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

PRINTED: 06/12/2018 FORM APPROVED OMB NO. 0938-0391

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPT/JER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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		495272	B. WING		06/04/2018
	PROVIDER OR SUPPLIER FON COURT REHABI	LITATION & HEALTH CARE CTR	is to	STREET ADDRESS, CITY STATE, ZIP CO 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	ODE
(X-I) IO PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLETION
F 000	INITIAL COMMEN	TS .	F 0	00	
	survey was conduct was investigated du are required for con	Medicare/Medicaid abbreviated ted on 6/4/18. One complaint uring this survey. Corrections appliance with the following 42 teral Long Term Care		Preparation of the correction does not admission or agreed provider of the trut or conclusions set f	t constitute ment by the th of facts alleged
	time of survey. The one closed record r	190 bed facility was 159 at the survey sample consisted of review, Resident #1. t Abuse/Neglect Policies 1)-(3)	F 6	statement of defici- of correction is prep or is required by the p federal and state la	pared because it rovisions of
00~£.	§483.12(b) The fac	ility must develop and procedures that:		correction constitut allegation of compli	tes the facility's
		ibit and prevent abuse, ation of residents and resident property,			
	§483.12(b)(2) Estal to investigate any s	olish policies and procedures uch allegations, and			
	paragraph §483.95. This REQUIREMEN by: Based on observat document review, it facility staff failed to and report a situation neglect to the approresidents on the Western State of the Stat	ion, staff interview, and facility was determined that the implement abuse policies on/allegation of potential opriate state agencies for all estham and Grove Units.		RECEIVE	
	policies and report t	ed to implement abuse that the roof mounted by idea air conditioning to the			

Administrator 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

Facility ID VA0034

program participation.

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

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		& MEDICAID SERVICES	-		<u> </u>
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	and Grove Units wa	g stations on the Westham s non-functioning as of opriate state agencies.			
	The findings include			F607 1. A Facility Reported Incide	ent report was
	was conducted with member) #1, the addithat the A/C (air connursing stations on the were currently non fithat APS (adult protedepartment had invessed weekend. ASM #1 scompressor was used in the main areas, are ASM #1 stated that the functioning about ter that each resident roand heater) unit that their rooms. ASM #1 fans out at the nursing hallways to cool their that the dining rooms A/C. ASM #1 had also Tuckahoe unit had functional A/C as a monducted. The dining init had functional A/C as a functiona	imately 9.10 a.m., entrance ASM (administrative staff ministrator. ASM #1 stated dition) for the hallways and he Grove and Westham units unctioning. ASM #1 stated active services) and the fire issignated this over the stated that a roof mounted at to air condition both units no that it was not working. The air conditioner stopped on had their own PTAC (AC the resident could control in a stated that he had placed ag stations and in the main areas. ASM #1 stated of or each unit had functional ac stated that the entire nctional A/C. ASM #1 was lence of when the A/C unit at. In a tour of the facility was ag room on the Westham C. The A/C was set to 75		delivered to OLC and APS stating that a roof mount air conditioning to the ha stations on Grove and We non-functioning as of 5/1 Assessment of all resident affected by a failure to ide temporary reduction of fa air conditioning as potent occurred on 6/4/2018 and indication of harm identification o	and unit providing allways and nursing estham units was 3/2018. Its potentially entify the entify the entify services like delay and for estimate and from don existing ructions to treat dence of lect and to report ct under the Administrator,

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observed at the nursing station. The temperature felt comfortable. A cart with juice and cups was also observed at the nurses station. Each

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

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hallway (three hallways) on the Westham unit had their own box fan

On 6/4/18 at 9:30 a.m., observation of the Grove unit was conducted. The Grove day room had two PTAC units. The PTAC units were off. This writer turned the units on and the PTAC units were functional. The dining room felt a little warm. Two residents in the day room complained that it was cold and instructed this writer to leave it off. The nursing station had a large utility fan that was blowing towards where residents were sitting at the nurses station. Each hallway (three hallways) had their own box fan. The 300 hallway had two box fans.

On 6/4/18 at 10:10 a.m., further interview was conducted with ASM #1 ASM #1 stated that he had started working at the facility on April 16th. 2018. ASM #1 stated that this is when the interim administrator had told him that the A/C unit would need to be replaced. ASM #1 stated that at this time, the A/C unit was functioning properly. ASM #1 stated that when he had arrived to the facility. there had already been two bids to replace the A/C. ASM #1 stated that two contractors had come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision on which contractor to hire/use ASM #1 stated that two weeks ago he had requested that a third contractor (HVAC contractor), look at the unit ASM #1 stated that this third contractor had made several visits to the facility and that they were writing up their proposal this week. ASM #1 stated that he was also waiting for the third contractor to propose a temporary solution, such as providing coolers and chillers until the A/C unit was completely fixed. All evidence of

F 607

2. Current physical plant needs with the potential to create a risk of potential neglect were reviewed by the Administrator on 6/4/2018. Residents with severe cognitive impairments residing in the Westham and Grove neighborhoods with the potential to be impacted by the nonfunctioning rooftop air conditioning unit were identified. Interventions to address their potential need for additional hydration were added to their care plans, and staff educated, on 6/4/2018. Interventions included moving those residents from common areas to air conditioned areas when temperatures increase. All residents potentially affected by non-functional rooftop air conditioning unit will be assessed for hydration needs, including a medical record review and observational review to assess needs of noncommunicative residents.

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nird contractor's visits were	, 0	07		
ately 11:00 a.m. air estham and Grove units SM (other staff member) tenance. The following orded: ees F (Fahrenheit) rees F ees F egrees F areas, at this time five the tables at the nursing stated that they were cold. Unit and Grove unit was a.m. of each resident functional PTAC unit. The infortable in temperature. Itely 2:00 p.m., the re presented by ASM #1 of events: Intacted the third a bid that was conducted the senior account pany had responded back the would have to consult.		4.	management team on facili requirements. Environmental and equipmential to create a risk of neglect as identified by Adnreviewed by QAPI Committed will be investigated and reprequired state agencies.	ent needs with potential hinistrator to be see monthly, and
	ent of DFFICIENCIES of the PRECEDED BY FULL pentifying information) ately 11:00 a.m. air estham and Grove units SM (other staff member) tenance. The following orded: tees F (Fahrenheit) tees F tees F tees F teres F trees, at this time five the tables at the nursing stated that they were cold. Unit and Grove unit was a.m. of each resident functional PTAC unit. The mfortable in temperature. tely 2:00 p.m., the tree presented by ASM #1 of events: Intacted the third a bid that was conducted the senior account than had responded back the would have to consult	FOR THE PRECEDENCIES ST BE PRECEDED BY FULL SENTIFYING INFORMATION) F 6 sird contractor's visits were stelly 11:00 a.m air estham and Grove units SM (other staff member) tenance. The following orded: sees F (Fahrenheit) rees F eres F eres F erres F erres at this time five the tables at the nursing stated that they were cold. Unit and Grove unit was a.m. of each resident functional PTAC unit. The emfortable in temperature. selly 2:00 p.m., the re presented by ASM #1 of events: Intacted the third a bid that was conducted the senior account cany had responded back the would have to consult	TION & HEALTH CARE GTR ITHOR & HEALTH CARE GTR RIGHMA ENT OF DEFICIENCIES ST BE PRECEDED BY FULL PREF X TAG TAG TAG TAG TAG TAG TAG TAG	TION & HEALTH CARE CTR 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238 10 PREF X CARRECTURE ACTION SHOULD FRET X TAG CROSS-REFERENCED TO THE APPROPRIATE ACTION SHOULD

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the third contractor A/C unit for Grove was documented " (air handler) locked and he said he didned to age and conbids for replacement Repair: AHU is vendefinitely needs repstopped functioning Westham Units). 5/24/18 and 5/31/1 accountant execution the following: "(Nar 5/24 to discuss the replacement and orengineer to look at present a proposal On 6/4/18 at approinterview was condasked if it was not that he did not report the A/C unit was not that he did not report the "retrospect" he show the appropriate stanot report the A/C if ire department. AS APS and the fire did not fire did not report the A/C if ire department. AS APS and the fire did not fire did not fire did not fire did not report the A/C if ire department. AS APS and the fire did not fi	y of workload performed from cocumented an issue with the and Westham. The following Found blower motor for AHU Lip talked to administrator in want to replace the motor point of AHU. He is getting int AHU. Recommended yield and in rough shape, placing " (This is when the AFC gloroperly on the Grove and 8- An email from the senior vicidated 6/4/18 documented the of ASM #1). We visited on meed for the AHU in E/31 we returned with our the needs to be abre to	F	Q7			

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On 6/4/18 at approximately 6.30 p.m., the above

information.

