

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/04/2018
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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid abbreviated survey was conducted on 6/4/18. One complaint was investigated during this survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care Requirements.

The census in this 190 bed facility was 159 at the time of survey. The survey sample consisted of one closed record review, Resident #1.

F 607 Develop/Implement Abuse/Neglect Policies
SS=E CFR(s): 483.12(b)(1)-(3)

F 607

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,

§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and

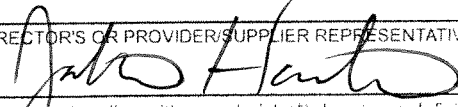
§483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by:

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

The facility staff failed to implement abuse policies and report that the roof mounted compressor that provided air conditioning to the

Preparation of the following plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared because it is required by the provisions of federal and state law. The plan of correction constitutes the facility's allegation of compliance.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7/6/2018
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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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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 607	<p>Continued From page 1</p> <p>hallways and nursing stations on the Westham and Grove Units was non-functioning as of 5/16/18, to the appropriate state agencies.</p> <p>The findings include:</p> <p>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 hallways to cool the main areas. ASM #1 stated that the dining rooms for each unit had functional A/C. ASM #1 had also stated that the entire Tuckahoe unit had functional A/C. ASM #1 was asked to provide evidence of when the A/C unit became non-functional.</p> <p>On 6/4/18 at 9:16 a.m., a tour of the facility was conducted. The dining room on the Westham unit had functional A/C. The A/C was set to 75 degrees Fahrenheit.</p> <p>On 6/4/18 at 9:20 a.m., a large utility fan was observed at the nursing station. The temperature felt comfortable. A cart with juice and cups was also observed at the nurses station. Each</p>	F 607	<p>F607</p> <p>1. A Facility Reported Incident report was delivered to OLC and APS on 7/6/2018 stating that a roof mounted unit providing air conditioning to the hallways and nursing stations on Grove and Westham units was non-functioning as of 5/13/2018. Assessment of all residents potentially affected by a failure to identify the temporary reduction of facility services like air conditioning as potential neglect occurred on 6/4/2018 and 6/5/2018. No indication of harm identified in resident medical records from the temporary lack of air conditioning in the two units and from any failure to report based on existing facility neglect policy. Instructions to treat an APS investigation as evidence of potentially reportable neglect and to report alleged violations of neglect under the facility policy given to the Administrator, Director of Nursing and Administrative team on 6/5/2018.</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		LSC PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272		C - COMPLETE CONSTRUCTION A - ADDITIONS D - WING		LSC DATE SURVEY COMPLETED C 06/04/2018	
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP/CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238			
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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 non-functioning 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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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 607	Continued From page 3 documentation of the third contractor's visits were requested On 6/4/18 at approximately 11:00 a.m. air temperatures of the Westham and Grove units were conducted with OSM (other staff member) #2, the director of maintenance. The following temperatures were recorded: Westham Unit: 201 hallway: 77.7 degrees F (Fahrenheit) 212 hallways: 78.2 degrees F 224 hallway: 77.7 degrees F Nursing station: 79.5 degrees F Grove Unit: 301 hallway: 78.8 312 hallway: 77.9 324 hallway: 75.4 Nursing Station: 86 degrees. at this time five residents were sitting at the tables at the nursing station. Two residents stated that they were cold. A tour of the Westham Unit and Grove unit was also conducted at 11:00 a.m. of each resident room. All rooms had a functional PTAC unit. The resident rooms were comfortable in temperature. On 6/4/18 at approximately 2:00 p.m., the following documents were presented by ASM #1 that illustrate a timeline of events: 5/11/18- ASM #1 had contacted the third contractor for a copy of a bid that was conducted in 2013. That same day the senior account executive from the company had responded back to ASM #1 stating that she would have to consult with an engineer since the bid was from 2013	F 607	<ol style="list-style-type: none"> 3. Education of Administrator, DON and management team on facility 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 Committee monthly, and will be investigated and reported to the required state agencies. 5. 7/11/2018 		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	CLIA MULTIPLE LOCATION IDENTIFICATION NUMBER: N/A	DATE STATEMENT COMPLETED C 06/04/2018
NAME OF PROVIDER/SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS (IF APPLICABLE) 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
STATE PREFIX (N/A)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	DEFICIENCY CATEGORY	DEFICIENCY PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY REFERENCE TO THE APPROPRIATE DEFICIENCIES)
F 607	Continued From page 4 5/16/18- A summary of workload performed from the third contractor documented an issue with the A/C unit for Grove and Westham. The following was documented "Found blower motor for AHU (air handler) locked up. talked to administrator and he said he didn't want to replace the motor due to age and condition of AHU. He is getting bids for replacement AHU. Recommended Repair: AHU is very old and in rough shape, definitely needs replacing." (This is when the A/C stopped functioning properly on the Grove and Westham Units). 5/24/18 and 5/31/18- An email from the senior accountant executive, dated 6/4/18 documented the following: "(Name of ASM #1). We visited on 5/24 to discuss the need for the AHU replacement and on 5/31 we returned with our engineer to look at the needs to be able to present a proposal to you." On 6/4/18 at approximately 4:00 p.m., further interview was conducted with ASM #1. When asked if it was reported to the state agency that the A/C unit was non-functional, ASM #1 stated that he did not report that the A/C had stopped working to the OLC (Office of Licensure and Certification). ASM #1 stated he didn't know why he did not report this. ASM #1 stated that in "retrospect" he should have reported this. ASM #1 stated that he was responsible for reporting to the appropriate state agencies. ASM #1 also did not report the A/C not functioning to APS or the fire department. ASM #1 had stated that he knew APS and the fire department were concerned about the A/C but was not given any additional information. On 6/4/18 at approximately 6:30 p.m., the above	F 607	

