PRINTED: 01/27/2016 FORM APPROVED CMB NO 0938-0391

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F 000	INITIAL COMMEN	rs ·	F	000	,	
	was conducted 1/1 Corrections are red CFR Part 483 Fede requirements. The	ollow. No complaints were				
F 274 SS=D	at the time of the si consisted of 12 cur (Residents #1 throu- reviews (Residents	60 certified bed facility was 53 urvey. The survey sample rent Resident reviews ugh #12) and 3 closed record #13, #14 and #15). MPREHENSIVE ASSESS INT CHANGE	E			
	assessment of a re- facility determines, that there has been resident's physical purpose of this sec means a major ded resident's status that itself without further implementing stand interventions, that hone area of the res	luct a comprehensive isident within 14 days after the or should have determined, in a significant change in the or mental condition. (For tion, a significant change bline or improvement in the lat will not normally resolve intervention by staff or by dard disease-related clinical has an impact on more than ident's health status, and linary review or revision of the		RECEIVED FEB 0 9 2016		
	by: Based on Residen clinical record revie	NT is not met as evidenced t interview, staff interview, w and facility documentation staff failed to complete a SCSA		VDH/OLC		

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 datients (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 accounted. First quality the same that the same of survey whether or not a plan of correction is accounted. following the date of survey whether or not a plan of correction is provided. For cursing 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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STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIF/CATION NUMBER.	(X2) MULTIP	(X3) DATE SURVEY COMPLETED	
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F 274 Continued From page 1

(significant change in status assessment) within 14 days after determination of a change in status for 2 Residents (Residents #3 & #8) of 15 residents in the resident sample.

- 1. For Resident #3, the facility staff failed to assess the Resident for a significant change in condition after the Resident's functional status in transferring, hyglene, and incontinence changed from extensive assistance to independent or Limited assistance on staff members for Activities of Daily Living (ADL's) for the 6-3-15 assessment, and Ambulation, eating and hyglene for the 12-2-15 assessment.
- 2. For Resident #8, the facility staff failed to assess the Resident for a significant change in condition after the Resident's cognitive status and functional status in ambulation and bathing changed from total dependence to extensive assistance on staff members for Activities of Daily Living (ADL's) for the 6-8-15 assessment, and cognitive status, ambulation and eating for the 12-2-15 assessment.

The findings included:

 Resident #3 was originally admitted to the facility on 11-17-14 and readmitted on 3-2-15.
 Diagnoses included Parkinson's disease, multiple fractures, and aremia.

Resident #3's most recent Minimum Data Set (MDS) assessment was a quarterly assessment with an Assessment Reference Date (ARD) of 12-2-15. The Resident was coded with a Brief interview for mental status (BIMS) score of 15 points scored in a possible 15 points, indicating no cognitive impairment. The Resident was

F 274

- 1. Residents #3 and #8 had comprehensive assessments scheduled and completed on 01/28/16
- 2. Any resident experiencing a significant change in condition could be affected. The alert charting for residents potentially triggering a change in condition has been reviewed for potential Significant Change Assessment -none were noted.
- 3. Review of the 2015 version of the RAI manual for guidance on "significant change".
- 4. The Interdisciplinary team will audit a random sample of 3 MDS monthly x 3 months to determine if a significant change is needed or not. Findings will be reported to QA for further monitoring and modification.

 5. Will be completed on 02/23/16

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F 274	for ambulation in a oversight of staff for Resident was also bladder. The Most recent For comparison, was also expleted on 3-9-1 assessments between and the full assess 9-2-15. All 4 assess continuity of assessmost recent quarter admission assessmin functional ability. The 3-9-15 full adm 6-3-15 quarterly assert following changes, 3-9-15. Transferring staff member, occasional 6-3-15, Transferring member, Hygiene of the staff member and the	extensive assistance of staff wheel chair, and cueing or reating or hygiene. The occasionally incontinent of all MDS assessment used for admission full Assessment 5. The quarterly een the most recent quarterly, ment were dated 6-3-15, and sments were reviewed for ement correctness, as the ray assessment, and the full lent had numerous variations. The comparisons follow: It ission assessment to the sessment revealed the gextensive assistance of 1 ene extensive assist of 1 staff liversight or cueing only, no st of 1 staff member,	F 2				
	The 9-2-15 quarterly quarterly assessme changes;	y assessment to the 12-2-15 nt revealed the following			RECEI		
9-2-15, Ambulation in a wheel chair limited assistance of 1 staff member, eating completely independent, Hyglene limited assist of 1 staff member frequently incontinent of bladder.					FEB 09		

