PRINTED: 04/17/2018 FORM APPROVED OMB NO. 0938-0391

AMME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC  SUMMANY STATEMENT OF DEFICIENCIES  (CACHIOFY CRICKING THROUGH OR SUPPLIER)  FOOD  INITIAL COMMENTS  An unannounced Medicare/Medicald Complaint survey was conducted 4/3/18 inrough 4/5/18. One complaint was investigated. Significant corrections are required for complained with the following 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 77 certified bed facility was 73 at the time of the survey. The survey sample consisted of 4 current Resident reviews (Resident #1 through Resident #4) and one closed record reviews (Resident #3) and one closed record reviews (Resident #4) and one closed record reviews (Resident #3).  \$483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misproprolation of resident property, and exploitation as defined in this subjent. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or themical restrain to frequired to treat the resident's medical symptoms.  \$483.12 (a)(1) Not use verbal, mental, sexual; or physical abuse, corporal punishment, or involuntary seclusion, the facility falled for one resident (Record review, and in the course of a complaint investigation, the facility falled for one resident (Record review, and in the course of a complaint investigation, the facility falled for one resident (Record review, and in the course of a complaint investigation, the facility falled for one resident (Recident #5) in a survey sample of five residents, to be free from reglect, outputing with the survey in the face of the correction so of the conclusions and complaint investigation, the facility falled for one resident (Recident #5) in a survey sample of five residents, to be free from meglect, outputing to the face of		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	11-11-11-11	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
STREET ADDRESS, CITY, STATE, 29 DOOD  TYPE LAWRENCEVILLE, LLC  SUMMANY STATEMENT OF DEPOCIATIONS PRICE ADDRESS CITY, STATE 29 DOOD  TAGE OF LAWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TAGE OF LAWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO ALL AWRENCEVILLE, VA 23868  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  TO CON COMMENTS  FOOD  TO CONCECTON AWRENCHMENT  FOOD  PRETIX  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  PROVIDED STATE ADDRESS CITY, STATE 29 DOOD  PROVIDED STATE ADDRESS COME STATE ADDRESS COME TO BE ADDRESS COME			495192	B. WING _			
FREDULATORY OR LSC IDENTIFYING INFORMATION)  FOOD INITIAL COMMENTS  An unannounced Medicars/Medicaid Complaint survey was conducted 4/3/18 through 4/5/18. One complaint was invastigated. Significant corrections are required for complaince with the following 42 CPR Part 483 Federal Long Term Care requirements.  The census in this 77 certified bed facility was 73 at the time of the survey. The survey sample consisted of 4 current Resident reviews (Residents #1 through Resident #4) and one closed record reviews (Resident #4) and one closed record reviews (Resident #3).  F600 F600 F6 from Abuse and Neglect Exploitation  The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as delined in this subpart. This includes but is not limited to freedom from corporal punishment, or involuntary seclusion; The RecourseMent The resident swipping and exploitation and clinical record review, and in the course of a complaint investigation, the facility documentation and clinical record review, and in the course of a complaint investigation, the facility field for one residents, to be free from neglect, requiring					1722	LAWRENCEVILLE PLANK ROAD	1 04/05/2018
An unannounced Medicare/Medicaid Complaint survey was conducted 4/3/18 through 4/5/18.  One complaint was investigated. Significant corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 77 certified bed facility was 73 at the time of the survey. The survey sample consisted of 4 current Resident reviews (Residents #1 through Resident #4) and one closed record reviews (Resident #5).  Feo. Free from Abuse and Neglect CFR(s): 483.12(pt(1))  S483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, missppropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:  Based on staff interview, facility documentation and clinical record review, and in the course of a complaint investigation, the facility failed for one resident; (Resident #5) in a survey sample of five residents, to be free from neglect, requiring	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETION
resident (Resident #5) in a survey sample of five residents, to be free from neglect, requiring  Regional Director of Clinical Services to validate findings.	F 600	An unannounced Me survey was conducted. One complaint was in corrections are required. Following 42 CFR Parcare requirements.  The census in this 77 at the time of the surve consisted of 4 current (Residents #1 through closed record reviews Free from Abuse and CFR(s): 483.12(a)(1)  §483.12 Freedom fro Exploitation The resident has the neglect, misappropria and exploitation as de includes but is not limic corporal punishment, any physical or chem treat the resident's mines (\$483.12(a)(1) Not use physical abuse, corporativoluntary seclusion; This REQUIREMENT by: Based on staff intervand clinical record revisions.	dicare/Medicaid Complaint d 4/3/18 through 4/5/18. vestigated. Significant ed for compliance with the t 483 Federal Long Term  certified bed facility was 73 vey. The survey sample Resident reviews n Resident #4) and one s (Resident #5). Neglect  m Abuse, Neglect, and right to be free from abuse, tion of resident property, affined in this subpart. This ited to freedom from involuntary seclusion and ical restraint not required to edical symptoms.  y must- e verbal, mental, sexual, or oral punishment, or  is not met as evidenced iew, facility documentation view, and in the course of a		1	Preparation and submission of of correction does not constitute admission, or agreement by the provider of the truth or the face alleged or the correctness of the conclusion set forth on the state of deficiencies. The plan of comprepared and submitted becaute requirement under state law.  Root Cause Analysis come (3/12/18. Ad Hoc QAPI of Meeting held on (3/21/11) Step Performance Impropriate Impropr	te an  te to
ADEDITORY DIRECTORS OF SECTIONS OF SECTION SEC		resident (Resident #5 residents, to be free f	) in a survey sample of five rom neglect, requiring				cal Services

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.

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	E- 20-100-00-00-00-00-00-00-00-00-00-00-00-0	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495192	B. WING_			04/0	05/2018
ENVOY O	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LL	C FATEMENT OF DEFICIENCIES	ID	17	TREET ADDRESS, CITY, STATE, ZIP CODE  722 LAWRENCEVILLE PLANK ROAD  AWRENCEVILLE, VA 23868  PROVIDER'S PLAN OF CORRECTION	•	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI. TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	COMPLETION DATE
F 600	assess and treat an dehydration, amputatoes on the right foor bilateral unable to stheels resulting in ha receive treatment for pressure wound.  1. Resident #5's acceptessure wounds we resident suffered de appropriate interven fluids) or placement in harm.  2. Resident #2 acquitate did not receive that did not receive that did not receive that did not receive that suffered de appropriate interven fluids) or placement in harm.  Resident #5's acceptessure wounds we resident suffered de appropriate interven fluids) or placement in harm.  Resident #5 was ad and discharged to the Diagnoses included type 2, high blood p (difficulty swallowing Resident #5's Minimassessment protocol Reference Date of 2 with both short and	vere sepsis due to failure to acquired sacral wound, tion of the first and second a due to gangrene and age pressure wounds on the rm. Resident #2 did not ran acquired stage II sacral uired sacral wound, heel are not treated and the hydration from lack of tions, such as IV (intravenous of a tube for feeding resulting uired a stage II sacral wound treatment.  d:  quired sacral wound, heel are not treated and the hydration from lack of tions, such as IV (intravenous of a tube for feeding resulting uired sacral wound, heel are not treated and the hydration from lack of tions, such as IV (intravenous of a tube for feeding resulting mitted to the facility on 2/9/15 he hospital on 3/11/18.  The hospital on 3/11/18.  The but not limited to, diabetes, ressure, anxiety, dysphagia	F	600	Quality Review conducted by DON/Designee on (3/12/18) of resident's with pressure ulcers prescribed treatments verifyin transcription to Treatment Rec (TAR), completed as prescribed Regional Director of Clinical Se to validate findings. Quality Reconducted by MDS Coordinator/Designee of skin/pressure ulcer care plans conducted appropriate skin/pressure ulcer intervention (4/13/18). Regional MDS Coordinator to validate finding Quality Review conducted by DON/Designee of licensed nurrevaluation/communication of resident change in condition/uSBAR on (3/12/18).	g cord d. ervices eview ons on gs.	

