PRINTED: 04/05/2016 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED
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	S RETREAT AT IRON E	RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 12001 IRON BRIDGE RD CHESTER, VA 23831	0012-112010
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F 000	survey was conducted	edicare/Medicaid standard	F 00	0	
F 157 SS=D A Gaiii ii ii pd sc sc ctr th § TI ar or ch	are required for com Federal Long Term C safety report will follow the census in this 90 at the time of the surconsisted of 14 curre (Residents 1-14), and (Residents 15-17). 483.10(b)(11) NOTIF (INJURY/DECLINE/R) A facility must immediate consult with the reside known, notify the resident involving the njury and has the potentervention; a signification of the consult with the resident involving the njury and has the potentervention; a signification of the consult with the resident involving the njury and has the potentervention; a signification of the consult with the resident involving the njury and has the potentervention; a signification of the consult with the life three dinical complications); ignificantly (i.e., a new xisting form of treatmons equences, or to consult with the resident from the fact that is a decision of the consult with the resident from the fact that is a decision of the fact that is a decisio	pliance with 42 CFR Part 483 Care requirements. The life w. Discretified bed facility was 83 Vey. The survey sample int resident reviews discretified services discretified bed facility was 83 Vey. The survey sample int resident reviews discretified services discretified bed facility was 83 Vey. The survey sample int resident reviews discretified services discretified bed facility was 83 Vey. The survey sample int resident reviews discretified in facility was 83 Vey. The survey sample int resident; services discretified bed facility was 83 Vey. The life intersident reviews discretified in facility was 83 Vey. The life discretified bed facility was 83 Vey. The life intersident resident; services discretified bed facility was 83 Vey. The life discretified bed facility was 83 Vey. The survey sample discretified bed facility was 83 Vey. The life discretified bed	F 157	RECEIVE APR 14 201 VDH/OLO F 157 SS=D The facility will notify the physician of blood sugar testing results exceeding the physician ordered parameters. 1. Address how corrective action will b accomplished for those residents found have been affected by the deficient practice. a. Resident #9's MD was notified on 3/23 concerning the Blood Sugars exceeding the parameters. MD order for sliding scale insulin given on 3/29/16. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. a. Residents with Blood Sugar tests / parameters will have their charts reviewed ensure MD order parameters are being followed and MD is notified. b. Residents found with Blood Sugars out of Parameters will have their MD notified with follow up as appropriate.	6 e to /16 ne 3/29/16 to 5/8/16
RATORY DIE	BECTOR'S OR PROVIDER/S	JPPLIER REPRESENTATIVE'S SIGNATU	IRE	TITLE	(X6) DATE

LABO

Turinde G. Knan, Administrator

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

AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	FIPLE CONSTRUCTION NG		OATE SURVEY OMPLETED
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1	OF PROVIDER OR SUPPLIER R'S RETREAT AT IRON I	BRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 12001 IRON BRIDGE RD CHESTER, VA 23831		312412010
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F 15	resident rights unde regulations as specithis section. The facility must recthe address and pholegal representative This REQUIREMENT by: Based on staff interverview, clinical recordailed for 1 resident (I in the survey sample elevated blood sugars ordered parameters. For Resident #9, the paccuchecks (blood suexceeding the physicia 300.	r Federal or State law or fied in paragraph (b)(1) of ord and periodically update ne number of the resident's or interested family member. T is not met as evidenced liew, facility documentation I review, the facility staff Resident #9) of 17 residents to notify the physician of soutside of the physician	F 15	3. Address what measures will be place or systemic changes made that the deficient practice will not a. Nurses will be in-serviced on M. notification policy by Director of M. Designee. 4. Indicate how the facility plans monitor its performance to make that solutions are sustained. a. Unit Managers will audit 3 reside Blood Sugars weekly for three mon ensure proper MD notification occub. Unit Managers will report the rest the audits to the QAPI committee m for 3 months. c. Audit results / trends will be revie QAPI meeting to ensure that Action are effective. Additional action plar be done as needed.	to ensure of recur. D Jursing / to sure ents with ths to urs. ults of toonthly ewed at Plans	5/8/16 5/8/16 5/8/16
	and readmitted after he Diagnoses included hy obstructive pulmonary mellitus (DM). Resident #9's most recest) with an ARD (asses) 3/16/16 was coded as a	ent MDS (minimum data ssment reference date) of an annual assessment. as having a BIMS (brief us) of "13" out of a itive impairment.				

