PRINTED: 03/28/2018 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495160	B. WING		03/09/2017	
NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE			1	STREET ADDRESS, CITY, STATE, ZIP CODE 132 LANCASTER DRIVE RVINGTON, VA 22480		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 000	INITIAL COMMENTS	S	F 000			
F 386 SS=D	survey was conducted Corrections are required CFR Part 483 Feder requirements. The L survey/report will foll investigated during to the census in this 42 at the time of the surconsisted of 9 curred (Residents #1 through reviews (Residents #2 PHYSICIAN VISITS CARE/NOTES/ORD CFR(s): 483.30(b)(1) (b) Physician Visits The physician mustically Review the residincluding medication visit required by para (2) Write, sign, and covisit; and	Life Safety Code low. No complaints were he survey. 2 certified bed facility was 39 rvey. The survey sample nt Resident reviews gh #9) and 2 closed record #10 through #11) REVIEW ERS)-(3)	F 386		4/17/17	
	be administered per policy after an asses This REQUIREMEN by:	nococcal vaccines, which may physician-approved facility ssment for contraindications. T is not met as evidenced view and clinical record		The statements made in this Plan of		
	review, the facility st physician signed and for three Residents (aff failed to ensure the d dated all orders at each visit (Residents' #4, #7 and #6) in		Correction are not an admission to and not constitute an agreement with the alleged deficiencies herein.	do	
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE	

03/20/2017 **Electronically Signed**

Facility ID: VA0191

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		495160	B. WING _			03	3/09/2017
NAME OF P	ROVIDER OR SUPPLIER	-1	' I	STF	REET ADDRESS, CITY, STATE, ZIP CODE	, ,,	
				132	2 LANCASTER DRIVE		
RAPPAHA	NNOCK WESTMINSTI	ER CANTE		IR\	VINGTON, VA 22480		
(X4) ID		STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 386	Continued From pa	nge 1	F3	386			
	a survey sample of	11 Residents					
					To remain in compliance with all federa	al	
	1. For Resident #4	, no "Physician's Orders" (a			and state regulations, the facility has		
		e plan of care) was signed			taken or will take the actions set forth	in	
	after 11/1/16 (101 c	days);			this plan of correction. The plan		
					constitutes the center's allegation of		
	2. For Resident #7	', no "Physician's Orders" were			compliance such that all alleged		
	signed by the physi	ician after 11/28/16; and			deficiencies cited have been or will be corrected by the date or dates include		
	3 For Resident # 6	6, the facility staff failed to			corrected by the date of dates include	۵.	
	ensure Physicians			Immediate Corrective Actions:			
	signed Physicians orders were noted between				03/17/17		
		2017 resulting in 94 days			All current resident charts were audite	d to	
	between the last sig				assure that physician visits are on the		
					schedule and in compliance with F386	j	
	The findings include	ed:			Physician Visits and all Physician Orde	er	
					Sheets are signed and dated.		
		, no "Physician's Orders" (a					
		e plan of care) was signed			Systemic Changes: 4/17/17		
	after 11/1/16 (101 c	days).			All Nurses will be in-serviced on F386		
					Physician Visits and will be taught how	ı to	
		ale, was admitted to the facility			access and print the Physician Order		
		oses included dementia with			Sheets for physician visits.		
		nces, muscle weakness,			Dhysisians will reserve a letter from th	_	
	-	i, incontinence, atrial pertension, breast cancer,			Physicians will receive a letter from the Administrator and CEO explaining this		
		polio syndrome, functional			Survey outcome as well as the		
	dyspepsia, Vitamin	•			requirements of F386 Physician Visits	In	
	constipation.	D deficiency, and			the letter, Physicians will also be invited		
	conoupation.				meet with the CEO, Administrator, and		
	Resident #4's most	recent MDS (minimum data			DON to discuss physician service	-	
		assessment reference date) of			requirements and work through any		
		as a quarterly assessment.			obstacles that the physicians face whi	ie	
		oded as having short term			visiting and recertifying their patients.		
		d required moderate			- , , , .		