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFIER NUMBER (CWA IDENTIFIER & IDENTIFIER NUMBER) 495272	X2 MULTIPLE CORRECTION A. BUILDING B. WING	X3 DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
X1 ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (IF A DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY
F 607	<p>Continued From page 5</p> <p>concern was addressed with ASM #1, the administrator, ASM #2, the DON (Director of Nursing) and ASM #3 and #4 two corporate nurses were made aware of the above concerns. When asked if there was any questions regarding this concern, ASM #1 stated that he understood and that he should have reported to the state agency that the A/C was not working back on 5/16/18 or at least when APS had visited over the weekend and expressed concerns (6/2/18 and 6/3/18).</p> <p>The facility policy titled, "Abuse- Prevention of Resident Abuse" documents in part, the following "Facility staff will evaluate guidelines to identify, correct, and intervene in situations in which Abuse, neglect, mistreatment, or misappropriation of resident property is likely to occur, including analysis of such potentially contributing factors as: 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:</p> <p>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 caused the allegation involve abuse or result in serious bodily injury</p> <p>4. Report to the VDOH and Adult Protective Services an allegation of Neglect, Mistreatment or Misappropriation of resident property or an injury</p>	F 607	

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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
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F 607 Continued From page 6
of unknown source, that does not involve abuse within 25 hours of becoming aware of the allegation of events that cause the allegation and do not involve abuse or result in serious bodily injury."

F 607

There was no further information presented prior to exit.

F609

COMPLAINT DEFICIENCY
F 609 Reporting of Alleged Violations
SS=E CFR(s): 483.12(c)(1)(4)

F 609

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in

1) A Facility Reported Incident report was delivered to OLC and APS on 7/6/2018 stating that a roof mounted unit providing air conditioning to the hallways and nursing stations on Grove and Westham units was non-functioning as of 5/13/2018. Assessment of all residents potentially affected by a failure to identify the temporary reduction of facility services like air conditioning as potential neglect occurred on 6/4/2018 and 5/5/2018. No indication of harm identified in resident medical records from the temporary lack of air conditioning in the two units and from any failure to report based on existing facility neglect policy. Instructions to treat an APS investigation as evidence of potentially reportable neglect and to report alleged violations of neglect under the facility policy given to the Administrator, Director of Nursing and Administrative team on 6/5/2018.

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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238		
(X1, IF APPLICABLE) PRELIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE CORRECTED
F 609	<p>Continued From page 7</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>The findings include</p> <p>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</p>	F 609	<p>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 non-functioning 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.</p> <p>3) Education of Administrator, DON and management team on federal and state law reporting requirements.</p> <p>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.</p> <p>5) 7/11/2018</p>	

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NAME OF FACILITY OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
X A ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	F PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 609	<p>Continued From page 8</p> <p>hallways to cool the main areas. ASM #1 stated that the dining rooms for each unit had functional A/C. ASM #1 had also stated that the entire Tuckahoe unit had functional A.C. ASM #1 was asked to provide evidence of when the A/C unit became non-functional.</p> <p>On 6/4/18 at 9:16 a.m., a tour of the facility was conducted. The dining room on the Westham unit had functional A/C. The A/C was set to 75 degrees Fahrenheit.</p> <p>On 6/4/18 at 9:20 a.m., a large utility fan was observed at the nursing station. The temperature felt comfortable. A cart with juice and cups was also observed at the nurses station. Each hallway (three hallways) on the Westham unit had their own box fan.</p> <p>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.</p> <p>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</p>	F 609	