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con adn Nur nur VVh this	ninistrator, ASN sing) and ASM ses were made en asked if the concern, ASM I that he should	age 5 #3 and #4 two corporate #3 and #4 two corporate #3 and #4 two corporate #3 aware of the above concerns, re was any questions regarding #1 stated that he understood have reported to the state C was not working back on	F C	50.7	

The facility policy titled, "Abuse- Prevention of Resident Abuse" documents in part, the following "Facility staff will evaluate guidelines to identify. correct, and interveneers in situations in which Abuse, neglect, mistigalment, or misappropriation of resident properly is likely to occur, including analysis of such potentially contributing factors are a) physical environment of the facility. The person to which the State of Virginia issued the license to operate the Facility shall at least annually direct the Administrator and Director of Nursing that they shall, and thereafter such individuals will, comply with the following obligations

5/16/18 or at least when APS had visited over the weekend and expressed concerns (6/2/18 and

- 3. Report to the VDOH and Adult Protective Services an Injury of unknown Source and an allegation of Abuse (including Neglect Mistreatment or Misappropriation of resident property) within two hours of becoming aware of the allegation if the events that cused the allegation involve abuse or result in serious bodily injury
- 4. Report to the VDCH and Adult Protective Services an allegation of Neglect, Mistreatment of Misappropriation of resident property or an injury

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6/3/18).

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F 607	within 25 hours of ballegation of events	ge 6 , that does not involve abuse secoming aware of the that cause the allegation and e or result in serious bodily	FC	07		
					F609	
		er information presented prior				
	to exit.				1) A Facility Reported Inciden	t report was
	COMPLAINT DEFI	CIENCY			delivered to OLC and APS of	n 7/6/2018
	Reporting of Allege	d Violations	FE	09	stating that a roof mounte	f unit providing
SS=E	CFR(s): 483.12(c)(1)(4)			air conditioning to the half	ways and nursing
	neglect, exploitation must:	nse to allegations of abuse, n, or mistreatment, the facility			stations on Grove and Wes non-functioning as of 5/13 Assessment of all residents affected by a failure to ide	/2018. potentially
	involving abuse, ne mistreatment, inclus source and misappeare reported immed hours after the alleg that cause the alleg serious bodily injury the events that cause and do not rethe administrator of officials (including to adult protective senfor jurisdiction in lor	re that all alleged violations glect, exploitation or ding injuries of unknown repriation of resident property, liately, but not later than 2 gation is made, if the events lation involve abuse or result in a root later than 24 hours if se the allegation do not involve esult in serious bodily injury, to the facility and to other to the State Survey Agency and vices where state law provides ageterm care facilities) in ate law through established			temporary reduction of factorial air conditioning as potential occurred on 6/4/2018 and indication of harm identified medical records from the train conditioning in the two any failure to report based facility neglect policy. Instrumentally reportable neglect policy alleged violations of neglect facility policy given to the Director of Nursing and Addition on 6/5/2018.	cility services like al neglect 6/5/2018. No ed in resident emporary lack of units and from on existing uctions to treat dence of lect and to report at under the Administrator,
	investigations to the	administrator or his or her			•	

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

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accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, and facility document review, it was determined that facility staff failed to report a situation / allegation of potential resident neglect to the appropriate state agencies for all residents on the Westham and Grove Units.

The facility staff failed to report that their roof mounted compressor that provided air conditioning to the hailways and nursing stations on the Westham and Grove Units was non-functioning as of 5/16/18, to the appropriate state agencies.

The findings include

On 6/4/18 at approximately 9:10 a m., entrance was conducted with ASM (administrative staff member) #1, the administrator. ASM #1 stated that the A/C (air condition) for the hallways and nursing stations on the Grove and Westham units were currently non functioning. ASM #1 stated that APS (adult protective services) and the fire department had investigated this over the weekend. ASM #1 stated that a roof mounted compressor was used to air condition both units in the main areas, and that it was not working ASM #1 stated that the air conditioner stopped functioning about ten days ago. ASM #1 stated that each resident room had their own PTAC (AC and heater) unit that the resident could control in their rooms. ASM #1 stated that he had placed fans out at the nursing stations and in the

F 609

- 2) Current physical plant needs with the potential to create a risk of potential neglect were reviewed by the Administrator on 6/4/2018. Residents with severe cognitive impairments residing in the Westham and Grove neighborhoods with the potential to be impacted by the nonfunctioning rooftop air conditioning unit were identified. Interventions to address their potential need for additional hydration were added to their care plans, and staff educated, on 6/4/2018. Interventions included moving those residents from common areas to air conditioned areas when temperatures increase. All residents potentially affected by non-functional rooftop air conditioning unit will be assessed for hydration needs, including a medical record review and observational review to assess needs of noncommunicative residents.
- Education of Administrator, DON and management team on federal and state law reporting requirements.
- 4) Environmental and equipment needs with potential to create a risk of potential neglect as identified by Administrator to be reviewed by QAPI monthly, and will be investigated and reported to the required state agencies.
- 5) 7/11/2018

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	hallways to cool the	e main areas. ASM #1 stated					
	that the dining roor	ns for each unit had functional					
	A/C. ASM #1 had	aiso stated that the entire functional A.C. ASM #1 was					
	Tuckanoe unit had	vidence of when the A/C unit					
	became non-functi						
		9° 46° ** 1874					
	On 6/4/18 at 9:16 a	a.m., a tour of the facility was in ning room on the Westham					
	conducted. The di	A/C. The A/C was set to 75					
	degrees Fahrenhe						
Andreas engologistis englisheda disproprimen engologistis	observed at the nu reli comfortable. A also observed at th	a.m., a large utility fan was rsing station. The temperature cert with juice and cups was ne curses station. Each wais) on the Westham unit had					
	unit was conducted two PTAC units. The writer furned the units of two residents in the was cold and instruction of the nursing station blowing towards withe nurses station.	a.m., observation of the Grove d. The Grove day room had the PTAC units were off. This nits on and the PTAC units he dining room felt a Little warm he day room complained that it ucled this writer to leave it off, in had a large utility fan that was here residents were sitting at Each hallway (three hallways) fan. The 300 ha lway had two					
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time, the A/C unit was functioning properly. ASM

