PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

CENTE	NTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-039	
	COF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	19991 50001 9979	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  TERRACE CONV H					
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F 000	INITIAL COMMEN	TS	F 00	00		
	survey was conducted Corrections are requered to the conducted to the cond					
F 157	at the time of the su consisted of 13 curr	rvey. The survey sample rent Resident reviews th 13) and 2 closed record 14 through 15).	F 15		CEIVED	
	(INJURY/DECLINE	ROOM, ETC)	4.8 Yes	V	DH/OLC	
	consult with the resi known, notify the re or an interested fam accident involving the injury and has the p intervention; a signif physical, mental, or deterioration in heal status in either life the clinical complication significantly (i.e., an existing form of treat consequences, or to treatment); or a deci- the resident from the §483.12(a).	ediately inform the resident; ident's physician; and if sident's legal representative hilly member when there is an he resident which results in otential for requiring physician ficant change in the resident's psychosocial status (i.e., a th, mental, or psychosocial preatening conditions or s); a need to alter treatment need to discontinue an attent due to adverse a commence a new form of sion to transfer or discharge a facility as specified in	<u>F157</u>		the otified lood 10/28/2016 #1., 10/28/2016	
	and, if known, the re or interested family r	o promptly notify the resident sident's legal representative member when there is a commate assignment as		18		
BORATORY	DIRECTOR'S OR PROVIDE	RISUPPLIER DEPRESENTATIVE'S SIGN	ATURE	TITLE	(X6) DATE	

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

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CENTE	ENTERS FOR MEDICARE & MEDICAID SERVICES			1 100101		OMB NO. 0938-039
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N 60 S		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49E075	B. WING	i	<u> </u>	09/15/2016
	PROVIDER OR SUPPLIER E TERRACE CONV HO	OME		PO	EET ADDRESS, CITY, STATE, ZIP CODE BOX 558 ODSTOCK, VA 22664	1 00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
F 157	resident rights under regulations as spec this section.  The facility must rec the address and pho-	ge 1 5(e)(2); or a change in or Federal or State law or ified in paragraph (b)(1) of cord and periodically update one number of the resident's or interested family member.	2. Ho re af	siden	Il the facility identify other ts having the potential to be d by the same deficient	
	by: Based on observati document review an was determined that notify the physician a	on, staff interview, facility of clinical record review, it the facility staff failed to and or responsible party as 15 residents in the survey \$1, #5 and #8.	М	edica nsure MC not	designee will audit Resident I records for the last 7 days to the following: and responsible party are being ified of medications being held blood pressure parameters.	3 10/28/2016
	1. The facility staff fa and/or the responsib #1's medications on	illed to notify the physician le party for holding Resident several occasions.	•		was notified of changes in addition.	10/28/2016
×	2. The facility staff fa	iled to notify the physician ad a change in condition.	•	Mí elo	) was notified of attempts to pe.	10/28/2016
	on two occasions wh	ailed to notify the physician en Resident #8 attempted to ity) (6/19/16 and 8/4/16).				a .
	The findings include:					
	8/3/15 with diagnoses limited to: peripheral a kidney transplant, h	dmitted to the facility on s that included but were not vascular disease, history of repatitis C, diabetes, blind in				

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stroke.

prostate, anemia, and paralysis following a

Event ID: BPO111

Facility ID: VA0226

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

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CENTE	NTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-039
STATEMENT	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49E075	B. WING			09/15/2016
	PROVIDER OR SUPPLIER  E TERRACE CONV HO	DME		PO	EET ADDRESS, CITY, STATE, ZIP CODE BOX 558 ODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETION
F 157	Continued From pa	ge 2	F	157		
1	assessment, a quarassessment references decisions. The resident as being or decisions. The resident assistance for transferences assistance for transferences assistance for the physician order the physician or 8/1 "Carvedilol (used to and/or heart failure ((tablet); take 1 tables blood pressure. Hol pressure) < (less that 55."  The July 2016 eMAF administration record medication was not good outpersone of that the ordered medication of that the ordered medication of that the ordered medication was not good outpersoure was complete the second medication of that the ordered medication of the second medication of the second medication of the second medication was not good outpersoure was completed medication of the second medication was not good outpersoure was completed medication.	dated, 8/3/15, and signed by 6/16, documented, treat high blood pressure 1)) 25 mg (milligrams) tab to by mouth 2 times a day for d for SBP (systolic blood in) 100 or HR (heart rate) <	Pla ens not DON staff resping parai DO staff con	in the control of the	gnee educated facility otifying MD and e party of medications for blood pressure s. esignee educated facility notifying MD of changes in	10/28/2016 10/28/2016 10/28/2016
r t t	no documentation of that the ordered med plood pressure was d	AR documented the iven on 8/9/16. There was notification to the physician cations were held. The ocumented as 113/50 and eters for administration.				

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The physician order dated, 8/3/15, and signed by

Event ID 8PO111

Facility ID: VA0226

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second second second	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49E075	B WING		09/15/2016
	PROVIDER OR SUPPLIER  TERRACE CONV HO	OME		STREET ADDRESS, CITY, STATE, ZIP COD PO BOX 558 WOODSTOCK, VA 22664	DE .
(X4) If) PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRI X (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETIO
F 157	the physician on 8/ (used to treat high (milligram); take 1 thours for blood pre	ige 3 16/16, documented, "Clonidine blood pressure (2)) 0.1 mg sablet by mouth every eight ssure. Hold for SBP (systolic less than) 110 or < 55."	mo sur	57 w does the facility plan to nitor it's performance to make e that the solutions are tained?	
	was not given on for 7/12/16 and 7/29/16 documentation of notine ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all to a sure or the ordered medical pressures were all the order	otification to the physician that tions were held. The blood within parameters for were documented as: - 100/78 - 139/47 109/56	DO me 3x/	N or designee will audit the dical record of 5 residents week for 2 weeks to ensure:  MD and responsible party are being notified of medications being held for blood pressure parameters.	10/28/2016
	medication was not	MAR documented the given on four days; 8/5/16, 8/14/16. There was no		MD was notified of changes in condition.  MD was notified of attempts to	10/28/2016

documentation of notification to the physician that the ordered medications were held. The blood pressures were all within parameters for administration and were documented as: 8/5/16 at 5:02 a.m. - 110/50 8/8/16 at 1:39 p.m. - 120/50 8/10/16 at 6:12 a.m. - 112/62 8/14/16 at 5:33 a.m. - 112/82

The September 2016 eMAR documented the medication was not given on three days; 9/2/16, 9/10/16 and 9/11/16. There was no documentation of notification to the physician that the ordered medications were held. The blood pressures were all within parameters for administration and were documented as: 9/2/16 at 2:33 p.m. - 146/45 9/10/16 at 8:39 p.m. - 110/58

elope.

DON will report results to the QA committee. Findings and results will be reflected in the QA minutes.

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		TE SURVEY MPLETED
		49E075	B. WING			09	/15/2016
NAME OF F	PROVIDER OR SUPPLIER			100000000000000000000000000000000000000	EET ADDRESS, CITY, STATE, ZIP CODE		
SKYLINE	TERRACE CONV HO	OME		70.000000000000000000000000000000000000	BOX 558 ODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 157	revised on 5/26/16,		F	157			
	antihypertensive m "Interventions" doc anti-hypertensive m Monitor for side effi- hypotension (too lo	umented in part, "Give nedications as ordered. ects such as orthostatic w blood pressure when you ed heart rate (tachycardia)					
	practical nurse) #1 #1 was asked if the when a medication the physician order or fax the physician a medication." Whe was documented, L	onducted with LPN (licensed on 9/14/16 at 10:29 a.m. LPN physician should be notified is held or not administered per . LPN #1 stated, "We can call the reason why we didn't give en asked where the notification .PN #1 stated, "It's in a drop MAR or in a nurse's note."				6	
	staff member (ASM on 9/14/16 at 11:15 physician should be held or not administ ASM #2 stated, "Ye know they held the may be needed in the frequently." When a documented, ASM #3	onducted with administrative (1) #2, the director of nursing, a.m. ASM #2 was asked if the enotified when a medication is tered per the physician order, s, they have to let the doctor medication. An adjustment he medication if it is held asked where the notification is #2 stated, "It could be in a ther on the eMAR or in a				÷	

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The administrator and ASM #2 were made aware of the above concern on 9/14/15 at 5:10 p.m.

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		49E075	B. WING			0	9/15/2016		
NAME OF I	PROVIDER OR SUPPLIER	• • • • • • • • • • • • • • • • • • •			REET ADDRESS, CITY, STATE, ZIP COI				
SKYLINE	TERRACE CONV HO	OME			DODSTOCK, VA 22664				
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F 157	157 Continued From page 5		F 1	157					
	(1) This information website: <a href="http://www.ncbi.nli">http://www.ncbi.nli</a> T0009479/?report= (2) This information website:	was taken from the following m.nih.gov/pubmedhealth/PMH							
	and/or responsible per change in condition.  Resident #5 was ad 8/13/08 with diagnostimited to: cardiometheart) (1), osteoarth	ailed to notify the physician party when Resident #5 had a mitted to the facility on ses that included but were not galy (enlargement of the ritis, Alzheimer's disease, on and tachycardia (rapid							
	assessment, a quart assessment referent resident has being staily cognitive decist and long term memory was coded for being	OS (minimum data set) terly assessment, with an ce date of 6/20/16, coded the everely impaired to make ions and having both short ory difficulties. The resident dependent upon one or for all of her activities of daily							

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The nurse's note dated, 4/11/16 at 1:08 p.m. documented, "Pt (patient) was up in Geri chair in dining room, became cold, non-responsive to verbal & (and) touch stimuli. Pt returned to room

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CENTERS FOR MEDICARE	NTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-039
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17 170 170 170 170 170 170 170 170 170 1	49E075	B. WING		09/15/2016
NAME OF PROVIDER OR SUPPLIER	•	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CO	
SKYLINE TERRACE CONV HO	OME		PO BOX 558 WOODSTOCK, VA 22664	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
straight ahead but rarm of chair with he pressure) 75/42, P saturation) 95% on 95.8 Ax (axillary). F 12:20 (p.m.) 90/46 I while responding. In p.m.) 102/56."  The nurse's note dadocumented, "Pt waroom, staff noticed ptouch or verbal stim back to her room B/95.8 ax, P -59, O2 s Pt eyes open followillarge bm (bowel mor B/P 102/56 pt resting sat 95% room air, fir 14:30 (2:30 p.m.) pt. normal for her no disfingers normal color.  The nurse's note dat documented, "Tempo 70, Resp (respiration quietly opens eyes we confused conversation."  The next nurse's note a.m. documented, "(I new orders written."	eyes not following = looking not glazed; pt did take hold of er left hand. B/P (blood (pulse) 46, O2 sat (oxygen room air, T (temperature) Re-ck (recheck) on B/P @ (at) P 58. Pt had fecal release Manual cuff B/P @ 13:00 (1:00 ated, 4/11/16 at 4:05 p.m. as up in Geri chair in dining ot, was not responding to uli. Pt immediately brought P 75/42 pt put to bed. T - at 95% room air, B/P 90/46, and staff, was incontinent of vement). At 13:20 (1:20 p.m.) g still pale, no distress, O2 ager tips bluish & cool. At a seems to be resting as stress/problems notes; "  sted, 4/12/16 at 4:29 a.m. (temperature) 97.7, pulse - as) 16, BP 100/64. Resting when spoken to, smiles.	F 15	37	

The comprehensive care plan dated, 3/31/16,

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CENTER	ENTER S FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391
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		49E075	B. WING		09/15/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
SKYLINE	TERRACE CONV H	IOME	5 P	PO BOX 558 WOODSTOCK, VA 22664	50 Stage 65
IXAHD PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 157	Continued From p	age 7	F 157	,	
		rt, "Focus: (Resident #5) has a			
	diagnosis of hyper antihypertensive m	tension and takes nedications as ordered." The			
	"Interventions" doc	cumented in part, "Medications			
		ry test) as ordered. Observe for			
		dications such as headache, ly, nausea, vomiting, malaise,			
	rash muscle pain,	etc. Report changes or nedical doctor) as indicated."			
	An interview was c	onducted with LPN (licensed on 9/14/16 at 10:29 a.m. LPN			
	#1 was asked wha	t staff should do if a resident			
	has a change in co	ondition, such as a systolic			
		s than 100 and is not al or touch stimuli. LPN #1			
3	stated, "Check the	resident's vital signs and call			
1	he doctor." When	asked where the notification to			
	stated. "In the prod	d be documented, LPN #1 ress notes." When asked if the			
ı	esponsible party s	hould be notified, LPN #1			
,	stated, "Yes. After I	have taken the vital signs and or, then I would bring the RP			
(	responsible party)	up to date." When asked			
V	vhere that is docur	mented, LPN #1 stated "In the			
r	iurse's notes."				

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An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 9/14/16 at 11:15 a.m. ASM #2 was what staff should do if a resident exhibits a change in condition. ASM #2 stated, "I expect them to take the resident's vital signs and call the doctor." When asked where the physician notification is documented, "ASM #2 stated, "It can be in several place; eMAR (electronic medication administration record) or the progress notes."

unresponsive to verbal and touch stimuli, should

When asked if a resident presents as

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

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AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULT A. BUILDIN		3) DATE SURVEY COMPLETED			
		49E075	B WING_		09/15/2016			
NAME OF PROVIDER OR SUPPLIER  SKYLINE TERRACE CONV HOME				STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 558 WOODSTOCK, VA 22664	RESS, CITY, STATE, ZIP CODE			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)				

#### F 157 Continued From page 8

the nurse notify the doctor and the family, ASM #2 stated, "Yes and document the notification in the clinical record." The nurse's note of 4/11/16 for Resident #5 was reviewed with ASM #2. ASM #2 stated, "I wasn't aware of the situation."

The facility policy, "Documentation" documented in part, "Changes in resident' pertinent facts, findings and observations will be documented and reported to the physician as indicated."

In Basic Nursing, Essential for Practice, 6th edition (Potter and Perry, 2007, pages 56-59), was a reference source for physician's orders and notification. Failure to monitor the patient's condition appropriately and communicate that information to the physician or health care provider are causes of negligent acts. The best way to avoid being liable for negligence is to follow standards of care, to give competent health care, and to communicate with other health care providers. The physician or health care provider is responsible for directing the medical treatment of a patient.

The administrator and ASM #2 were made aware of the above concern on 9/14/15 at 5:10 p.m.

No further information was provided prior to exit.
(1) Barron's Medical Guide - Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 104.
(2) Barron's Medical Guide - Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 557.

3. The facility staff failed to notify the physician on two occasions when Resident #8 attempted to elope (leave the facility) (6/19/16 and 8/4/16).