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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS - CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
STATE F 509 TAG	SUMMARY STATEMENT OF DEFICIENCIES (IF ALL DEFICIENCIES MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (IF ANY CORRECTIVE ACTION SHOULD BE TAKEN, CROSS REFERENCE SHOULD BE APPROPRIATE (SEE BELOW))
F 509	<p>Continued From page 9</p> <p>#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 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 documentation of the third contractor's visits were requested.</p> <p>On 6/4/18 at approximately 11:00 a.m., air temperatures of the Westham and Grove units were conducted with DSM (other staff member) #2, the director of maintenance. The following temperatures were recorded:</p> <p>Westham Unit: 201 hallway: 77.7 degrees F (Fahrenheit) 212 hallways: 78.2 degrees F 224 hallway: 77.7 degrees F Nursing station: 79.5 degrees F</p> <p>Grove Unit: 301 hallway: 78.8 312 hallway: 77.9 324 hallway: 75.4 Nursing Station: 86 degrees. at this time five residents were sitting at the tables at the nursing station. Two residents stated that they were cold.</p>	F 609	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	CIC PROVIDER/CLIA ID NUMBER 495272	CIC MULTIPLE CONSTRUCTION A. BUILDING B. TRAIL	CIC DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR APPLICANT LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		PHYSICIAN ADDRESS (BY STATE ZIP CODE) 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
CIC ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	CIC ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 609	<p>Continued From page 10</p> <p>A tour of the Westham Unit and Grove unit was also conducted at 11:00 a.m. of each resident room. All rooms had a functional PTAC unit. The resident rooms were comfortable in temperature.</p> <p>On 6/4/18 at approximately 2:00 p.m., the following documents were presented by ASM #1 that illustrate a timeline of events:</p> <p>5/11/18- ASM #1 had contacted the third contractor for a copy of a bid that was conducted in 2013. That same day the senior account executive from the company had responded back to ASM #1 stating that she would have to consult with an engineer since the bid was from 2013.</p> <p>5/16/18- A summary of workload performed by the third contractor documented an issue with the A/C unit for Grove and Westham. The following was documented: "Found blower motor for AHU (air handler) locked up, talked to administrator and he said he didn't want to replace the motor due to age and condition of AHU. He is getting bids for replacement AHU. Recommended Repair: AHU is very old and in rough shape definitely needs replacing." (This is when the A/C stopped functioning properly on the Grove and Westham Units).</p> <p>5/24/18 and 5/31/18- An email from the senior accountant executive dated 6/4/18 documented the following: "(Name of ASM #1). We visited on 5/24 to discuss the need for the AHU replacement and on 5/31 we returned with our engineer to look at the needs to be able to present a proposal to you."</p> <p>On 6/4/18 at approximately 4:00 p.m. further interview was conducted with ASM #1. When</p>	F 609	

