staff in the ability and wants. Resident #66 was ally understanding staff.		ļ			
	a nursing note date the following: "called cna (certified nursi vomiting and produ- liquidy (sic) stools c/o (complained) a	at #66's clinical record revealed and 12/17/17 that documented and (sic) to resident's room by any assistant) staff, resident acting large amount of clear from colostomy bagresident abdominal discomfort to lower			<u>.</u> .		
	tenderness. upon hypo bowel sound bowel sounds note quadrantsreside firm to touch as we resident (sic) does during this assess	nt right lower quadrant is very ell as his left lower quadrant. s show expression of discomfort ment. Nursing suppervisor (sic)					
	per md (medical d send resident out evaluation to r/o (r Party notified and as well. AT (sic) 0 transport) service truck with a eta (e min (minutes). re distress at this tim	on call md (medical doctor). octor) order was received to to (Name of Hospital) for rule/out) blockage. Responsible wanted resident to be sent out 800 (8:00 a.m.) (Name of was notified and was sending a stimated time of arrival) of 45 sident (sic) noted to not be in tewill continue to monitor until					
	Further review of Resident #66 retu at 3:46 p.m. with a tract infection).	(emergency room)."  the clinical record revealed, rned to the facility on 12/21/17 a diagnosis of a UTI (urinary here were no physician notes	- Arriva		; ;		

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F 622	Continued From p	age 5	. <b>F</b>	622			
	conducted with AS member) #4, Resi asked about his ro transferred to the depended on the sonot in the building or the on-call physion clinically with the ahospital transfer resident's condition responsibility as for transfer, ASM #4 order is given over out to the hospital building at the time because he would prior to transfer.	B p.m., an interview was SM (administrative staff dent #66's physician. When ole when a resident is hospital, ASM #4 stated that it situation. ASM #4 stated if he is, facility staff would contact him sician to explain what is going he resident. ASM #4 stated that it is usually for a change in the on. When asked his ar as documenting a resident stated most of the time the er the phone to send a resident I. ASM #4 stated if he is in the defended have evaluated the resident ASM #4 stated he does not note for every resident transfer to	•				
	staff member) #1 DON (Director of	3 p.m., ASM (administrative, the administrator, ASM #2, the Nursing), and ASM #5, the director of nursing) were made ve concerns.					
	Emergency," did	titled, "Transfer or Discharge, not address the above concerns ation was presented prior to exi	s. t.				
	caused by neuro common complic UTI, urinary ston complications are	ladder is bladder dysfunction logical damage/injury. The mos cations of neurogenic bladder ar es, and renal impairment. These e associated with the pathology nction itself or occur as a	e   e				

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PREFIX TAG  PREFIX TAG  PREFIX TAG  F 622  Continued From page 6 consequence of the use of urinary catheters for drainage. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC44 67746/.  2. The facility staff failed to ensure the physician documented why a facility-initiated discharge was necessary for Resident #44 when the resident was discharged to the hospital on 11/19/17.  Resident #44 was admitted to the facility on 11/29/17. Resident #44's diagnoses included but were not limited to vascular dementia (1) with behavior disturbance, schizophrenia (2) and unspecified intellectual disabilities. Resident #44's most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 12/6/17, coded Resident #44's cognitive skills for daily decision-making as severely impaired.  Review of Resident #44's clinical record revealed a nurse's note dated 11/19/17 that documented the resident was sent to the hospital due to an elevated temperature. Further review of Resident #44's clinical record facility the object of the physician to explain why the discharge was necessary.					900 S MAIN ST BLACKSTONE, VA 23824		
consequence of the use of urinary catheters for drainage. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC44 67746/.  2. The facility staff failed to ensure the physician documented why a facility-initiated discharge was necessary for Resident #44 when the resident was discharged to the hospital on 11/19/17.  Resident #44 was admitted to the facility on 6/21/04 and readmitted to the facility on 11/29/17. Resident #44's diagnoses included but were not limited to vascular dementia (1) with behavior disturbance, schizophrenia (2) and unspecified intellectual disabilities. Resident #44's most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 12/6/17, coded Resident #44's cognitive skills for daily decision-making as severely impaired.  Review of Resident #44's clinical record revealed a nurse's note dated 11/19/17 that documented the resident was sent to the hospital due to an elevated temperature. Further review of Resident #44's clinical record failed to reveal documentation by the physician to explain why the discharge was necessary.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	(EACH CORRECTIVE) CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
documented why a facility-initiated discharge was necessary for Resident #44 when the resident was discharged to the hospital on 11/19/17.  Resident #44 was admitted to the facility on 11/29/17. Resident #44's diagnoses included but were not limited to vascular dementia (1) with behavior disturbance, schizophrenia (2) and unspecified intellectual disabilities. Resident #44's most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 12/6/17, coded Resident #44's cognitive skills for daily decision-making as severely impaired.  Review of Resident #44's clinical record revealed a nurse's note dated 11/19/17 that documented the resident was sent to the hospital due to an elevated temperature. Further review of Resident #44's clinical record failed to reveal documentation by the physician to explain why the discharge was necessary.	F 622	consequence of the drainage. This informational Institutional Ins	ne use of urinary catheters for ormation was obtained from tutes of Health.  alm.nih.gov/pmc/articles/PMC44	F	622		
limited to vascular dementia (1) with behavior disturbance, schizophrenia (2) and unspecified intellectual disabilities. Resident #44's most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 12/6/17, coded Resident #44's cognitive skills for daily decision-making as severely impaired.  Review of Resident #44's clinical record revealed a nurse's note dated 11/19/17 that documented the resident was sent to the hospital due to an elevated temperature. Further review of Resident #44's clinical record failed to reveal documentation by the physician to explain why the discharge was necessary.		documented why necessary for Res was discharged to Resident #44 was 6/21/04 and readr	a facility-initiated discharge was sident #44 when the resident to the hospital on 11/19/17.  admitted to the facility on mitted to the facility on 11/29/17.				
a nurse's note dated 11/19/17 that documented the resident was sent to the hospital due to an elevated temperature. Further review of Resident #44's clinical record failed to reveal documentation by the physician to explain why the discharge was necessary.		limited to vascular disturbance, schiz intellectual disabil recent MDS (minichange in status (assessment referesident #44's controller	r dementia (1) with behavior zophrenia (2) and unspecified lities. Resident #44's most mum data set), a significant assessment with an ARD prence date) of 12/6/17, coded opnitive skills for daily				
Resident #44 was readmitted to the facility on		a nurse's note da the resident was elevated tempera #44's clinical reco documentation by	ited 11/19/17 that documented sent to the hospital due to an ature. Further review of Residen ord failed to reveal y the physician to explain why				
11/29/17.	:	11/29/17.					
On 2/14/18 at 1:42 p.m., an interview was conducted with RN (registered nurse) #1. RN #1 was asked if the physician writes a note when a resident is discharged to the hospital. RN #1 stated she did not think the physician  Event ID: TY4011 Facility ID: VA0108 If continuation sheet Page		conducted with F was asked if the resident is discha-	RN (registered nurse) #1.RN #1 physician writes a note when a arged to the hospital.RN #1				hast Dogg 7 of 4

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F 622	documented anyth readmitted to the facility staff concerning and tells them that once in a while directly admitted to an emergency the hospital. ASM emergency medicate the resident to a hasked what documents and the facility staff concerning and tells them that once in a while directly admitted to an emergency medicate the resident to a hasked what documents and the phone (withou write a note if he is stated he also work sometimes, if the he sees the residence to py of the history.  On 2/15/18 at 4:2 member) #1 (the addirector of nursing training) and ASM nursing) were man No further information.	ing unless the resident is	f.	22		

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F 622	and behavior. Vas caused by a series period." This inforwebsite: https://medlineplus  (2) "Schizophrenia People who have there. They may thurt them. Somet when they talk. Them to keep a job This information whitps://vsearch.nlrmeta?v%3Aprojectmedlineplus-bund	age 8 thinking, language, judgment, scular dementia (VaD) is sof small strokes over a long mation was obtained from the s.gov/ency/article/000746.htm is a serious brain illness. It may hear voices that aren't hink other people are trying to imes they don't make sense he disorder makes it hard for or take care of themselves." yas obtained from the website: in.nih.gov/vivisimo/cgi-bin/query-t=medlineplus&v%3Asources=le&query=schizophrenia&_ga=231570.1519130579-139120270		522			
	note when Reside hospital on 12/22/ Resident #93 was 6/14/16 with a readiagnoses that incanoxic brain dam aphasia (difficulty swallowing) and like the set, a significant ARD (assessmer coded Resident # the questions on mental status), the	ff failed to document a physiciar #93 was transferred to the 17 for treatment of seizures. Admitted to the facility on admission on 12/27/17 with clude, but not limited to stroke, age (lack of oxygen to brain), a speaking), dysphagia (difficulty eft sided paralysis.  ost recent MDS (minimum data change assessment with an interference date) of 12/27/17 #93 as being unable to answer the BIMS (brief interview for the staff assessment coded him of impaired to make decisions.					

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F 622	A review of Resider revealed, in part, hospital on 12/22  A review of Resider	dent #93's clinical record that he was transferred to the 2/17 to treat seizures.  dent #93's physician progress eal any documentation by the around the date of transfer ason for transfer and why the le to continue to meet Resident	e e	22		

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F 622	the nursing staff or explains the situati hospital rather than I have privileges at change in the cond determine the nee (emergency medic he (the doctor) wo transfer, ASM #4 s facility and general prior to transfer. It note but I do not up	ontacts the doctor (myself) and on. I may direct admit to the in the ER (emergency room) as it the local hospital. For a dition of the resident we ds and contact EMS cal service)." When asked what all document regarding the stated, "I am often not in the ally have not seen the patient of I am in the facility, I will write a sually write a note, as I them in the hospital. I was not had to be written at the time of					
	at 4:00 p.m. with A #2, the director of administrator, ASI training, and ASM nursing. ASM #1, were made aware facility policy was  No further informated of the survey 4. The facility staff documented a no	M #3, the administrator in #5, the assistant director of ASM #2, ASM #3, and ASM #5 of the above concerns and a requested at this time.  ation was provided prior to the process. If failed to ensure the physician te in the clinical record for hen the resident was transferred					
	Resident #254 wa 4/19/17 with a red with diagnoses th to: diabetes, hear	as admitted to the facility on cent readmission on 10/23/17, lat included but were not limited t disease, anemia (blood counts els) (1), dementia, kidney	6				

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NAME OF E	PROVIDER OR SUPPLIER	485353		STREET ADDRESS, CITY, STATE, Z	IP CODE	
	E HALL BLACKSTO	NE		900 S MAIN ST BLACKSTONE, VA 23824		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF  (EACH CORRECTIVE ACT	THE APPROPRIATE	(X5) COMPLETION DATE
F 622	assessment, a Me with an assessme coded the resident (brief interview for that she was seve cognitive decisions being totally dependent of the clinical record documented entry "4:30 p.m. Resident needed) Zofran (Lyomiting) (2) given (times two) - (nannew order - liquid (kidneys, ureters, continue to vomit T.O. (telephone cosend to E.R. (emaluation) Resident (evaluation) Resident (evaluation) Resident (evaluation) Resident (evaluation) Resident (continue to vomit Resident) Resident (evaluation) Resident (continue to vomit Resident) Resident (continue to vomit Resident (continue to v	age 11  IDS (minimum data set) dicare 30 day assessment, int reference date of 11/20/18, it as scoring a 7 on the BIMS mental status) score, indicating rely impaired to make daily is. The resident was coded as indent upon one or more staff if her activities of daily living. If revealed the following indicated, 10/11/17 at 9:19 p.m., int vomit x1 (one time) - prn (as issed to treat nausea and in. Resident vomit again x2 ine of doctor) in to see Resident diet for 24 hours and KUB bladder - x-ray). Resident again x1 (one time). 8:15 p.m. inder) from (name of doctor) to be regency room) for evaluation of the second		622		
	documentation b	nical record did not reveal any y the physician of his seeing the /17 or a note related to why she o the hospital and how the meet her needs.				
	nurse) #2 on 2/1 what documenta is transferred fro #2 stated, "The r who and why the SBAR (Situation	conducted with RN (registered 4/18 at 1:41 p.m. When asked tion is required when a resident m the facility to the hospital, RN nurse writes a note describing by are being sent out. We use a Background, Assessment, are is time, how urgently the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
. !	405252	B. WING		02/2	) 16/2018
NAME OF PROVIDER OR SUPPLIER	495353	B. WING_	STREET ADDRESS, CITY, STATE, ZI		, O, E O 1 O
HERITAGE HALL BLACKSTO	NE		900 S MAIN ST BLACKSTONE, VA 23824		· .
PREED (FACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
notify the RP (respi (medical doctor)."  An interview was comember (OSM) #3 #5, the admissions a.m. regarding their a resident transfer stated, "If the resid nursing staff notifier" don't do anything nurses handle that the RP."  An interview was constant the RP."  An interview was constant the resident on 10/11/17, ASM #9 rounding on her but and daughter who stated they had information when she gets this he wrote a note of the hospital document meet her needs, And when the regulations register the physician's resident was transfer the facility could in the regulation of the physician's resident was transfer the facility could in the regulation of the physician's resident was transfer the facility could in the regulation of the physician's resident was transfer the facility could in the regulation of the physician's resident was transfer the facility could in the regulation of the physician's resident was transfer the facility could in the regulation of the physician's resident was transfer the facility could in the physician's resident was transfer the facility could in the physician's resident was transfer the facility could in the physician's resident was transfer the facility could in the physician's resident was transfer the facility could in the physician's resident was transfer the facility could in the physician's resident was transfer the facility could in the physician's resident was transfer to the	age 12 In out. The nurse's role is to consible party) and the MD  conducted with other staff, the social worker and OSM person, on 2/15/18 at 10:32 r role when the facility initiates to the hospital. OSM #3 ent goes to the hospital the est the family." OSM #3 stated, gif they go to the hospital, the end of calling the doctor and conducted with administrative M) #9, the physician that saw 11/17 and gave the order to 14 to the hospital. When asked when he saw Resident #254 on stated he did not as he was not at the spoke with the husband were in the room. ASM #9 formed the him of what they do a way at home. When asked if the she was transferred to the ling why the facility could not as M #9 stated, "I was told that if d to bill Medicare for the was asked if he was aware of garding resident transfer and aponsibility to document why a ferred to the hospital and why ot meet the resident's needs at 9 stated, he was not aware of		22		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		495353	B. WING			02/	16/2018
	PROVIDER OR SUPPLIER			900	REET ADDRESS, CITY, STATE, ZIP COD D S MAIN ST ACKSTONE, VA 23824	E	
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 622	of the above finding No further information (1) Barron's Diction Non-Medical React page 33. (2) This information following website: https://dailymed.nl	age 13 cial worker were made aware ags on 2/15/18 at 4:30 p.m. tion was provided prior to exit. nary of Medical Terms for the der; Rothenberg and Chapman, on was obtained from the im.nih.gov/dailymed/drugInfo.cf 2-ddfc-49d5-7280-0fc0041dba4		522			
	documented a not Resident #78, who to the hospital on Resident #78 was 10/21/09 with a rewith diagnoses that it is cerebral palsy control due to per damage occurring (1), intellectual disrefers to a group limited mental cap behaviors such as and routines, or sidisability originates	f failed to ensure the physician te in the clinical record for en the resident was discharged 11/19/17.  I admitted to the facility on ecent readmission on 12/21/17, at included but were not limited (a loss or deficiency of muscle manent, no progressive brain g before or at the time of birth) abilities (Intellectual disability of disorders characterized by a pacity and difficulty with adaptive a managing money, schedules ocial interactions. Intellectual es before the age of 18 and may eal causes, such as autism or					
	cerebral palsy, or as lack of stimula (2), seizures, and swallowing is diffi	from nonphysical causes, such tion and adult responsiveness.) dysphagia (a condition in which cult or painful, due to obstruction or muscular abnormalities) (3).	1				

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATI COM	(X3) DATE SURVEY COMPLETED	
2 17 the 1 that 17 the		40.5050	B, WING			1 .	C <b>16/2018</b>	
	ROVIDER OR SUPPLIER	495353 NE	B, WING	S'	TREET ADDRESS, CITY, STATE, ZIP CODE 00 S MAIN ST BLACKSTONE, VA 23824		10/2010	
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE	
F 622	assessment, a sign with an assessment coded the resident BIMS (brief intervier indicating he is more daily cognitive decoded as being demembers for all of Review of the clininurse's notes date documented in parassistant) called the and check on this resident observed sounds and a largedrainage with foul (feeding tube site) of doctor) notified New order - per ME.R (emergency responsible party E.R. staff - Reside (computerized tor information passes follow up with E.R.	IDS (minimum data set) inflicant change assessment, int reference date of 2/16/18, it as scoring an eight on the ew for mental status) score, iderately impaired to make isions. The resident was pendent on one or more staff his activities of daily living.  I cal record was conducted. The ed, 12/20/17 at 11:42 p.m. et, "CNA (certified nursing his nurse to come to this room resident. Upon assessment - with hyper-active (sic) bowel e amount of mucus coffee like odor coming from his Peg - site i. Resident denies pain(Name (in the building at this time).  ID (medical doctor) - Send to be own) for Eval (evaluation) R/P (b) aware. Supervisor spoke with ent is waiting to have a CT scan mography) done at this time, and on to on coming nurse to		622				
	resident on 10/11	/17 or a note related to why she o the hospital and how the			,			
	nurse) #2 on 2/14	conducted with RN (registered 4/18 at 1:41 p.m. When asked ion is required when a resident in the facility to the hospital, RN						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,		CONSTRUCTION	` ´com	(X3) DATE SURVEY COMPLETED	
		495353	B. WING			02/	16/2018
	PROVIDER OR SUPPLIER	NE	•	900	REET ADDRESS, CITY, STATE, ZIP CO DS MAIN ST .ACKSTONE, VA 23824	DE	į
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 622	#2 stated, "The nu who and why they SBAR (Situation, E Response) if there resident needs to notify the RP (respondical doctor)."  An interview was a member (OSM) #3 #5, the admissions a.m. regarding the a resident transfer stated, "If the resident transfer stated, "If the resident was the RP."  An interview was staff notified a notified that the RP."  An interview was staff member (AS the building and was resident to the hoif he wrote a note transferred to the facility could not responsibility to design the transferred to the could not meet the ASM #9 stated, he regulation.	rse writes a note describing are being sent out. We use a Background, Assessment, is time, how urgently the go out. The nurse's role is to consible party) and the MD conducted with other staff a, the social worker and OSM is person, on 2/15/18 at 10:32 sir role when the facility initiates to the hospital. OSM #3 dent goes to the hospital the es the family." OSM #3 stated, g if they go to the hospital, the tend of calling the doctor and conducted with administrative M) #9, the physician who was in the gave the order to send the spital on 12/20/17. When asked after Resident #78 was hospital indicating why the neet the resident's needs, ASM told that if I wrote a note I had to the services." ASM #9 was ware of the regulations at transfer and the physician's ocument why a resident was hospital and why the facility e was not aware of that		622			
	administrator in t	r, director of nursing, the raining, the assistant director of ocial worker were made aware					

PRINTED: 02/27/2018 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
495353		B. WING			02/1	6/2018
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL BLACKSTONE			900 S M	ADDRESS, CITY, STATE, ZIP CODE AIN ST ISTONE, VA 23824		
(X4) ID SUMMARY STATEMENT OF DEFICIENC PREFIX (EACH DEFICIENCY MUST BE PRECEDED E REGULATORY OR LSC IDENTIFYING INFORM	BY FULL	ID PREFI) TAG	(	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 622 Continued From page 16 of the above findings on 2/15/18 at 4:3 No further information was provided page 114. (2) This information was obtained from following website: https://www.report.nih.gov/NIHfactshectSheet.aspx?csid=100 (3)Barron's Dictionary of Medical Term Non-Medical Reader; Rothenberg and page 178. F 623 Notice Requirements Before Transfers CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfers Before a facility transfers or discharge resident, the facility must- (i) Notify the resident and the resident representative(s) of the transfer or disting representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer discharge in the resident's medical reaccordance with paragraph (c)(2) of tand (iii) Include in the notice the items desparagraph (c)(5) of this section.  §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(8) of this section, the notice of transfer discharge required under this section	rior to exit.  Ins for the I Chapman, In the I Chapman, In the I Chapman, I C	F 6	523	Corrective Action(s): Resident #66's responsible party as state ombudsman office have been notified that the facility failed to provide the restransfer to the hospital on 12/17/17 Resident #85's responsible party as state ombudsman office have been notified that the facility failed to provide the discharge/transfer notice for the restransfer to the hospital on 12/9/17. The state ombudsman office has been notified that the facility failed to provide that the facility failed to provide the discharge/transfer notice for reside #44's discharge to the hospital on 11/19/17.	rovide a sident's 7.  Ind the sident's a sident's sident'	4/2/18

Facility ID: VA0108

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	COM	E SURVEY IPLETED  C
		495353	B. WING		the state of the s	16/2018
	PROVIDER OR SUPPLIE		9	STREET ADDRESS, CITY, STATE, ZIP C 300 S MAIN ST BLACKSTONE, VA 23824	ODE	
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F 623	made by the facili resident is transfer (ii) Notice must be before transfer or (A) The safety of be endangered uthis section; (B) The health of be endangered, this section; (C) The resident allow a more immunder paragraph (D) An immediate required by the reunder paragraph (E) A resident had ays.  §483.15(c)(5) Conotice specified imust include the (i) The reason for (ii) The effective (iii) The location transferred or dis (iv) A statement including the nar and telephone mireceives such reto obtain an approximate to obtain an approximate including the final form of the aring request; (v) The name, at telephone numb Long-Term Care (vi) For nursing including the final form of the same	ty at least 30 days before the erred or discharged. It made as soon as practicable of discharge when-individuals in the facility would inder paragraph (c)(1)(i)(C) of individuals in the facility would under paragraph (c)(1)(i)(D) of individuals in the facility would under paragraph (c)(1)(i)(D) of individuals in the facility would under paragraph (c)(1)(i)(D) of individuals in the facility to nediate transfer or discharge, (c)(1)(i)(B) of this section; in transfer or discharge is esident's urgent medical needs, (c)(1)(i)(A) of this section; or is not resided in the facility for 30 untents of the notice. The written in paragraph (c)(3) of this section following: or transfer or discharge; date of transfer or discharge; to which the resident is scharged; of the resident's appeal rights, ine, address (mailing and email), umber of the entity which quests; and information on how earl form and assistance in orm and submitting the appeal didress (mailing and email) and er of the Office of the State	F 623	Resident #93's responsible par state ombudsman office have notified that the facility failed discharge/transfer notice for the transfer to the hospital on 12/2. Resident #78's responsible par state ombudsman office have notified that the facility failed discharge/transfer notice for the transfer to the hospital on 12/2. Resident #254's responsible particles that the facility failed discharge/transfer notice for the transfer to the hospital on 12/2. Resident #254's responsible particles that the facility failed discharge/transfer notice for the transfer to the hospital on 10/2. Identification of Deficient Practices/Corrective Action All other residents discharge transferred from the facility in been affected. The Social Set Director and/or Admissions aconduct a 100% audit of all in have been discharged and/or in the past 60 days. Resident risk will be corrected at time and the required notification residents' responsible party ombudsman will be made. A Incident & Accident Form we completed for each negative. Systemic Change(s): Facility policy and procedur reviewed. No revisions are this time. The Administrator Regional Nurse Consultant the facility's social worker(s).	been to provide a the resident's 22/17.  arty and the been I to provide a the resident's /20/17.  party and the been d to provide a the resident's /11/17.  In(s): Ind and/or may have provides Director will residents who transferred ts identified at the of discovery the state A facility will be the finding.  The shave been warranted at or and/or will inservice	