### STATEMENT OF DEFICIENCES   AUDITORY OF CORRECTION   DEATH CATION NAMER:   AUDITORY OF CORRECTION   DEATH CATION NAMER:   DEATH C	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	0. 0938-0391	
INVESTIGATION OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC  SIMMANY STATEMENT OF DEPICEMENTS  PRECINATORY OR LOCATION OF DEPICEMENTS  REGULATORY OR LSC IDENTIFYING RYDRAITON)  FREGULATORY OR LSC IDENTIFYING RYDRAITON  ASSESSMENT. The resident veasion to change in status assessment. The resident veasion to bowel and bladder. The resident was incontinent of bowel and bladder. The resident was conded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as being at risk for skin breakdown.  Review of the clinical record revealed a nurses note dated 2/23/18 which read: "IDT (interdisciplinary team) held, Resident triggered for 14.3% weight loss over a six month period. Recommended med pass 60 ml (initialities) three times daily to increase daily keal (kilocalories) intake. Continue to monitor weight per facility protocol."  The weights were documented as followed: 10/6/17: 160 # (Pounds) 11/6/17: 150# (Pounds) 11/6/17:			1000 10		COMP	COMPLETED	
STREET ADDRESS, CITY, STATE. JP CODE TYZZ JAWRENCEVILLE, LLC  INCAL DO LAWRENCEVILLE, VA. 23888  FROM CONTINUED FOR PROPRIETE TAG  PROPRIETE TAG  CONTINUED FOR PROPRIETE TAG  CONTINUED TO ASPECT AND CONTINUED COMPANY (ACACHO PROPRIETE TAG  CONTINUED TAG  COMPANY TAG  CONTINUED FOR PROPRIETE TAG  CONTINUED TAG  CONTINUED FOR PROPRIETE TAG  CONTINUED FOR PROPRIETE TAG  CONTINUED TAG  CONTINUED TAG  CONTINUED TAG  CONTINUED TAG  CONTINUED TAG  CONTINUED TAG  REGULATORY OR LAWRENCEVILLE, VA 23888  REGULATION SHOULD BE COMPANY TAG  CONTINUED TAG  REGULATORY OR LAWRENCEVILLE, VA 23888  REGULATION SHOULD BE COMPANY TAG  CONTINUED TAG		495192	B. WNG				
ENVOY OF LAWRENCEVILLE, LLC  IMPAILD  IMPAILD  IMPAIL CACH DEPICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)  FROM  Continued From page 2  care with all ADL's (activities of daily living such as bed mobility and tolleting) of one staff member. The resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as being at risk for skin breakdown.  Review of the clinical record revealed a nurses note dated 2/23/18 which read: "ICT (interdisciplinary team) held, Resident triggered for 14.3% weight loss over a sk month period. Recommended med pass 80 ml (milliliters) three times daily to increase	ROVIDER OR SUPPLIER	L.		STREET ADDRESS, CITY, STATE, ZIP CODE		00/2010	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG				1722 LAWRENCEVILLE PLANK ROAD			
F 600  Continued From page 2 completed as a significant change in status assessment. The resident required extensive care with all ADL's (activities of daily living such as bed mobility and tolleting) of no estaff member. The resident was incontinent of bowel and bladder. The resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the readed an unress note dated 2/23/18 which read: "IDT (interdisciplinary team) held, Resident triggered for 14.3% weight loss over a six month period. Recommended med pass 80 ml (milliliters) three times daily to increase daily koal (kilocalories) intake. Continue to monitor weight per facility protocol."  The weights were documented as followed: 10/6/17: 160 # (Pounds) 11/6/17: 150# 125# 127/18: 138 #   On 3/2/18, a dietary note revealed: "Per nursing staff at weekly wound meeting, resident has a stage 2 sacral ulcer and wound between right great toe and 1st toe. Recommend addition of multivitamin and Prostat 30 cc (cubic centimeters) to promote skin integrity and wound healing." The Prostat (protein supplement) was initiated on 3/6/18, but the multivitamin was not on the MAR (medication administration record);	- LAWRENCEVILLE, LLC			LAWRENCEVILLE, VA 23868			
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	completed as a significance assessment. The rescare with all ADL's (as as bed mobility and to member. The residerand bladder. The residerand bladder. The resumplanned, non phys. There were no wound and the resident was skin breakdown.  Review of the clinical note dated 2/23/18 w (interdisciplinary team for 14.3% weight loss Recommended med times daily to increasintake. Continue to reprotocol."  The weights were do 10/6/17: 160 # (Poun 11/6/17: 156# 12/17/18: 155# 1/7/18: 155# 1/7/18: 138 #  On 3/2/18, a dietary staff at weekly wound stage 2 sacral ulcer a great toe and 1st toe multivitamin and Procentimeters) to promine ling." The Prostal initiated on 3/6/18, but on the MAR (medicathere was no document.	icant change in status sident required extensive ctivities of daily living such bileting) of one staff int was incontinent of bowel sident was coded as having ician prescribed weight loss. It does not be incompleted as documented on the MDS, coded as being at risk for record revealed a nurses hich read: "IDT in) held, Resident triggered is over a six month period. It pass 60 ml (milliliters) three is daily kcal (kilocalories) monitor weight per facility incompleted as followed: Ids) in the revealed: "Per nursing different meeting, resident has a land wound between right. Recommend addition of stat 30 cc (cubic ote skin integrity and wound it (protein supplement) was ut the multivitamin was not tion administration record);	F	Registered Dietician (RI residents identified wit weight loss to determin appropriate intervention (4/27/18). Quality Rev conducted by DON/Desverify interventions for with significant weight implemented/document medical record as application of Clinical Services of Clinical Meeting (S) conducted by Regional Director of Clinical Correct/effective. Quaweekly IDT resident reconducted by Regional Clinical Services on (3/validate process correctives	D) of h significant ne ons on view signee to residents loss nted in icable i.e. (). Regional vices to ty Review of ng/weekly ted by inical Services ality Review o view meeting I Director of 17/18) to ct/effective.	f	
		ROVIDER OR SUPPLIER  SUMMARY ST. (EACH DEFICIENC REGULATORY OR I  Continued From page completed as a signif assessment. The rescare with all ADL's (a as bed mobility and to member. The reside and bladder. The resumplanned, non phys There were no wound and the resident was skin breakdown.  Review of the clinical note dated 2/23/18 w (interdisciplinary team for 14.3% weight loss Recommended med times daily to increas intake. Continue to reprotocol."  The weights were do 10/6/17: 160 # (Poun 11/6/17: 156# 12/17/18: 155# 1/7/18: 155# 1/7/18: 138 #  On 3/2/18, a dietary staff at weekly wound stage 2 sacral ulcer a great toe and 1st toe multivitamin and Procentimeters) to prom healing." The Prostal initiated on 3/6/18, but on the MAR (medical)	ROVIDER OR SUPPLIER  E LAWRENCEVILLE, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 completed as a significant change in status assessment. The resident required extensive care with all ADL's (activities of daily living such as bed mobility and toileting) of one staff member. The resident was incontinent of bowel and bladder. The resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as being at risk for skin breakdown.  Review of the clinical record revealed a nurses note dated 2/23/18 which read: "IDT (interdisciplinary team) held, Resident triggered for 14.3% weight loss over a six month period. Recommended med pass 60 ml (milliliters) three times daily to increase daily kcal (kilocalories) intake. Continue to monitor weight per facility protocol."  The weights were documented as followed: 10/6/17: 160 # (Pounds) 11/6/17: 156# 12/17/18: 155# 1/7/18: 155# 1/7/18: 138 #  On 3/2/18, a dietary note revealed: "Per nursing staff at weekly wound meeting, resident has a stage 2 sacral ulcer and wound between right great toe and 1st toe. Recommend addition of multivitamin and Prostat 30 cc (cubic centimeters) to promote skin integrity and wound healing." The Prostat (protein supplement) was initiated on 3/6/18, but the multivitamin was not on the MAR (medication administration record); there was no documentation the multivitamin was	ROVIDER OR SUPPLIER  E LAWRENCEVILLE, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  completed as a significant change in status assessment. The resident required extensive care with all ADL's (activities of daily living such as bed mobility and toileting) of one staff member. The resident was incontinent of bowel and bladder. The resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as being at risk for skin breakdown.  Review of the clinical record revealed a nurses note dated 2/23/18 which read: "IDT (interdisciplinary team) held, Resident triggered for 14.3% weight loss over a six month period. Recommended med pass 60 ml (milliliters) three times daily to increase daily kcal (kilocalories) intake. Continue to monitor weight per facility protocol."  The weights were documented as followed: 10/6/17: 150# 12/1/18: 155# 12/1/18: 155# 12/1/18: 138 #  On 3/2/18, a dietary note revealed: "Per nursing staff at weekly wound meeting, resident has a stage 2 sacral ulcer and wound between right great toe and 1st toe. Recommend addition of multivitamin and Prostat 30 cc (cubic centimeters) to promote skin integrity and wound healing." The Prostat (protein supplement) was initiated on 3/6/18, but the multivitamin was not on the MAR (medication administration record); there was no documentation the multivitamin was	F DEFICIENCIES CORNECTION  (X1) PROVIDER SUPPLIER  495192  STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  completed as a significant change in status assessment. The resident required extensive care with all ADL's (activities of daily living such as bed mobility and tolleting) of one staff member. The resident was incontinent of bowel and bladder. The resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as being at risk for skin breakdown.  Review of the clinical record revealed a nurses note dated 2/23/18 which read: "IDT (interdisciplinary team) held, Resident triggered for 14.3% weight loss over a six month period. Recommended med pass 60 ml (milliliters) three times daily to increase daily kcal (kilocalories) intake. Continue to monitor weight per facility protocol."  The weights were documented as followed: 10/6/17: 160 # (Pounds) 11/6/17: 150# 22/7/18: 156# 12/17/18: 156# 21/17/18: 156#	ABUILDING	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/17/2018 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			c.	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	05/2018	
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ENVOY O	F LAWRENCEVILLE, LLC				AWRENCEVILLE, VA 23868			
	8,000,000				γ			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 600	Continued From page	e 3	F	600				
		nt's care plan dated 12/6/17	-		3. Regional Director of Clinic	cal		
	revealed the resident did not address the resident's potential for skin breakdown. There were no interventions for the prevention of pressure wounds. On 3/5/18 (after development				Services provided individ			
					education for Director of	Nursing		
pressure wounds. On 3/5/18 (after development of the acquired pressure wound), the care plan		and the state of t		on Best Practice for Press	ure			
		include interventions for	- American		Ulcer/Skin, Best Practice Mo	rning		
prevention, but was not updated to inclu sacral wound or the wounds on the toes		· · · · · · · · · · · · · · · · · · ·	***************************************		Clinical Meeting, Weekly ID	Γ		
	O- 4/5/40 i-4i-	itle the MDClimeter			Meeting Process, and Resid	ent		
	On 4/5/18, an interview with the MDS coordinator (RN-registered nurse A). When asked to identify				Change in Condition (SBAR),	,		
		eakdown on the care plan, evention, just care planned			Neglect Policy and Neglect			
	for pain." She went of	on to state that the resident			Regulation on (3/17/18). Re	egional		
	"should be care plant prevention."	ned for pressure ulcer			Director of Clinical Services	to		
		W			complete re-education of ID	T on		
	On 3/5/18, a nurses if following: "Resident if	note documented the noted to have a 5 cm by 3			Director of Nursing on Best			
		e 2 sacral ulcer covered with			Practice for Pressure Ulcer/	Skin,		
		nelling drainage noted. elevated temperature of			Best Practice Morning Clinic	al		
		tified (name of physician) of new orders were given to			Meeting, Weekly IDT Meeti	ng		
	start Keflex 250 mg t	wice a day for 10 days and			Process, Neglect Policy and	Apren (1995) (1)		
		e wound care clinic. Review t administration record) for			Neglect Regulation on (4/3/	18).		
	March, 2018, reveale	ed no treatment orders for			DON/Designee provided Lic	120 Carlotte - 100 Ca		
	this wound, or for tre	atment of the toes.			Nurses re-education on Bes			
		I pressure ulcer advisory			Practice for Pressure Ulcer/			
		age 2 as, "Partial-thickness sed dermis. The wound bed			Resident Change in Condition	00 1101100000		
	is viable, pink or red,	moist, and may also present			(SBAR), Neglect Policy and N			
	- [1] - [1] [1] [1] (1] (1] (1] (1] (1] (1] (1] (1] (1] (	ed serum-filled blister. isible and deeper tissues are	***			vegiett		
	not visible. Granulati	on tissue, slough and eschar ough is defined as yellow	000000000000000000000000000000000000000		Regulation on (3/12/18).			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETED
		495192	B. WING			04/	05/2018
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY MUST BE PRECEDED BY FULL DEFIC			ID PREFI	17 L/	PREET ADDRESS, CITY, STATE, ZIP CODE  1/22 LAWRENCEVILLE PLANK ROAD  AWRENCEVILLE, VA 23868  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-PEEFERINGED TO THE APPROPRIE	BE .	(X5) COMPLETION DATE
F 600	Continued From page devitalized tissue, the adherent on the tissue both yellow stringy sl adherent slough. Sloube surgically debrided healthy granulation to the time of the surgically debrided healthy granulation to the time of the surgically debrided healthy granulation to the time of the surgically debrided healthy granulation to the time of the surgically debrided healthy granulation to the time of the surgical time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time of the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not on the time or the order was written, not or the order was writ	e 4  It can be stringy or thick and e bed. This wound bed has bugh as well as thick augh on a wound bed should d to allow for ingrowth of ssue."  The following nurse's note: bund 3/9/18 of sacral region. With some slough. Hydrogel with some slough. Hydrogel with some slough and RP butfied of treatment regimen."  MAR revealed no treatment rewas treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment documented as a stage 3 ulcer as a "Full was treatment as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a stage 3 ulcer as a "Full was treatment as a	TAG	600	3. Regional MDS Coordinator provided re-education to Department regarding provided re-education to Department regarding provided re-education to Department regarding provided re-educations on (4/17/18).  4. DON/Designee to conduct Improvement Monitoring resident's skin condition 54 weeks, 3x/week x 4 weeks, 3x/week x 4 weeks, 3x/weeks, then mand prn. DON/Designee to conduct Quality Improvement Monitoring utilizing Morn Clinical Meeting Process to residents with pressure utilized treatment orders transcrib implemented/completed 55 x4weeks, 3x/week x 4 weeks, 3x/week x 4 weeks, 3x/week x 4 weeks, 3x/weeks, 4 weeks, 3x/weeks, then modand prn.	r MDS essure t Qualit of ox/weel eks, onthly o nent ing o verify cers ed/ x/week	y K X

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER	Language and the second		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 011	00/2010	
				17	722 LAWRENCEVILLE PLANK ROAD			
ENVOY OF	F LAWRENCEVILLE, LLO	3		L	AWRENCEVILLE, VA 23868			
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F 600	"Resident remains or temperature of 101.0 bring down temperature of 101.0 bring down temperature of 101.0 bring down temperature of 101.4 "Upon assessing resided facial drooping and only moans/resp Unable to swallow ar to offer resident med unsuccessful. Resid 101.4. FNP in facility resident upon requessend resident to (nar On 3/11/18, the FNP see resident. Was chad a fever. Is on Cowas less active yeste and not as responsive bed turned towards but PERLA (pupils eaccommodation). He she has legs drawn edema. She has a sodor. Her lungs rem /plan): Fever obtunded dysphagia, sacral de advised to send her to worsening condition. Review of the hospit 3/11/18 at 11:50 AM	M, the nurse's note read:  ABT. She is running a pushed fluids gave Tylenol ure. will check again."  M, the nurse's notes read: ident noticed residents (sic) ned since yesterday. Left remains, resident lethargic onds to painful stimuli. ny fluids or food. Attempted ication and water ent has a temperature of y at this time and evaluated st. New orders were given to me of hospital)."  note read: "Asked by staff to called yesterday because she erday, not eating, drooling re as usual. She is lying in left. She clenched eyes shut qual and responsive to light, er mouth drooped left side. up towards chest. No racral wound with a very foul ain clear. A/P (assessment ed: DM (diabetes); recubitus. She is full code. I to hospital for evaluation due on."  all records revealed on note by the receiving nurse	F	600	DON/Designee to conduct of Improvement Monitoring of Identification/communication (SBAR 5x/week x 4 weeks, 3x x 4 weeks, weekly x 4 weeks (Monitoring of residents skin/pressure of the residents skin/pressure of residents skin/pressure of the residents of the residents with the residents of the residents with significant weight loss for efficient	tilizing focess ation of focess ation of focuse of k/week s, then nduct toring lcer eks, then nee to ent fective eks, Quality		
	Review of the hospit 3/11/18 at 11:50 AM	Review of the hospital records revealed on 3/11/18 at 11:50 AM note by the receiving nurse documented, "Pt (patient) with gown on that had			Improvement Monitoring ut	ilizing		