F 157

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		MEDICAID SERVICES	OMB NO. 0938-0391						
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		49E075	1		09/15/2016				
NAME OF P	ROVIDER OR SUPPLIER		1981	TREET ADDRESS. CITY, STATE, ZIP COD O BOX 558	ÞΕ				
SKYLINE	TERRACE CONV HO	OME		VOODSTOCK, VA 22664					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION				
F 157	157 Continued From page 9		F 157						
	6/14/16 with diagnoto: seizure disorder Alzheimer's diseas recent MDS (minimassessment with a 8/21/16, she was compaired for making coded as needing straveling on and of On 9/14/16 at 10:11 observed self-propidoorway down the A review of the clinifollowing nurses not 16/19/16 at 12:20 pthe door to find her no further episodes 8/4/16 at 10:08 p. (lobby entrance, in	5 a.m., Resident #8 was elling her wheelchair from her hall to the television room.  cal record revealed the stes:  o.m.: "Resident tried to get out kids, redirected and has had							
	daughter. Residen this eveningConticlosely for exit seel Further review of the document entitled "Evaluation" dated 8 included the following "Does the resident."	t more confused than normal nue to assess and monitor king behavior."  The clinical record revealed a Risk of Elopement/Wandering /19/16. The documenting questions and answers: have a history of elopement at							
	knowledge? Nols	cility or without staff the wandering behavior a goal-directed or tied to the							

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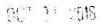
resident's past routine? (Ex [example]: worked

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SKYLINE	TERRACE CONV HO	OME	į		O BOX 558 /OODSTOCK, VA 22664		
				**			<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	Continued From pa	age 10	F 1	57			
	100 000	ting long walks, looking for	# A				
		g)? NoIs the resident at risk					
		." This document did not					
		ber's signature to identify its					
	author.						
	On 9/14/16 at 11:10	a.m., LPN (licensed practical					
	nurse) #5 was inter	viewed. She stated that if a					
	resident attempts to	elope, "we monitor them					
	every 15 minutes un	ntil they calm down." She					
	stated the staff mer	nbers will attempt to redirect					
	the resident. LPN#	5 stated that if the elopement					
	would be necessar.	essful, no further interventions.  When asked how long the					
	15 minute monitorin	ng goes on, LPN #5 stated:					
	"I'm not sure. I'm no	ew here. I would have to find					10
	out." When asked i	f the physician should be					Ĩ
	notified of a residen	t's elopement attempt, LPN					
		n't call anyone if the attempt					
	was not successful.						
	On 9/14/16 at 12:20	p.m., ASM (administrative					g.
	staff member) #2, th	ne director of nursing, was					
	interviewed. She sta	ated that any resident who					ļ
	attempts to elope sh	nould be redirected, and that					1
	the specific methods	s of redirection are dependent					1
	upon the individual r	esident. When asked if any					1
	attempted classes	for a resident who has					ĺ
	alterripted elopemer	nt, ASM #2 stated: "The up and document what					
	happened " ASM #3	2 provided the surveyor with a					ļ
3	document entitled "F	Behavior Plan" for Resident					
	#8. The document of	contained no date and					
	included the followin	g: "Wandering/Exit Seeking:					
	15 minute checks as	needed; Green bracelet to					

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be worn; If resident is up at night, he (sic) should be directed to the TV room. Enjoys spending time in the TV room and watching TV; Direct resident to activities when available; Gently

Event ID: BPO111

Facility ID VA0226

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# NT OF HEALTH AND HUMAN SERVICES

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		AND HUMAN SERVICES			OMB NO. 0938-03	391
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	11.00	PLE CONSTRUCTION	(X3) DATE SURVE Y COMPLETED	
		49E075	B. WING		09/15/2016	
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
SKYLINE	TERRACE CONV HO	OME		PO BOX 558 WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	RECTION (X5) SHOULD BE COMPLETE PPROPRIATE DATE	IÓN	
F 157	1 person); 1:1 care wandering as indica secured/safe courty resident for pain, his physician as indica Interventions above Refer to care plan a this document is us a notebook at the norm can refer to it if the ASM #2 was asked notified if a residen stated: "The physic change in condition."  A review of Resider plan dated 6/14/16 9/13/16 failed to revresident safety/elop attempts.  On 9/14/16 at 5:15 administrator, and A these concerns.  A review of the facil "Documentation" resident and observations wereported to the physical security in the second of the physical second of	at of inappropriate areas (using as needed for inappropriate ated; Encourage locomotion in yard area as indicated; Assessunger, and warmth; Notify ted to address concerns. The area to be used for behaviors. The physician and that staff resident exhibits behaviors. The physician should be attempts an elopement. She can should be notified. It is a triangle and most recently updated on weal any information related to be ment risk/elopement.  The p.m., ASM #1, the physician should be asserted to be a simple the properties of the physician and the following: the pertinent facts, findings are pertinent facts, findings are pertinent facts, findings are pertinent facts, findings are pertinent facts.		7		2000 The Control of t
		on was provided prior to exit. mptoms of a brain problem.				

They happen because of sudden, abnormal electrical activity in the brain. When people think of seizures, they often think of convulsions in which a person's body shakes rapidly and uncontrollably. Not all seizures cause

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CENTE	RS FOR MEDICARS	& MEDICAID SERVICES			8 N N N	OMB NO	. 0938-0391
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	B. 1		DNSTRUCTION		TE SURVEY MPLETED
		49E075	B. WING		- 7- 210 200 000 00 - 2 - 2 - 2 - 2	09.	/15/2016
NAME OF	PROVI <b>DER OR SUPPLIER</b>		<u> </u>	STRE	ET ADDRESS, CITY, STATE, ZIP C		
CKALIM	E TERRACE CONV H	ONE		PO B	OX 558		
ORTEM	E TERRACE CORV II	OME		WOO	DSTOCK, VA 22664		
IX411D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	IXS) COMPLETION DATE
F 280	and some have mil two main groups. F partial seizures, ha brain. Generalized abnormal activity o information is taker https://medlineplus 483.20(d)(3), 483.1 PARTICIPATE PLA  The resident has the incompetent or other incapacitated under participate in plannic changes in care and A comprehensive assembly interdisciplinary team physician, a register for the resident, and disciplines as determined as the properties of the resident, and disciplines as determined as the participate in plannic changes in care and a comprehensive assembly interdisciplinary team physician, a register for the resident, and disciplines as determined as the participate in plannic changes in care and a comprehensive as the physician, a register for the resident, and disciplines as determined as the participate in plannic changes in the participate	are many types of seizures and symptoms. Seizures fall into focal seizures, also called ppen in just one part of the seizures are a result of an both sides of the brain." This in from the website agov/seizures.html.  O(k)(2) RIGHT TO INNING CARE-REVISE CP are right, unless adjudged erwise found to be are the laws of the State, to an grain and treatment or dependent of the completion of the essment; prepared by an amount, that includes the attending red nurse with responsibility of other appropriate staff in mined by the resident's needs.	F 28 F280  1. How accoresi affe practions The and interesting	w will omplisidents ected bectice?	corrective action be shed for those found to have been by the deficient plan for residents #8 was updated to include ons to prevent t.	10/28/2016	S .
	and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.					41	,
	by: Based on observation document review an	T is not met as evidenced on, staff interview, facility d clinical record review, it the facility staff failed to					

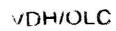
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Event fD: BPO111

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FOR MEDICAL	RE & MEDICAID SERVICES			OMB NO	. <b>0938</b> -039	
DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	65 C 10 C 1			(X3) DATE SURVEY COMPLETED	
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	DEFICIENCIES ORRECTION  VIDER OR SUPPLIE  ERRACE CONV  SUMMARY S (EACH DEFICIEN	DEFICIENCIES ORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	DEFICIENCIES ORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49E075  B. WING  VIDER OR SUPPLIER  ERRACE CONV HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL  PREFIX	DEFICIENCIES ORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49E075  B. WING  STREET ADDRESS, CITY, STATE, ZII PO BOX 558 WOODSTOCK, VA 22664  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X2) MULTIPLE CONSTRUCTION A. BUILDING  STREET ADDRESS, CITY, STATE, ZII PO BOX 558 WOODSTOCK, VA 22664  PREFIX (EACH CORRECTIVE ACTI REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE	DEFICIENCIES ORRECTION  [X1] PROVIDER/SUPPLIER/CLIA   (X2) MULTIPLE CONSTRUCTION   (X3) DATE   A. BUILDING   (X3) DATE   A. BUILDING   (X4) MULTIPLE CONSTRUCTION   (X3) DATE   A. BUILDING   (X4) MULTIPLE CONSTRUCTION   (X3) DATE   A. BUILDING   (X4) MULTIPLE CONSTRUCTION   (X4) DATE   A. BUILDING   (X4) MULTIPLE CONSTRUCTION   A. BUILDING   (X4) DATE   B. WING   (X5) DATE   B. WING   (X6) DATE	

#### F 280 Continued From page 13

revise the comprehensive care plan for two of 15 residents in the survey sample, Resident # 11 and #8.

- 1. The facility staff failed to review and revise Resident #11's comprehensive care plan following two incidents where Resident #11 was found outside of the building.
- 2. The facility staff failed to update the comprehensive care plan for Resident #8 after she attempted to elope (leave the facility) on 6/19/16 and 8/4/16.

The findings include:

1. The facility staff failed to review and revise Resident #11's care plan following two incidents where Resident #11 was found outside of the building.

Resident #11 was admitted to the facility on 7/5/15 with diagnoses that included, but were not limited to; high blood pressure, heart disease, cognitive deficits related to cerebrovascular disease, muscle weakness, enlarged prostate and dementia.

Resident #11's most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 7/18/16. Resident #11 was coded as a 00 (zero) on the Brief Interview for Mental Status (BIMS), indicating that the resident was severely

F 280

2. How will the facility identify other residents having the potential to be affected by the same deficient practice?

DON or designee will audit care plans for residents who are at risk for elopement to ensure care plans reflect interventions to prevent elopement.

10/28/2016

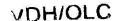
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIF:CATION NUMBER	(X2) MULTIPLE CONS A BUILDING		(X3) DATE SURVEY COMPLETED
		49E075	B WING		09/15/2016
NAME OF F	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD	
SKYLINE	TERRACE CONV HO	OME	PO BOX WOODS	558 STOCK, VA 22664	
(X4) IC) PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH ROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
F 280	Continued From pacognitively impaired Resident #11 as wa occurring "4 (four) is seven day look back. A review of Resider revealed that Reside outside of the building and 8/1/16.  A review of Resider reveal any document care plan had been the incidents of elop On 9/15/16 at 10:30 conducted with RN MDS coordinator. In plan should be updated the care plan with equarterly, annually a change. I would also anything new occurs RN #1 was asked if planned for elopement resident were to get care plan would be and the intervention.	ige 14 d. Section E, Behavior, coded andering with the behavior to 6 (six) days" during the k period.  Int #11's clinical record lent #11 had been founding on two occasions, 7/4/16  Int #11's care plan did not intation evidencing that the reviewed or revised following	F 280  3. What mean place or symade to expractice with DON will except the coordinator elopement.	sures will be put into stemic changes nsure the deficient ll not reoccur?	10/28/2016
	the care plan then I was asked if the car been reviewed and I into place. RN #1 st date for the new rev in the clinical meetin the care plan unless	revise the care plan." RN #1 e plan reflects when it has no new interventions are put lated, "Not unless I create a iew. We discuss the situation g but we don't document in there is a new intervention." state the purpose of the care			

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plan. RN #1 stated, "It (the care plan) is utilized by the staff to demonstrate the specific needs and

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
		49E075	B. WING	09/15/2016
6. Christ observation Military of Dayles	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	STREET ADDRESS CITY, STATE, ZIP CODE PO BOX 558 WOODSTOCK, VA 22664  ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD FOR COMMERCE TO THE APPROPRIES OF COMMERCE TO THE	JLD BE COMPLETION
F 280	resident." RN #1 w #11's care plan and when Resident #11 revised on the care Resident #11's care reviewed the incide happened but we d reviewed the care p A review of the facil Policy" revealed, in documentation; "Pu arranged into the th Plan Problem, Care Interventions which individualized care a residents." Proceder	individual needs of the ras asked to review Resident I show where the incidents eloped were reviewed and plan. RN #1 reviewed e plan and stated, "We nts and we talked about what id not document that we had plans."	F 280  4. How does the facility plan to monitor it's performance to make sure that the solutions are sustained?  DON or designee will audit the medical record of 5 residents weekly for 2 weeks to ensure that the care plan for residents who are at risk elopement has been updated following elopement attempts.	10/28/2016
	meeting was condustaff member) #1, the director of nursi were made aware of concerns. No further prior to the end of the comprehensive care she attempted to ele 6/19/16 and 8/4/16.  Resident #8 was ad 6/14/16 with diagnost	eximately 11:30 a.m. a cted with ASM (administrative ne administrator and ASM #2, ng. ASM #1 and ASM #2 of the above referenced er information was provided ne survey process.	DON will report results to the QA committee. Findings and results will be reflected in the QA minutes.	10/28/2016

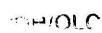
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Alzheimer's disease and diabetes. On the most

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO	). 0 <mark>938-</mark> 0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The state of the s	E CONSTRUCTION		TE SURVEY MPLETED
		49E075	B. WING	· · · · · · · · · · · · · · · · · · ·	09	/15/2016
NAME OF F	ROVIDER OR SUPPLIER		s	TREET ADDRESS. CITY, STATE, ZIP CO		
SKYLINE	TERRACE CONV HO	OME	3	O BOX 558 /OODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	assessment with a 8/21/16, she was compaired for making coded as needing so (traveling on and of On 9/14/16 at 10:19 observed self-proposed oorway down the IA review of the clinifollowing nurses not - 6/19/16 at 12:20 pthe door to find her no further episodes - 8/4/16 at 10:08 pth (lobby entrance, in found. Resident standaughter. Resident standaughter. Resident this eveningConticlosely for exit seek Further review of the document entitled." Evaluation dated 8 included the following. Does the resident I home, while in a facknowledge? NoIs pattern that may be resident's past routing 2nd or 3rd shift, taking traveling and traveling tra	num data set), a quarterly ssessment reference date oded as being moderately g daily decisions. She was supervision only for locomotion if her unit).  5 a.m., Resident #8 was elling her wheelchair from her hall to the television room.  ical record revealed the otes:  b.m.: "Resident tried to get out kids, redirected and has had of confusion"  m.: "Resident tried to elope between two glass door) when ated she was looking for her t more confused than normal nue to assess and monitor king behavior."  e clinical record revealed a Risk of Elopement/Wandering /19/16. The document and questions and answers: have a history of elopement at cility or without staff is the wandering behavior a goal-directed or tied to the ne? (Ex [example]: worked ing long walks, looking for	F 280			
	someone/something	g)? NoIs the resident at risk " This document did not				

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author.

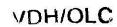
include a staff member's signature to identify its

Event ID.8P0111

Facility ID: VA0226

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		& MEDICAID SERVICES			30 T-7130	MAPPROVEL ), 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(84) (85) (85) (86)	TIPLE CONSTRUCTION NG	(X3) DAT	TE SURVEY MPLETED	
	SACOMORI GO	49E075	B. WING		09	/15/2016
Section of the A	PROVIDER OR SUPPLIER  E TERRACE CONV HO	OME		STREFT ADDRESS, CITY, STATE ZIP CODE PO BOX 558 WOODSTOCK, VA 22664	BUTOSPERIOR U	
(X4) ID PRLFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	.X5; COMPLET:ON DATE
F 280	Continued From pa	ige 17	F 2	80		
	plan dated 6/14/16 9/13/16 failed to rev	nt #8's comprehensive care and most recently updated on yeal any information related to be ment risk/elopement				
	nurse) #5 was inter resident attempts to every 15 minutes u stated the staff mer	D a.m., LPN (licensed practical viewed. She stated that if a celope, "We monitor them ntil they calm down." She mbers will attempt to redirect stated that if the elopement				

attempt is not successful, no further interventions would be necessary. When asked how long the 15 minute monitoring goes on, LPN #5 stated: "I'm not sure. I'm new here. I would have to find out." When asked if the resident's care plan should be updated after a resident attempts to elope, LPN #5 stated: "Yes, it should be updated." She stated that the nurse in charge of the resident is responsible for updating the care plan. When asked to review Resident #8's care plan for evidence of it being updated following the above-referenced elopement attempts, LPN #5 stated: "I don't see anything."