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TYLER'S RETREAT AT IRON BRIDGE 12001 IRON BRIDGE RD CHESTER, VA 23831 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG F 157 Continued From page 2 extensive assistance of one to two staff members to perform activities of daily living, such as bed mobility and transfer. Resident #9 was coded as requiring limited assistance of one staff member for eating. Resident #9's comprehensive care plan included a plan of care that read, "Resident is at risk for hypo/hyperglycemia episodes R/T (related to): IDDM (insulin dependent diabetes mellitus). Interventions included, "Labs (laboratory test) as ordered and report abnormalities in results to MD (medical doctor)." A review of the clinical record revealed the following physician order initially dated 10/29/14 for blood glucose monitoring, "ACCUCHECKS BEFORE MEALS AND AT BEDTIME FOR DM. CALL MD (MEDICAL DOCTOR) IF BLOOD SUGAR > (greater than) 300 or < (less than) 60. Accuchecks- are blood glucose checks completed with a glucose monitor. "To do the test, prick your finger with the needle and place a drop of blood on a special strip. This strip measures how much glucose is in your blood. The meter shows your blood sugar results as a number on a digital display." This information	STATEME AND PLAN) PROVIDEF IDENTIFIC/	PROVIDER/SUPPLIER/CL DENTIFICATION NUMBER	p. `	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 2 extensive assistance of one to two staff members to perform activities of daily living, such as bed mobility and transfer. Resident #9 was coded as requiring limited assistance of one staff member for eating. Resident #9's comprehensive care plan included a plan of care that read, "Resident is at risk for hypo/hyperglycemia episodes R/T (related to): IDDM (insulin dependent diabetes mellitus). Interventions included, "Labs (laboratory test) as ordered and report abnormalities in results to MD (medical doctor)." A review of the clinical record revealed the following physician order initially dated 10/29/14 for blood glucose monitoring, "ACCUCHECKS BEFORE MEALS AND AT BEDTIME FOR DM. CALL MD (MEDICAL DOCTOR) IF BLOOD SUGAR > (greater than) 300 or < (less than) 60. Accuchecks- are blood glucose checks completed with a glucose monitor. "To do the test, prick your finger with the needle and place a drop of blood on a special strip. This strip measures how much glucose is in your blood. The meter shows your blood sugar results as a number on a digital display." This information		GE	Ε				1 03	3/24/2016	
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was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/patienti nstructions/000324.htm Review of the clinical record revealed the following Accucheck Readings on the February and March 2016 MAR (medication administration record) 2/3 at 9:00 p.m 316 2/10 at 5:30 p.m 319	h n R fc a re	one to two aily living, esident #side of one one of	ily living, such as besident #9 was coded be of one staff members of one	ed d as aber ded or): as MD 14 61. 60.	F 157				

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I I I I I I I I I I I I I I I I I I I	2/15 at 5:30 p.m 3 2/16 at 5:30 p.m 3 2/19 at 9:00 p.m 3 2/20 at 9:00 p.m 3 3/3 at 5:30 p.m 37 3/3 at 5:30 p.m 37 3/3 at 9:00 p.m 41 3/4 at 9:00 p.m 34 3/23 at 9:00 p.m 36 Review of Resident # reveal physician notificated physician no	357 392 318 316 318 7 0 3 5 49 #9's clinical record did not fication of the Accuchecks record revealed a 3/1/16 of 7.8 - H (high) 1 - 6.0. That shows the average glucose) over the previous 3 well you are controlling pv/medlineplus/ency/article/ ealed Resident #9 was a steroid, or corticosteroid) ebruary. Reactions: ated blood sugar) Nursing ssment: monitor serum corticosteroids can alter his information was brmation Handbook for	F 15	57			