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DEPARTMENT OF LICENSURE AND REGULATION NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR	PROVIDER'S OFFICE IDENTIFICATION NUMBER 495272	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	OIG DATA SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
X-1184 PREFIX 1752	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY.
	<p>F 609 Continued From page 11</p> <p>asked if it was reported to the state that the A/C unit was non-functional. ASM #1 stated that he did not report that the A/C had stopped working to the OLC (Office of Licensure and Certification) ASM #1 stated he didn't know why he did not report this. ASM #1 stated that in "retrospect" he should have reported this. ASM #1 stated that he was responsible for reporting to the appropriate state agencies. ASM #1 also did not report the A/C not functioning to APS or the fire department ASM #1 had stated that he knew APS and the fire department were concerned about the A/C but was not given any additional information.</p> <p>On 6/4/18 at approximately 6:30 p.m., ASM #1, the administrator, ASM #2, the DON (Director of Nursing) and ASM #3 and #4, two corporate nurses were made aware of the above concerns. When asked if there was any questions regarding this concern, ASM #1 stated that he understood and that he should have reported to the state that the A/C was not working back on 5/16/18 or at least when APS had visited over the weekend (6/2/18 and 6/3/18).</p> <p>Facility policy titled, "Abuse- Prevention of Resident Abuse" documents in part, the following "Facility staff will evaluate guidelines to identify, correct, and intervene in situations in which Abuse, neglect, mistreatment, or misappropriation of resident property is likely to occur, including analysis of such potentially contributing factors as: 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:</p>	<p>F 609</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	CAH PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	CAH IDENTIFICATION NUMBER: A. TITLE: _____ B. WING: _____	DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
CAH ID NUMBER F 609	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	CAH ID NUMBER F 609	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>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 caused the allegation involve abuse or result in serious bodily injury</p> <p>4. Report to the VDOH and Adult Protective Services an allegation of Neglect, Mistreatment or Misappropriation of resident property or an injury of unknown source, that does not involve abuse within 25 hours of becoming aware of the allegation of events that cause the allegation and do not involve abuse or result in serious bodily injury.</p> <p>There was no further information presented prior to exit.</p>		
F 838 SS=C	COMPLAINT DEFICIENCY Facility Assessment CFR(s): 483.70(e)(1)-(3)	F 838	
	<p>§483.70(e) Facility assessment The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE
F 838	<p>Continued From page 13</p> <p>substantial modification to any part of this assessment. The facility assessment must address or include:</p> <p>§483.70(e)(1) The facility's resident population including, but not limited to,</p> <ul style="list-style-type: none"> (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population considering the types of diseases, conditions physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services. <p>§483.70(e)(2) The facility's resources including but not limited to,</p> <ul style="list-style-type: none"> (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non-medical); (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide 	F 838	<p>F838</p> <ol style="list-style-type: none"> 1. Facility Assessment revised 6/22/2018 to include backup system protocol in the event of HVAC unit failure. Assessment of all residents potentially affected by a failure to identify the temporary reduction of facility services like air conditioning as potential neglect occurred on June 4 and June 5; no indications of harm identified in resident medical records from the temporary lack of hallway air conditioning in the two units and from any failure to report based on existing facility policy. 2. Review of facility asset evaluation (completed in 02/2018) to identify needs or plans for substantial modifications which will then be added to a revised facility assessment. All residents have the potential to be affected by the identified practice. 3. Changes, or planned changes, to the facility's resident population characteristics, resources, and/or risk assessment will be reviewed by the administrator to identify those that require a revision to the facility assessment. 4. Facility assessment will be reviewed at the monthly QAPI meeting to identify appropriate inclusion of substantial modifications. 5. 7/11/2018 	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER'S IDENTIFICATION NUMBER 495272	EX/MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	EX/DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP+4® 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
FACILITY IDENTIFICATION	SUMMARY STATEMENT OF DEFICIENCIES (A FACILITY DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 838	<p>Continued From page 14</p> <p>services or equipment to the facility during both normal operations and emergencies and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations</p> <p>§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach</p> <p>This REQUIREMENT is not met as evidenced by</p> <p>Based on staff interview and facility document review, it was determined that facility staff failed to review and update the facility assessment when a change requiring a substantial modification was identified</p> <p>The facility staff failed to revise their facility assessment under section, "physical environment and building needs" when it was determined that the facility was going to need a new A/C unit for the common areas of the Westham and Grove Units.</p> <p>The findings include:</p> <p>On 6/4/18 at 9:10 a.m., entrance was conducted with ASM (administrative staff member) #1, the administrator.</p> <p>ASM #1 stated that the A/C (air condition) for the hallways and nursing stations on the Grove and Westham units were currently nonfunctioning</p> <p>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</p> <p>ASM #1 stated that each resident room had their own PTAC (AC and heater) unit that the resident could control in their rooms</p> <p>ASM #1 stated that he had</p>	F 838	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	ATTN: PROVIDER-SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	COMMITTEE CONSIDERATION A. NUMBER: _____ B. DATE: _____	X - DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS (if any), STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
X - ID PREFIX (if any)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 838	<p>Continued From page 15</p> <p>placed fans out at the nursing stations and in the hallways to cool the main areas. ASM #1 stated that the dining rooms for each unit had functional A/C. ASM #1 had also stated that the entire Tuckahoe unit had functional A/C.</p> <p>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 16 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 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 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.</p> <p>On 6/4/18 at approximately 2:00 p.m., ASM #1 provided evidence from the third contractor that the A/C had stopped working on 5/16/18. The following was documented: "Found blower motor for AHU (air handler) locked up, talked to administrator and he said he didn't want to replace the motor due to age and condition of AHU. He is getting bids for replacement AHU. Recommended Repair: AHU is very old and in</p>	F 838	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER SUPERVISOR IDENTIFICATION NUMBER 495272	IF UNDER CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR APPLICANT LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
CAD ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 838	Continued From page 16 rough shape, definitely needs replacing." (This is when the A/C stopped functioning properly on the Grove and Westham Units)." Review of the facility's Facility Assessment failed to evidence that it was revised documenting that a new air conditioner/air handler unit was needed for the Westham and Grove units prior to and after the current unit was non-functional. The Facility Assessment was last revised on November 1, 2017. On 6/4/18 at approximately 4:30 p.m., further interview was conducted with ASM #1. When asked who was responsible for the facility assessment, ASM #1 stated that he was. ASM #1 stated that he was also responsible for any revisions to the assessment. When asked when the assessment would be revised, ASM #1 stated that the facility assessment should be revised for any significant changes in the facility's needs. When asked if he would expect to see the need for the new AC/handler units on the Facility Assessment when the interim administrator first notified him and the need was identified, ASM #1 stated that he would expect to see the facility assessment revised. On 6/4/18 at approximately 6:30 p.m., ASM #1, the administrator, ASM #2, the DON (Director of Nursing) and ASM #3 and #4, two corporate nurses were made aware of the above concerns. No further information was presented prior to exit. COMPLAINT DEFICIENCY	F 838	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(C) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	(X) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X2) DATE SURVEY COMPLETED C 06/04/2018
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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238
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(X-1) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid abbreviated survey was conducted on 6/4/18. One complaint was investigated during this survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care Requirements.