On 9/14/16 at 12:20 p.m., ASM (administrative staff member) #2, the director of nursing, was interviewed. She stated that any resident who attempts to elope should be redirected, and that the specific methods of redirection are dependent upon the individual resident. When asked if any follow-up is required for a resident who has attempted elopement, ASM #2 stated: "The nurse should follow up and document what happened." ASM #2 provided the surveyor with a document entitled "Behavior Plan" for Resident #8. The document contained no date and

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Facility ID VA0226

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		I AND HUMAN SERVICES  E & MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
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AS DEPOSITABLE PARAMETERS TO STORY		49E075	B WING		09/15/2016
	PROVIDER OR SUPPLIER E TERRACE CONV HO	OME		STREET ADDRESS, CITY, STATE, ZIP COD PO BOX 558 WOODSTOCK, VA 22664	E
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
F 280	included the following the minute checks as be worn; if resident be directed to the Time in the TV room resident to activities redirect resident out person); 1:1 care wandering as indicate.	age 18 ing: "Wandering/Exit Seeking: as needed; Green bracelet to is up at night, he (sic) should IV room. Enjoys spending in and watching TV; Direct is when available; Gently it of inappropriate areas (using as needed for inappropriate ated; Encourage locomotion in yard area as indicated; Assess	F 2	80	

On 9/14/16 at 5:15 p.m., ASM #1, the administrator, and ASM #2 were informed of these concerns.

resident for pain, hunger, and warmth; Notify physician as indicated to address concerns. Interventions above are to be used for behaviors. Refer to care plan as needed." When asked how this document is used, ASM #2 stated it is kept in a notebook at the nurses station and that staff can refer to it if the resident exhibits behaviors. ASM #2 was asked if the resident's care plan should be updated to include incidents of attempted elopement, ASM #2 stated that the care plan should be updated to reflect new interventions provided for a resident who attempts elopement. She stated that Resident #8's care plan was not updated. ASM #2 stated: "Theoretically, we would use the elopement assessments to generate new interventions and

A review of the facility policy entitled "Care Plans" revealed, in part, the following: "Care plans will be initiated at the time of admission. Reviews to the care plan will be completed as follows: Quarterly, changes in the plan of care for the resident."

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care plan updates."

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CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB NO. 0938-03				
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F 280	Continued From pa	ine 19	Ė.	280	1	
	33 40 N.	ion was provided prior to exit.	F	200	,	
		mptoms of a brain problem.				
		use of sudden, abnormal				
		the brain. When people think				
		ten think of convulsions in				
	*3	ody shakes rapidly and				
	uncontrollably. Not					
İ		are many types of seizures d symptoms. Seizures fall into				
		ocal seizures, also called				
		open in just one part of the				
		seizures are a result of				
}		both sides of the brain." This				
	information is taken					
	https://medlineplus.					
	Basic Nursing, Esse	entials for Practice, 6th edition,				
		007, pages 119-127), was a				
		plans. "A nursing care plan is				
		or coordinating nursing care, y of care and listing outcome				
		n the evaluation of nursing				
		are plan communicates				
		es to other health care				
		care plan also identifies and			a.	
		es used to deliver nursing			•	
8		rmulated care plan makes it				
	easy to continue car	re from one nurse to another.				
	If the patient's statu:	s has changed and the				
		nd related interventions are				
		te, modify the nursing care				
		or incorrect care plan				
E 204	3.	uality of nursing care."	<b>-</b> -	~ -		
F 281 SS=D	PROFESSIONAL ST	VICES PROVIDED MEET TANDARDS	F 2	୪1		

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The services provided or arranged by the facility must meet professional standards of quality.

Facility ID VA0226

If continue specific Party (FD)



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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u>Ol</u>	MB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	J10 17		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIER  TERRACE CONV HO	)ME		PO	REET ADDRESS, CITY, STATE, ZIP CODE BOX 558 DODSTOCK, VA 22664	
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F 281	Continued From pa	ge 20	F 28	31		
	by: Based on staff inter and clinical record of the facility staff failer standards of practic the survey sample,  1. a. For Resident # clarify the indication needed order for Lamb. For Resident #1, the physician order administration of Clablood pressure (1)).	the facility staff failed to clarify ed parameters for the onidine (used to treat high ailed to clarify the specified nistration on Resident #14's	<u>281</u>		How will corrective action be accomplished for those resident found to have been affected by deficient practice?  The physician's order for resider diuretic, Lasix, has been clarified proper diagnosis.  The physician's order for reside parameters for the administration clonidine was clarified.	the  """ #1's  "" for  "" 10/28/2016  "" " " " " " " " " " " " " " " " " "
	clarify the indication needed order for La Resident #1 was ad with diagnoses that to: peripheral vascul kidney transplant, he right eye, low vision	1, the facility staff failed to s for administration of an as			Resident # 14 has expired.	10/28/2016

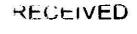
FORM CMS-2567(02-99) Previous Versions Obsolele

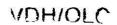
The most recent MDS (Minimum data set) assessment, a quarterly assessment, with an

Event ID. BPO111

Facility ID VA0226

If continuation sheet Page 21 of 70





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

PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

CENTERS	FOR MEDICA	RE & MEDICAID SERVICES			CIAID IAC	. 0930-039
STATEMENT OF AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CI IA IDENTIFICATION NUMBER	(X2) MULTII A BUILDIN	PLE CONSTRUCTION  G		TE SURVEY MPLETED
		49E075	B. WING _		09	/15/2016
#*************************************	VIDER OR SUPPLII			STREET ADDRESS. CITY, STATE, ZIP CO PO BOX 558 WOODSTOCK, VA 22664	DDE	
X4710 PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE

#### F 281 Continued From page 21

assessment reference date of 7/10/16 coded the resident as being cognitive intact to make daily decisions. The resident was coded as requiring extensive assistance of one or more staff members for transfers, dressing, toileting, and personal hygiene. He was coded as requiring limited assistance for moving on the unit and eating.

The physician order dated, 5/3/16 and signed by the physician on 8/16/16 and 9/13/16, documented, "Furosemide (Lasix) (used to treat edema and high blood pressure (1)) 40 mg (milligrams) take 1/2 tablet (20 mg) once daily as needed."

The eMAR (electronic medication administration record) for July 2016 documented, "Furosemide 40 mg tab (tablet); take 1/2 tablet (20 mg) by mouth once daily as needed." The Furosemide was documented as having been given on five days in July.

The eMAR for August 2016 documented the Furosemide had been given eight days.

The eMAR for September documented the Furosemide had been given three days.

The nurse's notes dated, 7/15/16 at 7:39 a.m. documented, "Lasix 20 mg po (by mouth) given for edema in lower legs. Results pending."

The nurse's note dated, 7/30/16 at 7:27 a.m. documented, "BP (blood pressure) 90/60 - Medication (CLONIDINE 0.1 MG) (used to treat high blood pressure (2)) HELD due to low BP @ (at) 0523 (5:23 a.m.) on 7/30/16. Also medicated resident @ 0523 with (LASIX) 20 MG (PO) for

F 281

2. How will the facility identify other residents having the potential to be affected by the same deficient practice?

The medical records for residents with physician's orders for as needed diuretics will be audited to ensure appropriate diagnosis is reflected on the medical record.

10/28/2016

The medical records for residents with physician's orders for parameters for the administration of Clonidine will be audited to ensure the parameter orders are complete.

10/28/2016

The medical records for residents with physician's orders for morphine will be audited to ensure morphine is administered for the diagnosis reflected on the medical record.

10/28/2016

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

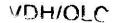
Event ID: BPO111

Facility ID VA0226

If continuation sheet Page 22 of 70



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

PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

SKYLINE TERRACE CONV HOME    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)    F 281   Continued From page 22   Dilateral leg edema. Reported to oncoming shift to check for results."    The nurse's note dated, 8/5/16 at 6:33 a.m. documented, "Lasix 20 mg po given @ 0506 (5:06 a.m.) for increased edema lower legs."    The nurse's note dated, 8/8/16 at 7:29 a.m. documented, "B/P 112/50 @ 0618 (6:18 a.m.) on 8-8-16. Held medication (CLONIDINE 0.1 MG) this am. Medicated resident with (LASIX 20 MG) (PO) @ 0643 (6:43 a.m.) for bilateral leg edema."    The nurse's note dated, 8/20/16 at 6:32 a.m. documented, "Lasix 20 mg po given @ 0512 (5:12 a.m.) for increased edema bilaterally lower legs. This is prn (as needed) dose. Refused to elevate legs @ this time."    The nurse's note dated, 8/25/16 at 3:33 p.m. documented, "Res. (resident) given prn Lasix at 1300 (1:00 p.m.) for increase weight gain and edema in lower extremities."    The nurse's note dated, 8/25/16 at 3:33 p.m. documented, "Res. (resident) given prn Lasix at 1300 (1:00 p.m.) for increase weight gain and edema in lower extremities."    The nurse's note dated, 8/25/16 at 3:33 p.m. documented, "Res. (resident) given prn Lasix at 1300 (1:00 p.m.) for increase weight gain and edema in lower extremities."	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	3600 - 20 - 10	0	MB NO. 0938-0391
STREET ADDRESS CHY. STATE. ZIP CODE PO BOX 558 WOODSTOCK, VA 22664    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PROVIDERS PLAN OF CORRECTION APPROPRIATE DEFICIENCY)    F 281	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	60 0000		
SKYLINE TERRACE CONV HOME  PO BOX 558 WOODSTOCK, VA 22664    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION ELECCH CORRECTION ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY   DATE OF THE APPROPRIATE DEFICIENCY    F 281   Continued From page 22 bilateral leg edema. Reported to oncoming shift to check for results."  The nurse's note dated, 8/5/16 at 6:33 a.m. documented, "Lasix 20 mg po given @ 0506 (5:06 a.m.) for increased edema lower legs."  The nurse's note dated, 8/8/16 at 7:29 a.m. documented, "B/P 112/50 @ 0618 (6:18 a.m.) on 8-8-16. Held medication (CLONIDINE 0.1 MG) this am. Medicated resident with (LASIX 20 MG) (PO) @ 0643 (6:43 a.m.) for increased edema bilaterally lower legs. This is prn (as needed) dose. Refused to elevate legs @ this time."  The nurse's note dated, 8/25/16 at 3:33 p.m. documented, "Res. (resident) given prn Lasix at 1300 (1:00 p.m.) for increase weight gain and edema in lower extremittes."  The nurse's note dated, 8/29/16 at 3:30 p.m. documented, "Resident's feet noted to be more edematous this a.m. when wound care nurse in to do treatment of foot. Prl Lasix 20 mg given at the province of the direction should be provided to the physician.  PREFIX TAG DEPART OF CONSTRUCTION (CANSTRUCTION SHOULD BE EACCH CORRECTION SHOULD BE EACH CONSTRUCTION CONSTRU			49E075	-1 x x x x x x x x x x x x x x x x x x x		09/15/2016
F 281 Continued From page 22 bilateral leg edema. Reported to oncoming shift to check for results."  The nurse's note dated, 8/5/16 at 6:33 a.m. documented, "Lasix 20 mg po given @ 0506 (5:06 a.m.) for increased edema lower legs."  The nurse's note dated, 8/8/16 at 7:29 a.m. documented, "B/P 112/50 @ 0618 (6:18 a.m.) on 8-8-16. Held medication (CLONIDINE 0.1 MG) this am. Medicated resident with (LASIX 20 MG) (PO) @ 0643 (6:43 a.m.) for bilateral leg edema."  The nurse's note dated, 8/20/16 at 6:32 a.m. documented, "Lasix 20 mg po given @ 0512 (5:12 a.m.) for increased edema bilaterally lower legs. This is prn (as needed) dose. Refused to elevate legs @ this time."  The nurse's note dated, 8/25/16 at 3:33 p.m. documented, "Rese (resident) given prn Lasix at 1300 (1:00 p.m.) for increase weight gain and edema in lower extremities."  The nurse's note dated, 8/29/16 at 3:30 p.m. documented, "Resident's feet noted to be more edematous this a.m., when wound care nurse in to do treatment of foot. Prn Lasix 20 mg given at			OME	,	PO BOX 558	
bilateral leg edema. Reported to oncoming shift to check for results."  The nurse's note dated, 8/5/16 at 6:33 a.m. documented, "Lasix 20 mg po given @ 0506 (5:06 a.m.) for increased edema lower legs."  The nurse's note dated, 8/8/16 at 7:29 a.m. documented, "B/P 112/50 @ 0618 (6:18 a.m.) on 8-8-16. Held medication (CLONIDINE 0.1 MG) this am. Medicated resident with (LASIX 20 MG) (PO) @ 0643 (6:43 a.m.) for bilateral leg edema."  The nurse's note dated, 8/20/16 at 6:32 a.m. documented, "Lasix 20 mg po given @ 0512 (5:12 a.m.) for increased edema bilaterally lower legs. This is prn (as needed) dose. Refused to elevate legs @ this time."  The nurse's note dated, 8/25/16 at 3:33 p.m. documented, "Res. (resident) given prn Lasix at 1300 (1:00 p.m.) for increase weight gain and edema in lower extremities."  The nurse's note dated, 8/29/16 at 3:30 p.m. documented, "Resident's feet noted to be more edematous this a.m. when wound care nurse in to do treatment of foot. Prn Lasix 20 mg given at	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	DBE COMPLETION.
The nurse's note dated, 9/3/16 at 11:54 a.m. documented, "Res had PRN Lasix at 0600 (6:00 a.m.) for edema in BLE (bilateral lower extremities). Lasix was effective in removing some fluid."  An interview was conducted with LPN (licensed practical nurse) #1 on 9/14/16 at 10:29 a.m. LPN	F 281	bilateral leg edema check for results."  The nurse's note didocumented, "Lasis (5:06 a.m.) for incred.  The nurse's note didocumented, "B/P 8-8-16. Held mediated (PO) @ 0643 (6:43)  The nurse's note didocumented, "Lasis (5:12 a.m.) for incredlegs. This is prn (all elevate legs @ this)  The nurse's note didocumented, "Res. 1300 (1:00 p.m.) for edema in lower extra documented, "Resided matous this a.m. do treatment of food 10:00 a.m. with red to the nurse's note didocumented, "Resided matous this a.m. do treatment of food 10:00 a.m. with red to the nurse's note didocumented, "Resided matous this a.m. do treatment of food 10:00 a.m. with red to the nurse's note didocumented, "Resided matous this a.m. do treatment of food 10:00 a.m. with red to the nurse's note didocumented, "Resided matous this a.m.) for edema in lextremities). Lasix some fluid."	Reported to oncoming shift to ated, 8/5/16 at 6:33 a.m. at 20 mg po given @ 0506 assed edema lower legs."  ated, 8/8/16 at 7:29 a.m. ated, 8/8/16 at 7:29 a.m. ation (CLONIDINE 0.1 MG) diresident with (LASIX 20 MG) a.m.) for bilateral leg edema."  ated, 8/20/16 at 6:32 a.m. ated, 8/20/16 at 6:32 a.m. ated, 8/20/16 at 6:32 a.m. ated, 8/25/16 at 3:33 p.m. ated, 8/25/16 at 3:30 p.m. ated, 8/29/16 at		What measures will be put into por systemic changes made to ensithe deficient practice will not recommon the deficient practice will not recommon to the deficient practice will educate numbers as a staff to ensure:  As needed orders of the diurn Lasix have the appropriate diagnosis.  Nursing staff will clarify physical orders for parameters of clorato ensure parameters are continuous to the indicate of the indi	etic, 10/28/2016 ician's hidine 10/28/2016 mplete.

FORM CMS 2567(02-99) Previous Versions Obsolete

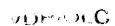
#1 was asked about the reason or indications for

Event ID BPO11:

Facility ID VA0226

If continuation sheet Page 23 of 70





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

PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
	FOR DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49E075	B. WING		09/15/2016
	PROVIDER OR SUPPLIER E TERRACE CONV HO	OME		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 558 WOODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 281	Sorremade From pa	ige 23 dent #1's PRN physician	F 2	81	
	ordered Lasix 40 m daily as needed. Li edema. You have t know your resident When asked if this	ig, take one half tablet once PN #1 stated, "It's given for to know your resident. If you you would know what it's for." order should have a reason to ed, "Yes, it needs to be	4.	How does the facility plan to mo it's performance to make sure th solutions are sustained?	

An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 9/14/16 at 11:15 a.m. When asked about the indications/reason for when Resident #1's PRN Lasix should be administered, ASM #2 stated, "That order should have a diagnosis or reason to give. The order should have been clarified."

The facility policy, "Physician Orders" documented in part, "Clarification of physician's orders will be done as indicated for orders that are incomplete, do not have appropriate diagnosis and/or illegible."

According to Fundamentals of Nursing, 6th edition Potter and Perry, 2005, page 846, "A medication order is required for any medication to be administered by a nurse...If the medication order is incomplete, the nurse should inform the prescriber and ensure completeness before carrying out any medication order."

