

a Consulate Health Care Center

March 23, 2016

Paul Wade, LTC Supervisor Virginia Department of Health Office of Licensure and Certification 9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485

Dear Mr. Wade:

Please accept the attached plan of correction for the deficiencies received during the unannounced Medicare/Medicaid standard survey ending 3/9/16, at Kings Daughters Community Health & Rehab.

If you have any questions please contact me at (540) 886-6233.

Sincerely,

Brian Reinmann, LNHA Executive Director

Enclosures



State of Virginia

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		A		A. BUILDING	<b>.</b>			
		495344		B. WING		03/0	03/09/2016	
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	TATE, ZIP CODE			
KINGS D	AUGHTERS COMMUI	NITY HEALTH & REHA		TH AUGUST. I, VA 24401				
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F 001	An unannounced by Inspection survey wo 3/9/16. The facility the Virginia Rules as Licensure of Nursing were investigated of The census in this time of the survey. of 19 current Reside through 19) and 3 control (Residents 20 through 19) and 3 cont	117 bed facility was 1 The survey sample of lent reviews (Resider closed record reviews ugh 22).  It of compliance with the sure requirements:  met as evidenced by ROCEDURES  In the survey of the facility es and procedures for led to implement polities are screening by failing background checks pour of 25 employees (100 p.m., the BOC (bus was interviewed with the employee criminal bus employees (100 p.m., the BOC (bus was interviewed with employee criminal bus employee criminal bus employees (100 p.m.)	re 6 through nce with ne plaints  107 at the consisted nts 1 s  the	F 001	The statements made in of correction are not an and do not constitute as with the alleged deficie herein.  To remain in complian state and federal regula center has taken or will actions set forth in this Correction. In addition following plan constitute center's allegation of call alleged deficiencies or will be corrected by indicated  F 001  1. Criminal background completed. 2. All employees have the to be affected. A review employee files has been of for criminal background of an action of the Education of the Executive Director we potential employee files accompletion of criminal background.  The Executive Director we potential employee files accompletion of criminal background of the Executive Director we potential employee files accompletion of criminal background.	ce with all tions, the take the Plan of the tes the compliance. It is have been the dates the dates the completed hecks. It is nator has executive occedure for employees the check. It is nator has executive occedure for employees the check. It is not the date if the completed hecks. It is not the check occedure for employees the check. It is not the check occedure for employees the check.	MAR 24 20%	

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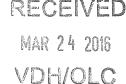
State of Virginia (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING \_ B. WING 03/09/2016 495344 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1410 NORTH AUGUSTA STREET KINGS DAUGHTERS COMMUNITY HEALTH & REHA STAUNTON, VA 24401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 001 Continued From Page 1 F 001 4. Results of this audit will be reviewed monthly at the Quality The BOC was asked to provide verification of criminal background checks through the Virginia Assurance Committee for review State Police for, four of 25 employee records and discussion. Once the committee reviewed (employee # 4, 15, 16, and 17). The determines the problem no longer BOC voiced that she would have to look for exists, audits will be conducted on a information regarding these employees and random basis. voiced that she knew she had completed them, 5. April 11, 2016 but did not have that information in their employee record. A policy was requested on screening potential employees prior to employment, for possible abuse/neglect at this time. The facility's policy on screening employees (Background Checks) was presented and reviewed. The policy documented: "...conduct background checks to include criminal background checks...Please refer to your state specific requirements...Each facility will maintain a copy of and comply with, their respective state law requiring criminal background checks...criminal background inquiries shall be maintained in a secure file..keep secured files, titled, "Background Checks"... State and/or Federal criminal services. defined by individual state guidelines...Under no circumstances is a job candidate to begin work until the candidate's background check is completed and a positive report is received, unless state requirements allows a mechanism to begin employment prior to receipt of background check (Please refer to your state specific requirements)..." The administrator, DON (director of nursing) and nurse consultant were made aware in a meeting with the survey team on 03/09/16 at approximately 3:00 p.m.

STATE FORM

021199

U4D211

If continuation sheet 2 of 3



State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)			X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495344		B. WING	TATE, ZIP CODE	03/0	9/2016	
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F 001	Continued From Page 2			F 001				
	information and/or criminal backgroun employees.  No further informat	rovide any additional documentation regard checks for the about tion or documentation the exit conference on	rding ove listed n was					
	Cross Reference to				12 VAC 5-371-250 (A), 278, completion date 4			
	Cross Reference to 12 VAC 5-371-210				12 VAC 5-371-210 (A)(3 280, completion date 4	• •		
	Cross Reference to 12 VAC 5-371-200	_			12 VAC 5-371-200 (B)(2 F-281, completion date			
	Cross Reference to 12 VAC 5-371-220				12 VAC 5-371-220 (A)/ 309, completion date 4	• • • • • • • • • • • • • • • • • • • •		
	Cross Reference to 12 VAC 5-371-220	) (A)			12 VAC 5-371-220 (A), 323, completion date			
	Cross Reference t 12 VAC 5-371- 300 Cross Reference t	0 (A)/(B)			12 VAC 5-371-300 (A)/ 431, completion date	• •		
	12 VAC 5-371-310				12 VAC 5-371-310 (A),			
	Cross Reference t				502, completion date	4/11/16.	THE COLUMN TWO IS NOT	
	Cross Reference to F-Tag 514 12 VAC 5-371-360 (E)				12 VAC 5-371-310 (A), 504, completion date			
					12 VAC 5-371-360 (E), 514, completion date			
STATE FOR	<u> </u> RM		021199		U4D211	If contin	uation sheet 3 of 3	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495344	B. WING		03	03/09/2016	
	ROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, 1410 NORTH AUGUSTA STREE STAUNTON, VA 24401	ZIP CODE		
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F 278 SS=D	survey was conducted Corrections are requirements. The survey/report will for investigated during. The census in this 107 at the time of the consisted of 19 currection (Residents 1 through reviews (Residents 483.20(g) - (j) ASSI ACCURACY/COOF. The assessment more resident's status.  A registered nurse reach assessment with participation of heal assessment is common Each individual who assessment must state that portion of the analysis willfully and knowing false statement in a subject to a civil more \$1,000 for each assessment willfully and knowing the statement in a subject to a civil more \$1,000 for each assembled willfully and knowing the statement in a subject to a civil more \$1,000 for each assembled willfully and knowing the statement in a subject to a civil more \$1,000 for each assembled willfully and knowing the statement in a subject to a civil more \$1,000 for each assembled will subject to a civil more \$1,000 for each asse	Medicare/Medicaid standard ted 03/8/16 through 03/9/16. uired for compliance with 42 tral Long Term Care Life Safety Code Illow. No complaints were the survey.  117 certified bed facility was ne survey. The survey sample rent Resident reviews gh 19) and 3 closed record 20 through 22). ESSMENT RDINATION/CERTIFIED ust accurately reflect the must conduct or coordinate with the appropriate Ith professionals.  must sign and certify that the pleted.  In completes a portion of the sign and certify the accuracy of	F 0	of correction are not and do not constitute with the alleged definerein.  To remain in complistate and federal regulations set forth in the Correction. In additional following plan conscenter's allegation of the correction of the conter's allegation of the correction of the correct	t an admission e agreement iciencies  iance with all gulations, the will take the his Plan of tion, the titutes the of compliance. cies have been by the dates  ceived a dmission l/15 regarding atments, trams." ved a gnificant regarding atments, trams." ved a gnificant regarding atments, trams."	MAR 2 4 206	
ABORATORY		ER/SUPPLIER REPRESENTATIVE'S SIGN	NATIER	TITLE		(X6) DATE	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495344	B. WING			03/09/2016	
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
KINGS D	AUGHTERS COMMU	NITY HEALTH & REHAB			410 NORTH AUGUSTA STREET STAUNTON, VA 24401		
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F 278	penalty of not more assessment.  Clinical disagreeme material and false is a serial and predict and pred	ent is subject to a civil money than \$5,000 for each than \$5,000 for each ent does not constitute a statement.  NT is not met as evidenced erview, and clinical record staff failed to ensure annimum data set) for two of 22 to #8 and Resident #9.  If to ensure Resident #8's monia vaccination status were two MDS assessments.  If to ensure Resident #9's ation status was coded ficant change MDS, dated  If to ensure Resident #8's monia vaccination status were two MDS assessments.  If to ensure Resident #8's monia vaccination status were two MDS assessments.  If to ensure Resident #8's monia vaccination status were two MDS assessments.  If to ensure Resident #8's monia vaccination status were two MDS assessments.	F 2	278	will be conducted by the Minima Data Set Coordinator/designee of MDSs completed within the last ninety (90) days. This review wi include that the MDS is coded accurately for section O "special treatments, procedures, and programs."  3. In-servicing has been provide the Minimum Data Set Coordinators/designee by the regional case mix coordinator (RCMC)/designee on accurate of the MDS for section O accord to the RAI manual. Random we review of the MDS by the MDSC/designee for five (5) resigner week for three (3) months who be completed to ensure that the MDS is accurately coded for section O "special treatments, procedure and programs."  4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly three (3) months. The committed will recommend provisions to the plan as indicated to sustain substantial compliance.	um of  II  ed to  oding ing ekly dents vill e tion res,	
		ull MDS was an admission 08/14/15, which assessed the			5. April 11, 2016		