NAME OF PROVIDER OR SUMPLER  ENVOY OF LAWRENCEVILLE, LLC    STREET ADDRESS, CITY. STATE, ZP CODE 1722 LAWRENCEVILLE, PLANK ROAD LAWRENCEVILLE, PLANK ROAD LAWRENCEVILLE, PLANK ROAD LAWRENCEVILLE, A 23868    PREFIX FACED PRISON WIST BE PRECEDED BY FILL REGULATORY OR ISC IDENTIFYING INFORMATION)   PREFIX TAG		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, JP CODE 1732 LAWRENCEVILLE, LLC  (A) ID PROPRIOR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC  (A) ID PROPRIOR SUMMANY STATEMENT OF DESCRIBORS  I (EACH DEFICIENCY)  FREGIA ATORY OR LSC IDENTIFYING INFORMATION)  FROM CONTINUED From page 6  On 3/11/18, the emergency department nursing note documented a call from the DON (director of nursing) from the discharging facility which read: "I just want you all to know, this patient has an awful wound, and it has been treated. She is sick and dying. We have been retaining with antibiotics. I just want you to know this is not neglect on our parts. It has not been neglected."  On 3/11/18 at 11:32 AM, the ER nurse documented. "Has a sacral wound that smells awful and the staff at (name of facility) has not changed it."  On 3/11/18 at 11:52 AM, the ER physician documented. "The patient presents with decubits ulcers. The onset was unknown. The course/duration of symptoms is worsening. Location, sacral. The character of symptoms is pain, redness, drainage and warmth. The degree of symptoms is evere per in flourising home) increased lethargy over the last 3 days with worsening sacral ulcers nursing home resident, concerns of neglect." "Skin: warm, dirty, undated sacral decubitus measuring 6 cm by 4 orn with large eschar, inferior edge of seymptoms is expert tracks under the skin bilaterally and inferiorly, + malodor, no bleeding. 2 cm by 1 cm eschar or night shin no fluctuance, no drainage. Ulceration with purulent drainage noted between right first and second toes. Bilateral heel eschars noted no fluctuance, no drainage, lugeration and plan: Dehydration, Sepsis, Stage 4 decubitus ulcers, typernatemia			495192					
F 600 Continued From page 6 On 3/11/18, the emergency department nursing note documented a call from the DON (director of nursing) from the discharging facility which read: "I just want you all to know, this patient has an awful wound, and it has been treating with antibiotics. I just want you to know this is not neglect on our parts. It has not been neglected."  On 3/11/18 at 11:32 AM, the ER nurse documented, "Has a sacral wound that smells awful and the staff at (name of facility) has not changed it."  On 3/11/18 at 11:52 AM, the ER physician documented: "The patient presents with decubitus ulcers. The onset was unknown. The course/duration of symptoms is severe per nh (nursing home) increased lethargo over the last 3 days with worsening sacral ulcer nursing home resident, concerns of neglect." Nikin: warm, dirty, undated sacral dressing removed, a large stage 4 sacral decubitus measuring 6 cm by 4 cm with large eschar, inferior edge of eschar is open and draining purulent drainage. Ulcer tracks under the skin bilaterally and inferiorly, * malodor, no bleeding. 2 cm by 1 cm eschar on right shin no fluctuance, no drainage. Ulmoreation with purulent drainage noted between right first and second toes. Bilateral heel eschars noted no fluctuance, no drainage. Impression and Plan. Dehydration, Sepsis, Stage 4 decubitus ulcer, Hypernatremia	ENVOY O	F LAWRENCEVILLE, LL		ID	17	22 LAWRENCEVILLE PLANK ROAD AWRENCEVILLE, VA 23868		
On 3/11/18, the emergency department nursing note documented a call from the DON (director of nursing) from the discharging facility which read: "just want you all to know, this patient has an awful wound, and it has been treated. She is sick and dying. We have been treating with antibiotics. I just want you to know this is not neglect on our parts. It has not been neglected."  On 3/11/18 at 11:32 AM, the ER nurse documented, "Has a sacral wound that smells awful and the staff at (name of facility) has not changed it."  On 3/11/18 at 11:52 AM, the ER physician documented: "The patient presents with decubitus ulcers. The onset was unknown. The course/duration of symptoms is worsening. Location, sacral. The character of symptoms is pain, redness, drainage and warmth. The degree of symptoms is severe per nh (nursing home) increased lethargy over the last 3 days with worsening sacral ulcer nursing home resident, concerns of neglect." "Skin: warm, dirty, undated sacral decubitus measuring 6 om by 4 cm with large eschar, inferior edge of eschar is open and draining purulent drainage. Ulcer tracks under the skin bilaterally and inferiorly, + malodor, no bleeding. 2 cm by 1 cm eschar on right shin no fluctuance, no drainage. Ulceration with purulent drainage noted between right first and second toes. Bilateral heel eschars noted no fluctuance, no drainage. Ulceration with purulent drainage noted between right first and second toes. Bilateral heel eschars noted no fluctuance, no drainage. Ulceration with purulent drainage noted between right first and second toes. Bilateral heel eschars noted no fluctuance, no drainage. Ulceration with purulent drainage noted between right first and second toes. Bilateral heel eschars noted no fluctuance, no drainage. Ulceration with purulent drainage noted between right first and second toes. Bilateral heel eschars noted no fluctuance, no drainage. Ulceration with purulent drainage noted between right first and second toes. Bilateral heel eschars noted no fluctuance, no drainag	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFI	×	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE .	COMPLETION
Review of the labs done 3/11/18 at the hospital	F 600	On 3/11/18, the emenote documented a nursing) from the dis "I just want you all to awful wound, and it and dying. We have antibiotics. I just wan neglect on our parts.  On 3/11/18 at 11:32 documented, "Has a awful and the staff a changed it."  On 3/11/18 at 11:52 documented: "The pedecubitus ulcers. To course/duration of successed lethargy of worsening sacral. The pain, redness, drain of symptoms is sever increased lethargy of worsening sacral ulconcerns of neglect sacral dressing rem decubitus measuring eschar, inferior edgedraining purulent draining purulent draininge noted between draininge noted between draininge. Impre Sepsis, Stage 4 dec (high sodium)."	argency department nursing call from the DON (director of scharging facility which read: o know, this patient has an has been treated. She is sick to been treating with in tyou to know this is not It has not been neglected."  AM, the ER nurse a sacral wound that smells to (name of facility) has not  AM, the ER physician content presents with the onset was unknown. The symptoms is worsening. The character of symptoms is age and warmth. The degree for per nh (nursing home) over the last 3 days with the content presents with the content presents with the content presents with the conset was unknown. The symptoms is worsening. The character of symptoms is age and warmth. The degree for per nh (nursing home) over the last 3 days with the content present and present and present and alinage. Ulcer tracks under not inferiorly, + malodor, not come schar on right shin not age. Ulceration with purulent of the present present and present provided in the present provided in the purulent of the present pr	F	4	completed as ordered5x/weeks, 3x/week x 4 weeks, v x 4 weeks, then monthly and Quality Improvement Monit of Morning Clinical and week Meetings for effective process be conducted by Regional Direction of Clinical Services weekly x weeks, monthly x 2 months, quarterly and prn. Quality Improvement Monitoring to conducted by Regional MDS Coordinator of skin/pressure Care Plans for verification of interventions weekly x 4 we monthly x 2 months, then quarterly and prn. Findings reviewed at monthly QAPI Committee Meeting. Monit schedule modified based on findings.	ek x 4 veekly I prn. oring kly IDT ess to irector 4 then be e ulcer eks, to be oring	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	СОМР	(X3) DATE SURVEY . COMPLETED	
		495192	B. WING			C 05/2018
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLO			STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868	1 04/	03/2010
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F 600	NPUAP describes as thickness tissue loss or muscle. Slough or Often includes under depth of a Category/S varies by anatomical nose, ear, occiput and (adipose) subcutaned can be shallow. Category extend into muscle ar (e.g., fascia, tendon costeomyelitis or ostein bone/muscle is visible.  On 3/13/18, the residiam putation of her right to: "gangrene." The sidebrided. A PEG (petube was placed for fetube was placed for fetube was placed for fetube was placed for fetube acral decubitus statuthe bone. 3. Right 1-amputation. 4. Advaissues. At time of discafebrile." The resider to the discharging factor of 14/4/18 at approximation.	Normal 134-149 ormal 95-108 ormal less than 120 al 7-20 al 7-20 b) Normal 0.5-1.4 a.8 (high) Normal 4.5-10 b) Stage 4 ulcer as a "Full with exposed bone, tendon eschar may be present. In the stage IV pressure ulcer location. The bridge of the dimalleolus do not have bus tissue and these ulcers gory/Stage IV ulcers can addor supporting structures or joint capsule) making tis likely to occur. Exposed to or directly palpable"  ent underwent surgical at first and second toes due escaral wound was surgically reutaneous endogastric) ending and hydration.  arge summary read, and the summary read, and second toes due to the sacral wound was surgically reutaneous endogastric) and hydration.  arge summary read, and the summary	F 60			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER F LAWRENCEVILLE, LL	3		STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868		
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F 600	stated, "I want you to the notes was receive were recorded from to of her conversation were recorded from to her conversation were recorded from to her conversation were not get anythin worker that patient nowere not going to her being treated. Husbard what was going on we 3/9/18: "(Name of resis a full code (if stop husband to change fragree. Wound was rincreased in size. State body." Worker at times, how many day before it is determined outside of the nursing was not working whe attention outside of the (name of DON) response fast when a worker never received question.  Review of the nurse's care nurse, (WCN C) on 3/19/18 for 3/1/18: "S Wound pink with drawolder noted. Hydrog day to sacral ulcer."	for the complaint. She see my notes." A copy of ed. The following notes he DSS SW (social worker) with the DON: 3/6/18: age 2, patient not eating ag in her). Nurse informed but taking in nutrients wound al, but the wounds were and was notified of about ith his wife."  Sident) health declined. She breathing full code) wanted from full code. He would not measured and it had he had no nutrients to feed sked the question several as does a person not eat and to seek medical attention and home and if wound care and on you seek medical he nursing home. Nurse onse was skin breakdown patient is not eating and a direct answer to the sentence of the would have the sentence of the would have a direct answer to the sentence of the would have written by the wound have written as late entries 3/11/18 discharge note):  Stage 2 to sacral region. In age noted. Size 1 by 1. Bel dressing ordered every wide workers.	F	600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  3		(X3) DATE SURVEY COMPLETED	
		495192	B. WING			C 04/05/2018	
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LL	3		STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868			
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F 600	on right foot with ulce and second toe. Ord dressing ordered per party was notified." Nowas written or documed. 3/19/18 for 3/1/18: Would be stage 2, 3 to noted. Surepreporded contacted. "No order documented on the Taylor of the total sureprepand gauze contacted and RP no order was written, no on the TAR.  3/19/18 for 3/1/18: Would toe. Slo administered. MD arorder was written nor documented on the Taylor of the total sureprepand gauze contacted and RP notified and RP notif	ecrotic tissue noted to toes or stage 1 between great toe er for Hydrogel and gauze MD and RP (responsible No order for this treatment ented on the TAR.  Found noted on the right by 1. No drainage, redness ered. MD and RP was written nor FAR.  Found noted to right second with yellowish drainage. dressing ordered. MD tified. Again, no treatment or was treatment documented found noted between great ugh drainagesureprep dd RP notified. No treatment were any treatments	F 60				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  G	COME	COMPLETED	
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F 600	the record, "late ent by 1cm depth, stage On 4/3/18 at 2:00 P conducted with the When asked who w tracking, she stated that I was supposed On 4/4/18 at 9:00 A Director stated, "(na today; we told her to 4/4/18 at 3:40 PM, (director of nursing) "It is a hot mess. I showed the ADON nursing-WCN (C)) I state that there "we documented."  4/4/18 at 3:40 PM, for above interview had a lot of experie certified wound nur On 4/5/18 at 9:30 A conducted with LPI brought to my atter her sacrum." She wood of and the CNA to measured it myself with green drainage with green drainage with green drainage.	e notation on the bottom of ry" shows a 7 cm by 4.0 cm 3.  M, a brief interview was wound care nurse, WCN (C). as responsible for the wound, "I guess I am; I didn't know d to."  M, the Divisional Executive ame of WCN C) will not be in take care of things at home."  an interview with the DON was conducted. She stated, was doing wounds and I (assistant director of now to." The DON went on to re no treatments  the Administrator was present She stated, "We thought she nce- we were told she was a	F 6				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC	3		STREET ADDRESS, CITY, STATE, ZIP CO 1722 LAWRENCEVILLE PLANK ROA LAWRENCEVILLE, VA 23868	ODE		
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F 600	if lab work was ordered (name of wound nurs). On 4/5/18 at 11:40 All She stated she was fished stated that the restand less and less." She had "stopped eat ate less and less." She be had "stopped eat ate less and less." She toWCN (C). The CNA her back had greenis strong odor. She well couple of days before diaper (sic) had no unliterally was not eating would moan when should was asked if he had be stated, "I don't recall." If the family had been feeding tube, as the restated, "I think we did was asked if he had be progressed to a stage he have sent her out would." The physicia ordered labs, he stated (complete blood cour been eating or drinking the facility presented for their policy and pre	nic. She denied knowledge ed, and stated, "It was all on e,WCN (C))."  M, CNA (A) was interviewed. amiliar with Resident #5. esident fed herself, ate very cocketed food. She stated, in throat." She also stated ing for two weeks", that "she he said that she reported this A reported that the wound on the discharge and a very not on to state that for "a et (resident was sent out) her ine." She also stated, "She go in the last two days and e was turned."  M, a telephone interview was esident's physician. He had and downs." The physician observed the wounds. He "The physician was asked a offered the option of a esident was a full code. He had a couple of years ago." He been aware the wound had ea 3 with odor, fever, would earlier, he stated, "I think I in was asked if he had ed, "Sometimes I get a CBC att). Apparently she had not	F	500			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.0	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 600	within two weeks of sthereafter.  Skin Health: Relieve a Provide pressure rediresidents in wheelchae equipment/positioning Therapy screen/evaluation. Monitor lab limited to CBC, prealition trends. Review and uninterventions.  It is to be noted that the PEG tube for nutrition measure degree of in preventative interventions with breakdown such mattress, or heel pressure. A sesident #2 acquitant did not receive the readmitted on 3/15/18 not limited to, diabeted pressure, hyperlipided Resident #2's Minimulassessment protocol) Reference Date of 3/3 with a BIMS (brief interior out of a possible of impairment. The MDS in the readmitment. The MDS in the readmitment. The MDS in the readmitment.	uate wound/skin treatment tart date and every 2 weeks and protect heel pressure. In the stribution cushions for a stribution cushions for a stribution cushions for a stribution as indicated.  values to include, but not but in the stribution as indicated.  values to include, but not but in the stribution as indicated.  values to include, but not but in the stribution and there weight appears to any offered and any of the stributions in place to prevent the as cushions or a specialty source cushions/boots.  red a stage II sacral wound eatment.  Intitled to the facility on 5/3/14 and and and dementia.  In Data Set (MDS, an stribution of the stribution of	F6	500				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8 8	PLE CONSTRUCTION  IG		OMPLETED		
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	ROVIDER OR SUPPLIER	LC		STREET ADDRESS, CITY, STATE, ZIP COI 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868				
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F 600	as bed mobility and member. The reside and bladder. The re unplanned, non phy The resident was concerning the resident was concerning the resident was concerning the resident was concerning to sacral are obtained. No odor Review of the February worders written or tresponders written or tresponders written or tresponders written or tresponders with no depth reconcerning the resident was a "I were 1.5 cm by 2 cm stage II.  The resident was so and returned on 3/2 ulcer. There was no hospital.  Review of the Marconcerning the resident was 3/17/18, but the 3/19/18. The wount treated on 3/20/18, to 3/23/18, 3/26/18  On 4/4/18 at 2:10 February.	(activities of daily living such toileting) of one staff ent was incontinent of bowel esident was coded as having visician prescribed weight loss. oded as having a stage 4 eadmission.  The series contain the bound assessment performed. The area region. Measurements anoted. Treatment as ordered. The area region are were noted there were noted there were noted the entire month of the entire to the hospital on 3/6/18 at entry", the measurements m, with no depth recorded, the sacral of wound description from the the sacral wound start date e wound was not treated until and was documented as being no documentation for 3/21/18	F6	500				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED C		
		495192	B. WING _		0	4/05/2018		
NAME OF PROVID	ER OR SUPPLIER	;		STREET ADDRESS, CITY, STATE, ZIP 1722 LAWRENCEVILLE PLANK RC LAWRENCEVILLE, VA 23868				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN O  X (EACH CORRECTIVE AC  CROSS-REFERENCED TO  DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
place CN/con to the with appritiss sure drest the book white was book apprinted from the control of the control	A to take it off. The the right and one or right buttock was a scattered slough proximately 2-3 cm ue. Hydrogel was a prep applied arousing was applied LPN. The LPN wots. On the right high the was treated with a sintact, sure preports were re-applied propriately. The remor discomfort duident was on a Low wiew of the care place of the	old LPN (A) and she told the ere were two wounds, one on the left. The wound on approximately 3 by 5 cm.  The wound on the left was a in diameter with granulation applied to the wound bed, und the wounds and a foam.  The dressing was dated by as asked to take off the heel eel, it had a dry, dark blister, the sure prep. The left heel was applied. The heel was applied. The heel was applied. The heel was applied. The wair loss mattress.  and dated 4/3/18 revealed the mined for risk of skin been revised to include the ind.  If the following Plan of have an AOC (allegation of	F	600				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
	495192	B. WING		C 04/05/2018
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC	:		STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868	1 04/06/2010
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
and physician and wo Contacted EMT for wadditional wound carrif any skin alteration is immediately (need to Any new skin alteration the clinical meeting to treatments are in place assessments will be clinical meeting.  4. DON/Designee with Monitoring Tool 5 time information will be progap! (quality assess improvement) to assess education and need to DON stated there has the POC.  Develop/Implement (CFR(s): 483.21(b)(1)  §483.21(b) Compreh §483.21(b)(1) The fair implement a compresion care plan for each re resident rights set for §483.10(c)(3), that in objectives and timefred medical, nursing, and needs that are identificated assessment. The condescribe the following (i) The services that	education of nurses sments, notification of family bund formulary. (3-12-18). Sound nurse to provide a education. CNA education is noted to inform nurse complete Stop and Watch). Son will be discussed during to ensure notification and see. UDA weekly skin monitored daily during the ses weekly x 4 weeks. This resented by DON at monthly ment performance as the need for ongoing for further monitoring. The discensive Care Plan comprehensive Care Plan ensive Plans cility must develop and the sident, consistent with the that §483.10(c)(2) and cludes measurable ames to meet a resident's a mental and psychosocial fied in the comprehensive mprehensive care plan must	F 60		API held on #5 no longer  rrent residents