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7		n in a wheel chair extensive					*
		ff member, eating now 🕠 💎					•
		n and set up help, Hygiene					•
		t up help of 1 staff member,					
g-constant	occasionally incont	inent of bladder				•	
100	Davie at the second	accomente vaccada aignificant					
-		cuments reveals significant erring, ambulation, hygiene,					
100 mm		nence, between the					
		out a significant change				•	
		completed within 14 days after					*
	the 6-3-15 or 12-2-						
					•	,	
	On 1-12-16 at 12 n	oon, Resident #3 was		•			
		ated that her functional status					
	had significantly im	proved since admission.					
And a second sec							
		p.m. the MDS RN coordinator					
		S documentation in the facility					
world this place		f the need for significant					
		nts. She stated that she				•	
es e de la compansa d		re closely at the changes					
Philain comments		ents and would begin to					
	develop a plan to ir	HAIOMONEIUL WAL					
	On 1-12-16 and 1-	13-16 at the end of the day					
and a constraint	debriefs the Admir	histrator and DON (director of					
		ied of findings, and no further					
		s available to be presented					
		•				RECEI	V/E/N
						REVE	VED
						property A.A.	0010
	2. Resident #8 was	s originally admitted to the				FEB 0 9	ZUID
AL STATE OF THE ST		Diagnoses included; Stroke				, <u></u>	
-		vith gastrostomy tube,				VDH/0)LC
via sa en alemania	,	nia, dementia, hypertension,				· manages, 90 pm (g, 400)	
- September 2	and diabetes.						

Resident #8's most recent Minimum Data Set

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F 274	Continued From pa	age 4	F	274				
	with an Assessmei 12-2-15. The Resid interview for menta points scored in a mild to moderate of Resident was code assistance of 1 sta	It was a quarterly assessment int Reference Date (ARD) of dent was coded with a Brief al status (BIMS) score of 10 possible 15 points, indicating cognitive impairment. The led as requiring limited aff member for ambulation in a ating. The Resident was also ent of bladder.						
	comparison, was a completed on 3-18 assessments between the full assess 9-2-15. All 4 assesments recent quarte admission assess in functional ability	uil MDS assessment used for an full admission Assessment 3-15. The quarterly ween the most recent quarterly, sment were dated 6-8-15, and assments were reviewed for sement correctness, as the early assessment, and the full ment had numerous variations. The comparisons follow.						
	6-8-15 quarterly as following changes; 3-18-15, BIMS (bri cognitive score of indicating severe cambulation total de-	ief interview for mental status) 5 of a possible 15 points cognitive impairment, apendence on 1 staff member, ndence on 2 staff members.				RECEIVE	D	
	cognitive score of	of interview for menta: status) 12 of a possible 15 points unitive impairment, ambulation				FEB 0 9 2010		

incontinent of bowels.

extensive assist on 1 staff member, bathing extensive assist on 1 staff member, and always

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F 274	Continued From pa	age 5	guille .	274		
		rly assessment to the 12-2-15 ent revealed the following	•,			
	cognitive deficit, Ar extensive assistan	e of 13 of 15 indicating mild mbulation in a wheel chair ce of 1 staff member, eating lent on 1 staff member, and ent of bladder.				
e e e e e e e e e e e e e e e e e e e	moderate cognitive wheel chair limited	ore of 10 of 15 indicating to impairment, Ambulation in a assistance of 1 staff member, stance of 1 staff member, and tent of bladder	•			
	changes in, cogniti eating, and inconting assessments, with assessment being	ocuments reveals significant ion, ambulation, bathing, nence, between the out a significant change completed within 14 days after or 12-2-15 assessments.				
	responsible for MD was made aware containing assessment needed to look mo	p.m. the MDS RN coordinator S documentation in the facility of the need for significant ents. She stated that she re closely at the changes is ments and would begin to mplement for that.		RECEI	VED	
F 309	debriefs, the Admir nursing) were notif documentation was	-13-16 at the end of the day nistrator and DON (director of ied of findings, and no further s available to be presented CARE/SERVICES FOR		FEB 09 VDH/(

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F 309 Continued From page 6

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility documentation review and clinical record review the facility staff failed for one resident (Resident #13) of 15 residents in the survey sample to assess the resident after a change in condition and prior to pain medication administration.