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Facility ID: VA0402

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AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING		TE SURVEY
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li e w n co	on 3/23/16 at 3:15 p. briefing, the unit man Nurse) A and the DO in attendance. RN A Accuchecks that were there was no docume was notified of elevates he would review Ressee if there were any On 3/24/16 at 12:25 p. RN A was unable to find the physician ordered an Basic Nursing, Essemble of the physician ordered and a reference source of the physician of the physician ordered of the physician ordered and proprietely and proprietely of the physician of the physician ordered of the physician ordered and proprietely the physician of the physician ordered ordered and proprietely the physician of the physician ordered ordered and proprietely the physician of the physician ordered ordered the physician	ated 3/1/16 revealed a fated, "increased BG (blood isone." I.m., at the end of day fager, RN (Registered N (Director of Nursing) were was informed of the greater than 300 and that entation that the physician fed blood sugars. RN A said sident #9's clinical record to physician notifications. I.m., the DON reported that and any notifications to the checks that were outside of parameters. Pential for Practice, 6th fry, 2007, pages 56-59), e for physician's orders and monitor the patient's and communicate that	F 15			
or no	ray to avoid being liable blow standards of care are, and to communic roviders. On page 33 sponsible for directing urses follow physician elieve the orders are in	le for negligence is to e, to give competent health ate with other health care 6, "The physician is g medical treatment. It's orders unless they n error or harm clients."				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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F 157	, and a rom pag	ne 5 as obtained from the website:	F 15	7		
F 225 SS=D	http://www.nhlbi.nih.g	gov/news/spotlight/fact-sheet/ ire-intervention-trial-sprint-qu c)(2) - (4)	•	22=D		
i C C T ir ir	ALLEGATIONS/INDI' The facility must not elem found guilty of a mistreating residents had a finding entered registry concerning alto fresidents or misappand report any knowled court of law against andicate unfitness for so ther facility staff to the or licensing authorities. The facility must ensure the cluding injuries of un	employ individuals who have busing, neglecting, or by a court of law; or have into the State nurse aide puse, neglect, mistreatment propriation of their property; edge it has of actions by a memployee, which would service as a nurse aide or e State nurse aide registry to the that all alleged violations, neglect, or abuse, known source and		The facility will ensure that all alleged violations involving mistreatment, negle abuse, including injuries of unknown sou and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including the State survey and certification agency) 1. Address how corrective action will be accomplished for those residents found have been affected by the deficient practice. a. Resident #6's injury of unknown origin was reported on 9/14/2015. She was sent the hospital on 9/12/2015 and was	g to). e to	
tc tr S	nmediately to the adnormonate of the control of the	sident property are reported ninistrator of the facility and ordance with State law ocedures (including to the cation agency).		2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. a. All residents have the potential to be affected.	,	
vi pr in Tr to	olations are thoroughlevent further potential vestigation is in programe results of all investithe administrator or h	y investigated, and must l abuse while the ess.		3. Address what measures will be put implace or systemic changes made to ensurthat the deficient practice will not recur. a. Staff will be in-serviced on the abuse policy and procedures with particular attention paid to timely notification by the Director of Nursing/Designee.	·e	

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T Rohi	with State law (inclucertification agency) incident, and if the appropriate corrective. This REQUIREMENT by: Based on staff intendocumentation review report an injury of un Agency in a timely m (Resident #6) of 17 resample. For Resident #6, an integrate of the ported by the resident assessed on 9-12-15. Injuries of une ported to the State Aport of the state Aport of the findings included: the findings included: the findings included: the sident #6 was origing the findings included: the sident #6 was origing the findings included:	ding to the State survey and within 5 working days of the lleged violation is verified re action must be taken. T is not met as evidenced view and facility why, the facility staff failed to known origin to the State anner for one resident esidents in the survey injury of unknown origin uising of hip and knee) was ent, to facility staff, and in The Resident could not in The injury of unknown do to the State Agency until inknown origin are to be agency immediately, and it hours. Tally admitted to the facility ites of, but not limited to, intia with behaviors, it is pulmonary Disorder, is troke, seizures, it heart failure, and	F 225	b. Injuries will be reviewed immed the RN Unit Manager/Designee and are of unknown origin they will im report this to the Administrator/Sup. 4. Indicate how the facility plans monitor its performance to make that solutions are sustained. a. Director of Nursing/designee will Incident reports weekly for 3 month ensure all injuries of unknown originates been reported timely. b. Director of Nursing/designee will the results of audits to the QAPI commonthly for 3 months. c. Audit results / trends will be reviewed. QAPI meeting to ensure that Action are effective. Additional action plans be done as needed.	d if they mediately pervisor. to sure l audit as to in have l report mmittee ewed at a Plans	5/8/16 5/8/16 5/8/16
qι	ıarterly assessment, ı	um Data Set (MDS) was a with an Assessment of 1-29-16. The MDS				

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the b.)	On 3-24-16 a Facility reviewed with the Ad. Nursing (DON). The Resident #6 informed her right hip hurt, and nursing to have "new and right hip. Reside physician on 9-12-15 showed fracture of the was sent to the hospitive eveled an acute fractive and right hip fracture on 9-1 inknown origin was not a facility investigation ompleted on 9-14-15. The final 5 day follow the final 6 day follow the final 7 days for final 8 days follow the final 8 days follows the final 8 days for fina	with severe cognitive uiring total dependence on daily living. Reported Incident (FRI) was ministrator and Director of Review of the FRI revealed facility staff on 9-12-15 that I she was assessed by bruises" on her right knee nt #6 was ordered by the to have an x-ray, which e right hip, and the Resident tal where a second x-ray eture of the right hip on underwent surgery to repair 3-15, and the injury of ot reported to the state until in into the injury was App Facility Incident Report ate Agency-Office of ation (OLC) on 9-16-15. At titled "Resident Abuse" of May 2008 and a revised included: Ons of Abuse, Neglect, injuries of Unknown riation of resident property diately* to the of Nursing (DON), and to ency." Eclinical Services (RDCS)	F 22	25				

