# Our Home, Our Family, Our Life, Too.

Heritage Hall of Tazewell • 121 Ben Bolt Avenue • Tazewell VA 24651 • (P) 276.988.2515

April 18, 2016

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

Mr. Miller,

Attached to this cover letter you will find Heritage Hall – Tazewell's Plan of Correction and our credible allegation of compliance. The Plan of Correction addresses the corrective action, identification of deficient practices, systemic changes, and monitoring that will be implemented to address deficient practices identified during the Annual survey.

If I can be of further assistance don't hesitate to contact me at (276) 988-2515.

Sincerely;

Davina Hieatt RN, LNHA Administrator

nuna Haatt

RECEIVED

APR 2 1 ASS

VDH/OLG



Punted: 04/14/2016 FORM APPROVED

EPARTMENT OF HEALTH	AND HUMAN SERVICES			OMB NO. 0938-039
EPARTMENT OF HEALTH ENTERS FOR MEDICARE	Carlotte and the second	CALLED BE	SCASSE SECTION	SOURCE SURVEY
ALERS OF THE THERE TO	A LEROVIDERSSONE ERANG DER LEIGEN DE MIRELEN	Japan Dises		
Experience of the Arthurst Control of the Arthurst Con	: 85,62			05/24/2018
and the second s		13857 201 278	Vision Control of the Control of	
		EN BOUT AVE	N. C. T.	
		WEIL, VA 346	A MARKY S A LANCE COLUMN TANK A MARK SERVICE AND A MARKET PROPERTY OF PROPERTY AS PROPERTY OF THE PARTY OF	manufacture and the second of production of the second of
rund Communication Statement Stateme	TO FEMALE MET CAN LEST CAN THE SERVER OF THE SERVER CAN THE SERVER CAN LEST CAN THE SERVER CAN LEST CA			TANK AND HAR DESCRIPTION OF THE PROPERTY OF T
THE REPORT COMMEN	TIS	Section 1		
Survey was bondle Complaints were Corrections are re CFR Part 488 Fact equire media The densus in this 139 at the time of	wiedicara. We firm or same to a cited 3/22/16 (brough 3/24/16) investigated during the survey agrired for compilance with 42 deral Long Tenn Care.  In 180 certified bed facility was finde survey. The survey sample urrent Resident reviews up and the survey of the survey and the survey are survey and the survey and the survey and the survey are survey are survey and the survey are survey as a survey are survey as a survey are survey and the survey are survey as a survey are survey are survey as a survey are survey.			
reviews (Residen F 155 483.10(b)(4) RIG SS=D ADVANCE DIRECT The resident has refuse to participate and to formulate specified in parag	ts 22 minugh 277.  HT TO REFUSE; FORMULATE  CTIVES  the right to refuse treatment, to ate in experimental research, an advance directive as graph (8) of this section.		and physician order attending physician updated and correct resident #14's code and Accident form incident.	ad their DDNR form rs reviewed by the n and they have been only completed to reflect e status. An Incident was completed for this Deficient Practice(s) &
specified in subprelated to mainta procedures regarequirements incorporate written in concerning the ror surgical treatmostion, formulated	comply with the requirements part I of part 489 of this chapter ining written policies and rding advance directives. These stude provisions to inform and information to all adult residents ight to accept or refuse medical ment and, at the individual's an advance directive. This in description of the facility's ment advance directives and	Э	Department will re medical records at responsible parties	may have been d. The Social Services eview all resident's nd contact all s to verify each atus and advance e that the proper status d and that written een placed in the
policies to imple applicable State	iaw			RECEIVED
	nt is not met as evidenced by: nterview and clinical record			VDH/OLC
Based on Stall LABORATORY DIRECTOR'S OR P	· · ·	The state of the s	TITLE	

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 other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the above findings and plans of correction are disclosable 14 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. If continuation sheet Page 1 of 20

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 04/14/2016 FORM APPROVED OMB NO. 0938-0391

DEFAK MUNI PERPER	TEATONIO APPINACEO	and the second s	to provide the contract of the
CENTURS FOR MEDICARE	3 MEDICAID SERVICES	0X2 MULTIPLE OCKSTRUCTION	(MO. DATE SURVE)
STATEM: STOP DEPICIENCIES AND THE COLUMNS ECONOMI	OUT PROMDER/SUPPLIER/SUP TERTIFICATION NUMBER	A 501 088	COMPLETED
with the control of t	49ánd2	3 7186	33/24/2013
HARRIO DE HOFRICO COMUER RESTACE POLITAZIONE:		DRESSION STATE FROM DE EN BOUT AVENUE VELU, VA (2485)	
y many	5 min 1 min	the contract of the contract o	The state of the s

F 150

scream, a view determined that the facility start tared to have the signed Durable Do Not Resuscitate (DDHE) completely filled out on 1 of CT residents in the sample survey. Resident #

SUMMARY STATEMEND OF DETROE ROLES OF THE POEMOR MOST BE PRECEDED BY FREE PA

The findings included:

the facility staff falled to have Residend for is ODMR to be completely filled out by the physicial. Resident #14 was admitted to the facility on :1/3/15 with the following diagnoses of, but not limited to, and stage breast cancer with metastasis of the cancer to the bone, high blood pressure, seizures, chronic pain and Stage iv pressure area. The resident was coded on the quarterly MDS (Minimum Data Set, an assessment tool) with an ARD (Assessment Reference Date) of 2/8/16, which coded the resident as having a BIMS (Brief Interview of Mental Status) of 11 out of a possible score of 15. Resident #14 was also coded as requiring extensive assistance by 2 or more staff members for dressing, tolleting and personal hygiene. The chart of Resident #14 was reviewed by the surveyor on 3/23/16 and it was noted to have a Durable Do Not Resuscitate (DDNR) signed by the physician and the resident dated for 11/11/15. In Section 1 on the DDNR dated for 11/11/15 the section was left blank which states the following options for the physician to check: "I further certify (must check 1 or 2).

- 1. The patient is CAPABLE of making an informed decision about providing withholding, or withdrawing a specific medical treatment course of medical treatment ...
- 2. The patient is INCAPABLE of making an informed decision about providing withholding, or withdrawing a specific medical treatment or course of medical treatment ... " Neither one of the above documented choices were marked by the physician but had contained

Systemic Change(s);

DESCRIPTION OF THE LARGE FRANCES

The Facility policy and procedure was reviewed and no changes are warranted at this time. The Social Services Director has been inserviced on the proper completion of a DDNR and Advance Directives when required. The Social Services Director will discuss with each future admission their advance directives and resuscitation status upon admission to the facility. Any/all concerns expressed will be reported to the Administrator. The Administrator & Director of Nursing will speak to those concerned or with questions about each area & follow through on all concerns to ensure proper resuscitation status is reflected in the medical record.

Monitoring:

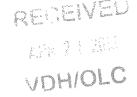
The Social Services Director is responsible for maintaining compliance. The Social Services Director will audit all Residents medical records monthly to monitor compliance for having a current resuscitation order and/or advance directive Any/all negative findings will be reported to the Administrator for immediate corrective action to include an investigation.