On 10/5/15, Resident #13 was initially assessed by the nurse to be pain free. By mid morning, the resident complained of leg pain. The nurse administered pain medication without completing an assessment. Around 2:30 p.m., the resident was assessed to have a suspected leg fracture and sent to the hospital.

The findings included:

Resident #13, a 93 year old, was admitted to the facility on 3/3/12. Her diagnoses included femur fracture, cellulitis and dementia.

Resident #13's quarterly Minimum Data Set assessment with an Assessment Reference Date of 8/6/15 coded the resident with a Brief Interview of Mental Status score of 3. This indicated severe cognitive impairment. Extensive assistance was required with activities of daily

- F 309 1. There was only one resident affected by the deficient practice. This resident has expired.
 - 2. All Nursing Center residents with a complaint of pain have the potential to be affected. An audit of current residents using PRN pain medication more than 3 times per week over the past 30 days will be conducted to ensure that the treatment plan is effective and meeting the resident's goals for pain management. Physician will be contacted as needed for additional orders.
 - A new Pain Assessment Form will be implemented and the pain policy revised.
 All nursing staff will be educated on the importance of completing a thorough pain assessment with any complaint of pain.
 - 4. Utilizing the nursing supervisor's report and monitoring the MARs for pain scores, chart audits will be done to insure that a pain assessment is documented in the chart for resident's experiencing complaints of pain. A total of 6 charts will be audited monthly for 3 months by the Interdisciplinary team. Findings from the monthly audits will be

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PR.NTED: 01/27/2016 FORM APPROVED OMB NO. 0938-0391

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F 309	Continued From pa	age 7	F:	309	4. (continued) analyzed	for ·
	living		*.		trends/patterns by the	DON and
*	Danielank #40% Ma	dication Administration Record			reported to the QA Co	
		section for pain monitoring.	•		for additional oversigh	
	The MAR read "mo	onitor pain every shift." The			recommendations.	c qira
	pain scale was der moderate pain, 7-1	ined as "1-3 mild pain, 4-6 0 severe pain." On 10/5/15,			recommendations.	
	the 7.00-15:00 (3:0	00 p.m.) shift pain assessment			5. Education will be prov	ided to
	was documented a	is "U".			 all staff by February 2 	3, 2016
·	Director of Nursing nurses were support their shift. She sta complete their cha	neeting on 1/12/16, the (DON) was asked how the peed to document pain during ted that the nurse would rting at the end of the shift, if it had occurred during the				•
	statement about partial that the nurses act beginning of the short the MAR was that the beginning of end of day meeting that the nurse asset the shift and this a	5 a.m., the DON corrected her ain assessment. She stated ually assessed pain at the nift and the pain documented the shift. On 1/13/16 at the g, the Administrator also stated essed pain at the beginning of assessment was used to assessment on the MAR.				
	documented that F the beginning of th 7:00 a.m. A stater #13's Certified Nur result of the fractu The CNA's statem was comp	IAR, on 10/5/15, it was Resident #13 was pain free at the morning shift which began at ment was taken from Resident resing Assistant (CNA) as a tre Identified later in the day, the ent read "at 8:30 to 9:00 AM taining about pain on her right murse this happening and after				

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lunch I take her to bed and change her brief and I

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F 309	too see this". The investigation's Licensed Practical reviewed. The statup in w/c (wheelche AM. Resident production of the stated that resident Tramadol routine geneds. After lunch come look at to her room and not leg looked twisted, wound Dr. looked alsoMD stated catternative alsoMD stated catternative read "10/1430 (2:30 pm.)> (complaint of) pain	tatement from the nurse, Nurse A (LPN A), was tement read "10/5/15 Resident air) fully dressed with CNA this belling self in w/c smiling, CNA it is having some leg pain' liven and resident took all CNA came and stated 'can you R (right) legI then came batced her laying in bed and R Called to MD (doctor) and at leg and called daughter	E.	309	3	DEFICIENCY)		
	see resident's R leinurse, supervisors Dr. evaluated and sfor evaluation, no fdaughter updated." Resident #13's phy 10/2/15. Included medications. Two and one was to be read: 1. Acetamenopher tablets by oral rout.	s. CNA called this writer to g, swollen and twisted CNA, and wound Dr. in room; wound stated resident needs to go out alls today, Dr and vsician orders were signed on were orders for three pain medications were scheduled given as needed. The orders in 325 mg (milligram) give 2 e 3 times per day (10:00 am,) Diagnosis- generalized leg						