The administrator and ASM #2 were made aware of the above concern on 9/14/16 at 5:10 p.m.

(1) This information was obtained from the website: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT 0010414/?report=details

DON or designee will audit the medical record of residents with as needed diuretic, Lasix weekly for 2 weeks to ensure that the residents with physician's orders for as needed diuretic, Lasix include a proper diagnosis.

DON or designee will audit the medical records of residents with parameters for the administration of Clonidine weekly for 2 weeks to ensure that the parameters are complete and do not need clarified.

10/28/2016

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clarified."

Event ID, BPO111

Facility ID VA0226

If continuation sheet Page 24 of 70

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PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES	V0000000000000000000000000000000000000		OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100 100 10 10	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49E075	B. WING		09/15/2016
	ROVIDER OR SUPPLIER TERRACE CONV HO	DME		STREET ADDRESS. CITY, STATE, ZIP CODE PO BOX 558 WOODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT	JED BE COMPLETION
F 281	Continued From pa	ge 24	F 2	81	
	website:	was obtained from the n.nih.gov/pubmedhealth/PMHT etails			
	the physician order	the facility staff failed to clarify ed parameters for the lonidine (used to treat high			
	the physician on 8/ 0.1 mg (milligram); eight hours for bloo	r dated, 8/3/15, and signed by 16/16, documented, "Clonidine take 1 tablet by mouth every d pressure. Hold for SBP sure) < (less than) 110 or <			
	tab (tablet); take 1 thours for blood pre- < 55." The eMAR d	cumented, "Clonidine 0.1 mg cablet by mouth every eight ssure. Hold for SBP < 110 or ocumented on 7/9/16 at 1:22 re: 139/47 medication held."			
	0.1 mg tab (tablet); eight hours for bloo 110 or < 55." The A 8/5/16, "Reason Me (blood pressure) lov p.m. the eMAR doc was NOT given: 12 the eMAR documer NOT given: B/P LO	MAR documented, "Clonidine take 1 tablet by mouth every d pressure. Hold for SBP < ugust eMAR documented on edication was NOT given: bp w, 110/50." On 8/8/16 at 1:47 umented, "Reason Medication 0/50." On 8/10/16 at 6:12 a.m. ated, "Reason Medication was W; 112/62". All of these below the physician prescribed			
	The September 201	6 eMAR documented,			

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"Clonidine 0.1 mg tab (tablet); take 1 tablet by

Event ID. BPO111

Facility ID VA0226

If continuation sheet Page 25 of 70

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		49E075	B. WING		09/15/2016			
107.00 100.00	D PLAN OF CORRECTION IDENTIFICATION NUMBER  49E075  B. W  AME OF PROVIDER OR SUPPLIER  KYLINE TERRACE CONV HOME  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL P			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 558 WOODSTOCK, VA 22664				
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLETION DATE		
F 281 (	Continued From	page 25	F 28	1				

mouth every eight hours for blood pressure. Hold for SBP < 110 or < 55." The September eMAR documented on 9/2/16 at 2:32 p.m., "Reason Medication was NOT given: low diastolic; 146/45." The note dated, 9/10/16 at 8:39 p.m. documented, "Reason Medication was NOT given: parameters, 110/58". The note dated, 9/11/16 at 6:03 a.m. documented, "Reason Medication was NOT given: B/P 128/54." All of these readings were not below the physician prescribed parameters.

On 9/14/16 at 10:29 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 was asked what is expected of the nurse. when a medication order has parameters associated with the physician order. LPN #1 stated, "You take the blood pressure before you open the pill." When asked where this would be documented, "LPN #1 stated, "In the drop down box on the eMAR." LPN #1 was asked what staff should do if the physician order says to hold a blood pressure medication if the systolic blood pressure is less 110 or 55. LPN #1 stated, "You hold the medication if the blood pressure reading is below the parameters." LPN #1 was asked what the nurse should do if the ordered parameter is to hold for systolic blood pressure less than 110 and the systolic blood pressure reading is 110. LPN #1 stated, "You should give it as its (systolic blood pressure) not less than what the doctor ordered." LPN #1 was asked to review the order for Clonidine. LPN #1 was asked what hold for SBP < 110 or <55, meant and what did the < 55 mean, was this for a diastolic reading less than 55. LPN #1 stated, "That order needs to be clarified. It's normally the heart rate less than 55."

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Event ID BP0111

Facility ID: VA0226

If continuation sheet Page 26 of 70

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PRINTED: 09/26/2016 FORM APPROVED

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	31/3	SA CONTRACTOR DO NOTE	OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		49E075	B. WING		09/15/2016
	PROVIDER OR SUPPLIER  E TERRACE CONV H	DME		STREET ADDRESS, CITY, STATE, ZIP C PO BOX 558 WOODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
F 281	Continued From pa	age 26	F 28	1	
	staff member (ASM ASM #2 was asked parameter in which expected of the sta should follow the ply parameters." When do if the physician chold for less than 1 the resident's readii. "The nurse should a because it is not les order for Clonidine ASM #2 stated, "Th rate." The eMARs v ASM #2 stated, "The lt (< 55) should be f diastolic reading."  The administrator a of the above concern. No further information for administrator and the above concern. Resident #14 was a 1/13/15 with diagnostic dementia, diabed depression. On the data set), a quarterly assessment referen.	dmitted to the facility on ses including but not limited tes, high blood pressure, and most recent MDS (minimum v assessment with ce date 6/19/16, Resident eing severely cognitively			

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

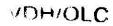
A review of the clinical record for Resident #14

Facility ID VA0226

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CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391		
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100000000000000000000000000000000000000		CONSTRUCTION		TE SURVEY MPLETED
		49E075	B. WING	ì		06	9/15/2016
NAME OF	PROVIDER OR SUPPLIER		36.0		EET ADDRESS, CITY, STATE, ZIP CODE		
SKYLINE	TERRACE CONV HO	OME		10 10.70	ODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION;	ID PREF TAG	1X	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BË	COMPLETION COATE
F 281	revealed the followisigned most recent "Morphine Sulfate 2 milliliters) soln (soft every 4 hours as not a review of the MAI record) for Resident received Morphine the following indica - "8/12/16 at 21:42 (as-needed medica - "8/13/16 at 17:58 screaming c/o (compain." - 8/14/16 at 01:54 (Requested for right On 9/14/16 at 4:55 staff member) #2, to interviewed. When administered to a respecifies that the inshortness of breath case, it sounds like Morphine is usually having pain. It is all resident who is on anything should be between a specific medication, ASM # call and get clarification on 9/15/16 at 9:00 nurse) #9 was interviewed was interviewed.	ing order, written 2/4/15 and ally by the physician on 8/17/16: 20 mgs (milligrams)/5 ml (in 5 pution) Take 1 ml by mouth eeded for respiratory distress."  R (medication administration at #14 revealed that she on the following dates and for attions:  (9:42 p.m.) Reason for PRN ation): pain." (5:58 p.m.) Reason for PRN: applaining of) right mid back  1:54 a.m.) Reason for PRN: thip pain."  p.m., ASM (administrative the director of nursing, was a asked if Morphine should be esident for pain if the order addication for the Morphine is a comfort care." When asked if done regarding a conflict order and ordinary uses for a 2 stated: "The nurse should ation for the medication."  a.m., LPN (licensed practical reviewed. When asked if she		281			
	would administer M	forphine to a resident for pain					

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

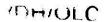
if the order for Morphine specified that it was to be given for a diagnosis of shortness of breath.

Facility ID VA0226

If continuation sheet Page 28 of 70



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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			200 00 TO	OMB	NO. 0938-0391
S TATEMENT	FOR DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	W 18				DATE SURVEY COMPLETED
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Earth of pales Assessed as a fact of the	PROVIDER OR SUPPLIER  E TERRACE CONV HO	OME	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS. CITY. STATE. ZIP CODE PO BOX 558 WOODSTOCK, VA 22664  ID PROVIDERS PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)  F 281	IP CODE			
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F 281	interviewed. When Morphine to a resid Morphine specified diagnosis of shortne would. LPN #10 state call the doctor before Morphine for pain, under comfort care that nurses may give the resident.  On 9/14/16 at 5:15 administrator, and A these concerns. A pwas requested.  No further information of the following the use of other pextended-release table used to treat pain medication that is taken a class of medical analgesics. It works brain and nervous sinformation is taken Health website	a.m., LPN #10 was a asked if she would administer dent for pain if the order for that it was to be given for a dess of breath, she stated she ated that she would have to dere she administered the She stated most residents a have Morphine ordered, and dere it in regard to the comfort of		31			
	The following inform	nation is provided in					

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Fundamentals of Nursing, 6th edition (Potter and

Event ID: BPO111

Facility ID: VA0226

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

PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	C157 2015 25075550	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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F 281	required for any me a nurseIf the med the nurse should inf	ge 29  "A medication order is dication to be administered by ication order is incomplete, form the prescriber and as before carrying out any	F2	81	
	집안 가는 시작시설하게 되어야 하게 있어 있어요? 등 이렇게 되는 것이 뭐 하는 것이 뭐 하다.	ARE/SERVICES FOR EING	F 3 <u>F309</u>	09	
	provide the necessa or maintain the high mental, and psychos	receive and the facility must ary care and services to attain est practicable physical, social well-being, in comprehensive assessment	1.	How will corrective action be accomplished for those residents found to have been affected by the deficient practice?	ne
			Facility staff are monitoring the he rate of resident #1 prior to the administration of Carvedilol per physician's orders.	art 10/28/2016	
E a th o	and clinical record review, it was determined that the facility staff failed to follow the physician orders for one of 15 residents in the survey sample, Resident #1.			Facility staff are administering bloop pressure medications per physician orders for resident #1.	220
	rate prior to the adm	f failed to monitor the heart inistration of Carvedilol (used ressure and heart failure (1))			
	1. b. The facility staff blood pressure medi orders for Resident #	f failed to administer the cations per the physician #1.			
22	The findings include:				

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1.a. Resident #1 was admitted to the facility on

Event ID: BPO111

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTEDS EOD MEDICADE & MEDICAID SERVICES

PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

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#### F 309 Continued From page 30

8/3/15 with diagnoses that included but were not 2. How will the facility identify other limited to: peripheral vascular disease, history of a kidney transplant, hepatitis C, diabetes, blind ii right eye, low vision in left eye, cancer of the prostate, anemia, and paralysis following a stroke.

The most recent MDS (Minimum data set) assessment, a quarterly assessment, with an assessment reference date of 7/10/16 coded the resident as being cognitively intact to make daily decisions. The resident was coded as requiring extensive assistance of one or more staff members for transfers, dressing, toileting, and personal hygiene. He was coded as requiring limited assistance for moving on the unit and eating.

The physician order dated, 8/3/15, and signed by the physician on 8/16/16, documented, "Carvedilol 25 mg (milligrams) tab (tablet); take 1 tablet by mouth 2 times a day for blood pressure. Hold for SBP (systolic blood pressure) < (less than) 100 or HR (heart rate) < 55."

Review of the eMAR (electronic medication administration record) for July 2016 documented, "Carvedilol 25 mg tablet, take 1 tablet by mouth 2 times a day for blood pressure, hold for SBP < 100 or HR < 55." Of the 62 opportunities for documenting the heart rate, there were only 14 documented heart rate measurements.

Review of the eMAR for August 2016 documented, "Carvedilol 25 mg tablet; take 1 tablet by mouth 2 times a day for blood pressure, hold for SBP < 100 or HR < 55." Of the 62 opportunities for documenting the heart rate. there were only 19 documented heart rate

#### F 309

residents having the potential to be affected by the same deficient practice?

The medical record of residents with parameters for the administration of blood pressure medications will be audited by the DON / Designee to ensure:

- Heart rate is monitored prior to the administration of Carvedilol
- Blood pressure medications with parameters are administered per the physician's orders.

10/28/2016

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

PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

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				DE 1012.10 . )			

F 309 Continued From page 31 measurements.

Review of the eMAR for September 2016 documented, "Carvedilol 25 mg tablet; take 1 tablet by mouth 2 times a day for blood pressure, hold for SBP < 100 or HR < 55." Of the 25 opportunities for documenting the heart rate, there were only seven documented heart rate measurements.

The "Weights and Vitals Summary" for 7/1/16 through 9/30/16 documented "Pulse Summary - 7/6/16 at 21:24 (9:24 p.m.) 58 bpm (beats per minute); 8/22/16 at 19:30 (7:30 p.m.) 62 bpm; and 9/2/16 at 21:41 (9:41 p.m.) 63 bpm."

The nurse's notes were reviewed from 7/1/16 through 9/13/16. The nurse's note dated, 7/22/16 at 12:20 a.m. documented, "At 2000 (8:00 p.m.) b/p (blood pressure) = 150/101 p (pulse) = 63." The nurse's note dated, 8/12/16 at 12:42 a.m. documented, "b/p = 154/76 p=67 at HS (hours of sleep), quiet evening." The nurse's note dated, 8/15/16 at 9:34 p.m. documented, "B/P 148/76. P 67 voiced no complaints." The nurse's note dated, 8/21/16 at 12:25 a.m. documented, "8/20/16 B/P 131/76, p = 80, meds (medications) given." The nurse's note dated, 8/22/16 at 12:24 a.m. documented, "Resident ate 100% of meal. B/P = 140/82 p = 78. Took meds well." The nurse's note dated, 8/27/16 at 10:33 p.m. documented, "No complaint of pain voiced. B/P 117/83, P 69." There was no other documentation of the resident's heart rate monitoring.

The comprehensive care plan dated, 3/2/16 and revised on 5/26/16, documented in part, "Focus: (Resident #1) has hypertension (high blood pressure) r/t (related to) stroke and receives

F 309

3. What measures will be put into place or systemic changes made to ensure the deficient practice will not reoccur?

DON and /or designee will educate facility staff on:

- Obtaining a heart rate prior to the administration of Carvedilol
- Administering blood pressure medications per physician's orders 10/28/2016

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	anti-hypertensive m Monitor for side effethypotension (too los stand), and increasion and effectiveness."  On 9/14/16 at 10:29 conducted with LPN When asked if a phyparameters for the ashould both measur LPN #1 stated, "Yes you notify the doctor The physician order reviewed with LPN #1 blood pressure and the readings of the blood pressure and the readings of the blood pressure, it's reviewed with LPN # documentation of Relocated for the use of stated, "It should be blood pressure, it's restart member (ASM) on 9/14/16 at 11:15 a staff should do when parameters for admit #2 stated, "They sho		4. Hit so Di re or with he ad Di re or x2 me ph	's performance of the cord of	es the facility plan to monitor ormance to make sure that the sare sustained?  designee will audit the medical fresidents with physician's or Carvedilol x 2 weekly for 2 ensure that the resident's e was obtained prior to the ration of the medication.  esignee will audit the medical 5 residents with physician's or blood pressure medications of for 2 weeks to ensure ons are administered per sorders.  report results to the QA e. Findings and results will be in the QA minutes.	10/28/2016 10/28/2016

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ordered parameters for a medication, should both

parameter readings be obtained before

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Facility ID: VA0226

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

PRINTED: 09/26/2016 FORM APPROVED OMB NO. 0938-0391

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	"Yes, if that's the on-was reviewed with A expected of the nur-of the medication, A should take the block When asked where stated, "In the drop a progress note." At Resident #1's eMAF August and Septem the documentation or rate was located. At The facility policy, "Indocumented in part, perimeters (sic) ordedocument per order In "Fundamentals of Patricia A. Potter an Inc. Page 419. "The directing medical tre-obligated to follow publicated to foll	der." The order for Carvedilol ASM #2. When asked what is se prior to the administration ASM #2 stated, "The nurse od pressure and heart rate." that is documented, ASM #2 down box on the eMAR or in SM #2 was asked to review Rs and nurse's notes for July, ber 2016. When asked where of Resident #1's pulse/heart SM #2 stated. "It's not there."  Medication Administration" "Note any medication ered by the physician and."  Nursing" 6th edition, 2005; d Anne Griffin Perry, Mosby, e physician is responsible for	F 30	09			
	website: http://www.ncbi.nlm.i	nih.gov/pubmedhealth/PMHT					0.000