		king daily life decisions. She			All required Physician Visits and Phys	ician	
		iring limited to extensive			Order Sheets will be documented in a		
		staff member to perform her			spreadsheet by the Unit Secretary or		
	activities of daily liv	ring with the exception of			Designee. The Unit Secretary will ass	ure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495160	B. WING _			03/09/2017		
	ROVIDER OR SUPPLIER	R CANTE		13	TREET ADDRESS, CITY, STATE, ZIP CODE 82 LANCASTER DRIVE RVINGTON, VA 22480			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 386	total assistance. Review of Resident and "Physician's Order physician after 11/1/ were evidence the plapproved the total planproved th	she was coded as requiring #4's clinical record revealed ers" were signed by the 16. The "Physician's Orders" hysician had reviewed and an of care, including atments, for Resident #4. A opparent that the physician cility and examined Resident linical record, the for the months after 11/1/6 or medical record, however no at on the orders. 19/17 at 2:52 p.m., Other A ney were responsible for an's Orders" within the and Other B stated they and gave them to the and sign. Other A stated cian's would take the listing ete the orders at their an's would then send the cility for scanning into the ther A and B stated the ere the last signed orders esident #4. d DON (director of nursing) failure of the physician's to at each visit, 3/9/17 at 3:35	F3	386	that all physicians are informed in writin of due dates 14 days and then 7 days prior to the due date. The Unit Secreta will follow up with the DON (or Administrator) if the visit has not taken place by the due date. The DON (or Administrator) will contact the Physicia directly if the visit has not taken place if the due date. The DON will encourage physicians to sign Physician Order She while visiting the facility instead of taking them to their offices. Monitoring: Ongoing The DON will monitor the Physician Visiand Physician Order Sheet spreadshed for compliance. The Director of Quality and Compliance will audit 100% of all Physician Visits and Physician Order Sheets every month and inform the DO and Administrator of compliance concerns. The DON and/or Administrator will discussed dates with the Primary Care Physicians and Medical Director as needed to assure compliance with F38 will be informed in writing by the Administrator and CEO that his or her facility privileges may be revoked for non-compliance with State and Federa regulations.	n py e eets ng sit et /		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495160	B. WING		03/09/2017		
NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE			1	TREET ADDRESS, CITY, STATE, ZIP CODE 32 LANCASTER DRIVE RVINGTON, VA 22480	1 00/03/2017		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION		
F 386	Continued From pa	ge 3	F 386				
	9/28/16. His diagnor overactive bladder, atrial fibrillation, Par hyperlipidemia, conhypertension.	gestive heart failure, and					
	12/22/16 was coded Resident #6 was co term memory deficit assistance with mak Resident #4 was als assistance of one to perform his activities exception of bathing	recent MDS with an ARD of as a quarterly assessment. ded as having short and long as and required total sting daily life decisions. So coded as needing limited to two staff members to as of daily living with the g. For bathing he was coded sistance of one staff member.					
	no "Physician's Ord since 11/28/17. Att #7's clinical record r	#7's clinical record revealed er" signed by the physician norough review of Resident revealed he was seen and ysician 9/28/16, 10/28/16, 7.					
	the orders signed by the only orders sign	3 stated 3/9/17 at 2:52 p.m., y the physician 11/28/16 were ed by the physician that were onic medical record.					
	failure of Resident # date all orders with 3. For Resident # 6 ensure Physicians of signed Physicians C	nd DON were informed of the 47's physician to signed and each visit, 3/9/17 at 3:35 p.m., the facility staff failed to orders were signed timely. No Orders Sheets were noted and 2/4/2017 resulting in 94 last signed orders.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	(X	(X3) DATE SURVEY COMPLETED	
		495160	B. WING _			03/09/2017	
NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE				STREET ADDRESS, CITY, STATE, ZIP CODE 132 LANCASTER DRIVE IRVINGTON, VA 22480		,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 386	included but were not Disease, Dementia we Disorder, Hypertensis Syndrome, Chronic I Sjogren's Syndrome. The most recent MD Quarterly Assessme reference date) of 2 coded as having a B Memory Status) scorcognitive impairment requiring minimal ast for her ADLs (activitia requiring extensive at for bathing. Resident frequently incontinent incontinent of bowel. Review of Resident is her most recently significant frequently incontinent incontinent of bowel. Review of Resident is her most recently significant frequently incontinent of bowel. Resident's medication thorough review of Revealed the previous Sheets