The census in this 190 bed facility was 159 at the time of survey. The survey sample consisted of one closed record review, Resident #1.

F 607 Develop/Implement Abuse/Neglect Policies
SS=E CFR(s): 483.12(b)(1)-(3)

F 607

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property.

§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and

§483.12(b)(3) Include training as required at paragraph §483.95.
This REQUIREMENT is not met as evidenced by:

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

The facility staff failed to implement abuse policies and report that the roof mounted compressor that provided air conditioning to the

Preparation of the following plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared because it is required by the provisions of federal and state law. The plan of correction constitutes the facility's allegation of compliance.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) / A7F

Jake Hunter

Administrator

7/6/2018

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: 495272	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP/PO BOX 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETED
F 607	Continued From page 1 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 hallways to cool the main areas. ASM #1 stated that the dining rooms for each unit had functional A/C. ASM #1 had also stated that the entire Tuckahoe unit had functional A/C. ASM #1 was asked to provide evidence of when the A/C unit became non-functional. On 6/4/18 at 9:16 a.m., a tour of the facility was conducted. The dining room on the Westham unit had functional A/C. The A/C was set to 75 degrees Fahrenheit. On 6/4/18 at 9:20 a.m., a large utility fan was observed at the nursing station. The temperature felt comfortable. A cart with juice and cups was also observed at the nurses station. Each	F 607	F607 1. A Facility Reported Incident report was delivered to OLC and APS on 7/6/2018 stating that a roof mounted unit providing air conditioning to the hallways and nursing stations on Grove and Westham units was non-functioning as of 5/13/2018. Assessment of all residents potentially affected by a failure to identify the temporary reduction of facility services like air conditioning as potential neglect occurred on 6/4/2018 and 6/5/2018. No indication of harm identified in resident medical records from the temporary lack of air conditioning in the two units and from any failure to report based on existing facility neglect policy. Instructions to treat an APS investigation as evidence of potentially reportable neglect and to report alleged violations of neglect under the facility policy given to the Administrator, Director of Nursing and Administrative team on 6/5/2018 based on OLC's interpretation of facility reporting requirements.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER NUMBER/CLIA IDENTIFICATION NUMBER: 495272	(X) ABILITY RESTRICTION A. BUILDING B. WING	(X2) DATE SURVEY COMPLETED C 06/04/2018
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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238
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(X1) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X) ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X3) COMPLETION DATE
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F 607 Continued From page 2