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Facility ID VA0226

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

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F 309	Continued From pa	ge 34	F 309			
		ailed to administer the blood ns per the physician orders for				
	the physician on 8/2 "Carvedilol 25 mg (in tablet by mouth 2 tin Hold for SBP (systothan) 100 or HR (he order dated, 8/3/15, on 8/16/16, document high blood pressure 1 tablet by mouth expenses the content of tablet by mouth 25 mg (in tablet by mouth 25 mg	milligrams) tab (tablet); take 1 mes a day for blood pressure. lic blood pressure) < (less eart rate) < 55." The physician and signed by the physician ented, "Clonidine (used to treat (1)) 0.1 mg (milligram); take very eight hours for blood SBP (systolic blood pressure)				
	administration recor "Carvedilol 25 mg ta times a day for bloo 100 or HR < 55." Th 7/30/16 at 7:52 a.m.	R (electronic medication d) for July 2016 documented, ablet; take 1 tablet by mouth 2 d pressure, hold for SBP < se eMAR documented on , "Reason Medication was the blood pressure was not				
	tab (tablet); take 1 to hours for blood pres < 55." The eMAR do	umented, "Clonidine 0.1 mg ablet by mouth every eight sure. Hold for SBP < 110 or ocumented on 7/9/16 at 1:22 e: 139/47 medication held."				
	25 mg tablet; take 1 day for blood pressu < 55." The eMAR do	MAR documented, "Carvedilol tablet by mouth 2 times a tree, hold for SBP < 100 or HR trumented on 8/9/16 at 7:42 cation was NOT given: B/P				

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113/50." The reading was not below the

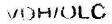
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F 309	Continued From pa	ge 35	F 3	09			
	parameters and it w	as held.					
	0.1 mg tab (tablet); eight hours for bloo 110 or < 55." The el "Reason Medication pressure) low, 110/9 eMAR documented NOT given: 120/50. eMAR documented NOT given: B/P LO	MAR documented, "Clonidine take 1 tablet by mouth every d pressure. Hold for SBP < MAR documented on 8/5/16, in was NOT given: bp (blood 50." On 8/8/16 at 1:47 p.m. the , "Reason Medication was "On 8/10/16 at 6:12 a.m. the , "Reason Medication was W; 112/62". All of these selow the physician prescribed			_27		
	"Clonidine 0.1 mg ta mouth every eight h for SBP < 110 or < 5 on 9/2/16 at 2:32 p.I NOT given: low dias dated, 9/10/16 at 8:3 "Reason Medication 110/58". The note di documented, "Reas given: B/P 128/54."	6 eMAR documented, ab (tablet); take 1 tablet by ours for blood pressure. Hold 55." The eMAR documented m., "Reason Medication was stolic; 146/45." The note 39 p.m. documented, was NOT given: parameters; ated, 9/11/16 at 6:03 a.m. on Medication was NOT All of these readings were not prescribed parameters.					
	revised on 5/26/16, (Resident #1) has hypressure) r/t (related antihypertensive me "Interventions" docu anti-hypertensive me Monitor for side effer	care plan dated, 3/2/16 and documented in part, "Focus: ypertension (high blood I to) stroke and receives dications." The mented in part, "Give edications as ordered. cts such as orthostatic y blood pressure when you					

and effectiveness."

stand), and increased heart rate (tachycardia)

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		E & MEDICAID SERVICES			FORM APPI OMB NO. 093	
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cond LPN wher asso state open	lucted with LPN #1 was asked a a medication ciated with the d, "You take th the pill " When	a.m., an interview was (licensed practical nurse) #1. what is expected of the nurse, order has parameters physician order. LPN #1 e blood pressure before you asked where this would be #1 stated, "In the drop down				

box on the eMAR." LPN #1 was asked what should be done if the physician order says to hold a blood pressure medication if the systolic blood pressure is less than 100 or 110. LPN #1 stated. "You hold the medication if the blood pressure reading is below the parameters." LPN #1 was asked what the nurse should do if the ordered parameter is to hold for systolic blood pressure less than 110 and the systolic blood pressure reading is 110. LPN #1 stated, "You should give it as its (systolic blood pressure) not less than what the doctor ordered." LPN #1 was asked to review the order for Clonidine. LPN #1 was asked to review the order for Clonidine. LPN #1 was asked what hold for SBP < 110 or <55, meant and what did the < 55 mean, was this for a diastolic reading less than 55. LPN #1 stated, "That order needs to be clarified. It's normally the heart rate less than 55."

An interview was conducted with administrative staff member (ASM) #2 on 9/14/16 at 11:15 a.m. ASM #2 was asked if a physician has ordered a parameter in which to give a medication, what is expected of the staff. ASM #2 stated, "The nurse should follow the physician's order for the parameters." When asked what the staff should do if the physician ordered parameter says to hold for less than 110 systolic blood pressure and

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	"The nurse should because it is not les order for Clonidine ASM #2 stated, "The rate." The eMARs of ASM #2 stated, "The It (< 55) should be diastolic reading."  The facility policy, "documented in part perimeters (sic) ordecument per order The administrator at of the above concerns of the information (1) This information http://www.ncbi.nlm 0009680/?report=documented.	ng is 110. ASM #2 stated, administer the medication is than the parameter." The was reviewed with ASM #2. In the end of t	F 3			
	environment remain as is possible; and e adequate supervision prevent accidents.  This REQUIREMENT by: Based on observation		F 32	23		

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#### F 323 Continued From page 38

determined that the facility staff failed to ensure adequate supervision and failed to implement new interventions after elopement attempts to ensure safety for two of 15 residents in the survey sample, Resident # 11 and #8.

- 1 The facility staff failed to implement new interventions for Resident #11 after he had been found outside of the building on 7/4/16. Resident #11 was found outside of the building a second time on 8/1/16.
- 2. The facility staff failed to accurately assess the risk for and provide interventions to prevent further elopement after elopement attempts on 6/19/16 and 8/4/16 for Resident #8.

The findings include:

1. The facility staff failed to implement new interventions for Resident #11 after he had been found outside of the building on 7/4/16. Resident #11 was found outside of the building a second time on 8/1/16.

Resident #11 was admitted to the facility on 7/5/15 with diagnoses that included, but were not limited to, high blood pressure, heart disease, cognitive deficits related to cerebrovascular disease, muscle weakness, enlarged prostate and dementia.

Resident #11's most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 7/18/16. Resident #11 was coded as a 00 (zero) on the Brief Interview for Mental Status (BIMS), indicating that the resident was severely cognitively impaired. Section E, Behavior, coded F 323

323

1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?

The care plan for resident #11 was updated to include interventions after 10/28/2016 resident had been found outside the building.

An accurate elopement risk assessment was completed on resident #8 to assess 10/28/2016 the risk for and provide interventions for elopement.

2. How will the facility identify other residents having the potential to be affected by the same deficient practice?

DON or designee will audit assessments and care plans for residents who are at risk for elopement to ensure assessments are accurate and care plans reflect interventions to prevent elopement.

10/28/2016

DON or designee will audit care plans for all residents who are at risk for elopement to ensure care plans reflect interventions to prevent elopement.

10/28/2016

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Event ID BPO111

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO. 0938-0	339
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		) MULTIPLE CON BUILDING		(X3) DATE SURVE COMPLETED	
		49E075	В. \	WING		09/15/2010	6
NAME OF F	ROVIDER OR SUPPLIER		٠	STREET	ADDRESS, CITY STATE ZIP CODE	1 30110/2011	<u> </u>
SKYLINE	TERRACE CONV HO	OME		PO BOX	( 558 STOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIFS  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	F	ID PREFIX TAG (	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ULD BE COMPLE	TION
F 323	occurring "4 (four) t	ondering with the behavior o 6 (six) days" during the	3.		ures will be put into place		
	A review of Resider that Resident #11 h building on two sept 8/1/16. The following the nurses' notes: "7/4/16 17:52 (5:52 noted to be walking of building condition "8/1/16 15:58 (3:58 ambulating outside a.m. Assisted back	k period.  It #11's nurses' notes revealed ad been found outside of the arate occasions, 7/4/16 and ng entries were documented in p.m.) Res (Resident #11) around in parking lot beside unchanged (sic)."	4.	DON will ed accurately a and update intervention attempted the building	changes made to ensure at practice will not reoccur?  ucate MDS coordinators to assess the risk for elopement as for residents who have to elope or found outside the facility plan to monitor nance to make sure that the	nt 10/28/2016	
	breakfast. Son (nar (name of doctor). E continued after brea with staff. Continue afternoon but easier No further documen incidents was found A review of Residen plan dated 3/21/16 r documentation; "Fo is an elopement risk	me of son) notified and fax to exit seeking behaviors alkfast and resident combative s with exit seeking this		DON or des record of 5 weeks to er at risk for el completed e and that ne implemente attempts or	re sustained?  signee will audit the medica residents weekly for 2 insure that residents who are lopement have accurately elopement risk assessments winterventions have been ed following elopement being found outside the	re <b>10/28/201</b>	6
	doors and hx (histor (related to) his deme Revision on: 6/7/16. #11) will not leave fa review date. Date in 7/22/16. Intervention Initiated: 3/21/16. Defended to the control of the contr	y) of attempting to exit r/t entia. Date initiated: 3/21/16 Goal: (Name of Resident cility unattended through the litiated: 3/21/16. Revision on: ns: Assess for fall risk. Date elayed egress doors/alarm d: 3/21/16. Payision on:		committee.	port results to the QA Findings and results will be the QA minutes.	<sub>e</sub> 10/28/2016	;

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4/25/16. Distract resident from wandering by offering pleasant diversions, structured activities,

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CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES				M APPROVEI D. 0 <u>9</u> 38-039
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DA	ATE SURVEY DMPLETED
75-35-33-32		49E075	B. WING _		0!	9/15/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	· · · · · · · · · · · · · · · · · · ·	
SKYLINE	TERRACE CONV H	OME				
IX4HO PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	COMPLETION DATE
F 323	Continued From pa	age 40	F 32	3		
	Initiated: 3/21/16. Is wandering purporesident looking for the need for more cappropriate. Date I location ever 60 mi Document wanderind diversional intervent Initiated: 3/21/16. structured activities outside, reorientatic pictures and memo 3/21/16."	television, book. Date Identify pattern of wandering: Identify pattern of wandering: Identify pattern of wandering: Identify pattern of wandering: Identify pattern of the				×
	revealed, in part, a Elopement/Wander. The "Risk of Elopen documented, in part ambulates with walk and often goes to exand expresses that is on a monitoring phis whereabouts events."	esident #11's clinical record "Risk of ing Evaluation" dated 7/15/16. nent/Wandering Evaluation" t, the following: "Resident ker and is in w/c (wheel chair) xit doors and pushes on door he wants to go out. Resident rogram so that staff checks ery 30 minutes and when a iff immediately goes to doors."				
	interview was condu nursing assistant) #3 describe what was ii #11's wandering bet	eximately 9:10 a.m. an acted with CNA (certified 2. CNA #2 was asked to n place regarding Resident naviors. CNA #2 stated, "We every 15 minutes, if there is				

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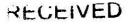
an alarm we have to keep a check on him."

On 9/15/16 at 10:30 a.m. an interview was conducted with RN (registered nurse) #1, the MDS coordinator. RN #1 was asked what had been put into place to prevent Resident #11 from

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CENTERS FOR MEDICARE & MEDICAID SERVICES					MB NO. 0938-	0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. 10		LE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		49E075	B. WING			09/15/201	6
NAME OF F	ROVIDER OR SUPPLIER	<u> </u>		S	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
SKALINE	TERRACE CONV HO	OME.		F	PO BOX 558		
ORTEINE	TEXTRACE CONVINC	Siec		٧	WOODSTOCK, VA 22664	4900 - 15 70 000 Mag 20 400	
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F 323	Continued From pa	ine 41	F 3:	177	\$0000000000000000000000000000000000000		
. 020		uilding. RN #1 stated that an	F 3.	123	3		
		n was initiated on 3/21/16 and					
		and revised with the MDS					
		#1 was asked what was done					
		incident when Resident #11 in the parking lot. RN #1					
ı		about it but didn't document					
	our discussion. Ho	oked at the interventions and					1
		not need any others at that					
		asked how Resident #11 was e building a second time on					
		ed, "(Name of Resident #11)					
		through the housekeeping					
		door to the outside of the					1
		er doors are alarmed. We did					
		ousekeeping so that they ir door unlocked." RN #1 was					
		vidence to demonstrate that					İ
	the interventions in	place on 7/4/16 had been					
		to prevent Resident #11 from					1
		on 8/1/16. RN #1 was asked ose of the document titled					
		Wandering Evaluation." RN					
	#1 stated that this d	ocument was completed at					
		nent, in this case the					
		pleted with Resident #11's					1
	quarterly assessme	esident #11 was a high risk,					
		that this was not reflected on					ļ
	Resident #11's care						
	On 9/15/16 at 11:30	a.m. an interview was					
		#3, a floor nurse. RN #3 was					
		ot she was familiar with the					
		sident #11. RN #3 stated that					1
		as asked if she was aware of ting behaviors. RN #3 stated					
		er and that the staff needed to					

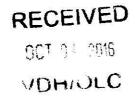
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watch him otherwise he would try to get out of the

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		49E075	B. WING				9/15/2016
NAME OF	PROVIDER OR SUPPLIER	459 515 it.		s	TREET ADDRESS, CITY, STATE, ZIP CODE		3/13/2010
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F 323	Continued From page	ge 42	F 3	222			388934
		I. RN #3 was asked if she	гэ	123			
	was aware that Res	sident #11 had been found					
	outside of the buildi	ing at any time. RN #3 stated					
	occasions. RN #3 v	he building on several was asked what was put into					
	place after these inc	cidents, RN # 3 stated, "I think					
	they changed the co	odes on the door, closer					
	the bar on the door	sident #11) knows how to hold so it will release and he can					
	get out. He wears a	green bracelet so that if he					
	gets out his address	s is on the bracelet. All the					
18	door and the kitcher	except for the housekeeper n door. We do 15 minute					
	checks; we just have	e to watch him."					
	A review of the facili	ty policy entitled "Elopement"					
	revealed specific pro	ocedures for the facility staff					
	missing. The policy	esident is suspected to be did not address elopement					
	risk assessment or p	prevention measures.					
	On 9/15/16 at approx	ximately 11:30 a.m. a					
	meeting was held wit	ith ASM (administrative staff					
	member) #1, the adr	ministrator and ASM #2, the					
	made aware of the a	ASM #1 and ASM #2 were above findings.					
	No further informatio	on was provided prior to the					
	end of the survey pro	ocess.					
	2. The facility staff fa	ailed to accurately assess the nterventions to prevent					
	further elopement aft	ter elopement attempts on					
	6/19/16 and 8/4/16 fo	or Resident #8.					