were dated of Con 3/8/2017 at 2:42 conducted with the Extension of the previous conducted with the Extension of the previous sheets were dated to the previous conducted with the Extension of the previous conducted with	year old female, was ity on 5/23/2016. Diagnoses it limited to Alzheimer's vith Behaviors, Psychotic on, Osteoporosis, Sicca Kidney Disease and S (minimum data set) was a int with an ARD (assessment /2/2017. Resident # 6 was IMS (Brief Interview for re of 5 indicating severe re of 5 indicating severe re of 6 indicating severe re of 5 indicating severe re of 5 indicating severe re of 6 indicating severe re of 5 indicating severe re of 5 indicating severe re of 6 indicating severe re of 6 indicating severe re of 6 indicating severe re of 5 indicating severe re of 6 indicating severe re of 7 indicating severe re of 8 indicating severe re of 9 indicating severe re of 9 indicating severe re of 5 indicating severe r	F3	386			
	the first 90 days and On 3/8/2017 at 4 PM	er sheets every 30 days for then every 60 days. I, the Administrator and vere informed that the last					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495160	B. WING			03/	09/2017
	ROVIDER OR SUPPLIER	CANTE		1	TREET ADDRESS, CITY, STATE, ZIP CODE 32 LANCASTER DRIVE RVINGTON, VA 22480		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 386	signed Physicians Or electronic medical recand the one prior was surveyor asked for a signed Physicians Or On 3/9/2017 at 2:52 F conducted with the twand Other B) who stathe task of generating keeps up with which is by the physicians. But stated they would ser the nurse in charge we Physicians Orders Sh Both stated that some Physicians Orders Sh Both stated that some Physicians Orders sh facility, one would signother physicians wou them back in to the fastated they would scaform into the electron Other B stated the ex Physicians would significant every 60 days. During the end of day 3:10 PM, the facility A in Training (Admin C) were informed of no so between 11/2/2016 at No further information FREQUENCY & TIME	ders Sheet noted in the cord was dated on 2/4/2017 and dated on 11/2/2016. The copy of the most recent der Sheets. PM, an interview was a to unit secretaries (Other A ted they work together on a la list on the computer that residents are due to be seen outh Other A and Other B and a note to the physician, was supposed to pull the neet form off of the chart. It is physicians would sign the neets while they were in the norders electronically, while and sign the orders and mail incility. Other A and Other B and the returned signed POS ic records. Other A and pectation was that the norders electronically and pectation was that the norder sheets at a debriefing on 3/9/2017 at a deministrator, Administrator, and the Director of Nursing signed Physicians Orders and 2/4/2017. In was provided. ELINESS OF PHYSICIAN		386			4/17/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		495160	B. WING			03	/09/2017	
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
				13	2 LANCASTER DRIVE			
RAPPAHA	NNOCK WESTMINST	ER CANTE		IR	VINGTON, VA 22480			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 387	Continued From page	age 6	F:	387				
	· ·	nust be seen by a physician at	. `					
		0 days for the first 90 days after						
	· ·	east once every 60 thereafter.						
	,	,						
	(2) A physician visi	t is considered timely if it						
		an 10 days after the date the						
	visit was required.							
	This REQUIREME							
	by: Based on staff inte			The statements made in this Plan of				
	review, the facility			Correction are not an admission to and	do			
		e Residents in a timely manner			not constitute an agreement with the	uo		
	' '	Residents' #4 and #5) in a			alleged deficiencies herein.			
	survey sample of 1				G			
					To remain in compliance with all federa	I		
		l, the physician had not			and state regulations, the facility has			
		pleted a progress note			taken or will take the actions set forth in	1		
	between 11/1/6 and	d 2/15/17			this plan of correction. The plan			
	(106 days); and				constitutes the center's allegation of			
	2 For Posidont #	6 the facility staff failed to			compliance such that all alleged deficiencies cited have been or will be			
		6, the facility staff failed to visits were completed in a			corrected by the date or dates included			
		esident # 6 was not seen by the			corrected by the date of dates moraded	•		
		11/3/2016 and 2/3/2017			Immediate Corrective Actions:			
	resulting in 92 days				03/17/17			
					All current resident charts were audited	to		
	The findings includ	ed:			assure that physician visits are on the			
					schedule and in compliance with F387			
		I, the physician had not			Frequency of Physician Visits.			
		dent and completed a			Customia Changes 4/47/47			
	l · -	een 11/1/6 and 2/15/17			Systemic Changes: 4/17/17 All Nurses will be in-serviced on F387			
	(106 days).				Frequency of Physician Visits.			
	Resident #4_a fem	ale, was admitted to the facility			requeries of renysician visits.			