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	· (X3)	DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER	A. BUILL	NNG			С
		495353	B. WING				02/16/2018
	PROVIDER OR SUPPLIER	NE ·		900	REET ADDRESS, CITY, STATE, ZIP COI DIS MAIN ST LACKSTONE, VA 23824	DE	
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AIDEFICIENCY)	HONFD RF	COMPLETION DATE
F 623	disabilities, the matelephone number the protection and developmental dis C of the Developmental disorder or related email address and agency responsible advocacy of indivices tablished under for Mentally III Ind §483.15(c)(6) Chart the information effecting the transmust update the mass practicable on becomes available §483.15(c)(8) Not in the case of fact the administrator written notification to the State Survey State Long-Term the facility, and the well as the plan for relocation of the 483.70(f). This REQUIREM by:  Based on staff in and facility document facility staff faci	illing and email address and of the agency responsible for advocacy of individuals with abilities established under Part pental Disabilities Assistance Act of 2000 (Pub. L. 106-402, C. 15001 et seq.); and cility residents with a mental disabilities, the mailing and disabilities, the mailing and dielephone number of the efor the protection and duals with a mental disorder the Protection and Advocacy ividuals Act.  anges to the notice.  In the notice changes prior to offer or discharge, the facility ecipients of the notice as soon be the updated information		623	administration on the requirement resident's responsible party and ombudsman be notified of residuischarges/transfers.  Monitoring: The Social Services Director we responsible for maintaining confine the facial worker, and/or Administration of all residents who have been and/or transferred from the facial Any/all negative findings and will be corrected at time of disciplinary action will be takeneeded. Aggregate findings of audits will be reported to the Quantity will be reported to the Quantity analysis, and recomme for change in facility policy, prand/or practice.  Completion Date: April 2, 20	ill be inpliance. It weekly discharged lity. For errors covery and in as these mality y for indations recedure,	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
	•	495353	B. WING		02/1	6/2018
	PROVIDER OR SUPPLIER SE HALL BLACKSTO		9	TREET ADDRESS, CITY, STATE, ZIP CODE 100 S MAIN ST BLACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(FACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 623	survey sample, Re #254.	esident #66, #85, #44, #93, #78,  ff failed to provide the required	F 623			
	and the ombudsm	ns to the responsible party (RP) nan when Resident #66 was hospital on 12/17/17.	,			
	ombudsman and facility-initiated tra	ff failed to notify the responsible party in writing of a ansfer and admission to the 7 for Resident #85.				
	11/19/17. The fac	lischarged to the hospital on cility staff failed to provide n of the facility initiated ombudsman.	\$			
·	written notification	off failed to provide the required the to the responsible party (RP) man when Resident #93 was hospital on 12/22/17.				
	documentation thand the ombudsr	off failed to provide written the resident's representative man were notified, in writing, 78 was transferred to the 1/17.			;	
	documentation than the and the ombudsr	aff failed to provide written nat the resident's representative man were notified, in writing, 54 was transferred to the /17.				
	The findings inclu					
	The facility sta written notification	aff failed to provide the required ns to the responsible party (RP)	į.			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION  NG	COM	E SURVEY IPLETED  C
		495353	B. WING			16/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 900 S MAIN ST BLACKSTONE, VA 23824	CODE	
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 623	Resident #66 was 7/29/14 and readm diagnoses that inchigh blood pressur two diabetes, and recent MDS (mining change assessme reference date) of coded as being mustion scoring of Interview for Ment was coded in sect as being usually usus to express ideas a also coded as usus. Review of Reside a nursing note dat the following: "call cna (certified nurs vomiting and produidy (sic) stools c/o (complained) right abdomin (sic tenderness, upon hypo (hypoactivve quadrant. No bow lower (sic) quadrant is very flower quadrant, reexpression of disc Nursing suppervisicall md (medical doctor) order was (Name of Hospital).	an when Resident #66 was nospital on 12/17/17.  admitted to the facility on nitted on 12/21/17 with luded but were not limited to be, neurogenic bladder [1], type dementia. Resident #66's most num data set) was a significant ent with an ARD (assessment 12/28/17. Resident #66 was oderately impaired in cognitive 8 out of 15 on the BIMS (Brief al Status) exam. Resident #66 ion B (Hearing, Speech, Vision) inderstood my staff in the ability and wants. Resident #66 was rally understanding staff.  Int #66's clinical record revealed ted 12/17/17 that documented ed (sic) to resident's room by sing assistant) staff, resident fucing large amount of clear is from colostomy bagresident abdominal discomfort to lower by wheft (with left) sided (sic) assessment resident has be bowel sounds to left/right end of the sident (sic) does show comfort during this assessment series for (sic) notified and called on doctor). per md (medical arceived to sent resident out to series and called on doctor). per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor). Per md (medical arceived to sent resident out to series and called on doctor).		523		

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495353	B. WING			1	_ 1 <u>6/2018</u>
	PROVIDER OR SUPPLIER			900	EET ADDRESS, CITY, STATE, ZIP CO S MAIN ST ACKSTONE, VA 23824	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 623	Continued From president to be sen (Name of transporsending a truck warrival) of 45 min to not be in distressmonitor until transporsending at truck warrival)."  Further review of Resident #66 retuat 3:46 p.m. with tract infection).  Further review of failed to evidence (responsible party reason for the tractice of th	age 21 t out as well. AT (sic) 0800 t) service was notified and was th a eta (estimated time of (minutes). resident (sic) noted as at this timewill continue to ferred to ER (emergency  the clinical record revealed that rned to the facility on 12/21/17 a diagnosis of a UTI (urinary  Resident #66's clinical record Resident #66, the RP y) were notified in writing of the nsfer, and that the ombudsman of this written notification.  2 p.m., an interview was N (registered nurse) #2. When process followed when a perred to the hospital, RN #2 a should be notifying the medical assessment was made of the stated the responsible party ware of a resident transfer, and ment the resident was transferred a nursing note. RN #2 would the resident's change of condition tion, background, assessment, RN #2 stated that she would sessment, vital signs, that the eter) and RP (responsible party)		623			
	(Emergency Med arrived. RN #2 s anything in writing	e and the time the squad dical Service) was called and stated she would not provide g to the responsible party. RN ne does not notify the					

STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495353	B. WING			02/	16/2018	
	PROVIDER OR SUPPLIER			900	EET ADDRESS, CITY, STATE, ZIP COD S MAIN ST ACKSTONE, VA 23824	DE		
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 623	ombudsman when hospital.  On 2/15/18 at 10:3 conducted with OSThe social worker handles resident the state of the social worker handles resident the state of the state of the state of the state of the above of the state of the	a resident is transferred to the 33 a.m., an interview was SM (other staff member) #3.  OSM #3 stated nursing ransfers to the hospital. OSM is not notify the ombudsman at transfers to the hospital.  3 p.m., ASM (administrative the administrator, ASM #2, the Nursing), and ASM #5, the director of nursing) were made by econcerns.  titled, "Transfer or Discharge, not address the above concerns ation was presented prior to exit adder is bladder dysfunction ogical damage/injury. The most ations of neurogenic bladder are associated with the pathology action itself or occur as a the use of urinary catheters for a sociation was obtained from	t e	623				
	ombudsman and	aff failed to notify the I responsible party in writing of a ransfer and admission to the 117 for Resident #85.	3					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	TIPLE CONSTRUCTION	CON	CX3) DATE SURVEY COMPLETED	
		495353	B. WING			/16/2018	
	ROVIDER OR SUPPLIER E HALL BLACKSTO	NE		STREET ADDRESS, CITY, STATE, ZIP 900 S MAIN ST BLACKSTONE, VA 23824			
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F 623	Continued From pa	·	F6	523			
	9/13/16 with the didementia with beh disorder, high blood benign prostatic hy cholesteroi. The material Data Set) was 30-hospitalization, with Reference Date) of coded as severely make daily life decentral care for bathing assistance with to eating, dressing, a occasionally income A review of the climate dated 12/9/1 documented, "Unimade this nurse a up an [sic] black lind ASM #9 (Administ physician) to make message left no reto (ASM #4 Medic resident condition to er (emergency (evaluation)"  A nurse's note day documented, "08 to take medicine."	admitted to the facility on agnoses of but not limited to aviors, anxiety disorder, bipolar d pressure, gout, asthma, perplasia, and high nost recent MDS (Minimum day assessment status/post h an ARD (Assessment of 1/10/18. Resident #85 was cognitively impaired in ability to sisions. The resident required and hygiene; extensive deting; limited assistance with and transfers; and was attinent of bowel and bladder.  Inical record revealed a nurse's at 8:44 a.m., which the charge nurse came over and aware that resident was throwing ke substancecall made to trative Staff Member, the elaware of resident condition eturn call at this timecall made at Director) and made aware of order obtained to send resident room) [sic] for eval	t				
	towards the sink. Supervisor notifie for transfer"	er instructed Resident to head Resident vomited black bile. Id and Resident was prepared the clinical record failed to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION (X3) DATE SU COMPLET			
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	Continued From pareveal any evidence Responsible Party the discharge to the On 2/14/18 at 1:41 (Other Staff Members) (Other Staff Members) of discharges to the did not know that notification of hospital notification to the call the RP and not resident was sent notification were resident was sent notification were resident was sent notification had to the hospital, should not he call the RP of the hospital, should not he call the RP of the hospital and the certified letter was to the hospital and the certified letter.	age 24 e that the ombudsman and (RP) were notified in writing of e hospital.  PM in an interview with OSM per) #3, the social worker. OSM per discharges. However, one discharge to the hospital was the stated she sends notification to ecommunity but not of the nospital. OSM #3 stated she he ombudsman had to be discharges. Regarding RP, OSM #3 stated the nurses to the hospital (attempts of this not documented in the nurse's stated that nothing is provided in the resident about the discharge edid not know that written be provided. OSM #3 stated in could not be reached by phone moved and the facility did not current number for her, so a sent that the resident was sent did to call the facility. A review of revealed, the letter had been	F	623	DEFICIENCY		
	undelivered. OSI have the current addre the current addre opened the envel which was dated resident went to the current went to the current went to the staff at our first the staff at	cility, unopened and M #3 stated the facility did not address for the RP either but would have been forwarded to ss, which it was not. OSM #3 ope and a review of the letter, 12/15/17 (6 days after the he hospital and 1 day after the from the hospital) documented, facility has been attempting to it have not been successful.					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
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F 623	The number we had in service. Please possible." The lett resident had been all, and did not doctransfer and hospit On 2/15/18 at approf day meeting, the Director of Nursing of the findings. No provided by the end 3. Resident #44 di 11/19/17. The fact written notification discharge to the on Resident #44's dia limited to vascular disturbance, schiz intellectual disability recent MDS (mining change in status a (assessment refer Resident #44's condecision-making at Review of Resident was selevated temperar #44's clinical reconstruction of the resident was selevated temperar #44's clinical reconstruction.	ove on file for you is no longer contact us as soon as er, did not mention that the transferred or in the hospital at cument notification of the trailization.  Toximately 4:00 p.m., at the end exaministrator (ASM #1) the exami		523			

STATEMENT AND PLAN O	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				E SURVEY APLETED C
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F 623	conducted with R regards to a resid RN #1 stated nurwas discharged, with discharge and why stated the physicicalied when a resident with the stated the ombucton of 2/15/18 at 10 conducted with C social worker) and coordinator). Os notifies residents resident is sent to responsible for direction of the hospital discharge ombudsman is not the hospital, OSI impression that the notified when a recommunity, not the community, not the director of nursir training) and ASI nursing) were missided with a resident is discharged.	2 p.m., an interview was N (registered nurse) #1. In ent discharge to the hospital, ses document why the resident who was called regarding the ten they were called. RN #1 an and responsible party are sident is sent to the hospital. The embudsman is notified, RN #1 as an interview was as as as as a state of the nursing staff of the hospital and OSM #3 is is ischarge planning when a county and the placed in the clinical as is sent to the hospital, he has nothing to do with the county was as a stated she was under the homould when a resident is sent to the hospital, he has nothing to do with the combudsman had to be esident was discharged to the	ff	623			
	No further morn	ration was presented prior to ext					

STATEMENT OF DEFICIENCIES (X1)			TIPLE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED	
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F 623	(1) "Dementia is a brain function. The lt affects memory, and behavior. Variance deprivation." This information website: https://medlineplu.  (2) "Schizophrenia People who have there. They may hurt them. Some when they talk. Them to keep a journ this information white the selection of the people who have there to me the to keep a journ the talk. The metal the talk the t	gradual and permanent loss of is occurs with certain diseases. thinking, language, judgment, scular dementia (VaD) is of small strokes over a long mation was obtained from the s.gov/ency/article/000746.htm a is a serious brain illness. it may hear voices that aren't think other people are trying to times they don't make sense the disorder makes it hard for b or take care of themselves." was obtained from the website: m.nih.gov/vivisimo/cgi-bin/query-ct=medlineplus&v%3Asources=dle&query=schizophrenia&_ga=231570.1519130579-139120270		623		
	written notificatio and the ombudsr transferred to the Resident #93 wa 6/14/16 with a re diagnoses that in anoxic brain dam	aff failed to provide the required ns to the responsible party (RP) man when Resident #93 was hospital on 12/22/17.  Is admitted to the facility on admission on 12/27/17 with clude, but not limited to stroke, nage (lack of oxygen to brain), y speaking), dysphagia (difficulty				
	Resident #93's n set), a significan	left sided paralysis.  nost recent MDS (minimum data to change assessment with an not reference date) of 12/27/17  #93 as being unable to answer				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE COI	СОМ	(X3) DATE SURVEY COMPLETED		
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F 623	the questions on the mental status), the as being severely. A review of Reside revealed, in part, thospital on 12/22/2 Further review of did not reveal any to the resident's R the transfer on 12/2 A review of Reside plan dated 1/2/18 documentation rel 12/22/17.  On 2/14/18 at 1:32 conducted with RI manager. RN #2 nursing was respectime of a resident' #2 stated, "We do the RP and MD (r RN #2 was asked regarding the transcalled. RN #2 was responsible for no resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for no resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was asked responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was asked responsible for not resident was transnot notify the ombodies of the RP and MD (r RN #2 was asked responsible for not resident was transnot not resident was transnot not resident was transnot not resident was transn	ne BIMS (brief interview for staff assessment coded him impaired to make decisions.  Int #93's clinical record that he was transferred to the 17 to treat seizures.  Resident #93's clinical record evidence of written notification P or the ombudsman regarding 122/17.  Int #93's comprehensive care did not reveal any ated to the hospitalization on 5 p.m., an interview was N (registered nurse) #2, a unit was asked what documentation insible for completing at the stransfer to the hospital. RN becoment the situation and that medical doctor) were notified."  If the RP was notified in writing isfer, RN #2 stated that she just is asked if nursing was stiffying the ombudsman when a sferred. RN #2 stated she did		523			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			) COM	(X3) DATE SURVEY COMPLETED C	
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	NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL BLACKSTONE			900	EET ADDRESS, CITY, STATE, ZIP CODE S MAIN ST ACKSTONE, VA 23824			
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F 623	not do anything with nurses handle all the communicating will When asked about OSM #3 stated, "I we notify the ombit to the community/ An end of day meat 4:00 p.m. with A #2, the director of administrator, ASI training, and ASM nursing. ASM #1, were made aware was asked who was transferred to "The social worked this time regarding."  No further informed of the survey to the ombudsh and the ombudsh and the ombudsh and the ombudsh and the ombudsh was transferred to the survey to the survey to the transferred t	th transfers to the hospital. The ransfers to the hospital, the the MD, hospital and family." It the ombudsman notification, was under the impression that udsman if there is a discharge home not to the hospital."  eting was conducted on 2/15/18 ASM #1, the administrator, ASM nursing /assistant M #3, the administrator in #5, the assistant director of ASM #2, ASM #3, and ASM #5 to of the above concern. ASM #1 has responsible for notifying the nan in writing when a resident to the hospital, ASM #1 stated, or." A policy was requested at g transfers.  attion was provided prior to the process.  aff failed to provide written hat the resident's representative man were notified, in writing, 78 was transferred to the		623				
	10/21/09 with a r with diagnoses the to: cerebral palsy control due to per damage occurring (1), intellectual descriptions	s admitted to the facility on ecent readmission on 12/21/17, nat included but were not limited (a loss or deficiency of muscle rmanent, non progressive brain g before or at the time of birth) isabilities (Intellectual disability of disorders characterized by a spacity and difficulty with adaptive						

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILC	TIPLE CONSTRUCTION  ING	- (CON	E SURVEY APLETED C				
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F 623	behaviors such as and routines, or so disability originate result from physic cerebral palsy, or as lack of stimular (2), seizures, and swallowing is difficont the esophagus.  The most recent lassessment, a signification of the esophagus.  The most recent lassessment, a signification of the esophagus.  The most recent lassessment, a signification of the esophagus.  The most recent lassessment, a signification of the esophagus.  The most recent lassessment, a signification of the esophagus.  Review of the clir nurse's notes dat documented in passistant) called and check on this resident observe sounds and a lar drainage with four (feeding tube site of doctor) notified New order - per let. R. (emergency (responsible part E.R. staff - Resid (computerized to information passifollow up with E.	s managing money, schedules obtail interactions. Intellectual is before the age of 18 and may all causes, such as autism or from nonphysical causes, such tion and adult responsiveness.) dysphagia (a condition in which cult or painful, due to obstruction or muscular abnormalities) (3).  MDS (minimum data set) grificant change assessment, ent reference date of 2/16/18, at as scoring an eight on the riew for mental status) score, oderately impaired to make cisions. The resident was ependent of one or more staff of his activities of daily living.  Inical record was conducted. The red, 12/20/17 at 11:42 p.m. art, "CNA (certified nursing this nurse to come to this room is resident. Upon assessment and with hyper-active (sic) bowel ge amount of mucus coffee like all odor coming from his Peg - site and of the composition of th		623					

		(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
AND PLAN U	OUNTOLION		A. BUILDING		1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL BLACKSTONE			900	EET ADDRESS, CITY, STATE, ZIP CODE S MAIN ST ACKSTONE, VA 23824		
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F 623	#78 failed to evide ombudsman and freceived written not transfer to the hose An interview was and ombudsman of and ombudsman stated, "We contained the doctor, we when asked how stated, "We call the resident representating, RN #2 stated anything in writing. An interview was member (OSM) # #5, the admission 10:32 a.m. When ombudsman of a transfer/discharge unaware the ombudsman of a transfers to the hose and the combudsman of a transfers to the combudsman of a transfers to the combudsman of the combudsm	nce documentation that the Resident #78's representative offication of Resident #78's pital.  conducted with RN (registered /18 at 1:41 p.m., regarding the ifying the representative, doctor of a resident transfer. RN #2 ct the RP (responsible party) e don't notify the ombudsman." they notify the RP, RN #2 nem." When asked if the tatives are given anything in ted they were not given at they just call the RP.  conducted with other staff 3, the social worker and OSM is coordinator, on 2/15/18 at asked who notifies the facility initiated e, OSM #3 stated, "I was udsman was to be notified of ospital, I only notify them when a		623			
	home."  ASM #1, the adm of nursing /assist administrator in to assistant director worker, OSM #3 findings on 2/15/						
	(1)Barron's Diction	ation was provided prior to exit.  onary of Medical Terms for the ader: Rothenberg and Chapman					

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED  C 02/16/2018		
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F 623	page 114. (2) This information following website: https://www.reporctSheet.aspx?csic (3)Barron's Diction Non-Medical Real page 178.  6. The facility state documentation that and the ombudsh when Resident 28.	on was obtained from the  t.nih.gov/NIHfactsheets/ViewFa d=100 nary of Medical Terms for the der; Rothenberg and Chapman,  ff failed to provide written at the resident's representative nan were notified, in writing, 54 was transferred to the	F	623				
	4/19/17 with a red with diagnoses the to: diabetes, hear	as admitted to the facility on cent readmission on 10/23/17, nat included but were not limited rt disease, anemia (blood counts els) (1), dementia, kidney						
	assessment, a M with an assessm coded the reside (brief interview for that she was sevicognitive decision being totally depict.)	MDS (minimum data set) ledicare 30 day assessment, ent reference date of 11/20/17, nt as scoring a 7 on the BIMS or mental status) score, indicating erely impaired to make daily ns. The resident was coded as endent upon one or more staff of her activities of daily living.	3					
	dated, 10/11/17 a vomit x1 (one tin (used to treat na	rd revealed a documented entry at 9:19 p.m., "4:30 p.m. Resident ne) - prn (as needed) Zofran usea and vomiting) (2) given. again x2 (times two) - (name of			· · · · · · · · · · · · · · · · · · ·			

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	doctor) in to see Rifor 24 hours and K x-ray). Resident cotime). 8:15 p.m. T. (name of doctor) to room) for eval (evalues) (hosp (hospital) peresident left at 8:48.	esident - new order - liquid diet UB (kidneys, ureters, bladder - ontinue to vomit again x1 (one O. (telephone order) from o send to E.R. (emergency aluation). Resident sent to r MD (medical doctor) request - 5 p.m."								
·	#254 failed to evid ombudsman and f received written no transfer to the hos	ence documentation that the Resident #254's representative otification of Resident #254's pital.								
	nurse) #2 on 2/14/ nurse's role in not and ombudsman of stated, "We contal and the doctor, we When asked how stated, "We call the resident represent writing, RN #2 sta	conducted with RN (registered '18 at 1:41 p.m., regarding the fying the representative, doctor of a resident transfer. RN #2 ct the RP (responsible party) e don't notify the ombudsman." they notify the RP, RN #2 tem." When asked if the tatives are given anything in ted they were not given a, they just call the RP.								
	member (OSM) # #5, the admission 10:32 a.m. When ombudsman of a transfer/discharge unaware the omb transfers to the he resident is dischal home."	conducted with other staff 3, the social worker and OSM s coordinator, on 2/15/18 at asked who notifies the facility initiated e, OSM #3 stated, "I was udsman was to be notified of ospital, I only notify them when a rged to the community or inistrator, ASM #2, the director								

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DEAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED C		
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F 623	of nursing /assista administrator in tra assistant director of worker, OSM #3 w findings on 2/15/1 No further informa (1) Barron's Diction Non-Medical Read page 33.	nt administrator, ASM #3, the aining, and ASM #5, the of nursing and the social were made aware of the above 8 at 4:30 p.m.  ation was provided prior to exit.  Inary of Medical Terms for the der; Rothenberg and Chapman,	F 623			
F 624	following website: https://dailymed.n m?setid=d9a71b4	on was obtained from the lm.nih.gov/dailymed/drugInfo.cf 42-ddfc-49d5-7280-0fc0041dba4 afe/Orderly Transfer/Dschrg	F 624	F624		
SS=D	§483.15(c)(7) Oridischarge.  A facility must propreparation and contents and orderly facility. This orient form and manner understand.  This REQUIREM by:  Based on staff in and clinical reconfacility staff failed and orientation oparty) prior to transcidents in the staff facility staff.	entation for transfer or entation for transfer or evide and document sufficient orientation to residents to ensure transfer or discharge from the entation must be provided in a rethat the resident can service that the resident can service, facility document review of review, it was determined the discoument the preparation of the resident / RP (responsibility insfer to the hospital for one of 3 survey sample, Resident # 66.	v	Corrective Action(s): Resident #66's physician has been notified that the facility failed to document that Resident #66 was and oriented for the transfer that on 12/17/17.  Identification of Deficient Practices/Corrective Action(s): All other residents discharged and transferred from the facility may been affected. The DON/designed conduct a 100% audit of all residents have been discharged and/or transing the past 60 days. Residents id at risk will be corrected at time of discovery and those resident's pile have been notified of the missing documentation that the resident's pile have been notified of the missing documentation that the resident's pile have been notified of the missing documentation that the resident's pile have been notified of the missing documentation that the resident's pile have been notified of the missing documentation that the resident's pile have been notified of the missing documentation that the resident's pile have been notified of the missing documentation that the resident's pile have been notified of the missing documentation that the resident's prepared and oriented for the transfer/discharge. A facility Inc. Accident Form will be complete negative finding.	d/or have ee will lents who isferred entified of mysicians so were cident &	