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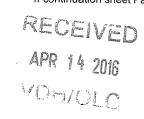
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	SS=D	incident form to the a Once approved by the report will be submitted. * Immediately means ought not exceed 24 from the State Operation Long Term Care Facility conducted reporting this injury of Agency. The Administrator was unknown origin should was that they had to discertain if this was a reporting. On 3-24-16 at approximation was 483.13(c) DEVELOP/II ABUSE/NEGLECT, ETABUSE/NEGLECT, ETABUS	applicable state agency. In RDCS, the immediate ed. It as soon as possible but hours. This information is tions Manual Appendix PP lities, 12/12/2014. If an investigation prior to funknown origin to the State asked when injuries of the reported, and the reply to the investigation to reportable incident, prior to mately 12:15 p.m. the rmed of the findings. No seprovided by the facility. MPLMENT TO POLICIES To pand implement written is that prohibit and abuse of residents for resident property. The source of the findings is that prohibit and abuse of residents for the facility staff failed to buse policy to immediately the facility the	F 226		will be found to at origin s sent to	5/8/16	

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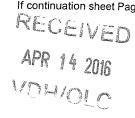
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TYLE	ER'S RETREAT AT IRON I	BRIDGE		12001 IRON BRIDGE RD CHESTER, VA 23831		
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F 2.	Agency for one residents in the survesidents in the survesidents in the survesident #6, an (right hip pain and be reported by the resident say how it happened immediately report Runknown origin to the unknown origin was Agency until 9-14-15. The findings included Resident #6 was origing on 6-4-12 with diagnor high cholesterol, dem Congestive Obstructives anxiety, hypertension, depression, congestive Gastro-esophageal resorted The most recent Minimal quarterly assessment, Reference Date (ARD coded Resident #6 with impairment, and requires staff for activities of data on 3-24-16 a Facility Freviewed with the Adminursing (DON). The Resident #6 informed for the right hip hurt, and sonursing to have "new be and right hip. Resident #6 informed for the right hip. Resident manual right hip. Resident	dent (Resident #6) of 17 /ey sample. injury of unknown origin ruising of hip and knee) was lent, to facility staff, and 5. The Resident could not . The facility staff failed to lesident #6's injury of e State Agency. The injury of not reported to the State : inally admitted to the facility leses of, but not limited to, entia with behaviors, //e Pulmonary Disorder, stroke, seizures, e heart failure, and flux disease. num Data Set (MDS) was a with an Assessment) of 1-29-16. The MDS h severe cognitive ring total dependence on ily living. Reported Incident (FRI) was inistrator and Director of leview of the FRI revealed acility staff on 9-12-15 that he was assessed by ruises" on her right knee #6 was ordered by the	F 226		out into ensure recur. use y the ely by f they ediately visor. re udit o nave eport nittee ed at ans will	5/8/16 5/8/16 5/8/16 5/8/16
	physician on 9-12-15 to showed fracture of the i	have an x-ray, which right hip, and the Resident				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (VAL) PROVIDER/GLIDBLIER/GLIA

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		ATE SURVEY IMPLETED
		495401	B. WING		0.5	3/24/2016
	PROVIDER OR SUPPLIER S RETREAT AT IRON E			STREET ADDRESS, CITY, STATE, ZIP 12001 IRON BRIDGE RD CHESTER, VA 23831	CODE	012-9120 10
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till be well and the confined on the confined	was sent to the hosp revealed an acute fr. 9-12-15. Resident # the hip fracture on 9- unknown origin was the facility investigatic completed on 9-14-1. The final 5 day follow was received at the St. Licensure and Certific Review of facility polic with an effective date date of January 2016. The linitial Reports a.) Timing. All allegand involuntary Seclusion, Source, and Misappromust be reported immediately means a sudministrator or DON to submitting the immediately means a light not exceed 24 hom the State Operation on Term Care Facilitime facility did not immediately did not imm	pital where a second x-ray acture of the right hip on the underwent surgery to repair 13-15, and the injury of not reported to the state until on into the injury was 5. The up Facility Incident Report State Agency-Office of cation (OLC) on 9-16-15. The ty titled "Resident Abuse" of May 2008 and a revised included: Itions of Abuse, Neglect, Injuries of Unknown opriation of resident property rediately* to the rof Nursing (DON), and to gency." The company of Clinical Services (RDCS) (Ilegation by the (director of nursing), prior rediate state self reported plicable state agency. RDCS, the immediate design of the company of the immediate of the company of the immediate of the company of the company of the immediate of the company	F 22			