F 607

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

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 non-functioning 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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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	X5 COMPLETION DATE	
F 607	Continued From page 3 documentation of the third contractor's visits were requested On 6/4/18 at approximately 11:00 a.m. air temperatures of the Westham and Grove units were conducted with OSM (other staff member) #2, the director of maintenance. The following temperatures were recorded: Westham Unit: 201 hallway: 77.7 degrees F (Fahrenheit) 212 hallway: 78.2 degrees F 224 hallway: 77.7 degrees F Nursing station: 79.5 degrees F Grove Unit: 301 hallway: 78.8 312 hallway: 77.9 324 hallway: 75.4 Nursing Station: 86 degrees. at this time five residents were sitting at the tables at the nursing station. Two residents stated that they were cold. A tour of the Westham Unit and Grove unit was also conducted at 11:00 a.m. of each resident room. All rooms had a functional PTAC unit. The resident rooms were comfortable in temperature. On 6/4/18 at approximately 2:00 p.m., the following documents were presented by ASM #1 that illustrate a timeline of events: 5/11/18- ASM #1 had contacted the third contractor for a copy of a bid that was conducted in 2013. That same day the senior account executive from the company had responded back to ASM #1 stating that she would have to consult with an engineer since the bid was from 2013.	F 607	3. Education of Administrator, DON and management team on facility 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 Committee monthly, and will be investigated and reported to the required state agencies. 5. 7/11/2018		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	C) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	X) CERTIFY CORRECT COPY A) FULL INCL B) WING	EX) DATE CORRECTLY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS ONLY - STATE, CITY, ZIP 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
X) CIPID PHI EX DATE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	E- FILED DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 607	<p>Continued From page 4</p> <p>5/16/18- A summary of workload performed from the third contractor documented an issue with the A/C unit for Grove and Westham. The following was documented: "Found blower motor for AHU (air handler) locked up. talked to administrator and he said he didn't want to replace the motor due to age and condition of AHU. He is getting bids for replacement AHU. Recommended Repair: AHU is very old and in rough shape, definitely needs replacing" (This is when the A/C stopped functioning properly on the Grove and Westham Units).</p> <p>5/24/18 and 5/31/18- An email from the senior accountant executive dated 6/4/18 documented the following: "(Name of ASM #1). We visited on 5/24 to discuss the need for the AHU replacement and on 5/31 we returned with our engineer to look at the needs to be able to present a proposal to you."</p> <p>On 6/4/18 at approximately 4:00 p.m., further interview was conducted with ASM #1. When asked if it was reported to the state agency that the A/C unit was non-functional, ASM #1 stated that he did not report that the A/C had stopped working to the OLC (Office of Licensure and Certification). ASM #1 stated he didn't know why he did not report this. ASM #1 stated that in "retrospect" he should have reported this. ASM #1 stated that he was responsible for reporting to the appropriate state agencies. ASM #1 also did not report the A/C not functioning to APS or the fire department. ASM #1 had stated that he knew APS and the fire department were concerned about the A/C but was not given any additional information.</p> <p>On 6/4/18 at approximately 6:30 p.m., the above</p>	F 607	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		CIC PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272		C2. MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		K3. DATE SURVEY COMPLETED C 06/04/2018	
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238			
(X1) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE COMPLETE
F 607	Continued From page 5			F 607			
	<p>concern was addressed with ASM #1, the administrator, ASM #2, the DON (Director of Nursing) and ASM #3 and #4. Two corporate nurses were made aware of the above concerns. When asked if there was any questions regarding this concern, ASM #1 stated that he understood and that he should have reported to the state agency that the A/C was not working back on 5/16/18 or at least when APS had visited over the weekend and expressed concerns (6/2/18 and 6/3/18).</p> <p>The facility policy titled, "Abuse- Prevention of Resident Abuse" documents in part, the following "Facility staff will evaluate guidelines to identify, correct, and intervene in situations in which Abuse, neglect, mistreatment, or misappropriation of resident property is likely to occur, including analysis of such potentially contributing factors as: 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:</p> <p>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 caused the allegation involve abuse or result in serious bodily injury.</p> <p>4. Report to the VDOH and Adult Protective Services an allegation of Neglect, Mistreatment or Misappropriation of resident property or an injury.</p>						

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STATE AGENCY OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/04/2018
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NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238
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(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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F 607 Continued From page 6
of unknown source, that does not involve abuse within 25 hours of becoming aware of the allegation of events that cause the allegation and do not involve abuse or result in serious bodily injury."

There was no further information presented prior to exit.

F 609 Reporting of Alleged Violations
SS=E CFR(s): 483.12(c)(1)(4)

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in

F 607

F609

1) A Facility Reported Incident report was delivered to OLC and APS on 7/6/2018 stating that a roof mounted unit providing air conditioning to the hallways and nursing stations on Grove and Westham units was non-functioning as of 5/13/2018. Assessment of all residents potentially affected by a failure to identify the temporary reduction of facility services like air conditioning as potential neglect occurred on 6/4/2018 and 5/5/2018. No indication of harm identified in resident medical records from the temporary lack of air conditioning in the two units and from any failure to report based on existing facility neglect policy. Instructions to treat an APS investigation as evidence of potentially reportable neglect and to report alleged violations of neglect under the facility policy given to the Administrator, Director of Nursing and Administrative team on 6/5/2018 based on OLC's interpretation of facility reporting requirements.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272		CITY/STATE/ZIP CODE: A. CITY/STATE/ZIP CODE: B. WIRE:		DATE SURVEY COMPLETED C 06/04/2018	
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238			
(X1, IF PREFIX TAG)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETED			
F 609	Continued From page 7 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 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	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 non-functioning 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				

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STATE, FIELD, OR DISTRICT OFFICE AND PLANET NUMBER	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	NAME OF MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED C 06/04/2018
NAME OF FLEET/ORGANIZATION LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
CLIA ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	CLIA ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 609	Continued From page 8 hallways to cool the main areas. ASM #1 stated that the dining rooms for each unit had functional A/C. ASM #1 had also stated that the entire Tuckahoe unit had functional A/C. ASM #1 was asked to provide evidence of when the A/C unit became non-functional. On 6/4/18 at 9:16 a.m., a tour of the facility was conducted. The dining room on the Westham unit had functional A/C. The A/C was set to 75 degrees Fahrenheit. On 6/4/18 at 9:20 a.m., a large utility fan was observed at the nursing station. The temperature felt comfortable. A cart with juice and cups was also observed at the nurses station. Each 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	F 609	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	COMPLETION DATE: A. BEGINNING DATE: B. END DATE: C. DATE OF SURVEY COMPLETED: 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS (IF APPLICABLE) 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238
STATE ID NUMBER (N/A)	SUMMARY STATEMENT OF DEFICIENCIES (IF APPLICABLE) MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	DEFICIENCY TAG
		PROVIDER'S PLAN OF CORRECTION (IF APPLICABLE) SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY

F 609 Continued From page 9

F 609

#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 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 documentation of the third contractor's visits were requested.