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A95272 B WIN STREET A DRESS OF CRAFT OF CRAFT LEXINGTON COURT REHABILITATION & HEALTH CARE CTR 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238		INDICAL ON SUPER	ARMDI	¥0.		***************************************	_
STREET A DIRECT CATE COLOR LEXINGTON COURT REHABILITATION & HEALTH CARE CTR DESCRIPTION OF THE PROPERTY OF T		Management				0.5	
LEXINGTON COURT REHABILITATION & HEALTH CARE CTR SUBMINARY STATEMENT OF DEFICIENCIES DEPOSITE FIGURE OF THE PROPERTY OF T		495272	Ta wa			ana and a second se	00412V 10
EXINGTON COURT REHABILITATION & HEALTH CARE CTR SUMMARY STATEMENT OF DEFICIENCIES DEPOSITE FROM PROPERTY ACTION SHOULD BE PROCEEDED BY PUBL. REQUIREMENTAL PROPERTY ACTION FOR THE YANG INFORMATION FACE CHARGO PROPERTY ACTION OF THE PROPERTY ACTIO	NAME OF PROPERTY OF SUPPLIER		gifteriora valu			** .1	
Fig. 10 Fig. 1	LEXINGTON COURT REHABIL	STATION & HEALTH CARE CTR	S- water-				
Fig. 1 Continued From page 9 #1 stated that when he had arrived to the facility, there had already been two biddings to replace the A/C. ASM #1 stated that two contractors had come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision.		nterior					neggenerate armone armode productive between the contract of t
F 609 Continued From page 9 #1 stated that when he had arrived to the facility, there had already been two biddings to replace the A/C ASM #1 stated that two contractors had come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision	CALL A GARAGING ACC	PHAIST BE PRECEDED BY FULL	PRIF	ALACH.	CONTROL OF THE ACTION	a SartOOLD DEEL	
#1 stated that when he had arrived to the facility, there had already been two biddings to replace the A/C ASM #1 stated that two contractors had come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision	(V); REGULARIKA CIRA	SA 18 18 18 18 A SE A CARRAMA LACT A	* ; * *	terfore company and the compan			
#1 stated that when he had arrived to the facility, there had already been two biddings to replace the A/C ASM #1 stated that two contractors had come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision	in the contraction of the contra	State of the control		Mo 3/4.			
there had already been two biddings to replace the A/C ASM #1 stated that two contractors had come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision			F 6	na			
the A/C ASM #1 stated that two contractors had come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision	#1 stated that when	n he had arrived to the facility.					
come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision	there had already b	een two biddings to replace					
2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision	ING A/C ASM #1 S	to be A/C sometime in May of					
policy to get a third bid before making a decision	2018. ASM #1 stat	ed that it was corporate's					
on which contractor to hire/use ASM #1 stated	policy to get a third	bid before making a decision					
	on which contracto	r to hire/use ASM #1 stated					
that two weeks ago he had requested that a third	that two weeks ago	he had requested that a third					
contractor (HVAC contractor) look at the unit	contractor (HVAC c	contractor) took at the unit					
ASM #1 stated that this third contractor had made several visits to the facility and that they were	ASM #1 Stated inat	toolly and that they were					
writing up their proposal this week. ASM #1	writing unliker ora:	posal this week. ASM #1					
stated that he was also waiting for the third	stated that he was	also waiting for the third					
contractor to propose a temporary solution, such	contractor to propo	se a temporary solution such					
as providing coolers and chillers until the A/C unit	as providing cooler	s and chillers until the A/C unit					
was completely fixed. All evidence of	was completely fixe	ad All evidence of					
documentation of the third contractor's visits were requested		Ve fuita contractor 2 vigits were					
	interest of the second						
On 6/4/18 at approximately 11:00 a.m. air	On 6/4/18 at appro	ximalely 11:00 a.m. air					
temperatures of the Westham and Grove units	temperatures of the	≥ Westham and Grove units					
were conducted with OSM (other staff member)	were conducted will	th OSM (other staff member)					
#2, the director of maintenance. The following temperatures were recorded:							
ignipeianies were received	iompoiataies ware	C Tope South C Tope New York					
Westham Unit:							
201 hallway: 77.7 degrees F (Fahrenheit)							
212 hallways: 78.2 degrees F	212 hallways: 78.2	degrees F					
224 hallway. 77.7 degrees F	224 hallway. 77.7 c	Jegrees F					
Nursing station. 79.5 degrees F	Nursing station, 79	.a degrees r					
Grove Unit:	4						
301 hallway: 78.8							
312 hallway: 77.9							
324 hallway: 75.4 Nursing Station: 86 degrees at this time five		t rionrage at this time flug					
residents were sitting at the tables at the nursing	residents were sitti	ng at the tables at the nursing					

FORM CMS 2567(00 99) Previous Versions Othoreix

station. Two residents stated that they were cold.

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a continuation sheet Page 10 of 17



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

FRINTED GG12/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DETECTION OF STATEMENT OF ALLOW FORMER FROM	CONTRACTOR OF MARK	CO MU	HERERORS (IRC (17))	X - DATE SUPVEY OMPLETED
			and the tipe of the state of th	C
	495272	37.18		06/04/2018
	LITATION & HEALTH CARE CTR		SREETARDRESS OF Y STATE ZP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238 PROVIDER'S PEAN OF CORRECTIO	
PETER IFACH GEFICIENC	YEBST BE PRICEDED BY TURE SCHOUNTH YING IN GREAT CIV	I REEL	IX FACH CORRECTIVE ACTION SHOUL!	DBE MILLION,
also conducted at room. All rooms he resident rooms were considered at approach following document that illustrate a time 5/11/18- ASM #1 he contractor for a copin 2013. That same executive from the to ASM #1 stating the with an engineer site of the said he didned and he said he didned to age and conbids for replacement Repair AHU is very definitely needs replaced functioning westham Units). 5/24/18 and 5/31/18 accountant executive the following: "(Nam 5/24 to discuss the replacement and on engineer to look at the present a proposal to the following are proposal	nem Unit and Grove unit was 11 00 a.m. of each resident ac a functional PTAC unit. The recomfortable in temperature. Exemple 2:00 p.m., the its were presented by ASM #1 eline of events: ac contacted the third by of a bid that was conducted a day the senior account company had responded back hat she would have to consult now the bid was from 2013. If workload performed by cocumented an issue with the and Westham. The following Found blower motor for AHU up, talked to administrator of want to replace the motor distion of AHU. He is getting at AHU. Recommended rold and in rough shape lacing." (This is when the A/C is properly on the Grove and the of ASM #1). We visited on need for the AHU is 5/31 we returned with our the needs to be able to		509	

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continuation sheet Page 11 of 17

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PRINTED 06/12/2015 FORMAPPROVIDE OMBINO 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			(<u>OMB NO</u>	0938-039
DOLLAR TO THE PARTY OF THE PART		ISN PROVIDERS PP RICEA	V / F4115	13676 F. (1)	OBSTRUCTOR		A SURVEY
	OF ULRAINGES FROMMERICA	DENTE CATCH NUMBER			C J C W C D T S S S S S S S S S S S S S S S S S S	004	AF 1 (:
			.5 CO34.15	8.6(2)	tra sammer er e		C
			W 17.41.00			9	
		495272	BWNS				/04/2018
WALE OF E	HORADER OR SUPERIER		· ·	STRE	ETADDRESS CITY STATE ZO CODE.		
				1776	CAMBRIDGE DRIVE		
LEXINGT	ON COURT REHABIL	TATION & HEALTH CARE CTR	and the second	RICI	HMOND VA 23238		
-				6 4 6 40° 5	and the second s	**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
× 11 12 /		TEMENT OF DEFIT ENCIES MUST BE PRECUDED BY FULL	PREL:		PROVIDER'S PLAN OF CORRECT! EACH CORRECT VE ACTION SHOW	.0 80	1.***1 (+ 45)
P16 5-18 17-02		SCIDENTIFYING IN CRIMAL ON.	1A.3		CROSS REFERENCED TO THE APPRO	PRIATE	7.4 €
					DEFICIENCY:		
		10. – 1880 bil 1880 er en beskrivet kantalistiske kan en en beskrivet per sink en blevet er er 1999 en beskriv	tille des territorios con		and the second s		
#	Wa 17 (2000		بر سے	^^			
F (309	Continued From pa	G2 11	F 6	na			
	asked if it was repo	ried to the state that the A/C					
	unit was non-function	onal. ASM #1 stated that he					
	did not report that the	ne A/C had stopped working to					
		ocensure and Cert fication)					
		fidn'; know why he did not					
		stated that in "retrospect" he					
		ed this ASM # stated that he					
		reporting to the appropriate					
		SM #1 also did not report the					
	AIC not functioning	to APS or the fire department					
		that he knew APS and the fire					
		pricemed about the A/C but					
	was not given any a	additional information.					
	M - 0/8/50						
		chately 6.30 p.m., ASM #1.					
		SM #2, the DON (Director of					
To A Course	w. ·	#3 and #4, two corporate					
		exare of the above concerns					
		e was any questions regarding					
	this concern, ASM	is stated that he understood					
	and that he should	have reported to the state that					
	the A/C was not wo	rking back on 5/16/18 or at					
	least when APS had	divisited over the weakend					
	(6/2/18 and 6/3/18)						
	Facility policy tilled	'Abuse- Prevention of					
		ocuments in part, the following					
		aluate guidelines to dentify.					
		ne in situations in which					
	Abuse, neglect, mis						
	minantaniation of	resident propery is likely to					
		aiysis of such potentially					
		as a) physical environment of					
	the facility The per	son to which the State of					
		icanse to operate the Facility					
		ally direct the Administrator					
	and Director of Nurs	sing that they shall, and					
	thereafter such indi-	viduals will, comply with the					

FORM CMS 2567(02-99) Previous Ve aux 5 Cost the

following obligations.

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DEPARIMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES.