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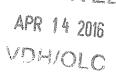
AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495401	B. WING_		03/24/2016
	PROVIDER OR SUPPLIER S RETREAT AT IRON B	RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 12001 IRON BRIDGE RD CHESTER, VA 23831	0012412010
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F 226	The Administrator was unknown origin shou was that they had to	as asked when injuries of Id be reported, and the reply do the investigation to a reportable incident, prior to		6	
F 309 SS=D	Administrator was information way 483.25 PROVIDE CAN HIGHEST WELL BEIN Each resident must reprovide the necessary or maintain the highes mental, and psychosometric provides the necessary or maintain the highes mental, and psychosometric provides the necessary or maintain the highes mental, and psychosometric provides the necessary or maintain the highes mental, and psychosometric provides the necessary that the necessary or maintain the highest provides the necessary that the necessa	NG ceive and the facility must care and services to attain the practicable physical.	F 309	F 309 SS=D The facility will ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial wellbeing, in accordance with the comprehensive assessment and plan of car. 1. Address how corrective action will be accomplished for those residents found have been affected by the deficient practice.	re.
b Fe fe (F	ny: Based on staff intervie eview, clinical record r ailed to follow physicial	is not met as evidenced w, facility documentation eview, the facility staff orders for 2 residents ent #15) of 17 residents in		a. Resident #9's MD was notified on 3/23/concerning the Blood Sugars exceeding th parameters. MD order for sliding scale insulin given on 3/29/16. b. Resident # 15 was a closed record reviewand resident is no longer in the facility.	e 3/29/16
1. M. ph ab ore	On multiple occasion arch 2016 the facility substitution of Resident #5 pove the physician ordered.	b's blood sugar readings ered parameter of 300 as to follow the physician		2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. a. Residents with Blood Sugar tests / parameters will have their charts reviewed ensure MD order parameters are being followed and MD is notified b. Residents found with Blood Sugars out of Parameters will have their MD notified with follow up as appropriate.	5/8/16 h
				tonon up us appropriate.	5/8/16

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F s 3 F ir p R e to m re fo R a hy ID Int ord (m	facility staff administer #15, on two occasion blood pressure (System the pressure on the and pumps blood through the was less than the parameter. The findings included 1. Resident #9 was a 5/31/13 and readmitter bloom the second pression, obstructive diabetes mellitus (DM Resident #9's most reset) with an ARD (asset) with	to Resident #15. The ered Carvediol to Resident is when the residents systolic olic pressure [top number] is arteries when the heart beats ough the arteries*) and heart exphysician prescribed differ hospitalization on cluded hypertension, repulmonary disease, and heart experience date) of an annual assessment of an annual assessment das having a BIMS (brief tus) of "13" out of a nitive impairment. Coded as requiring one to two staff members daily living, such as bed resident #9 was coded as ance of one staff member ensive care plan included and the resident is at risk for sodes R/T (related to): It diabetes mellitus). Labs (laboratory test) as ormalities in results to MD		c. Resident's receiving a Blood Pressumedication with parameters will be auto see if Medication held if Heart rate Blood Pressure is outside of parameter d. MD will be notified of any residents found where medications were not held outside of parameters and new orders obtained as needed. 3. Address what measures will be purplace or systemic changes made to enthat the deficient practice will not rea. Nurses will be in-serviced on MD notification policy by Director of Nursing Designee. b. Nurses will be in-serviced on follow MD Orders as it relates to parameters be Director of Nursing / Designee. 4. Indicate how the facility plans to monitor its performance to make surthat solutions are sustained. a. Unit Managers will audit 3 residents we Blood Sugars weekly for three months to ensure proper MD notification occurs. b. Unit Managers will audit 3 residents we Blood Pressure Medications with parameters weekly for three months to ensure Medications are held as ordered. c. Unit Managers will report the results of the audits to the QAPI committee monthle for 3 months. d. Audit results / trends will be reviewed QAPI meeting to ensure that Action Plans are effective. Additional action plans will be done as needed.	dited or 5/8/16 s	
21.10						