Completion Date:05-06-16

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

25T311

If continuation sheet Page 2 of 20



#### Printed: 04/14/2016 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTURS FOR MEDICARE & MEDICAID SERVICES X1. GATE SURVEY National and an artist of a CAR PROVIDER/SUPPLIER/Carle STATEMENT TOFFICIENCES IDENTIFICATION NUMBER 33/24/2016 495432 XXXX CRESCENTIAL WENTER SOUTHWENTE TABLEWELL WAS GASE PROVINCE CLAR OF THE PROTORS FRANCIS CONSECUTIVE OF THE RECUES OF BUSH OFFICE RECORDS OF THE PROTORS STANDARD STOTEMENT OF DESCRIPTIONS OF SECURITIES OF SECURI Continued From page? ns, physician's signature on the boltom of the

The unit manager for Unit 3 was notified of the above findings on 3/23/16 at approximately 8:30 am by the surveyor. The Unit 3 manager stated, the of the bortes in Section 1 has to be marked to the physician and haddon 1 mark this the Chi 3/23/16 at 3 pm in the conference room. The corporate nurse gave the surveyor a copy of the original DDNR dated for 11/11/15 and Section 1 of this document had been checked by the physician. The surveyor noted that the 1st option in Section 1 had been checked on the copy given

by the corporate nurse. At approximately 4:15 pm on 3/23/16, the administrator, director of nursing and the corporate nurse were notified of the above documented findings.

No further information was provided to the surveyor prior to the exit conference on 3/24/16.

F 156 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF SS=C RIGHTS, RULES, SERVICES, CHARGES

The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.

The facility must inform each resident who is entitled to iviedicald benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicald of the

F 156

Corrective Action(s):
The facility has now prominently displayed the Ombudsman contact information and the correct address for the Virginia Department of Health.

Identification of Deficient Practice(s) & Corrective Action(s):
All other residents may have been potentially affected. The Social Services director will meet with the residents to review their resident rights to include the location and posting of pertinent advocacy and licensure contact information.

Frinced: 04/14/2016 FORM APPROVED

	AND THE AND SERVICES		OMB NO. 0938-039
	& MEDICAID SERVICES  (A.1. PROVIDERS UPPLIES/CLIA  (DENSTRUCTION LUMBER	OCC) MULTIPLE 1 CNST RUGTION & BUILDING	OSMPLETED
NEW AND CORRECTION	496752   1 000687A	DURESS CITY STATE SPRICES PEN BOLT AVENUE	1 03/34/2015
SERVICE ASTROPHE	74.2	AVEL, VA 24661 PROVIDER'S PLANCE TO PROVIDER'S PLANCE	
	岩田 Glave Ball (1970年 Nagyaz) 3. PRE BAPEPOS PATENZALON (PBC) (1940年 3. PREPEZ (PACENTE PACENTER)	25.00 Per vicinity of the second seco	en e

100 Clandauea From page 3

tions and services that are included in truising Twinty services implies the State plan and for which the resident may not be charged; those other items and services that the facility offers hand for which the resident may be unarged, and the amount of charges for those services, and nform each resident whou shanges are made to the items and services specified in paragraphs (6)(i)(A) and (B) of this section.

The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services. including any charges for services not covered under Medicare or by the facility's per diern rate.

The facility must furnish a written description of legal rights which includes:

A description of the manner of protecting personal funds, under paragraph (c) of this section;

A description of the requirements and procedures for establishing eligibility for injedicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicald eligibility levels.

A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the iviedicald fraud control Systemic Change(s);

Facility policy and procedure was reviewed and no changes are warranted at this time. The Social Services Director will discuss Resident's Rights monthly during the Resident Council Meeting and report any/all concerns expressed to the Administrator. The Administrator & Social Services Director will investigate & follow through on all concerns.

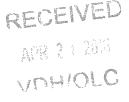
Monitoring:

The Social Service Director is responsible for maintaining compliance. The Quality Assurance program has an audit tool for monitoring compliance. The audit tool will be completed monthly by the Social Services director to ensure that all State advocacy groups and other pertinent information is posted in the facility. Any/all negative findings will be reported to the Administrator for immediate corrective action to include an investigation. Completion Date: 05-06-16

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

25T311

If continuation sheet Page 4 of 20



#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/14/2016 FORM APPROVED OMB NO. 0938-0391

STAT	EMEN	t of	OEFICI	ENCIES
AND	FLAN	of c	ORREC	TION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

140	MULTIPLE CONSTRUCTION
17.2	100-11
15:	JILDING
100	AND AND A CO. A CO. AND
i	

(X3) DATE SURVEY COMPLETED

495152

B WING \_\_\_

03/24/2616

NAME OF PROVIDER OR SUPPLIER HERMAGE HALL TAZEWEL

(XA) ID PREFIX

TAG

STREET ADDRESS, CITY, STATE, ZIP CODE 121 BEN BOLT AVENUE TAZEWELL, VA 24651

SUMMARY STATEMENT OF DEFICIENCIES

RACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG

PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY.

COMPLETION:

F 156 Continued From page 4

unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

OR USC IDENTIFYING INFORMATION)

The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

This Requirement is not met as evidenced by: Based on observation and staff interview the facility staff failed to post updated information regarding the ombudsman contact information and failed to post the correct address for the Virginia Department of Health.

The findings included.

On 03/24/16 at approximately 5:20 a.m. the state and local advocacy posting on unit 4 was observed. This posting included an out of date address for the Virginia Department of Health (VDH) and Office of Licensure and Certification (OLC). The area where the local ombudsman contact information should have been located was blank. This poster included a date of 09/2005.

F 156

Printed: 04/14/2016 FORM APPROVELI-OMB NO: 0938-0391

, much , a work ; ;	AND WHINAM SERVICES			OMB NO. 0938-0391
EPARTMENT OF HEALTH SENTERS FOR MEDICARE	& MEDICAID SERVICES	The second secon	7818782277278	LAST DATE SURVEY
TATEMAN TO THE PROPERTY OF THE	E. J. BREETANERSER STRUCTURE FOR THE	GCZC MOUTH FAIL	en e	COMPLETED
MORAL CONTRACTOR	· "我们是一个人,但然后的			33/24/2013
	495 - 57		and the second s	S and a property of the second
milit to a security of the company o		BERN THIS STATE	LOS CORR	
AME IN THE PORTER OF GREENING	5 D A	M BOT, BALK	UNIL	
ERPAGE FALL MARRE		ÆLL. VA 3485		CART TOTAL
CS4, CUMMARYS PRE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WTEMENT OF DEFICIENCES THE MEEDS DESCRIPTION OF THE CONTROL OF THE	12. (1.10.1.14. (1.41)	PROVIDER'S PLANCE OF SCIENCE AND THE SCIENCE A	FERRICAL STARK CARPERS CONF.  CHAPTER STARK CARPERS CONF.  CHAPTER STARK  CHAPTER
Figure Continued From part 1924/10 scap and 1924/10 scap observed. The morreof name for pass dated 19290.  The administrator sportings 7:30 a.m. The additional positings between the positings facility had contaupdated positings.	y posting in the frenchellman is posting nontained the the embudsman. This posting in an UCost ware about the on 05/24/16 at approximation ministrator stated she would updated.  In 03/24/16 the local alized to the surveyor that the steed her and asked her to bring to the facility.	T 186		
postings was prothe exit conferent factories. Fig. 167 483.10(g)(1) RIG SS=C READILY ACCES A resident has if the most recent by Federal or St correction in effection in effective must be examination and accessible to resident availability.  This Requirement based on obsective staff fallers.	ce.  HT TO SURVEY RESULTS - SSIBLE  The right to examine the results of survey of the facility conducted at e surveyors and any plan of cot with respect to the facility.  The make the results available for a must post in a place readily assidents and must post a notice of the conducted and the c	F 167	Results has been co accessible to all res in wheel chairs. This the survey team's o reported.  Identification of D Corrective Action All residents may have the regulation stativistors have the riesults of the most facility conducted surveyors and that	e Life Safety Survey rrected and is idents to include those is was completed after bservation was  reficient Practice(s) & (s): have been affected, has been inserviced by consultant regarding ing that a resident and

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

The findings included.