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COMF	PLETED
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	PROVIDER OR SUPPLIER	495353 NE	B. WING	ST 90	REET ADDRESS, CITY, STATE, ZIP CODE 10 S MAIN ST LACKSTONE, VA 23824		
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F 624	The findings included Resident #66 was 7/29/14 and readred diagnoses that included high blood pressure two diabetes, and recent MDS (minichange assessmere ference date) of coded as being method for the following: "cas being usually to express ideas also coded as us."  Review of Reside a nursing note dathe following: "cache (certified nurvomiting and proliquidy (sic) stool c/o (complained) right abdomin (sitenderness. upon hypo (hypoactive quadrant. No be lower (sic) quadrant is very lower quadrant. expression of dis Nursing suppervoall md (medical doctor) order was resident and control order was also coded as us.	red on 12/17/17.	ai)	624	Systemic Change(s): Facility policy and procedures have be reviewed. No revisions are warranted this time. The DON and/or Regional Nurse Consultant will inservice the facility's social worker(s) and nursing administration on the requirement that facility must provide and document sufficient preparation and orientation residents to ensure safe and orderly transfer/discharge from the facility.  Monitoring: The DON/designee will be responsite maintaining compliance. The DON, worker, and/or designee will conduct chart audits weekly of all residents whave been discharged and/or transfer from the facility. Any/all negative findings and or errors will be correctime of discovery, Aggregate finding these audits will be reported to the Quality Assurance Committee quart for review, analysis, and recommendations for change in facipolicy, procedure, and/or practice. Completion Date: April 2, 2018	to  ole for social t who red ted at gs of early	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	COM	E SURVEY PLETED
		495353	B. WING	STREET ADDRESS, CITY, STATE, ZIP CO		16/2018
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(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR  (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 624	(rule/out) blockage and wanted resident (sic) 0800 (8:00 a was notified and vestimated time or resident (sic) note timewill continue ER (emergency or Resident #66 retu at 3:46 p.m. with tract infection).  There was no do Resident #66 was transfer to the horoundered with Fasked about the resident is transfistated nurses she doctor after an arresident. RN #2 would be made as she would document the MD and RP versided and arrive other nurses do	e. Responsible Party notified ent to be sent out as well. AT .m.) (Name of transport) service was sending a truck with a eta f arrival) of 45 min (minutes). ed to not be in distress at this e to monitor until transferred to		24		

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	CONSTRUCTION	(X3) DATE S	SURVEY LETED
AND PLAN OF	FCORRECTION	IDENTIFICATION NUMBER:		-		, C	010049
		495353	B. WING		THE CODE	02/18	5/2018
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HERITAG	E HALL BLACKSTO	NE .			ACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 624	Continued From pa	age 37	F	624			
	conducted with OS	3 a.m., an interview was SM (other staff member) #3. OSM #3 stated that nursing to the hospital.					
	staff member) #1, DON (Director of I	B p.m., ASM (administrative the administrator, ASM #2, the Nursing), and ASM #5, the director of nursing) were made e concerns.	77				
	Emergency," did r	titled, "Transfer or Discharge, not address the above concerns. tion was presented prior to exit.	<u>:</u>	,		,	·
	caused by neurole common complications are of bladder dysfunconsequence of the drainage. This improvement is the National Institute of the consequence of the National Institute of the consequence of the National Institute of the consequence of the National Institute of the National Institute of the common of the National Institute of the Common of the National Institute of the Common of the	adder is bladder dysfunction ogical damage/injury. The most ations of neurogenic bladder are associated with the pathology ction itself or occur as a ne use of urinary catheters for formation was obtained from tutes of Health.  htm.nih.gov/pmc/articles/PMC44					
F 625 SS=E	Notice of Bed Ho CFR(s): 483.15(d) §483.15(d) Notice §483.15(d)(1) No nursing facility tra the resident goes nursing facility m	Id Policy Before/Upon Trnsfr )(1)(2) e of bed-hold policy and return- tice before transfer. Before a ansfers a resident to a hospital of son therapeutic leave, the just provide written information to sident representative that	r	625	F625 Corrective Action(s): Residents #149, #93, #98, #254, #85 RP's have been notified of the facilit hold policy and procedure and the rethat it reviewed and issued in writing resident and the RP when discharge hospital or when going out on therap An Incident and Accident report has completed for each resident identifier review.	quirement to the to the teutic leave. been	4/2/18

	RS FOR MEDICARE OF DEFICIENCIES	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		C	
		495353				6/2018
	PROVIDER OR SUPPLIER	NE		STREET ADDRESS, CITY, STATE, ZIP CO 900 S MAIN ST BLACKSTONE, VA 23824	ODE	
(X4) ID PREFIX TAG	SUMMARY ST.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 625	specifies- (i) The duration of any, during which return and resume facility; (ii) The reserve be plan, under § 447 (iii) The nursing fabed-hold periods, paragraph (e)(1) or resident to return; (iv) The information of this section.  §483.15(d)(2) Bethe time of transfahospitalization or facility must proving resident represers specifies the durates described in para This REQUIREM by:  Based on reside facility document review, it was deprovide a notice the hospital for fisample, Resider  1. The facility staff and or the hold notification transferred eme	the state bed-hold policy, if the resident is permitted to a residence in the nursing and payment policy in the state 40 of this chapter, if any; acility's policies regarding which must be consistent with of this section, permitting a and on specified in paragraph (e)(1) dehold notice upon transfer. At ar of a resident for therapeutic leave, a nursing de to the resident and the attative written notice which attorn of the bed-hold policy agraph (d)(1) of this section. ENT is not met as evidenced termined the facility staff failed to feed hold prior to transfer to ve of 31 residents in the survey at #149, #93, #98, #254 and #85 aff failed to provide Resident RP (responsible party) a bed when Resident #149 was regently to the hospital on 1/13/13 aff failed to provide Resident #95 bed hold notification when as transferred emergently to the	5. 8.	Identification of Deficient Pra Corrective Action(s): All other residents could potent The Bed-Hold policy and forms the nursing station for after hou the hospital to be completed by nurse. The Social Services direct director will be responsible for hour transfer notification of all residents and/or Responsible parameters. The facility Policy and Procedu- reviewed and no changes are we time. The Social Services Direct Director and licensed staff have by the administrator on the bed requirement and the proper use of Bed-Hold policy.  Monitoring: The Admissions Director and S- Director are responsible for cor- transfers/discharges from the fa- audited the by the Social service Admissions Director to ensure notification was completed at to or therapeutic leave. Any/all no- will be corrected at time of dis- results of these audits will be fa- Quality Assurance Committee review, analysis, and recomme change in facility policy, proce- practice. Completion Date: April 2, 20	ially be affected. If are now kept at r's transfers to the charge ctor/Admissions normal business bed-holds to arties.  If has been arranted at this ctor, Admissions e been inserviced. In hold and notification  Social Service inpliance. All acility will be seed director and/or proper bed-hold he time of transfer egative findings covery. The convarded to the quarterly for endations for edure, and/or	

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	СОМ	E SURVEY PLETED
· 		495353	B. WING		02/	16/2018
	PROVIDER OR SUPPLIER	NE		STREET ADDRESS, CITY, STATE, ZIP 900 S MAIN ST BLACKSTONE, VA 23824	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (E	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 625	Continued From pa	age 39	F 62	25		
	or the resident's re	failed to provide Resident #98 presentative written notification licy when the resident was nospital on 1/5/18.				
	bed hold, prior to t	failed to provide a notice of ransfer, to Resident #254 or arty) when the resident was erred to the hospital on				
	hold policy/notificates	If failed to provide a written bed ation to Resident #85 and/or within 24 hours of a transfer the hospital on 12/9/17.				
	The findings inclu	de:			·	
	#149 / RP (respond	f failed to provide Resident nsible party) a bed hold Resident #149 was transferred hospital on 1/13/18.				
	2/23/17 with a reading diagnoses that in blood pressure, a cognitive commu	as admitted to the facility on admission on 1/26/18 with clude, but not limited to high acid reflux, diabetes, depression, nication deficit, encephalopathy difficulty swallowing.				
	data set), a quart (assessment refe Resident #149 as 15 on the BIMS ( indicating that Re	most recent MDS (minimum erly assessment with an ARD erence date) of 12/14/17, coded a scoring nine out of a possible brief interview for mental status esident #149 is moderately cisions of daily living.				

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED
AND PLAN O	F CORRECTION						0.000
		495353	B. WING		REET ADDRESS, CITY, STATE, ZIP CODE	02/	16/2018
	PROVIDER OR SUPPLIER SE HALL BLACKSTO	NE	ļ	90	0 S MAIN ST ACKSTONE, VA 23824		
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 625	A review of Resider revealed that on 1/2 the hospital for additional for a feet additional fe	ant #149's clinical record '13/18 he was transferred to mission.  Resident #149's clinical record evidence that Resident #149 are provided the bed hold notice aftered to the hospital on  p.m., an interview was n (registered nurse) #2, a unit was asked who was eviding the bed hold notice, as transferred to the hospital. In a weekend we can, it doesn't normally admissions / social was was weekend we can, it doesn't normally admissions / social weekend) if they (the weekend) if they (the weekend) if they (the side to do a bed hold and we weekend, if she would document as notes, RN #2 stated that she  32 a.m., an interview was SM (other staff member) #3, the		525			
	social worker, and director. OSM #3 was responsible to OSM #5 stated stated stated, "has been admitted RP to ask them at the bed hold ther hold agreement for conversation in the directory."	d OSM #5, the admissions and OSM #5 were asked who for providing bed hold notices. The would handle the bed holds ed to describe the process. I wait until I know the resident and at that time I contact the about the bed hold. If they want they come in and sign a bed orm. I document the progress notes if they decline they accept the bed hold the					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	) COM	E SURVEY IPLETED C
		495353	B. WING	STREET ADDRESS, CITY, STATE, ZIP CC		16/2018
	Ap5353  NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL BLACKSTONE  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 625  Continued From page 41 signed agreement is in the admission file in my office." OSM #5 was asked to provide evidence Resident #149 and his RP were offered a bed hold on 1/13/18.  On 2/15/18 at 1:30 p.m. ASM (administrative stamember) #1, the administrator, approached this writer and stated there was no documentation that a bed hold was offered to Resident #149 on his RP on 1/13/18.  An end of day meeting was conducted on 2/15/ at 4:00 p.m. with ASM #1, the administrator, AS #2, the director of nursing /assistant administrator, ASM #3, the administrator in training, and ASM #5, the assistant director of nursing. ASM #1, ASM #2, ASM #3, and ASM were made aware of the above concerns and a facility policy for bed holds was requested at this time.  A review of the facility policy titled "Bed-Holds a Returns" revealed, in part, the following documentation: "Policy Statement. Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy. Policy interpretation and Implementation. 3. Prior to transfer, written information will be given to the		900 S MAIN ST BLACKSTONE, VA 23824			
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 625	signed agreement office." OSM #5.0 Resident #149 and hold on 1/13/18.  On 2/15/18 at 1:3 member) #1, the writer and stated that a bed hold whis RP on 1/13/18.  An end of day meat 4:00 p.m. with #2, the director of administrator, AS training, and ASM nursing. ASM #1 were made award facility policy for between the transfers and the resident representation: transfers and the residents and the explains in detail the resident regal bed payment policy. The facility period; and d. The Notice of Transfers.	t is in the admission file in my was asked to provide evidence of his RP were offered a bed.  O p.m. ASM (administrative staff administrator, approached this there was no documentation as offered to Resident #149 or 3.  Beeting was conducted on 2/15/18 ASM #1, the administrator, ASM finursing /assistant and finursing /assistant director of ASM #2, ASM #3, and ASM #5 and holds was requested at this acidity policy titled "Bed-Holds and di, in part, the following "Policy Statement. Prior to a predict leaves, residents or intatives will be informed in an information will be given to the expectation of the resident representatives that a calculation and indictions of a calculation of the information will be given to the expectation of the information of the informatio				

PRINTED: 02/27/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING _			С
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NAME OF E	PROVIDER OR SUPPLIER		,k		REET ADDRESS, CITY, STATE, ZIP COL	DE	
	E HALL BLACKSTO			l	0 S MAIN ST		
HERITAG				BI	_ACKSTONE, VA 23824 PROVIDER'S PLAN OF CORR	ECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETION DATE
F 625	Continued From p		F	625			
	and or the RP a be	failed to provide Resident #93 ed hold notification when transferred emergently to the 17.					
	6/14/16 with a reading diagnoses that including apoxic brain damage.	admitted to the facility on dmission on 12/27/17 with clude, but not limited to stroke, age (lack of oxygen to brain), speaking), dysphagia (difficulty eft sided paralysis.		ļ			
	set), a significant ARD (assessmen coded Resident # the questions on mental status), the	ost recent MDS (minimum data change assessment with an at reference date) of 12/27/17 as being unable to answer the BIMS (brief interview for e staff assessment coded him impaired to make decisions.					
	revealed, in part,	lent #93's clinical record that he was transferred to the 1/17 to treat seizures.					
	did not reveal an	Resident #93's clinical record y evidence that the bed hold led to Resident #93 and or his ansfer to the hospital on					
	plan dated 1/2/18	dent #93's comprehensive care 8 did not reveal any elated to the hospitalization on					
	On 2/14/18 at 1:	35 p.m., an interview was					

	RS FOR MEDICARE OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION		E SURVEY
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING			С
		495353	B. WING				16/2018
	NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL BLACKSTONE  (X4) ID PREFIX TAG  CONTINUED FROM PROVIDER OR SUPPLIER  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 625  Continued From page 43  conducted with RN (registered nurse) #2, a unimanager. RN #2 was asked who was responsible for providing the bed hold notice, when a resident was transferred to the hospital RN #2 stated, "On a weekend we can, it doesn happen often, but normally admissions / social worker handle this. We may have asked in the past (maybe on a weekend) if they (the resident/RP) wanted to do a bed hold and we were allowed to give rates." RN #2 was asked she did offer a bed hold, if she would document this in the progress notes, RN #2 stated that she did not remember.  On 2/15/18 at 10:32 a.m., an interview was conducted with OSM (other staff member) #3,			900	REET ADDRESS, CITY, STATE, ZIP COL S MAIN ST ACKSTONE, VA 23824	DE	
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	х	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 625	conducted with RN manager. RN #2 v responsible for prowhen a resident with RN #2 stated, "On happen often, but worker handle this past (maybe on a resident/RP) wantwere allowed to gishe did offer a bed this in the progres did not remember  On 2/15/18 at 10:3 conducted with Os social worker, and director. OSM #3 was responsible for OSM #5 stated sho OSM #5 stated sho OSM #5 stated, "I has been admitted RP to ask them at the bed hold then hold agreement for conversation in the the bed hold. If the signed agreemen office." OSM #5 v that Resident #93 hold on 12/22/17.  On 2/15/18 at 1:3 member) #1, the writer and stated documentation the	I (registered nurse) #2, a unit was asked who was viding the bed hold notice, as transferred to the hospital. a weekend we can, it doesn't normally admissions / social. We may have asked in the weekend) if they (the ed to do a bed hold and we ve rates." RN #2 was asked if I hold, if she would document is notes, RN #2 stated that she see the staff member) #3, the OSM #5, the admissions and OSM #5 were asked who for providing bed hold notices. We would handle the bed holds. The work is in the bed hold. If they want they come in and sign a bed form. I document the e progress notes if they decline they accept the bed hold the tis in the admission file in my was asked to provide evidence and his RP were offered a bed of p.m. ASM (administrative staff administrator, approached this		625			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION		E SURVEY MPLETED
		495353	B. WING			02	/16/2018
	PROVIDER OR SUPPLIER			900	REET ADDRESS, CITY, STATE, ZIP COI ) <b>S MAIN ST</b> . <b>ACKSTONE, VA 23824</b>	DE	
(X4) ID PREFIX TAG	(FACH DEFICIEN)	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 625	An end of day me at 4:00 p.m. with at 4:00 p.m. with a #2, the director of administrator, AS training, and ASM nursing. ASM #1 were made aware facility policy for betime.	eeting was conducted on 2/15/18 ASM #1, the administrator, ASM inursing /assistant M #3, the administrator in I #5, the assistant director of ASM #2, ASM #3, and ASM #5 of the above concerns and a need holds was requested at this ation was provided prior to the	F	625			
	end of the survey 3. The facility star or the resident's r of the bed hold pr discharged to the Resident #98 wa: 2/8/16. Resident were not limited t and pneumonia. MDS (minimum of status assessme						
	Review of Reside a nurse's note da resident was discrespiratory comp Resident #98's conterdisciplinary resident was proregarding the fact #98 was re-admits	ent #98's clinical record revealed ated 1/5/18 that documented the charged to the hospital due to lications. Further review of linical record (including notes) failed to reveal the vided written information sility bed-hold policy. Resident itted to the facility on 1/9/18.		and the second s			
	conducted with 0	o:33 a.m. an interview was DSM (other staff member) #3 (the and OSM #5 (the admissions	<b>=</b>	ŝ			3

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STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	TIPLE CONST		(X3) DATE	PLETED
		495353	B. WING				6/2018
	PROVIDER OR SUPPLIER	NE	•	900 S MA	DDRESS, CITY, STATE, ZIP IN ST STONE, VA 23824	CODE	
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION ROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 625	coordinator). OSM department is respinformation to resi OSM #5 stated shresident has been she contacts the rithem if they would stated if the reprehe/she is asked to bed hold agreeme representative documents this in asked to provide offered a bed hold to the hospital on On 2/15/18 at 1:3 member) #1 (the OSM #5 was ask documentation for Resident #98. At agreement regard that was the only	If #5 stated the admissions consible for providing bed hold dents and their representatives a waits until she knows a admitted to the hospital then esident's representative to ask like a bed hold. OSM #5 sentative wants a bed hold then o come to the facility and sign a ent form. OSM #5 stated if the es not want a bed hold then she a nurse's note. OSM #5 was evidence that Resident #98 was the want the resident discharged.		625			
	director of nursin training) and ASN nursing) were made on 2/16/18 at 8:2 conducted with Fasked if the facilipolicy to him who hospital in Janua "They told me at out and stay out	27 p.m. ASM #1, ASM #2 (the g), ASM #3 (the administrator in #5 (the assistant director of ade aware of the above concern 28 a.m., an interview was Resident #98. Resident #98 was try staff explained the bed hold en he was discharged to the ary 2018. Resident #98 stated, bout it before. They said if you for a certain amount of days the bed when you get back."	s go				

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
AND PLAN O	F CORRECTION	(DE14111 10) 11 / 214 / 32 / 32 / 32 / 32 / 32 / 32 / 32 / 3	A. DUILU	., 40		1	C
		495353	B. WING				16/2018
	PROVIDER OR SUPPLIER BE HALL BLACKSTO	NE.		900	REET ADDRESS, CITY, STATE, ZIP CO S MAIN ST ACKSTONE, VA 23824	DDE	
HERITAG				DL.	PROVIDER'S PLAN OF COR	RECTION	(X5)
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F 625	him about the bed time he went to the "No."  No further informa	hold policy the most recent e hospital. Resident #98 stated, tion was presented prior to exit. failed to provide a notice of		625			
	RP (responsible page emergently transfer 10/11/17.  Resident #254 was 4/19/17 with a rec	ransfer, to Resident #254 or arty) when the resident was erred to the hospital on s admitted to the facility on ent readmission on 10/23/17,					
	to: diabetes, heard below normal level stones, and depre	MDS (minimum data set)		i e			
	assessment, a Me with an assessment coded the resider (brief interview for that she was sever cognitive decision being totally depe	edicare 30 day assessment, ent reference date of 11/20/18, ent as scoring a 7 on the BIMS remental status) score, indicating erely impaired to make daily ens. The resident was coded as endent upon one or more staff of her activities of daily living.	9				
	documented entressed of the documented entressed of the documented entressed of the document o	d revealed the following y dated, 10/11/17 at 9:19 p.m., ent vomit x1 (one time) - prn (as used to treat nausea and en. Resident vomit again x2 me of doctor) in to see Resident didet for 24 hours and KUB, bladder - x-ray). Resident t again x1 (one time). 8:15 p.m. order) from (name of doctor) to hergency room) for eval					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	COMPLETED	
		495353	B. WING _			16/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 900 S MAIN ST BLACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(FACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 625	(evaluation). Res MD (medical doct p.m." Further review of #254 failed to evi	ident sent to Hosp (hospital) per for) request - resident left at 8:45 the clinical record for Resident dence documentation that the	F 6	25		
	bed hold policy w or the responsible hospital.	as presented to the resident and e party upon transfer to the				
	nurse) #2 on 2/14 the resident or the copy of the bed he hospital, RN #2 s the bed hold polic ask the resident hold and gave the been a long time	conducted with RN (registered 4/18 at 1:41 p.m. When asked if eir representative were given a hold policy upon transfer to the stated, "The front office handles by. In the past I been asked to or family if they would like a bed em the rates at that time but it's since I did that." When asked if ice in writing regarding the bed ed, "No."				
	member (OSM): #5, the admissio 10:32 a.m. When the resident the I "I handle that." V for bed holds, Os (the resident) ha contact the RP ( the bed hold I as and sign the pap documented, Os bed hold, I write want the bed ho kept in the front	conducted with other staff #3, the social worker and OSM ns coordinator, on 2/15/18 at a sked the process for giving bed hold policy, OSM #5 stated, When asked the facility process SM #5 stated, "I wait until they is been admitted and then I responsible party). If they want sked them to come into the facility ber." When asked where this is SM #5 stated, "If they decline the a note in the nurse's note. If they lid, they sign the paper and it's office." A copy of the bed hold for was requested of OSM #5 at this	у			

CENTERS FOR MEDICARE & MEDICARD SERVICES  STATEMENT OF DEFICIENCIES (X1) PROVIDERS TO PUBLISHED AND THE PERSON DESCRIPTION OF THE PERSON DESCRIPTION	(X2) MUI		(X3) DATE SURVEY COMPLETED				
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILD	)ing _			0
		495353	B. WING			02/	16/2018
NAME OF F	PROVIDER OR SUPPLIER			l	TREET ADDRESS, CITY, STATE, ZIP CODE		
HERITAG	E HALL BLACKSTO	NE		ŧ .	LACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 625	Continued From page	age 48	F	625			
	member) #1, ASM ASM #3 (the admi #5 (the assistant dwere made aware No further information Non-Medical Readpage 33.  (2) This information following website: https://dailymed.nm?setid=d9a71b4	b p.m. ASM (administrative staff #2 (the director of nursing), nistrator in training) and ASM lirector of nursing) and OSM #3 of the above concern.  Ition was provided prior to exit.  Inary of Medical Terms for the der; Rothenberg and Chapman, on was obtained from the  Im.nih.gov/dailymed/drugInfo.cf					
	hold policy/notifical responsible party, and admission to Resident #85 was 9/13/16 with the odernetia with be disorder, high blood benign prostation in the Data Set) was 30 hospitalization, where Reference Date coded as severely make daily life detotal care for bath assistance with the control of the code with the code of the co	ff failed to provide a written bed ation to Resident #85 and/or within 24 hours of a transfer the hospital on 12/9/17.  Is admitted to the facility on diagnoses of but not limited to haviors, anxiety disorder, bipolated pressure, gout, asthma, hyperplasia, and high most recent MDS (Minimum eday assessment status/post with an ARD (Assessment of 1/10/18. The resident was by cognitively impaired in ability the cisions. The resident required ning and hygiene; extensive oileting; limited assistance with and transfers; and was	r				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		TÉ SURVEY MPLETED  C
		495353	B. WING			2/16/2018
	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STAT 900 S MAIN ST BLACKSTONE, VA 2382		
(X4) ID PREFIX TAG	(FACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION EACTION SHOULD BE ITO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 625	A review of the clinote dated 12/9/1 documented the frame over and maresident was throsubstancecall is Staff Member, the resident condition this timecall mare and made aware obtained to send [sic] for eval (eval A nurse's note dadocumented, "08 to take medicine began to gag writtowards the sink."	nical record revealed a nurses 7 at 8:44 a.m., which following: "Unit charge nurse ade this nurse aware that wing up an [sic] black like made to ASM #9 (Administrative e physician) to make aware of a message left no return call at ide to (ASM #4 Medical Director) of resident condition order resident to er (emergency room)		625		
	On 2/14/18 at 1:4 (other staff mem stated that once admitted to the h Responsible Parthey wish to have them the form to not get anything #5 stated that sh notes that they documentation in bed hold status. OSI	the clinical record failed to noe that a bed hold was offered.  If p.m., in an interview with OSM ber) #5 (Admissions). OSM #5 she knows a resident has been ospital, she calls the ty (RP) about the bed hold. If a bed hold, she will then send sign, but if they decline, they do in writing about a bed hold. OSM is just documents in the nurses eclined. There was no no Resident #85's record about or attempts to secure the bed M #5 stated that she attempted to esident #85 but was not able to	A			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495353	B. WING				
		495353			02/	16/2018	
NAME OF	PROVIDER OR SUPPLIER	•	1	STREET ADDRESS, CITY, STATE, ZIP CODE			
HERITAG	E HALL BLACKSTO	NF '	9	000 S MAIN ST			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 4 6.4	E	BLACKSTONE, VA 23824			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 625	Continued From pa	nge 50	F 625		•		
	writing to the RP. (know the bed hold whether or not the declined one.	d not follow up with anything in DSM #5 stated she did not had to be provided in writing, responsible party accepted or oximately 4:00 PM at the end					
-	of day meeting, the Director of Nursing of the findings. No provided by the end	Administrator (ASM #1) the (ASM #2) were made aware further information was d of the survey.					
F 641 SS=D	resident's status. This REQUIREMENT by: Based on staff intered and clinical record in facility staff failed to assessment for one sample, Resident # The facility staff fail fail that occurred or MDS (minimum data (assessment reference) The findings include Resident #25 was a 3/24/17 with a read diagnoses that incidents	by of Assessments.  ust accurately reflect the  NT is not met as evidenced  erview, facility document review review, it was determined the complete an accurate e of 31 residents in the survey 25.  ed to capture Resident #25's a 8/8/17 on the next scheduled ta set) with an ARD ence date) of 10/27/17.  e: admitted to the facility on mission on 7/12/17 with ude, but not limited to,	F 641	Corrective Action(s): Resident #25 has had their most recent MDS modified and corrected by the MD coordinator to accurately code section I for falls since last assessment while in facility. A facility Incident & Accident form was completed for this incident.  Identification of Deficient Practice(s) and Corrective Action(s): All other residents with a fall may have potentially been affected. A 100% audit of all current resident assessments will be completed by the MDS Coordinator and/or designee to ensure that MDS sections J – Falls since last assessment is coded correctly. All negative findings we be reported to the MDS department for immediate correction. A Modification will be completed for each discrepancy identified on the most current MDS.	pe S		
		falling, dementia, chronic d difficulty in walking.					