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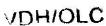
Resident #8 was admitted to the facility on 6/14/16 with diagnoses including, but not limited

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CENTERS FOR MEDICARE & MEDICAID SERVICES			1 4527532751 (004551515)		0. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	198	E CONSTRUCTION		ATE SURVEY OMPLETED
		49E075	B WING		1 0	9/15/2016
	PROVIDER OR SUPPLIER	OME	P	FREET ADDRESS, CITY STATE, ZIP O BOX 558 OODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	Alzheimer's disease recent MDS (minimassessment with as 8/21/16, she was compaired for making coded as needing so (traveling on and of On 9/14/16 at 10:15 observed self-proper doorway down the Parent of the Clinifollowing nurses no -6/19/16 at 12:20 pthe door to find her no further episodes -8/4/16 at 10:08 p.r (lobby entrance, in bloomy for exit seek founds. Resident standaughter. Resident this eveningContinuously for exit seek Further review of the document entitled "I Evaluation" dated 8/2 included the followir "Does the resident home, while in a fack knowledge? NoIs pattern that may be resident's past routing and or 3rd shift, taki	r, dementia with behaviors, e and diabetes. On the most rum data set), a quarterly seessment reference date oded as being moderately g daily decisions. She was supervision only for locomotion of her unit).  5 a.m., Resident #8 was celling her wheelchair from her hall to the television room.  cal record revealed the tes:  .m.: "Resident tried to get out kids, redirected and has had of confusion"  m.: "Resident tried to elope between two glass door) when ated she was looking for her more confused than normal nue to assess and monitor ing behavior."  e clinical record revealed a Risk of Elopement/Wandering (19/16. The document and questions and answers: have a history of elopement at				

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for elopement? No." This document did not

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	2002200	OI	MB NO. 0938-0391	
(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED
		49E075	B. WING			09/15/2016
_	PROVIDER OR SUPPLIER  TERRACE CONV HO	DME		STREET ADDRESS. O PO BOX 558 WOODSTOCK, V	CITY, STATE, ZIP CODE	
(X4) ID PREFIX FAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDE X (EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD ERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 323	Continued From pa	ge 44	F3	123		
	** · ·	ber's signature to identify its				
		e clinical record revealed no essment following the 6/19/16				
	nurse) #5 was inter a resident attempts every 15 minutes un stated the staff men the resident. She s attempt is not succe would be necessary 15 minute monitorin "I'm not sure. I'm no out." When asked if any 15 minute chec admission to the face	Ja.m., LPN (licensed practical viewed. LPN #2 stated that if to elope, "we monitor them ntil they calm down." She nbers will attempt to redirect tated that if the elopement essful, no further interventions v. When asked how long the 10 goes on, LPN #2 stated: ew here. I would have to find if she could locate evidence of ks for Resident #8 since her cility, LPN #2 looked through and stated: "Nope. I don't see				
	staff member) #2, the interviewed. She statempts to elope she the specific methods upon the individual of follow-up is required attempted elopement nurse should follow happened." When a knows a resident is stated: "We do an eadmission, and the attempts elopement."	p.m., ASM (administrative ne director of nursing, was ated that any resident who nould be redirected, and that is of redirection are dependent resident. When asked if any if for a resident who has not, ASM #2 stated: "The up and document what asked how the facility staff at risk for elopement, ASM #2 elopement assessment on a we reassess if a resident." When asked if new yent elopement should be				

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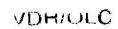
considered and documented if a resident has

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391	
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and the state of t		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49E075	B WING			09/15/2016
NAME ()F	PROVIDER OR SUPPLIER	Allege Hollander de 1932 à la Nove de		STR	EET ADDRESS, CITY, STATE, ZIP CODE	
SKYLINI	E TERRACE CONV HO	OME			BOX 558 ODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 323	Theoretically we was assessments to get update the plan of of facility staff reasses risk following her fir 6/19/16, ASM #2 st When asked if the arisk assessment da #2 stated: "No, it's things to work on." surveyor with a doc for Resident #8. The date and included the Seeking: 15 minute bracelet to be worn (sic) should be direct spending time in the Direct resident to acredirect resident to acredirect resident our 1 person); 1:1 care wandering as indicated as a secured/safe courty resident for pain, huphysician as indicated interventions above Refer to care plan at this document is used a notebook at the nuclean refer to it if the it ASM #2 was asked plan includes any instaff to the fact that elope two times since	ent, ASM #2 stated: "Yes. buld use the elopement nerate new interventions and care." When asked if the sed Resident #8's elopement st elopement attempt on ated: "No. We did not." above-referenced elopement ated 8/9/16 was accurate, ASM not. We obviously have some ASM #2 provided the ument entitled "Behavior Plan" ne document contained no ne following: "Wandering/Exit is checks as needed; Green at If resident is up at night, he cted to the TV room. Enjoys at TV room and watching TV; ctivities when available; Gently to finappropriate areas (using as needed for inappropriate ated; Encourage locomotion in the area as indicated; Assessinger, and warmth; Notify ed to address concerns. are to be used for behaviors. It is needed." When asked how ed, ASM #2 stated it is kept in urses station and that staff resident exhibits behaviors. If this document or the care formation that would alert Resident #8 has attempted to be her admission three 2 stated: "No. It is more	FS	223		

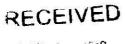
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A review of Resident #8's comprehensive care plan dated 6/14/16 and most recently updated on

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		Total Contraction	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49E075	B WING		09/1	15/2016	
	OVIDER OR SUPPLIER	DME		STREET ADDRESS, CITY, STATE, ZIP COE PO BOX 558 WOODSTOCK, VA 22664			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
F 329 L SS=D L CO V	esident safety/elopattempts.  On 9/14/16 at 5:15 administrator, and whese concerns.  A review of the facilievealed specific professing. The policy isk assessment or No further informat 1) "Seizures are synthey happen becauselectrical activity in of seizures, they off which a person's beconvulsions. There and some have mile wo main groups. For a some have mile wo main groups. For a some have mile seizures, happen because the some have mile wo main groups. For a some have mile seizures, happen because the some have mile seizures and some have mile seizures and some have mile seizures and some have mile seizures and some have mile seizures and seizur	veal any information related to be be be be be be be be be be be be be	F3	29			

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391
5 TATEMENT	OF DEFICIENCIES IL CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
		49E075	B. WING			09/15/2016
	ROVIDER OR SUPPLIER	OME		PO BO	ADDRESS, CITY, STATE, ZIP CODE K 558 STOCK, VA 22664	
(X4) ID PREFIX 1AG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 329	should be reduced combinations of the Based on a compre resident, the facility who have not used given these drugs therapy is necessar as diagnosed and crecord; and resider drugs receive gradibehavioral interven	nces which indicate the dose or discontinued; or any	F 3	<u>F329</u>	How will corrective active accomplished for those found to have been affed deficient practice?  Behavior monitoring she # 5 has been completed targeted behavior for the Risperidone.	residents ected by the eet for resident to include the
	by: Based on staff intereview, and clinical determined that the medication regimer medications for one sample, Resident # The facility staff fail behaviors for the usantipsychotic medications includes	led to document the targeted se of Risperidone, an cation (1), for Resident #5.	1005	2.	How will the facility idea residents having the pot affected by the same depractice?  DON or designee will aud monitoring sheets for rephysician's orders for Risensure targeted behavior documented.	tential to be  ficient  dit behavior sidents with speridone to
		dmitted to the facility on				

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limited to: cardiomegaly (enlargement of the heart

(2)), osteoarthritis, Alzheimer's disease,

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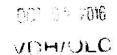


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	15	AMEDICALD SERVICES		Ċ	MB NO. 0938-0391	
STATEMENT	OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	2019/2019/2015	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49E075	B WING_		09/15/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-301 & A 108	
SKYLINE	TERRACE CONV HO	OME		PO BOX 558 WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
F 329	Continued From pa	age 48	F 32	29		
	restlessness, agitation and tachycardia (rapid heartbeat (3)).		3.	What measures will be put into pla or systemic changes made to ensu		
	assessment, a qua assessment refere	DS (minimum data set) rterly assessment, with an nce date of 6/20/16, coded thus		the deficient practice will not reoc		
	resident as being severely impaired to make daily cognitive decisions and as having both short and long term memory difficulties. The resident was coded as being dependent upon one or more staff members for all of her activities of daily living.  The physician order summary for September 2016 and signed by the physician on 8/30/16,			DON and/or designee will educate facility nurses to ensure that target behaviors are identified on the beh	navior	
				monitoring sheets for residents wit physician's orders for Risperidone.		
	take 1 tablet by mo	eridone 0.5 MG (milligrams); outh evening at 1700 (5:00 gical behavior/symptoms of	4.	How does the facility plan to mon it's performance to make sure tha solutions are sustained?		
	The "Psychoactive Medication Monthly Flow Record" for June, July, August and September 2016 were reviewed. The form documented, "Section 1: Target Behavioral Symptoms." This was blank on all of the monthly forms.  The comprehensive care plan dated, 3/31/16, documented, "Focus: (Resident #5) has a diagnosis of agitation and			DON or designee will audit the bel monitoring sheets of 5 residents w physician orders for Risperidone w for 2 weeks to ensure that behavior	rith reekly	
				monitoring sheets have a targeted behavior documented.		
	and is receiving ps "Interventions" doc resident for any chi	ogical symptoms of dementia ychoactive medications." The umented in part, "Observe anges in behaviors. Report	28	DON will report results to the QA committee. Findings and results v reflected in the QA minutes.	vill be 10/28/2016	
		ns to MD (medical doctor) and . Medications, labs (laboratory nts as ordered."	\$ . 700		Table 1	

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An interview was conducted with LPN (licensed practical nurse) #1 on 9/14/16 at 11:14 a.m. LPN

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB N	OMB NO. 0938-0391	
	OF DEFICIENCIES FIGORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD	TIPLE CONS	TRUCTION		(X3) DATE SURVEY COMPLETED	
- %		49E075	B. WING	ļ <u> </u>		1 0	9/15/2016	
	NAME OF PROVIDER OR SUPPLIER  SKYLINE TERRACE CONV HOME			РО ВОХ	ADDRESS, CITY, STATE, 2 558 STOCK, VA 22664		<u> </u>	
TXGHD PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' ROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	IX51 COMPLETION DATE	
	behaviors were for LPN #1 stated, "We decreasing it. Let m then went and got F Medication Monthly them. LPN #1 state behavior. She resistimes." When asked be identified, docum stated, "Yes, but she An interview was costaff member (ASM on 9/14/16 at 11:15 review the "Psychoa Flow Record" for Rethe targeted behavior for the Risperidone, behaviors are not lis When asked if they monitored, ASM #2  The facility policy, "FPolicy" documented Nursing staff will dand side effects relapsychoactive medical psychoactive medical for the above concerns to further information website:	Resident #5's targeted the use of the Risperidone. It got him (the doctor) to check the chart." LPN #1 Resident #5's "Psychoactive Flow Record" and reviewed d, "We don't have a targeted its care and is combative at d if targeted behaviors should nented and monitored, LPN #1 to hasn't had any lately."  Inducted with administrative of hasn't had any lately."  Inducted with administrative of hasn't had any lately."  Inducted with administrative of hasn't had any lately."  Inducted with administrative of hasn't had any lately."  Inducted with administrative of hasn't had any lately."  Inducted with administrative of hasn't had any lately."  Inducted with administrative of hasn't had any lately."  Inducted with administrative of hasn't had any lately."  Inducted with administrative of hasn't had have a saked to have a saked to have a saked to have a saked to have a saked to have a saked what or was for Resident #5's use had a saked on the behavior sheets."  Inducted with administrative of hasn't had a saked to have a saked to h		29				

(2) Barron's Medical Guide - Dictionary of Medical

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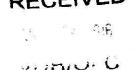
CLNIE	43 FOR MEDICARE	& WEDICAID SERVICES	water.	U	<u>VID INO. 0930-039 I</u>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	AND PROPERTY OF THE	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49E075	B. WING		09/15/2016	
NAME OF I	PROVIDER OR SUPPLIER	The state of the s		STREET ADDRESS, CITY, STATE, ZIP CODE		
OKVI NE				PO BOX 558		
SKALINE	TERRACE CONV H	OME		WOODSTOCK, VA 22664		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX FAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X (EACH CORRECTIVE ACTION SHOULD	BE COMPLETION	
F 329	Continued From pa	oge 50	6.2	329		
1 OLO			ГЗ	129		
		Medical Reader, 5th edition,				
	Rothenberg and Cl	al Guide - Dictionary of Medical				
		Medical Reader, 5th edition,				
	Rothenberg and Ch	(2007) 사람들이 대한 1000 HOURS (1000 HOURS HOU				
F 371	483.35(i) FOOD PF		F 3	371		
	SS=E STORE/PREPARE/SERVE - SANITARY			5		
JU L			<u>F371</u>			
	The facility must -			How will corrective action be		
(1) Procure food from sources approved or		1.				
	considered satisfactory by Federal, State or local			accomplished for those residents		
	authorities; and			found to have been affected by the		
		distribute and serve food		deficient practice?		
	under sanitary cond	litions				
				The Dietary Manager has completed a		
				department in-service with the dietar		
				employees on proper level of sanitize	, 20,,	
	This REQUIREMEN	NT is not met as evidenced		for use in the 3 compartment sink.		
	by:					
		ion, staff interview, and facility	242	How will the facility identify other		
		was determined that the	۷.			
		ensure the sanitation was		residents having the potential to be		
	maintainet in the th	ree compartment sink.		affected by the same deficient		
	The sanitation solut	ion was found, on two		practice?		
		e at the required level for				
	proper sanitization of			TI Distant Manager has completed	50	
	* Institution - uniquely consequent vicinity but Authorized 65, 50. 10			The Dietary Manager has completed a		
	The findings include	e:		department in-service with the dietar	FI	
				employees on proper level of sanitize	r	
		ved the kitchen on 9/13/16 at		for use in the 3 compartment sink.		
		anied by other staff member		TO LOCK III COLOR STREET		
		ry manager. The three				
		as in use with pots draining		Proper level of sanitizer will be	10/28/2016	
		OSM #2 was asked to test		maintained in the 3 compartment sin	К.	

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	0. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING		TE SURVEY MPLETED
		49E075	B. W	ING	09	/15 <u>/2</u> 016
NAME OF	PROVIDER OR SUPPLIER	2000 1000 1000 1000 1000 1000 1000 1000		STREET ADDRESS, CITY, STATE, ZIP COD	E	
SKYLINE	TERRACE CONV HO	OME		PO BOX 558		
OKTEME	TENNOE CONTIN	J		WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRE REFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 371	Continued From pa			F 371		
	ppm (parts per milli level the sanitizing	ch time the solution was at 50 ion). When asked at what solution should be at, OSM #2	3.	What measures will be put into place or systemic changes made to ensure		
		'Two hundred parts per million." OSM #2 led to empty the sink.		or systemic changes made to choose the deficient practice will not reocci		
		a.m. an observation of the sink was conducted. The sink		CDM will monitor level of sanitizer in	56	28/2016
		solution had a large pot in it.		the 3 compartment sink x5 weekly x week to ensure level is maintained p		28/2010
	sanitizing solution i	aide, was asked to test the nthe sink. OSM #3 read the When asked what level should		facility policy.	<i>)</i> E1	
	the sanitizing soluti	on in the sink be at, OSM #3 ed parts per million." OSM #3	4.	How does the facility plan to monit	or	
	removed the pot ou	ut of the sanitizing solution and		it's performance to make sure that	the	
	was properly sanitiz	drain. When asked if the pot zed, OSM #3 stated, "No, its		solutions are sustained?		
		out of there and put to drain." he pot and put it back in the		CDM will report results/ findings (fro		
		sanitizing sink was refilling.		#3) and recommendations to the QA committee.	ነ 10/2	28/2016
		a.m. the sink was retested by strip read at 400 ppm. When				
ļ		uses chlorine or QAC				
		nium compounds (1)) for stated, "We use QAC." A copy				
	of the facility policy	and the manufacturer's est strips was requested.				
		Proper Three-Compartment and Procedure" documented,				
	The second section of the second section is a second section of	all compartments and drain				

boards before each use. 1. First sink, WASH -Hot soapy water. 2. Second Sink, Rinse - Hot clean water. 3. Third Sink, Sanitize - 50 ppm Chlorine or 200 ppm Quat. Immerse washed and rinsed utensils in sanitizer for one minute., AIR DRY clean items before storage or use. Do Not Towel Dry. Check or change sanitizer often.

