

State of Virginia

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>VA0265</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/01/2017</b> |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTMINSTER AT LAKE RIDGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12185 CLIPPER DRIVE<br/>LAKE RIDGE, VA 22192</b> |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETE DATE |
|--------------------|---|---------------|--|--------------------|
| F 000              | <p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial Virginia State Licensure Inspection was conducted on 1/30/2017-2/1/2017. The facility was not in compliance with 42 CFR Part 483 Federal Long Term Care Requirements and the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required for compliance. Life Safety Code survey will follow.</p> <p>The census in this 60 bed facility was 48 at the time of the survey. The survey sample consisted of 11 current residents (Residents #1-11) and 4 closed records (Residents #12-15)</p>                 | F 000         |  |                    |
| F 001              | <p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by:<br/>The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>12 VAC 5-371-250 Resident Assessment and Care Plan<br/>12 VAC 5-371-250 (B.2). Please cross-reference to F274</p> <p>12 VAC 5-371-340 Dietary and Food Service Program<br/>12 VAC 5-371-340 (A) Please cross-reference to F371</p> <p>12 VAC 5-371-360 Clinical Records<br/>12 VAC 5-371-360 (E.4) Please cross-reference to F514</p> | F 001         | <p>12 VAC 5-371-250 Resident Assessment and Care Plan<br/>12 VAC 5-371-250 (B.2). Please cross-reference to F274</p> <p>1. Correction: Resident #6 MDS assessments for the 8-3-16 Quarterly assessment and 11-2-2016 Comprehensive Assessment were reviewed by the interdisciplinary team. The MDS Coordinator made corrections and submitted corrected MDS to CMS on 02/01/2017. In addition, the 11-02-2016 Annual Comprehensive assessment was modified to a Significant Change Assessment and Transmitted to CMS. Completed 02-16-17</p> | 2/17/17            |

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

TITLE

(X6) DATE

Electronically Signed

02/19/17

State of Virginia

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>VA0265</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/01/2017</b> |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTMINSTER AT LAKE RIDGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12185 CLIPPER DRIVE<br/>LAKE RIDGE, VA 22192</b> |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| F 001              | Continued From page 1  | F 001         | <p>2. All residents have the potential to be affected by the alleged deficient practice. The Interdisciplinary team has reviewed the alert charting for residents potentially triggering a change in condition for potential Significant Change Assessment MDS and accuracy in coding. Completed 02/16/2017</p> <p>3. Systemic Changes: Review of the 2016 version of the RAI manual Chapter 2 for guidance on Significant Change determination by the MDS Coordinator and DON with the Interdisciplinary team was completed on 02-03-2016. The MDS Coordinator or designee will provide continued Quarterly review of the RAI process with the IDT team.</p> <p>4. Monitoring: The Interdisciplinary team will audit a random sample of 3 MDS monthly x 3 Months to monitor for accuracy in coding and make a determination whether a significant change was required or not. All findings will be presented to the QAPI monthly for review/recommendations.</p> <p>5. Date of compliance 02/17/2017</p> <p>12 VAC 5-371-340 Dietary and Food Service Program<br/>12 VAC 5-371-340 (A) Please cross-reference to F371</p> <p>The facility will store, prepare, and serve food in a sanitary manner. All issues</p> |                    |

State of Virginia

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>VA0265</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/01/2017</b> |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTMINSTER AT LAKE RIDGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12185 CLIPPER DRIVE<br/>LAKE RIDGE, VA 22192</b> |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| F 001              | Continued From page 2  | F 001         | <p>identified on the initial tour with the Dining Services Director (DSD) were corrected on 1/30/2017 and 1/31/2017. After the initial walk through on 1/30/2017, a comprehensive kitchen inspection was conducted by the Director of Dining Services and the Dietitian. On 1/31/2017, another comprehensive inspection was completed and no deficiencies were found.</p> <p>The following solutions will be implemented to ensure the corrections are sustained. Training on Storage-Cross Contamination Risks were conducted on 01/30/2017 again 02/02/2017. Additional staff in-service training on sanitation, food temps, cleaning of cooking utensils is scheduled for 02/17/17. Continued Training on Cross Contamination and other dietary regulations is provided during the year with no less than one (1) every month.</p> <p>The Dining Services Director (DSD) and/or his designee, and the Chef will conduct periodically random inspections of the kitchen and equipment. The Dietitian will make at least one sanitation inspection of the kitchen every month and report her findings to the DSD, the Chef, and the QAPI monthly meeting. The DSD will report findings and corrective actions at the monthly QAPI meeting and Quarterly Quality Assurance (QQA) meeting.</p> <p>The Safety Committee Chairperson has appointed two (2) different teams from the</p> |                    |

State of Virginia

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>VA0265</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/01/2017</b> |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTMINSTER AT LAKE RIDGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12185 CLIPPER DRIVE<br/>LAKE RIDGE, VA 22192</b> |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| F 001              | Continued From page 3  | F 001         | <p>Safety Committee to make at least two (2) inspections during the year. The Safety Committee Chairperson will report the findings and the plan of correction submitted by the DSD.</p> <p>The Director of Health Services will conduct an inspection every month and report the findings to the DSD, the monthly QAPI meeting and the Quarterly Quality Assurance Committee.</p> <p>12 VAC 5-371-360 Clinical Records<br/>12 VAC 5-371-360 (E.4) Please cross-reference to F514</p> <p>1. Corrective action for the Resident found to be affected by the identified deficient practice:<br/>Resident # 13 no longer resides in facility.</p> <p>2. Residents with oxygen ordered have the potential to be affected by the same identified deficient practice.<br/>Residents with orders for oxygen have been audited for accuracy in documentation of the Physician order, Treatment Administration Record and Interdisciplinary notes. Completed 02/15/17</p> <p>3. Systemic Changes:<br/>Licensed Nursing staff will be re-educated on accepted professional standards and practices of complete and accurate documentation in the clinical record by the SDC or designee. Completed 02/17/16.</p> |                    |

State of Virginia

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>VA0265</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/01/2017</b> |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTMINSTER AT LAKE RIDGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12185 CLIPPER DRIVE<br/>LAKE RIDGE, VA 22192</b> |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| F 001              | Continued From page 4  | F 001         | <p>Continued education on complete and accurate documentation in the clinical record will provided at the quarterly Licensed Nursing Meeting by the DON or designee.</p> <p>4. Residents with orders for oxygen will be audited for documentation accuracy of the Physician order, Treatment Administration Record and Interdisciplinary notes weekly x 4 weeks, then monthly x 3 by the SDC or designee. All findings from the audit process will be presented to QAPI monthly for review/recommendations.</p> <p>5. Date of compliance: 02/17/2017</p> |                    |