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APR 14 2016 VDH/OLC

		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		LE CONSTRUCTION		ATE SURVEY OMPLETED
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1		PROVIDER OR SUPPLIER RETREAT AT IRON B			1	TREET ADDRESS, CITY, STATE, ZIP CODE 2001 IRON BRIDGE RD CHESTER, VA 23831		
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NAME OF PROVIDER OR SUPPLIER TYLER'S RETREAT AT IRON BRIDGE (X4) ID (X4) ID (X5) ID (X6) ID			IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING		DATE SURVEY OMPLETED
TYLER'S RETREAT AT IRON BRIDGE SUMMARY STATEMENT OF DEFICIENCES FROM DESCRIPTION (REGULATORY OR LSC IDENTIFYING INFORMATION) FROM Continued From page 14 Review of the clinical record revealed a Hemoglobin ALC on 3/1/16 of 7.8 - H (high) Reference Range 4.0 - 6.0. "The A1C is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It shows how well you are controlling your diabetes." Integs://www.nlm.nih.gov/medlineplus/ency/article/ 003640.htm The clinical record revealed Resident #9 was receiving Prednisone (a steroid) during the month of February. "Prednisone: Adverse Reactions:hyperglycemia (elevated blood sugar) Nursing Actions: Physical Assessment monitor serum glucose levels closely; corticosteroids can alter glucose tolerance" This information was obtained from Drug Information Handbook for Nursing 2007 8th Edition, published by Lexi-Comp's, Turonski, Lance and Bornfiglio; pages 1019-1021. The physician visit dated 3/1/16 revealed a progress note that stated, *increased BG (blood Glucose) with Prednisone* On 3/23/16 at 3:15 p.m., at the end of day briefing, the unit manager, RN (Registered Nurse) A and the DON (Director of Nursing) were in attendance. RN A was informed of the Accuchecks that were greater than 300 and that there was no documentation that the physician was notified of elevated blood sugars. RN A said she would review Resident #99 clinical record to see if there were any physician notifications.	-			495401	B. WING	3	G	3/24/2016
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 14 Review of the clinical record revealed a Hemoglobin A1C on 3/1/16 of 7.8 - H (high) Reference Range 4.0 - 6.0. "The A1C is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It shows how well you are controlling your diabetes." https://www.nlm.nih.gov/medlineplus/ency/article/003640.htm The clinical record revealed Resident #9 was receiving Prednisone (a steroid) during the month of February. "Prednisone: Adverse Reactions:hyperglycemia (elevated blood sugar) Nursing Actions: Physical Assessment monitor serum glucose levels closely; corticosteroids can alter glucose tevels closely; corticosteroids can alter glucose tolerance" This information was obtained from Drug Information handbook for Nursing 2007 8th Edition, published by Lexi-Comps, Turonski, Lance and Bonfiglic; pages 1019-1021. The physician visit dated 3/1/16 revealed a progress note that stated, "increased BG (blood Glucose) with Prednisone." On 3/23/16 at 3:15 p.m., at the end of day briefing, the unit manager, RN (Registered Nurse) A and the DON (Director of Nursing) were in attendance. RN A was informed of the Accuchecks that were greater than 300 and that there was no documentation that the physician was notified of elevated blood sugars. RN A said she would review Resident #95 clinical record to see if there were any physician notifications.				RIDGE		12001 IRON BRIDGE RD	ZIP CODE	012112010
Review of the clinical record revealed a Hemoglobin A1C on 3/1/16 of 7.8 - H (high) Reference Range 4.0 - 6.0. "The A1C is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It shows how well you are controlling your diabetes." https://www.nlm.nih.gov/medlineplus/ency/article/003640.htm The clinical record revealed Resident #9 was receiving Prednisone (a steroid) during the month of February. "Prednisone: Adverse Reactions:hyperglycemia (elevated blood sugar) Nursing Actions: Physical Assessment: monitor serum glucose levels closely; corticosteroids can alter glucose tolerance" This information was obtained from Drug Information was obtained from Drug Information was obtained from Drug Information Handbook for Nursing 2007 8th Edition, published by Lexi-Compls, Turonski, Lance and Bonfiglio; pages 1019-1021. The physician visit dated 3/1/16 revealed a progress note that stated, "increased BG (blood Glucose) with Prednisone." On 3/23/16 at 3:15 p.m., at the end of day briefing, the unit manager, RN (Registered Nurse) A and the DON (Director of Nursing) were in attendance. RN A was informed of the Accuchecks that were greater than 300 and that there was no documentation that the physician was notified of elevated blood sugars. RN A said she would review Resident #9's clinical record to see if there were any physician notifications.		PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	FION SHOULD BE THE APPROPRIATE	COMPLETION
		" A g g g o N Lu pa TI pr G in Ac the was she see	Review of the clinical Hemoglobin A1C on Reference Range 4.1 "The A1C is a lab test level of blood sugar (months. It shows how your diabetes." https://www.nlm.nih.go.03640.htm The clinical record review receiving Prednisone of February. Prednisone: Adverse	I record revealed a 3/1/16 of 7.8 - H (high) 0 - 6.0. It that shows the average glucose) over the previous 3 well you are controlling tov/medlineplus/ency/article/ Vealed Resident #9 was (a steroid) during the month Reactions: ated blood sugar) Nursing essment: monitor serum corticosteroids can alter This information was formation Handbook for on, published by Lance and Bonfiglio; and 3/1/16 revealed a ed, "increased BG (blood one." ., at the end of day ger, RN (Registered (Director of Nursing) were as informed of the greater than 300 and that ation that the physician blood sugars. RN A said ent #9's clinical record to pysician notifications.	F 30	RECE APR 1	4 2016	

