PRINTED: 04/20/2016 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OWR NO	<u>). 0938-039</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
<u> </u>		495127			04	C I/14/2016
	ROVIDER OR SUPPLIER	Y CHESAP		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHORE DRIVE VIRGINIA BEACH, VA 23451		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs	F 00	00		
		Medicare/Medicaid standard				

The Life Safety Code survey/report will follow.

One complaint was investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long

Term Care requirement.

The census in this 95 certified bed facility was 84 at the time of the survey. The survey sample consisted of 17 resident reviews, 14 current residents (Residents #s 1 through 14) and 3 closed record reviews (Residents #s 15 through 17).

F 332 483.25(m)(1) FREE OF MEDICATION ERROR SS=D RATES OF 5% OR MORE

The facility must ensure that it is free of medication error rates of five percent or greater.

This REQUIREMENT is not met as evidenced by:

Based on a medication pour and pass observation, staff interview, facility document review and clinical record review the facility staff failed to ensure they were free of medication error rates less than 5%. There were 25 observed medication opportunities with 2 errors, resulting in a 8% medication error rate. The residents involved in the medication errors were Residents #11 (*Morphine Sulfate oral solution) and Resident #5 (*Cyanocobalamin B-12 injection).

The findings include:

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F 332

- LPN #2 was provided with 1:1
 reeducation, completed training on
 "Avoiding common medication errors",
 and a med pass observation completed
 by the Staff Development Coordinator
 prior to the nurse assuming her duties.
 Resident #11 was assessed for pain
 with no complaints of pain noted.
 Physician was made aware of med
 error with no new orders. Resident #5
 was monitored for adverse reaction.
 Physician was made aware of med
 error with no new orders.
- While all residents have the potential to be affected by this deficient practice no resident was negatively affected.

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

TITLE

(X6) DATE

ADMINISTRATOR

4.27.16

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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Event ID:LU9811

Facility ID: VA0267

If continuation sheet Page 1 of 5

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	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DATE SURVE COMPLETED	Y
		495127	B. WING		04/14/201	6
, 	OVIDER OR SUPPLIER	Y CHESAP		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHORE DRIVE VIRGINIA BEACH, VA 23451		
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F 332 Continued From page 1

1. On 4/13/16 at 10:00 a.m., Licensed Practical Nurse (LPN) #2 with trainee, Registered Nurse (RN) #1 failed to draw up in a syringe an accurate amount of Morphine Sulfate solution. Instead of 0.25 milliliters (ml), RN #1 drew up 0.20 ml, which was verified as correct by LPN #2, and administered to Resident #11.

*Morphine sulfate oral solution (10 mg per 5 mL and 20 mg per 5 mL) are formulations of morphine, an opioid agonist, indicated for the relief of moderate to severe acute and chronic pain where use of an opioid analgesic is appropriate. Morphine sulfate is a mu-agonist opioid and is a Schedule II controlled substance. Morphine sulfate, like other opioids used in analgesia, can be abused and is subject to criminal diversion (https://dailymed.nlm.nih.gov/dailymed/druglnfo.cf m?setid=3b3146e9-17bc-4b2e-b84b-25f85e055a 35).

Resident #11 had physician's orders dated 11/25/15 for Morphine Sulfate 100/milligram (mg)/5 mg (20 mg/ml) (0.25 ml) solution, administer 0.25 (5 mg) PO (by mouth) of SL (sublingual) for mild pain/distress.

Resident #11 was admitted to the nursing facility on 12/15/09 with diagnoses that included Hospice related to cerebrovascular disease, decline in physical condition, osteoarthritis, weight loss and chronic pain syndrome.

The resident's care plan dated 3/2016 identified the resident had chronic pain affecting knees and hips, neuropathic pain and was on Hospice. The F 332

- Nursing staff will be inserviced on safe medication pass practices including properly drawing up liquid medication in a syringe and verifying all injection amounts prior to administration.
- 4. Random observation of medication pass will be conducted by SDC and/or designee. The DON or Staff Development Coordinator or their designees will monitor through direct observation of nursing staff during med pass to assure staff are properly drawing up liquid medication into syringe to ensure they are free of air bubbles, and to verify all injection amounts prior to administration.
- 5. Observation Audits to be conducted weekly for 4 weeks then Biweekly for 4 weeks and monthly thereafter. The results of these audits will be reviewed and analyzed monthly for three months and a subsequent plan of action developed as indicated at the monthly QAPI Meeting. The Administrator is responsible for overall compliance.