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	OF DEFICIENCES FLORRECTON	STEPROVDERSUPPLER OF A IDENTIFICATION NUMBER	A light	etheropases an.	X DALEBURY COMPLETO
			00070000	10 AV AV CONTROL OF A CONTROL	C
		495272	is wink	5	06/04/2018
	PROVIDER OR SUPPLIER	ITATION & HEALTH CARE CTR		STREET ADDRESS CHY STATE 20 OUE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
XII II PRIEK TAC	(L'ACH DELIGIENCY	TEMENT OF DEFICIENCIES HIST BE PRECEDED BY FOLL SE IDENTIFYING INFORMATION	i Ki	x deach coert out acts in shu	n) Hi LAGA (Sec.
F 609	Continued From pa	ge 1 2	F	609	
	Services an Injury of allegation of Abuse Mistreatment or Mistreatment of the VDI Services an allegation of unknown source, within 25 hours of biallegation of events	OH and Adult Protective of unknown Source and an including. Neglect, Expropriation of resident abouts of becoming aware of events that cused the cuse or result in senious bodily. OH and Adult Protective in of Neglect, Mistreatment or resident property or an injury that does not involve abuse ecomign aware of the that cause the allegation and ero result in serious bodily.			
	There was no furthe to exit.	r information presented prior			TOTAL CONTRACT CONTRA
F 838 SS=C	COMPLAINT DEFICE Facility Assessment CFR(s): 483.70(e)(1) §483.70(e) Facility a	F(3)	FE	838	
	The facility must con facility-wide assessmesources are necessompetently during that and emergencies. The fupdate that assessmessmess annually. The fupdate this assessmessmessmessmessmessmessmessmessme	induct and document a nent to determine what seary to care for its residents both day-to day operations he facility must review and nent, as necessary, and at actility must also review and itent whenever there is, or the inchange that would require a			

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Facility D VA Y %

coordination sheet Page 13 of 17



PRINTED (16/12/2018

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
STATEMEN	LOF DELICIENCES OF CORRECTION	OCH PROVIDER SUPPLE R COA DE NOU CABON NUMBER	1	DPLF CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495272	ii Willio		C 06/04/2018
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS CHY STATE JP	CODE
LEXING	TON COURT REHABI	LITATION & HEALTH CARE CTR		1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
(X4: II) PRLLIX TAL	(EACH DEFIGIENC)	TEMENT OF DEFICIONIES (MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PRESIX TAG	PRÓVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS REFERENCED TO THE DEFICIENCY)	VISHOULD BE COMPLETION
	assessment. The fa address or include: §483 70(e)(1) The I including, but not lir (i) Both the number resident capacity; (ii) The care require considering the type physical and cogniti and other pertinent that population, (iii) The staff compe provide the level an resident population, (iv) The physical en services, and other that are necessary to (v) Any ethnic, cultur may potentially affer facility, including, but food and nutrition so §483.70(e)(2) The fi but not limited to, (i) All buildings and/o and vehicles; (ii) Services provide pharmacy, and spec- (iv) All personnel, incemployees and thos contract), and volunt	acility's resident population inted to, of residents and the facility's ad by the resident population es of diseases, conditions we disabilities, overall acuity, facts that are present within elencies that are necessary to divipes of care needed for the vironment, equipment, physical plant considerations of care for this population, and rat, or religious factors that at the care provided by the it not limited to, activities and ervices. aculity's resources including prother physical structures including managers, staff (both e who provide services under iteers, as well as their ining and any competencies	F 8.	1. Facility Assessment rinclude backup syste of HVAC unit failure. residents potentially identify the tempora services like air condinglect occurred on indications of harm in medical records from hallway air condition and from any failure existing facility policy. 2. Review of facility asse (completed in 02/201 plans for substantial will then be added to assessment. All residents to be affected by the Changes, or planned.	Assessment of all affected by a failure to ry reduction of facility itioning as potential June 4 and June 5; no dentified in resident a the temporary lack of ing in the two units to report based on a revised facility ents have the potential identified practice. changes, to the culation characteristics, a assessment will be inistrator to identify evision to the facility will be reviewed at the ing to identify

FORM CMS 2567(92 99) Previous Versions Obsolete

related to resident care;

(v) Contracts, memorandums of understanding,

or other agreements with third parties to provide

Eventio JC7W11

Facety ID VADD14

5. 7/11/2018

If continuation sheet Page 14 of 17



DEPARIMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 00/12/2016 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DETECTION	OF PROVIERS IPPERENTATION OF ALL NO MODER	1327,632,7 (4 2 (3)4(DN	PELCONSTRUCTON	CONFIE ED
	452375	8 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V		C 06/04/2 018
NAME OF PROVIDER OR SHOTERS	495272	T 22 AT 11 AC 1	STREETADDRESS COV STATE ZIP- ULL	!
	ILITATION & HEALTH CARE CTR		1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	- THE STREET OF
PROCES LACOUDITIONS	AT MENT OF MERCIPIC ES Y MAIST HE PECCEDED BY FULL S I DE NTECYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS REEL RENCED TO THE APPROPER OF FICIENCY)	riis on gradi
normal operations (vi) Health informal such as systems if patient records an information with old §483.70(e)(3) A facommunity-based all-hazards approat This REQUIREME by Based on staff intreview, it was deteroreview and upday when a change remodification was in the facility staff is assessment under and building needs the facility was going the common areas Units. The findings included the common areas Units. The findings included the facility was going the common areas Units. The findings included the facility was going the common areas Units. The findings included the facility was going the common areas Units. The findings included the facility was going the common areas Units. The findings included the findings included the facility was going the common areas units was used to air corareas, and that it was used to air corareas, and that it was stated that each reptace (AC and hear the facility) and the facility was used to air corareas, and that it was stated that each reptace with the facility was going the f	nent to the facility during both and emergencies and tion technology resources, or electronically managing dielectronically sharing the organizations. Cility-based and risk assessment, utilizing an other is not met as evidenced erview and facility document remined that facility staff failed attentified. Led to revise their facility section, "physical environment when it was determined that ig to need a new A/C unit for of the Westham and Grove.	F 83	8	

FORM CMS 2567(02-99) Previous Versions Of solete

Event D JO7/V11

Facility ID VAGOG4

responsible Page 15 of 17



PRINTED INCLUDING CORMAPPROVEL OMB NO 0938-039

CENTE	RS FOR MEDICARE	S MEDICAID SERVICES	a villa esta esta esta esta de la constitución de l	arangan ng garangan ng	OMB NO	<u>), 0938-039 </u>
STAILER : #1	OF DEFICIENCIES IF CORRECTION	ATE PROVIDER STATE IN EAST REAL IN INC. IN CASE OF THE REAL INC.	x. (Edd) A Bunth	TRE CONSTRUCT		TESTINEVEY MOLETIES
		495272	is symme.		06	C 5/04/2018
	TROVIDER OR SUPPLIER ON COURT REHABIL	ITATION & HEALTH CARE CTR		STREET ADDRESS GEY, STATE ZAP CODE 1776 CAMBRIOGE DRIVE RICHMOND, VA. 23238	renganismo en migra en mario	Mill think the page or an against again again an again a
X 1. (4 + 1) \$750 + 330 1741 +	(EACH DEFICE NO)	CEMENT OF DEFICIENCIES FRUST BE PRECEDED BY FULL STIDENTEYING INFORMATION	PHEFD IAG		DUL) HE	** * \$3\$ \$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
F 838	hailways to cool the that the dining room A/C. ASM #1 had a Tuckahoe unit had on 6/4/18 at 10/10 conducted with ASh had started working 2018. ASM #1 stat administrator had to need to be replaced time, the A/C unit w #1 stated that when there had already be the A/C. ASM #1 stated that when there had already be the A/C. ASM #1 stated that two weeks ago contractor (HVAC c ASM #1 stated that several visits to the writing up their proposition of 6/4/18 at approximate the A/C had stopper following was docur for AHU (air handler administrator and his replace the motor discount and the motor discount of the A/C had stopper following was docur for AHU (air handler administrator and his replace the motor discount and the motor discount at the motor discount and the motor discount	the nursing stations and in the emain areas. ASM #1 stated are for each unit had functional also stated that the entire functional A/C. a.m., further interview was with ASM #1 stated that he gat the facility on April 16 and that this is when the interimodal him that the A/C unit would a ASM #1 stated that at this as functioning properly. ASM a fee that at two contractors had he A/C sometime in May of each that it was corporate's bid before making a decision to hire/use. ASM #1 stated that a third ontractor), look at the unit. This third contractor had made facility and that they were losal this week. ASM #1 also waiting for the third se a temporary solution, such and chillers until the A/C unit.	F8	;38		