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t tuck the second secon	RN A was unable to physician of the Acct the physician ordered the physician ordered Mosby's Manual of Manual ordered (sixth edition 20 most important factor long-term complication stabilization of blood range". Guidance for nursing administration of medical physician is responsible to the complete of the control of th	find any notifications to the uchecks that were outside of d parameters. Idedical-Surgical Nursing 207 page 478) states "the in delaying progression to ons (in Diabetic Care) is glucose levels to normal practice for the lications was included in, rsing 7th Edition, p 336, The ole for directing medical low physician's orders are in error orm., the administration was ags. No additional	F 30	9		
Re en co	lough to have an MDS mpleted. Review of t sessment revealed sh	uded heart disease, tis. een at the facility long (minimum data set)		RECEIN APR 14 2 VDH/OL	/ED 016 .C	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
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		NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	TIPLE CONSTRUCTION ING	ON		ATE SURVEY DMPLETED	
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ΡÌ	(4) ID REFIX FAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF COR H DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION : LATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE A DEFICIENCY)				LD BE	(X5) COMPLETIC DATE	N
F	309	Continued From pag	e 17	F 3	09				
	ti ti	Registered Nurse (R blood pressure reading After reviewing the classifier of the facility's Administration-Gener Facility staff should conformation administering materials of the correct dose, at the correct dose, at the correct resident." Guidance for nursing padministration of meding is responsibly treatment. Nurses following the correct the correct materials of Nurses they believe the marm clients."	ne a medication is correct medication, at the correct dose, at the correct ite, at the correct time, for cractice for the cations was included in, sing 7th Edition, p 336, The e for directing medical by physician's orders orders are in error or			RECEIVED APR 14 2016 VDH/OLC			
F 32 SS=	th a 1: 29 4:	The administration was the staff failure to follow Idministration of a med 2:45 p.m. 83.25(I) DRUG REGIN INNECESSARY DRUG	MEN IS FREE FROM	F 329	F 329 SS=D The facility will drug regimen is drugs.	ensure that each reside free from unnecessary	nt's		
E U C C		nnecessary drugs. An rug when used in exce uplicate therapy); or fo	r excessive duration; or pring; or without adequate		1. Address how accomplished to have been affec practice. a. Resident # 15	corrective action will or those residents foun ted by the deficient was a closed record revolution to longer in the facility.	riew	5/8/16	

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI	TIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED	
		495401	B. WING			03/24/2016	
	PROVIDER OR SUPPLIER RETREAT AT IRON E	RIDGE		STREET ADDRESS, CITY, STATE, ZIP O 12001 IRON BRIDGE RD CHESTER, VA 23831		00124/20 10	-
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	adverse consequence should be reduced of combinations of the should be reduced of combinations of the should be a comprehable of the should be a consequent to the should be a consequent	ces which indicate the dose r discontinued; or any reasons above. ensive assessment of a nust ensure that residents ntipsychotic drugs are not less antipsychotic drug to treat a specific condition cumented in the clinical who use antipsychotic I dose reductions, and	F 32	 2. Address how the facility wother residents having the possible affected by the same deficiental. Residents receiving a Blood Medication with parameters with to see if Medication held if Headles Blood Pressure is outside of pab. MD will be notified of any refound where medications were outside of parameters and new obtained as needed. 3. Address what measures will place or systemic changes mathat the deficient practice will also as it relates to parameters of Nursing / Designee. 	tential to be t practice. Pressure ill be audited art rate or trameters. esidents not held if orders Il be put into de to ensure I not recur. In following meters by	5/8/16 5/8/16	
bile in the second of the seco	by: Based on staff interview of clinical record revious ensure one Resider by the control of the	esidents was free from on. red Carvedilol (blood of Resident #15 on 2 sidents systolic blood heart rate was below the arameters. umber] is the pressure on eart beats and pumps		4. Indicate how the facility pleasure its performance to me that solutions are sustained. a. Unit Managers will audit 3 results and Pressure Medications with weekly for three months to ensure MD notification occurs. b. Unit Managers will report the the audits to the QAPI committee for 3 months. c. Audit results / trends will be really in the part of the QAPI meeting to ensure that Act are effective. Additional action be done as needed.	esidents with the parameters are proper expected from the proper that the proper expected at the proper expected a	5/8/16 5/8/16 5/8/16	