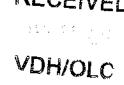
Date of completion 5/1/16

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Event ID:1U9811

Facility ID: VA0267

If continuation sheet Page 2 of 5



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CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB 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				
		495127	B. WING			C 04/14/2016				
	PROVIDER OR SUPPLIER	Y CHESAP		STREET ADDRESS, CITY, 3100 SHORE DRIVE VIRGINIA BEACH, VA						
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F 332	resident would be of Some of the approximplement to according administer pain me physician. The Minimum Data 2/29/16 coded Resiout of a possible 15 Mental Status (BIM was moderately implicated and the status of	r the resident was that the comfortable on a daily basis. The staff would implish this goal included dications as ordered by the set (MDS) assessment dated ident #11 with a score of 10 is on the Brief Interview for S) which indicated the resident paired in the cognitive skills for ing. p.m., the facility's Clinical PN #2 were made aware of the edication error. The LPN did RN #1 trainee mentioned an air bubble in the syringe, the trainee removed it before		332						
,	error involving Resi The facility's policy Administering Medi Indicated medicatio safely and appropri overcome illness, re and help in diagnos	N #2 about the medication dent #11. and procedures entitled cations dated 12/2012 ns should be administered ately to aid residents to elieve and prevent symptoms is. The licensed nurse is and verify medications 3		· ·						

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

dosage.

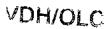
times prior to administration to include right

Event ID: LU9811

Facility ID: VA0267

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PRINTED: 04/20/2016 FORM APPROVED OMB NO. 0938-0391

A BUILDING A BUILDING C 04/14 NAME OF PROVIDER OR SUPPLIER WESTMINSTER CANTERBURY CHESAP A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHORE DRIVE VIRGINIA BEACH, VA 23451	CENTER	<u>RS FOR MEDICARE</u>	<u> & MEDICAID SERVICES</u>				OI	<u>MB NO. (</u>	<u>0938-0391</u>
NAME OF PROVIDER OR SUPPLIER WESTMINSTER CANTERBURY CHESAP WESTMINSTER CANTERBURY CHESAP (XA) ID SUMMARY STATEMENT OF DEFICIENCIES 100 SHORE DRIVE VIRGINIA BEACH, VA 23451 (XA) ID PROVIDERS PLAN OF CORRECTION FREE PREFER PREFER PREFER PREFER PREFER PREFER PROPERTIES OF TAGE OF THE APPROPRIATE DEFICIENCY) F 332 Continued From page 3 F 332 2. On 4/13/16 at 2:49 p.m., Licensed Practical Nurse (LPN) #2 failed to draw up in a syringe an accurate amount of Cyanocobalamin/B-12. Instead of 1.0 milliliters (mil), the LPN drew up 1.4 mil. When she got to the resident's bedside, she adjusted the dose to 1.3 mil. after which she proceeded to administer the injection to Resident #5. *Cyanocobalamin injection is used to treat and prevent a lack of vitamin B 12 that may be caused by any of the following: pernicious anemia (lack of a natural substance needed to absorb vitamin B 12 from the intestine); certain diseases, infections, or medications that decrease the amount of vitamin B 12 absorbed from food (https://www.nlm.nih.gov/medlineplus/druginfo/me ds/a605007.html). Resident #5 had physician's orders dated 10/13/15 for Cyanocobalamin/B-12 injection 1,000 mcg (microgram/mil (1 ml) intramuscular one time monthly. Resident #5 was admitted to the nursing facility on 1/27/15 with diagnosis of generalized weakness and pernicious anemia (B-12				1 ' '					SURVEY LETED
WESTMINSTER CANTERBURY CHESAP SUMMARY STATEMENT OF DEFICIENCIES TO PREFIX TAG			495127	B. WING					: 4/2016
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCY SERVER PREFIX (EACH DEFICIENCY MIST BE PRECIDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 332 Continued From page 3 F 332 2. On 4/13/16 at 2:49 p.m., Licensed Practical Nurse (LPN) #2 failed to draw up in a syringe an accurate amount of Cyanocobalamin/B-12. Instead of 1.0 milliliters (ml), the LPN drew up 1.4 ml. When she got to the resident's bedside, she adjusted the dose to 1.3 ml. after which she proceeded to administer the injection to Resident #5. *Cyanocobalamin injection is used to treat and prevent a lack of vitamin B 12 that may be caused by any of the following: pernicious anemia (lack of a natural substance needed to absorb vitamin B 12 from the intestine); certain diseases, infections, or medications that decrease the amount of vitamin B 12 absorbed from food (https://www.nlm.nlh.gov/medlineplus/druginfo/me ds/a605007.html). Resident #5 had physician's orders dated 10/13/15 for Cyanocobalamin/B-12 injection 1,000 mcg (microgram)/ml (1 ml) intramuscular one time monthly. Resident #5 was admitted to the nursing facility on 1/27/15 with diagnosis of generalized weakness and perniclous anemia (B-12	NAME OF F	PROVIDER OR SUPPLIER		<u>'</u>	STREET ADDR	ESS, CITY, STATE, ZI	IP CODE		