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION	(X3) DATE COMP	
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		495192	B. WING _			1	05/2018
NAME OF PE	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 04/	00/2010
				17	22 LAWRENCEVILLE PLANK ROAD		
ENVOY OF	F LAWRENCEVILLE, LLC	•		LA	AWRENCEVILLE, VA 23868		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI (DEFICIENCY)		(X5) COMPLETION DATE
F 656	required under §483.2 (ii) Any services that yunder §483.24, §483. provided due to the reunder §483.10, including treatment under §483.3 (iii) Any specialized size rehabilitative services provide as a result of recommendations. If findings of the PASAF rationale in the reside (iv)In consultation wit resident's representa (A) The resident's good desired outcomes. (B) The resident's prefuture discharge. Fact whether the resident's community was asselocal contact agencie entities, for this purposition, as appropriate, requirements set fortis section.  This REQUIREMENT by:  Based on staff intervand clinical record recomplaint investigation.	psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not esident's exercise of rights ling the right to refuse 1.10(c)(6).  Pervices or specialized the nursing facility will PASARR a facility disagrees with the RR, it must indicate its ent's medical record. In the resident and the tive(s)-als for admission and reference and potential for illities must document as desire to return to the ssed and any referrals to s and/or other appropriate	F 6	56	2. Coordinator/Designee (4/13 ensure plan in place for preventative skin breakdown/pressure ulcer. Review findings validated by Regional MDS Coordinator Quality Monitoring process (4/20/18). Follow up based findings.  3. Regional MDS Coordinator produced implementation of skin/presulcer prevention care plans Department on (4/17/18). MDS Coordinator provided education to IDT team regal implementation of skin/presulcer prevention care plans of Nursing/Designee Licens Nurses re-education on skin/pressure ulcer preventinglans. Residents with Pressereviewed weekly through Coordinator provided weekly through Coordinator preventing the plans. Residents with Pressereviewed weekly through Coordinator preventing the plans. Residents with Pressereviewed weekly through Coordinator preventing the plans are plans.	Quality  / utilizing on on provided ording ssure to MDS Regiona re- rding ssure . Directo ed ion care ure ulce	l or
	the survey sample, to develop a care plan for the prevention of pressure ulcers. Resident #5 acquired a pressure ulcer to the sacrum, which progressed to a stage 4 wound, as well as unable to stage wounds on both heels, requiring hospitalization for severe sepsis due to the sacral			7	Meeting process to ensure plans reflect services and treatments.	care	

A. BUILDING  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868   (X4) ID PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 656  Continued From page 17  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868  F 656  Continued From page 17  F 656  A. BUILDING  B. WING  FREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868  F 656  CAN TO STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCE	
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC   (X4) ID	
ENVOY OF LAWRENCEVILLE, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	5/2018
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION
F 656 Continued From page 17	DATE
wound.  Resident #5 did not have a care plan developed for prevention of skin breakdown.  The findings included:  Resident #5 was admitted to the facility on 2/9/15 and discharged to the hospital on 3/11/18. Diagnoses included, but not limited to, diabetes, type 2, high blood pressure, anxiety, dysphagia (difficulty swallowing) and dementia.  Resident #5's Minimum Data Set (MDS, an assessment protocol) with an Assessment Reference Date of 2/14/18 coded Resident #5 with both short and long term memory loss with severe cognitive impairment. The MDS was completed as a significant change in status assessment. The resident required extensive care with all ADL's (activities of daily living such as bed mobility and tolleting) of one staff member. The resident was coded as having unplanned, non physician prescribed weight loss. There were no wounds documented on the MDS, and the resident was coded as being at risk for skin breakdown.  On 3/2/18, a dietary note revealed: "Per nursing staff at weekly wound meeting, resident has a stage 2 sacral ulcer and wound between right great toe and 1st toe.  Review of the resident to care plan dated 12/6/17 revealed the resident to the facility on 2/9/15 and diversions for the prevention of pressure wounds. An 3/6/14 (after revelopment)	r

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLO			STREET ADDRESS, CITY, STATE, ZIP CO 1722 LAWRENCEVILLE PLANK ROAI LAWRENCEVILLE, VA 23868		04/05/2018	
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F 656	had been updated to prevention, but was n sacral wound or the v On 3/11/18 at 11:52 A documented: "The padecubitus ulcers. The course/duration of syl Location, sacral. The pain, redness, drainar of symptoms is sever increased lethargy ov worsening sacral ulce concerns of neglect." sacral dressing remord decubitus measuring eschar, inferior edge draining purulent drait the skin bilaterally and bleeding. 2 cm by 1 of fluctuance, no drainage drainage noted betweet toes. Bilateral heel en or drainage. Impress Sepsis, Stage 4 decu (high sodium)."  On 4/5/18, an intervier (RN-registered nurse prevention for skin breaking). The work of should be care plantage on 4/5/18, at approximation of 4/5/18, at	ure wound), the care plan include interventions for tot updated to include the wounds on the toes.  AM, the ER physician stient presents with e onset was unknown. The imptoms is worsening. It character of symptoms is ge and warmth. The degree e per nh (nursing home) for the last 3 days with er nursing home resident, "Skin: warm, dirty, undated wed, a large stage 4 sacral 6 cm by 4 cm with large of eschar is open and nage. Ulcer tracks under do inferiorly, + malodor, no come eschar on right shin no ge. Ulceration with purulent the pen right first and second schars noted no fluctuance, sion and Plan: Dehydration, bitus ulcer, Hypernatremia ew with the MDS coordinator A). When asked to identify eakdown on the care plan, evention, just care planned in to state that the resident need for pressure ulcer	F	556			

STATEMENT	OF DEFICIENCIES	WAY BOOMER OF THE PROPERTY.	T	-		DIMIR MO	0.0938-0391
	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY
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NAME OF P	ROVIDER OR SUPPLIER			- c	STREET ADDRESS, CITY, STATE, ZIP CODE	04/	05/2018
ENVOY O	F LAWRENCEVILLE, LLC	;		1	1722 LAWRENCEVILLE PLANK ROAD		
				L	AWRENCEVILLE, VA 23868		
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F 686 SS=G	S483.25(b) Skin Integ §483.25(b)(1) Pressur Based on the compre resident, the facility m (i) A resident receives professional standard pressure ulcers and dulcers unless the individemonstrates that the (ii) A resident with prenecessary treatment a with professional stan promote healing, prevnew ulcers from deveithis REQUIREMENT by:  Based on observation documentation and clithe course of a complistaff failed to prevent, and monitor a pressur one Resident, Reside survey sample of 5 red pressure ulcer of the unable to stage pression the toes. For Resident required sepsis due to wound i resident's first and sechad to be amputated of the toes. For Resident reat an acquired stag sacrum resulting in hamal. Resident #5 sustain was not treated, was in the wound nurse, which	rity re ulcers. hensive assessment of a just ensure that- care, consistent with s of practice, to prevent oes not develop pressure vidual's clinical condition y were unavoidable; and ssure ulcers receives and services, consistent dards of practice, to ent infection and prevent loping. is not met as evidenced in, staff interview, facility inical record review, and in aint investigation, the facility assess appropriately, treat re ulcer of the sacrum for int #5 (closed record) in a sidents, resulting in a stage as sacrum and bilateral ure wounds to the heels. hospitalization for severe infection. In addition, the cond toes on the right foot due to lack of treatment to it #2, the facility failed to a Il pressure wound on the rm  ned a sacral wound that inaccurately assessed by the progressed to a stage 4,	F	686	<ol> <li>Root Cause Analysis completed on (3/12/18). Ad Hoc QAPI Committee Meeting held of (3/21/18). Four Step Perfor Improvement Plan initiated 3/12/18. Resident #5 no low resides in facility. Resident skin has been reassessed, treatment in place. Wound Nurse no longer employed facility.</li> <li>Quality Review conducted by DON/Designee of resident's current skin condition utilizing Weekly Skin Evaluation Too (3/12/18). Regional Director Clinical Services to validate findings utilizing Quality Monitoring Process. Quality Review conducted by DON/Designee on (3/12/18) resident's with pressure ulce prescribed treatments verify transcription to Treatment Record (TAR), completed as</li> </ol>	n mance I on nger #2 I Care by ing I on or of ers ying	
	treat an acquired stag sacrum resulting in ha 1. Resident #5 sustain was not treated, was i the wound nurse, which	e II pressure wound on the rm  ned a sacral wound that naccurately assessed by			resident's with pressure ulco prescribed treatments verify transcription to Treatment	ers /ing	

OLIVILIV	OT ON WILDICANL &	WILDIOAID SERVICES				CIVID NO.	0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S COMPL	ETED
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NAME OF PE	ROVIDER OR SUPPLIER	L		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04/0	0/2010
		_		17	722 LAWRENCEVILLE PLANK ROAD		
ENVOY OF	F LAWRENCEVILLE, LLC	3		L	AWRENCEVILLE, VA 23868		
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F 686	the right foot had to be also had eschar on be did not identify or treated. Resident #2 acquith that did not receive to the findings included. Resident #5 was adrand discharged to the Diagnoses included, type 2, high blood predifficulty swallowing. Resident #5's Minimal assessment protocol Reference Date of 2/2 with both short and lessevere cognitive imprompleted as a significant assessment. The recare with all ADL's (as bed mobility and the member. The reside and bladder. The recare with all ADL's (as bed mobility and the member of the recare with all ADL's (as bed mobility and the member. The reside and bladder. The recare with all ADL's (as bed mobility and the member of the clinical and the resident was skin breakdown.  Review of the clinical note dated 2/23/18 very (interdisciplinary teafor 14.3% weight los	d's first and second toes on se amputated. The resident oth heels which the facility at. This resulting in harm.  dires a stage II sacral wound reatment.  d:  mitted to the facility on 2/9/15 e hospital on 3/11/18. but not limited to, diabetes, essure, anxiety, dysphagia ) and dementia.  dum Data Set (MDS, an ) with an Assessment (14/18 coded Resident #5 ong term memory loss with airment. The MDS was ficant change in status sident required extensive activities of daily living such colleting) of one staff ent was incontinent of bowel sident was coded as having sician prescribed weight loss, ds documented on the MDS, is coded as being at risk for all record revealed a nurses which read: "IDT m) held, Resident triggered is over a six month period.	F	686	Review conducted by Regin Dietician (RD) of residents identified with significant loss to determine approprinterventions on (4/27/18) Quality Review conducted DON/Designee to verify	ntions OS dings dings ee of n of on/use uality stered weight iate ). by	
for 14.3% weight loss over a six n Recommended med pass 60 ml (					DON/Designee to verify interventions for resident:		
	times daily to increase	se daily kcal (kilocalories)			interventions for residents	WITH	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868			
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F 686	protocol."  The weights were do 10/6/17: 160 # (poun 11/6/17: 156# 12/17/18: 155# 1/7/18: 155# 2/7/18: 138 #  On 3/2/18, a dietary staff at weekly wound stage 2 sacral ulcer a great toe and 1st toe multivitamin and Procentimeters) to prominealing." The Prosta initiated on 3/6/18, bon the MAR (medicathere was no documgiven.  Review of the residen resident's potential twere no intervention pressure wounds. Cof the acquired pressinad been updated to prevention, but was sacral wound or the On 4/5/18, an intervi (RN-registered nurse prevention for skin brown RN(A) stated, "No pifor pain." She went	cumented as followed: ds)  note revealed: "Per nursing d meeting, resident has a and wound between right. Recommend addition of stat 30 cc (cubic ote skin integrity and wound at (protein supplement) was ut the multivitamin was not tion administration record); entation the multivitamin was not to administration record); entation the multivitamin was not to address the for skin breakdown. There is for the prevention of an 3/5/18 (after development sure wound), the care plan include interventions for not updated to include the	F	686	2. significant weight loss implemented/documented medical record as applicab TAR, IDT Notes, etc. on (4/2 Date). Regional Director of Clinical Services to validate findings. Quality Review of Morning Clinical Meeting/s IDT Meeting(s) conducted Regional Director of Clinical Services on (3/17/18) to validizing Quality Monitoring process. Quality Review weekly IDT resident review meetings conducted by Red Director of Clinical Services (3/17/18) to validate process. (3/17/18) to validate process. Follows and the process on findings.	le i.e. 20/18  f weekly by al alidate g of w egional es on cess Quality	