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Event ID: OQTS11

Facility ID: VA0077

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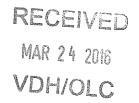
<b>495344</b> B. WING	03/09/2016
NAME OF PROVIDER OR SUPPLIER  KINGS DAUGHTERS COMMUNITY HEALTH & REHAB  STREET ADDRESS, CITY 1410 NORTH AUGUST STAUNTON, VA 244	Y, STATE, ZIP CODE TA STREET
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETION DATE
F 278  Continued From page 2 resident with a cognitive score of 11, indicating the resident had moderate impairment in daily decision making skills. This MDS also coded that the resident had not received the influenza or pneumonia vaccine and additionally documented that neither had been offered to the resident by the facility.  The most recent quarterly MDS assessment dated 02/14/16 was reviewed for comparison. This MDS assessed the resident as having a cognitive score of 6, indicating severe impairment in daily decision making skills and again coded the resident as not having the influenza or pneumonia vaccine and neither were offered to the resident by the facility.  During clinical record review on 03/08/16, Resident # 8's diagnoses included, pneumonia. The resident's immunization record was reviewed for the flu and pneumonia vaccine and all areas were blank.  On 03/09/16 at approximately 8:30 a.m., MDSC (minimum data set coordinator) # 1 was asked for assistance as to why the vaccine was not offered to the resident. MDSC # 1 voiced that she got her information from the immunization record in the chart and since it was blank and the consent wasn't filled out, she could not tell whether he (the resident) wanted it or not. The MDSC # 1 then voiced that she had notified the ADON (assistant director of nursing) on 02/24/16 and as far as the previous MDS, she did not complete that one. The MDSC # 1 was asked what the process is if there is no information in the immunization record. The MDSC # 1 voiced the process is to notify nursing that the form was blank.	

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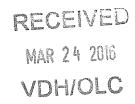
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495344	B. WING			03/09/2016	
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		1	STREET ADDRESS, CITY, STATE, ZIP CODE		
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F 278	nurse consultant we with the survey tear. The policy was pres "Record immunization recordRecordCorrespond medical record, the administration record and TB log  No further information provided prior to the at 4:00 p.m.  2. The facility failed pneumonia vaccina correctly on a signification of the at 4:00 p.m.  Resident # 9 was a 03/22/10, with the mod/24/15. Diagnose but were not limited insufficiency, arthritipain.  The most current furchange assessment assessed the reside indicating the resided aily decision making the resided aily decision ma	DON (director of nursing) and are made aware in a meeting m on 03/09/16 at 10:20 a.m.  sented and documented: ations and vaccination of ation on the TB screening and d and file in the medical ling documentation in the MAR (medication rd), and the immunization.  If to ensure Resident # 9's ation status was coded ficant change MDS, dated dmitted to the facility on most current readmission on the series of resident # 9 included, and the immunication on the series of the series	F 2	278			
	coded that the resid	dent had not received the					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		495344	B. WING_		03/09/2016	
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401		
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F 278	pneumonia vaccine that it had not been The most recent quereviewed for compathe resident as havindicating severe immaking skills and concent and concent and concent and documented the On 03/08/16 at app (minimum data set assistance in clarificassessments for the # 2 voiced that the incompation of the concentration of the properties of the concentration of the conc	e and additionally documented offered by the facility.  Parterly dated 02/07/16 was arison. This MDS assesseding a cognitive score of 2, apairment in daily decision oded the resident's being up to date in section DS.  The dreview on 03/08/16 assessments were reviewed a above.  Toximately 3:10 p.m., MDSC coordinator) # 2 was asked for cation between the two MDS appearance on 02/13/11 and that this	F 2	78		
	nurse consultant we with the survey tear.  No further informati provided prior to the at 4:00 p.m.  483.20(d)(3), 483.1 PARTICIPATE PLA.  The resident has th incompetent or othe incapacitated under	e right, unless adjudged erwise found to be the laws of the State, to ng care and treatment or	F 2	<ul> <li>F280</li> <li>1. For Resident #16, the care play</li> <li>was revised regarding wandering</li> <li>2. Residents currently residing in facility have the potential to be affected. The DCS/designee will</li> </ul>	g. n the	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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F 280	A comprehensive of within 7 days after to comprehensive assinterdisciplinary tea physician, a registe for the resident, and disciplines as deter and, to the extent p the resident, the resident representative	ge 5  are plan must be developed he completion of the essment; prepared by an m, that includes the attending red nurse with responsibility d other appropriate staff in mined by the resident's needs, racticable, the participation of sident's family or the resident's r; and periodically reviewed am of qualified persons after	F 2	280	review care plans for residents currently residing in the center thave experienced wandering wit the last thirty (30) days to ensur that the care plan has been revis regarding wandering.  3. In servicing has been provided the interdisciplinary team by the DCS/designee on the proper met of updating and revising the plan care to reflect the interventions wandering residents. Random weekly review will be conducted the DCS/designee for five (5) residents per week for three (3) months to ensure that the care p	hin e ed d to hod of for by	
	by: Based on staff intereview, the facility staff comprehensidents in the sum. The facility staff fails CCP for Resident #wandering. Findings include: Resident# 16 was a 01/03/11. Diagnose but were not limited depression, bradyca disorder, dementia. The most current M dated 02/09/16 asset	DS, a quarterly assessment essed the resident as having a			has been revised for wandering.  4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly three (3) months. The committe will recommend provisions to the plan as indicated to sustain substantial compliance.  5. April 11, 2016  RECEIVED  MAR 24 2016	or e	
		0, indicating the resident had			VDH/OLC		