25T311

availability. The Administrator will meet

If continuation sheet Page 6 of 20



Printed: 04/14/2016 FORMAPPROVED MB NO. 0938-0391

		and the second s	200			OMB NO. 0938-0391
SEPARTY	HEALTH	AND HUMAN SERV! & MEDICAID SERVI	CES	gy is characteristic that a should be a sight-history-material but	Approximate and assessment of the contract of	LVS. DATE SURVEY
DENTERS	FUR WEDING	AND HUMAN SERVI & MEDICAID SERVI		rka) MULTIPLE	CONSTRUCTION	COMPLETED
	CORPRESSORS	DESIGNATION OF PARTICIPATION OF THE	(BEF			G3D4726 1 8
		45.51.52				a command to make the replacementary of second makes the second s
	makes the militarity of the militarity of the second of th	And the second of the second o	PRETODE	RESS, CITY STA	VIE. ZP 0007	
CAME	CARLER PREPARE		i g. 524	너 먹지는 음병회	1,76,5	the state of the s
HERITAG	THALL MIEWE:	A-11	1 JAZEW	ELL, 16 24	SECRETARY OF S	CONTRACTION CARRESTON CONTRACTOR
(XA) F FREE	TO MARKAGEN REPORTED THE CONTROL OF	CONTRACTOR LIGHT CHART TO SE MEDITORDED EN PAID PROTORDED AND TOURS OF	3.3 	D Park (45	FACE OCERTIFICATION CONTROL (CASE) C	
	Continued From t	rage 6		67	with the resident cot residents that survey their review.	results are posted for
	desk in the front lo the most recent standers were	proximately 7,66 and dia small sign located obby that indicated to tendard survey and fill available at the design of the design.	ie lesuits of Ke safety K for review.		Systemic Change(s The Pacility's Polic heen reviewed and a warranted at this tin	y and Procedure has no changes are ne. Administrative ced by the
	binder included the signdard survey, survey results.	ierved a binder at thin ne results of the mos It did not include ar.y ployee #1 was asked	Ife safety Labout the		administrator on the requirement that the and/or state licensu current federal and	e most current federal
	on 03/24/16 at appropriate on 03/24/16 at appropriate on 03/24/16 at a maintenance embinder that contains recent life safety 05/13/15 and the life safety code of 06/30/15, iviainte would place the lobby today.	oximately 7:45 a.m. approximately 7:45 a.m. aployee #1 showed the results of the code survey complete results of a federal survey conducted at enance employee #1 results in the binder	m. he surveyor a he most sted on comparative the facility or stated he in the front	: n	notice of the survey the current survey examination. Find will be reported to	dministrator with additional distribution and results location and results are available for lings from these audits the Quality Assurance view, analysis, and for change in facility and/or practice.
	of the missing II during a meetin 03/24/16 at app	ive team of the facilities afety code surve g with the survey team or oximately 2:15 p.m. mation regarding this	im on . issue was	eu	F309	(2)
F. SS	provided to the conference. 309 483.25 PROVI S=D HIGHEST WEI Each resident	DE CARE/SERMICE	S: FOR e facility mus	F 30 st sin	notified that the f the resident recei meals as ordered	tending physician was acility failed to ensure ved cranberry juice with by the attending lity Incident and as completed for this

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

25T31:



Printed: 04/14/2016 FORM APPROVED OMB NO: 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (XX) DATE SURVEY DOWN THE FORM SHOW MEN Y > PROVIDERISHPPLIERICH STATEMENT OF THEFTOENCES AND TO SEE THE PROPERTY OF 2231.62 - SOPECS DOWNSELDS MARK I STORY OF THE STATE OF THE THE BEN BOLT AVENUE HERTAGE HALL TOZEVEL TAZEWELL, VA 3486° THE STREET PLAN OF SOURESTREET PUNCTURE REPORT OF ACTIONS OF MEETING SECTIONS OF ACTIONS OF ACTIO COSP Life CRISCHENT PERMENT CHICAGO MICHAEL CHICAGO SUMMENT EF PRECEDEN CONTROL MICHAEL CHICAGO CONTROL CHICAGO CONTROL

This are then district page 7

montal, and psychosocial well-being in accordance with the comprehensive assessment or plan of care.

Based on staff interview, facility document review and clinical record review, the facility staff failed to follow physician orders for 3 of 27 residents (Resident #10, Resident #12, and Resident #2). The findings included:

1 The facility staff failed to follow physician dietary orders for Resident #10. Resident #10 did not receive cranberry juice as ordered with meals. The clinical record of Resident #10 was reviewed 3/22/16 and 3/23/16. Resident #10 was admitted to the facility 4/1/15 and readmitted 10/5/15 with diagnoses that included but not limited to urinary retention with chronic indwelling Foley catheter, benign prostate hypertrophy without urinary obstruction, pneumonia, presenile dementia. hypertension, diabetes mellitus type 2, acute respiratory failure, hyperlipidemia, anxiety, depression, and muscle atrophy.

Resident #10's significant change in assessment minimum data set (MDS) with an assessment reference date (ARD) of 3/8/16 assessed the resident with a cognitive summary score of 10 out of 15 in Section C Summary Score.

The current comprehensive care plan dated 3/16/16 identified the problem of nutrition for Resident #10. Approaches included "Cranberry juice per order."

The iviarch 2016 physician orders were reviewed 3/23/16. The orders read in part "Cranberry juice with meals tid (three times a day)."

The surveyor observed Resident #10 on 3/23/16 at 8:05 a.m. He was positioned in bed and eating breakfast. Breakfast items on the tray were fried

Resident #12's attending physician was notified that the facility staff failed to administer 1 dose of Culterelle to resident #12 as ordered by the physician. A facility Incident and Accident form was completed for this incident.

Residents #2's attending physicians was notified that the facility failed to administer 1 dose of an antibiotic. Macrobid to resident #2 as ordered by the physician. A facility Incident and Accident form was completed for this incident.