	OT OTT MEDIOTITE OF	THE DIGITIES CENTRICES					CIVID IVO	. 0930-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD			RUCTION	(X3) DATE COMP	SURVEY LETED
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F 686	cm (centimeter) stage slough, green foul sm Resident also has an 100.2 (degrees). Not resident's condition, r start Keflex 250 mg to to refer resident to the of the TAR (treatmen March, 2018, reveale this wound, or for treatment of the TAR (mational panel) describes a stage of skin with exposis viable, pink or red, as an intact or rupture Adipose (fat) is not vinot visible. Granulatic are not present." "Slidevitalized tissue, the adherent on the tissue both yellow stringy slide adherent slough. Slobe surgically debride	note documented the noted to have a 5 cm by 3 at 2 sacral ulcer covered with nelling drainage noted. elevated temperature of tified (name of physician) of new orders were given to wice a day for 10 days and at wound care clinic. Review at administration record) for donot reatment orders for atment of the toes.  I pressure ulcer advisory age 2 as, "Partial-thickness used dermis. The wound bed moist, and may also present ed serum-filled blister. Is sible and deeper tissues are not tissue, slough and eschar ough is defined as yellow at can be stringy or thick and the bed. This wound bed has ough as well as thick ugh on a wound bed should do to allow for ingrowth of	F	686	3.	Regional Director of Clinic Services provided individual education for Director of on Best Practice for Press Ulcer/Skin, Best Practice I Clinical Meeting, Weekly Meeting Process, and Rest Change in Condition (SBA Neglect Policy and Neglect Regulation on (3/17/18). Regional Director of Clinic Services to complete reducation of IDT on Direct Nursing on Best Practice for Pressure Ulcer/Skin, Best Morning Clinical Meeting, IDT Meeting Process, Neglect Regulation (4/3/18). DON/Designee (4/3/18). DON/Designee (4/3/18).	ual re- Nursing Ure Morning IDT ident R), et cal tor of Practice Weekl glect tion on	e Y
	healthy granulation ti	ssue." he following nurse's note:				Licensed Nurses re-educa	tion on	
		ound 3/9/18 of sacral region.				Best Practice for Wound/	,	
	Stage 3 wound pink	with some slough. Hydrogel				Resident Change In Condi	tion	
		MD notified and RP     otified of treatment regimen "				(SBAR), Neglect Policy and	ł	
	(responsible party) notified of treatment regimen." Further review of the MAR revealed no treatment order was written, nor was treatment documented on the TAR.					Neglect Regulation on (3/	12/18).	
	The NPUAP describe	es a stage 3 ulcer as a "Full						

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	500	San diament	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 686	visible but bone, tendexposed. Slough may obscure the depth of undermining and turn Category/Stage III produced an atomical location. Occiput and malleolus subcutaneous tissue ulcers can be shallow significant adiposity of Category/Stage III produced in the cat	Subcutaneous fat may be on or muscle are not be present but does not tissue loss. May include heling. The depth of a sessure ulcer varies by The bridge of the nose, ear, and category/Stage III and category/	F	686	3	Regional MDS Coordinato provided re-education to Department regarding provided re-education to Department regarding provided resident/interventions on (4/17/18).  DON/Designee to conduct Improvement Monitoring resident's skin condition 5 x 4 weeks, 3x/week x 4 weeks, 3x/week x 4 weekly x 4 weeks, then mand prn. DON/Designee to conduct Quality Improvem Monitoring utilizing Morn Clinical Meeting Process to residents with pressure ultreatment orders transcrib implemented/completed 5x/week x4weeks, 3x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/week x4weeks, 3x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/week x4weeks, 3x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure ultreatment orders transcrib implemented/completed 5x/weeks, weekly x 4 weeks, monthly and prn. DON/Designee to conduct Quality Improvements with pressure and process o	MDS essure  t Quality of ox/week eeks, onthly o nent ing o verify cers oed/ ek x 4 then esignee vement ing f	•

ABUILDING  ABUILDING  ABUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK  COMPLETED  PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK  (EACH DEFICIENCY)  F 686  Continued From page 24  F 686  Continued From page 24  F 686  Continued From page 24  F 686  A. resident change in condition use of SBAR 5x/week x 4 weeks, 3x/week x 4 weeks, 3x/week x 4 weeks, 3x/week x 4 weeks, 4 weeks, then monthly and prn. MDS Coordinator/Designee to conduct Quality Improvement Monitoring of residents  Skin/pressure ulcer care plans for appropriate interventions weekly x 6 weeks, every other week x 4 weeks, then monthly and prn. RD/Designee to conduct Quality Improvement Monitoring of  A BUILDING  C 04/05/2018  STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE, LAZ 2868  F 686  A. resident change in condition use of SBAR 5x/week x 4 weeks, 3x/week x 4 weeks, 4 weeks, then monthly and prn. MDS Coordinator/Designee to conduct Quality Improvement Monitoring of residents  Skin/pressure ulcer care plans for appropriate interventions weekly x 6 weeks, every other week x 4 weeks, then monthly and prn. RD/Designee to conduct Quality Improvement Monitoring of		OT OIL MEDIO/INE G		T				7. 0930-0391
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC  STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE, VA 23868  (X4) ID PREFIX TAG  STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE, VA 23868  (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  F 686  Continued From page 24  On 3/11/18, the FNP note read: "Asked by staff to see resident. Was called yesterday because she had a fever. Is on Cephalexin at present. She was less active yesterday, not eating, drooling and not as responsive as usual. She is lying in bed turned towards left. She clenched eyes shut but PERLA (pupils equal and responsive to light, accommodation). Her mouth drooped left side. She has legs drawn up towards chest. No edema. She has a sacral wound with a very foul odor. Her lungs remain clear. A/P (assessment /plan): Fever obtunded: DM (diabetes): dysphagia, sacral decubitus. She is full code. I advised to send her to hospital for evaluation due to worsening condition."  Review of the hospital records revealed on 3/11/18 at 11:50 AM note by the receiving purse.			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	a was a				
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  F 686  Continued From page 24  On 3/11/18, the FNP note read: "Asked by staff to see resident . Was called yesterday not eating, drooling and not as responsive as usual. She is living in bed turned towards left. She clenched eyes shut but PERLA (pupils equal and responsive to light, accommodation). Her mouth drooped left side. She has a sacral wound with a very foul odor. Her lungs remain clear. A/P (assessment /plan): Fever obtunded: DM (diabetes); dysphagia, sacral decubitus. She is full code. I advised to send her to hospital for evaluation due to worsening condition."  Review of the hospital records revealed on 3/11/18 at 11:50 AM note by the receiving purse.			495192	B. WING				
ENVOY OF LAWRENCEVILLE, LLC    1722 LAWRENCEVILLE, VA 23868     1723 LAWRENCEVILLE, VA 23868     1724 LAWRENCEVILLE, VA 23868     1725 LAWRENCEVILLE, VA 23868     1726 LAWRENCEVILE, VA CORRECTION SHOULD BE (CACH CORRECTION CORD SHOULD BE (CACH CORRECTION SHOULD BE (CACH CORRECTION SHOULD	MANE OF DE	20,4050.00.01001.60	1		T		1 04/	/05/2018
ENVOY OF LAWRENCEVILLE, LLC  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 686  Continued From page 24  On 3/11/18, the FNP note read: "Asked by staff to see resident. Was called yesterday because she had a fever. Is on Cephalexin at present. She was less active yesterday, not eating, drooling and not as responsive as usual. She is lying in bed turned towards left. She clenched eyes shut but PERLA (pupils equal and responsive to light, accommodation). Her mouth drooped left side. She has legs drawn up towards chest. No edema. She has a sacral wound with a very foul odor. Her lungs remain clear. A/P (assessment /plan): Fever obtunded: DM (diabetes); dysphagia, sacral decubitus. She is full code. I advised to send her to hospital for evaluation due to worsening condition."  LAWRENCEVILLE, VA 23868  PROVIDER'S PLAN OF CORRECTION (CASH CORRECTION THE APPROPRIATE DEFICIENCY)  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CASH CORRECTION THE APPROPRIATE DEFICIENCY)  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CASH)  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CASH)  PREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CASH CASH CASH A)  PREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CASH A)  PREFIX TAG  PREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CASH A)  PREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CASH A)  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CASH A)  PREFIX								
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documented, "Pt (patient) with gown on that had dried food on it."  On 3/11/18, the emergency department nursing note documented a call from the DON (director of nursing) from the discharging facility which read: "I just want you all to know, this patient has an awful wound, and it has been treated. She is sick and dying. We have been treating with antibiotics. I just want you to know this is not neglect on our parts. It has not been neglected."  On 3/11/18 at 11:32 AM, the ER nurse documented, "Has a sacral wound that smells awful and the staff at (name of facility) has not changed it."  On 3/11/18 at 11:52 AM, the ER physician documented: "The patient presents with	F 686	On 3/11/18, the FNP see resident. Was chad a fever. Is on Cewas less active yeste and not as responsive bed turned towards. I but PERLA (pupils edaccommodation). He she has legs drawn uedema. She has a scodor. Her lungs rema/plan): Fever obtunded dysphagia, sacral decadvised to send her toworsening condition. Review of the hospita 3/11/18 at 11:50 AM documented, "Pt (pattered food on it."  On 3/11/18, the emernote documented a conursing) from the disc "I just want you all to awful wound, and it had dying. We have antibiotics. I just warneglect on our parts.  On 3/11/18 at 11:32 Adocumented, "Has a awful and the staff at changed it."	note read: "Asked by staff to alled yesterday because she ephalexin at present. She orday, not eating, drooling e as usual. She is lying in eft. She clenched eyes shut qual and responsive to light, or mouth drooped left side. Up towards chest. No acral wound with a very foul ain clear. A/P (assessment ed: DM (diabetes); cubitus. She is full code. I so hospital for evaluation due on."  all records revealed on note by the receiving nurse tient) with gown on that had regency department nursing sall from the DON (director of charging facility which read: know, this patient has an as been treated. She is sick been treating with the you to know this is not It has not been neglected."  AM, the ER nurse sacral wound that smells (name of facility) has not	F	686	of SBAR 5x/week x 4 w 3x/week x 4 weeks, we weeks, then monthly a MDS Coordinator/Desi conduct Quality Impro Monitoring of resident skin/pressure ulcer car appropriate intervention x 6 weeks, every other weeks, then monthly a RD/Designee to condu Improvement Monitor residents with significat loss for effective intervieweekly x 8 weeks, ther and prn. DON/Designer conduct Quality Impro	reeks, eekly x 4 and prn. gnee to vement es re plans fo ons week week x 4 and prn. ct Quality ing of ant weigh rentions n monthly ee to vement	or kly k