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AND PLAN OF CORRECTION  (X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		(X3) DATE SURVEY COMPLETED		
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skills.  During clinical record resident's most curre sheet) was reviewed but not limited to: " check placement everisk"  A nursing note dated the resident was atte loading area, with ala It was further docume record that the reside wandering, with atter several occasions.  Resident # 16 was old 3:00 p.m. on 03/08/1 sitting in her w/c (who observed with a wand and was speaking to resident voiced that is and that the last time 'jerked her off like and voiced that it made her the unit manager was approximately 8:50 and voiced that the resident facility and that the resident it made her on the elevator and and the resident's CCP (who observed with a wand and was speaking to resident voiced that it made her the unit manager was approximately 8:50 and voiced that the resident facility and that the resident star and the resident's CCP (who observed with a wand and was speaking to resident voiced that it made her the unit manager was approximately 8:50 and voiced that the resident's CCP (who observed with a wand and was speaking to resident voiced that it made her the unit manager was approximately 8:50 and voiced that the resident's CCP (who observed with a wand and was speaking to resident voiced that it made her the unit manager was approximately 8:50 and voiced that the resident voiced that the re	I review on 03/09/16, the ent POS (physician's order and included an order for, awanderguard on at all times ery shift due to elopement  12/21/15 documented that ampting to leave via the arm sounding.  ented through out the clinical ent had a history of an amption of the elchair). The resident was derguard on her right wrist the unit manager. The she wanted to go downstairs a she went someone (staff) animal', the resident further er feel awful.  as interviewed on 03/09/16 at a.m. The unit manager ent wanders around the esident's daughter works esident is always trying to get attempting to leave.  (comprehensive care plan) and documented: "poor		280			

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F 280	regarding the reside leave via elevator o resident's daughter address intervention	oment-wonder (sic)	F 2	280			
F 281 SS=D	The administrator, I the nurse consultar meeting with the su approximately 3:00 interventions in place the wanderguard) for No further informati presented prior to the 03/09/16 at 4:00 p.r.	on or documentation was ne exit conference on n. VICES PROVIDED MEET	F 2	281	F281		
	The services provide must meet profession.  This REQUIREMENT by: Based on staff intereview, the facility services professional standaresidents, Resident.  The SSI (sliding scall #13 contained confidence in the scall facility in the scall faci	led or arranged by the facility onal standards of quality.  IT is not met as evidenced rview and clinical record taff failed to follow rds of nursing for one of 22			<ol> <li>For resident #13 there were no adverse effects to residents identified related to the medicatic variance. The physician was notif and sliding scale insulin (SSI) orde was clarified.</li> <li>Residents currently residing in facility that are receiving insulin have the potential to be affected. review of current residents receiv SSI has been conducted to ensure SSI is being administered per</li> </ol>	on ied r the A ring	

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	495344	B. WING	B. WING		03/09/2016	
NAME OF PROVIDER OR SUPPLIER KINGS DAUGHTERS COMMUN	IITY HEALTH & REHAB		14	REET ADDRESS, CITY, STATE, ZIP CODE 110 NORTH AUGUSTA STREET TAUNTON, VA 24401		
PREFIX (EACH DEFICIENCY)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
facility on 04/18/2018 but were not limited mellitus, dementia, 0 disease), PVD (perip depression and fibul.  The most recent MD quarterly assessmer reference date) of 12 assessed as having of "06", indicating se cognitive status.  The clinical record wat approximately 3:0 order sheet) was revorders for SSI (slidin three times per day parameters. The orders FLEX PEN PREF [pi UNITS/1 ML INSULI DAILY- FOR BLOOD 200-249 3 UNITS, 2 UNITS, 2 [greater the Parameters for blood were conflicted regals SSI Resident #13 wat MARs (medication a reviewed from Nove 03/08/2016. The Dechanged to reflect a	neter orders.  nost recently readmitted to the 5. Her diagnoses included, to: Pelvic fracture, diabetes CAD (coronary artery pheral vascular disease), ia fracture.  OS (minimum data set) was a not with an ARD (assessment 2/2/2015. Resident #13 was a cognitive summary score evere impairment with her  was reviewed on 03/08/2016 to p.m. The POS (physician viewed. Resident #13 had and scale insulin) to be given based on blood sugar ders were: "NOVOLOG refilled] SYR [syringe] 100 to PEN THREE TIMES DISUGAR 150-199 2 UNITS, 250-399 4 UNITS, 300-349 5 and 349 6 UNITS"  disugars from 300 to 399 arding the number of units of	F 2	81	physician's order. Additionally, medication observations will be conducted by the DCS/designee ficurrently employed licensed nurses.  3. In-servicing will be provided to the licensed nurses by the DCS/designee regarding the six (6 rights of medication administration including administering medication following physician orders and to ensure that all orders are being written, transcribed, and followe correctly. Random weekly observations of medication administration will be conducted the DCS/designee for three (3) licensed nurses per week for three (3) months to ensure that the six rights of medication administration administration administration are followed including administe medications following physician orders and to ensure that all orders are being written, transcribed, and followed correctly.  4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly for three (3) months. The committed will recommend provisions to the plan as indicated to sustain substantial compliance.  5. April 11, 2016	es.  b)  con  cons  d  by  ee  (6)  on  ring  ers  nd	

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Facility ID: VA0077

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	D DI AN DE CODDECTION I IDENTIFICATION NI IMPEDI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED				
		495344	B. WING	B. WING		03/	03/09/2016	
	PROVIDER OR SUPPLIER AUGHTERS COMMU	NITY HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401		00/2010	
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 281	300-349 5 UNITS, MARS reviewed coparameters.  In November 2015 were recorded in the 49 times, January February 2016 24 to times. SSI insuling parameters listed on The ADON (assistation interviewed on 03/0 p.m. regarding the looked back throug stated, "I need to comay have made an asked if the nurse's clarification for the should have been con 03/08/2016 at a (licensed practical in medication cart out LPN #2 was asked #13's blood sugar. LPN #2 was asked give Resident #13 in been 320. She look would give her 5 ungive 5 units." LPN entire SSI order. Sand stated, "Oh, I so That should probable on 03/09/2016 at a ADON spoke with to orders. She stated	>349 6 UNITS" All other ntained the conflicting  Resident #13's blood sugars e range of 300 -399 a total of 2016 a total of 27 times, imes and March 2016 three dosages varied between the n the POS.  Int director of nursing) was 18/2016 at approximately 3:45 conflicting SSI orders. She h the clinical record and neck on that, I think pharmacy mistake." The ADON was a should have gotten order. She stated, "Yes, that		28^				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		SURVEY PLETED
		495344	B. WING			03/0	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 281	information on 03/0 a.m. during a morni asked if the conflict been questioned by SSI and the nurses stated "Yes." The E responsibility it was accurate. He stated manager."  According to Potter Nursing, 6th Edition physician orders: " for directing medica obligated to follow p believe the the orde clients. Therefore a and if one is found t further clarification f necessary. On pag Medications: "The r responsibility for me prescriber and phar right medication get the nurse administe accountable for kno prescribed, their the effects, and the med implications" Con regarding medicatio accuracy and comp computer printout w medication order. O medication name ar	of nursing) and the notified of the above 9/2016 at approximately 10:30 ng meeting. The DON was ing parameters should have the nurses administering the checking the orders. He DON was asked who's to ensure the orders were d, "It comes down to the unit and Perry, Fundamentals of Page 419 regarding he physician is responsible altreatment. Nurses are obysicians' orders unless they are are in error or would harm all orders must be assessed, to be erroneous or harmful, from the physician is e 837 under Administering nurse does not have sole edication administration. The macist also help ensure the sto the right client. However, ring medications is wing which medications are erapeutic and nontherapeutic dications' associated nursing thinuing on Page 852 on administration, "Check leteness of each MAR or with prescriber's written Check client's name, and dose, route of for administration and	F 2	281			