Recommended Repair: AHU is very old and in

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							C 0938-0391
ATTORNESS CONTRACTOR OF STREET	- W- W- W	A MEDICAID SERVICES	7'3 4 44.13		UNSTRU-TION		DATE SURVEY
	R ()BAF (ERB) F E E E B R SE ER (E)	DEMOREABLAMARIER	A BUU)		and the state of t		ONGLESO
		495272	E MINO			(C)6/04/2018
NAME OF	ROVINGOR A PERG	Överer - manakolosisinin kaksista kanta ini delegaringan kanta pendelikan kahakakan kanta delegarin (kanta kanta	·	974	FET ADDRESS CITY SIMILE /8' OF	Œ	
LEXING1	ON COURT REHABI	TATION & HEALTH CARE CTR			S CAMBRIDGE DRIVE		
				RIO.	HMOND, VA 23238 PROVIDER'S PLAN OF CORR	LOTION:	
endodie Nace	LACH DELICITACY	HEMENT OF DEPICENCIES HOWER HE PHECEDED BY FULL SHEEP NEW YING INFORMATION	ID PRELI IAG		HAD CORRECT VEACTIONS OF CROSS HEFT, RENCED TO THE AFT OF CIENCY.	MOULL BE	- 、非科特条件 . 好計
F 838	Continued From pa	ge 16	F 8	38			
		tely needs replacing." (This is					
		ed functioning properly on the					
	to evidence that it via new air conditions for the Westham are after the current un	ly's Facility Assessment failed was revised documenting that earlair handler unit was needed not Grove units prior to and it was non-functional. The tiwas last revised on					
	interview was cond asked who was res assessment, ASM: #1 stated that he w revisions to the ass the assessment wo that the facility asse any significant char When asked if he v for the new AC/han Assessment when: notified him and the	comate y 4:30 p m , further ucted with ASM #1. When pensible for the facility #1 stated that he was. ASM ac also responsible for any essment. When asked when uct be revised, ASM #1 stated assment should be revised for agas in the facility's needs, would expect to see the need dier units on the Facility the interim administrator first a need was identified, ASM #1 diexpect to see the facility the seed was identified, ASM #1 diexpect to see the facility the seed was identified.					
	the administrator, A Nursing) and ASM	kinately 6:30 p.m., ASM #1, SM #2, the DON (Director of #3 and #4, two corporate aware of the above concerns.					
	No further informati	on was presented prior to exit.					
	COMPLAINT DEFI	CENCY					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAIN SERVICES

PRINTED: 06/12/2016 FORM APPROVIDE

STATE MENT	THE PROPERTY OF THE PARTY OF TH	CI DROVDER GRIPP, ERICLIA OF NOT REAL ON HOMBER	X/: MULI	FIFLE CONSTRUCTION	(X3) DATE SURVEY
		Section of the control of the contro	A ISLICIO	NC market man out or an analysis and the second	COMPLETILD
		495272	B WING		06/04/2018
	COVIDER OR SUPPLIER	ITATION & HEALTH CARE CTR		STREET ADDRESS, CITY STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	1 00/04/2018
(X-I) IO PREFIX TAG	EACH DEFICE NO	TEMENT OF DEFICIENCIES FLIUST BE PHI-CEDFILBY FULL SLIDENTB YING INFORMATION)	ID PR: FIX TAG	PROVIDER'S PLAN OF CORREC EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APPE DEFICIENCY)	ULD BE COMPLETE
F 000	INITIAL COMMENT	5	F 00	00	
F 607 I SS=E S I S I S I S I S I S I S I S I S I S	survey was conduct was investigated duare required for con CFR Part 483 Fede Requirements. The census in this 1 time of survey. The one closed record re Develop/Implement CFR(s): 483.12(b)(1) Frohit mplement written possible and exploitation of investigate any survey. The course of the course o	90 bed facility was 159 at the survey sample consisted of eview, Resident #1. Abuse/Neglect Policies)-(3) ity must develop and obicies and procedures that. Int and prevent abuse, alion of residents and resident property, iish policies and procedures challegations, and be training as required at It is not met as evidenced on, staff interview, and facility was determined that the implement abuse policies alallegation of potential eriate state agencies for all atham and Grove Units. It to implement abuse	F 60	Preparation of the follocorrection does not conadmission or agreement provider of the truth or or conclusions set forth statement of deficienci of correction is preparation is required by the provided and state law. Correction constitutes to allegation of compliance	nstitute In the the fracts alleged In in the Less. This plan Led because it Lisions of The plan of Less fracility's
	ompressor that prov	at the roof mounted ided air conditioning to the			

Administrator 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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Even ID JQ7W11

Facility ID VAGG34

FRINTED 06/12/2018

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	angun an consecutive consecuti		OMB NO. 0938-039
	FOR DEFICIENCIES OF FORRECTION	(X1) PROVIDER/SUPPLIER/CHA (DENT/FICATION NUMBER		MACONSTRUCTOR	IX TO DATE SURVEY COMPILIED
		495272	n wins		C
NAME OF	PROVINTROP, SUPPLIER			STREET ADDRESS CATY STATE / BP CO.	05/04/2018
				1776 CAMBRIDGE DRIVE	**
LEXING.	TON COURT REHABI	LITATION & HEALTH CARE CTR		RICHMOND, VA 23238	
(X-I; ID PRE E IX TAC:	(FACH DEFIC/ENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF LORR EACH CORRECTIVE ACTION S CROSS REFFRENCED TO THE AR DEPICIENCY)	HOULD HE CAMPETON
F 607	Continued From pa	na i	5° 60 6	\$ mg	
, 00,		ge ing stations on the Westham	F 60)	
	and Grove Units wa	ig stations on the westham as non-functioning as of opriate state agencies.			
				F607	
	The findings include	3 .			
	O= C/4/40	(m. m) a (m.		A Facility Reported Incider dolings-de-CVC - Jack	it report was
		cimately 9.10 a.m., entrance ASM (administrative staff		delivered to OLC and APS	
		ministrator. ASM #1 stated		stating that a roof mounte	
		idition) for the hallways and		air conditioning to the hall	ways and nursing
		the Grove and Westham units		stations on Grove and We:	
		unctioning. ASM #1 stated		non-functioning as of 5/13	/2018.
		ective services) and the fire		Assessment of all residents	s potentially
	*	estigated this over the stated that a roof mounted		affected by a failure to ide	
		stated that a roof mounted ed to air condition both units		temporary reduction of fac	
		nd that it was not working.		air conditioning as potentia	
		the air conditioner stopped		occurred on 6/4/2018 and	
		n days ago. ASM #1 stated		indication of harm identifie	0/J/2010. NO
		oom had their own PTAC (AC			
	,	the resident could control in		medical records from the t	
		1 stated that he had placed ng stations and in the		air conditioning in the two	
	haliways to cool the	main areas. ASM #1 stated		any failure to report based	
	that the dining room	s for each unit had functional		facility neglect policy. Instru	uctions to treat
	A/C. ASM #1 had al	so stated that the entire		an APS investigation as evid	
		unctional A/C. ASM #1 was		potentially reportable negle	ect and to report
		dence of when the A/C unit		alleged violations of neglec	t under the
	became non-function	Tal.		facility policy given to the A	
	On 6/4/18 at 9:16 a r	m , a tour of the facility was		Director of Nursing and Adr	
		ng room on the Westham		team on 6/5/2018 based or	
i	unit had functional A	C. The A/C was set to 75		interpretation of facility rep	3
	degrees Fahrenheit.	·		requirements.	ornik
		n a large utility fan was			*****Councesseen
(observed at the nurs	ing station. The temperature			desire

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

felt comfortable. A cart with juice and cups was also observed at the nurses station. Each

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Faculty ID VA0604

Il continuation sheet Page 2 of 17



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

PRINTED 06/12/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DESIGNORS AND PLANT FLORREGION	S PROVIDER STATERALIA BY MIE & ASSAULANDE C	A SUBTR		(X3) OATE SHRVEY COMPLETED
	495272	i: Wila,		C 06/04/2018
NAME OF PROVIDER OR SUPPLETS LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		A CONTRACTOR OF THE CONTRACTOR	STREET ADDRESS CITY STATE CRECORD 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
PRIFIX LACHIDEF	RY STATEMENT OF DEFILIT NOTS CÆNCY MUST BE PRECEDED BY FULL IY ON USC (DENTILY ING INFORMATION)	(AG	PROVIDER'S PLAN OF CORRECT FACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEF CIENCY)	LDBE OMETHER
S COT CARRAGE	······································		enterminenterminenterminenterministäjännämänämänämänääääääääääääääääääääää	-Dissournesson en

F 607 Continued From page 2

hallway (three hallways) on the Westham unit had their own box fan

On 6/4/18 at 9:30 a.m., observation of the Grove unit was conducted. The Grove day room had two PTAC units The PTAC units were off This writer turned the units on and the PTAC units were functional. The dining room felt a little warm. Two residents in the day room complained that it was cold and instructed this writer to leave it off The nursing station had a large utility fan that was blowing towards where residents were sitting at the nurses station. Each hallway (three hallways) had their own box fan. The 300 hallway had two box fans.