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	, cov	E SURVEY APLETED C
		495353	B. WING _			/16/2018
	PROVIDER OR SUPPLIE		i	STREET ADDRESS, CITY, STATE, ZIP COD 900 S MAIN ST BLACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 641	Resident #25's massessment with Resident #25 as 15 on the BIMS (indicating that Recognitively impair A review of Resident Prevealed Resident A review of Res	page 51 nost recent MDS, a quarterly an ARD of 1/26/18, coded scoring a five out of a possible (brief interview for mental status), esident #25 is severely red with daily decision making.  dent #25's clinical record nt #25 had fallen on 8/8/17.  dent #25's comprehensive care 17 revealed, in part, the following "Problem/Need: Potential for ents impaire (sic) independent omments. 8/8/17 fall. ssure Alarm to W/C (wheelchair)."  dent #25's MDS, a quarterly n an ARD of 10/27/17, Section J, ns, coded Resident #25 has ) falls since the last assessment ion assessment with an ARD of  (35 p.m., an interview was RN (registered nurse) #3, an or. RN #3 was asked if a fall would the MDS. RN #3 stated that it #3 was asked to review Resident cord and the provide evidence erienced on 8/8/17 was captured MDS assessment. RN #3 stated do some research and get back to  (55 p.m. LPN (licensed practical IDS coordinator, approached this d that Resident #25's fall on captured on the 10/27/17 MDS		The MDS Coordinator has been inserviced by the Regional Nurse consultant on the proper assessment coding of all areas of the MDS to sections J of the MDS. All comping MDS's and quarterly MDS's will reviewed each week according to MDS schedule by the RCC and/of to ensure the accuracy and integrates in the MDS and RCC are responsimentally monitoring compliance. The MI assessment audit will be comple weekly coinciding with the MD to monitor for compliance. All findings from the audits will be to the DON and RCC at the time discovery for immediate correct Aggregate findings will be reported and recommendations for change it policy, procedure, and/or pract Completion Date: April 2, 20	include rehensive in now be of the or DON rity of the steed S calendar negative reported e of tion. Or ted to the monthly in facility ice.	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			C (X3) DATE SURVEY	
		495353	B. WING			_	6/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
1	E HALL BLACKSTO	NE	900 S MAIN ST BLACKSTONE, VA 23824		LACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 641	assessment. LPN a reference she used	een included on that #8 was asked what guidelines / d for completing the MDS. RAI (resident assessment	F	641			
	at 4:00 p.m. with A #2, the director of administrator in tra assistant director of	sting was conducted on 2/15/18 SM #1, the administrator, ASM nursing, ASM #3, the sining, and ASM #5, the of nursing. ASM #1, ASM #2, #5 were made aware of the					
F 655 SS=D	end of the survey; Baseline Care Plat CFR(s): 483.21(a)  §483.21 Compreh Planning §483.21(a) Baselin §483.21(a)(1) The implement a base that includes the ir effective and perse that meet professi The baseline care (i) Be developed v admission. (ii) Include the mir necessary to prop including, but not	ensive Person-Centered Care ne Care Plans facility must develop and line care plan for each resident nstructions needed to provide on-centered care of the resident onal standards of quality care, plan must- vithin 48 hours of a resident's nimum healthcare information eriy care for a resident limited to- used on admission orders. ers. i. ces.		655	F655 Corrective Action(s): Resident #255's attending physician RP were notified that the facility fail develop an accurate base line care pl for resident #255 that included the resident's pain medication use and the need for anticoagulant medication us Facility Incident & Accident Form we completed for this incident.	ed to an ne se. A	4/2/18

Event ID: TY4011

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE	CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILE	ING _		С	
		405252	B. WING	i		1	_ 16/2018
	ROVIDER OR SUPPLIER	495353 NE	D. 11110	S1 <b>90</b>	TREET ADDRESS, CITY, STATE, ZIP COI DO S MAIN ST LACKSTONE, VA 23824		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 655	§483.21(a)(2) The comprehensive care plan if the co (i) Is developed wadmission. (ii) Meets the requision this section this section).  §483.21(a)(3) The resident and their of the baseline callimited to: (i) The initial goad (ii) A summary of dietary instruction (iii) Any services administered by the comprehension the comprehension REQUIREM by:  Based on staff in and clinical reconfacility staff failed for one of 31 resident #255.  The facility staff care plan to addinanticoagulant for	facility may develop a are plan in place of the baseline imprehensive care planithin 48 hours of the resident's direments set forth in paragraph (excepting paragraph (b)(2)(i) of the facility must provide the representative with a summary re plan that includes but is not as and treatments to be the facility and personnel acting acility. Information based on the details insive care plan, as necessary. ENT is not met as evidenced atterview, facility document review of review, it was determined the develop an interim care planidents in the survey sample, failed to develop an baseline ress pain and the use of an Resident #255.	<i>v</i>	655	Identification of Deficient Pra & Corrective Action(s): All new admissions to the facili have potentially been affected. review of all new admissions in 30 days will be conducted by the RCC and/or designee to identify without an accurate base line of within 48 hours of admission. Identified with inaccurate base plans developed after 48 hours admission will have their care reviewed and updated to reflect current interventions and approaches to address their metreatment needs and the attenda physician and RP will be notify Facility Incident & Accident Facility Incident & Accident Facility Incident & Accident Facility Policy and Proceed been reviewed and no change warranted at this time. The nut assessment process as evidence 24 Hours Report and docume the medical record and physic will be used to develop and reline care plans within 48 hours admission to the facility. The and the DON will be inservice regional nurse consultant on development and implements of base line care plan within admission.	ity may A 100% In the last the DON, fy residents care plan All resident cline care s of plan ct their copriate edical and ling fied. A Form will be dentified.  dure has as are arsing ced by the chation in cian orders evise base rs of RCC, IDT ced by the the ation process	
	The findings incl	ude:					]

		(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED	
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	3		С	
		495353	B. WING_			16/2018	
	PROVIDER OR SUPPLIER	NE		STREET ADDRESS, CITY, STATE, ZIP 900 S MAIN ST BLACKSTONE, VA 23824	CODE		
(X4) ID PREFIX TAG	SUMMARY ST.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
·			<u>                                     </u>	DEI MEIO I)			
F 655	Resident #255 was 2/9/18 with diagno limited to right knee blood pressure and There was no MD assessment compassessment compassessment compassistance with all all properties of the management	s admitted to the facility on ses that included but were not e replacement, seizures, high	F 65	Monitoring: The RCC and DON are respondintaining compliance. The RCC will perform care plan new admissions 48 hours aft to ensure a base line care place completed timely. Any/all infindings will be reported to immediate correction. Detail of the Care Plan audit will be the Quality Assurance Compreview, analysis, and recomfor change in facility policy and/or practice.  Completion Date: April 2,	e DON and/or andits on all er admission in has been egative the RCC for led findings ie reported to mittee for mendations procedure,		
	documented, "Tyl - 2 tabs (tablets) PRN (as needed) administration rec	lers dated, 2/10/18, enol 325 MG (milligrams) Table PO (by mouth) Q (every) 4 hour pain. The MAR (medication cord) documented the resident Tylenol on three occasions sinc	5				
	The physician orders dated, 2/10/18, documented, "Xarelto* 10 MG (milligrams) Table one tab (tablet) PO (by mouth) QD (every day) a 5:00 p.m. Dx (diagnosis): DVT (deep vein thrombosis) prophylaxis." Prophylaxis of Deep Vein Thrombosis Following Hip or Knee Replacement Surgery,		t		.*		
	DVT, which may	dicated for the prophylaxis of lead to PE (pulmonary ents undergoing knee or hip gery. (1)					
-	The "Interim Pla	n of Care" dated 2/9/18 was was no documentation of a pla	n				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	
	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING	S		LETED
		405252	B. WING		02/1	; 6/2018
NIANAE CIPI	PROVIDER OR SUPPLIER	495353		STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/1	012010
			1	900 S MAIN ST		
HERITAG	SE HALL BLACKSTO	NE		BLACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 055	0 "		F 050			
F 655		•	F 655			
		he "Interim Care Plan" dated; ress the use of Xarelto.				
	An interview was c	onducted on 2/14/18 at 1:58				
	p.m. with RN (regis	stered nurse) #2. When asked				
	where the interim of	care plans were located, RN #2 the care plan book on the		•		
	floor.	, the sare plan book on the				
	An intension was o	conducted with administrative				
An interview was conducted with ad staff member (ASM) #5, the assista						
		8 at 2:10 p.m. ASM #5				
		erim Plan of Care" was the e until the full care plan is				
	created.				!	
	An interview was o	conducted with RN #1, on				
	2/14/18 at 2:14 p.n	n. When asked how the care				
		admitted resident are h the staff, RN #1 stated, "We				
	have an interim ca	re plan." When asked what			•	
!	should be on the in	nterim care plan, RN #1 stated, resident with ADL (activities of				
	daily living) care, in	ncontinence care, and glasses				
		When asked if pain and the use				Ę
		it, such as Xarelto should be interim care plan, RN #1 stated,				
	"I do believe it sho	uld be." RN #1 stated, "I don't				l ì
		Some nurses refer to the MAR nistration) as part of the care				
	plan." RN #1 was	asked to review the interim care	•	·	•	
		#255. When asked if pain or coagulant were addressed on				
	the interim care pl	an, RN #1 stated, "No, it's not				
	there." When aske	ed who is responsible for				
	it but I guess the r	m care plan, RN #1 stated, "I do nurses can do it."				
	_	conducted with ASM #2, the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA	' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN O	IF CORRECTION	IDENTIFICATION NOMBER	A. BUILC	ING		c	;
		495353	B. WING			02/1	6/2018
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HERITAG	SE HALL BLACKSTO	NE			ACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 655	director of nursing, asked what should care plan, ASM #2 resident needs, toil how they transfer, they use glasses a When asked the plan, ASM #2 state for them how to tak if pain and the use Xarelto should be resident who had a stated, "Yes, I belie review Resident #2 When asked if pain anticoagulant was ASM #2 stated, "N	on 2/15/18 at 2:20 p.m. When be addressed on the interim stated, "What assistance the eting needs, how they are fed, if they are hard of hearing, if nd the incontinence status." urpose of the baseline care ed, "It's to tell the person caring the care of them." When asked of an anticoagulant such as on the interim care plan for a nature explain the explanation of the use of an and the use of an addressed on the care plan, o, it's not there."	F	655	-		
	documented in par resident's immedia maintained, a base developed with in the resident's admission. Team will review the orders (e.g., dietant treatments, etc.) a plan to need the re- including but not ling on admission orded dietary orders. d. the services4. The re- will be provided a plan that included initial goals of the resident's medical Any services and by the facility and	et, "1. To assure that the ste care needs are met and beline care plan will be orty-eight (48) hours of the on. 2. The interdisciplinary ne healthcare practitioner's y needs, medications, routine and implement a baseline care resident's immediate care needs mited to: a. Initial goals based ars, b. physician orders. c. herapy services. e. social resident and their representative summary of the baseline care but is not limited to: a. The resident. b. A summary of the ions and dietary instructions. c. treatments to be administered personnel acting on behalf of Any updated information based					

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STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C	
		495353	B, WING_		1	6/2018
	PROVIDER OR SUPPLIER SE HALL BLACKSTO	NE	STREET ADDRESS, CITY, STATE, ZIP CODE 900 S MAIN ST BLACKSTONE, VA 23824		_	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE (	(X5) COMPLETION DATE
F 655	ASM #1, the admir of nursing, ASM #3 and ASM #5, the a OSM (other staff nurser made aware 2/15/18 at 4:30 p.m. No further information of the control of the	nistrator, ASM #2, the director 3, the administrator in training, assistant director of nursing and nember) #3, the social worker of the above findings on m.  tion was provided prior to exit. on was obtained from the m.nih.gov/dailymed/druglinfo.cf 3-2300-4a80-836b-673e1ae916 at Comprehensive Care Plan (1)  rehensive Care Plans a facility must develop and orehensive person-centered a resident, consistent with the forth at §483.10(c)(2) and at includes measurable perframes to meet a resident's and mental and psychosocial entified in the comprehensive comprehensive care plan must			reflect s and c's eds to times eals. A a was re plan reflect s and c's eds to	4/2/18

Facility ID: VA0108

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	1	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	F CORRECTION	PERTITION TOUR MOINDER	A. BUILDIN	G	1	Ċ
		495353	B. WING_			16/2018
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP	CODE	
HERITAG	SE HALL BLACKSTO	NE .		900 S MAIN ST BLACKSTONE, VA 23824		
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TAG	NEGODATORI GRE	SO ISELVIA TITO II II OLI GILIVIOTO		DEFICIENCY		<u> </u>
F 656	under §483.10, inc treatment under §4 (iii) Any specialized rehabilitative service provide as a result recommendations. findings of the PAS rationale in the res (iv) In consultation resident's represer (A) The resident's desired outcomes. (B) The resident's future discharge. Find whether the resident community was as local contact agencentities, for this pur (C) Discharge plan plan, as appropriat requirements set for section.  This REQUIREME by:  Based on observation document review, was determined the and implement the two of 31 residents Residents #22 and 1. The facility staff #22's comprehens mat down while the	luding the right to refuse .83.10(c)(6). It services or specialized less the nursing facility will of PASARR. If a facility disagrees with the ARR, it must indicate its ident's medical record. With the resident and the stative(s)-goals for admission and preference and potential for acilities must document nt's desire to return to the sessed and any referrals to cles and/or other appropriate rpose. Is in the comprehensive care lee, in accordance with the orth in paragraph (c) of this INT is not met as evidenced ation, staff interview, facility and clinical record review, it is facility staff failed to develop a comprehensive care plan for in the survey sample, if Resident #39.  If alled to implement Resident ive care plan to have the fall it e resident #22 was observed.	F 65	Identification of Deficient I & Corrective Action(s): All residents may have potent affected. A 100% review of comprehensive care plans we conducted by the DON, ADM and/or designee to identify rinaccurate or incomplete concare plans. Resident identification in the resident in the resident and treatment needs in the facility Policy and Proceedings and the action of the reviewed and no changes. The facility Policy and Proceedings are reviewed and no changes warranted at this time. The sassessment process as evided 24 Hours Report and document the medical record and physically will be used to develop and comprehensive plans of car IDT and the DON will be in the regional nurse consultant development, revision and implementation process of care plans.  Monitoring: The RCC and DON are resimalizationing compliance. The RCC will perform care plans coinciding with the care plans monitor for compliance. At findings will be reported to RCC for immediate corrections.	ntially been all ill be ON, RCC esidents with imprehensive ed with re plans will id and updated rentions and didress their s. A Facility will be identified.  The dedure has ges are nursing renced by the inentation in sician orders revise e. The RCC, inserviced by int on the individualized ponsible for in audits weekly an calendar to my/all negative of the DON /	
		failed to develop a re plan to address pain for				5

Facility ID: VA0108

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	COM	E SURVEY IPLETED
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F 656	Resident #39.  The findings included 1. Resident #22 w 9/29/14 with a reach diagnoses that include heart disease, Parprogressive neurol by resting tremor, rolling motions of tweakness) (1) and The most recent wassessment, an arassessment reference ident as scoring interview for mental was severely imparted totally dependent unembers for all of Section J - Health coded as not having previous assessment.	as admitted to the facility on dmission on 1/19/17, with uded but were not limited to: kinson's disease (a slowly ogical disorder characterized shuffling gait, stooped posture, he fingers, rolling and muscle dementia.  IDS (minimum data set) anual assessment, with an ence date of 2/15/18, coded the ga "5" on the BIMS (brief al status) score, indicating she aired to make daily cognitive sident was coded as being upon one or more staff ther activities of daily living. In Conditions, the resident was ng had any falls since the ent.		656	findings of the interdisciplinary tea audit will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure and/or practice.  Completion Date: April 2, 2018	<i>y</i>	
	2/14/18 at 8:52 a.r was in the bed, wi The bedside table breakfast tray. A fa	made of Resident #22 on m. and 9:02 a.m. The resident th the head of the bed elevated was in front of her with her all mat was observed folded up pard of the bed. It was not on e bed.					
	2/15/18 at 8:22 a.t in the bed with the 8:47 a.m., Reside	n was made of Resident #22 on m. The resident was observed e fall mat down. On 2/15/18 at nt # 22 was observed in bed er bed elevated. The bedside	1				

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG	CX3) DATE SURVEY	
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F 656	table was in front The fall mat was headboard of the to the bed.  The comprehens documented in p injury." The "App "Fall mat at beds  The physician or documented, "Fa safety, check por The TAR (treatm February documented that shift in February  The "Fall Risk A coded the reside documented, "A indicates HIGH I protocol should documented on  An interview was nursing assistan CNA #4 was asl #4 stated, "Whe they are a fall ris asked if the mat resident is in be asked if the fall when the reside the over bed tab stated. "We put	of her with her breakfast tray. observed folded up behind the bed. It was not on the floor next  ive care plan dated, 10/1/14 art, "Problem/Need: Potential for roaches" documented in part, ide when resident is in bed."  ders dated, 1/19/17, all mat at bedside when in bed for sition Q (every) shift."  ent administration record) for ented, "Fall mat at bedside when check position Q shift." It was a the fall mat was down for every  essessment" dated, 1/26/18, ent with a score of "18." The form score greater than or equal to 10 RISK, for which prevention be initiated immediately and	4	556		

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION		E SURVEY IPLETED
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F 656	CNA #4 stated, "It's of the patient.  An interview was of practical nurse) #5 regarding when a foor. LPN #5 stated When asked if it shoreakfast tray is in LPN #5 stated, "It's how to the floor) if the asked the purpose stated, "It's how to the floor in the floor of the floor of the floor of the floor for a resident resident is to have should be down whasked if the fall material for the floor of the floor	age 61 d the purpose of the care plan, show to know how to take care conducted with LPN (licensed on 2/15/18 at 2:05 p.m., fall mat should be down on the ed, "When they are in the bed." when the resident in the bed, (the fall mat) should be there resident is in the bed. "When of the care plan, LPN #5 care for our residents." conducted with administrative of the care plan, LPN #5 care for our residents." conducted with administrative of the care plan, LPN #5 care for our residents." conducted with administrative of the care plan, LPN #5 care for our residents." conducted with administrative of the care plan, LPN #5 care for our residents." conducted with administrative of the care plan, LPN #5 care for our residents." conducted with administrative of the care plan, regarding when a fall mat should be down on the afall mat while in bed, then it hen they are in the bed. "When at should be down when the with a breakfast tray in front of ted, "If the resident has an ille in bed, then it should be sident is in the bed." When is an intervention on a m, should the intervention be followed, ASM #2 stated, "Yes."  "Care Plans, Comprehensive	F 6	56		
	Person - Centered comprehensive, p includes measural meet the resident' functional needs is for each resident.	"documented in part, "A erson-centered care plan that ble objective and timetables to s physical, psychosocial and s developed and implemented The Interdisciplinary Team on with the resident and his/her				

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	mplements a compare plan for each interventions are comprehensive as comprehensive, plescribe the servication or maintain oracticable physically being."  Basic Nursing, Esterior and Perry, reference for care a written guideline or maintain oracticable physically being. The written guideline or moting continuoration and some professionals. The coordinates resources, a correctly reasy to continue of the patient's stanursing diagnosis no longer appropriate. An out of discompromises the ASM #1, the admost nursing, ASM # and ASM #5, the OSM (other staff were made award 2/15/18 at 4:30 p	resentative, develops and aprehensive, person-centered resident. The care plan derived from a thorough primation gathered as part of the assessmentThe erson -centered care plan will ces that are to be furnished to the resident's highest al, mental and psychosocial sentials for Practice, 6th edition, 2007, pages 119-127), was a plans. "A nursing care plan is a for coordinating nursing care, aity of care and listing outcome in the evaluation of nursing care plan communicates ities to other health care are care plan also identifies and arces used to deliver nursing formulated care plan makes it care from one nurse to another. It is and related interventions are relate, modify the nursing care and related interventions are relate, modify the nursing care are or incorrect care plan quality of nursing care."  Inistrator, ASM #2, the director #3, the administrator in training, assistant director of nursing and member) #3, the social worker of the above findings on		656		

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	
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F 656	Continued From pa (1) Barron's Diction Non-Medical Read page 437.	age 63 nary of Medical Terms for the er; Rothenberg and Chapman,	F	656			
	2. The facility staff comprehensive ca Resident #39.	failed to develop a re plan to address pain for	1				
	2/24/17 with diagn limited to: history of obstructive pulmor chronic, non-rever usually a combina	admitted to the facility on oses that included but were not of falling, COPD - chronic nary disease (a general term for sible lung disease that is tion of emphysema and chronic nritis and anxiety disorder.					
	assessment, a qua assessment refere the resident as so interview for ment was moderately in decisions. The residependent upon of activities of daily life Conditions, the re- scheduled pain m	ADS (minimum data set) arterly assessment, with an ence date of 11/22/17, coded oring a "10" on the BIMS (brief al status) score, indicating she appaired to make cognitive daily sident was coded as being one staff member for her ving. In Section J - Health sident was coded as receiving edication and rating her pain as scale of 0 -10, ten being the					
	failed to evidence Resident #39's pa The physician ord Arthritis ER (exter	ve care plan, dated, 12/26/17, a care plan to address in. er dated, 1/6/18, Tylenol addrese in Po (by mouth) Q					

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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F 656	(osteoarthritis) join The "Pain - Initial Fidocumented the reevidence of pain." The "Pain - Initial Fidocumented the reevidence of pain." The MAR (medical January 2018 documented for 150 MG TB 1 PO 150	Rating Tool" dated 8/23/17, esident had "No complaint or Rating Tool" dated, 11/22/17, esident had "No complaint or tion administration record) for umented, "Tylenol Arthritis ER Q 8 hours, Dx: OA joint pain." as scheduled for 6:00 a.m., 00 p.m. The medication was I prescribed times. The "Notes' ion, documented the resident's in Pain Level." There were no diministration pain level" e MAR. Review of the el at the time of administration opportunities/assessments of 77 opportunities/assessments opportunities/assessments opportunities/assessments opportunities/assessments		56		
	February 2018 do 650 MG TB 1 PO The medication w 2:00 p.m. and 10:	ation administration record) for cumented, "Tylenol Arthritis ER Q 8 hours, Dx: OA joint pain." as scheduled for 6:00 a.m., 00 p.m. The medication was Il prescribed times. The "Notes				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	, COV	E SURVEY IPLETED
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F 656	for the administration "Pre-Administration entries for "post addocumented on the resident's pain level is as follows:  0 pain level on 11 copportunities/asses 1 pain level on 3 of opportunities/asses 2 pain level on 4 of opportunities/asses 3 pain level on 4 of opportunities/asses 5 pain level on 6 of opportunities/asses 6 pain level on 4 of opportunities/asses 7 pain level on 3 of opportunities/asses 10 pain level on 12 opportunities/asses 10 pain level on 12 opportunities/asses	on, documented the resident's in Pain Level." There were no ministration pain level" when AR. Review of the electric at the time of administration of 43 is sments.	F6	556		
	above order for Ty with LPN #5. LPN residents who are to determine if the reliving the resider go back." When as the Tylenol for Res #5 stated, "In the rasked if Resident see if medication had to the tylenol for the rasked if Resident see if medication had to the tylenol for the rasked if Resident see if medication had the tylenol for the tylenol f	lenol Arthritis was reviewed #5 was if she reassess on scheduled pain medication medication was effective in hit's pain. LPN #5 stated, "Yes, I sked where the effectiveness of sident #39 is documented, LPN murse's notes." LPN #5 was #39 should be reassessed to has helped as she is equently complaining of pain at 5 stated, "Yes, but we don't notic as it sedated her too much.				