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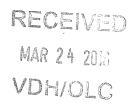
	OF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		E SURVEY PLETED
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER	NITY HEALTH & REHAB		14	TREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH AUGUSTA STREET TAUNTON, VA 24401		50/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPORTION OF T	BE	(X5) COMPLETION DATE
F 281	No further informati	ion was received prior to the	F2	281			
F 309 SS=D	Practice, 6th Editior 2001. 483.25 PROVIDE C HIGHEST WELL BI		F3	309	F309		
	provide the necessa or maintain the high mental, and psycho	receive and the facility must ary care and services to attain nest practicable physical, social well-being, in a comprehensive assessment			1. For resident #2, physician ordowas obtained to use abduction wedge PRN per resident request new wheelchair cushion has bee ordered to improve resident's comfort and safety.  For resident #2 there were no	. A	
	by: Based on observat record review, and the facility staff faile	NT is not met as evidenced cion, staff interview, clinical medication pass observation, ed follow physician's orders for s, Resident # 2 in the survey			adverse effects related to the medication variance. A physicial order was received to change medication to Calcium Citrate will Vitamin D. Resident #2 is current receiving Calcium Citrate with Vitamin D	ith	
-	abduction wedge pi 1B.) Resident #2 d	id not have physician ordered llow when up in wheelchair. id not receive the correct nedication pass observation.			<ol> <li>Residents currently residing in the facility have the potential to affected. The following reviews be conducted: a) a review will be completed for current residents</li> </ol>	be will	
	Findings include:  1A. Resident #2 wa	as admitted to the facility on			physician orders within the past thirty (30) days to ensure abduct		

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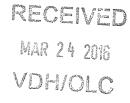
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		E SURVEY PLETED
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	INITY HEALTH & REHAB		14	TREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH AUGUSTA STREET TAUNTON, VA 24401		3.444.
(X4) 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 SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 309	to: Hypertension, a weakness, and dep The most recent M annual assessmen reference date) of assessed as being cognitive score of Resident #2's clinic 3/8/16. Resident # set was reviewed a documented: "2/0 TO BE PLACED B WHEELCHAIR AN On 3/9/16 at 9:05 a Resident #2 sitting #2's room. Reside buttocks at the fror stretched out with f Resident #2's back and without the phypillow.  At this time, this sunurse to observe R nurse (identified as #1) was asked abowedge, after lookin verbalized that she abduction wedge woon 3/9/16 at 9:15 a certified nursing as interviewed concer #1 verbalized Resident Resident Resident Resident #2's back and without the phypillow.	noses including, but not limited anemia, arthritis, muscle pression.  IDS (minimum data set) was a at with an ARD (assessment 12/23/15. Resident #2 was cognitively intact with a total 11 out of 15.  Cal record was reviewed on 22's current physician's order and the following order was 108/16: ABDUCTION WEDGE ETWEEN KNEES WHILE IN D IN BED EVERY SHIFT"  A.m. this surveyor observed in a wheelchair in Resident in #2 was positioned with the at edge of the wheelchair, legs feet on floor, a pillow behind a (in a diagonal like position), ysician ordered abduction  Inveyor asked Resident #2's desident #2. Resident #2's alicense practical nurse, LPN but Resident #2's abduction ag around the room, LPN #1 was not sure where the	F3	809	wedges are in place per physicial order. b) a review will be completed for current residents with physicial orders for calcium within the pathirty (30) days to ensure calcium being administered per physicial order.  Additionally, medication observations will be conducted the DCS/designee for currently employed licensed nurses.  3. In-servicing will be provided a following: a) the DCS/designee will provide in servicing to the license nurses regarding residents with physician orders for abduction wedge to ensure the wedge is in place per physician orders. b) the DCS/designee will provide in servicing to the licensed nurses regarding the six (6) rights of medication administration included administering medications per physician's order.  Random weekly observations of medication administration will be conducted by the DCS/designee three (3) licensed nurses per we for three (3) licensed nurses per we for three (3) months to ensure the six (6) rights of medication administration are followed including administering medicat following physician orders	eted cian st m is n by as will sed e ding	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER AUGHTERS COMMU	NITY HEALTH & REHAB		14	REET ADDRESS, CITY, STATE, ZIP CODE 110 NORTH AUGUSTA STREET TAUNTON, VA 24401	1	00/110
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 309	Resident #2 needed Immediately following The unit manager ( this surveyor went to the RN #1 proceeded and bathroom and abduction wedge. It is resident #2 had rewite the resident #2's physicagain and did not every order of the abduction. On 3/9/16 at 9:25 at (other staff, OS #1) above finding. Os wedges are used for resident and to help out of a wheelchair evidence that a receit therapy to disconting abduction wedge, but of evaluation for a recushion for comfort. On 3/9/16 at 10:30 brought to the attent director of nursing.	ng the interview with CNA #1, Registered Nurse, RN #1) and back into Resident #2's room. To look in Resident #2's closet was unable to locate the RN #1 verbalized that cently been fitted with a new hion and was possible that the ad been discontinued. Clain orders were reviewed vidence any discontinuation for wedge.  Important the therapy manager was interview concerning the #1 verbalized that abduction for proper positioning of a backep a Resident from sliding OS #1 was not able to find formmendation was made by the Resident #2's but did provide documentation new wheelchair to include a	F3	809	4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly three (3) months. The committe will recommend provisions to the plan as indicated to sustain substantial compliance.  5. April 11, 2016	for ee	

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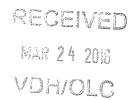
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495344	B. WING		***************************************	03/	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		14	TREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH AUGUSTA STREET TAUNTON, VA 24401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	Continued From pa	ge 14	F	309			
		is not administered the correct um during the medication pass on.					
	conducted in the far practical nurse) # 1 LPN # 2 was prepa administered to Res recorded the medic pharmacy label on a bottle of medication drawer and stated " The bottle of medic medication, was lab	sident # 2, this surveyor ations to be given from the the medications. LPN # 2 got on from the medication cart 'She gets one of these too." ation, a "house stock" beled as "Calcium Citrate and o." The medications were then					
	reviewed for recond administered. The summary) included 9/2/15 for "Calcium mouth every day."	.m. the clinical record was biliation of the medications current POS (physician order an order carried forward from Citrate 1 GM (gram): 1 by An order for the calcium D3 as administered to the e to be located.					
	2 about the order. I calcium that had be "Oh, I don't know; the The directions on the were a serving, and was listed as 500 IL time, the DON (dire walking up the hallow).	"16, this surveyor asked LPN # LPN # 2 retrieved the bottle of the administered and stated his is what she's been getting." he bottle directed that 2 tablets I the calcium citrate amount J (international units). At this ctor of nursing), who was way toward this surveyor and asked if there was a problem. the order and the					