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/17/2018 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OIMR MO	. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.0		CONSTRUCTION	(X3) DATE S	ETED
		495192	B. WING			04/0	; 05/2018
NAME OF PE	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
ENVOY OF	- 1 ANDENGENULE 117			17	22 LAWRENCEVILLE PLANK ROAD		
ENVOYOR	E LAWRENCEVILLE, LLC	•		LA	AWRENCEVILLE, VA 23868		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	W 18	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 686	pain, redness, draina of symptoms is sever increased lethargy or worsening sacral ulcoconcerns of neglect." sacral dressing remodecubitus measuring eschar, inferior edge draining purulent drathe skin bilaterally arbleeding. 2 cm by 1 fluctuance, no drainage noted betw toes. Bilateral heeled no drainage. Impressensis, Stage 4 deor (high sodium)."  NPUAP describes a thickness tissue loss or muscle. Slough on Often includes under depth of a Category varies by anatomica nose, ear, occiput are (adipose) subcutante can be shallow. Cate extend into muscle a (e.g., fascia, tendon osteomyelitis or osteo	mptoms is worsening. c character of symptoms is ge and warmth. The degree re per nh (nursing home) ver the last 3 days with rer nursing home resident, "Skin: warm, dirty, undated ved, a large stage 4 sacral 6 cm by 4 cm with large of eschar is open and inage. Ulcer tracks under ad inferiorly, + malodor, no cm eschar on right shin no age. Ulceration with purulent een right first and second eschars noted no fluctuance, sion and Plan: Dehydration, ubitus ulcer, Hypernatremia  stage 4 ulcer as a "Full with exposed bone, tendon reschar may be present. rmining and tunneling. The Stage IV pressure ulcer I location. The bridge of the and malleolus do not have sous tissue and these ulcers egory/Stage IV ulcers can and/or supporting structures or joint capsule) making eitis likely to occur. Exposed alle or directly palpable"  dent underwent surgical ght first and second toes due sacral wound was surgically vercutaneous endogastric)	F	686	4. Clinical Process of reside significant weight loss marecord to validate interversion completed as ordered5x, 4 weeks, 3x/week x 4 we weekly x 4 weeks, then not and prn. Quality Improvement Monitoring of Morning Conducted process to be considered by Regional Director of Conducted by Regional Director of Conducted by Regional Notes and prn. Qualification of skin/pressure Coordinator of skin/pressure Care Plans for verifications weekly x 4 monthly x 2 months, the quarterly and prn. Finding reviewed at monthly QAC Committee Meeting. Meschedule modified based findings.	edical entions /week x eks, nonthly rement clinical s for conducted s, n ty g to be //DS sure fication of weeks, n ings to b Pl conitoring	f
		ercutaneous endogastric) feeding and hydration.					
1	Tube was placed for	recoming and mydration.					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONS		(X3) DATE COMP	
		495192	B. WING			04/	05/2018
	ROVIDER OR SUPPLIER F LAWRENCEVILLE, LLC			1722 LA	ADDRESS, CITY, STATE, ZIP CODE WRENCEVILLE PLANK ROAD ENCEVILLE, VA 23868	1 04/	3372010
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 686	sacral decubitus statuthe bone. 3. Right 1- amputation. 4. Adva issues. At time of dis- afebrile." The reside to the discharging fac- On 4/4/18 at approxin (department of social surveyor was on site stated, "I want you to the notes was receive were recorded from to of her conversation w "Documented as a st (could not get anythin worker that patient nowere not going to her being treated. Husbs what was going on w  3/9/18: "(Name of resis a full code (if stop husband to change f agree. Wound was r increased in size. SI the body." Worker a times, how many day before it is determine outside of the nursing was not working whe attention outside of t (name of DON) resp happens fast when a	rarge summary read,  1. Severe sepsis.  2. Skin lesions. 2. Stage 4  2. spost debridement up to  2. toe gangrene status post  3. chronic charge she was stable and  4. the was not discharged back  5. chronic charge she was stable and  5. charge she was stable and  6. the was not discharged back  6. services) was notified that  6. for the complaint. She  6. see my notes." A copy of  6. The following notes  6. he DSS SW (social worker)  7. with the DON: 3/6/18:  7. age 2, patient not eating  7. ng in her). Nurse informed  7. ot taking in nutrients wound  8. all, but the wounds were  8. and was notified of about  8. sident) health declined. She  8. breathing full code) wanted  8. rom full code. He would not	F	686 5	. Date of Compliance 05/1	6/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495192	B. WING				С	
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC			1722 L	T ADDRESS, CITY, STATE, ZIP CODE  AWRENCEVILLE PLANK ROAD  ENCEVILLE, VA 23868	04	/05/2018	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE	
F 686	care nurse WCN (C) on 3/19/18 (after the 3/19/18 for 3/1/18: "Si Wound pink with drair Odor noted. Hydroge day to sacral ulcer. Worder." No order for the nor was the order writt 3/19/18 for 3/1/18: Ne on right foot with ulcer and second toe. Order dressing ordered per liparty was notified." Nowas written or document 3/19/18 for 3/1/18: Wolower leg stage 2, 3 by noted. Sureprep order documented on the TA 3/19/187 for 3/1/18: Wolower leg stage 2 worder documented on the TA 3/19/187 for 3/1/18: Wolower leg stage 2 worder documented on the TA 3/19/187 for 3/1/18: Wolower leg stage 2 worder was written, nor on the TAR.	notes written by the wound were written as late entries 8/11/18 discharge note):  lage 2 to sacral region. lage noted. size 1 by 1. I dressing ordered every ID notified and received his treatment was written, ten on the TAR.  crotic tissue noted to toes a stage 1 between great toe er for Hydrogel and gauze MD and RP (responsible to order for this treatment ented on the TAR.  bund noted on the right of the right of the red more and the real more area.  Jound noted to right second with yellowish drainage.  Iressing ordered. MD fied. Again, no treatment was treatment documented and noted between great gh drainage. sureprep di RP notified. No treatment were any treatments	F	586				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	***	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	′
		495192	B. WING		C	.
NAME OF PE	ROVIDER OR SUPPLIER	433132	B. WIII	STREET ADDRESS, CITY, STATE, ZIP CODE	04/05/201	8
				1722 LAWRENCEVILLE PLANK ROAD		
ENVOY OF	F LAWRENCEVILLE, LLC	<b>;</b>		LAWRENCEVILLE, VA 23868		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPL	K5) LETION ATE
F 686	Continued From page	28	F 68	6		
	<ol> <li>Stage 2 wound be noted. Hydrogel and notified and RP notified written, nor were any the TAR.</li> </ol>	acral wound observed. 1 by d pink with exudate, odor dressing applied. MD ed. No treatment order was treatments documented on tracking notes revealed				
	hand written notes wit tracking the documen observed 3/1/18) for 1 wound) and a stage 1 tissue" right toes. The 3/9/18 which has the	th an entry for 2/28/18 (on tation stated it was first I by 1 cm stage 2 sacral right toes with "necrotic enext tracking note dated notation on the bottom of "shows a 7 cm by 4.0 cm				
	When asked who was	bund care nurse, WCN (C). s responsible for the wound I guess I am; I didn't know				
	Director stated, "(nam	, the Divisional Executive ne of WCN (C)) will not be in take care of things at home."				
	(director of nursing) was "It is a hot mess. I was showed the ADON (a. WCN (C)) how to."	interview with the DON was conducted. She stated, as doing wounds and I ssistant director of nursinghe DON went on to state eatments documented."				
	for above interview.	e Administrator was present She stated, "We thought she e- we were told she was a ; she was not."				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495192	B. WING		C 04/05/2048
300-790001130-60-2910-60-	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868	04/05/2018
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 686	brought to my attention her sacrum." She were (certified nursing assister cream on it. It (sacram Monday. "I never here She went on to say the odor and the CNA the measured it myself, it with green drainage." the physician who sairefer to the wound clinification with green drainage. The physician who sairefer to the wound nurs.  On 4/5/18 at 11:40 Al She stated she was find the She stated that the resolwly, and that she pure would massage here she had "stopped eat ate less and less." She of to WCN (C). The CN on her back had green strong odor. She were couple of days before diaper (sic) had no unliterally was not eating would moan when she on 4/5/18 at 11:55 Al conducted with the restated, "I was following sacrum, she had ups was asked if he had distated, "I don't recall, if the family had been	an interview was  B). She stated, "It was on there was a dark spot on ont on to state that the CNA stant) was told to keep I area) opened up on and anything else about it." hat two days later, it had an ought it looked "funny". "I was 5 cm by 3 cm, open She stated that she called d to start antibiotics and nic. She denied knowledge ed, and stated, "It was all on e, WCN (C))."  M, CNA (A) was interviewed. Amiliar with Resident #5. Procketed food. She stated ing for two weeks", that "she he said that she reported this A reported that the wound nish discharge and a very nt on to state that for "a te (resident was sent out) her ine." She also stated, "She g in the last two days and	F 68	6	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY
		495192	B. WING			10144000	C / <b>05/2018</b>
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC	•		17	REET ADDRESS, CITY, STATE, ZIP CODE 22 LAWRENCEVILLE PLANK ROAD AWRENCEVILLE, VA 23868		30.20.10
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 686	was asked if he had be progressed to a stage he have sent her out would." The physicial ordered labs, he state (complete blood coun been eating or drinking. The facility presented for their policy and presented for presented for presented for nutrition. The presented for nutrition measure degree of in preventative interventions.  It is to be noted that the ped for nutrition measure degree of in preventative interventions skin breakdown such mattress, or heel presented for the	a couple of years ago." He been aware the wound had a 3 with odor, fever, would earlier, he stated, "I think I n was asked if he had ed, "Sometimes I get a CBC at). Apparently she had not ag."  I the following when asked ocedure for pressure ulcers:  A Wound": Under skin uate wound/skin treatment tart date and every 2 weeks and protect heel pressure. Istribution cushions for airs, evaluate for adaptive g devices/specialty mattress. I action as indicated.  Values to include, but not bumin levels. Monitor weight update care plan reflecting the family was not offered a an, no labs were drawn to fection and there were no tions in place to prevent the as cushions or a specialty source da stage II sacral wound	F	686			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	At establishment	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		495192	B. WING_			C 4/05/2018
	ROVIDER OR SUPPLIER F LAWRENCEVILLE, LLO			STREET ADDRESS, CITY, STATE, ZIF 1722 LAWRENCEVILLE PLANK RO LAWRENCEVILLE, VA 23868	CODE	4/03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI: TAG	PROVIDER'S PLAN C X (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 686	readmitted on 3/15/18 not limited to, diabete pressure, hyperlipided Resident #2's Minimu assessment protocol) Reference Date of 3/3 with a BIMS (brief into "9" out of a possible of impairment. The MDS day assessment. The care with all ADL's (a as bed mobility and to member. The resident and bladder. The resurplanned, non phys. The resident was coopressure ulcer on read On 2/23/18, the nurse following entry: "Wou Stage 2 to sacral are obtained. No odor not Review of the Februar administration record orders written or treat sacral wound through February.  Review of the wound 2/28/18 revealed: Mewith no depth recorded documented as a "lat were 1.5 cm by 2 cm stage II.  The resident was seri	e hospital on 3/7/18 and B. Diagnoses included, but ses, type 2, high blood mia and dementia.  Im Data Set (MDS, an with an Assessment 29/18 coded Resident #2 erview of mental status) of 15, or moderate cognitive B was completed as a 14 eresident required extensive ctivities of daily living such colleting) of one staff int was incontinent of bowel dident was coded as having dician prescribed weight loss. Ided as having a stage 4 idmission.  B's notes contain the and assessment performed. The region of the status of the region of	F	686		

AND DIAN OF CODDECTION IDENTIFICATION NUMBER		8 8	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495192	B. WING_		04/0	5/2018
	ROVIDER OR SUPPLIER	;		STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868	1 04/0	0/2010
(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 CORR  (EACH CORRECTIVE ACTION SH  CROSS-REFERENCED TO THE AP  DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 686	ulcer. There was no hospital.  Review of the March, return treatment for the was 3/17/18, but the sign of the sign of the sign of the right and one of the right buttock was with scattered slough approximately 2-3 cm tissue. Hydrogel was sure prep applied and dressing was applied the LPN. The LPN which was treated with was intact, sure prep boots were re-applied appropriately. The repain or discomfort duresident was on a Lorent Review of the care plaimpairment and had a sacral and heel wound.	2018 TAR revealed the ne sacral wound start date wound was not treated until was documented as being of documentation for 3/21/18 and 3/30/18.  I, wound treatment was done and dressing was not in old LPN (A) and she told the here were two wounds, one on the left. The wound on approximately 3 by 5 cm.  The wound on the left was in diameter with granulation applied to the wound bed, and the wounds and a foam.  The dressing was dated by as asked to take off the heel heel, it had a dry, dark blister, the sure prep. The left heel was applied. The heel was applied to the wounds and a foam the seident showed no signs of ring the treatment. The wair loss mattress.  an dated 4/3/18 revealed the sinned for risk of skin been revised to include the ind.  If the following Plan of have an AOC (allegation of	F	586		