Identification of Deficient Practices/Corrective Action(s): All other residents may have been potentially affected. The DON, ADON, and Unit Managers will conduct a 100% audit of all resident's physician orders and MAR's to identify resident at risk. Residents identified at risk will be corrected at time of discovery and their comprehensive plans of care updated to reflect their resident specific needs. The attending physicians will be notified of each negative finding and a facility Incident & Accident Form will be completed for each negative finding. Systemic Change(s):

Facility policy and procedures have been reviewed. No revisions are warranted at this time. The nursing assessment process as evidenced by the 24 Hour Report and documentation in the medical record and physician orders remains the source document for the development and monitoring of the provision of care, which includes, obtaining, transcribing and completing physician medication orders & treatment orders. The DON and/or

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

25T311

If continuation sheet Page 8 of 20



Phnied: 04/14/2016

					ENRIA A	4/14/2015 PPROVED
DEPARTMENT OF HEALTH	ANTHUMAN SERVI	CES		and the special control of the special contro	OMB NO. 0	i
DEPARTMENT OF HEALTH DENTERSTOR MEDICARE	& MEDICAID SERVE	CES		COMETRICAL	(XS) DATE SUR	VEY .
DENTERS FUR MEDIO/			(X2) MOCTA OF	the second second second second second	COMPLETE	:1.7
STATE AS OF OF CHECKINGS	CALL TO THE STATE OF STATE	RELE	TO WASHING TO	and white the control of the		
AND TO THE RECEEDS	· Address		Vi - Eiste		001348	200
	4 455164				to be an improvement of the state of the sta	
and the second s	and market and a discrete of the property of the annual section of	PROPERTION	RESS, CIC. STAT	机 差距 的"影響"		1
VAVE SERVICE STREET	i i	24 27	N BOLL AVE	Y 2		1
HERRACE - A L TOXETE		TAZEW	ELL VA JAD		and a survey public ordinary operators are a figure of the survey of the	According to the second
OMERANDO OME	HARRISH PERSON IN STREETS CALLS IN TO NIVERS HE STREET		to the temporal and the second state of the se	PROVIDED A PLAN OF CURRI THE WERE REPORTED ACTION AS THE RESIDENCE.	TO THE PERSON OF	9.26 (5.81) 1.70 (1.81)
egus, cereal with the frast itens of an berry juice take he gor was was reviewed. I suce for any mean as surveyor intessistant \$1 on 6 picking up trays. Resident \$10's to surveyor dimenager license at 9:45 a.m. Should getting the cran came back from order was written as tated she had dietary. The surveyor intestretal signed the surveyor intestretal signed the surveyor interestretal signed the surveyor signed th	page 1 milb. selectionals 1866 in the Tray did operate Resident #10 stated in tomato. The dietary/recitionato. The dietary/recitionato. The dietary/recitionato at 800 a.m. So She was asked to charay again for cranherry ident #10 enly got milberry juice. She stated Perry juice. She stated herry juice. She stated herry tract infections. L.P. N. #2 stated herry tract infections. L.P. written the order and recitional the department. The note read in perry juice tid with meal d by L.P.N. #2." Informed the administration and the regional recition and the regional recition was provided.	reference of the cress and	70	Regional nurse consultant wall licensed staff on the procobtaining, transcribing, and physician ordered medication treatment orders.  Monitoring: The DON is responsible for compliance. The DON, AL Unit Managers will audit/relephone orders daily to recompliance. Any/all negat or errors will be corrected discovery and disciplinary taken as needed. Aggregathese audits will be report Quality Assurance Commfor review, analysis, and recommendations for chanolicy, procedure, and/or Completion Date: 05-06	r maintaining of action will be tee findings of ed to the ittee quarterly nage in facility practice.	

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

limited to sepsis, pressure ulcers,

dose of Culturelle.

The clinical record of Resident #12 was reviewed 3/23/16. Resident #12 was admitted to the facility 11/4/15 with diagnoses that included but not

cerebrovascular disease, cellulitis, anxiety,

25T311

If continuation sheet Page 9 of 20



# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/14/2016 FORMAPPROVED OMB NO 0938-0391

DEPARTMENT STATISTE	& MEDICAID SERVICES	Control of the contro
DEPARTMENT OF TEACHE CENTERS FOR MEDICARE	The state of the s	EXAMPLE CONSTRUCTION
STATERENS & GERTGIENCIES	(X1) PROVIDER/SUFPLIER/SUA	A PURENTAL CONTRACTOR OF THE PROPERTY OF THE P
STABLEON A GARACTICS	DEWTH CAPON HUMBER	
MAN CONTRACTOR OF THE CONTRACT	0.00	TRIVATE CONTRACTOR OF THE STATE

CKS, SATE SURVEY NOTAPINETEC

496183

331241201.8

CTREET ADDRESS CITY STATE, ZER COUF RAME A DESCRIPTION DEPOSIT PERIDOSE PARLITADESEL

STOREN ECOTOMENTE TAZEWELL, VA PASS" PRODUCERSON AND CONFERENCES

EACH CORRECTIVE ACTION SHOULD IN CIRCULARITACIDED TO THE LERGOTED

survicine osteomyettis, acuts kieney kirur multily tractification gas restorm status and nemaplegia

Rasident#12's admission minimum data ser assessment (MDS) with an assessment reference date (ARD) of 11/16/15 assessed the resident with a cognitive automary score of 6 out ch 15 in Section C.

A telephone order dated 1/13/16 read "-BIMP (basic metabolic panel) q (every) 2 weeks.-Cuituralle 1 cap (capsule) via g-tube (gastrostomy) tube bid (twice a day) x 8 wks

(weeks) dx (diagnosis) probiotic." The surveyor reviewed the January 2016, February 2016, and March 2016 electronic medication administration records (eMAR). The January 2016 eMAR had documentation that Resident #12 was administered 36 doses of Culturelle beginning at 8:00 a.m. on 1/14/16. Resident #12 was administered 58 doses in February 2016. Resident #12 was administered 17 doses in March 2016. Resident #12 received 111 doses total. Resident #12 was ordered 8 weeks of Culturelle twice a day. The facility staff failed to administer one dose of Culturelle. Resident #12 should have received a total of 112 doses of Culturelle.

The surveyor requested a printout of the January 2016, February 2016, and March 2016 eMARs. The surveyor reviewed the siviARs with registered nurse #3 on 3/23/16 at 3:10 p.m. She reviewed the eiviARs and stated the issue was the entry of the order. She stated the nurses are counting weeks instead of counting the doses to be administered.

The surveyor informed the administrator, the director of nursing, and the regional nurse consultant of the above concern on 3/23/16 at 3:30 p.m. The administrator stated the nurses needed to count the number of doses to be