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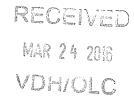
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′		E CONSTRUCTION		SURVEY PLETED
		495344	B. WING			03/0	9/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		14	REET ADDRESS, CITY, STATE, ZIP CODE 110 NORTH AUGUSTA STREET TAUNTON, VA 24401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	administration was surveyor asked if it equivalent to 1 grar stated "I don't know and find out." This citrate, as ordered, DON stated he wou also determine the resident had been resident had been resident had attempthe DON stated "I the wrong medication. error."  On 3/9/16 at 8:45 a nurses' station whe He had a bottle of restated "This was in [Resident # 2] shou DON then showed to The bottle was labe Serving size: 4 table.  The administrator, I clinical services we	shared the DON. This was known if 500 IU's were n of the calcium. The DON if, we can call the pharmacy surveyor also asked if calcium also included vitamin D3. The old explore the medication, and amount of calcium the eceiving. After looking over le, reviewing the order as ting to convert IU's to grams, nink she's been getting the You caught us in a med  .m. the DON came to the re this surveyor was waiting, nedication in his hand and the stock room. This is what Id have been getting." The the bottle to this surveyor. led as "Calcium Citrate 1 GM.	F3	309			
	No further informati exit conference. 483.25(h) FREE OF HAZARDS/SUPER		F3	323	F323		
	environment remain as is possible; and	sure that the resident as as free of accident hazards each resident receives and assistance devices to		лан основа на на велова постава на на положена на постава на постава на постава на постава на постава на поста	1. For Resident #16, a physician's order was received to discontinu the use of non-skid strips, due to	e	

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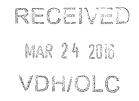
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		LE CONSTRUCTION  G		E SURVEY PLETED
		495344	B. WING	;		03/	09/2016
NAME OF I	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00,	00,20,0
KINGS D	AUGHTERS COMMU	NITY HEALTH & REHAB		ı	1410 NORTH AUGUSTA STREET STAUNTON, VA 24401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  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 323	This REQUIREMENT by: Based on staff interveiw, the facility sinterventions were in the survey sample. The facility staff fail ordered non-skid staff 16. Findings include: Resident# 16 was a 01/03/11. Diagnose but were not limited depression, bradyca disorder, dementia. The most current Mated 02/09/16 ass cognitive score of 1 moderate impairmes skills. During clinical recorresident's most currested was reviewe	rview and clinical record staff failed to ensure safety in place for one of 22 residents ie, Resident # 16.  ed to ensure physician rips were in place for Resident # 16 included, it is muscle weakness, ardia, chronic pain, anxiety and recurrent falls.  IDS, a quarterly assessment essed the resident as having a 0, indicating the resident had ent in daily decision making and review on 03/09/16, the rent POS (physician's order d and included an order for,Non-skid strips at right side	F	323	other safety measure being in pland appropriate.  2. Residents currently residing in facility have the potential to be affected. A review will be conducted by the DCS/designee for resident that have physician orders for not skid strips to ensure the order for the use of non-skid strips is appropriate.  3. In-servicing will be provided to the nursing staff by the DCS/designee on the proper use non-skid strips, and on following physician's orders related to the of non-skid strips.  Additionally, the DCS/designee we review five (5) residents weekly for three (3) months to ensure that physician orders for non-skid strips are being followed.  4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly for three (3) months. The committe will recommend provisions to the plan as indicated to sustain substantial compliance.  5. April 11, 2016	the  cted  cts  on  r  o  of  use  vill  for  ps	
	was then reviewed	(comprehensive care plan) and documented: ent to wear visual aides as					

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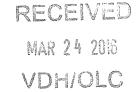
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(3) DATE SURVEY COMPLETED	
		495344	B. WING_		03/	/09/2016	
	PROVIDER OR SUPPLIER AUGHTERS COMMU	NITY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 431 SS=D	appropriateensure appropriate footwear mobilizing in w/c (w floor bedside"  At approximately 2: # 16's room was obwere observed on the floor.  At 2:05 p.m., the Micoordinator) # 2 was 16's room/floor. MI went to the resident MDSC # 2 voiced the strips on either side floor, as ordered by The administrator, If the nurse consultar meeting with the suapproximately 3:00  No further information presented prior to the 103/09/16 at 4:00 p.r. 483.60(b), (d), (e) ELABEL/STORE DR  The facility must emalicensed pharmacof records of receip controlled drugs in accurate reconciliate records are in order	e that the resident is wearing ar when ambulating or wheelchair)non skid strips to the look of the look. No non-skid strips the either side of the bed on the look at Resident # DSC (minimum data set as asked to look at Resident # DSC # 2 and this surveyor the there were no non-skid the of Resident # 16's bed on the with the physician.  DON (director of nursing) and the were made aware of a lirvey team on 03/09/16 at p.m.  ion or documentation was the exit conference on m.	F 3:		vas g in		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		14	TREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH AUGUSTA STREET TAUNTON, VA 24401		
(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 SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	DBE	(X5) COMPLETION DATE
F 431	labeled in accordar professional princip appropriate access instructions, and the applicable.  In accordance with facility must store a locked compartme controls, and permediate have access to the a	als used in the facility must be nee with currently accepted oles, and include the fory and cautionary expiration date when  State and Federal laws, the all drugs and biologicals in ints under proper temperature it only authorized personnel to keys.  To vide separately locked, do compartments for storage of ted in Schedule II of the ug Abuse Prevention and is and other drugs subject to in the facility uses single unit into systems in which the inhimmal and a missing dose can with the state of the control of the	F	131	conducted by the DCS to ensure opened bottles were not expire according to the manufacturer/supplier, and pharmacy guidelines.  3. In-servicing has been provide the DCS/Designee to Licensed Nurses regarding the shelf life of Ativan once it has been opened Random weekly audits will be conducted by the DCS/designed three (3) months ensure that nexpired liquid Ativan is available administration.  4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly three (3) months. The committed will recommend provisions to the plan as indicated to sustain substantial compliance.  5. April 11, 2016	ed, ed by of l. e for o e for	
	expired medication administration on ounit. The Eclipse L contained two bottl anti-anxiety medication on 3/9/16 at 9:00 a medication room o	ne facility staff failed to ensure is were not available for one of three units: the Eclipse unit medication refrigeratories of expired Lorazepam (an ation).  a.m. an inspection of the in the Eclipse unit was (registered nurse) # 2. During					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI	FIPLE CONSTRUCTION  NG		E SURVEY MPLETED
		495344	B. WING		03.	/09/2016
	PROVIDER OR SUPPLIER AUGHTERS COMMU	INITY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401		00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 431	medication refriger two boxes of Loraz the medication in e box was a handwri "10/20/15" and the "9/18/15." RN # 2 meant, and she state each bottle had be asked if she knew medication would box. RN # 2 was a recommended exp the package insert, she stated she did there was a policy medications kept ir referred me to the this surveyor was ledirector of clinical stoward the unit. The of the facility policy medications.  On 3/9/16 at 9:15 a facility policy to this Storage and Expirations.	dedications stored in the unit rator, it was noted to include repam 2 mg/ml with bottles of each box. On the top of each tten date. One date recorded other date was asked what the date en opened. RN # 2 was then what the expiration date of the pe, she stated she did not, but be the expiration date on the resked if she knew what the irration date was according to which was still in the box, and not. RN # 2 was then asked if for the storage and labeling of a the refrigerator, and she DON (director of nursing). As reaving the unit, the regional revices (DCS) was walking the DCS was asked for a copy for storage and labeling of the m. the DCS presented the surveyor. The policy, "5.3 ation of Medications,	F4	31		
	reviewed. The poli should ensure that 4.2 Have not been recommended by the guidelines; or biological package follow manufacture respect to expiration medications. Facilit	es and Needles" was then cy documented "4. Facility medications and biologicals: retained longer than he manufacturer or supplier . 5. Once any medication or is opened, Facility should r/supplier guidelines with n dates for opened ty staff should record the date dication container when the				