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	5 6		ONSTRUCTION	(X3) DATE SU COMPLE	
		495192	B. WING _			C 04/05	5/2018
	OVIDER OR SUPPLIER	C		172	EET ADDRESS, CITY, STATE, ZIP CODE 2 LAWRENCEVILLE PLANK ROAD WRENCEVILLE, VA 23868		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	Section 1.	(X5) COMPLETION DATE
F 692 SS=G	resident for wound in with temp, wound inc DON notified. Nurse treatment to sacral wof patient condition.  2. All other residents nurse to ensure there infection. Facility sw 3/14/18).  3. DON provided reregarding skin assess and physician and w Contacted EMT for vadditional wound car if any skin alteration immediately (need to Any new skin alterat the clinical meeting the treatments are in plate assessments will be clinical meeting.  4. DON/Designee will be clinical meeting.  5. Total will be poor will be poo	oner) in facility to assess ifection. Resident presented crease, exudate. Family and chad not yet changed round. DON notified hospital  sewere assessed by facility ewere no signs of wound reep was initiated (completed  reducation of nurses sements, notification of family round formulary. (3-12-18).  reducation. CNA education is noted to inform nurse of complete Stop and Watch). ion will be discussed during to ensure notification and face. UDA weekly skin monitored daily during the  resented by DON at monthly sment performance sess the need for ongoing for further monitoring. The fad been no QA meeting since		692	<ol> <li>Root Cause Analysis compl on (4/11/18). Ad Hoc QAP</li> </ol>		
	§483.25(g) Assisted (Includes naso-gast	I nutrition and hydration. ric and gastrostomy tubes,			Committee Meeting held o		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495192	B. WING_	-	C
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC	;		STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868	04/05/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 692	percutaneous endosce enteral fluids). Based comprehensive assessensure that a resident §483.25(g)(1) Maintai of nutritional status, sidesirable body weight balance, unless the redemonstrates that this preferences indicate of §483.25(g)(2) Is offered maintain proper hydratical status of the statu	doscopic gastrostomy and opic jejunostomy, and on a resident's sment, the facility must acceptable parameters such as usual body weight or a range and electrolyte esident's clinical condition is is not possible or resident otherwise; and a therapeutic diet when roblem and the health care apeutic diet.  Is not met as evidenced  Bew, facility documentation iew, and in the course of a not the facility staff failed for the food and fluids to prevent and dehydration requiring g in harm.  3 % weight loss in six had documented difficultly eting food and fever from	F 692	<ol> <li>(3/21/18). Resident #5 no resides in facility.</li> <li>Quality Review conducted Registered Dietician of curricality residents for signific weight loss/interventions. and Regional Director of Claservices to validate utilizin Quality Monitoring process Follow up based on finding 3. Registered Dietician provided education to IDT team regard weight loss including but not limited to significant weight loss/implementation of interventions on (4/27/18). Registered Dietician/Design provided re-education to Licensed Nurses regarding loss including but not limited significant weight loss/implementation of interventions on (4/27/18). Residents with Weight loss reviewed Weekly in Clinical Meeting.</li> </ol>	by rent cant DON inical g s. gs. led re- arding ot t . nee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second second	TIPLE CONSTRUCTION NG	(X3) DAT	(X3) DATE SURVEY COMPLETED	
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F 692	type 2, high blood pre (difficulty swallowing)  Resident #5's Minimul assessment protocol) Reference Date of 2/1 with both short and lor severe cognitive impa completed as a significance with all ADL's (act as bed mobility and to member. The resident and bladder. The resident and bladder. The resident and bladder. The resident and the resident was a skin breakdown.  Review of the clinical in note dated 2/23/18 who (interdisciplinary teams for 14.3% weight loss Recommended med ptimes daily to increase intake. Continue to ma protocol."  The weights were doct 10/6/17: 160 # (pound: 11/6/17: 156# 12/17/18: 155# 17/18: 155# 17/18: 150#	hospital on 3/11/18. but not limited to, diabetes, ssure, anxiety, dysphagia and dementia.  In Data Set (MDS, an with an Assessment 4/18 coded Resident #5 ng term memory loss with irment. The MDS was cant change in status dent required extensive tivities of daily living such illeting) of one staff t was incontinent of bowel dent was coded as having can prescribed weight loss, so documented on the MDS, coded as being at risk for record revealed a nurses ich read: "IDT" held, Resident triggered over a six month period. ass 60 ml (milliliters) three daily kcal (kilocalories) conitor weight per facility umented as followed:  s)	F 6	4. Registered Dietician/Design conduct Quality Improver Monitoring of residents exhibiting significant weigh for implementation of interventions weekly x 8 withen monthly and prn. For the previewed at monthly Committee Meeting. Moschedule modified based findings.  5. Date of Compliance 05/	ht loss veeks, ndings / QAPI nitoring		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	430132	J. WINO	8	STREET ADDRESS, CITY, STATE, ZIP CODE	04/	05/2018
ENVOY O	F LAWRENCEVILLE, LLC				1722 LAWRENCEVILLE PLANK ROAD _AWRENCEVILLE, VA 23868		<b>-</b>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	S	(X5) COMPLETION DATE
F 692	staff at weekly wound stage 2 sacral ulcer a great toe and 1st toe. multivitamin and Prose centimeters) to promote healing." The Prostatinitiated on 3/6/18, but on the MAR (medicat there was no docume given.  On 3/5/18, a nurses of following: "Resident or compared to the compared to th	Index revealed: "Per nursing I meeting, resident has a and wound between right Recommend addition of stat 30 cc (cubic of skin integrity and wound it (protein supplement) was not it the multivitamin was not it the multivitamin record); entation the multivitamin was noted documented the noted to have a 5 cm by 3 as 2 sacral ulcer covered with nelling drainage noted. The elevated temperature of iffied (name of physician) of new orders were given to wice a day for 10 days and as wound care clinic." Review it administration record) for do not reatment orders for atment of the toes. As stage on not contain slough, the lincorrectly and the he physician about the inaccurate.  Internal of the toes a stage 2 and between right great and ultivitamin and prostat	F	692			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495192	B. WING _			C /05/2018	
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868	1 04	103/2016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		LD BE	(X5) COMPLETION DATE	
F 692	(by mouth) Tylenol 65 trouble swallowing. m (family nurse practitio Tylenol suppositories every 6 hours for elev No further assessmer 3:10 AM.  On 3/11/18 at 3:10 AM "Resident remains on temperature of 101.0 bring down temperatu further assessment unmorning.  On 3/11/18 at 9:15 AM "Upon assessing resided facial drooping and only moans/respondition had worsen sided facial drooping and only moans/r	Attempted to administer po iong. Resident having edication. Notified FNP ner). New orders given for 650 mg prn (as needed) rated temperature and pain." Ints were documented until of the nurse's note read:  ABT. She is running a pushed fluids gave Tylenol inc. will check again." No notil 9:15 AM the next  And, the nurse's notes read: And the nurse's notes read: Indent noticed residents (sic) ed since yesterday. Left remains, resident lethargic ands to painful stimuli. In y fluids or food. Attempted cation and water ent has a temperature of at this time and evaluated to the control of t	F	992			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		495192	B. WING			1	C / <b>05/2018</b>
ENVOY O	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC			1	STREET ADDRESS, CITY, STATE, ZIP CODE 722 LAWRENCEVILLE PLANK ROAD AWRENCEVILLE, VA 23868		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 692	/plan): Fever obtunded dysphagia, sacral decadvised to send her to to worsening condition.  On 3/11/18 at 11:52 A documented: "The paradecubitus ulcers. The course/duration of syn Location, sacral. The pain, redness, drainag of symptoms is severe increased lethargy owe worsening sacral ulcer concerns of neglect." sacral dressing remove decubitus measuring deschar, inferior edge of draining purulent drain the skin bilaterally and bleeding. 2 cm by 1 cm fluctuance, no drainag drainage noted between toes. Bilateral heel es no drainage. Mouth: Impression and Plan: Indecubitus ulcer, Hypersion and Pla	in clear. A/P (assessment d: DM (diabetes); subitus. She is full code. I be hospital for evaluation due in."  M, the ER physician tient presents with a conset was unknown. The inptoms is worsening. Character of symptoms is use and warmth. The degree is per nh (nursing home) are the last 3 days with fr nursing home resident, "Skin: warm, dirty, undated ed, a large stage 4 sacral of eschar is open and lage. Ulcer tracks under inferiorly, + malodor, no in eschar on right shin no e. Ulceration with purulent en right first and second chars noted no fluctuance, by mucous membranes. Dehydration, Sepsis, Stage ernatremia (high sodium)."  The 3/11/18 at the hospital solution of the solution of the solution of the solution of the solution. The solution of th	F	692			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1 7 1 5 8 0 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC	3		STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868		103/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 692	(department of social surveyor was on site stated, "I want you to the notes was receive were recorded from the of her conversation wonursing):  3/6/18: "Documented eating (could not get informed worker that nutrients wounds were being transified of about what "I worker as times, how many days before it is determined outside of the nursing was not working when attention outside of the (name of DON) responsation outside of the nursing was not working when attention outside of the (name of DON) responsation.  On 4/5/18 at 11:40 AM She stated she was fashe stated that the reslowly, and that she pill would massage her she had "stopped eating the stated she was fashe had "stopped eating the stated she was fashe had "stopped eating the stated she was fashe stated that the reslowly, and that she pill would massage her she had "stopped eating the stated she was fashe stated she was fashe stated she was fashe stated she was fashe stated that the reslowly, and that she pill would massage her she had "stopped eating the stated she was fashe stated she was fashe stated she was fashe she had "stopped eating the stated she was fashe she had "stopped eating the stated she was fashe she had "stopped eating the stated she was fashe she had "stopped eating the stated she was fashe she had "stopped eating the stated she was fashe she had "stopped eating the she she had "stopped eating the stated she was fashe she had "stopped eating the stated she was fashe she had "stopped eating the she she she she she she she she she s	mately 9:30 AM, the DSS services) was notified that for the complaint. She see my notes." A copy of ed. The following notes the DSS SW (social worker) with the DON (director of as a stage 2, patient not anything in her). Nurse patient not taking in the not going to heal, but the reated. Husband was a was going on with his wife." Widenth health declined. She preathing full code) wanted form full code. He would not be assured and it had the had no nutrients to feed the does a person not eat do to seek medical attention in home and if wound care in do you seek medical the nursing home. Nurse the was skin breakdown	F	992			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3)	(X3) DATE SURVEY COMPLETED	
		495192	B. WING _			C <b>04/05/2018</b>	
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLO	•		STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868			
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F 692	on her back had gree strong odor. She wer couple of days before diaper (sic) had no ur literally was not eating would moan when sh On 4/5/18 at 11:55 Al conducted with the restated, "I was following sacrum, she had ups was asked if he had ups green in the feeding tube, as the restated, "I think we did was asked if he had ups green ups ups was asked if he had ups w	A reported that the wound nish discharge and a very nt on to state that for "a to (resident was sent out) her ine." She also stated, "She g in the last two days and e was turned."  M, a telephone interview was sident's physician. He not her feet and and downs." The physician observed the wounds. He had a couple of years ago." He need a couple of years ago." He need a ware the wound had not not not had not not not had not had not not had not had not not had not not had not had not not had n	F6	92			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495192	B. WING_	0.235		C 04/05/2018	
	ROVIDER OR SUPPLIER F LAWRENCEVILLE, LLC			17	REET ADDRESS, CITY, STATE, ZIP CODE  22 LAWRENCEVILLE PLANK ROAD  AWRENCEVILLE, VA 23868	04/0	03/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) .		ID PREFI TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	_	(X5) COMPLETION DATE
F 726 SS=G	manager) was asked stated, "weekly times loss and tube feeding dietician may recomm loss." Review of the odocumentation that the feeding tube due to dipressure wounds.  On 4/4/18 at 3:30 PM know" when question a feeding tube. The result of the family.  On 4/5/18, at approximation approximation of the family.  On 4/5/18, at approximation approximation of the family.  On 4/5/18, at approximation of the family.	the FSM (food service about weekly weights. She 4 weeks for wounds, weight "She also stated, "The mend tube feeding for weight dietary notes revealed no refamily was offered a sysphagia, weight loss and "I do not red if the family was offered esident's family had recently the advance directive She remained a full code by mately 10:00 AM, the reporate Consultant were ngs. taff (4)(c)  Trices and skills sets to related services to assure tain or maintain the highest mental, and psychosocial sident, as determined by and individual plans of care		726	Root Cause Analysis completed of (3/12/18). Ad Hoc QAPI and Region Director of Clinical Services to valuatilizing Quality Monitoring process Follow up based on findings. Committee Meeting held on (3/2) (WCN C) is no longer employed by facility.	onal lidate ess. 1/18).	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE S COMPL	
		495192	B. WING_				04/0	5/2018
	ROVIDER OR SUPPLIER			17	22 LAV	NDDRESS, CITY, STATE, ZIP CODE VRENCEVILLE PLANK ROAD NCEVILLE, VA 23868	1 04/0	3/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 726	and skill sets necessineeds, as identified to assessments, and de §483.35(a)(4) Providi limited to assessing, implementing resider to resident's needs.  §483.35(c) Proficience The facility must ensite to demonstrate completechniques necessar needs, as identified to assessments, and de This REQUIREMENT by:  Based on staff intervand clinical record recomplaint investigation ensure one staff mer nurse) C, was compeand tracking for Residentified sacral wound with severe shospitalization; nor dipresence of bilateral wounds.  LPN (C) failed to docaccurate assessment resulting in deterioral condition, requiring for sepsis, surgical definitions.	cility must ensure that the specific competencies ary to care for residents' hrough resident escribed in the plan of care.  Ing care includes but is not evaluating, planning and at care plans and responding  by of nurse aides.  Let that nurse aides are able estency in skills and by to care for residents' hrough resident escribed in the plan of care.  I is not met as evidenced  Firew, facility documentation view, and in the course of a con, the facility failed to entent to provide wound care dent #5, resulting in an and deteriorating to a stage 4 epsis resulting in id LPN (C) document the unable to stage heel	F	726	3.	DON/Designee to conduct Observation of Licensed N staff for competent provis skin/pressure ulcer care a service. Regional Director Clinical Services to validat Licensed Nurse Competer utilizing Quality Monitorin process. Follow up based findings.  Regional Director of Clinic Services provided re-educ Nurse Management Team regarding provision of skin/pressure ulcer care a service on (3/12/18).  DON/Designee provided education to Licensed Nuregarding provision of skin/pressure ulcer care services on (4/19/18).	ursing ion of nd of e ncy ng on cal cation to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC  SUMMARY STA	STEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868	04/0	05/2018