On 6/4/18 at 10:10 a.m., further interview was conducted with ASM #1 ASM #1 stated that he had started working at the facility on April 16th, 2018. ASM #1 stated that this is when the interim administrator had told him that the A/C unit would need to be replaced. ASM #1 stated that at this time, the A/C unit was functioning properly. ASM #1 stated that when he had arrived to the facility. there had already been two bids to replace the A/C. ASM #1 stated that two contractors had come in to look at the A/C sometime in May of 2018. ASM #1 stated that it was corporate's policy to get a third bid before making a decision on which contractor to hire/use ASM #1 stated that two weeks ago he had requested that a third contractor (HVAC contractor), look at the unit. ASM #1 stated that this third contractor had made several visits to the facility and that they were writing up their proposal this week. ASM #1 stated that he was also waiting for the third contractor to propose a temporary solution, such as providing coolers and chillers until the A/C unit was completely fixed. All evidence of

F 607

2. Current physical plant needs with the potential to create a risk of potential neglect were reviewed by the Administrator on 6/4/2018. Residents with severe cognitive impairments residing in the Westham and Grove neighborhoods with the potential to be impacted by the nonfunctioning rooftop air conditioning unit were identified. Interventions to address their potential need for additional hydration were added to their care plans, and staff educated, on 6/4/2018. Interventions included moving those residents from common areas to air conditioned areas when temperatures increase. All residents potentially affected by non-functional rooftop air conditioning unit will be assessed for hydration needs, including a medical record review and observational review to assess needs of noncommunicative residents.

FORM CMS 2567(02:99) Previous Versions Obsolete

Event ID 307W11

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If continuation sheet Page, 3 of 17



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	FOR DEFICENCES OF CORRECTION	KIL PROVIDER SUPPLIERICLIA IDENTIFICATION NUMBER	(X2) MUL A BUR DI		STRUCTION	(XJ) DATE SURVEY COMPLETED
		495272	8. WING	ev-viiww / w// w//	the contract of the second of	C 06/04/2018
	PROVIDER OR SUPPLIER TON COURT REHABII	LITATION & HEALTH CARE CTR		1776 CA	ADDRESS CITY, STATE, ZIP CO AMBRIDGE DRIVE IOND, VA 23238	
(XA) IE) PRI FIX IAC;	(EACH DEFICIENC)	OTTMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTITYING INFORMATION)	ID PREF X TAG	тобоомсимистической ониманиции	PROVIDER'S PLAN OF COR- EACH CORRECTIVE ACTION S PROSS REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
	On 6/4/18 at approxitemperatures of the were conducted will #2, the director of mitemperatures were in Westham Unit: 201 hallway: 77 7 de 212 hallway: 78 2 de 224 hallway: 77 7 de Nursing station: 79.8 Grove Unit. 301 hallway: 78.8 312 hallway: 78.8 312 hallway: 77.9 324 hallway: 77.9 324 hallway: 78.8 the Nursing Station. 86 de residents were sitting station. Two residents were sitting station. Two residents were confucted at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 froom. All rooms had resident rooms were confuded at 11 frooms had resident rooms were confu	dimately 11:00 a.m. air air avestham and Grove units in OSM (other staff member) recorded. Degrees F (Fahrenheit) degrees F at this time five grat the tables at the nursing its stated that they were cold in Unit and Grove unit was a functional PTAC unit. The comfortable in temperature. The were presented by ASM #1 are of events:	F 60	3.	Education of Administ management team or requirements. Environmental and eq potential to create a r neglect as identified b reviewed by QAPI Con will be investigated an required state agencie 7/11/2018	uipment needs with isk of potential y Administrator to be mittee monthly, and id reported to the
ÎI E	n 2013. That same of executive from the co	of a bid that was conducted fay the senior account impany had responded back to be would have to consult.				March

FORM CMS-2567(62-99) Previous Versions Occolete

with an engineer since the bid was from 2013

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		495272	li (MN)		06/04/2018
	PROVIDER OR SUPPLIER TON COURT REHABI	TATION & HEALTH CARE CTR		1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	(利)
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F 607	the third contractor A/C unit for Grove a was documented "(air handler) locked and he said he didridue to age and conbids for replacemer Repair: AHU is very definitely needs repstopped functioning Westham Units). 5/24/18 and 5/31/18 accountant execution the following: "(Nam 5/24 to discuss the replacement and or engineer to look at the present a proposal interview was conducted if it was report the A/C unit was not	y of workload performed from documented an issue with the and Westham. The following Found blower motor for AHU up talked to administrator if want to replace the motor dinon of AHU. He is getting at AHU. Recommended told and in rough shape, facing " (This is when the A/C properly on the Grove and III). An email from the senior recorded 6/4/18 documented to of ASM #1). We visited on need for the AHU is 5/31, we returned with our he needs to be able to	P 6	507	
	working to the OLC Certification). ASM he did not report the "retrospect" he should also that he was the appropriate state not report the A/C not fire department. ASI APS and the fire department.	(Office of Licensure and #1 stated he didn't know why is ASM #1 stated that in id have reported this. ASM is responsible for reporting to agencies. ASM #1 also did in functioning to APS or the #1 had stated that he knew partment were concerned as not given any additional			

On 6/4/18 at approximately 6 30 p.m., the above

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		e von statute en		PROVIDER'S PLAN OF CORRECTION	and the second s
1V(; td() 1 x (X 1 H)	LE ACTITUE L'ICHE NEUY	ALMINI OF DEPUINCIES CAUST HE PRECEDED BY FULL SEIGENTHY NO INFORMATION)	O PHILI TAG	X FACTOORHECT VEACTION SHOUL	OBE HE STATE
F 607	Continued From pa	ga 5	F 6	07	
	concern was addres	sked with ASM #1, the			
	administrator, ASM	#2, the DON (Director of			
	Nursing) and ASM I	#3 and #4 two corporate			
	nurses were made	aware of the above concerns e was any questions regarding			
	this concern ASM	# stated that he understood			
	and that he should	have reported to the state			
	agency that the A/C	was not working back on			
		when APS had visited over the			
	weekend and expre 6/3/18).	essed concerns (6/2/18 and			
	Resident Abuse" do "Facility staff will ev correct, and interve Abuse, neglect, mis misappropriation of occur, including and contributing factors the facility. The per Virginia issued the I shall at least annual and Director of Nurs	resident properly is likely to aysis of such potentially as a) physical environment of rson to which the State of license to operate the Facility ally direct the Administrator sing that they shall, and widuals will, comply with the			
	Services an Injury of allegation of Abuse Mistreatment or Mis property) within two the allegation if the	OH and Adult Protective of unknown Source and an including. Neglect suppropriation of resident abouts of becoming aware of events that cused the buse or result in serious bodily.			
	Services an allegati	OH and Adult Protective ion of Neglect, Mistreatment or resident property or an injury			лейн-түүлир-наогааа ас

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

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PREFIX TALL	EACH DEFICIENCY	I MENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GIDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRES (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	13/38PLETU/A UATE
F 607	within 25 hours of bit allegation of events do not involve abuse	ge 6 that does not involve abuse ecoming aware of the that cause the allegation and e or result in serious bodity	F 60)7	The Control of the Co		
	There was no furthe to exit.	r information presented prior			09		
F 609 SS=E	COMPLAINT DEFIC Reporting of Alleged CFR(s): 483.12(c)(1) §483.12(c) in respon	Violations	F 60		A Facility Reported Incide delivered to OLC and APS stating that a roof mount air conditioning to the hastations on Grove and W	S on 7/6/: ted unit p allways ar estham u	2018 providing and nursing
	fust: §483.12(c)(1) Ensure involving abuse, neglimistreatment, including source and misappropriate reported immediate hours after the allegate serious bodily injury, the events that cause abuse and do not resist administrator of the officials (including to the officials officials (including to the officials offic	e that all alleged violations ect, exploitation or ng injuries of unknown priation of resident property, itely, but not later than 2 tion is made, if the events ion involve abuse or result in or not later than 24 hours if the allegation do not involve ult in serious bodily injury, to be facility and to other he State Survey Agency and es where state law provides term care facilities) in law through established			Assessment of all resider affected by a failure to id temporary reduction of fair conditioning as poten occurred on 6/4/2018 an indication of harm identification of harm identificatio	nts potential regle id 6/5/20 fied in reset temporare of units are donexis tructions widence of glect and ect under administration OLC's	e rvices like ct 18. No sident ary lack of and from ting to treat f to report the trator, artive

requirements.