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Event ID: OQTS11

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER AUGHTERS COMMU	NITY HEALTH & REHAB		141	REET ADDRESS, CITY, STATE, ZIP CODE 0 NORTH AUGUSTA STREET AUNTON, VA 24401		
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 502 SS=D	opened." The pack instructed "Discard The administrator, clinical services we findings during a mat 10:30 a.m.  No further informate exit conference. 483.75(j)(1) ADMINTHE facility must preservices to meet the facility is responsible of the services.	hortened expiration date once kage insert for Lorazepam open bottle after 90 days."  DON, and regional director of the informed of the above eeting with facility staff 3/9/16 ion was provided prior to the	F 4		F502  1. For Resident #8, the physicial and responsible party was notifi of the HGBA1C not drawn in Aug 2015. There were no adverse af identified.  2. Residents currently residing in	ed gust fects	
	review, the facility sphysician ordered I for one of 22 resided.  The facility failed to Hgb (hemoglobin) Resident # 8.  Findings include:  Resident # 8 was on 12/26/14, with the on 08/07/15. Diagrincluded, but were	erview, and clinical record staff failed to ensure a aboratory test was completed ents, Resident # 8.  Densure a physician ordered A1C was completed for ensure a physician ordered for ensure a physician ensure a physician ordered for ensure a physician ensure a ph			center with lab orders have the potential to be affected. A revie has been conducted by the DCS/designee for residents residents residents residents that the center with lab orders in past thirty (30) days to ensure the labs have been obtained per physician orders.  3. In-servicing has been provided licensed nurses by the DCS/desident regarding obtaining labs per the physician's order.	ew ding the hat d to gnee	

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Event ID: OQTS11

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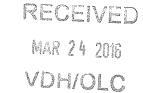
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		X3) DATE SURVEY COMPLETED	
		495344	B. WING			03/	09/2016	
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		14	TREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH AUGUSTA STREET TAUNTON, VA 24401		00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE	
F 504 SS=D	set) dated 02/14/16 assessed the reside of 6, indicating seve decision making ski  During clinical recor Resident # 8's curre sheet) was reviewe but not limited to: 'O metabolic panel), H completed annually months.  Resident # 8's labs 2015, November 20 HgbA1C could not be The administrator, I nurse consultant we with the survey tear and was asked for a above mentioned la  At approximately 9: consultant voiced the laboratory and that completed for Resid  No further informati provided prior to the at 4:00 p.m. 483.75(j)(2)(i) LAB 5 ORDERED BY PHY	arterly MDS (minimum data was reviewed. This MDS ent as having a cognitive score ere impairment in daily ills.  Independent of the property of		502	Random weekly reviews will be conducted for five (5) residents weekly for three (3) months with physician orders for labs to ensurthat labs have been obtained perphysician's order.  4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly three (3) months. The committe will recommend provisions to the plan as indicated to sustain substantial compliance.  5. April 11, 2016	re r for ee		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E <b>S</b> URVEY PLETED
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		14	REET ADDRESS, CITY, STATE, ZIP CODE 10 NORTH AUGUSTA STREET FAUNTON, VA 24401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 504	services only when physician.  This REQUIREMENT by: Based on staff intereview, the facility sorder prior to obtain of 22 residents in the 3 and Resident # 17.  Resident # 3 had stimulating hormone thyroid function) obtorder.  Resident # 17 had (complete blood cometabolic panel) obtorder.  Findings include:  Resident # 1 had a physician order for Resident # 3 was awith a readmission for Resident # 3 incosteoporosis, after the amputation, pudiabetes, stroke, and The most recent MI.	ordered by the attending  NT is not met as evidenced rview and clinical record taff failed to obtain a physician sing laboratory services for two is survey sample: Resident #7.  bloodwork for a TSH (thyroid e) and a free T4 (indicator of tained without a physician and bloodwork for a CBC unt) and a BMP (basic stained without a physician dilab services obtained without a physician dilab services obtained without a TSH and free T4.  dmitted to the facility 11/7/14 date of 6/11/15. Diagnoses luded, but were not limited to: sare of fractured hip, left above eripheral vascular disease, didementia.  DS (minimum data set) was a	F 5	504	1. For Resident #3, the physician notified and orders were obtained for the TSH and Free T4 drawn on 3/3/16.  For resident #17, the physician was notified and orders were obtained for the CBC and BMP drawn in November 2015.  2. Residents currently residing in the center that require lab tests have the potential to be affected review has been conducted by the DCS/designee for residents who have had lab tests obtained in the last thirty (30) days to ensure that there were physician orders for the lab test.  3. In-servicing will be provided to licensed nurses by the DCS/designee regarding obtaining physician or for lab tests prior to obtaining lare results.  Random weekly reviews will be conducted by the DCS/designee five (5) residents per week for the (3) months to ensure residents were obtained in the last thirty (30) days to ensure the lab test.	ed n vas ed  I. A ne e t the o tree ders b	
	quarterly review dat assessed as having	ed 12/2/15. Resident # 3 was short term and long term and severely impaired in daily			have labs obtained have physicial orders for the lab.	an	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION		E SURVEY PLETED
		49534 <del>4</del>	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMML	INITY HEALTH & REHAB		14	REET ADDRESS, CITY, STATE, ZIP CODE 110 NORTH AUGUSTA STREET TAUNTON, VA 24401	-	
(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 APPROPOSE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 504	The clinical record p.m. The current is summary), signed included lab orders for "HgbA1c (meas BMP (basic metabo (March, June, Sepincluded an order of for "TSH, freeT4 in lab section of the results dated 3/3/1 results for BMP, Howas asked about the TSH and free Two values were to stated "Let me look was an updated or record, and stated order for the labs. check something." book with the reside current treatment is printed on the form obtaining both labs what's happened; ITAR (treatment ad apparently did both TSH and free T4 we December 2015. Is still on the TAR and since it was a one	was reviewed 3/8/16 at 1:30 POS (physician order by the physician 3/1/16 carried forward from 7/10/15 cures blood sugar control), and olic panel) every three months: t, Dec.)" The POS also carried forward from 10/28/15 3 months (December)." The ecord was then reviewed. Lab 6 were located, and included gbA1c, TSH, and free T4.  o.m. RN (registered nurse) # 1 ne lab results which included 74. RN # 1 was asked if those have been included. RN # 1 to at the record to see if there der." RN # 1 reviewed the he did not see an updated RN # 1 then stated "Let me RN # 1 went and retrieved a ent's treatment orders. On the sheet, both lab orders were a, and staff had initialed a. RN # 1 then stated "I know both orders are on the current ministration record). Someone in labs and didn't look to see the vas only to have been done in 'm really not sure why it's even did POS; it should have come off	F 5	504	4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly three (3) months. The committ will recommend provisions to the plan as indicated to sustain substantial compliance.  5. April 11, 2016	for ee	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY IPLETED
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER AUGHTERS COMMU	NITY HEALTH & REHAB		1410	EET ADDRESS, CITY, STATE, ZIP CODE 0 NORTH AUGUSTA STREET AUNTON, VA 24401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	BE	(X5) COMPLETION DATE
F 504	No further informat exit conference.  2. Resident # 17 h BMP obtained wither Resident # 17 was with diagnoses to in peripheral vascular cardiovascular dise.  The most recent M quarterly review da # 17 assessed with memory problems, daily decision maki.  The clinical record p.m. The current F summary) signed b included an order for (APR/OCT) [sic]." was then reviewed, dated for October 2 3, 2015. The ADOI nursing) was asked order for the labs of the ADON said she the "thinned" record.  On 3/9/16 at 3:15 decrease.	ad lab services for a CBC and out a physician order.  admitted to the facility 3/11/13 aclude, but were not limited to: disease, Alzheimer's disease, ease, and psychotic states.  DS (minimum data set) was a sted 2/24/16 and had Resident short term and long term and severe impairment in ang skills.  Was reviewed 3/9/16 at 1:30 POS (physician order by the physician 2/8/16 or "BMP CBC every 6 months and lab results were located 2015, and also for November N (assistant director of the for assistance in locating and btained in November 2015. The would review the record and lab review the	F	604	RECEIVE MAR 24 2016 VDH/OLC		
	send documentatio On 3/9/16 at 3:30 p	n the pharmacy to look for and n of the order.  .m. the ADON told this y said they cannot find any			- money as to de vigilly Galan New	-	