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 726	and discharged to the Diagnoses included, by type 2, high blood prediction of the Diagnoses included, by type 2, high blood prediction of the Diagnoses included, by type 2, high blood prediction of the Diagnoses of the Diagnose of the Diagnoses	itted to the facility on 2/9/15 hospital on 3/11/18. but not limited to, diabetes, saure, anxiety, dysphagia and dementia.  In Data Set (MDS, an with an Assessment 4/18 coded Resident #5 ag term memory loss with irment. The MDS was cant change in status dent required extensive tivities of daily living such ideting) of one staff it was incontinent of bowel dent was coded as having cian prescribed weight loss. It is documented on the MDS, coded as being at risk for eccord revealed a nurses ich read: "IDT in held, Resident triggered over a six month period. The daily kcal (kilocalories) onitor weight per facility amented as followed:	F 726	4. DON/Designee to conduct Q Improvement Monitoring of Licensed Nurse competent provision of skin/pressure uld care and service 5 days/week weeks, weekly x4 weeks, bi weekly x 4 weeks, monthly x 3 months, then quarterly and p Findings to be reviewed at monthly QAPI Committee Meeting. Monitoring schedul modified based on findings.  5. Date of Compliance 05/16/1	cer 3 x 2 3 rn.	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495192	B. WING_			C 04/05/2018	
	ROVIDER OR SUPPLIER F LAWRENCEVILLE, LLC	;		STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868	1 0	4/05/2018	
(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 CORI ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 726	staff at weekly wound stage 2 sacral ulcer a great toe and 1st toe. multivitamin and Pros centimeters) to promote healing." The Prostatinitated on 3/6/18, but on the MAR (medicat there was no docume given.  On 3/5/18, a nurses of following: "Resident or compared to the	note revealed: "Per nursing meeting, resident has a and wound between right Recommend addition of tat 30 cc (cubic ote skin integrity and wound a (protein supplement) was to the multivitamin was not ion administration record); intation the multivitamin was not ion administration record); intation the multivitamin was not ion administration record); intation the multivitamin was not ion administration record with elling drainage noted. elevated temperature of iffed (name of physician) of new orders were given to vice a day for 10 days and is wound care clinic. Review administration record) for do no treatment orders for atment of the toes.  pressure ulcer advisory age 2 as, "Partial-thickness seed dermis. The wound bed moist, and may also present ad serum-filled blister. Sible and deeper tissues are not tissue, slough and escharough is defined as yellow to can be stringy or thick and the bed. This wound bed has	F 7	726			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		495192	B. WING		04	C 04/05/2018	
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868		103/2010	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	"Reassessment of wo Stage 3 wound pink wapplied with dressing (responsible party) no Further review of the order was written, no on the TAR.  The NPUAP describe thickness tissue loss. visible but bone, tend exposed. Slough may obscure the depth of undermining and tunr Category/Stage III proposed and malleolus subcutaneous tissue ulcers can be shallow significant adiposity of Category/Stage III proposed is not visible or direct on 3/10/18 at 12:44 Fe "Resident on ABT (and Temperature of 102.1 (by mouth) Tylenol 65 trouble swallowing. In (family nurse practitio Tylenol suppositories every 6 hours for elevon 3/11/18 at 3:10 Affersident remains on 1/11/18 at 3:10 Affersident r	re following nurse's note: round 3/9/18 of sacral region. with some slough. Hydrogel . MD notified and RP otified of treatment regimen." MAR revealed no treatment r was treatment documented  s a stage 3 ulcer as a "Full Subcutaneous fat may be on or muscle are not r be present but does not tissue loss. May include reling. The depth of a ressure ulcer varies by The bridge of the nose, ear, red do not have (adipose) and Category/Stage III r. In contrast, areas of an develop extremely deep ressure ulcers. Bone/tendon by palpable."  PM, the nurse's note read: attibiotic therapy). Attempted to administer po foo mg. Resident having redication. Notified FNP ner). New orders given for foo mg prn (as needed) reted temperature and pain."  M, the nurse's note read: ABT. She is running a pushed fluids gave Tylenol	F 7:	26			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.000	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495192	B. WING				C (05/2048	
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLO			1722	EET ADDRESS, CITY, STATE, ZIP CODE LAWRENCEVILLE PLANK ROAD VRENCEVILLE, VA 23868	1 04	/05/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 726	"Upon assessing resicondition had worsen sided facial drooping and only moans/responding and only moans and resident moand and resident to (name of the control of the co	M, the nurse's notes read: dent noticed residents (sic) ed since yesterday. Left remains, resident lethargic onds to painful stimuli. y fluids or food. Attempted cation and water ent has a temperature of at this time and evaluated t. New orders were given to be of hospital)."  Inote read: "Asked by staff to called yesterday because she phalexin at present. She reday, not eating, drooling as as usual. She is lying in eft. She clenched eyes shut ual and responsive to light, r mouth drooped left side. p towards chest. No ceral wound with a very foul in clear. A/P (assessment d: DM (diabetes); ubitus. She is full code. I o hospital for evaluation due in."	F	726				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495192	B. WING _			C 04/05/2018	
	ROVIDER OR SUPPLIER  F LAWRENCEVILLE, LLC	:	STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868		•		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 726	and dying. We have antibiotics. I just wan		F 7	726			
	On 3/11/18 at 11:32 A documented, "Has a s	100 mm					
	course/duration of syn Location, sacral. The pain, redness, drainag of symptoms is seven increased lethargy ov worsening sacral ulce concerns of neglect." sacral dressing remove decubitus measuring eschar, inferior edge draining purulent drait the skin bilaterally and bleeding. 2 cm by 1 of fluctuance, no drainage drainage noted between odrainage. Impress Sepsis, Stage 4 decu (high sodium)."	tient presents with a onset was unknown. The imptoms is worsening. I character of symptoms is ge and warmth. The degree e per nh (nursing home) er the last 3 days with er nursing home resident, "Skin: warm, dirty, undated wed, a large stage 4 sacral 6 cm by 4 cm with large of eschar is open and mage. Ulcer tracks under dinferiorly, + malodor, no cm eschar on right shin no ge. Ulceration with purulent eren right first and second schars noted no fluctuance, sion and Plan: Dehydration, bitus ulcer, Hypernatremia					
	thickness tissue loss or muscle. Slough or Often includes underr depth of a Category/S varies by anatomical	stage 4 ulcer as a "Full with exposed bone, tendon eschar may be present. mining and tunneling. The Stage IV pressure ulcer location. The bridge of the dimalleolus do not have					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495192	B. WING				0
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC				1	TREET ADDRESS, CITY, STATE, ZIP CODE 722 LAWRENCEVILLE PLANK ROAD AWRENCEVILLE, VA 23868	1 04/	05/2018
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP		100 to 10	(X5) COMPLETION DATE
F 726	can be shallow. Cate extend into muscle are (e.g., fascia, tendon of osteomyelitis or ostein bone/muscle is visible.  On 3/13/18, the resid amputation of her right to: "gangrene." The state of the debrided. A PEG (pet tube was placed for form on 3/21/18, the dischedule was placed for form on 3/21/18 at approximation. 4. Advaissues. At time of discafebrile." The resident of the discharging factor of the discharging factor on 4/4/18 at approximate (department of social surveyor was on site stated, "I want you to the notes was received were recorded from the of her conversation were could not get anything worker that patient not were not going to head being treated. Husbar what was going on we 3/9/18: "(Name of residule)."	pus tissue and these ulcers gory/Stage IV ulcers can ad/or supporting structures or joint capsule) making tis likely to occur. Exposed to or directly palpable"  ent underwent surgical and first and second toes due sacral wound was surgically ending and hydration.  Peding and hydration.  Peding summary read,  1. Severe sepsis.  Sakin lesions. 2. Stage 4  Lus post debridement up to 2 toe gangrene status post unced dementia. 5. Chronic charge she was stable and ant was not discharged back stility.  Peding 19:30 AM, the DSS services) was notified that for the complaint. She see my notes." A copy of ed. The following notes the DSS SW (social worker) with the DON: 3/6/18: age 2, patient not eating ag in her). Nurse informed to taking in nutrients wound all, but the wounds were and was notified of about	F	726			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495192	B. WING			l	05/2018
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC				17:	REET ADDRESS, CITY, STATE, ZIP CODE 22 LAWRENCEVILLE PLANK ROAD WRENCEVILLE, VA 23868	1 04/	03/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 726	agree. Wound was mincreased in size. Sh the body." Worker as times, how many day before it is determined outside of the nursing was not working when attention outside of the (name of DON) responsive fast when a worker never received question.  Review of the nurse's care nurse WCN (C) on 3/19/18 for 3/1/18: "St Wound pink with drain Odor noted. Hydroged day to sacral ulcer. Morder." No order for the nor was the order writh a second toe. Orded dressing ordered per party was notified." Now was written or documented on the Total commented on the Total control of the party was noted. Surepreporded contacted." No order documented on the Total control of the party was noted.	om full code. He would not neasured and it had e had no nutrients to feed sked the question several is does a person not eat do to seek medical attention in home and if wound care in do you seek medical ite nursing home. Nurse inse was skin breakdown patient is not eating do a direct answer to the innotes written by the wound were written as late entries 3/11/18 discharge note):  Itage 2 to sacral region. In the area of	F	726			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495192	B. WING _		04/0	05/2018
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868	04/0	55/2510
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	_	(X5) COMPLETION DATE
F 726	Sureprep and gauze contacted and RP not order was written, nor on the TAR.  3/19/18 for 3/1/18: We toe and 2nd toe. Slow administered. MD an order was written nor documented on the TAR.  3/19/18 for 2/28/18: Stage 2 wound be noted. Hydrogel and notified and RP notified written, nor were any the TAR.  Review of the wound hand written notes wittracking the documen observed 3/1/18) for wound) and a stage 1 tissue" right toes. The 3/9/18 which has the the record, "late entry by 1cm depth, stage 3  On 4/3/18 at 2:00 PM conducted with the wound with the word wit	with yellowish drainage. dressing ordered. MD diffied. Again, no treatment was treatment documented  bund noted between great ugh drainagesureprep d RP notified. No treatment were any treatments AR.  dacral wound observed. 1 by d pink with exudate, odor dressing applied. MD ded. No treatment order was treatments documented on  tracking notes revealed th an entry for 2/28/18 (on tation stated it was first 1 by 1 cm stage 2 sacral right toes with "necrotic de next tracking note dated notation on the bottom of "shows a 7 cm by 4.0 cm "shows a 7 cm by 4.0 cm "sersponsible for the wound If guess I am; I didn't know	F 7	26		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495192	B. WING_		****	0,	C 4/05/2018	
	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1722 LAWRENCEVILLE PLANK ROAD  LAWRENCEVILLE, VA 23868  SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 726	(director of nursing) v "It is a hot mess. I wishowed the ADON (a WCN (C)) how to." T that there "were no tr  4/4/18 at 3:40 PM, th for above interview. I had a lot of experience certified wound nurse  On 4/5/18 at 9:30 AM conducted with LPN (brought to my attention her sacrum." She we (certified nursing assice am on it. It (sacra Monday. "I never heas she went on to say the odor and the CNA the measured it myself, it with green drainage." the physician who sa refer to the wound clift lab work was ordered (name of wound nurse)  On 4/5/18 at 11:40 Al She stated she was fishe stated that the resiowly, and that she p "I would massage her she had "stopped eat ate less and less." She very strong odor. She were strong odor. She were strong of the strong	interview with the DON vas conducted. She stated, as doing wounds and I ssistant director of nursing- he DON went on to state eatments documented."  e Administrator was present She stated, "We thought she se- we were told she was a g she was not."  , an interview was B). She stated, "It was on there was a dark spot on ent on to state that the CNA stant) was told to keep I area) opened up on ard anything else about it." eat two days later, it had an ought it looked "funny". "I was 5 cm by 3 cm, open She stated that she called d to start antibiotics and nic. She denied knowledge ed, and stated, "It was all on	F	726				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495192	B. WING				05/2018
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC		;		17	TREET ADDRESS, CITY, STATE, ZIP CODE 722 LAWRENCEVILLE PLANK ROAD AWRENCEVILLE, VA 23868	1 04/	03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 726	literally was not eating would moan when she would moan when she of the would moan when she of the would moan when she conducted with the restated, "I was followin sacrum, she had ups was asked if he had ups was asked if he had of stated, "I don't recall." if the family had been feeding tube, as the restated, "I think we did was asked if he had be progressed to a stage he have sent her out of would." The physician ordered labs, he stated (complete blood count been eating or drinking. The facility presented for their policy and professer Practices_ Skin observation: Re-evaluation within two weeks of statements.  Skin Health: Relieve as Provide pressure rediscresidents in wheelchas equipment/positioning Therapy screen/evaluation: Monitor lab within two CBC, prealby the statement of the country of the countr	ine." She also stated, "She g in the last two days and e was turned."  M, a telephone interview was sident's physician. He g her for her feet and and downs." The physician observed the wounds. He The physician was asked offered the option of a esident was a full code. He a couple of years ago." He deen aware the wound had a 3 with odor, fever, would earlier, he stated, "I think I he was asked if he had did, "Sometimes I get a CBC to. Apparently she had not g."  the following when asked preducedure for pressure ulcers: & Wound": Under skin that wound/skin treatment fart date and every 2 weeks and protect heel pressure. Stribution cushions for irrs, evaluate for adaptive devices/specialty mattress.	F	726			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495192	B. WING_			C 04/05/2018	
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868		04/00/2010	
(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 CORE ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 726	PEG tube for nutrition fluids for hydration, not measure degree of impreventative intervent skin breakdown such mattress, or heel press.  The facility presented Correction (does not he compliance date) date.  1. NP (nurse practition resident for wound information with temp, wound incompliance date).  2. All other residents nurse to ensure there infection. Facility swere 3/14/18).  3. DON provided resergarding skin assess and physician and wo Contacted EMT for wound different and skin alteration is immediately (need to Any new skin alteration the clinical meeting.	the family was not offered a for an IV (intravenous) to labs were drawn to fection and there were notions in place to prevent the as cushions or a specialty sture cushions/boots.  The following Plan of flave an AOC (allegation of flave an AOC (allegation of flave and the flave and	F 7	726			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495192	B. WING	B. WING		С		
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC			172	REET ADDRESS, CITY, STATE, ZIP CODE 12 LAWRENCEVILLE PLANK ROAD WRENCEVILLE, VA 23868	04/	/05/2018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		Ξ πE	(X5) COMPLETION DATE	
F 726	QAPI (quality assessr improvement) to asse education and need for	sented by DON at monthly	·	726				