		noses included dementia with			Physicians will receive a letter from the			
	_	ances, muscle weakness,			Administrator and CEO explaining this			
		a, incontinence, atrial			Survey outcome as well as the			
	•	pertension, breast cancer,			requirements of F387 Frequency of			
		polio syndrome, functional			Physician Visits. In the letter, Physician	ns		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
		495160	B. WING			03/09/2017	
NAME OF P	ROVIDER OR SUPPLIER	1	<u>'</u>	STREET ADDRESS, CITY,	, STATE, ZIP CODE	00.00.2011	
				132 LANCASTER DRIV	Έ		
RAPPAHA	ANNOCK WESTMINST	ER CANTE		IRVINGTON, VA 2248			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 387	Continued From pa	age 7	F3	87			
F 387	set) with an ARD (a 2/16/17 was coded Resident #4 was comemory deficits an assistance with ma was coded as requivalent assistance of one stativities of daily like bathing. For bathing total assistance. Review of Residen no evidence was placen examined by and 2/15/16. No put the dates in question. When interviewed and Other B stated scanning the physistated sometimes their progress note Resident and the place stated the progress stated the progress #4's electronic medians progress notes available.	D deficiency, and trecent MDS (minimum data assessment reference date) of as a quarterly assessment. Oded as having short term drequired moderate king daily life decisions. She iring limited to extensive staff member to perform her ring with the exception of ag she was coded as requiring that Had her physician between 11/1/16 rogress notes for visits within on was evident. 3/9/17 at 2:52 p.m., Other A they were responsible for cian progress notes. Other A he physician's would complete after their visits with the hysician was responsible for so note to the facility. Other A is notes evident within Resident dical record were all the hilable. and DON (director of nursing) he failure of the physician's to sician visits for Resident #4,	F	will also be invited Administrator, and physician serviced through any obsidace while visiting patients. Due dates for all will be document the Unit Secretang will as are informed in with days and then 7 date. The Unit Swith the DON (or Administrated Physician directly place by the due encourage physician certification in the DON will be the DON will me and Physician Offor compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and Compliance. In and Compliance of the DON will me and C	ngoing conitor the Physician Visit order Sheet spreadsheet The Director of Quality will audit 100% of all and Physician Order conth and inform the DON or of compliance		
	ensure physicians	6, the facility staff failed to visits were completed in a sident # 6 was not seen by the		1 *	Medical Director as re compliance with F387.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		495160	B. WING _			03/	/09/2017	
NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE				STREET ADDRESS, CITY, STATE, ZIP CODE 132 LANCASTER DRIVE IRVINGTON, VA 22480			1 33/33/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 387	Resident # 6, an 82 admitted to the facili included but were no Disease, Dementia volume Disorder, Hypertensi Syndrome, Chronic I Sjogren's Syndrome The most recent MD Quarterly Assessme reference date) of 2/coded as having a B Memory Status) scorcognitive impairment requiring minimal asfor her ADLs (Activiti requiring extensive a for bathing. Resident frequently incontinent incontinent of bowel. Review of Resident aconducted on 3/8/20 the Physicians Progress note 2/15/2017 by the nure psychotropic med." dated 2/3/2017 for "review of her clinical"	1/3/2016 and 2/3/2017 between visits. year old female, was ity on 5/23/2016. Diagnoses bit limited to Alzheimer's vith Behaviors, Psychotic on, Osteoporosis, Sicca Kidney Disease and S (minimum data set) was a nt with an ARD (assessment 2/2017. Resident # 6 was IMS (Brief Interview for re of 5 indicating severe E. Resident # 6 was coded as sistance of one staff person es of Daily Living), except resistance of one staff person at # 6 was coded as being at of bladder and occasionally # 6's clinical record was 17 at 8:45 AM. Review of ress notes revealed the last es sheet was dated on	F3	387	A Physician not in compliance with F3 will be informed in writing by the Administrator and CEO that his or her facility privileges may be revoked for non-compliance with State and Federa regulations.			
	mouth" and Residen physician on 11/3/20 There were no other	t wisit for a "rash corners of t # 6 was seen by her 16 for "recertification." visits documented in the en 11/3/2016 and 2/3/2017						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495160	B. WING		03/09/2017		
NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE			1	STREET ADDRESS, CITY, STATE, ZIP CODE 32 LANCASTER DRIVE RVINGTON, VA 22480	1 00/03/2017		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION		
F 387	resulting in 92 days be recertification. On 3/8/2017 at 2:42 conducted with the Dexpectation was that Progress Notes at least On 3/8/2017 at 4 PM of Nursing, and Admic C) were informed that Note for recertification medical record was opior Progress Note fon 11/3/2016. On 3/9/2017 at 11 AN Progress Notes for rethe electronic record 2/3/2017. On 3/9/2016 at 3:00 debriefing, the admin Director of Nursing withe staff to ensure Reference.	PM, an interview was ON who stated the physicians would write ast every 60 days. , the Administrator , Director nistrator in Training (Admin t the last signed Progress n noted in the electronic lated on 2/3/2017 and the or recertification was dated M, Admin C stated no other ecertification were found in between 11/3/2016 and PM during the end of day istrator, Admin C and ere informed of the failure of esident #6 was seen by her ress note written in a timely	F 387				