If continuation sheet Page 10 of 20

RECEIVED

VDHIOLC

Frinted: 04/14/2016

		avices			FORM A O <u>MB NO.</u>	(PPROVED 0938-0391,
DEPARTMENT OF HEAL CENTERS FOR MEDICA	TH AND HUMAN SET OF 2 MEDICAID SET	<u> </u>	and process of the second second second second	CONSTRUCTION	OYSYDATE SUR	i
DENTERS FOR MEDICA	The state of the s	HER/CLV	(X2) WULTURE 1	Acide and an analysis of the second	COMPLET	And See
STATELY FALL CHEFTER MOTEUR AND TO SELECT A CHEFT FROM THE	DET MEIGHT ON	STAMER !	No who cases	Annual Anti-man E Million and A		e see an an an an
Add Company of the Co	46.4	a pare	ia vang		53/24/	(45 - 5 
	4361	And a second sec	i	The same of particles are in pronjections and particles and particles and particles and particles are in the same of the same	A S A S A S A S A S A S A S A S A S A S	
as more what the second of the	management in the state of the	The resident	SESS CIN AIC	Bernough Bernous Works (1997) Commencer		
NAME OF THE PROPERTY OF THE	1000 11 <b>4</b>	11 2 2	IN ECULAYER	5 11 11 11 11 11 11 11 11 11 11 11 11 11		
	. \$ ·	TAZEV	VELL, VA 245	and the second s	A AND A PROMISE SERVICE AND A STATE OF A STA	000
and the second s	The second section of the second process which was an expension of the second of the s	svilja	33			grashuilk d priid
(5.64484) - 1.644	CASTATEMENT OF DEPOSE THROUGH PERSONED IN A	Approximately	TREETS	FEROR REFERENCES IN A SE EVAN OOKKE AAN OOK	of a busing servages a	
TAGE	CONTRACTOR OF CENTS	(0.14)		English to Conference of the C	and the second of the second o	
	a many appropriate to proportion to the contract of the contra	, pr	F 309	and a property of the control of the		
F Mar Car Shaed Fo	an page 10		0.00			
Part of the state	n a calendar serinda	mittern griffs				
us a mihar init	reation was Auxided	paor do era				
out conference	e on 3/24/18.	- tudising cond				
		agriiristorax Waasaha				
1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to	CO SHEEL FACTORIST AND CO.	WHEN A				
u yeldisas etc	Ser ves for 35 dosse.					
	cuited a die fee	-Jilly 02/03/09.				
Resident #2 4	ras admitted to the factorized and light of the street inconting the str	mited to, heart				
Diagnoses inc	ension, stress inconti ension, stress inconti	nence,				
failure, hypert	isease personality dis	sorder, and				
Alzheimers u	-01492 Notable					
depressive di					•	
Cartion C (co	ognitive patterns) of th	e Residents				
Section C (50	viDS (minimum data s	et)				
nost recent i	with an ARD (assessr	nent reference				
cognitive skil	ls for daily decision m	iaking.				
0.5		ded a copy of	а			
The Residen	its clinical record inclu	osio4/16 "Stai	rt			
physician's te	its clinical record indicated elephone order dated	л x 10 days D	Х			
(diagnosis) (	JTI (urinary tract infec	,,,,,,				
	- : Insta cMAR (	electronic				
A review of t	the Residents 500/0000000000000000000000000000000000	indicated that				
Resident #4	acrobid when they sho	ould have				
received 20	doses					
		v				
On 12/22/18	6 at approximately 3:2	5 p.m., during	a 			
moeting wiil	at approximately 5.2 h the survey team, the	DON (alrecto	) i			
of sureing)	h the survey learn, and nurse consultant, and	d administrator				
ware notifie	ed that the facility staff	had not	0			
administere	ed that the racinty state and the correct amount	of the antibiou	t			
macrobid.						

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

25T311

If continuation sheet Page 11 of 20



Printed: 04/14/2016

	ZON EHRANN SERVICES			FORM APPROVED OMB NO. 0938-0391
DEPARTMENT OF HEALTH GEN. FRS FOR MEDICARE	AIND HUMAIN SERVICES  8. MEDICAID SERVICES  10 (1) PROVIDER/SUPPLIER/SUP	TRANSPORTERS	JONSTRUCTION	CX3Y DATE SURVEY COMPLETED
START PROPERTY OF THE PURE NOTE OF ARREST OF A PROPERTY OF THE	CARLANASKA CAFER	1	and the second s	03/24/2018
	4981.64	i e		4315-414
And a figure and particularly and a supplementary of a supplementary o	The same are seen as a second of the second	RESS OFF STAT	re, zan sode Vilia	•
X444		# 301 47E Ell, VA 246	1 1 3	The second of th
	the second of the School of th	They have been a wife or and a second	PROVIDER'S PLAN OF SCREET	CARA CARAGO CARA
*C. 3	A REMENT OF LEFTOLEHUES I RELUCEURES HARTIN TELLUCE ENDOUGHER PROTECTE	77.61 77.61	EACH CORRECT ALACYCLE SA TRUS OF PERENCED TO THE ST DEFICIENCE	
	and the second s	See the second s	and the second of the second o	
5 (def some street of processary drug when used it	EGIMEN IS FREE FROM  DRUGS  TO regimen cross or real from  S. An unnecessary drug is any a excessive dose (including	F 329	F 329 Corrective Action(s): Resident #10's attending notified that the facility monitor Resident #10's hours after the administ antihypertensive Clonid staff member involved i pass has received inserthe proper administration A facility Incident & Admedication error form v	staff failed to blood pressure 2 ration of the ine. The licensed in the medication vice training on in of medication. ceident form and a
vithout adequate indications for its adverse consequing should be reduce combinations of the sedicent, the facility who have not use given these druggers as diagnosed and record; and resident drugs receive grandications for its sedications.	monitoring; or without adequate use; or in the presence of ences which indicate the dose of or discontinued; or any he reasons above.  The reasons above.  The reasons above assessment of a lity must ensure that residents antipsychotic drugs are not a unless antipsychotic drug sary to treat a specific condition of documented in the clinical tents who use antipsychotic adual dose reductions, and entions, unless clinically in an effort to discontinue these		this incident.  Identification of Defia and Corrective Action All other residents rece antihypertensive medic been potentially affecte ADON and/or Unit Mathe medication orders or receiving antihypertens ensure proper monitorinaffects and required monand after administration completed. Any/all neg be communicated to the physicians for corrective Facility Incident & Accompleted for each neg	cient Practice(s) (s): iving ations may have d. The DON, nager will review of all residents ive medications to ng of medication onitoring prior to n is being gative findings will e attending ve action. A cident form will be
Based on staff if review, the facili pressure of 1 of receiving an ant The finding inc	nt is not met as evidenced by: hterview and clinical record ty staff failed to monitor the blood 27 residents (Resident #10) afte ihypertensive medication. luded: taff failed to monitor Resident ssure after Resident #10 receive			If continuation sheet Page 12 of 2

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

25T311



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Parties: 04/19/2018 FORM APPROVED OMB NO. 0938-0391

LEALTH	AND HUMAN SEKVICES		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	8 MEDICAID SERVICES	Expland on diconsmolection	(XIII DA'E SURVEY
CENTERD PAR PRESIDENT	And the second s	INDERIVED - WALL	- CAMPLETED
(表) 常备,似乎是是一个是一个一个话,我们是有些一个时间。	CAN PROVIDER/SUPPLIER/SUP CHENTER FOR THE MERCY	A Shift STREET LINE AND A STREET	gas distance allows
रेज्या । । । । । । । । । । । । । । । । । । ।	§		0.8194/2010
	- 5 J = -	E WAS BUILDING	
and the second s	Section with the section of the sect	ORDER ATTEMPT OF THE	
	- 1 min 1 mi	ik gody A/ERNA	
		ニュー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	

PAZEWELL, VA 2455 TANKAPHARIPLAN IN LEASED DUB TANKAPHARIPLAN A TRAKSHCAN FARE LANKAPARIPLAN DIN LANKERNA DIL KAN STATE OF THE COLUMN THE PROPERTY OF THE COLUMN THE PROPERTY OF THE COLUMN THE

Charles Franciage 12

are medication Cloridine. The racity skill blisc or otherin the blood pressure 2 hours after the agministration of the antihyperiensive medication The clinical record of Resident #10 yes reviewed 07/2/16 and 3/23/16. Resident #10 was admitted to the facility 4/1/15 and readmitted 10/5/15 with playenoses that included but not limited to unhary retention with chronic indiveiling violey cautalet. benign prostate hypertrophy withour urinary obstruction, pneumonia, presentle dementia, hypertension, diabetes mellitus type 2, acute respiratory failure, hyperlipidemia, anxiety, depression, and muscle atrophy.

Resident #10's significant change in assessment minimum data set (MDS) with an assessment reference date (ARD) of 3/8/16 assessed the resident with a cognitive summary score of 10 out of 15 in Section C Summary Score.

Physician order dated 2/28/16 0545 (5:45 a.m.) read "Pyridium 100 mg (milligrams) po (by mouth) tid (three times a day) prn (whenever necessary) for 72 hrs (hours). Clonidine 0.1 mg one x (time) dose d/t (due to) elevated BP (blood pressure). Recheck BP in 2 hrs. Notify oncall if still? (elevated)."