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CENTE	CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-03				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	E ST SOMEONE AND	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED			
		49E075	B. WING		09/15/2016			
NAME OF PROVIDER OR SUPPLIER  SKYLINE TERRACE CONV HOME			STREET ADDRESS, CITY, STATE, ZII PO BOX 558 WOODSTOCK, VA 22664					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		ON SHOULD BE COMPLETION HE APPROPRIATE DATE			
F 406	The "QAC QR Test documented, "1. Im remove immediatel seconds. Shake of Compare pad to co.  The administrator was concern on 9/14/16  No further information following website: https://nems.nih.govonium-Compounds-483.45(a) PROVIDE REHAB SERVICES	Strips" instructions Imerse pad in solution and y. 2. Hold strip level for 5 f excess water from pad. Idor chart above."  I was made aware of the above at 10:13 a.m.  I was obtained from the I soc/Pages/Quaternary-Amm I (QACs-or-Quats).aspx E/OBTAIN SPECIALIZED	F 4	371				
	not limited to, physic pathology, occupation health rehabilitative and mental retardation resident's comprehe must provide the recrequired services for accordance with §48 provider of specializ.  This REQUIREMEN by:  Based on staff internand clinical record rethe facility staff failed	litative services such as, but cal therapy, speech-language onal therapy, and mental services for mental illness ion, are required in the ensive plan of care, the facility quired services; or obtain the or an outside resource (in 33.75(h) of this part) from a ed rehabilitative services.  T is not met as evidenced view, facility document review eview, it was determined that it to provide therapy services if 15 residents in the survey	F F C	How will corrective action be accomplished for those reside found to have been affected adeficient practice?  Resident #6 was evaluated by Physical Therapist. Physical Therapist and documented the sident #6 would not benefit hysical therapy services.	ents by the a nerapist 10/28/2016 that			

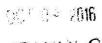
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Facility ID: VA0226

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		AND HUMAN SERVICES			1	FORM APPROVEL 2003-039 MB NO.
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		MULTIPLE JILDING	(X3) DATE SURVEY COMPLETED	
		49E075	B. W	ING		09/15/2016
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	
SKYLINE	TERRACE CONV HO	DME		1 10 20	9 BOX 558 OODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DIBE COMPLETION
F 406	Continued From pa	ge 53		F 406	1000	
	therapy evaluation recommended by t	ed to conduct a physical for Resident #6 as he physical therapy assistant sident #6's medical doctor.		resider	ill the facility identify other its having the potential to be d by the same deficient e?	
	The findings includ	e.		ם אין ר	esignee will review physician	
	2/19/14 with a read diagnoses that inclidementia, benign p enlargement of the the urine), asthma,	dmitted to the facility on mission of 11/23/15 with uded, but were not limited to; rostatic hyperplasia (BPH - an prostate), hematuria (blood in altered mental status, onic obstructive pulmonary		orders that all been ac	for the last 30 days to ensure orders for physical therapy have ddressed with appropriate entation by the therapy	10/28/2016
	set) was a quarterly (assessment refere	recent MDS (minimum data y assessment with an ARD ence date) of 8/17/16. oded as a 99 on the Brief		or syste	neasures will be put into place emic changes made to ensure icient practice will not reoccur?	
	Interview for Mental Status (BIMS), indicating that the resident was unable to complete the interview and required a staff assessment which coded Resident #6 as severely impaired with cognitive skills for daily decision making.		9	comple timely f	Il educate therapy staff to te evaluations as ordered in a ashion. (by priority of need, not ed 10 working days)	10/28/2016
	in part, the following #6's name) 8/3/16 werbal order) PT (pland treat as indicated by RN (registered recoordinator, noted verification) by an L			DON ar physica ensure services	d/ or designee will audit  I therapy orders x2 weeks to that orders for physical therapy s are completed timely and with riate documentation.	10/28/2016

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physician on 8/9/16.

Further review of Resident #6's clinical record did

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. 888			TE SURVEY MPLETED	
		49E075 B. WIR		B. WING		09/15/2016	
NAME OF PROVIDER OR SUPPLIER  SKYLINE TERRACE CONV HOME			STREET ADDRESS, CITY, STATE, ZIP COL PO BOX 558 WOODSTOCK, VA 22664		IP CODE	E	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	

#### F 406 Continued From page 54

not reveal any documentation that evidenced there had been a physical therapy evaluation.

On 9/14/16 at 10:05 a.m. an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 was shown the order for the physical therapy (PT) evaluation and was asked to provide evidence that the evaluation was completed as ordered. ASM #2 stated that physical therapy had determined that it would not be appropriate to conduct the therapy evaluation secondary to Resident #6's diagnosis of dementia. ASM #2 was asked to provide evidence of that documentation, ASM #2 stated that she did not know if there was any documentation.

On 9/14/16 at 2:05 p.m. an interview was conducted with OSM (other staff member) #1, the PTA (physical therapy assistant). OSM #1 was asked whether or not a physical therapy evaluation was completed for Resident #6. OSM #1 stated that she had done Resident #6's quarterly assessment for the MDS and had recommended a PT evaluation at that time. The information had been provided to the MDS Coordinator who then obtained an order from the physician. OSM #1 further stated, "We have lots of evaluation requests, PT is only here 1 (one) time each week and so it's overwhelming." OSM #1 was asked whether or not the evaluation was done as ordered. OSM #1 stated, "It was not done."

On 9/14/16 at 2:50 p.m. an interview was conducted with RN (registered nurse) #1, the MDS Coordinator. When asked about the order for Resident #6 to receive a PT evaluation, RN #1 stated that she was asked by the PTA to obtain

F 406

4. How does the facility plan to monitor it's performance to make sure that the solutions are sustained?

DON will report results to the QA committee. Findings and results will be reflected in the QA minutes.

10/28/2016

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N 8	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		49E075	B. WING		09/15/2016
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CKALINE				PO BOX 558	
SKILINE	TERRACE CONV HO	JME		WOODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE COMPLETION
W	the MDS and PT rethe physician to corwas asked why it was aware it was not 46) was on the list the know why it was not whether or not it should be with the was conducted with and ASM #2, the direction ASM #2 were made No further information of the survey present the solution of the survey present the survey present the solution of the survey present the su	her quarterly PT screening for quires an active order from aduct an evaluation. RN #1 as not done. RN #1 stated, "I obt done, I knew he (Resident to be evaluated but I don't ver done." RN #1 was asked ould have been done. RN #1 Id have been done."  p.m. an end of day meeting a ASM #1, the administrator rector of nursing. ASM #1 and a aware of the above findings. on was provided prior to the rocess.  ISTRATION		502	
	facility is responsible of the services.  This REQUIREMEN	e needs of its residents. The e for the quality and timeliness	1.	How will corrective action be accomplished for those residents found to have been affected by the deficient practice?	ıe
	and clinical record re the facility staff failed physician-ordered la	rview, facility document review eview, it was determined that d to perform a aboratory test for one of 15 yey sample, Resident #8.	2.	Blood test for Lamictal for resident was obtained on 10/03/16.  How will the facility identify other residents having the potential to be	10/28/2016
	The facility staff failed to perform a blood test for Lamictal (1) levels ordered on 8/8/16 for Resident #8.			affected by the same deficient practice?	10/28/2016
	The findings include	:			

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		AND HUMAN SERVICES  & MEDICAID SERVICES			0	FORM APPROVED MB NO. 0938-0391		
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		49E075	B. \	WING ,		09/15/2016		
	PROVIDER OR SUPPLIER	OME			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 558			
			,,		WOODSTOCK, VA 22664			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	, , , , , , , , , , , , , , , , , , ,	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION		
F 502	Continued From pa	age 56		F 5	02			
		dmitted to the facility on			or designee will audit physician's			
	6/14/16 with diagnoses including, but not limited				ers for Lamictal levels to ensure	10/28/2016		
		r (2), dementia with behaviors, e and diabetes. On the most			d tests are completed per the	<b></b>		
		num data set), a quarterly			sician's orders.			
	VENEZOENEN EN	ssessment reference date		2				
		8/21/16, she was coded as being moderately impaired for making daily decisions.			at measures will be put into place			
	impaired for making	g daily decisions.		200	ystemic changes made to ensure			
	A review of Resident #8's clinical record revealed			the	deficient practice will not reoccur?			
		written 8/8/16 by the erbal order) [name of		DO	N will educate Licensed staff that	9 9 90 M2099/Attentorsore 2		
		ood for Lamotrigine Level."		Lan	nictal levels should be performed per	10/28/2016		
	* Transportations * Transportations are recommended to the property of the pro			phy	rsician's orders.			
		esident #8's clinical record lence of results from this	.A	Uas	dans the facility plan to monitor			
	laboratory test.	erice of festits from this	it		. How does the facility plan to monitor			
					performance to make sure that the utions are sustained?			
		oprehensive care plan for 6/14/16 revealed, in part, the		SOIL	utions are sustaineur			
		of resident] has a seizure		DO	N or designee will monitor resident's			
		nd monitor lab/diagnostic work		wit	h physician's orders for Lamictal	10/28/2016		
	as ordered. Report follow up as indicate	t results to MD (physician) and		leve	els to be obtained to ensure	10/28/2010		
	TOTOW up as malcar	eu.		phy	sician's orders are followed.			
		a.m., LPN (licensed practical		ŊΟ	New ill report results to the OA			
		viewed regarding the rocess. She stated that you			N will report results to the QA amiltee. Findings and results will be	10/28/2016		
		ian's order to draw a lab			ected in the QA minutes.			
		PN #5 stated that the nurse in		ien	ecies ii nie QA mnuces.			
		ent when the lab test is the lab request slip. She						
		ides the specific test that						
	needs to be done.	LPN #5 stated the nurse						
	notifies the staff me	ember assigned to draw the						

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nurse) to ensure accuracy.

labs and puts the lab test on the calendar for the day it is to be drawn. She stated lab orders are verified by a second nurse (usually the night

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CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-0391					
G TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		SURVEY PLETED			
		49E075	B. WING _		09/-	15/2016			
	NAME OF PROVIDER OR SUPPLIER  SKYLINE TERRACE CONV HOME			STREET ADDRESS, CITY, STATE, 2 PO BOX 558 WOODSTOCK, VA 22664					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE			
F 502	Continued From pa	ge 57	F 50	2					
	staff member) #1, t	p.m., ASM (administrative he administrator, and ASM #2, ing, were informed of this							
On 9/14/16 at 8:25 a.m., ASM #1 stated the Larnictal level test was never performed. She stated the staff checked the wrong box on the lab request slip and a different laboratory test was performed in place of the Lamictal level.									
	Policy and Procedu following: "Purpose of [name of facility] levels to promote the	ity policy entitled "Laboratory re" revealed, in part, the e: To obtain for the residents the appropriate laboratory he best quality of life as staff will obtain the lab work							
	No further informati	on was provided prior to exit.							
	(long-acting) tablets medications to treat patients who have a taken from the web https://medlineplus.	amictal) extended-release are used with other to certain types of seizures in epilepsy." This information is site gov/druginfo/meds/a695007.h							
*	They happen becau electrical activity in of seizures, they oft which a person's bouncontrollably. Not a convulsions. There and some have mile	emptoms of a brain problem. use of sudden, abnormal the brain. When people think en think of convulsions in ody shakes rapidly and all seizures cause are many types of seizures d symptoms. Seizures fall into ocal seizures, also called							

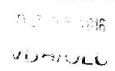
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partial seizures, happen in just one part of the

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CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB	DMB NO. 0938-039	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		DATE SURVEY COMPLETED	
		49E075	B WING	}	- 1 to 100 to 10	09/15/2016	
***************************************	ROVIDER OR SUPPLIER	DME		STREET ADDRESS, CITY, STATE, ZIP PO BOX 558 WOODSTOCK, VA 22664	CODE	1000 D 10 T 10 T 10 T 10 T 10 T 10 T 10	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	E DATE	
F 504 SS=D	abnormal activity or information is taken https://medlineplus.  According to Funda Edition, Lippincott v. 165: "Laboratory te relation to the client and treatment modaidentify actual or poproblemsSometin diagnostic procedur effectiveness of nur treatment."  483.75(j)(2)(i) LAB: ORDERED BY PHY The facility must proservices only when physician.  This REQUIREMEN by:  Based on staff inter and clinical record rethe facility staff faile physician-ordered laresidents in the surv. The facility staff faile Lamictal (1) levels of #8.	seizures are a result of h both sides of the brain." This in from the website gov/seizures.html  Immentals of Nursing, 5th Williams & Wilkins, 2007, Page ests are always interpreted in its underlying health problems alities. These results can also itential health mes, laboratory tests and researe used to judge the sing interventions or medical significant sources are used to judge the sing interventions or medical sylval sylv	F 5 <u>F504</u> 1.	How will corrective action be accomplished for those residence found to have been affected deficient practice?  Blood test for Lamictal for rewas obtained on 10/03/16.  How will the facility identify residents having the potentiaffected by the same deficie practice?	dents I by the sident #8 Tother ial to be	0/28/2016	
	The findings include	:					

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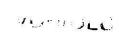
Resident #8 was admitted to the facility on

Event ID BPO111

Facility ID: VAC226

If continuation sheet Page 59 of 70





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		AND HUMAN SERVICES				OM.	B NO 0038 0301				
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			22 - 23 - 23 - 23 - 23 - 23 - 23 - 23 -		B NO. 0938-0391				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>C</b>		IPLE CONSTRUCTION	. (	X3) DATE SURVEY COMPLETED				
		49E075	B. W	ING			09/15/2016				
NAME OF I	NAME OF PROVIDER OR SUPPLIER		Ži.	181:	STREET ADDRESS, CITY, STATE, ZIP COL	DE					
CKALING	TERRACE CONVIN	NAC .			PO BOX 558						
SKILINE	E TERRACE CONV HO	DME			WOODSTOCK, VA 22664						
· (X4) ID PREHX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PF	ID REFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD B	(X5) BE COMPLETION ATE DATE				
F 504	Continued From pa			F 50		Fa					
		oses including, but not limited r (2), dementia with behaviors,	[	NOC	or designee will audit physician	15	NA DOMEST POPULA				
		e and diabetes. On the most			rs for Lamictal levels to ensure		10/28/2016				
		ium data set), a quarterly	1	oloo	d tests are completed per the						
m	assessment with assessment reference date 8/21/16, she was coded as being moderately			phys	sician's orders.						
	8/21/16, she was compaired for making					ce					
	impaired for making	g daily decisions.	3.	Wha	at measures will be put into pla						
	A review of Resider	nt #8's clinical record revealed	i	or sy	ystemic changes made to ensur	e					
	the following order, written 8/8/16 by the physician: "V.O. (verbal order) [name of			the	deficient practice will not reocc N will educate Licensed staff that	urr					
					10/28/2016						
	physician]. Draw blood for Lamotrigine Level."			Lan	nictal levels should be performe	il levels should be performed per					
		esident #8's clinical record lence of results from this		phy	ysician's orders.						
	laboratory test.	oned of results from this	4.	Hov	w does the facility plan to mon	itor					
		8		it's	performance to make sure tha	t the					
	Resident #8 dated to	prehensive care plan for 6/14/16 revealed, in part, the			utions are sustained?						
		of resident] has a seizure		DΩ	N or designee will monitor resid	dent's					
		nd monitor lab/diagnostic work results to MD (physician) and			h physician's orders for Lamicta						
	follow up as indicate				els to be obtained to ensure						
	N 201 (TREATHER) CONCERNOS (NO. 1001 MODE)				ysician's orders are followed.		10/28/2016				
		a.m., LPN (licensed practical		priy	ysician's orders are ronowed.						
	27 (20)	viewed regarding the rocess. She stated that you		DO	N will report results to the QA						
		ian's order to draw a lab		cor	mmittee. Findings and results w	vill be					
	(laboratory test). Lf	PN #5 stated that the nurse in			lected in the QA minutes.		10/28/2016				
		ent when the lab test is		20,00 <del>00</del> ,33	reas commencias consecutados estados estados estados estados estados estados estados estados estados entre e		*************************************				
		t the lab request slip. She des the specific test that									
	The State of the State of Sta	LPN #5 stated the nurse									
	notifies the staff me	mber assigned to draw the									
		b test on the calendar for the									
	day it is to be drawn	She stated lab orders are									

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nurse) to ensure accuracy.