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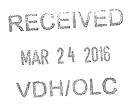
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		495344	B. WING		03	/09/2016
	PROVIDER OR SUPPLIER AUGHTERS COMMU	NITY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 504 F 514 SS=D	November 2015]." 483.75(I)(1) RES	ige 25 for the labs [done in  LETE/ACCURATE/ACCESSIB	F 5	14 F514		
	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.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.		1. For Resident #5 the phy order sheet (POS) was conreflect the correct month. For resident #13 the SSI or clarified and a new order verified the correct parameters for resident #3, the physic notified and the POS was designed and the POS was designed.  2. Residents currently residenter that the potential affected. The DCS/designed.	der was written to ters. ian was corrected atory ding in tial to be		
This REQUIREMENT is not met as every by:  Based on staff interview and clinical receive, the facility staff failed to ensure complete and accurate clinical record to 22 residents, Resident #5, Resident #1 Resident #3.	erview and clinical record staff failed to ensure a rate clinical record for three of		review POSs for the past to days to ensure they have to date, that SSI orders reflect correct parameters and the laboratory tests are current POS.	nirty (30) he correct of the at the at on the		
	Sheet) was dated 1 11/30/2015.  2. The SSI (sliding Resident #13 conta an extended period	scale insulin) orders for ined conflicting parameters for of time.  OS was not updated regarding		3. In-servicing will be prov licensed nurses by the DCS regarding ensuring that the the correct date, that SSI coreflect the correct paramethat the laboratory tests a on the POS.	o/designee e POS has orders ters and	

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Event ID: OQTS11

Facility ID: VA0077

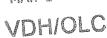
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION		E SURVEY IPLETED
		495344	B. WING	;		03/	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401	1 03/	03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROFILIENCY)	) BE	(X5) COMPLETION DATE
F 514	the facility on 02/20 diagnoses, but not Edema, obesity, Copulmonary disease disease), Respirate depression and any.  The most recent MI an admission asses (assessment refere Resident #5 was as summary score of cognitively intact.  The clinical record at approximately 1: section was reviewed contained compute handwritten information was geresident care and to information included type, code status, the name, date of birth, This information was either filled in by the needed. At the both "Charting For", this computer generated 11/30/15".  The handwritten inf #5's medication ord off or filled in beside	s most recently readmitted to /2016 with the following limited to: Sepsis, pneumonia, OPD (chronic obstructive ), CKD (chronic kidney by failure, Shock liver,		514	Random weekly reviews will be conducted by the DCS/designee five (5) residents per week for the (3) months to ensure POSs have correct date, that SSI orders reflect the correct parameters and that laboratory tests are current on the POS.  4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly three (3) months. The committivial recommend provisions to the plan as indicated to sustain substantial compliance.  5. April 11, 2016	the ect the he for ee	