The surveyor reviewed the February 2016 electronic medication administration record (eMAR). The entry on the 2/28/16 had documentation that Resident #10 received Clonidine 0.1 mg at 7:00 a.m. The surveyor was unable to locate a documented blood pressure 2 hours after the medication was administered on the eMAR.

The surveyor reviewed the 2/28/16 departmental notes for Resident #10. The 2/28/16 departmental note written at 7:37 a.m. read in part "Received order to start Pyridium 100 mg tid x's 72 hrs. B/P elevated 201/104 received order to give Clonidine 0.1 mg one x dose recheck B/P in 2 hrs Notify on call if still elevated..."

#### Systemic ('hange(s):

The facility Policy and Procedure has been reviewed. No revisions are warranted at this time. All nursing staff will be inserviced by the DON and/or regional nurse consultant and issued a copy of the facility policy and procedure for proper administration and monitoring of all medications. This includes preadministration and post administration monitoring and proper assessment prior to administration of medications. This includes the protocol for assessing blood pressures prior to and post administration of antihypertensive medications.

#### Monitoring:

The DON is responsible for maintaining compliance. The DON and/or Unit Manager will complete 2 random medication pass audits weekly to monitor compliance. All negative findings will be corrected immediately and appropriate disciplinary action will be taken as necessary. Aggregate findings of these audits will be provided to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.

Completion Date: 05-06-16

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

25T311

VOH/OLG

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEM OF THE PERIOD NOTES

IX D. PROMUENSHPROFIELD O

498104

(XX) MOENPLES ON KROSSISSE A BOULDING .....

8 44NG \_\_\_\_\_

OMB NO. 0938-0391 XELDATE SURVEY COMPLETER

Printed: 04/14/2018 FORIVI APPROVED

Darin France

WARE A F WO WOODER A COMPLET 

CERTET ADDRESS, MEN STATE MENTAGE 21 BEN BOLT EVENUE

AZEWELL, VA 2466°

YUMWAY STATEMENT OF DESCRIPTION OF PROPERTY OF THE PROPERTY OF STATEMENT OF THE PROPERTY OF TH

FROM CERS MULLIOF CORRECTION BACK LOCKRECTIVE ACTION SHOULD SE MULLISTERENCED TO THE APPROPRIET.

Process insedifica page 10

Strasychieviewed as areserved to design 128/46 The satiently on 228/46 will 10 p./1 did they's a documented blood pressure of heaven However, the blood pressure obtained and documented was greater than the 2 hours as ordered by the physician.

in a surveyor reviewed the electronic who slight for 2/28/15. There were no recorded life! slight for 2/28/16.

The surveyor interviewed the unit manager licensed practical #2 on 3/23/16 at 10:35 a.m. LIP N. #2 reviewed Resident #10's clinical record for 2/28/16 and stated she couldn't find where the blood pressure had been obtained.

The surveyor informed the administrator, the director of nursing, the regional nurse consultant, the chief operating officer and the ombudsman of the above finding on 3/24/16 at 2:15 p.m. No further information was provided prior to the exit conference on 3/24/16.

F 332 483.25(m)(1) FREE OF MEDICATION ERROR SS=D RATES OF 5% OR MORE

The facility must ensure that it is free of medication error rates of five percent or greater.

This Requirement is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to ensure a medication error rate less than 5%. Two medication errors were observed out of 26 opportunities, resulting in a medication error rate of 7.69% and affected 1 of 27 residents (Resident #15).

The findings included:

The facility staff failed to ensure a medication error rate of less than 5%. There were two medication errors out of 26 opportunities for a F 332

F332 Corrective Action(s):

The Resident #15 involved in Medication Pass Observation has had their attending physicians notified of the medication errors that were committed. LPN #4 involved in the medication pass observation has received one-on-one inservice training on medication administration and the 5 rights of medication administration. A facility Incident & Accident form was completed for each medication error.

Identification of Deficient Practices & Corrective Actions(s):

All residents may have potentially been affected. A 100% medication pass audit of all licensed nurses within the facility will be conducted to identify those nurses

FORM CMS-2557(02-99) Previous Versions Obsolete

25T311

If continuation sheet Page 14 of 20



Printed: 04/14/2016

	AN CHERANT SERVICES			FORM A OMB NO.	APPROVED 0938-0391
DEPARTMENT OF HEALTH AND DENTERS FOR MEDICARE & N	MEDICAID SERVICES  DE PROVIDER/SUPPLIER/CLI/	(X2) MULTIPLE CONSTRUCTION A BUILDING		president SUF COMPLET	WEY ED
STATE OF A CHARGE A C	DENTAL PATION NUMBER 425152	d and a second		23124.	IBO B
WARE CONTROL OF TREMPILE OF REPORT OF TRANSPORTED O	74 B	EN BOLLAY WELL YA 3			and the second s
1% , - 1	EMENT OF CEPCIENCES BE PRECEDED BY FOLL RESOLUTION CONTROL WEST PROPERTY.	1.6 2.000 (1.7) 3.000 (1.7)	PROPOSER'S PLAN OF SC 47 ON CORRECTIVE ACTIO A 68 PERSONNESS TO THE DESCRIPTION OF SCHOOL	E TELEVISION -	10x424 to 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1
Continued From page	ge B	games is which a final intermediate the state of the stat	at risk for Medication and/or technique erro	ors. A facility	

necleation some are on 7.39%. I Sesios in 2.0 was affected.

The surveyor observed a medicarion pass and pour on 3/23/16 beginning at 7,30 a.m. with ilicensed practical nurse #4. L.P.N. #4 prepared and administered unsampled resident #1 's assolication and administered Stem at 7.55 a.a. [[P.ikl] #4 prepared Residem #15's medicadons beginning at 7:36 a.m. The medications were. Norvasc 5 mg (milligrams) tablet, Klor-Con 20 mEq (milliequivalents) tablet, Thera M tablet, Lasin 20 mg (1 tablet). ASA (aspirin) 81 mg EC (enteric coaled) tablet, TUIVIS 300 mg, Carafate 1 gram tablet, and Cranberry concentrate 500 mg

capsule. L.P.N. #4 placed the Norvasc, Klor Con, Thera M. Lasix, TUNS and Carafate in a plastic sleeve and crushed the medications. L.P.N. #4 then placed all of the medications in applesauce. L.P.N. #4 then placed the ASA and the cranberry capsule in the applesauce. L.P.N. #4 stated that the ASA and the Cranberry capsule could not be crushed. L.P.N. #4 then administered the medications to Resident #15 at 7:50 a.m.

L.P.N. #4 crushed the medication Klor Con 20 mEq and administered Lasix 20 mg-not Lasix 60

During the reconciliation of Resident #15's administered medications with the most recent signed physician orders dated 2/5/16, the orders read as follows: "Klor-Con 20 mEq p.o. (by mouth) qd (every day) dx (diagnosis): hypokalemia. Furosemide (Lasix) 60 mg p.o. qd dx: CHF (congestive heart failurs)."

The surveyor interviewed LP.in. 華4 after the medication pass. The surveyor informed L.P.N. #4 of the discrepancies in the medication pass. The surveyor and L.P.N. reviewed the medication labels for both the Klor-Con and Lasix.