On 6/4/18 at approximately 11:00 a.m., air temperatures of the Westham and Grove units were conducted with ASM (other staff member) #2, the director of maintenance. The following temperatures were recorded:

Westham Unit:
201 hallway: 77.7 degrees F (Fahrenheit)
212 hallways: 78.2 degrees F
224 hallway: 77.7 degrees F
Nursing station: 79.5 degrees F

Grove Unit:
301 hallway: 78.8
312 hallway: 77.9
324 hallway: 75.4
Nursing Station: 86 degrees. At this time five residents were sitting at the tables at the nursing station. Two residents stated that they were cold.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	CITY PROVIDER IDENTIFICATION NUMBER 495272	CITY PROVIDER IDENTIFICATION NUMBER A PREFIX - W N E	DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
X-REF ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY
F 609	<p>Continued From page 10</p> <p>A tour of the Westham Unit and Grove unit was also conducted at 11:00 a.m. of each resident room. All rooms had a functional PTAC unit. The resident rooms were comfortable in temperature.</p> <p>On 6/4/18 at approximately 2:00 p.m., the following documents were presented by ASM #1 that illustrate a timeline of events:</p> <p>5/11/18- ASM #1 had contacted the third contractor for a copy of a bid that was conducted in 2013. That same day the senior account executive from the company had responded back to ASM #1 stating that she would have to consult with an engineer since the bid was from 2013.</p> <p>5/16/18- A summary of workload performed by the third contractor documented an issue with the A/C unit for Grove and Westham. The following was documented: "Found blower motor for AHU (air handler) locked up, talked to administrator and he said he didn't want to replace the motor due to age and condition of AHU. He is getting bids for replacement AHU. Recommended Repair: AHU is very old and in rough shape definitely needs replacing." (This is when the A/C stopped functioning properly on the Grove and Westham Units).</p> <p>5/24/18 and 5/31/18- An email from the senior accountant executive dated 6/4/18 documented the following: "(Name of ASM #1). We visited on 5/24 to discuss the need for the AHU replacement and on 5/31 we returned with our engineer to look at the needs to be able to present a proposal to you."</p> <p>On 6/4/18 at approximately 4:00 p.m. further interview was conducted with ASM #1. When</p>	F 609	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	STATE PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	X2. MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3. DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238		
X1. ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	X4. LSC USE ONLY

F 609 Continued From page 11

F 609

asked if it was reported to the state that the A/C unit was non-functional. ASM #1 stated that he did not report that the A/C had stopped working to the OLC (Office of Licensure and Certification). ASM #1 stated he didn't know why he did not report this. ASM #1 stated that in "retrospect" he should have reported this. ASM #1 stated that he was responsible for reporting to the appropriate state agencies. ASM #1 also did not report the A/C not functioning to APS or the fire department. ASM #1 had stated that he knew APS and the fire department were concerned about the A/C but was not given any additional information.

On 6/4/18 at approximately 6:30 p.m., ASM #1 the administrator, ASM #2, the DON (Director of Nursing) and ASM #3 and #4, two corporate nurses were made aware of the above concerns. When asked if there was any questions regarding this concern, ASM #1 stated that he understood and that he should have reported to the state that the A/C was not working back on 5/16/18 or at least when APS had visited over the weekend (6/2/18 and 6/3/18).

Facility policy titled "Abuse- Prevention of Resident Abuse" documents in part, the following: "Facility staff will evaluate guidelines to identify, correct, and intervene in situations in which Abuse, neglect, mistreatment, or misappropriation of resident property is likely to occur, including analysis of such potentially contributing factors as: 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:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	ACQUISITION CONTRACT NO. A. BUREAU NO. _____ B. WING _____	DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		SUPPLIER ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
OXI ID FILE # TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	FILE # A	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 609	Continued From page 12	F 609	
	<p>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 caused the allegation involve abuse or result in serious bodily injury</p> <p>4. Report to the VDOH and Adult Protective Services an allegation of Neglect, Mistreatment or Misappropriation of resident property or an injury of unknown source, that does not involve abuse within 25 hours of becoming aware of the allegation of events that cause the allegation and do not involve abuse or result in serious bodily injury.</p> <p>There was no further information presented prior to exit</p>		
F 838 SS=C	<p>COMPLAINT DEFICIENCY</p> <p>Facility Assessment CFR(s): 483.70(e)(1)-(3)</p> <p>§483.70(e) Facility assessment The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a</p>	F 838	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS CITY STATE ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 838	Continued From page 13 substantial modification to any part of this assessment. The facility assessment must address or include: §483.70(e)(1) The facility's resident population, including, but not limited to, (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population considering the types of diseases, conditions physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population, (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population, and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services. §483.70(e)(2) The facility's resources including but not limited to, (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non-medical), (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide	F 838	F838 1. Facility Assessment revised 6/22/2018 to include backup system protocol in the event of HVAC unit failure. Assessment of all residents potentially affected by a failure to identify the temporary reduction of facility services like air conditioning as potential neglect occurred on June 4 and June 5; no indications of harm identified in resident medical records from the temporary lack of hallway air conditioning in the two units and from any failure to report based on existing facility policy. 2. Review of facility asset evaluation (completed in 02/2018) to identify needs or plans for substantial modifications which will then be added to a revised facility assessment. All residents have the potential to be affected by the identified practice. 3. Changes, or planned changes, to the facility's resident population characteristics, resources, and/or risk assessment will be reviewed by the administrator to identify those that require a revision to the facility assessment. 4. Facility assessment will be reviewed at the monthly QAPI meeting to identify appropriate inclusion of substantial modifications. 5. 7/11/2018