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F 329	Continued From pag	dmitted to the facility 3/4/16.	F 3.	29				
1	and arthritis Resident #15 had no enough to have an M completed. Review of assessment revealed alert, oriented to persishowing no signs of ealso assessed as required one person for transfedaily living. Review of the clinical visit and progress not Physical Examination '89/42". Under Asses	heart disease, hypertension of been at the facility long fDS (minimum data set) of the admitting nursing d she had been assessed as con, place and time and as emotional distress. She was uiring transfer assistance of ers and with activities of record revealed a physician e dated 3/11/16. Under read BP (blood pressure) sment/Plans and Medical , "Diagnosis Hypotension -						
F a c "! m n	a telephone order date change to the admission D/C (discontinue) 6.20 nouth) BID (twice a da	5's clinical record revealed						
ac m th pr 5::	dministration record) ing was administered to Trough 3/16/16. On 3/ Tressure reading was 1	on the MAR (medication ndicated Carvedilol 3.125 wice daily from 3/12/16 13 at 5:00 p.m. the blood 16/62, HR 56. On 3/14 at ssure reading was 104/62, these reading were at the medication.			RECEIVE APR 14 2016 VDH/OLC	000000000000000000000000000000000000000		

Facility ID: VA0402

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NAME OF PROVIDER OR SUPPLIER TYLER'S RETREAT AT IRON BRIDGE	•	STREET ADDRESS, CIT 12001 IRON BRIDGE I CHESTER, VA 2383	RD	03/24/2010
(X4) ID SUMMARY STATEMENT OF DEF PREFIX (EACH DEFICIENCY MUST BE PRECI TAG REGULATORY OR LSC IDENTIFYING	EDED BY FULL PF	EFIX (EACH CORRE AG CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Carvedilol, was administered on times. A thorough review of the clinical reveal documentation of Resident Carvedilol having been held per thordered parameters on 3/13 and 3. On 3/24/16 at 9:50 a.m., the unit in Registered Nurse (RN) A, was infoliood pressure readings on the da After reviewing the clinical record, don't see where the medication wadates in question." Review of the facility's policy entitle Administration-General Guidelines Facility staff should comply with Fa Applicable Law and the State Oper when administering medications. 4.1.1.) Verify each time a medication administered that it is correct medic correct dose, at the correct rate, at the correct resident." Guidance for nursing practice for the administration of medications was in "Fundamentals of Nursing 7th Editic physician is responsible for directing treatment. Nurses follow physician's unless they believe the orders are in harm clients." The administration was informed of the staff to ensure Resident #15's bl medication was held according to the ordered parameters, 3/24/16 at 12:4 additional information was provided.	ecord did not #15's ne physician 3/14. manager, ormed of the stes in question. RN A stated, "I as held on the ed "Medication " included: "1). Incility policy, rations Manual on is cation, at the trect time, for encluded in, on, p 336, The gradical s orders in error or the failure of ood pressure e physician	- 329	RECEIVED APR 14 2016 VDH/OLC	

STATEME AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DAT	TE SURVEY MPLETED
		495401	B. WING_		03	24/2016
]	F PROVIDER OR SUPPLIER	BRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 12001 IRON BRIDGE RD CHESTER, VA 23831	1 03/	24/2010
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F 329	* This information was http://www.nhlbi.nih.	as obtained from the website: gov/news/spotlight/fact-sheet/	F 32	RECEIV		
				APR 14 20 VDH/OL	16	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	ı	JLTIPLE CONSTRUCTION DING		ATE SUF	
		VA0402		B. WIN	G	1 0	3/24/2	50.
	PROVIDER OR SUPPLIER				Y, STATE, ZIP CODE		100000000000000000000000000000000000000	
I Y LER'S	RETREAT AT IRON B	RIDGE	12001 IR	ON BRIDG R, VA 238:	SE RD 31			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F GC IDENTIFYING INFORMAT	UI I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	С	0:
F 000	Initial Comments			F 000				
	survey and biennial swas conducted 3/22- required for compliar Federal Long term C	llow. certified bed facility ey. The survey sam t residents (Resider	ection ns are 483 nd ensure was 83 ple					
F 001	Non Compliance			F 001				
T fo	The facility was out of ollowing state licensu	compliance with the re requirements:						
fc	his RULE: is not me he facility was not in ollowing Virginia Rule icensure of Nursing F	compliance with the s and Regulations for	the				And the second s	
12 F	2 VAC 5-371-220 (H)- 157	-Please cross referno	e to		12 VAC 5-371-220 (H)-Please cros referenced to F157	S	A Valencia de Companyo de Comp	
12 to	2 VAC 5-371-110 (B.2 F225	?-3)-Please cross refe	erence		12 VAC 5-371-110 (B.2-3)-Please c reference to F225	ross	1 2	
12	2 VAC 5-371-140-Plea	ase cross reference F	226		12 VAC 5-371-140-Please cross refeto F226	rence	APR 1	
12 ref	VAC5-371-220. Nurs ference to F309.	ing services - Please	cross		12 VAC 5-371-220. Nursing Service Please cross referenced to F 309	s- 6	14 206	
12	VAC 5-371-220 (A)-F 29	Please cross reference	e		12 VAC 5-371-220 (A)-Please cross			-

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