Incident & Accident form will be completed for each negative finding as well as one-on-one inservice training and appropriate disciplinary action if warranted for nursing staff observed

Systemic Change(s):

The facility Policy and Procedure for medication administration has been reviewed and no changes are warranted at this time. All Licensed nursing staff will be inserviced by the DON or ADON on the facility policy and procedure for medication administration. Inservices will include administering medication per physician order and the 5 rights of medication administration and what can and cannot be crushed.

Monitoring:

The Director of Nursing is responsible for maintaining compliance. The DON. ADON and/or designee will conduct two random weekly medication pass observations of licensed nurses to monitor for compliance. Any negative findings will be addressed at the time of discovery and appropriate disciplinary action will be taken. All discrepancies found in these audits will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. Completion Date:05-06-16

RECEIVED
APPROLOC

If continuation sheet Page 15 of 20

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATE ALL COLUMN DEPROBLACIES AND COLOR OF A CONTRACTOR OF A

ON PROVIDER/SUPPLIER/CLF

OMB NO. 0938-0391 DESIGNATE SURVEY (42) AND FRANCE CONSTRUCTION OF HE COMPLETED 7. SERENE ..... 1912412613

195167

Company of the second s STREET AUDRESS COTY STATE MIP CODE

THE BEN BOUNTERUE TAZEWELL, 42 2465"

TO THE REPORT OF THE PROCEDURE OF THE PROCESS OF TH

TROTH CERS FLAN OF CLEARS THIS EAR OF CERSEO IN ELACTION SECTION S CHARGE PENERENCED INCOME. FOR CORPUS

Printed 04/14/2016 FORM APPROVED

NAME OF THE PROPERTY OF THE

This Tuasis label read reproservide 20 mg which rake 3 tablets (60 mg) by mouth every Bay -CKF): The Klor Con label read "Klor-Con #20 th mEqitableR (extended release) Take 1 tab by moudh sizery day DO MOT CRUSH."

um m. #4 stefeti i turigin ner a messeti skullik. the packaging for the Lasix. Usually there are 3 tabs in the package or a 40 mg tablet and a 20 rng tablet. I'll go back and give the other 2 tablets. It's on the label not to crush the potassium. I think it's an insurance thing. usually have a capsule and the capsule can be opened and sprinkled on the applesauce."

The surveyor informed the administrator, the director of nursing, and the regional nurse consultant of the above finding on 3/23/16 at 3:30 p.m. and requested the facility policy on administering medications and the facility list of DO NOT CRUSH Medications.

The surveyor reviewed the facility policy on Administering Medications on 3/24/16. The policy read in part "3. Medications must be administered in accordance with the orders, including any required time frame." The DO NOT CRUSH list, reviewed 3/24/16, included Klor-Con Tablet SA (sustained release).

Resident #15 was admitted to the facility 4/10/12 with diagnoses that included but not limited to chronic ischemic heart disease, hypertension. hyperlipidemia, and anemia.

Resident #15's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 2/15/16 assessed the resident with short term memory problems, long

Primied. 04/14/2016 FORM APPROVED

			ICES			OMB NO. 0938-0391
DEPARTMENT OF HEALTH AND HUMAN SERVICES DENTERS FOR MEDICARE & MEDICAID SERVICES				Legarotine	EDONS TO COOK	(XS) DATE SURVEY DOMPLETED
	Charles March	DENTERSSIERS	, i h, h r r r r	L AURENNO.	And the second s	i i
AND SALE A	son Pero ROM	1 17000 1 20805		L -786	and the second of the second o	1 0000000
		The second secon		RESS CITY STA	and the second s	
**************************************		ngg was a company	1 S SHE / AAU	A BOLT AVE	XUE	
	DOUGHZEWE	***	**************************************	ELL VA 30	551	and the section of th
and the second s				Appendix managerial and an array of the property of the second se	FROMSER'S PLAN OF 14 NE.	
113 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HATTERMERE OF HEFLETH THE PROCESS OF PERSONS TO SECURIORS OF PROCESS OF			REACH CORRECTIVE ACTION OF THE PROPERTY OF T	Control of the Contro
	and a weight son per person while a set of the second	and the same of th	.,		- Committee Superiorities - Su	
Dr. C.	estinues Fores	Jaga 19 Juni Jayaran	al Hiranayoed			
X 97-	er nemory pret <sub>griffic</sub> e stalls for	vege Years, and moderal decision making-da	risions			
-grt :						
y 14	- Auther informa	ation was provided to	genne stid			
183	on conference of	a 1372 a/116.		I 583	P514	
			i kalangsan	- 334	Corrective Action(s)	# #
AND SECTION OF THE SECURATED SECTION OF THE SECTION		Mediat Sello		Decident #4's attending	ng physician nas	
					been notified of the ir	laccuracy with the
		~ Alegaio elibicai reco	ords on each		documentation regard administration of resi	dent #4'sColace and
The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.			Caleva medication. A	facility incident and		
			accident form has bee	on completed for this		
			incident.			
e	ccessible; and s	systematically organi	250.		Resident #14's attend	ling physician has
	,	James contain Suffi	nient		keen notified that the	facility starr rained
					to accurately transcri	be resident #14 s diet
t	The way acces	aweniz The Men ar.	are and		order correctly in the	medicai record.
5	services provide	d; the results of any	or the State:		Resident #14's diet has been reviewed and clarified and the dietary department	
preadmission screening conducted by an			has been made awar	of the current diet		
and progress notes.			order A facility inci	dent and accident		
onumer (Min), n. v. v.					form has been comp	leted for this incident.
	This Requireme	nt is not met as evid	lenced Dy:	1	(dantification of De	eficient Practices &
1	Based on staff i	nt is not thet as 500 nterview, facility doc	taff failed to		Corrective Action(	s):
Based on staff interview, facility about the facility staff failed to and clinical record review the facility staff failed to ensure a complete and accurate record for 2 of 27 Residents, Resident #4 and Resident #21.		ord for 2 of		All other residents I	nay have potentially	
			been affected. A 10	0% audit of resident the last 30 days will		
					be conducted by the	DON, ADON and/or
	The findings inc	sluded: For Residen	tine the		Unit Manager to ide	entity residents at itsk
					for incognizate medi	cation order
	medications Ge	Meria and College De	sident in bed		documentation and	inaccurate diet orders.
	administered di	ue to Hot in use. He ation was related to	restraint		All negative finding	applicable at time of
pod do se mente					diagovery and the a	ttending physiciali
Account of the Control of the Contro	usage.		4 14 4		notified of the incid	lent. A facility including
college pitch described.	Resident #4 w	ras admitted on 03/0	1/ 14.		& Accident form w	fill be completed for
	Diagnoses incl	uded but not limited	LU		each negative findi	ng.