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(X4.35) PHELIX LAG	(EACH DEFICIENCY	IT MENT OF DEFICIENCILS MUST HE PRECEDED BY FIRE SCIDENTIFYING INFORMATION)	(AC)		PROVIDERS PLAN OF CORRECTI EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPTICE
F 609	Continued From pa	ge 7	F 6			
	Survey Agency, will	are law, including to the State bin 5 working days of the alleged violation is verified		2)	Current physical plant need potential to create a risk of neglect were reviewed by the	potential

appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced

Based on observation, staff interview, and facility document review, it was determined that facility staff failed to report a situation / allegation of potential resident neglect to the appropriate state agencies for all residents on the Westham and Grove Units.

The facility staff failed to report that their roof mounted compressor that provided air conditioning to the hallways and nursing stations on the Westham and Grove Units was non-functioning as of 5/16/18, to the appropriate state agencies.

The findings include

On 6/4/18 at approximately 9:10 a.m., entrance was conducted with ASM (administrative staff member) #1, the administrator. ASM #1 stated that the A/C (air condition) for the hallways and nursing stations on the Grove and Westham units were currently non functioning. ASM #1 stated that APS (adult protective services) and the fire department had investigated this over the weekend. ASM #1 stated that a roof mounted compressor was used to air condition both units in the main areas, and that it was not working. ASM #1 stated that the air conditioner stopped functioning about ten days ago. ASM #1 stated that each resident room had their own PTAC (AC and heater) unit that the resident could control in their rooms. ASM #1 stated that he had placed fans out at the nursing stations and in the

- neglect were reviewed by the Administrator on 6/4/2018. Residents with severe cognitive impairments residing in the Westham and Grove neighborhoods with the potential to be impacted by the nonfunctioning rooftop air conditioning unit were identified. Interventions to address their potential need for additional hydration were added to their care plans. and staff educated, on 6/4/2018. interventions included moving those residents from common areas to air conditioned areas when temperatures increase. All residents potentially affected by non-functional rooftop air conditioning unit will be assessed for hydration needs, including a medical record review and observational review to assess needs of noncommunicative residents.
- 3) Education of Administrator, DON and management team on federal and state law reporting requirements.
- 4) Environmental and equipment needs with potential to create a risk of potential neglect as identified by Administrator to be reviewed by QAPI monthly, and will be investigated and reported to the required state agencies.
- 5) 7/11/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE'S MEDICARD SERVICES

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that the dining roor A/C. ASM #1 had Tuckahoe unit had asked to provide erbecame non-function on 6/4/18 at 9:16 a conducted. The direction degrees Fahrenheit On 6/4/18 at 9:20 a observed at the nuitelt comfortable. A also observed at the hallway (three hallw their own box fan. On 6/4/18 at 9:30 a unit was conducted two PTAC units. The writer functional. The Two residents in the was cold and instructional of the nurses station blowing towards where the nurses station had their own box fans. On 6/4/18 at 10:10 conducted with ASM had started working 2018. ASM #1 state administrator had to need to be replaced.	e main areas. ASM #1 stated his for each unit had functional also stated that the entire functional A.C. ASM #1 was vidence of when the A/C unit onal. Lim., a tour of the facility was ning room on the Westham A/C. The A/C was set to 75	F 6	09	

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

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	495272	a wa .	*****	C 06/04/2018
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there had already by the A/C ASM #1 state come in to look at the 2018. ASM #1 state policy to get a third on which contractor that two weeks ago contractor (HVAC or ASM #1 stated that several visits to the writing up their propietated that he was a contractor to propose as providing coolers was completely fixed documentation of the requested. On 6/4/18 at approximate temperatures of the wore conducted with #2, the director of matemperatures were in the word conducted with #2, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperatures were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were in the word conducted with #3, the director of matemperature were	the had arrived to the facility, een two biddings to replace ated that two contractors had the A/C sometime in May of ad that it was corporate's bid before making a decision to hire/use. ASM #1 stated the had requested that a third outractor) look at the unit this third contractor had made facility and that they were osal this week. ASM #1 also waiting for the third is a temporary solution, such and childers until the A/C unit if All evidence of a third contractor's visits were commately 11:00 a.m. air twestham and Grove units a OSM (other staff member) aintenance. The following ecorded:	F 60	09	

FORM CMS 3567(62-99) Previous Versions October

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

FORM APPROVED OMB NO. 0938-0391

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F 609	also conducted at 1 room. All rooms ha resident rooms were on 6/4/18 at approfollowing document that illustrate a time 5/11/18- ASM #1 has contractor for a copin 2013. That same executive from the to ASM #1 stating the with an engineer side of the following and the said he did due to age and combids for replacement Repair: AHU is very definitely needs repstopped functioning Westham Units). 5/24/18 and 5/31/18 accountant executive the following: "(Nam 5/24 to discuss the replacement and or engineer to look at present a proposal	team Unit and Grove unit was 17:00 a.m. of each resident ad a functional PTAC unit. The recomfortable in temperature. Extinately 2:00 p.m., the is were presented by ASM #1 eline of events: ac contacted the third by of a bid that was conducted a day the senior account company had responded back that she would have to consult ince the bid was from 2013. By of workload performed by cocumented an issue with the land Westham. The following Found blower motor for AHU tup, talked to administrator of the with the replace the motor diston of AHU. He is getting that AHU. Recommended yold and in rough shape illacing." (This is when the A/C is properly on the Grove and 18- An email from the senior we dated 6/4/18 documented the of ASM #1). We visited on need for the AHU in 5/31 we returned with our the needs to be able to	F	509	

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

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proceedings on the	1117 1 751 1815 END SALE	G WEDICAID SERVICES			CIAID IAC DAGO-NODI
	TOPERAL NEW Y	.xi) PROVIDERS-,PP. IER CE A IDENTIF CATE I ENGINEER		ERE CONSTRUCTION	COMPLETE
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David 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PROVIDER OR SUPPLIER TON COURT REHABIL	TATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
× 13 (f) 1 17(1) 1-1× 17(1)	(LACH DE FIGIENCY	MENT OF DEFIT ENCIES MUST BE PRECIDED BY FULL O DENTIFYING INFORMATION.	PREFIX IAG	PROVIDER'S PLAN OF CORRECT EACH COPRECT VE ACTION SHOU CROSS REFERENCED TO THE APPRI DEFICIENCY?	AD BE LONG 1-18
	unit was non-function did not report that the OLC (Office of L ASM #1 stated he did report this. ASM #1 should have reported was responsible for state agencies. AS A/C not functioning the ASM #1 had stated the department were consumed was not given any according and ASM #1 had stated the administrator, ASM #1 nurses were made as When asked if there this concern, ASM #1 and that he should held the A/C was not workleast when APS had (6/2/18 and 6/3/18). Facility policy titled Resident Abuse door rect, and interven Abuse, neglect, mistimisappropriation of roccur, including analicontributing factors at the facilityThe pers Virginia issued the lice shall, at least annualliand Director of Nursi	ated to the state that the A/C that. ASM #1 stated that he the A/C had stopped working to accessure and Certification) and that in "retrospect" he did not stated that in "retrospect" he did this. ASM #1 stated that he reporting to the appropriate M #1 also did not report the to APS or the fire department that he knew APS and the fire incerned about the A/C but diditional information. Inately 6.30 p.m., ASM #1 and #2, the DON (Director of 3 and #4, two corporate ware of the above concerns was any questions regarding a stated that he understood ave reported to the state that any back on 5/16/18 or at a visited over the weekend. Abuse- Prevention of uments in part, the following little guidelines to identify, a in situations in which	F 60		