verified by a second nurse (usually the night

Event ID: BPO111

Facility ID VA0226

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	10 10 10 10	\$		0. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	TE SURVEY MPLETED
		49E075	B. WING		09	0/15/2016
	PROVIDER OR SUPPLIER  TERRACE CONV H	OME		STREET ADDRESS. CITY, STATE, ZI PO BOX 558 WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 504	staff member) #1, the director of nurs concern.  On 9/14/16 at 8:25 Lamictal level test of stated the staff che request slip and a coperformed in place  A review of the facil Policy and Procedu following: "Purpose of [name of facility] levels to promote the	p.m., ASM (administrative he administrator, and ASM #2, ing, were informed of this a.m., ASM #1 stated the was never performed. She cked the wrong box on the lab lifferent laboratory test was of the Lamictal level.  ity policy entitled "Laboratory re" revealed, in part, the end to be the appropriate laboratory the best quality of life as staff will obtain the lab work	F 50	04		
	(1) "Lamotrigine (La (long-acting) tablets medications to treat patients who have etaken from the webshttps://medlineplus.tml. (2) "Seizures are sy They happen becau electrical activity in tof seizures, they oftwhich a person's bouncontrollably. Not a convulsions. There and some have mild two main groups. For	certain types of seizures in epilepsy." This information is site gov/druginfo/meds/a695007.h mptoms of a brain problem, se of sudden, abnormal he brain. When people think on think of convulsions in dy shakes rapidly and				

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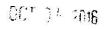
brain. Generalized seizures are a result of

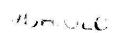
Event ID, BPO111

Facility ID VA0226

If continuation sheet Page 61 of 70







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CENTER	S FOR MEDICARE	& MEDICAID SERVICES		<u> </u>	ND NO. 0830-0381
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49E075	B. WING _		09/15/2016
NAME OF P	ROVIDER OR SUPPLIER		S. S. S. S. S. S. S. S. S. S. S. S. S. S	STREET ADDRESS, CITY, STATE, ZIP CODE	
OWN INC	**************************************	.ME		PO BOX 558	
SKILINE	TERRACE CONV H	DIME		WOODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
F 504	Continued From pa	nge 61	F 50	04	
		n both sides of the brain." This n from the website			
	Edition, Lippincott 165: "Laboratory to relation to the clien and treatment modidentify actual or populationSometidiagnostic procedu effectiveness of nutreatment."	amentals of Nursing, 5th Williams & Wilkins, 2007, Page ests are always interpreted in t's underlying health problems lalities. These results can also otential health mes, laboratory tests and res are used to judge the rsing interventions or medical LETE/ACCURATE/ACCESSIB	F 5 <u>F514</u>	14	
	resident in accorda standards and prac	aintain clinical records on each ince with accepted professional ctices that are complete; inted; readily accessible; and inized.		How will corrective action be accomplished for those residents found to have been affected by the deficient practice?	
	information to idented resident's assessment's assessment's provided;	ening conducted by the State;		Physician's progress note for 08/30/ for resident #5, was obtained and placed on the medical record.	16, 10/28/2016
	by: Based on staff inte and clinical record the facility staff faile	NT is not met as evidenced erview, facility document review review, it was determined that ed to maintain a complete and cord for two of 15 residents in		Physician's progress notes accurately reflect correct dose of medications for resident #5.	111/78/2010

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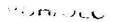
Event ID. BPO111

Facility ID VA0226

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CENTER	RS FOR MEDICARE	E & MEDICAID SERVICES_	2000	REAL PROPERTY STATES	**************************************	100 - El-	Ministrat (8 CHARLES		O. 0938-039
STATEMENT	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10000			STRUCTION		(X3) D	ATE SURVEY OMPLETED
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	PROVIDER OR SUPPLIER  TERRACE CONV HO		<u> </u>		PO BOX		TY, STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID REFIX TAG		PROVIDER (EACH CORE	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 514	Continued From page	age 62		F 51	1.4	125 t-25 N			
		Residents #5 and #8.		FUI	1.4				
				The	e falls of	f resident	# 8 have been		
	progress note of 8/3	ff failed to ensure the physician 30/16 was in the clinical record	n documented in the clinical record.						
	for Resident #5.		2.	How	v will the	e facility ic	dentify other		
	b. The facility staff failed to ensure the physician					75%	ootential to be		
	progress notes were	e accurate with the current				- 0: •			
	dose of medication f	for Resident #5.				same defi	Icient		
	2. The facility staff ficlinical record two fa and 8/8/16).	failed to document in the alls for Resident #8 (7/22/16	Pra	ictice	<b>?</b> f				
	,		DO	Nor	designe	e will audi	it physician's		
	The findings include:	r:	visi	ts for	r the las	st 30 days t	to ensure	10/28/2	2016
	1.a. Resident #5 wa	is admitted to the facility on				gress notes		The same	
	8/13/08 with diagnos limited to: cardiomeg (1)), osteoarthritis, A	ses that included but were not galy (enlargement of the heart			20 NO	he medica			
8	heartbeat (2)).	My mile manifement frame	DO	Nore	designe	e will audi	it physician's		
,	The most recent MC	SO /minimum alam alan					t 30 days to	10/28	/2016
į	assessment, a quart	DS (minimum data set) terly assessment, with an				n's progres	Six 10 Control Section (1997) 1 Control (1997) 1 Control (1997)	10/20	/2010
i	assessment reference	ce date of 6/20/16, coded the			35	N , 15	ent doses of		
!	resident has being se	everely impaired to make			tions list				
ة ا	and long term memowas coded as being of	ions and as having both short ory difficulties. The resident dependent upon one or more I of her activities of daily		50 SS	D 0	8959	80 mm ab		
1	living.	. <del></del>					it falls within		
-	The analysis size gray		the last 30 days to ensure falls are					10/28	/2016
C	The hurse's note date documented, "(Name orders."	ted, 8/30/16 at 3:06 p.m. e of doctor) in to see, no new	doc	:ume	ented in	the medic	al record.	20,-	The second second
									,

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Review of the clinical record revealed the last physician progress note was dated on 7/14/16.

Event ID: 8PO111

Facility ID VA0226

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		AND HUMAN SERVICES					FURM APPRUVIJI
088		& MEDICAID SERVICES	т				IB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				X3) DATE SURVEY COMPLETED	
		49E075	B. WING	j			09/15/2016
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP COL	DE	
SKYLINE	TERRACE CONV HO	DME		190000000000000000000000000000000000000	BOX 558 ODSTOCK, VA 22664		
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F 514	Continued From pa	age 63	F	514	- 1. 100		
20	conducted with adn (ASM) #2, the direct asked the process aphysician notes to be doctor dictates their stated, "They are use When asked where doctor's visits of 8/3 to look for that."  On 9/14/16 at appropriate physician's progethis surveyor. The plant of the physician of the physician of the plant of th	o a.m., an interview was ministrative staff member of or of nursing. ASM #2 was and timeframe for the be on the clinical record, if a reprogress notes. ASM #2 sually here within a week." It the progress note was for the 30/16, ASM #2 stated, "I'll have eximately 10:30 a.m. a copy of gress note was presented to progress note was dated from of the page was ed on September 14, 2016."  O a.m., an interview was M #3, the physician for	DC that acception the second of the second o	ON or center of the country of the c	designee will educate Dr. By sician progress notes should and received at the facility nanner, (7-10 days).  designee will educate all staff that falls should be need in the medical record.  es the facility plan to monite or mance to make sure that is are sustained? Esignee will audit physician notes of 5 residents weekly for ensure that physician's notes are accurate and place addical record in a timely	e cur? or the	10/28/2016 10/28/2016
j	in part, "Documenta	Oocumentation" documented tion shall be complete, legible medical record in a timely					

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manner."

Event ID, BPO111

Facility ID VA0226

If continuation sheet Page 64 of 70

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CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391						
		(X1) PROVIDER SUPPLIER CLIA	(X2) MUI	TIPLE CC	(X3) DATE SURVEY					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				COMPLETED				
		49E075	B. WING			09/15/2016				
NAME OF P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	(1)A - Jun				
GRALINE	TERRACE CONV HO	)MF		200 CO	OX 558					
SKILINE				WOC	DSTOCK, VA 22664	ON X51				
(x4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TD BE COMPLETION				
F 514	Continued From pa	age 64	F S	514						
72 (2303.5767.5866)	The second secon			or des	ignee will audit fall incident					
	The administrator and ASM #2 were made aware of the above findings on 9/14/16 at 5:10 p.m.		reno	rts wee	10/28/2016					
			falls	are do	<del></del>					
	No further information was provided prior to exit.  (1) Barron's Medical Guide - Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 104.  (2) Barron's Medical Guide - Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 557.  b. The facility staff failed to ensure the physician progress notes were accurate with the current dose of medication for Resident #5.  The June 2016 POS (physician order summary), signed by the physician on 6/16/16, documented,			rd.						
92										
					les to the OA					
				I will re	port results to the QA . Findings and results will be	10/28/2016				
				mittee						
				ected in	the QA minutes.					
	"Risperidone (an antipsychotic medication (1)) 0.25 mg (milligrams); take 1 tablet by mouth					æ				
rs.	every morning for p	ry morning for psychological avior/symptoms of dementia. Risperidone 0.5 take 1 tablet by mouth evening at 1700 (5:00								
	mg; take 1 tablet b									
	p.m.) for psychological behaviors/symptoms of dementia."  The July 2016 POS, signed by the physician on 7/14/16, documented, Risperidone 0.5 mg; take 1									
	tablet by mouth eve	ening at 1700 for psychological								
		ns of dementia." Handwritten ocumented, "D/C Risperidone								
}		sician's signature was								
	documented under									
	The August 2016 F	POS, signed by the physician								
	on 8/30/16, docum	ented, "Risperidone 0.5 mg; outh evening at 1700 for								
l .	Take I Tablet by IIIC	Juli creming at 1100 tol								

Facility ID: VA0226

psychological behaviors/symptoms of dementia."

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CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391					
Commence of the Commence of th		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED			
		49E075	B. WING			09/15/2016			
NAME: OF F	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE				
SKYLINE	TERRACE CONV HO	DME			BOX 558 ODSTOCK, VA 22664				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	DBE COMPLETION			
F 514	documented, "Assedementia - Continu 0.5 mg twice daily. severe."  The physician progdocumented, "Assedementia - Continu 0.5 mg twice daily. severe."  The physician progdocumented, "Assedementia - Continu 0.5 mg twice daily. severe."  An interview was costaff member (ASM on 9/14/16 at 11:15 review the POS for ASM #2 was then a progress notes for When asked if the	ress note dated, 6/16/16, essment/Plan: 6. Alzheimer's e Risperdal (Risperidone) at The patient's dementia is  ress note dated, 7/14/16, essment/Plan: 6. Alzheimer's e Risperdal (Risperidone) at The patient's dementia is  ress note dated, 8/30/16 essment/Plan: 6. Alzheimer's e Risperdal (Risperidone) at The patient's dementia is  ress note dated, 8/30/16 essment/Plan: 6. Alzheimer's e Risperdal (Risperidone) at The patient's dementia is  onducted with administrative el) #2, the director of nursing; a.m. ASM #2 was asked to June, July, and August 2016. sked to review the physician June, July and August 2016. ohysician progress notes the current therapies ordered,	F 5	14					
	An interview was conducted with ASM #3, the resident's physician, on 9/14/16 at 11:39 a.m. When asked if his notes should reflect the resident's current treatment plan, ASM #3 stated, "Yes." When asked about his process for dictating his notes, ASM #3 stated, "I take notes on a copy of my previous visit and jot down notes, changes I've made. I go back to my office and within a day or the longest two days, I dictate the notes. My notes are templated and I obviously make				RECEIV 001 04 2 VDH/OI	316			

notes are templated and I obviously make changes when I dictate." The POS for June, July

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		& MEDICAID SERVICES		58.612 100 100 100 100 100 100 100 100 100 1	OMB NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	W10010010-00-0 100020	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49E075	B WING		09/15/2016
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>		EET ADDRESS. CITY STATE, ZIP CODE BOX 558	
SKYLINE	TERRACE CONV H	OME	(0.00)	ODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 514	Continued From pa	nge 66	F 514		
	and August 2016 a July and August 20 #3. ASM #3 stated,	nd his progress notes for June, 16 were reviewed with ASM "You are correct, I missed ect what the current dose of the			
	"Purpose: To ensu medical record refl pertinent facts, find residentsDocume limited to active and	evealed, in part, the following: tre the facility's residents (sic) ects documentation of lings and observations about entation will include, but is not d relevant resident information, sheets, notes, diagnostic re, and medication		¥	
	The administrator a made aware of the 5:10 p.m.	and director of nursing were above findings on 9/14/16 at			
	No further informat	ion was provided prior to exit.			2
	following website:	was obtained from the n.nih.gov/pubmedhealth/PMHT letails.			
				RECEI	VED
		failed to document in the falls for Resident #8 (7/22/16		001.)↓ <b>VDH/O</b>	

Resident #8 was admitted to the facility on 6/14/16 with diagnoses including, but not limited

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09/15/2016  DDRESS. CITY. STATE, ZIP CODE
TOCK, VA 22664
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(

Alzheimer's disease and diabetes. On the most recent MDS (minimum data set), a quarterly assessment with assessment reference date 8/21/16, she was coded as being moderately impaired for making daily decisions. She was coded as having two falls during the look back period, with neither fall having caused a major injury.

A review of the clinical record for Resident #8 revealed the following nurses notes:

- 7/22/16 at 2:53 p.m.: "S/P (status-post, or following) fall on nocs (night shift)...vs (vital signs) wnf (within normal limits) as well as neuro (neurological) chks (checks) wnl..."
- 8/8/16 at 9:35 p.m.: "No apparent injuries noted from fall at this time."

Further review of the clinical record failed to reveal evidence of documentation of the falls to which these nurses notes referred.

A review of facility incident reports revealed reports of falls for Resident #8 occurring on 7/22/16 and 8/8/16.

On 9/14/16 at 11:10 a.m., LPN (licensed practical nurse) #5 was interviewed. She stated that if a resident falls, a nurses note should be written and an incident report should be completed. She stated the nurse in charge of the resident at the time of the fall is responsible for documenting this in the clinical record. When asked if the incident report is part of the resident's clinical record, LPN #5 stated: "No, I don't think it is."

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A.50 % State (4.94%)		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49E075	B. WING			09/15/2016
NAME OF F	PROVIDER OR SUPPLIER			STE	REET ADDRESS, CITY, STATE, ZIP CODE	
CKW INC	**************************************			PO	BOX 558	
SKYLINE	TERRACE CONV H	OWE		W	DODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OBE COMPLETION
F 514	staff member) #2, t	0 p.m., ASM (administrative he director of nursing, was	F 5	514		
	documented by the record. She stated the nurses notes, a	tated that every fall should be nurse in the resident's clinical the falls should be included in s well as in the incident report. Incident report is part of a				
	resident's clinical re	ecord, ASM #2 stated: "No, not a part of the clinical				
	On 9/14/16 at 5:15 administrator, and / these concerns.	p.m., ASM #1, the ASM #2 were informed of				
	"Purpose: To ensur medical record refle	ity policy entitled vealed, in part, the following: re the facility's residents (sic) ects documentation of ings and observations about				
	residentsDocume limited to active and	ntation will include, but is not I relevant resident information, heets, notes, diagnostic e, and medication				
		on was provided prior to exit.				
	They happen becau electrical activity in t of seizures, they ofto	mptoms of a brain problem. se of sudden, abnormal the brain. When people think en think of convulsions in				
	uncontrollably. Not a convulsions. There a and some have mile two main groups. For	dy shakes rapidly and all seizures cause are many types of seizures are many types of seizures fall into ocal seizures, also called upen in just one part of the				

brain. Generalized seizures are a result of

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STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIER/CLIA (X		(X2) MU A BUILI	LTIPLE C		(X3) DATE SURVEY COMPLETED		
		49E075	B. WING	}	1		09/15/2016
NAME, OF	PROVIDER OR SUPPLIER	<u> </u>		000000000000000000000000000000000000000	EET ADDRESS, CITY, STATE, ZIP CO		
SKYLINI	E TERRACE CONV HO	OME		1	BOX 558 ODSTOCK, VA 22664		
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F 514	Continued From pa abnormal activity or information is taken https://medlineplus.	n both sides of the brain." This in from the website		514			
		gr				EIVE( ) 4 2016 VOLC	