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

hypertension, anxiety, depression, anorexia,

25T311

If continuation sheet Page 17 of 20



#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERO FOR MEDICARE & MEDICAID SERVICES

Finled: 04/14/2016 FORM APPROVED OMB NO: 0938-0391

STATEMENT OF SERVICES AND SERVICE OF SERVICES	(71) PROVIDER/SUPPLIER/GUA IDENTIFIC/TION RUMBER	(X2) MALTIPLE OCHST KUC I ICK ALBIRLOING	OSCIDATE MERVEY COMANIFORM
	22056	6 786	STATES &
MARK IN WILLIAM RIGHTSCHEE HER TACH IAL GAZEATE	A STATE OF THE STA	DERESS, DE L'ESTATE DE L'EN DE EN BOUT AVENUE WELL, VAI 24861	
<ol> <li>W. T. Schmidt and State Control of the Control of the</li></ol>	OGEMENT OF PERCENTES THE PRECEDENT SYTIC PROJECT R ENTRYING RECROWERS	[244.7] SMF	GOD SHOULD OF THE TOTAL OF THE

Tiki - obsilinise fioin page 17

is a tipation, gastroesophageat reducibles of and osteoperosis. The most recent comprehensive MDS (minimum data set) who and ARD (assessment reference data) of 12/01/15 coded the Resident as 3 cut of 15 in Section C cognitive patterns.

masider. Sine bibliost acondmiss to respect on 03/23/15. It contained a signed physician's order summary which read in part "Colace 100mg take 2 caps po (by mouth) daily at bedtime" and "Calerta 10mg po QHS (bedtime)".

Resident #4's IMAR's (medication administration record) for February and March were reviewed on 03/23/15. The MAR's contained entries which read in part "Colace 100mg take 2 caps po daily at bedtime" and "Celexa 10mg po QHS". The February MAR was marked on 02/22/16 and 02/27/16 with "N" for these medications. The March MAR was marked on 03/08/16 with "N" for these medications as well. The detail section of the MAR's contained notes made by the administering nurse (LPN #1) which read in part "11:43PM, 2/22/16 (Scheduled 9:00PM, 2/22/16; Gelexa 10mg PO at bedtime DX: Anxiety) Gelexa 10mg PO At Bedtime DX: Anxiety scheduled for 02/22/2016 9:00 PM. not in use Resident in bed." and "11:43PM, Colace 100mg take 2 caps po daily at be...scheduled for 02/22/2016 9:00PM. not in use resident in bed.". This was also the entry on the detail section of the MAR for 03/08/16.

The surveyor spoke with the administrator on 03/23/16 and asked what "N" stood for and the administrator stated it meant the medication had not been administered. The surveyor spoke with LPN (licensed practical nurse) #1 on 03/23/16 regarding the entries on Resident #4's MAR. LPN

Systemic Change(s):

The facility policy and procedure has been reviewed and no changes are warranted at this time. All licensed nursing staff will be inserviced by the DON or regional nurse consultant on the clinical documentation standards per facility policy and procedure. This training will include the standards for maintaining accurate medical records and clinical documentation to include accurate documentation of medical information in the medical record, the Physician Orders, the MAR's, TAR's, ADL records and accurate diet orders according to the acceptable professional standards and practices.

#### Monitoring:

The DON is responsible for maintaining compliance. The DON, ADON and/or designee will audit medical records, MAR's, TAR's, ADL records weekly coinciding with the care plan calendar to monitor for compliance. Any/all negative findings will be clarified and corrected at time of discovery and disciplinary action will be taken as needed. The results of this audit will be provided to the Quality Assurance Committee for analysis and recommendations for change in facility policy, procedure, and/or practice. Completion Date: 05-06-16

If continuation sheet Page 18 of 20

RECEIVED

VDH/OLC

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 04/14/2018 FORM APPROVED

DEPARTMENT OF HEALT	HAND HUMAN SERVICES	(SERVICES)		
CENTERS FOR MEDICAKE	O11: PROMUERWICH ENGLY		COLUMN TRUCTAGE	(X2) DATE BURVEY COMPLETED
	496+64	& Ash		Suffacts Cod
NAME OF TRANSPORTER OF SERVICE WEEK TO GET ON TO LEAVE TO SERVICE WEEK TO SERVICE TO SER		OOKERO CITY 1796 BEN BOLT AVE WELL VA 248	MLE 561	
(A1.4 ) UMBARY	STATEMENT OF DESCRIPTION OF THE COMMENT OF THE COME	87 275 (1) 276 (2)	AOCURA ANGLERA RATEN EM CERRENCE ESAGE EMPLOY CERRENEEM MANGE MONUMENTO MONUMENTO	SKEORK R
		,	A COMMAND OF STREET	, MAY AV AL SAMPAN & MATERIALS

This started that one had mediterrently intarked the and made the note when the was recording restraint usage to Resident v. She also stated that this had hoppened tisfore and she had corrected if the must have rol noticed thase entries

The Conscount of the last autobe 1990 of 188 brought to the attention of the administrative sraft during a meeting on 03/23/16 et approximately

No further information was provided prior to exit. #2. The facility staff failed to obtain a physician s order to change Resident #14 's diet from a clear liquid diet to a regular diet. Resident #14 was admitted to the facility on 11/3/15 with the following diagnoses of, but not limited to, end stage breast cancer with metastasis of the cancer to the bone, high blood pressure, seizures, chronic pain and Stage IV pressure area. The resident was coded on the quarterly MDS (Minimum Data Set, an assessment tool) with an ARD (Assessment Reference Date) of 2/8/16, which coded the resident as having a BliviS (Brief Interview of idental Status) of 11 out of a possible score of 15. Resident #14 was also coded as requiring extensive assistance by 2 or more staff members for dressing, toileting and personal hygiene. The chart of Resident #14 was reviewed by the surveyor on 3/23/16 and it was noted that a clear liquid diet was ordered on 2/5/16 and timed for 2415 (12:15 am) with a verbal telephone order that had been written that stated, "clear liquid diet d/t (due to) abd (abdominal) distension and constipation per ... (name of physician on call) ... In the dietary computer system that was reviewed by the surveyor and the Unit Manager for Unit 3, it was noted that the following order was changed

APR 2 F 2005

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

for this resident on 2/5/45 at 1:00 am. Further this stigation with the Unit 3 manager and distance vealed Resident #14 was always given a regular diet and not a clear liquid diet as indicated

The administrator, director of nursing and corporate nurse were notified of the above documented findings on 3/23/16 at approximately

No further information was given to the surveyor

4:15 in the end of the day conference.

prior to the exit conference on 3/24/16

in the clinical record.

Primed: 04/14/2016 FORM APPROVED: OMB NO. 0938-0391

CENTERS FOR MEDICARE & MICLIOCAID SERVICES  WE SHARE & DEPOSITIONS  WE SHARE & DEPOSITIONS  WE PROVIDER/SUPPLIER/CLIP				(XS) DATE SURVEY		
STATEMENT OF DEPOSENCIES AND FEMALE CONTRECTION	IDE ALEICATION EQ	HRER	A, EQUICING A, EQUICING		COMPLETED	
	.98162		a which	y alo y day y y hal y a year on the person of the person of the comprehensive y on on a physical data of the tr	03/2-/2018	
(A)(4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	May 2 of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21 8E	PESS OTY ST. PEGGIT AVE			
CV 1 SUMMARY STATEMENT OF PERICIENCIES  THE CONTROL OF CHARCEST AS PROGRESS AS FOR RECORD AND AND ADDRESS AS FOR THE CONTROL OF T		EFA REFA WG	PSC VIDER'S PLAN OF COR (E) OH COPPED INF ACTION (C) POWEFERENCED TO THE C OEFICIENCY:	SHOULD BUT TO A FEET TO SHOULD BUT TO SHOULD		
2/5/16 at 1:00 am 5 Regular 1 The Un meant that the dea ordered earlier on 2	age 15 stem dated and une which stated under of it 3 manager stated in liquid diet that had 2/6/16 at 12:15 am h inputer system to a re	rder lett 1 that this been ad been	F 514	Angue and a 100 to 500		

RECEIVED