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PRINTED: 03/15/2016 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  KINGS DAUGHTERS COMMUNITY HEALTH & REHAB    SUMMARY STATEMENT OF DEFICIENCIES   TAUNTON, VA 24401   PREFIX TAUNTON, VA 24401   PREFIX TAUNTON, VA 24401   PROVIDER SPLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF ADMISSION" was the handwritten date of "2-20-16".    The unit manager, LPN (License Practical Nurse) #3 was asked about the POS at approximately 1.45 p.m. She stated, "Those are the orders for February. We got a whole box of those from the pharmacy that have the November date on them. I called them and told them and they sent me another box." She then went to a cabinet and obtained a full box of POS forms containing only the computer generated information. She stated, "This is the second box they sent. See it has the November dates tooI know the ones on the chart are for February, they have her February admission date and the doctor signed them."    LPN # 3 was asked if the dates for the orders should have been changed to reflect the accurate date range. She stated, "Yes, the dates should have been changed by the nurse who did the admission."    The DON (director of nursing) and the administrator were notified of the above information during an meeting on 03/09/2016 at approximately 10:30 a.m.    No further information was obtained prior to the exit conference on 03/09/2016.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		DNSTRUCTION		E SURVEY MPLETED
KINGS DAUGHTERS COMMUNITY HEALTH & REHAB  SIMMARY STATEMENT OF DEFICIENCES TAUNTON, VA 24401  [X4] ID SUMMARY STATEMENT OF DEFICIENCES FREETEX TAUNTON, VA 24401  [X4] ID SUMMARY STATEMENT OF DEFICIENCES FREETEX TAUNTON, VA 24401  FERSET TAG  SEQULATORY OR LSC IDENTIFYING INFORMATION)  F 514  Continued From page 27  "DATE OF ADMISSION" was the handwritten date of "2-20-16".  The unit manager, LPN (License Practical Nurse) #3 was asked about the POS at approximately 1.45 p.m. She stated, "Those are the orders for February,we got a whole box of those from the pharmacy that have the November date on them. I called them and told them and they sent me another box." She then went to a cabinet and obtained a full box of POS forms containing only the computer generated information. She stated, "This is the second box they sent. See it has the November dates too! know the ones on the chart are for February, they have her February admission date and the doctor signed them."  LPN # 3 was asked if the dates for the orders should have been changed to reflect the accurate date range. She stated, "Yes, the dates should have been changed by the nurse who did the admission."  The DON (director of nursing) and the administrator were notified of the above information during an meeting on 03/09/2016 at approximately 10:30 a.m.  No further information was obtained prior to the exit conference on 03/09/2016.			495344	B. WING		Andrew Comment of the	03/	/09/2016
FÉRÉRIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 514  Continued From page 27  "DATE OF ADMISSION" was the handwritten date of "2-20-16".  The unit manager, LPN (License Practical Nurse) #3 was asked about the POS at approximately 1:45 p.m. She stated, "Those are the orders for Februarywe got a whole box of those from the pharmacy that have the November date on them. I called them and told them and they sent me another box." She then went to a cabinet and obtained a full box of POS forms containing only the computer generated information. She stated, "This is the second box they sent. See it has the November dates tooI know the ones on the chart are for February, they have her February admission date and the doctor signed them."  LPN # 3 was asked if the dates for the orders should have been changed to reflect the accurate date range. She stated, "Yes, the dates should have been changed by the nurse who did the administrator were notified of the above information during an meeting on 03/09/2016 at approximately 10:30 a.m.  No further information was obtained prior to the exit conference on 03/09/2016.			NITY HEALTH & REHAB		1410	NORTH AUGUSTA STREET		
"DATE OF ADMISSION" was the handwritten date of "2-20-16".  The unit manager, LPN (License Practical Nurse) #3 was asked about the POS at approximately 1:45 p.m. She stated, "Those are the orders for Februarywe got a whole box of those from the pharmacy that have the November date on them. I called them and told them and they sent me another box." She then went to a cabinet and obtained a full box of POS forms containing only the computer generated information. She stated, "This is the second box they sent. See it has the November dates tooI know the ones on the chart are for February, they have her February admission date and the doctor signed them."  LPN # 3 was asked if the dates for the orders should have been changed to reflect the accurate date range. She stated, "Yes, the dates should have been changed by the nurse who did the admission."  The DON (director of nursing) and the administrator were notified of the above information during an meeting on 03/09/2016 at approximately 10:30 a.m.  No further information was obtained prior to the exit conference on 03/09/2016.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	<b>(</b>	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	D BE	(X5) COMPLETION DATE
Findings were:  Resident #13 was most recently readmitted to the facility on 04/18/2015. Her diagnoses included,	F 514	"DATE OF ADMISS date of "2-20-16".  The unit manager, #3 was asked about 1:45 p.m. She state Februarywe got a pharmacy that have I called them and to another box." She obtained a full box of the computer gener. This is the second November dates to chart are for Februard admission date and LPN #3 was asked should have been changed admission."  The DON (director administrator were information during a approximately 10:30 No further informatic exit conference on 0.2. The SSI (sliding Resident #13 contains the state of the side o	LPN (License Practical Nurse) at the POS at approximately ed, "Those are the orders for whole box of those from the enthe November date on them. In old them and they sent me then went to a cabinet and of POS forms containing only rated information. She stated, box they sent. See it has the oI know the ones on the eary, they have her February I the doctor signed them."  If the dates for the orders changed to reflect the accurate ated, "Yes, the dates should I by the nurse who did the of nursing) and the motified of the above an meeting on 03/09/2016 at 0 a.m.  on was obtained prior to the 03/09/2016.  scale insulin) orders for ined conflicting parameters.	F 5	14			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		E SURVEY PLETED
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER AUGHTERS COMMU	NITY HEALTH & REHAB		1	STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH AUGUSTA STREET STAUNTON, VA 24401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	but were not limited mellitus, dementia, disease), PVD (per depression and fibute The most recent MI quarterly assessment reference date) of assessed as having of "06", indicating scognitive status.  The clinical record at approximately 3: order sheet) was reorders for SSI (slidithree times per day parameters. The offlex PEN PREF [IUNITS/1 ML INSULDAILY-FOR BLOO 200-249 3 UNITS, UNITS, > [greater towere conflicted regists] Resident #13 with MARs (medication reviewed from Nove 03/08/2016. The Dichanged to reflect a UNITS, 200-249 3 300-349 5 UNITS, MARS reviewed conparameters.  In November 2015	ito: Pelvic fracture, diabetes CAD (coronary artery ipheral vascular disease), alla fracture.  DS (minimum data set) was a sent with an ARD (assessment 12/2/2015. Resident #13 was good a cognitive summary score evere impairment with her  was reviewed on 03/08/2016 to p.m. The POS (physician eviewed. Resident #13 had and scale insulin) to be given a based on blood sugar reders were: "NOVOLOG prefilled] SYR [syringe] 100 LIN PEN THREE TIMES D SUGAR 150-199 2 UNITS, 250-399 4 UNITS, 300-349 5 than] 349 6 UNITS"	F5	514			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		E SURVEY IPLETED
		495344	B. WING		03/	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401		03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE
F 514	49 times, January February 2016 24 to times. SSI insuling parameters listed on The ADON (assistatinterviewed on 03/0 p.m. regarding the looked back through stated, "I need to climate the management of the should have been on 03/08/2016 at a (licensed practical in medication cart out LPN #2 was asked #13's blood sugar. LPN #2 was asked give Resident #13 in been 320. She look would give her 5 ungive 5 units." LPN entire SSI order. She stated, "Oh, I should probable on 03/09/2016 at a ADON spoke with the orders. She stated correct scale, pharm.	2016 a total of 27 times, imes and March 2016 three dosages varied between the in the POS.  ant director of nursing) was 08/2016 at approximately 3:45 conflicting SSI orders. She h the clinical record and neck on that, I think pharmacy mistake." The ADON was a should have gotten order. She stated, "Yes, that	F 5	514		
	reflect new SSI order of the transcription	ers and physician notification error.				

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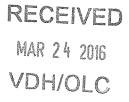
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION		E SURVEY PLETED
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER  AUGHTERS COMMU	NITY HEALTH & REHAB		14	REET ADDRESS, CITY, STATE, ZIP CODE 10 NORTH AUGUSTA STREET FAUNTON, VA 24401	1 03/	03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	information on 03/0 a.m. during a morni	of nursing) and the notified of the above 9/2016 at approximately 10:30 ng meeting.  on was received prior to the	F 5	514			
	3. Resident #3's P0 current orders for la	OS was not updated regarding boratory testing.					
	with a readmission for Resident # 3 inco osteoporosis, after	dmitted to the facility 11/7/14 date of 6/11/15. Diagnoses luded, but were not limited to: are of fractured hip, left above eripheral vascular disease, and dementia.					
	quarterly review dat assessed as having	OS (minimum data set) was a ed 12/2/15. Resident # 3 was a short term and long term and severely impaired in daily ills.					
	p.m. The current P summary), signed be included lab orders for "HgbA1c (measurements BMP (basic metabor (March, June, Sept, included an order cafor "TSH, freeT4 in lab section of the resummary).	was reviewed 3/8/16 at 1:30 OS (physician order by the physician 3/1/16 carried forward from 7/10/15 ures blood sugar control), and lic panel) every three months: Dec.)" The POS also arried forward from 1028/15 3 months (December)." The cord was then reviewed. Lab is were located, and included					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		E SURVEY PLETED
		495344	B. WING			03/	09/2016
	PROVIDER OR SUPPLIER	NITY HEALTH & REHAB		14	TREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH AUGUSTA STREET TAUNTON, VA 24401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	on 3/8/16 at 2:10 p was asked about the TSH and free Town values were to stated "Let me look was an updated or record, and stated horder for the labs. I check something." book with the reside current treatment sl printed on the form, obtaining both labs. What's happened; b TAR (treatment admapparently did both TSH and free T4 was December 2015. It still on the TAR and since it was a one to the did apparently did both TSH and free T4 was December 2015. It still on the TAR and since it was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a one to the did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did apparently did both TSH and free T4 was a did ap	ibA1c, TSH, and free T4.  Im. RN (registered nurse) # 1 e lab results which included 4. RN # 1 was asked if those have been included. RN # 1 at the record to see if there ler." RN # 1 reviewed the ne did not see an updated RN # 1 then stated "Let me RN # 1 went and retrieved a ent's treatment orders. On the neet, both lab orders were and staff had initialed RN # 1 then stated "I know oth orders are on the current ninistration record). Someone labs and didn't look to see the as only to have been done in m really not sure why it's even POS; it should have come off	F5	514			

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