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  IG		MPLETED  C
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F 656	When asked if the #5 stated, "Yes, if a resident on shave a care plan "Yes, it's part of arthritis really be the care plan for she saw the resimanagement do #5 stated, "I don is responsible for #5 stated, "I thir told that we are have not been to the have not been to the have not been to a resident assessment and with the phonurse should do assessments, Anotes." When a con a resident's ASM #2 was as plan. ASM #2 shere. "When as developing the MDS nurses." When as developing the MDS nurses." An interview was an interview would be more to the more should."	nis should be on a care plan, LPN it should be." LPN #5 was asked icheduled pain medication would a to address this, LPN #5 stated, her plan of care. She has it. LPN #5 was asked to review Resident #39. When asked if ident's arthritis and pain ocumented on the care plan, LPN it see it there." When asked who or developing the care plan LPN is the MDS nurses do. We were supposed to update them, but I rained to do so."  It see it see it there in the care plan LPN is the MDS nurses do. We were supposed to update them, but I rained to do so."  It see it see it there in the care plan LPN is conducted with administrative and it is conducted with	e t	56		

STATEMENT AND PLAN OI NAME OF P	OF DEFICIENCIES CORRECTION  ROVIDER OR SUPPLIER E HALL BLACKSTO	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495353		ST 90	TREET ADDRESS, CITY, STATE, ZIP CODE OO S MAIN ST LACKSTONE, VA 23824	(X3) DATE S COMPL C 02/16	
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F 658 SS=D	nursing notes." LPI Resident #39's car resident receiving should have pain a comprehensive ca Ma'am." When ask Resident #39's car was not on the car  ASM #1, the admir of nursing, ASM #3 and ASM #5, the a OSM (other staff n were made aware 2/15/18 at 4:30 p.r  No further informa  (1) Barron's Dictio Non-Medical Reac Chapman. Page 1 Services Provided CFR(s): 483.21(b)  §483.21(b)(3) Cor The services prov as outlined by the must- (i) Meet profession This REQUIREME by: Based on observ document review was determined th professional stand	re area assessments) and N #8 was asked to review e plan. When asked if a scheduled pain medication addressed on the re plan, LPN #8 stated, "Yes, ted if pain was addressed on the plan, LPN #8 stated it (pain) e plan."  Inistrator, ASM #2, the director 3, the administrator in training, ssistant director of nursing and member) #3, the social worker of the above findings on the above findings on the above findings on the above findings on the series of the edition; Rothenberg and 25.  Meet Professional Standards		656	F658 Corrective Action(s): Resident #66's attending physician been notified that the facility staff to clarify left TBAR hand splint are resting hand splint orders upon readmission. Resident #66's physicorders have been reviewed to ensure medication and treatment orders a accurate. A Facility Incident & Action Form was completed for these incompleted for these incompleted for these incompleted.	raned ad right cian we all we coident	4/2/18

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F 658	The facility staff fareadmission to the TBAR hand splint that were discontile therapist on 12/22. The findings inclusive Resident #66 was 7/29/14 and read diagnoses that inchigh blood presset two diabetes, and recent MDS (minichange assessmanterence date) of coded as being infunction scoring (Interview for Menwas coded in second as usually being to express ideas also coded in section of the expression of the expre	alled to clarify orders on a facility for Resident #66's Left and right resting hand splint nued by the occupational 1/17.  de:  admitted to the facility on mitted on 12/21/17 with cluded but were not limited to ure, neurogenic bladder [1], type I dementia. Resident #66's most mum data set) was a significant ent with an ARD (assessment f 12/28/17. Resident #66 was noderately impaired in cognitive 08 out of 15 on the BIMS (Brief Ital Status) exam. Resident #66 was noderately impaired in the ability and wants. Resident #66 was understood by staff in the ability and wants. Resident #66 was unally understanding staff.  ent #66's POS (physician order igned by the physician on the following active orders:  tive nursing program) 7 days per to donn (sic) left Tbar [2] splint splint after am (morning) ADLS of living) and remove at lunch. I donn (sic) bilateral palm guards for yery) shift per pt (patient so order was initiated on 1/30/17 on 12/21/17 when Resident #66 to the facility.		Identification of Deficient Practices/Corrective Action All other residents with physical potentially affected. The DC and/or designee will conduct review of all resident's splint positioning orders to identification risk will be corrected at time and the attending physician notified of each error. An Interest Accident form will be comparative finding.  Systemic Change(s):  The facility policy and procedure finding.  Systemic Change(s):  The facility policy and procedure at this time. The assessment process as evidence at the summan and process as evidence at the summan and physician of the source document for the and monitoring of care which obtaining, transcribing and physician ordered medical treatments per physician or admission and readmission will be inserviced by the Deregional nurse consultant of procedure for obtaining, transcribing, transcribing and procedure for obtaining, transcribing and physician or admission and readmission will be inserviced by the Deregional nurse consultant of procedure for obtaining, transcribing and physician or admission and readment include the orders for splin recommended from the the department.	sician ordered been DN, ADON et a 100% enting and ry any ets identified at e of discovery will be encident & eleted for each cedure has sions are nursing denced by the station in the hospital orders remains e development ich includes, administering ions and rder upon end. Licensed staff DON and/or on the policy & ranscribing orders to enting devices as	
	2) "Bilateral paln	guards apply to resident				1 7 60

PRINTED: 02/27/2018 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICALD SERVICES				(Va) DAT	E CHDVEV
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 658	tolerance q day (expended) Review of Resident (activity of daily livity documented the foliation (passive range of a 2/13/18 at 1:52 2/14/18 at 7:53 a.r 2/14/18 at 1:01 p.r Resident #66. Resident #66. Resident #66.	age 69 very) day. Clean and dry and it #66's most recent ADL ing) care plan dated 12/28/17, illowing intervention "RNP g program) - splinting and prom motion) as ordered." it p.m., 02/13/18 at 2:56 p.m., in., 2/14/18 at 11:45 a.m., and in., observations were made of ident #66 had bilateral palm ine ordered splints; Left T-Bar and splint were not in place.		658	Monitoring: The DON is responsible for ma compliance. The DON and/or review medication and treatme weekly coinciding with the car calendar in order to maintain c Any/all negative findings will corrected at time of discovery disciplinary action will be take needed. Aggregate findings of andits will be reported to the C Assurance Committee quarterl review, analysis, and recomme for change in facility policy, prand/or practice.  Completion Date: April 2, 20	ADON will ent orders re plan compliance: be and in as f these quality y for endations rocedure,	
	conducted with LF Resident #66's nu responsible for Im nursing program, implement the resthe nurses ensure followed. When a for ensuring splint the nurses are ultithat splints are in nursing aides are splints in place, LI direction alerting the aides. LPN #1 the nursing aides cabinets. This writh Resident #66's rowell as the bilater documented on F	58 p.m., an interview was N (licensed practical nurse) #6, rse. When asked who was plementing the restorative LPN #6 stated the nursing aides torative nursing program and that the program is being sked who would be responsible s were in place, LPN #6 stated mately responsible for ensuring place. When asked how made aware a resident needs PN #6 stated the intervention or he nursing aides to apply the ocumented on the care plan for 5 stated the care plan used by was located in the residents' ter accompanied LPN #6 to om. The splinting program as al palm guards were resident #66's care plan used by When asked if Resident #66'					

was supposed to be on any special splinting

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	ĒD
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F 658	program, LPN #6 on her TAR (treat LPN #6 stated the be on every shift. palm guards was on the TAR. LPN splints had to be hands. LPN #6 s guards in place. has to have in pla guards on today. saw the order for Resident #66's P should have bee  On 2/14/18 at 12 conducted with 0 #1, Resident #66 responsible for e program was be applying splints t "Aides put them #66 required spl #1 stated, "He w guards on. They here. I don't thir out." When CN had ever worn s sure because sh Resident #66. O she has worked had splints, just  On 2/14/18 at a administration p at 2:20 p.m. The "Late entry for 1 TBar splint and	stated she did not see splints ment administration record). at palm guards were ordered to LPN #6 stated the order for the only order that showed up I #6 stated she was not sure if on Resident #66's bilateral stated, "He has had the palm As far as I know, that is all he ace. He has only had the palm I LPN #6 confirmed that she the splinting program on OS. LPN #6 stated the order		658		

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
AND PLAN O	F CORRECTION	DEMINITION TORK NOMBERS	A. BUILE	MNG _		\ c	
		495353	B. WING			02/1	6/2018
NAME OF F	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE		
HERITAG	E HALL BLACKSTO	NE		В	LACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE [	(X5) COMPLETION DATE
F 658	joint/skin integrity. and remove prior to tolerance."  On 2/15/18 at 12:0 conducted with OS occupational thera #66 was only supp guards in place. O #66 had only been guards when he re 12/21/17. OSM #4 met with the reside requested that he splints were too be stated she agreed the palm guards. discontinue the order he was transferred OSM #4 stated the reinstated by nurs therapy even upor #4 stated that the physician order shon the POS. OSM documented that resident and residestated she did. Ti requested at this fire	Donn (sic) every AM. ADLS of 1-7 shift. Wear per patient of 1-7 shift. OSM #4 stated that Resident wearing the bilateral palm of 1-7 shift. Wearing the bilateral palm of 1-7 shift. Wearing the bilateral palm of 1-7 shift. OSM #4 stated on 12/22/17, she had ent and the resident's wife who only use the palm guards. The allow of 1-7 shift o		658			
	presented a copy The following was palm guards for s prefers palm guar	proximately 12:15 p.m., OSM #4 of her note written on 12/22/17. concumented, "Recommend kin/jt (joint) integrity. Pt (patient ds rather than L (left) T-Bar and and splint. D/C (discontinue) splint."	)				

PRINTED: 02/27/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ing _			С
		495353	B. WING				16/2018
	PROVIDER OR SUPPLIER	NE	···	90	TREET ADDRESS, CITY, STATE, ZIP COD 00 S MAIN ST ILACKSTONE, VA 23824	Ē	
ПЕКНА	<u> </u>				PROVIDER'S PLAN OF CORRE	CTION	(X5)
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SECRET SERVICE OF SE	HOULD BE	COMPLETION DATE
F 658	On 2/15/18 at 1:31 conducted with LP responsible for writersident who is real hospital, LPN #5 stresident was responsible to computer systems or supervise ensure the orders with the hospital of a resident was on prior to transfer to readmitted back to would still be in placed by the something we therapy first." LPI have to be evaluated therapy or restorated on 2/15/18 at 4:0 staff member) #1 DON (Director of ADON (assistant aware of the aborticality used Lippin professional reference of the staff was above concern.  According to "Fu Lippincott, William" After you receive transcribe it onto by your health cacarefully, concerned to the concerned when your check it when your resident with the professional received the staff when your health cacarefully, concerned the staff when your health cacarefully the staff when yo	p.m., an interview was N #5. When asked who was ting admission orders for a admitted to the facility from the stated the nurse assigned to the onsible for entering orders into em. LPN #5 stated the charge or checks behind the nurse to in the computer system match ischarge orders. When asked if a restorative nursing program the hospital but then was to the facility if that same order ace, LPN #5 stated, "That would would have to discuss with N #5 stated the resident would sted by therapy before any attive nursing orders are written.  3 p.m., ASM (administrative, the administrator, ASM #2, the Nursing), and ASM #5, the director of nursing) were made we concerns. ASM #2 stated the ncott and or Mosby as a rence.  It be provided regarding the madamentals of Nursingmis and Wilkins 2007 page 169, a working document approved are facilityread the order strate on copying it correctly,		658			

Facility ID: VA0108

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE COMP	PLETED
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F 686 SS=D	common complicate UTI, urinary stones complications are a of bladder dysfunct consequence of the drainage. This info The National Institut https://www.ncbi.nl 67746/.  [2] TBAR Splint- is correct or prevent information was ob http://www.lawsona Treatment/Svcs to CFR(s): 483.25(b) §483.25(b) Skin In §483.25(b)(1) Pres Based on the com resident, the facilit (i) A resident recei professional stand pressure ulcers ar ulcers unless the i demonstrates that (ii) A resident with necessary treatme with professional s promote healing, p new ulcers from de	gical damage/injury. The most ions of neurogenic bladder are a property and renal impairment. These associated with the pathology ion itself or occur as a gray use of urinary catheters for ormation was obtained from utes of Health.  m.nih.gov/pmc/articles/PMC44  a type of hand splint used to hand contractures. This obtained from medicallic.com/tbarsplints.htm.  Prevent/Heal Pressure Ulcer (1)(i)(ii)  tegrity soure ulcers.  prehensive assessment of a y must ensure that- ves care, consistent with ards of practice, to prevent and does not develop pressure individual's clinical condition they were unavoidable; and pressure ulcers receives and services, consistent intendered of practice, to prevent and services, consistent intendered of practice, to prevent infection and prevent		686	F686 Corrective Action(s): Resident #24's attending physic notified that the facility staff fai apply a physician ordered dress day. Resident #24's treatment of have been reviewed by the attent physician. LPN #6 has been ins proper procedure when perform dressing change to included foll applying physician ordered dress during wound care. A facility In Accident form was completed fincident.	led to ing for one orders ading erviced on hing a lowing and ssings acident &	4/2/18
	by: Based on observation document review, was determined the	ation, staff interview, facility and clinical record review, it he facility staff failed to provide te the healing of a pressure				٠.	

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	COV	PLETED C
		495353	B. WING	<u> </u>		/16/2018
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F 686	sore for one of 31 Resident #24.  The facility staff fa prescribed dressinulcer.  The findings included Resident #24 was 12/15/16 with a rewith diagnoses that to: depression, diagnosture.  The most recent has assessment, an assessment referresident as rarely making herself uncoded as having has memory problems severely impaired decisions. The restatily dependent members for all of Section M - Skin coded as having unstageable - der Unstageable Prefull-thickness skin Full-thickness skin Full-thickness skin extent of tissue decisions. If sloughter the sechar, If sloughter the side of the sechar is sloughter the side of the sechar is sloughter the sechar is sloughter the side of the sechar is sloughter the sechar is sloughter the side of the sechar is sloughter the side of the sechar is sloughter the sechar is sloughter the side of the sechar is sloughter the side of the sechar is sloughter the sechar is sloughter the side of the sechar is sloughter the sechar is slower than the sechar is sloughter the sloughter the sechar is sloughter the sechar is sloughter the sloughter	residents in the survey sample, illed to place the physician of on Resident #24's pressure de:  admitted to the facility on cent readmission on 1/20/17 at included but were not limited abetes, dementia, and abnormal MDS (minimum data set) annual assessment, with an ence date of 1/27/18, coded the understanding others and rarely aderstood. Resident #24 was both short and long-term and was coded as being to make daily cognitive esident was coded as being upon one or more staff of her activities of daily living. In Conditions the resident was a pressure ulcer that was ep tissue injury.  Sesure Injury: Obscured and tissue loss in which the lamage within the ulcer cannot cause it is obscured by slough on or eschar is removed, a Stage	Г	Identification of Deficient Pra and Corrective Action(s): All other residents with wound treatments may have been poter affected. The DON, ADON and Manager will conduct treatmen audits to monitor for proper applysician ordered dressings and control practices during wound treatments. Any negative finding addressed immediately and disaction taken as indicated. A fact Incident and Accident form with completed each negative finding.  Systemic Change(s): The facility Policy and Procedwound Care has been reviewed changes are warranted at this to licensed nursing staff will be in by the Wound Care Nurse and DON on the facility's Pressure Treatment and Prevention Policy Procedure. Training will include review and application of physordered dressings and wound in the state of the procedure of the state of the procedure	care  ntial  lor Unit  t pass  plication of  d infection  care  ngs will be  ciplinary  fility  be  ng.  ure for  d and no  ime. The  nserviced  /or the  c Ulcer  icy and  de the  sician	
	Stable eschar (i.e	ssure injury will be revealed. e. dry, adherent, intact without nuance) on the heel or ischemic				

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			С
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F 686	Deep Tissue Presinon-blanchable de discoloration Intact or non-intact persistent non-bla purple discoloration revealing a dark whain and temperate color changes. Disting a dark whain and temperate color changes. Disting a dark whain and temperate color changes. Disting a dark what results from intensing shear forces. The wound may exact a lextent of tisting without tissue loss subcutaneous tissing muscle or other until this indicates a further to describe neuropathic, or do the color of the col	sure Injury: Persistent sep red, maroon or purple at skin with localized area of inchable deep red, maroon, an or epidermal separation wound bed or blood filled blister. The change often precede skin scoloration may appear by pigmented skin. This injury see and/or prolonged pressure at the bone-muscle interface. The volve rapidly to reveal the saue injury, or may resolve as if necrotic tissue, sue, granulation tissue, fascia, anderlying structures are visible, anderlying structures are visible, anderlying structures are visible, are as or Stage 4). Do not use vascular, traumatic, ermatologic conditions. (1)  esident #24's wound care (licensed practical nurse) #9, the provided a dressing off Resident cer. The dressing appeared to ressing. LPN #9 verified the dressing. LPN #9 verified the dressing. LPN #9 verified the dressing and dressing was be pressure ulcer, LPN #9 stated of a coversite dressing was be pressure ulcer, LPN #9 stated of the pressure ulcer, LP	<b>e</b> 5	Monitoring: The DON is responsible for control of the wound care physician will residents identified with press wounds weekly and document progression of wound healing. The DON, ADON or designed complete two random treatment and the weekly to ensure physician disciplinary with a discovariational inservice training a disciplinary with will be admitted time. The results of the assent to the Quality Assurance monthly for review, analysis, recommendations for change policy, procedure, and/or pra Completion Date: April 2, 2	Il review all sure ulcer at the g weekly e will ent pass ician ordered ats are being ndings will wery and and/or nimistered at audits will be e Committee , and e in facility actice.	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE	PLETED
		495353	B. WING				16/2018
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F 686	"Change sacral Tx with NS (normal sa algisite**, coversite (as needed)."  *Santyl is a sterile used to that has a in necrotic tissue. (**Algisite M Calciu calcium alginate di contact with wound integral gel. Algisite exudate. (3)  ***Smith & Nephev Dressing for gels, gfillers and non-adh  The TAR (treatmer February 2018 dowith NS, apply Sar and PRN." The drechanged on 2/14/1  The comprehensive documented in particles." The "Apple "Provide treatmen"  On 2/15/18 at 11:0 the pressure ulcer RN (registered nu dressing is the phystated, "No, foam"	er dated, 2/2/18, documented, (treatment) to cleanse sacrum aline), apply Santyl* and e *** QD (every day and PRN)  enzymatic debriding ointment unique ability to digest collagen (2)  m Alginate Dressing is a ressing that when it comes in dexudate it forms a soft, e M absorbs the excess wound of except as a secondary cover gel sheets, alginates, wound nesive foams. (4)  nt administration record) for cumented, "Cleanse sacrum antyl, & algisite, coversite QD essing was documented as 18 by LPN # 6.  We care plan dated, 2/2/18, rt, "Problem Onset: Pressure roaches" documented in part, ts as ordered."  18 a.m., the physician order for dressing was reviewed with rse) #1. When asked if a foam ysician ordered dressing, RN #1 dressings are brown and		586			
	coversite is white.  An interview was	conducted with LPN #6 on					·

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	CON	E SURVEY 1PLETED C
		495353	B, WING		02	16/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 900 S MAIN ST BLACKSTONE, VA 23824	ZIP CODE	
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF! TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 686	2/15/18 at 11:09 a Resident #24's wo stated, "Yes, I don LPN #6 was asked for Resident #24's put a foam dressin coversite.  An interview was a 2/15/18 at 11:15 a of the nurse for active the treatments. RN #	age 77 .m. When asked if she provided bund care on 2/14/18, LPN #6 't work on that hall all the time." d to review the physician's order wound care. LPN #6 stated, "I ag on it, I didn't put the conducted with RN #1 on a.m., regarding the expectation diministering physician ordered 1 stated, "I would expect them atment per the physician		686		
	staff member (AS physician, on 2/15 informed of the old dressing on the work coversite adheres it has the ability to drainage. The foremoving propert asked if the one of the control of t	conducted with administrative M) #7, the wound care 5/18 at 2:58 p.m. ASM #7 was been acceptation of the incorrect wound, ASM #7 stated, "The better to the wound than foam of evaporate off some of the am dressing has less moisture lies and is less adherent." When day of the incorrect dressing and healing, ASM #7 stated, "No,				
,	director of nursing above observation When asked the physician prescri	conducted with ASM #2, the g, on 2/15/18 at 2:37 p.m. The in was shared with ASM #2. expectation of the nurse for a bed treatment order, ASM #2 expect them to follow the				
	of nursing, ASM	ninistrator, ASM #2, the director #3, the administrator in training, assistant director of nursing and	.   			

STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		E SURVEY PLETED
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			<u> </u>		<u> </u>		
	Continued From pa OSM (other staff n were made aware 2/15/18 at 4:30 p.r	nember) #3, the social worker of the above findings on	F	686			
	following physiciar	de for the facility policy on a orders on 2/15/18 at 4:45 p.m.	•		•		
	No further informa	ition was obtained prior to exit.	•				
	following website: http://www.npuap. clinical-resources. (2) This information	on was obtained from the org/resources/educational-and-inpuap-pressure-injury-stages/on was obtained from the					
	(3) This informatic following website: https://www.bing.uasrc=IE-SearchB	om/santyl-drug.htm on was obtained from the com/search?q=algisite+dressing ox&FORM=IESR3N. on was obtained from the					
F 689 SS=D	ng&src=IE-Searc	com/search?q=coversite+dressi hBox&FORM=IESR3N Hazards/Supervision/Devices		689	F689 Corrective Action(s): Resident #22's attending phys	ncian has	1-1-3
	§483.25(d) Accid The facility must §483.25(d)(1) Th as free of accide		-		been notified that facility staff ensure a physician ordered fall place as ordered. A facility inc accident form has been comple incident.	failed to mat was in ident and	4/2/18
	supervision and accidents. This REQUIREN by:	ch resident receives adequate assistance devices to prevent  IENT is not met as evidenced					-

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES ARE & MEDICAID SERVICES

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY MPLETED C
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	ROVIDER OR SUPPLIER			900	EET ADDRESS, CITY, STATE, ZIP CODE S MAIN ST ACKSTONE, VA 23824		
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F 689	document review a was determined the implement fall predictions and residents in the The facility staff facordered fall mat in in her bed.  The findings inclusion of the facility staff facordered fall mat in in her bed.  The findings inclusion for the findings inclusion facility and the facility of the findings inclusion for the findings inclusion facility of the	and clinical record review, it e facility staff failed to vention interventions for one of survey sample, Resident # 22. illed to have a physician place when Resident #22 was de:  admitted to the facility on dmission on 1/19/17, with cluded but were not limited to: rkinson's disease (a slowly blogical disorder characterized shuffling gait, stooped posture, the fingers, rolling and muscle d dementia.  MDS (minimum data set) annual assessment, with an rence date of 2/15/18, coded the ga "5" on the BIMS (brief stal status) score, indicating she paired to make daily cognitive esident was coded as being the upon one or more staff of her activities of daily living. In h Conditions, the resident was ving had any falls since the	d.	689	Identification of Deficient Practices/Corrective Action(s): All other residents with physician fall mats or other preventive device prevent falls and injury may have potentially affected. The DON, AI and/or Unit Manager will conduct review of all residents with physic ordered fall mats and fall preventidevices to identify residents at risk inconsistent application of the equal residents identified at risk will corrected at time of discovery and incident & Accident form will be completed for each negative finding attending physician will be notified each incident.  Systemic Change(s): The facility policy and procedure prevention and management has reviewed and no revisions are weat this time. The DON and/or remurse consultant will inservice a Licensed Nursing staff regarding use of and application of fall preequipments to include fall mats wheelchair and bed alarms to put falls.	been DON a 100% ian on k for inpment l be if an ef of ef fail been arranted gional ll g proper evention and	

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 689	the floor next to the A third observation 2/15/18 at 8:22 a.r in the bed with the 8:47 a.m., Resider with the head of he table was in front. The fall mat was of headboard of the to the bed.  The physician ord documented, "Fal safety, check pos.  The TAR (treatment February docume in bed for safety, documented that shift in February.			689	Monitoring: The DON is responsible for m compliance. The DON and/or Manager will perform daily in all residents with physician or prevention devices to monitor compliance. Any/all negative will be corrected at time of didisciplinary action will be taken needed. Aggregate findings or reviews will be reported to the Assurance Committee quarter review, analysis, and recomm for change in facility policy, I and/or practice.  Completion Date: April 2, 2	Unit aspections of der fall for findings scovery and en as of these e Quality the for mendations procedure,	
	coded the resider documented, "A s indicates HIGH R protocol should b documented on the	nt with a score of "18." The form score greater than or equal to 10 ISK, for which prevention e initiated immediately and the care plan."	}				
	"Problem/Need: (	ted, 10/1/14 documented in part Potential for Injury." The cumented in part, "Fall mat at sident is in bed."	· · · · · · · · · · · · · · · · · · ·				
	nursing assistant CNA #4 was ask #4 stated, "Wher	conducted with CNA (certified ) #4 on 2/15/18 at 1:38 p.m. ed when a fall mat is used. CNA n we first get an admission and i k, we put one down." When	Ą f				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	E .	IPLE CONSTRUCTION		E SURVEY IPLETED
AND PLAN C	OF CORRECTION	DENTI TO A TOTAL MOTION OF	A. BUILDI	NG		С
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	PROVIDER OR SUPPLIER SE HALL BLACKSTO	NE		STREET ADDRESS, CITY, STATE, ZIF 900 S MAIN ST BLACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE ACTIVE ACTIVE ACTIVE ACTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 689	asked if the mat shresident is in bed, asked if the fall may when the resident the over bed table stated, "We put the If the care plan say down." When asked CNA #4 stated, "It of the patient.  An interview was opractical nurse) #5 regarding when a floor. LPN #5 state When asked if it shreakfast tray is in LPN #5 stated, "It (on the floor) if the asked the purpose stated, "It's how to An interview was ostaff member (ASI on 2/15/18 at 2:34 physician ordered floor for a resident is to have should be down wasked if the fall more sident is in bed them, ASM #2 stated order for a mat who while the resident is in page aluations and contact the page of the fall more sident is in bed them. ASM #2 stated order for a mat who while the resident is in page of the fall i	age 81 hould be down when the CNA #4 stated, "Yes." When at should be down on the floor is in bed with the meal tray on in front of the resident, CNA #4 e mat under the bedside table. As a fall mat then we put it as the purpose of the care plants how to know how to take care conducted with LPN (licensed is on 2/15/18 at 2:05 p.m., fall mat should be down on the ed, "When they are in the bed." When they are in the bed. If front of the resident in the bed (the fall mat) should be there is resident is in the bed." When the care plan, LPN #5 care for our residents."  Conducted with administrative M) #2, the director of nursing, p.m., regarding when a fall mat should be down on the end at a fall mat while in bed, then it then they are in the bed." When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed." When they are in the bed. "When they are in the bed. "When they are in the bed." "When they are in the be		89		

AND PLAN OF CORRECTION  A BULLING  495353  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 90 S MAIN ST BLACKSTONE.  STREET ADDRESS, CITY, STATE, ZIP CODE 90 S MAIN ST BLACKSTONE, VA 23824  PROVIDER S LAN OF CORRECTION (EACH DESTIDANCY MAIST BE PRECEDED BY FULL TAG.  FROUDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DESTIDANCY MAIST BE PRECEDED BY FULL TAG.  FROUDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEPTICIENCY)  FROM TAG.  FROM CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPTICIENCY)  FROM CROSS-REFERENCED TO THE APPROPRIATE OF THE STATE OF THE ST	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL BLACKSTONE  (X4) ID PREFIX ROAD RESIDENCY DEPOSENCES (CAN) BE PROCEEDED BY FLUX REGULATORY OR LSC IDENTIFYING INFORMATION)  F 689 Continued From page 82 risks and causes to try to prevent the resident from falling and to try to minimize complications from falling 1. The staff with the input of the Attending Physician will identify appropriate interventions to reduce the risk of falls. IF a systematic evaluation of a resident's fail risk identifies several possible interventions, the staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling."  In Fundamentals of Nursing, 7th edition, 2009; Patricia A, Potter and Anne Griffin Penry, Mosby, Inc.; Page 6. "Client safety is a priority in health care. You need to protect clients from physical and emotional injury by continually assessing for and eliminating safety hazards. Clients fall due to many factors, such as improper transfer techniques, client age, side effects of medications, impaired mobility or confusion. Learn your agency's fall prevention program for reducing client falls. Programs that use a multidimensional approach in designing fall prevention strategies have the greatest reduction in fall rates."  ASM #1, the administrator, ASM #2, the director of nursing, ASM #3, the assistant director of nursing and OSM (other staff member) #3, the social worker were made aware of the above findings on 2/15/18 at 4,30 p.m.  No further information was provided prior to exit.	AND FLAN U	, JONNEO HOM	, , , , , , , , , , , , , , , , , , ,				_	
HERITAGE HALL BLACKSTONE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MST BE PRECEDED BY FULL PRETRY FACTOR SINCULA BE PRECEDED BY FULL PRECIDENCY MST BE PRECEDED BY FULL PRECIDENCY MST BE PRECEDED BY FULL PRECIDENCY OR LSC IDENTIFYING INFORMATION)  F 689  Continued From page 82 risks and causes to try to prevent the resident from falling and to try to minimize complications from falling and to try to minimize complications from falling and to try to minimize the propriate interventions to reduce the risk of falls. If a systematic evaluation of a resident's fall risk identifies several possible interventions. The staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling."  In Fundamentals of Nursing, 7th edition, 2009; Patricia A. Potter and Anne Griffin Perry, Mosby, Inc.; Page 5. "Client safety is a priority in health care. You need to protect clients from physical and emotional injury by continually assessing for and eliminating safety hazards. Clients fall due to many factors, such as improper transfer techniques, client age, side effects of medications, impaired mobility, or confusion. Learn your agency's fall prevention program for reducing client falls. Programs that use a multidimensional approach in designing fall prevention strategies have the greatest reduction in fall rates."  ASM #1, the administrator, ASM #2, the director of nursing, ASM #3, the assistant director of nursing and OSM (other staff member) #3, the social worker were made aware of the above findings on 2/15/18 at 4.30 p.m.  No further information was provided prior to exit.	:		495353	B. WING		TREET ADDRESS CITY STATE ZIP CODE	02/1	6/2018
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPATION)  F 689  Continued From page 82 risks and causes to try to prevent the resident from falling, and to try to minimize complications from falling, 1. The staff with the input of the Attending Physician will identify appropriate interventions to reduce the risk of falls. IF a systematic evaluation of a resident's fall risk identifies several possible interventions, the staff may choose to prioritize interventions, the staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling.  In Fundamentals of Nursing, 7th edition, 2009; Patricia A. Potter and Anne Griffin Perry, Mosby, Inc., Page 5. "Client safety is a priority in health care. You need to protect clients from physical and emotional injury by continually assessing for and eliminating safety hazards. Clients fall due to many factors, such as improper transfer techniques, client age, side effects of medications, impaired mobility, or confusion. Learn your agency's fall prevention program for reducing client falls. Programs that use a multidimensional approach in designing fall prevention strategies have the greatest reduction in fall rates."  ASM #1, the administrator, ASM #2, the director of nursing, ASM #3, the administrator in training, and ASM #5, the assistant director of nursing and OSM (other staff member) #3, the social worker were made aware of the above findings on 2/15/18 at 4:30 p.m.  No further information was provided prior to exit.								
F 689  Continued From page 82 risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. 1. The staff with the input of the Attending Physician will identify appropriate interventions to reduce the risk of falls. IF a systematic evaluation of a resident's response to interventions to reduce the risk of falls. IF a systematic evaluation of a resident's fall risk identifies several possible interventionsThe staff will monitor and document each resident's response to interventions interventions interventions interventions promote the risks of fall risk identifies several possible interventionsThe staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling."  In Fundamentals of Nursing, 7th edition, 2009; Patricia A. Potter and Anne Griffin Perry, Mosby, Inc.; Page 5. "Client safety is a priority in health care. You need to protect clients from physical and emotional injury by continually assessing for and eliminating safety hazards. Clients fall due to many factors, such as improper transfer techniques, client age, side effects of medications, impaired mobility, or confusion. Learn your agency's fall prevention program for reducing client falls. Programs that use a multidimensional approach in designing fall prevention strategies have the greatest reduction in fall rates."  ASM #1, the administrator, ASM #2, the director of nursing, ASM #3, the assistant director of nursing and OSM (other staff member) #3, the social worker were made aware of the above findings on 2/15/18 at 4:30 p.m.  No further information was provided prior to exit.	HERITAG	SE HALL BLACKSTO	NE		В	·		
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Non-Medical Reader; Rothenberg and Chapman,	F 689	risks and causes to from falling and to from falling. 1. The Attending Physicia interventions to reconsystematic evaluation if the systematic evaluation in the s	o try to prevent the resident try to minimize complications e staff with the input of the n will identify appropriate duce the risk of falls. IF a ion of a resident's fall risk cossible interventions, the staff oritize interventionsThe staff oritize interventions intended to reduce of falling."  of Nursing, 7th edition, 2009; and Anne Griffin Perry; Mosby, and safety is a priority in health protect clients from physical ry by continually assessing for fety hazards. Clients fall due to a improper transfer age, side effects of ired mobility, or confusion. It is fall prevention program for some protect or programs that use a approach in designing fall ies have the greatest reduction on instrator, ASM #2, the director of nursing and member) #3, the social worker of the above findings on m.  Attion was provided prior to exit.		689			

STATEMENT	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING _			С	
		495353	B, WING				2/16/2018	
	PROVIDER OR SUPPLIER  SE HALL BLACKSTO	NE		90	REET ADDRESS, CITY, STATE, ZIP 0 S MAIN ST _ACKSTONE, VA 23824	CODE		
		<u> </u>		DI	PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	COMPLETION DATE	
F 689		age 83	F€	89				
F 695 SS=D	S 483.25(i) Respiratory care and tracheal care, consistent with practice, the compicare plan, the resident 483.65 of this This REQUIREMED by:  Based on observational care plan, the resident review a was determined the respiratory care per 31 residents in the	and tracheal suctioning. Insure that a resident who care, including tracheostomy suctioning, is provided such ith professional standards of rehensive person-centered dents' goals and preferences, subpart. ENT is not met as evidenced ation, staff interview, facility and clinical record review, it is facility staff failed to provide er physician's order for one of e survey sample, Resident #40.		695	F 695 Corrective Action(s): Resident #40 has had their of administration orders clarificattending physician. The attending physician has been notified the correct flow rate as order physician. A facility Incident form has been completed for Identification of Deficient Corrective Action(s): All residents receiving oxyge have potentially been affects review of all resident's oxyge be conducted by the DON a identify residents at risk. Rebe at risk will be corrected a discovery. A facility Incident form will be completed for ediscovered.	ed with the ending that the e oxygen at red by the at & Accident r this incident.  Practices & gen therapy may ed. A 100% gen orders will ind/or ADON to esidents found to at the time of the Accident		
	Resident #40 was 5/19/10. Resident were not limited to infection and anximost recent MDS assessment with a date) of 11/28/17, cognitively intact. Resident #40 was	admitted to the facility on t #40's diagnoses included but be heart failure, urinary tract ety disorder. Resident #40's (minimum data set), a quarterly an ARD (assessment reference coded the resident as being Section G documented totally dependent on one staff and totally dependent on two or			Systemic Change(s): The facility policy and procomygen administration has and no changes were warrattime. All licensed nursing sinserviced on the facility poprocedure for accurate oxygadministration and monitoriphysician order. Inservices the delivery of oxygen per pand the monitoring of portatanks throughout the shift.	been reviewed nted at this taff will be blicy and gen ing per will include physician order		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN C	OF CORNECTION	IDENTIFICATION NOTIFICA	A. BUILDING		c		
		495353	B. WING				16/2018
	PROVIDER OR SUPPLIER SE HALL BLACKSTO	NE		900	EET ADDRESS, CITY, STATE, ZIP COI S MAIN ST ACKSTONE, VA 23824	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 695	Review of Resident a physician's order oxygen at two liters comprehensive cat documented, "Oxy (liters per minute).  On 2/13/18 at 2:47 attempted with Reunable to respond  On 2/13/18 at 12:42/13/18 at 4:06 p.r. Resident #40 was oxygen via a cann During each obser concentrator was a liters as evidenced.	at #40's clinical record revealed of dated 4/10/17 for continuous is per minute. Resident #40's re plan revised on 2/8/18 gen continuously at 2 lpm"  If p.m., an interview was sident #40. The resident was appropriately to questions.  If p.m., 2/13/18 at 2:47 p.m., m. and 2/14/18 at 10:02 a.m., observed lying in bed receiving uta in the resident's nose.		695	Monitoring: The DON is responsible for main compliance. The DON and/or Alperform daily audits of all reside oxygen to monitor for compliance negative findings will be correct of discovery and appropriate action will be taken as needed. An egative findings will reported to Quality Assurance Committee from analysis, and recommendations change in facility policy, proceed and/or practice.  Completion Date: April 2, 201	DON will ents using ce. All ed at time ciplinary All to the or review, for lure,	
	conducted with RN was asked to descripted as a phy #1 stated the midd the two-liter line. #40 could move the concentrator. RN if Resident #40 cooxygen concentrators stated, "Probably good." At this timaccompany this sto observe the oxy #40 was in a when	B p.m., an interview was N (registered nurse) #1. RN #1 cribe where the ball in an tor flow meter should be if a vsician's order for two liters. RN die of the ball should straddle RN #1 was asked if Resident he knob on the oxygen #1 stated, "Yes." When asked build move the knob on the tor while lying in bed, RN #1 not. Her bed mobility is not that e, RN #1 was asked to urveyor to Resident #40's room ygen concentrator. Resident eichair and was observed via a portable oxygen tank. RN					

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILE		CONSTRUCTION	COM	SURVEY PLETED
		495353	B. WING			1	16/2018
	PROVIDER OR SUPPLIER	NE .		900	REET ADDRESS, CITY, STATE, ZIP COI DIS MAIN ST ACKSTONE, VA 23824	DE	`
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 695	#1 hooked the resi oxygen concentrate on. The ball in the	age 85 dent's oxygen tubing to the or and turned the concentrator flow meter was observed ter line and the one and a half	F	695			
	member) #1 (the a director of nursing) director of nursing (the social worker)	p.m. ASM (administrative staff dministrator), ASM #2 (the ), ASM #5 (the assistant ), OSM (other staff member) #3 and ASM #3 (the administrator ade aware of the above					
	document specific	administration policy failed to instructions regarding oxygen concentrator flow					
	oxygen concentrat Operating Instructi prescribed setting	s manual for Resident #40's or documented, "Chapter 2: fons5. Adjust the flow to the by turning the knob on the top until the ball is centered on the pecific flow rate"				-	
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain M The facility must e provided to reside consistent with pro- the comprehensiv and the residents'		F	697	F697 Corrective Action(s): Residents #39's attending phy notified that the facility failed pain levels after the administra physician ordered pain medica facility Incident and Accident completed for this incident.	to reassess ation of ation: A	4/2/18

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			С		
		495353	B. WING				/16/2018	
NAME OF F	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP COD	Æ .		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	- 1	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETION DATE	
F 697	Continued From particular passed on resident facility document review, it was determined as a complete pone of 31 resident Resident #39.  The facility staff far after the administrate resident #39.  The findings included Resident #39 was 2/24/17 with diagral limited to: history obstructive pulmo chronic, non-reversusually a combinate bronchitis) (1), and The most recent fassessment, a quassessment refer the resident as a continued interview for mention was moderately indecisions. The redependent upon activities of daily Conditions, the rescheduled pain ma "06" on the pair worse pain.  The comprehense	age 86 Interview, staff interview, eview and clinical record rmined the facility staff failed to ain management program for in the survey sample,  iled to reassess pain levels ation of pain medication for de:  admitted to the facility on moses that included but were not of falling, COPD - chronic mary disease (a general term for risible lung disease that is ation of emphysema and chronic thritis and anxiety disorder.  MDS (minimum data set) marterly assessment, with an ence date of 11/22/17, coded coring a "10" on the BIMS (brief tal status) score, indicating she maired to make cognitive daily sident was coded as being one staff member for her diving. In Section J - Health resident was coded as receiving medication and rating her pain as a scale of 0 -10, ten being the		697	Identification of Deficient Practices/Corrective Action(s): All other residents receiving pain medications may have been poter affected. The DON, ADON nurs Unit Managers will conduct a 10 of all residents MAR's to identificat risk. Residents identified at ris corrected at time of discovery an attending physicians will be notified at rise corrected at time of discovery an attending physicians will be notified at rise corrected at time of discovery an attending physicians will be notified at resident & Accident Form will be completed for each negative find  Systemic Change(s): The facility policy and procedur been reviewed and no revisions warranted at this time. The DON Regional nurse consultant will in all licensed nursing staff on the for following and administering medications per physician order includes reassessing residents at administration of routine or PRI medications.  Monitoring: The DON will be responsible for maintaining compliance. The D ADON and/or Unit Managers v resident MAR's weekly to mon compliance. Any/all negative fi or errors will be corrected at tir discovery and disciplinary action taken as needed. Aggregate fir these audits will be reported to Quality Assurance Committee for review, analysis, and recommendations for change in policy, procedure, and/or pract Completion Date: April 2, 20	ntially se and 10% andit y resident sk will be ad their fried of iity be are ling.  This fiter the N pain or DON, will audit aitor for indings and me of on will be adings of the quarterly in facility tice.		
	failed to evidence	e a care plan to address						

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION		OMPL	SURVEY LETED
		495353	B. WING				C 12/10	6/2018
	PROVIDER OR SUPPLIER			90	REET ADDRESS, CITY, STATE, ZIP COD D S MAIN ST LACKSTONE, VA 23824	DE		
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F 697	The physician order (extended release) (tablet) 1 PO (by modiagnosis): OA (or The "Pain - Initial Footomented the residence of pain."  The "Pain - Initial Footomented the residence of pain."  The MAR (medical January 2018 door 650 MG TB 1 PO) The medication was 2:00 p.m. and 10:00 documented for all for the administration of the	er dated, Tylenol Arthritis ER 1 650 MG (milligrams) TB 1 nouth) Q (every) 8 hours. Dx 1 steoarthritis) joint pain."  Rating Tool" dated 8/23/17, 2 sident had "No complaint or  Rating Tool" dated, 11/22/17, 2 sident had "No complaint or  Rating Tool" dated, 11/22/17, 3 sident had "No complaint or  tion administration record) for 2 umented, "Tylenol Arthritis ER 2 8 hours, Dx: OA joint pain." 2 as scheduled for 6:00 a.m., 3 p.m. The medication was 3 prescribed times. The "Notes' 3 ion, documented the resident's 3 in Pain Level." There were no 3 dministration pain level" 4 e MAR. Review of the 6 el at the time of administration 6 opportunities/assessments 6 for op		697				
-	February 2018 do	ation administration record) for cumented, "Tylenol Arthritis ER Q 8 hours, Dx: OA joint pain."						

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ţ		CONSTRUCTION		E SURVEY IPLETED
AND PLAN C	N CONNECTION					i	C
		495353	B, WING	• • • • • • • • • • • • • • • • • • • •	REET ADDRESS, CITY, STATE, ZIP CC		16/2018
	PROVIDER OR SUPPLIER  SE HALL BLACKSTO	NE		900	S MAIN ST ACKSTONE, VA 23824	<i>,</i> DC	
	r				PROVIDER'S PLAN OF COR	RECTION	(X5)
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F 697	Continued From pa	age 88	F	697			
		as scheduled for 6:00 a.m.,					
		00 p.m. The medication was					
	documented for all	prescribed times. The "Notes"		İ			
	for the administrati	ion, documented the resident's					
		n Pain Level." There were no					
	entries for "post ac	iministration pain level"		İ			
	documented on the	e MAR. Review of the					
	resident's pain leve	el at the time of administration					
	is as follows:			İ			
	0 pain level on 11				-		
	opportunities/asse						
	1 pain level on 3 o						
	opportunities/asse				-		
	2 pain level on 4 o						
	opportunities/asse 3 pain level on 4 o			1			
	opportunities/asse						
	5 pain level on 6 o						
	opportunities/asse						
	6 pain level on 4 o						
	opportunities/asse						
	7 pain level on 3 o						
	opportunities/asse		ļ				
	10 pain level on 12	2 of 43					
	opportunities/asse	essments.					
Í	An interview was	conducted with LPN (licensed					
	practical nurse) #5	5 on 2/15/18 at 2:07 p.m. The					
	above order for Ty	lenol Arthritis was reviewed					
	with LPN #5. LPN	#5 was if she reassess					
	residents who are	on scheduled pain medication					
		e medication was effective in					
	reliving the reside	nt's pain. LPN #5 stated, "Yes, I	F		•		
	go back." vvnen a	isked where the effectiveness of	'				
	the Tylenol for Re	sident #39 is documented, LPN nurse's notes." LPN #5 was					
	#5 stated, "In the	#39 should be reassessed to					
-		has helped as she is					
	documented as fr	equently complaining of pain at					
	- GOOGINOIROG GO II		1				

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		E CONSTRUCTION	(X3) DATE S	
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		495353	B. WING			02/1	6/2018
	PROVIDER OR SUPPLIER BE HALL BLACKSTO	NE .		9	TREET ADDRESS, CITY, STATE, ZIP CODE 00 S MAIN ST BLACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.DBE \	(X5) COMPLETION DATE
F 697	want a heavy narco We try to move her When asked if this #5 stated, "Yes, it s if a resident on sch have a care plan to "Yes, it's part of he arthritis really bed, the care plan for R she saw the reside	stated, "Yes, but we don't offic as it sedated her too much." by the pad to minimize pain." should be on a care plan, LPN should be." LPN #5 was asked reduled pain medication would address this, LPN #5 stated, or plan of care. She has "LPN #5 was asked to review esident #39. When asked if ent's arthritis and pain amented on the care plan, LPN	F	697			
	staff member (ASI on 2/15/18 at 2:26 nurses are suppos pain assessment f Tylenol, ASM #2 s following up with the fit's not working thad with the physical nurse should docu assessments, ASI notes." When ask on a resident's car ASM #2 was aske	conducted with administrative M) #2, the director of nursing, p.m. ASM #2 was asked if the sed to document a pre and post or a resident on scheduled stated, "Yes, they should be ne resident to see if it's working, nen a conversation should be cian. When asked where the ment the pre and post pain M #2 stated, "In the nurse's sed if pain should be addressed to plan, ASM #2 stated, "Yes." d to review Resident #39's care sed, "I don't see it (pain) on					
·	2/15/18 at 3:08 p.i comes back after to see if it helped, can remember." V	conducted with Resident #39 on m. When asked if the nurse giving her her Tylenol Arthritis Resident #39 stated, "Not that I Vhen asked if she was in pain a t #39 stated, "No, not now."					