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER'S TYPE/CLIA IDENTIFICATION NUMBER 495272		EX2: MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		EX3: DATE SURVEY COMPLETED C 06/04/2018	
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP+4® 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238			
DEFICIENCY PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (A FACILITY DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE COMPLETE
F 838	Continued From page 14			F 838			
	<p>services or equipment to the facility during both normal operations and emergencies and</p> <p>(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations</p> <p>§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach</p> <p>This REQUIREMENT is not met as evidenced by</p> <p>Based on staff interview and facility document review, it was determined that facility staff failed to review and update the facility assessment when a change requiring a substantial modification was identified</p> <p>The facility staff failed to revise their facility assessment under section, "physical environment and building needs" when it was determined that the facility was going to need a new A/C unit for the common areas of the Westham and Grove Units.</p> <p>The findings include:</p> <p>On 6/4/18 at 9:10 a.m., entrance was conducted with ASM (administrative staff member) #1, the administrator.</p> <p>ASM #1 stated that the A/C (air condition) for the hallways and nursing stations on the Grove and Westham units were currently nonfunctioning</p> <p>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</p> <p>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</p>						

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

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

STATEMENT OF DEFICIENCIES AND HEAT OF CORRECTION	CITY PROVIDER OR SUPPLIER IDENTIFICATION NUMBER 495272	X. STATE OR FEDERAL AGENCY A. BUILDING B. WING	X. DATE SURVEY COMPLETED C 06/04/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238	
X. DEFICIENCY CATEGORY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 838	<p>Continued From page 15</p> <p>placed fans out at the nursing stations and in the hallways to cool the main areas. ASM #1 stated that the dining rooms for each unit had functional A/C. ASM #1 had also stated that the entire Tuckahoe unit had functional A/C.</p> <p>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 16 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 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 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.</p> <p>On 6/4/18 at approximately 2:00 p.m., ASM #1 provided evidence from the third contractor that the A/C had stopped working on 5/16/18. The following was documented: "Found blower motor for AHU (air handler) locked up, talked to administrator and he said he didn't want to replace the motor due to age and condition of AHU. He is getting bids for replacement AHU. Recommended Repair: AHU is very old and in</p>	F 838	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER NUMBER/CLIA IDENTIFICATION NUMBER 495272		CONSTRUCTION A BUILDING _____ B WING _____		DATE SURVEY COMPLETED C 06/04/2018	
NAME OF PROVIDER OR PROVIDER LEXINGTON COURT REHABILITATION & HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238			
OSHA ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)		OSHA ID PREFIX DATE
F 838	Continued From page 16 rough shape, definitely needs replacing." (This is when the A/C stopped functioning properly on the Grove and Westham Units)." Review of the facility's Facility Assessment failed to evidence that it was revised documenting that a new air conditioner/air handler unit was needed for the Westham and Grove units prior to and after the current unit was non-functional. The Facility Assessment was last revised on November 1, 2017. On 6/4/18 at approximately 4:30 p.m., further interview was conducted with ASM #1. When asked who was responsible for the facility assessment, ASM #1 stated that he was. ASM #1 stated that he was also responsible for any revisions to the assessment. When asked when the assessment would be revised, ASM #1 stated that the facility assessment should be revised for any significant changes in the facility's needs. When asked if he would expect to see the need for the new AC/handler units on the Facility Assessment when the interim administrator first notified him and the need was identified, ASM #1 stated that he would expect to see the facility assessment revised. On 6/4/18 at approximately 6:30 p.m., ASM #1, the administrator, ASM #2, the DON (Director of Nursing) and ASM #3 and #4, two corporate nurses were made aware of the above concerns. No further information was presented prior to exit. COMPLAINT DEFICIENCY			F 838			

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