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FREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED to THE APPROPRIATE DEFICIENCY) F 332 Continued From page 3 F 332 2. On 4/13/16 at 2:49 p.m., Licensed Practical Nurse (LPN) #2 failed to draw up in a syringe an accurate amount of Cyanocobalamin/B-12. Instead of 1.0 milliliters (mi), the LPN drew up 1.4 ml. When she got to the resident's bedside, she adjusted the dose to 1.3 ml. after which she proceeded to administer the injection to Resident #5. *Cyanocobalamin injection is used to treat and prevent a lack of vitamin B 12 that may be caused by any of the following: pernicious anemia (lack of a natural substance needed to absorb vitamin B 12 from the intestine); certain diseases, infections, or medications that decrease the amount of vitamin B 12 absorbed from food (https://www.nlm.nih.gov/medlineplus/druginfo/me ds/a605007.html). Resident #5 had physician's orders dated 10/13/15 for Cyanocobalamin/B-12 injection 1,000 meg (microgram)/ml (1 ml) intramuscular one time monthly. Resident #5 was admitted to the nursing facility on 1/27/15 with diagnosis of generalized weakness and pernicious anemia (B-12	AAF21MH	INSTER CANTERBUR	Y CHESAP		VIRGINIA BI	EACH, VA 23451			
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Nurse (LPN) #2 failed to draw up in a syringe an accurate amount of Cyanocobalamin/B-12. Instead of 1.0 milliliters (ml), the LPN drew up 1.4 ml. When she got to the resident's bedside, she adjusted the dose to 1.3 ml. after which she proceeded to administer the injection to Resident #5. *Cyanocobalamin injection is used to treat and prevent a lack of vitamin B 12 that may be caused by any of the following: pernicious anemia (lack of a natural substance needed to absorb vitamin B 12 from the intestine); certain diseases, infections, or medications that decrease the amount of vitamin B 12 absorbed from food (https://www.nlm.nih.gov/medlineplus/druginfo/me ds/a605007.html). Resident #5 had physician's orders dated 10/13/15 for Cyanocobalamin/B-12 injection 1,000 mcg (microgram)/ml (1 ml) intramuscular one time monthly. Resident #5 was admitted to the nursing facility on 1/27/15 with diagnosis of generalized weakness and pernicious anemia (B-12	F 332	Continued From pa	ge 3	F3	32				
The Minimum Data Set (MDS) assessment dated 2/17/16 coded Resident #5 with a score of 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident was severely impaired in the cognitive skills for daily decision making.		Nurse (LPN) #2 faile accurate amount of Instead of 1.0 millilit mi. When she got to adjusted the dose to proceeded to admir #5. *Cyanocobalamin ir prevent a lack of vit caused by any of the (lack of a natural survitamin B 12 from the infections, or medicamount of vitamin B (https://www.nlm.nif.ds/a605007.html). Resident #5 had phy 10/13/15 for Cyanocomic me monthly. Resident #5 was ad on 1/27/15 with diagweakness and pernodeficiency). The Minimum Data 2/17/16 coded Resident glassible 15 on Status (BIMS) which severely impaired in	ed to draw up in a syringe and Cyanocobalamin/B-12. Iters (ml), the LPN drew up 1.4 to the resident's bedside, she to 1.3 ml. after which she hister the injection to Resident injection is used to treat and tamin B 12 that may be the following: pernicious anemial abstance needed to absorbine intestine); certain diseases, actions that decrease the 3 12 absorbed from food in gov/medlineplus/druginfo/mentysician's orders dated cobalamin/B-12 injection from (1 ml) intramuscular indicated to the nursing facility gnosis of generalized icious anemia (B-12). Set (MDS) assessment dated dent #5 with a score of 7 out the Brief Interview for Mental in indicated the resident was						

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The resident's care plan dated 2/2016 identified

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			<u>QN</u>	<u>1B NO. 0938-0391</u>
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		X3) DATE SURVEY COMPLETED C
		495127	B. WING			04/14/2016
, , , , , , , , , , , , , , , , , , , ,	PROVIDER OR SUPPLIER	Y CHESAP		STREET ADDRESS, CITY, 3100 SHORE DRIVE VIRGINIA BEACH, VA		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRI EFICIENCY)	
F 332	anti-platelet alteration the resident was the significant changes approaches the star accomplish this goal medications as ordered. On 4/13/16 at 5:25 Coordinator and LP aforementioned me remember taking a the dosage at the reverified, through de syringe, that she middle of the coordinator and the were made aware of cobservations regard. The DON stated she significant to the coordinator and the coordinat	neralized weakness, on. The goal the staff set for at she would not develop any in condition. Some of the ff would implement to al included administration of ered by the physician. p.m., the facility's Clinical N #2 were made aware of the dication error. The LPN did second look and readjusting esident's bedside. The LPN monstration with a 3 ml iscalculated the dose. Eximately 1:30 p.m., the ne Director of Nursing (DON) of the aforementioned ding medication pass error. e was told by the Clinical N #2 about the medication	FS	332		

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