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		495272	1 2 2 2 2 2 2 2 2	LANDRESS IN SIAU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	06/04/2018
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with the control of t				236V3 233 30	# 1 (1888)	
(X1 1) (4) 11x 146.	IL ACH DEFICIENCY	ZEMENT OF DEPICIENCIES FIGURE BE PRECEDED BY FULL SCIDENTIFYING INSTRUMATION	;	and the second s	CHON SHOULD THE APPROPE	BI LANGE BUL
F (i09	Continued From pa	ge 12	F	609		
	Services an Injury of allegation of Abuse Mistreatment or Misproperty) within two the allegation if the	CH and Adult Protective of unknown Source and an including. Neglect, suppropriation of resident electric of becoming aware of events that cused the buse or result in serious bodity.				
	Services an allegtic Misappropriation of of unknown source within 25 hours of b allegation of events	OH and Adult Protective on of Neglect, Mistreatment or resident property or an injury, that does not involve abuse secomign aware of the that cause the allegation and e or result in senous bodily				
	There was no further to exit	er information presented prior				
	COMPLAINT DEFI Facility Assessmen CFR(s): 483.70(e)(Book and the second sec	gude guar	838		
	facility-wide assess resources are nece competently during and emergencies, update that assess least annually. The update this assessi	assessment induct and document a ment to determine what issary to care for its residents both day-to day operations The facility must review and ment, as necessary, and at facility must also review and ment whenever there is, or the victance that would require a				

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	DEDETICIENCES A CORRECTION	CAL PROVIDER SUPPLIER COA BENNIE CATION BEAUTER	(X2) MIA A BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495272	H WING		C 06/04/2018
	PROVIDER OR SUPPLIER TON COURT REHABI	LITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	ZIP CODE
(X4, U) PR(11X TA()	(EACH OF FIGHT NO	ATEMENT OF DEFICIENCIES Y MOST BE PRECEDED BY FOLL SCIDENTIFYING INFORMATION:	ID PREFID TAG	PROVIDER'S PLAN C X (EACH CORRECTIVE A CROSS REFERENCED TO DEFICIE!	CTION SHOULD BE COMPLE (4) N O THE APPROPRIATE DATE
F 838	assessment. The fraddress or include: §483 70(e)(1) The including, but not lii (i) Both the number resident capacity; (ii) The care require considering the typic physical and cognitiand other pertinent that population, (iii) The staff compiporovide the level ar resident population (iv) The physical er services, and other that are necessary (v) Any ethnic, culturnay potentially affer facility, including, but food and nutrition is §483.70(e)(2) The food and nutrition is §483.70(e)(2) The food and vehicles; (ii) Equipment (medicine) Services provide pharmacy, and specific (iii) Services and those contract), and volunted in the services are services.	action to any part of this actility assessment must facility's resident population, mited to, of residents and the facility's ad by the resident population as of diseases, conditions are disabilities, overall acuity, facts that are present within attencies that are necessary to ad types of care needed for the avironment, equipment, physical plant considerations to care for this population, and aral, or religious factors that act the care provided by the att not limited to, activities and ervices. Facility's resources including for other physical structures are ficial and non-medical), and, such as physical therapy, offic rehabilitation therapies, including managers, staff (both se who provide services under iteers, as well as their aining and any competencies	F 8	1. Facility Assessment include backups of HVAC unit fail residents potent identify the temps services like air coneglect occurred indications of hamedical records hallway air condicand from any fail existing facility possible for substant will then be added assessment. All reto be affected by a Changes, or plant facility's resident resources, and/or reviewed by the athose that require assessment. 4. Facility assessment monthly QAPI medications of HVAC unit fail for the facility assessment.	•

(v) Contracts, memorandums of understanding,

or other agreements with third parties to provide

5. 7/11/2018

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

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777			1776 CAMBRIDGE DRIVE	
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v.: 1 SUAMARY 51/	ALERT OF DEFICENCES	·············	PROVIDER'S PLANGE CORRECT	
PRICE LACATOR COMMA	Y CRUST BE PEECFDED BY FUEL S IDENTIFYING INFORMATION)	POSTS IAG	(LEACH CORRECTIVE ACTION SHOU CROSS REFERENCED TO FHE APPRO DEFICIENCY)	E-B- PM - P
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	ent to the facility during both	1 0		
	and emergencies and			
	tion technology resources.			
	or electronically managing if electronically sharing			
information with off				
	~			
§483.70(e)(3) A fac				
all-hazards approa	risk assessment, ut lizing an — ch			
* *	NT is not met as evidenced			
by	erview and facility document			
	rmined that facility staff failed			
to review and upda	te the facility assessment			
	ucing a substantial			
modification was id	erered			
The facility staff fail	led to revise their facility			
	section, "physical environment			
	" when it was determined that and to need a new A/C unit for			94.00
	of the Westham and Grove			
Units.				
The findings include	⊜:			
On 6/4/18 at 9·10 a	um, entrance was conducted			Monocopy report
	rative staff member) #1, the			
administrator.	the A/C (air condition) for the			300
	ng stations on the Grove and			WOOD WE
Westham units wer	re currently nonfunctioning			s apropria
	a roof-mounted compressor			Agrillagence
	edition both units in the main as not working ASM #1			
	as not working industrial as not working in Administration and their own			-
PTAC (AC and hea	ter) unit that the resident could			
control in their room	ns. ASM #1 stated that he had			

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DEPARTMENT OF HEALTH -ND HUMAN SERVICES OF NUERS FOR MEDICARE & MEDICARD SERVICES.

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real-acceptance of the second	NOVIDER OR SUPPLIER	TATION & HEALTH CARE CTR		STREET ADDRESS CHY, STATE ZIP CODE 1776 CAMBRIDGE DRIVÉ RICHMOND, VA 23238	
33 · 4 · ₽ · · · · / 8 · · · · · · ·	(EACH DEFICE NO	EMENT OF DEFICIENCES HUST BE PRECEDED BY FULL THERTEYING INFORMATION	(1) 		UL)BL (NET OF
	nailways to cool the hat the dining room A/C. ASM #1 had a Fuckahoe unit had a fuckahoe unit had a conducted with ASM and started working 2018. ASM #1 stated that when here had already before in to look at the A/C. ASM #1 stated that when had already before in to look at the A/C. ASM #1 stated that two weeks ago contractor (HVAC constant wo weeks ago constant wo weeks ago contractor (HVAC constant wo weeks ago constant wo weeks ago contractor	the nursing stations and in the main areas. ASM #1 stated is for each unit had functional also stated that the entire functional A/C. ##1. ASM #1 stated that he at the facility on April 16 and that this is when the interimed him that the A/C unit would had ASM #1 stated that at this as functioning properly. ASM the had arrived to the facility, een two biddings to replace ated that two contractors had be A/C sometime in May of each that it was corporate's had before making a decision to hire/use. ASM #1 stated me had requested that a third outractor), look at the unit. It is third contractor had made facility and that they were esal this week. ASM #1 \$50 waiting for the third.	Ţ. E	338	
o P th fe fe a a	on 6/4/18 at approx rovided evidence from A/C had stopped allowing was documer AHU (air handler dministrator and helplace the motor dt. HU. He is getting it	and chillers until the A/C unit imalely 2.00 p.m., ASM #1 from the third contractor that I working on 5/16/18. The nented: "Found blower motor) locked up, talked to a said he didn't want to use to age and condition of ods for replacement AHU, air" AHU is very old and in			

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13-12-14-2 1486-1-12 141-1	LAURIDELICIENCY	GERENT OF THERGENCIES FROST BE FRECEDED BY FULL SE TOE NITE YING INFORMATION)	IAG PRETI		PROVIDER'S PLAN OF CORF (LAVA) CORRECT VE ACTION S CROSS REFLHENCED TO THE A DETICIENTLY.	SmOULL BE	(2) - , ;\$:\${\$\$\$*\$\$ \$20.\$E
F 838	Continued From pa	ge 16	F	38			
	rough shape, defini when the A/C stopp Grove and Westha	tely needs replacing." (This is sed functioning properly on the in: Units)."					
	to evidence that it value a new air condition for the Westham at after the current un	ty's Facility Assessment failed vas revised documenting that erfair handler unit was needed nd Grove units prior to and it was non-functional. The it was last revised on					
	interview was cond asked who was resassesment, ASM #1 stated that he wrevisions to the asset the assessment wo that the facility asseany significant charwhen asked if he v for the new AC/han Assessment when notified him and the	ximatery 4:30 p.m., further ucted with ASM #1. When appossible for the facility #1 stated that he was. ASM as also responsible for any sessment. When asked when act to be revised, ASM #1 stated easient should be revised for ages in the facility's needs, would expect to see the need of the interim administrator first a need was identified, ASM #1 d expect to see the facility the interimal material actions.					
	the administrator, A Nursing) and ASM	ximately 6:30 p.m., ASM #1, ASM #2, the DON (Director of #5 and #4, two corporate aware of the above concerns.					
	No further informat	ion was presented prior to exit.					
	COMPLAINT DEFI	CIENCY					

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