Facility ID: VA0108

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			NSTRUCTION	(X3	DATE S	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDII	NG			С	
		495353	B. WING				_	5/2018
NAME OF F	PROVIDER OR SUPPLIER	453305		STREE	T ADDRESS, CITY, STATE, ZIP	CODE		
NAME OF F	KONDER OK SUFFLICK				MAIN ST			
HERITAG	E HALL BLACKSTO	NE .	1	BLAC	KSTONE, VA 23824			
(X4) ID	SUMMARY ST/	ATEMENT OF DEFICIENCIES	ID	İ	PROVIDER'S PLAN OF C	ORRECTION		(X5) COMPLETION
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	IE APPROPRIA	TE	DATE
TAG	REGOLATOR OR	,			DEFICIENCY	)		
F 697			F6	197				
	The facility policy,	"Pain - Clinical Protocol"						
	documented in par	t, "The physician and staff will		ļ			1	
	identify individuals	who have pain or who are at		}				
	risk for having pair	n. This includes a review of						
	each person's kno	wn diagnoses and conditions					- 1	
	that commonly cau	use or predispose to pain for						
•	example, degener	ative joint disease, rheumatoid					1	
	arthritis, osteoporo	osis (with or without vertebral		į			.	
	compression fracti	ures), diabetic neuropathy, oral						
	or dental patholog	y and post stroke syndrome. It		ļ			ļ	
	also includes a rev	view for any treatments that the	Ì					
	resident currently	s receiving for pain, including						
	complementary (n	taff will reassess the		1				
		nd related consequences at						
,	individual's pain a	at least each shift for acute pain						
	er eignificant chan	ges in levels of chronic pain		Ì				
	ond of loost wook	y in stable chronic pain.						
	Deriodically the ph	ysician will evaluate and						
	periodically the pr	atus of an individual with chronic				•	ļ	
	or fluctuating pain	including the status of any						
	of fluctuating pain	hat exacerbate pain,		ĺ				
	consequences or	complications of pain and						
	offectiveness of c	urrent interventions for pain."						
	ellective less of or	arrorn marro to para						
,	Fundamentals of	Nursing, 6th Edition, Potter and	-					
	Perry 2005 page	s 1239-1287, "Nurses need to						
	approach nain ma	anagement systematically to						
	understand a cliet	nt's pain and to provide						
	annropriate interv	entionit is necessary to						
1	monitor pain on a	consistent basisAssessment						
	of common chara	cteristics of pain helps the						
	nurse form an unc	derstanding of the type of pain,						
	its pattern, and tv	pes of interventions that may						
	bring reliefOns	et and						
1	durationLocation	onIntensityQualityPain						
	PatternRelief M	leasuresContributing		1				
	SymptomsPair	therapy requires an						
}	individualized app	proachNurses administer and			_			ļ 1

STATEMENT AND PLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMPI	LETED
	<i>,</i>	495353	B. WING			-	6/2018
	PROVIDER OR SUPPLIER SE HALL BLACKSTO	NE		906	REET ADDRESS, CITY, STATE, ZIP CODE 1 S MAIN ST .ACKSTONE, VA 23824		
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F 697	monitor intervention pain relief and inder measures that comphysician Effective assessment of pair intervention is facilitation to transpire shift, and nurse to is the professional caring for the client effective for managed information is accurated.	ns ordered by physicians for ependently use pain-relief aplement those prescribed by a vecommunication of a client's an and his or her response to itated by accurate and station. This communication from nurse to nurse, shift to other health care providers. It responsibility of the nurse to report what has been ging the client's pain. The sible for ensuring that this urately transmitted. A variety of in flow sheet or diary will help	F	697			
	of nursing, ASM # and ASM #5, the a OSM (other staff n were made aware 2/15/18 at 4:30 p.m.	nistrator, ASM #2, the director 3, the administrator in training, assistant director of nursing and nember) #3, the social worker of the above findings on m.					
F 745 SS=C	Non-Medical Read Chapman. Page 1 Provision of Medic CFR(s): 483.40(d) §483.40(d) The fa medically-related maintain the highe	cally Related Social Service		745	F745 Corrective Action(s): Resident #44 has been assessed by services director and the department social services to appoint a guardia resident #44. Resident #44's comprehensive care plan has been to reflect the current guardian apport to resident #44. A Facility Incident Accident Form has been completed this incident.	nt of an for revised pinted t &	4/2/18

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/27/2018 FORM APPROVED OMB NO. 0938-0391

	12 LOK MEDICALE	& MEDICAID SERVICES					
STATEMENT AND PLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495353	B. WING			02/	16/2018
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HERITAG	SE HALL BLACKSTO	NE		BL	_ACKSTONE, VA 23824		
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F 745	Continued From parthis REQUIREME by: Based on observation document review a was determined the medically related stresidents in the surface appointed to part and the findings included the findings included the findings included the findings included the findings included the findings included the findings included to vascular disturbance, schizzintellectual disability recent MDS (minimal change in status at (assessment refer the resident as rarrarely/never able to coded Resident #4 decision-making at Review of Resident reveal contact information or representative. Care plan revised "Absence of personal family/friendsSo	age 92 NT is not met as evidenced tion, staff interview, facility and clinical record review, it is facility staff failed to provide ocial services for one of 31 rey sample, Resident #44.  lied to ensure a representative promote and protect Resident gal interests.  de:  admitted to the facility on an anitted to the facility on 11/29/17. In gnoses included but were not dementia (1) with behavior ophrenia (2) and unspecified ties. Resident #44's most anum data set), a significant seessment with an ARD ence date) of 12/6/17, coded ely/never understood and as of understand others. Section C 14's cognitive skills for daily as severely impaired.  Int #44's face sheet failed to promation for a responsible party Resident #44's comprehensive on 2/7/18 documented,		745	Identification of Deficient Practice Corrective Action(s): All other residents who do not have guardian or resident representative is have been potential affected. The subservice director and/or admission coordinator will be conducted a 100 review of all residents to identify residents at risk. Any residents identative will be assessed by Services to have a guardian and/or representative will be assessed by Services to have a guardian and/or representative appointed. Any/All ceplans will be updated to reflect the resident's guardian/representative that appointed.  Systemic Change(s): The Admission Director and Social Services director will receive additingual in-service training from the administ on ensuring all residents have a guardian representative upon administrator representative upon administrator resident representative upon administrator resident representative upon administrator and the Social Service of the Changes.  Monitoring: The Administrator and the Social Service Director are responsible for maintar compliance. The Social Service Director are responsible for maintar compliance. The Social Service Director are responsible for maintar compliance. The social Service Director are responsible for maintar compliance. The result these audits will be provided to the Quality Assurance Committee for analysis, and make recommendation change in facility policy, procedure and/or practice.  Completion Date: April 2, 2018	a nay ocial % tified ocial are nat is onal strator rdian ission ad as r ervices ining rector diar to s of eview, ns for	

A social services note dated 3/21/17 documented,

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 745	"Resident does not not have family inv services note dated "Resident does not (sic) visitors" A s 10/11/17 document any family and recisocial services not "Resident does not (sic) few visitors' notes documented representative approximate of the resident #44 but the When asked if Resident #44 but the When asked if Resident has go on 2/15/18 at 10:3 conducted with Ossocial worker) and coordinator). OSM to provide evidence explained to Resident was no OSM #5 stated shifted the resident was no one to mate behalf, OSM #3 at not. OSM #3 state to the facility years when asked who Resident #44's be staff leaves those	age 93 It recieve (sic) visitors and does olved in care" A social d 6/16/17 documented, thave any family nor receive social services note dated ted, "Resident does not have eves (sic) few visitors" A se dated 12/8/17 documented, thave any family and recieves 'None of the social services attempts were made to have a sointed for Resident #44.  p.m., Resident #44 was sed. Two staff members were staff member spoke to he resident did not respond. Sident #44 typically did not ken to, the staff member stated bood days and bad days.  33 a.m. an interview was SM (other staff member) #3 (the OSM #5 (the admissions of the staff member) #3 (the OSM #5 were asked that the bed hold policy was seen that the bed hold pol		745			

		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NG		(X3) DATE SURVEY COMPLETED	
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F 745	decisions. Who as regarding Resident OSM #3 stated, "U legally responsible stated, "No." Whe to anyone to have, Resident #44, OSM the corporate lawy thought the proces appointed was appointed was appointed was appointed was appointed for ensepresentative, OS person we have exhave been here." conducted research When asked to proceed and documentation corporate lawyer, On 2/15/18 at 1:33 conducted with OS	ked who makes decisions #444's rights and interests, s." When asked if anyone was for Resident #44, OSM #3 in asked if she had reached out a representative appointed for M #3 stated she had spoken to be about guardianship and she is of having a guardian proximately one thousand tated she had not received any when asked who was suring Resident #44 had a side M #3 stated, "She's the only rer had this trouble with since I OSM #3 stated she had also she to try to find family members. The original proximate in the conversation with the DSM #3 stated she could not.  If p.m., another interview was SM #3. When asked for a	F 7	45			
	stated she was no calls out to the cor called the local so if someone there cont know. OSM # #44's rights were the resident could was appointed to stated she had ne could not make dethe resident's right by using the resident facility.	ding the above matter, OSM #3 t aware of a policy but she had mmunity. OSM #3 stated she cial services department to see could help and was told they did 3 was asked how Resident being protected and promoted if not make decisions and no one make decisions. OSM #3 wer encountered a resident who ecisions and had no family but its were protected and promoted ent rights that are in place in the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1''	TIPLE CONSTRUCTION  NG	COMPLETED				
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F 745	member) #1 (the a director of nursing) training) and ASM nursing) were mad. The facility policy to documented, "1. Figuarantee certain Ithis facility. The rigitof. communication and services, both facilityappoint a liner choice, in accollinguiries concerning referred to the Social The facility policy to documented, "2. To service designee, videntified need for services of the residentified needs of the residents with finant No further information. This information is a brain function. This infects memory, and behavior. Vas caused by a series period." This inforwebsite:	dministrator), ASM #2 (the ASM #3 (the administrator in #5 (the assistant director of e aware of the above concern. Itled, "Resident Rights" ederal and state laws pasic rights to all residents of ghts include the resident's right on with and access to people inside and outside the egal representative of his or ordance with state law5. It is gresidents' rights should be ital Services Director."  Itled, "Social Services" he social worker, or social will pursue the provision of any medically-related social ident. Attempts to meet the ent will be handled by the ine(s). Services to meet the ent will be handled by the ine(s). Services to meet the ent will and legal matters"  Ition was presented prior to exit. It is gradual and permanent loss of soccurs with certain diseases. It inking, language, judgment, cular dementia (VaD) is sof small strokes over a long mation was obtained from the segov/ency/article/000746.htm		45				
		is a serious brain illness. t may hear voices that aren't						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER:  A. BUILDING			COMPLETED				
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F 756 SS=E	there. They may the hurt them. Sometic when they talk. The them to keep a job. This information with https://vsearch.nlmmeta?v%3Aprojec mediineplus-bundl.244128775.343831477942321  Drug Regimen Rec CFR(s): 483.45(c)  §483.45(c) Drug F§483.45(c)  §483.45(c)(1) The must be reviewed licensed pharmacial licen	nink other people are trying to mes they don't make sense are disorder makes it hard for or take care of themselves." as obtained from the website: n.nih.gov/vivisimo/cgi-bin/query-t=medlineplus&v%3Asources=e&query=schizophrenia&_ga=281570.1519130579-139120270.  View, Report Irregular, Act On (1)(2)(4)(5)  Regimen Review.  drug regimen of each resident at least once a month by a st.		756	Corrective Action(s): Resident's #5& #105 have had their medication regimes reviewed by the attending physician and the consulti pharmacist for unnecessary Medical and Gradual Dosage reduction. A fa Incident & Accident form was complor this incident.  Identification of Deficient Practic Corrective Action(s): All other residents receiving multip medications (9 or more) and psychomedications may have been potential affected. The pharmacy consultant conduct a 100% review of all currences timely physician interventions actions have been taken on all pharmacy incommendations. Any/all negative findings will be corrected at time or discovery. A Risk Management Incident/Accident form will be comfor each incident identified.	ing tions acility pleted  es &  le otropic ally will nt consure and macy f	4/2/18

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 756	be no change in the physician should of the resident's med.  §483.45(c)(5) The maintain policies a drug regimen review limited to, time frame the process and stand when he or she iderequires urgent and this REQUIREMED by:  Based on staff into review, and clinical determined the factor required componer medication regime residents in the substand #105.  1. The facility staff implement policies frames of the step review to guide stand pharmacist for Residents of the step review to guide stand pharmacist for Residents of the step review to guide stand publicies frames of the step review to guide stand pharmacist for Residents of the step review to guide stand publicies frames of the step review to guide stand publicies frames of the step review to guide stand publications.	ken to address it. If there is to e medication, the attending ocument his or her rationale in ical record.  facility must develop and and procedures for the monthly we that include, but are not mes for the different steps in eps the pharmacist must take entifies an irregularity that tion to protect the resident. ENT is not met as evidenced erview, facility document I record review, it was cility staff failed to include all nts of the monthly pharmacy on review policy for 2 of 31 rvey sample; Residents #5,  If failed to develop and a that addressed the time is of the medication regimen aff on the process for acting on action recommendations by the is of the medication regimen aff on the process for acting on action recommendations by the interest of the medication regimen aff on the process for acting on action recommendations by the interest of the medication regimen aff on the process for acting on action recommendations by the interest of the medication regimen aff on the process for acting on action recommendations by the		756	Systemic Change(s): The facility Policy and Procedure has been reviewed and changes have been made to include the time frame for w pharmacy recommendations need to delivered to the facility and physician the time frame the physician and facility have to act on those pharmacy recommendations. All licensed nursi staff will be inserviced by the DON and/or regional nurse consultant on tupdated policy and procedure for the frames required for the review and completion of pharmacy recommendations. The DON and/or ADON will review all pharmacy recommendations monthly to ensure any/all pharmacy recommendations been addressed and proper notificatiatending physicians has been complementations. The DON is responsible for maintain compliance. The DON, and/or design will perform monthly audits of the pharmacy recommendations to ensure the recommendations are being commendations and followed up on timely per facility policy. Any/all negative findings will corrected at time of discovery. Deta findings of this review will be report the Quality Assurance Committee for review, analysis, and recommendation of the practice.  Completion Date: April 2, 2018	n hich be a and lity ng he time that have on to letted. hing nee re that pleted ty li be ail ted to or ions	
	The findings inclu	de:			,		Ì

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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F 756	implement policies frames of the step review to guide sta gradual dose redupharmacist for Resident #5 was a with the diagnoses with behaviors, pshigh blood pressur most recent MDS quarterly assessm Reference Date) coded as severely make daily life decoded as requiring toileting and dress transfers and eating and was incontine.  A review of the clinunnecessary med made the following (milligrams) daplease consider a perhaps decreasing followed by a trial documenting dose contraindicated." recommendation days after the recontral person and appropriate, please and appropriate, please review of the clinunnecessary med made the following states and the following states are considered as a perhaps decreasing the followed by a trial documenting dose contraindicated." recommendation days after the recontral person and appropriate, please states are states as a perhaps decreasing the follower of the clinunnecessary med made the following states are states as a perhaps decreasing the follower of the clinuncessary med made the following states are states as a perhaps decreasing the following states are states as a perhaps decreasing the follower of the clinunnecessary med made the following states are states as a perhaps decreasing the follower of the following states are states as a perhaps decreasing the follower of the following states are states as a perhaps decreasing the follower of the following states are states as a perhaps decreasing the follower of the following states are states as a perhaps decreasing the follower of the fo	failed to develop and that addressed the time s of the medication regimen of on the process for acting on ction recommendations by the		56				

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION		APLETED C
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F 756	once daily in the endocumenting dose contraindicated at declined this recorrapproximately 6 days made.  1/8/18 for a reduct evening and 1 mg appropriate, pleas reduction (GDR), once daily in the endocumenting dose contraindicated at declined this recorrapproximately 1 days made.  On 2/15/18 at 11:  #7 (Other Staff Mathematical endocumenting dose contraindicated at declined this recorrapproximately 1 days made.  On 2/15/18 at 11:  #7 (Other Staff Mathematical endocumentions GDR's is that he lead to staff, and the staff get recommendations GDR's is that he lead the staff get recommendations GDR's is that he lead the staff get recommendations GDR's is that he lead the staff get recommendation of GDR's is that he lead the staff get recommendation of GDR's is that he lead the staff get recommendation of GDR's is that he lead the staff get recommendation of GDR's is that he lead the staff get recommendation of GDR's is that he lead the staff get recommendation of GDR's is that he lead the staff get recommendation of GDR's is that he lead the staff get recommendation of GDR's is that he lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the lead the staff get recommendation of GDR's is the	vening, or consider reduction as clinically this time." The physician mendation on 11/9/17, ays after the recommendation ion in risperidone 0.5 mg every at bedtime: "If clinically e consider a gradual dose perhaps decreasing to 1.25mg evening, or consider reduction as clinically this time." The physician mmendation on 1/9/18, ay after the recommendation on 1/9/18, ay after the recommendation dose reduction (GDR) as, the time frames regarding has 3 days to get them to the fithen has 2 weeks (14 days) to tions to provider and act on it.  cility policy, "Medication" and the facility policy, apy" failed to include any not the time frames that a GDR ovided to the physician and	is	756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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F 756	Administrator, (AS Member) she state looks at the pharm next visit. She wa frame in which the address the recondid not have any comonthly medication and verified that the specify time frame regulations.  No further informatine survey.  References:  [1] Mirtazapine is Information obtain https://medlineplutml	200 a.m., in an interview with the iM #1 - Administrative Staff ed that the physicians usually nacy recommendations on their is not aware of any specific time in physician was required to immendations. She stated she wither policies regarding the interpolicies provided did not is as required by the entire was provided by the end of the interpolicies provided by t	F	756			
	schizophrenia, ep episodes of mania disorder, and beh aggression, self-ir changes. Information obtair	an antipsychotic used to treat isodes of mania, or mixed a and depression with bipolar avior problems such as njury, and sudden mood ned from as gov/druginfo/meds/a694015.h					
	implement policie frames of the step review to guide st	ff failed to develop and s that addressed the time as of the medication regimen aff on the process for acting on action recommendations by the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION  NG	CON	(X3) DATE SURVEY COMPLETED C	
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F 756	Resident #105 was 2/27/17 with the didementia with behidepression, insom hyperplasia, heart blood pressure. To Data Set) was a quark (Assessment The resident was impaired in ability. The resident was bathing, hygiene, the assistance with earth and as incontinent. A review of the clirunnecessary med pharmacy made the recommendations.  10/3/17 for a redu [1] 50 mg (milligrate bedtime for BPSD Symptoms of Den re-evaluating when necessary at this dose reduction or declined this recomposition and the recommendations.  12/6/17 for a redu (extended release mg: "Please evaluation memory made / done prombination memory and prombination memory memory was made.	sident #105 s admitted to the facility on agnoses of but not limited to aviors, anxiety disorder, inia, benign prostatic disease, hepatitis C, and high the most recent MDS (Minimum uarterly assessment with an transference Date) of 12/23/17. Coded as being severely to make daily life decisions. Coded as requiring total care for toileting and dressing; limited ating, transfers and ambulation; to for bowel and bladder.  Inical record for the use of ications revealed that the ne following medication		56		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	CON	(X3) DATE SURVEY COMPLETED C	
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F 756	accepted this red approximately 44 was made.  1/3/18 for a reduction and 100 mg consider a graduction perhaps decreas morning) and 100 bedtime), or consecution as clinical physician declines 1/24/18, approximate approximate the commendation.  On 2/15/18 at 11	ommendation on 1/19/18, days after the recommendation ction in quetiapine 50 mg twice at bedtime for BPSD: "Please al dose reduction (GDR), ing to 75mg QAM (every Dmg QHS (every night at sider documenting dose cally contraindicated." The ed this recommendation on mately 21 days after the twas made.  :16 a.m., in an interview with	F	756		
	OSM #7 stated, regimen review a (GDR) recomme regarding GDR's them to the staff (14 days) to get and act on it.  A review of the f Regimen Review "Medication The	Staff Member, the pharmacist). regarding the medication and gradual dose reduction and attions, that the time frames is that he has 3 days to get, and the staff then has 2 weeks recommendations to provider acility policy, "Medication v" and the facility policy, rapy" failed to include any				
	guidance regard required to be practed upon by the On 2/16/18 at 10 Administrator, (Amember) she stook at the pharmext visit. She with the pharme in which the stook at the stook at	ing the time frames that a GDR is ovided to the physician and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION NG	COM	(X3) DATE SURVEY COMPLETED C	
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F 756	did not have any of monthly medication and verified that th specify time frame regulations.	age 103 ther policies regarding the n regimen review and GDR's e policies provided did not s as required by the tion was provided by the end of	F7	756		
	shown that older a disorder that affect clearly, communic and that may caus personality) who to for mental illness) increased risk of duetiapine is not a Administration (FE	k Box Warning: "Studies have dults with dementia (a brain ts the ability to remember, think ate, and perform daily activities the changes in mood and ake antipsychotics (medications such as quetiapine have an leath during treatment.  Approved by the Food and Drug DA) for the treatment of the such as in older adults with				
	(long-acting) table symptoms of schiz causes disturbed interest in life, and emotions). Quetia extended-release with other medica (frenzied, abnorm depression in pati (manic depressive causes episodes	and extended-release ts are used to treat the zophrenia (a mental illness that or unusual thinking, loss of I strong or inappropriate pine tablets and tablets are also used alone or tions to treat episodes of mania ally excited or irritated mood) or ents with bipolar disorder e disorder; a disease that of depression, episodes of abnormal moods). In addition,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 756	are used with other episodes of mania bipolar disorder. Quantications to treat information obtained https://medlineplustml  [2] BPSD - Behavious Symptoms of Demis a key component approach to the treather judicious combinon-pharmacological these symptoms reincreased risk of pand, thus, represent clinicians. Current non-pharmacological treatment followed	and extended-release tablets medications to prevent or depression in patients with uetiapine extended-release ed along with other at depression. Ed from agov/druginfo/meds/a698019.h oral and Psychological entia. "Management of BPSD to f a comprehensive eatment of dementia requiring ination of pharmacological and cal interventions. Treatment of emains problematical, with an esychotropic medication misuse, at an important challenge for guidelines recommend cal interventions as first-line by the least harmful		756			
	medication for the shortest time possible." Information obtained from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC33 45875/  [3] Namenda: "Memantine (Namenda) is used to treat the symptoms of Alzheimer's disease" Information obtained from						
·	tml  [4] Donepezil: "Do dementia"  Information obtained	e.gov/druginfo/meds/a604006.h enepezil is used to treat ed from e.gov/druginfo/meds/a697032.h	1000				

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F 756	[5] Namzaric: "Nar of donepezil and m	age 105 mzaric contains a combination emantineused to treat e dementia of the Alzheimer's	F 7	756		
	type" Information obtaine https://www.drugs.	ed from com/namzaric.html	F 7	758 F 758		
F 758 SS=E	S483.45(e) Psychology S483.45(c)(3) A psaffects brain activit processes and beh	tropic Drugs. ychotropic drug is any drug that ies associated with mental havior. These drugs include, to, drugs in the following	i	F 758 Corrective Action(s): Resident #25 & #105's physicians were notifie & #105 received Seroc appropriate medical disindication to support it & #105's physicians heresident #25 & #105's and made adjustments psychotropic medication incident & Accident for medication error form this incident.	s attending ed that resident #25 quel without an agnosis or clinical ts use. Resident #25 ave reviewed medication regime to their ons. A facility orm and a	4/2/18
	system (1) resident, the facility \$483.45(e)(1) Responding the psychotropic drugs unless the medical specific condition of in the clinical reconstruction of the clinical reconstruction of the clinical reconstruction of the psychological intervel contraindicated, in drugs; \$483.45(e)(3) Resident (2) Resident (3) Resident (3) Resident (4) Resi	idents who use psychotropic dual dose reductions, and ntions, unless clinically an effort to discontinue these		Resident 93's attending notified that resident # without an appropriate or clinical indication to Resident #93's physicial resident #93's medicate made adjustments to the medications. A facility Accident form and a material form was completed for the second process.	93 received Haldol medical diagnosis support its use. ian reviewed tion regime and heir psychotropic Incident & medication error	
	psychotropic drug	s pursuant to a PRN order ation is necessary to treat a		•	·	İ

CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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F 758	diagnosed specification in the clinical record §483.45(e)(4) PRN are limited to 14 diagnosed specification in the restriction of the beyond 14 days, in the restriction of the diagnose are limited to the diagnose are limited to the remeded unless the prescribing practition the appropriate of the appropriate of the appropriate of the appropriate of the appropriate of the acility staff failed free from unneces for three of 31 respective for three of 31 respective for three of 31 respective for the diagnose of the antipsychotic medication for the antipsychotic medication for the medication).  3. For Resident assess or provide indication for the medication).	condition that is documented rd; and  Norders for psychotropic drugs ays. Except as provided in the attending physician or oner believes that it is PRN order to be extended to respect the extended on for the PRN order.  Norders for anti-psychotic to 14 days and cannot be the attending physician or ioner evaluates the resident for the provident or ioner evaluates the resident for the provident of the extending physician or ioner evaluates the resident for the provident is not met as evidenced the extending physician or ioner evaluates the resident for the provident is not met as evidenced the extending physician or ioner evaluates the resident for its not met as evidenced the extending physician or interest to ensure that residents were essary psychotropic medications sidents in the survey sample, and 105.	<i>f</i>	758	Identification of Deficient Pra- and Corrective Action(s): All other residents receiving anti- medications may have been pote affected. The DON, ADON, and Pharmacy consultant will review medication orders of all resident receiving psychotropic/antipsych medications to ensure that no un- medications have been ordered a all antipsychotic medications ha appropriate medical diagnosis as clinical indication for their use. negative findings will be commi- to the attending physicians for c action. A Facility Incident & Ac- form will be completed for each finding.  Systemic Change(s): The facility Policy and Procedu been reviewed. No revisions as warranted at this time. All nurs will be inserviced by the DON regional nurse consultant and is copy of the facility policy and y for proper administration and n of psychotropic medications. Thi having an appropriate medical or clinical indication for its use  Monitoring: The DON is responsible for m compliance. The DON, Unit M and/or designee will complete	ipsychotic entially /or / the /s hotic unecessary and that we an ind/or Any/all unicated corrective ecident in negative / re has re sing staff and/or ssued a procedure nonitoring include s includes diagnosis de fanager	

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	` COM	E SURVEY IPLETED
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F 758	The findings included indication for the antipsychotic medication for the antipsychotic medication for the antipsychotic medication for the antipsychotic medications for the antipsychotic medication for the antipsychotic medication for the antipsychotic medication for the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status, in the factorial status and th	#25 the facility staff failed to e an acceptable clinical use of Seroquel [1] (an dication).  Is admitted to the facility on admission on 7/12/17 with clude, but not limited to, of falling, dementia, chronic and difficulty in walking.  Inost recent MDS (minimum data assessment with an ARD of Resident #25 as scoring a five out on the BIMS (brief interview for adicating that Resident #25 is ely impaired with daily decision sility staff coded Resident #25 as rehotic medications in Section N,	F 758	audits of resident physician ord coinciding with the Care plan of monitor compliance. All negatifindings will be corrected immand appropriate disciplinary actaken as necessary. Aggregate these audits will be provided to Quality Assurance Committee analysis, and recommendations change in facility policy, proceand/or practice.  Completion Date: April 2, 20	calendar to ive ediately tion will be findings of the for review, for dure,	
	revealed the folic -"QUETIAPINE I (milligrams) TAE (every day) AT 0 p.m.) DX (diagnormal) Psychological Si -"QUETIAPINE TAB 1 ALONG I QD AT 1400 (2:0) Further review of February 2018 r					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 758	Continued From pa	age 108 sounds, grabbing and hitting.	F 7	758		i i
	dated February 20 increase in Serogu	nt #25's Physician Orders 18 revealed, in part, an sel from 150 mg per day total to ges were put into place on				
	did not reveal any clinical indication for treatment for beha	Resident #25's clinical record documentation regarding a or the use of Seroquel as viors. There was no a clinical indication for the liel on 2/3/18.				
	notes since Februa following note date Medications. Curr checked). Reduct	ent #25's physician progress ary 2017 revealed, in part, the ed 8/12/17: "Psychoactive ently on Medications, (Yes box ion Attempted (No box I for change) made for (upward havior - agitation."				
	did not reveal any	Resident #25's clinical record documentation that supports avior in August 2017.				
	recommendations part, the following -"(Name of Reside with an order for a quetiapine (Seroq (haldol) injection Findication of "agita decline the recom wish to implement reasons DOCUME	adual dose reduction made by pharmacy reveal, in recommendations: ent #25) was recently admitted intipsychotic medications, uel) 12.5 mg and haloperidal PRN with an associated ation." Physician's Response: I mendation (s) above and do not any changes due to the ENTED BELOW. Status ted behavior. Dated 4/7/17."				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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F 758	- "(Name of Reside (Seroquel) 12.5 mg QHS (each even hypnotic) PRN (as response: I have response: I have response: I have response: I have response: I have response: I have response: I have response: I have response: I have response: I have resident argue with resident argue with resident argue with resident argue with resident argue with resident argue with resident argue with resident argue with resident argue with resident argue with resident argue with resident argue with resident argue with resident and interview was of member) #7, the part of the medication stated, "I look at the dementia diagnost the physician documential declines document recommendations declines document declines decline	ent #25) receives quetiapine g QAM (each morning) and 25 ening) as well as Haldol [2] (a needed). Physician's re-evaluated this therapy and the following changes: Off d 8/8/17."  ent #25's comprehensive care ne facility dated 1/26/18 e following documentation; y swears at staff. Approaches: warmly and positively. Do not it. Remove resident from public or is disruptive."  conducted with OSM (other staff charmacist, on 2/15/18 at 11:17 asked to describe his process regimen review. OSM #7 ne diagnosis first. If there is a is then I am going to look for umentation that it (the linically appropriate to use. The edementia with a primary to go along with that. I ask for the (antipsychotic) medication		758			

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	٠,	TIPLE CONSTRUCTION		E SURVEY IPLETED
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F 758	Continued From particles of the stated, "Ve don't a substantial behavioral wife."  An interview was of (administrative stated on 2/15/18 at 3:00 describe his proce were taking an antipsychotic and diagnosis." ASM addiagnosis for the stated, "Psychosis past." ASM #4 was diagnosis for the stated, "We don't a substantial behavior describe "substantial behavior describe "substantial" Hallucinations with the stated of the statem of the s	age 110 eroquel is used to treat ms and it is not indicated by association) to use as a	F			
	should be a diagnas ASM #4 was asked the pharmacist reduction). It positive/negative to residents are on just leave it." ASM #25 and her order increased since 4 morning to 175 m day. ASM #4 state in the hospital, she her IVs (intravenoon Resident #25 was "2 years ago." AS different person the sake was a since the sake was	osis of some type of psychosis." of to describe his process when commended a GDR (gradual ASM #4 stated, "I keep track of behaviors. If I feel like they (the a low dose and they are stable I #4 was asked about Resident is for Seroquel that had been 77/17 from 12.5 mg each g administered throughout the ed, "In her case, when she was e had a terrible time, pulling out us lines)." When asked when in the hospital, ASM #4 stated, SM #4 further stated, "She is a han she was two years ago. I sit her." When asked about				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C	
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F 758	Resident #25's clin Seroquel ASM #4 of An end of day mee at 4:00 p.m. with A #2, the director of administrator, ASM training, and ASM nursing. ASM #1, were made aware facility policy was rethe use of antipsyon A review of the fact Medication Use" redocumentation: "Per medications may be demented but only functional, psychosocial and environ symptoms have be Antipsychotic medications are subject and re-review. Possible of time, are subject and re-review. Possible of time, are subject and re-review. Possible of time, are subject and re-review. Possible of time, are subject and re-review. Possible of time, are subject and re-review. Possible of time, are subject and re-review. Possible of time, are subject and effer Physician will iden with input from other as needed, symptof antipsychotic medications shall following conditions the record, consist Diagnostic and St. Disorders (current properties).	ical indication for the use of did not have an answer. eting was conducted on 2/15/18 SM #1, the administrator, ASM		8		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA JUDICIAN OF CORRECTION JUDICIANION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL			(X3) DATE SURVEY COMPLETED		
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F 758	Schizophreniform of disorder; e. Mood disorder, depression treatment refractor Psychosis in the all illnesses with psychotenterest Disorder Hiccups; K. Nause antipsychotic medidosage guidelines justification will be exceed the listed of hours. 18. The Phappropriately by choses or medication (based on assessible benefits of the mesuspected or confidence.)	disorder; d. Delusional disorders (e.g. bipolar on with psychotic features and y major depression); f. desence of dementia; g. Medical hotic symptoms and / or psychosis or mania; h. I. Huntington Disease; J. a and vomiting. 12. All cations will be used within the listed in (F329) or clinical documented for dosages that guidelines for more than 48 psysician shall responding or stopping problematic ons, or clearly documenting ing the situation) why the dication outweigh the risks or irmed adverse consequences."		758			
	[1] SEROQUEL (Control of the prescription medicin people 13 years disorder in adults, associated with bin associated with bin lithium or divalprobipolar I disorder vinformation was owebsite; https://www.fda.gd/ucm089126.pdf [2] Haloperidol is disorders (condition the difference between the prescription of the difference with the difference between the difference between the difference in	Quetiapine Fumerate) is a sine used to treat: schizophrenia of age or older; bipolar including: depressive episodes polar disorder; manic episodes polar I disorder alone or with ex; long-term treatment of with lithium or divalproex. This btained from the following ov/downloads/Drugs/DrugSafety used to treat psychotic ons that cause difficulty telling ween things or ideas that are ideas that are not real). This					

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F 758	information was of website; https://medlineplus tml	otained from the following s.gov/druginfo/meds/a682180.h	F 7	758			
	For Resident #93 the facility staff failed to assess or provide an acceptable clinical indication for the use of Haldol [1] (a hypnotic medication).  Resident #93 was admitted to the facility on	•					
	6/14/16 with a rea diagnoses that incanoxic brain dama	dmission on 12/27/17 with clude, but not limited to stroke, age (lack of oxygen to brain), speaking), dysphagia (difficulty	}				
	set), a significant of ARD (assessment coded Resident # the questions on the mental status), the as being severely. The facility staff of the staff	ost recent MDS (minimum data change assessment with an treference date) of 12/27/17 93 as being unable to answer the BIMS (brief interview for e staff assessment coded him impaired to make decisions. oded Resident #93 as receiving dications in Section N, routine basis.					
	revealed, in part, - "7/12/16. Haldol mg (milligrams) ta (three times a day behaviors." Signe on 7/12/16 "12/27/17 Halop peg (tube inserted	ent #93's physician orders the following orders: [1] (a hypnotic medication) 0.5 ab (tablet) po (by mouth) TID y) Dx (diagnosis) agitation with ed and dated by the physician eridol (Haldol) 0.5 MG tablet via d into the stomach) twice a day. Shalopathy [2] (a disorder of the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION  G	CON	MPLETED C
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	PROVIDER OR SUPPLIE SE HALL BLACKST			STREET ADDRESS, CITY, STATE, ZIP 900 S MAIN ST BLACKSTONE, VA 23824		
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F 758	liver)." The diagn (Behavioral and I Dementia) on 2/5 A review of the preveal any docur clinical indication. A review of the pgradual dose recommended by the physician's Response: I debecause GDR is CONTRAINDIC, indicated below, behaviors docur retardation) and benefit with ADL Signed and date.	osis was changed from BPSD Psychological Symptoms of 5/18.  hysician progress notes did not mentation that provided the for the continued use of haldol.  harmacy recommendations for fluctions revealed, in part, the entation; of Resident #93) receives an aloperidol (haldol) 0.5 mg BID (ay). Physician's response: naviors of dementia." Signed and sician on 3/17/17. of Resident #93) takes (a) 0.5 mg BID for BPSD. Donse: I decline the nabove because GDR is particularly and sician on 6/15/17. The of Resident #93) takes (a) 0.5 mg BID for BPSD. Physician's of Resident #93) takes (a) 0.5 mg BID for BPSD. Physician's coline the recommendation above		58		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	ŀ	PLETED
		495353	B. WING		¥	02/1	; 6/2018
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
HERITA	GE HALL BLACKSTO	NE			DO S MAIN ST LACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 758	plan dated 1/2/18 r documentation; "Provide behaviors that or psychiatric evaluation psychological and/met by next quarte seen by Pschological and/met by next quarte seen by Pschological ordered by MD (medicated by MD (medicated by physicial Areview of Resider reveal any orders from the medication stated, "I look at the demential diagnosist the physician documential diagnosis the physician documential diagnosis the physician diagnosis	evealed, in part, the following roblem: Resident has agitation requires Psychological and / lation and treatment. Goal: or psychiatric needs will be r. Approaches: Resident to be st (sic) and / or Psychiatrist as edical doctor). Problem: or resident can be combative st oget v/s (vital signs). inister behavior medications as an."  Int #93's clinical record did not for psychological or psychiatric onducted with OSM (other staff harmacist, on 2/15/18 at 11:17 asked to describe his process regimen review. OSM #7 e diagnosis first. If there is a sthen I am going to look for mentation that it (the dementia with a primary to go along with that. I ask for the (antipsychotic) medication		758			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
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HERITAG	E HALL BLACKSTO	NE		BL	ACKSTONE, VA 23824		
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F 758	Continued From parillness with psychosignificantly. The owner was asked a haldol is not really OSM #7 was asked #93 receiving haldomore recently for half was and he had requested but the physician juth An interview was owner taking an antificial transfer to the physician in the residents may antipsychotic and I diagnosis." ASM # diagnosis for the wasked if hepatic endication. ASM demonstrated or in asked if hepatic endications with the physician		F	758			
	just leave it." ASM #93 and the use o (Resident #93) is	#4 was asked about Resident f haldol. ASM #4 stated, "He on a low dose, he seems to ." ASM #4 was asked if he had					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	CX3) DATE SURVEY	
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	PROVIDER OR SUPPLIER BE HALL BLACKSTO			90	REET ADDRESS, CITY, STATE, ZIP CODE 10 S MAIN ST LACKSTONE, VA 23824		
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F 758	documented a clinuse of the haldol a #4 stated that he haldol a 44 stated that he haldol a 400 p.m. with A #2, the director of administrator, ASM training, and ASM nursing. ASM #1, were made aware facility policy was the use of antipsystem.	ical indication for the continued is Resident #93's therapy, ASM had not.  eting was conducted on 2/15/18 ASM #1, the administrator, ASM		758			
	the difference between the treat and things or information was owebsite;	ween things or ideas that are ideas that are ideas that are not real). This btained from the following s.gov/druginfo/meds/a682180.h	La grande de la constante de l				
	personality chang a depressed level information was o website;	halopathy is characterized by es, intellectual impairment, and of consciousness. This btained from the following medscape.com/article/186101-					
	assess or provide Seroquel (an anti	#105, the facility staff failed to clinical indication for the use of psychotic medication).  as admitted to the facility on liagnoses of but not limited to	,				-

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		495353	B, WING			02/1	6/2018
	PROVIDER OR SUPPLIER			S1 90	TREET ADDRESS, CITY, STATE, ZIP CODE DO S MAIN ST LACKSTONE, VA 23824		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 758	dementia with behadepression, insome hyperplasia, heart blood pressure. To Data Set) was a quare ARD (Assessment The resident was dimpaired in ability of The resident was dimpaired in ability of The resident was distance with earn as incontinent. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy made the recommendations. A review of the clirunnecessary medipharmacy mediph	aviors, anxiety disorder, nia, benign prostatic disease, hepatitis C, and high he most recent MDS (Minimum varterly assessment with an Reference Date) of 12/23/17. Coded as being severely to make daily life decisions. Coded as requiring total care for oileting and dressing; limited ting, transfers and ambulation; of bowel and bladder.  Inical record for the use of cations revealed that the ne following medication  Inical record revealed Resident quel [1] (quetiapine) 50 mg daily and 100 mg at bedtime for and Psychological Symptoms. The medication order was arther review of the clinical repharmacy had recommended lication be evaluated for fuse and for a reduction or the medication. The physician		758			
-	twice daily and 10 "Please consider quetiapine remain perhaps consider discontinuation." recommendation	ction in quetiapine [3] 50 mg 0 mg at bedtime for BPSD [2]: re-evaluating whether is necessary at this time, ng a dose reduction or The physician declined this on 10/10/17, approximately 7 commendation was made.					

STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AIND PLAIN	OF CORRECTION	,	B. WING		i i	C / <b>16/2018</b>	
	PROVIDER OR SUPPLIER	495353 NE	ST 90	REET ADDRESS, CITY, STATE, ZIP C 0 S MAIN ST LACKSTONE, VA 23824		710/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 758	1/3/18 for a reduction daily and 100 mg aconsider a gradual perhaps decreasing morning) and 100m bedtime), or considereduction as clinical physician declined 1/24/18, approximate recommendation of the following perhaps of	on in quetiapine 50 mg twice at bedtime for BPSD: "Please dose reduction (GDR), g to 75mg QAM (everying QHS (everying QHS (everying that der documenting dose ally contraindicated." The this recommendation on ately 21 days after the was made.  The clinical record failed to ate FDA (Food and Drug proved diagnosis and use of this medication for this at the time of each medication. The viors were noted to be mmaging" and "pacing."  P. p.m., in an interview with RN per, she stated that there was record of an appropriate	1				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER	A. BUILC	ING _	C			
		495353	B. WING			1	6/2018	
NAME OF	PROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
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F 758	Continued From particles and was of Seroquel was applied on the state of the state	age 120 not behavior for which the use oppropriate. ASM #8 stated she ess to the MAR documentation taff to provide that knowledge ated, "It certainly helps when I of the behaviorsPacing and all dementia and they will do having actual psychosis, we roquel"  ility policy, "Antipsychotic ocumented, "Antipsychotic ocumented, "Antipsychotic ocumental causes of behavioral een identified and antipsychotic medications shall only for the following ses as documented in the with the definition(s) in the atistical Manual of Mental or subsequent editions): a. Schizo-affective disorder, c. in disorder, d. Delusional disordersf. Psychosis in the ontia, g. Medical illnesses withh. Tourette's Disorder, i. e.; j. Hiccupsk. Nausea and ed with cancer or 1. Antipsychotic medications the only symptoms are one or ing: a. wandering, b. Poor		758				
	e. Mild anxiety, f. I indifference to sur alone that is not re	essness; d. Impaired memory, nsomnia, g. Inattention or roundings, h. Sadness or crying elated to depression or other ers, i. Fidgeting, j. Nervousness less."						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION  NG	COM	E SURVEY IPLETED
		495353	B. WING		02/	16/2018
	NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL BLACKSTONE			STREET ADDRESS, CITY, STATE, ZIP O 900 S MAIN ST BLACKSTONE, VA 23824	CODE	ļ
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F 758	,		F 7	758		
	by the facility for S may be a slightly in possibly fatal side failure, fast/irregulathis medication is dementia. This methe treatment of deproblemsQuetia mental/mood disorbipolar disorder, sidepression associon 2/15/18 at apport of day meeting, the Director of Nursing of the findings. No provided by the ental shown that older a disorder that affect clearly, communicand that may caus personality) who the for mental illness) increased risk of communications.	ck Box Warning: "Studies have adults with dementia (a brain ts the ability to remember, think ate, and perform daily activities se changes in mood and ake antipsychotics (medications such as quetiapine have an death during treatment.				
	Administration (FI	approved by the Food and Drug DA) for the treatment of ms in older adults with				
	(long-acting) table	s and extended-release ets are used to treat the zophrenia (a mental illness that				

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•	CONSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED C	
	•	495353	B. WING		02/1	6/2018	
	NAME OF PROVIDER OR SUPPLIER HER!TAGE HALL BLACKSTONE			REET ADDRESS, CITY, STATE, ZIP 0 S MAIN ST ACKSTONE, VA 23824	CODE		
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F 758	,		F 758				
	interest in life, and emotions). Quetian extended-release with other medicat (frenzied, abnormate depression in patie (manic depressive causes episodes of mania, and other a quetiapine tablets are used with other episodes of mania bipolar disorder. Ottablets are also us medications to tree Information obtain	tablets are also used alone or tions to treat episodes of mania ally excited or irritated mood) or ents with bipolar disorder a disease that of depression, episodes of abnormal moods). In addition, and extended-release tablets or medications to prevent a or depression in patients with Quetiapine extended-release sed along with other at depression.					
F 812	Symptoms of Der is a key compone approach to the tree the judicious common-pharmacolog these symptoms increased risk of and, thus, represe clinicians. Curren non-pharmacolog treatment follower medication for the Information obtain https://www.ncbi.45875/	ioral and Psychological nentia. "Management of BPSD ont of a comprehensive reatment of dementia requiring bination of pharmacological and pical interventions. Treatment of remains problematical, with an psychotropic medication misuse ents an important challenge for t guidelines recommend gical interventions as first-line d by the least harmful e shortest time possible." ned from nlm.nih.gov/pmc/articles/PMC33		F 812 Corrective Action(s): The thickener container wir it has been discarded and refacility incident and Accident and Acc	eplaced. A ent form has	4/2/18	
F 812	=   CFR(s): 483.60(i	)(1)(2)		been completed for this inc	ident.		

PRINTED: 02/27/2018 FORM APPROVED OMB NO. 0938-0391

		A MEDICAID SERVICES			CALCATOLICATION	(X3) D/	ATE SURVEY
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A, BUILDI	NG			С
	,		D 1420-1-				-
		495353	B. WING				2/16/2018
NAME OF F	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CO	UE	
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	\$483.60(i) Food sa The facility must - \$483.60(i)(1) - Pro approved or considerate or local author (i) This may include from local produce and local laws or redistributed in the safe growing and food in the safe growing and food in the safe growing and food in the safe growing and food in the safe growing and food in the safe growing and food in the safe growing and food in the safe growing and food in the safe growing for safe growing for consuming for safe growing and food in the safe growing and food	age 123  afety requirements.  cure food from sources dered satisfactory by federal, prities.  e food items obtained directly are, subject to applicable State egulations.  does not prohibit or prevent g produce grown in facility to compliance with applicable food-handling practices.  does not preclude residents bods not procured by the facility.  are, prepare, distribute and ordance with professional	F 8	312		en Service en Service etician will reparation y any ntified to scarded ident form attive attive ary action.  dure has are nsulting vice the stary staff osal of all or are to	
	determined that the food in a sanitary  A plastic scoop us container was observable touching the The findings inclusion 2/13/18 at 11:3	the facility staff failed to store manner.  The ded to remove thickener from a served in the container with the me thickener.  The decimal staff failed to store thickener are thickener.			The Food Service Manager is for maintaining compliance. T Service manager or Cook in compiler of the refrigerators and food and beverage items and those items per policy to monimaintain compliance. The results will be reported to the C Assurance Committee for revianalysis, & recommendations	The Food harge will food storage lating of lisposal of itor and ults of these Quality iew, for change	
	remove powdered thicken liquids) was	ucted. A plastic scoop used to I thickener (a substance used to as observed in the container. scoop was touching the		, and the second	in facility policy, procedure, a practice.  Completion Date: April 2, 2		

Facility ID: VA0108

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION DING		E SURVEY MPLETED	
		495353	B. WING		02	16/2018	
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP CODE 900 S MAIN ST BLACKSTONE, VA 23824				
(X4) ID PREFIX TAG	(FACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 812	On 2/13/18 at 11:5 conducted with Os assistant dietary rhow the thickener #6 stated the scot When asked if the container with the it shouldn't be. I'll removed the scot On 2/14/18 at 4:5 member) #1 (the director of nursing director of nursing (the social worker in training) were rfindings.  The facility food stabeling, Dating information regar	page 124 55 a.m., an interview was SM (other staff member) #6 (the manager). OSM #6 was asked scoop should be stored. OSM op was supposed to be in a bag. e scoop should be in the thickener, OSM #6 stated, "No take that out." OSM #6 op from the thickener container.  2 p.m. ASM (administrative staff administrator), ASM #2 (the g), ASM #5 (the assistant g), OSM (other staff member) #3 e) and ASM #3 (the administrator made aware of the above  storage policy titled, "Covering, Food" failed to document ding the storage of scoops.  ation was presented prior to exit.		812			