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F 369	mg) by oral route o Diagnosis- pain in I Tramadol is a pain moderate to severe http://www.webmo /tramadol-oral/tram 3. Roxanol 5 mg e	(milligram) give 0.5 tablet (25 nce daily (10:00 am) imb medication used to treat pain. Lcom/drugs/2/drug-4398-5239 adol-oral/details>	F.	309			
	considered a short treat severe pain.	7-10 of liquid Morphine Ht is acting pain medication used to discom/drugs/2/drug-9480/roxa				·	
	documented as have 10:00 a.m. on 10/5/2 LPN A was interview. LPN (Licensed Prairiemembers that the #13 was in pain and that she administer she examined their she had not. LPN / signs of pain or cryit tramadol. She state after lunch upon not A stated that the legingly line in the facility "Coaching for Imprename and was com	wed on 1/13/16 at 11:00 a.m. ctical Nurse) A stated that she cNA told her that Resident bund 9:30 a.m. LPN A stated ed tramadol. When asked if esident's leg, she stated that A stated that she did not notice ing at the time she gave the ed that she looked at the leg tification from the CNA. LPN					

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egy	PROVIDER OR SUPPLIER			12185	ET ADDRESS, CITY, STAFE, ZIP 5 CLIPPER DRIVE E RIDGE, VA 22192	COCE	
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 F 371	the R leg." The "E read "Any resident should have a thoroperformed." The Administrator a were notified of the meeting on 1/13/16 483.35(i) FOOD PF	It failed to do an assessment of imployers expectations" section who has a complaint of pain ough pain assessment and DON (Director of Nursing) issue at the end of day is.	F 36		• .		
	considered satisfact authorities, and	om sources approved or story by Federal, State or local distribute and serve food ditions					
	by: Based on observat documentation revia store, prepare, and manner. The 7 issues identif 1) A large case of ra pasteurized and we for residents were a pasteurized eggs av 2) 3 bags of an unk located on a shelvin	ion, staff interview and facility ew, the facility staff failed to serve food in a sanitary lied in the kitchen included: aw shell eggs which were not re being used for all purposes available for use with no vailable. nown dry food substance was ag unit, open and not labeled en date and were available for					

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		(X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	(XJ) DATE SURVEY COMPLETED
muse elle VAI De sauréaux dans		495280	8 WING	our vousehel austroeith fortiffitte de		01/13/2016
WESTM (X4) ID PREF X	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	IO PREFIX	1218 LAK	ET ADDRESS, CITY, STATE, ZIP CODE 5 CLIPPER DRIVE E RIDGE, VA 22192 PROVIDER'S PLAN OF CORREC (SACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL	ULD BE COMPLETION
fAG	REGULATORY OR S	SC (DENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPT DEFICIENCY)	
F 371	use. 3) 1 bag of brown signed shelving unit with infort use. 4) Plastic food conteach other, wet, and 5) Sausage and base on the breakfast set temperatures were re-temped after the 6) The high temper serving utensils and saucers, cups, etc) 150-165 degrees F degrees for the rins Dining Services Dir prepared 180 degrewash or rinse cycle 7) 5 different temped dish washer, refriged ocumented 1-11-1 temperatures for the The findings included On 1-11-16 at 1:45 kitchen was conducted Director and the Exobservations made 1) A large case of repasteurized, and we residents, and all persecutive chef, to it eggs. These raw e with no pasteurized located in a walk in	sugar was open to air on the o open date and was available tainers were nested within d not allowed to air dry. con were below holding temp trying tray line when taken, and were not ey were reheated, attree dishwasher for all d dinner ware, (plates, did not reach the required for the wash cycle and 180 se and sanitization cycle. The rector and Executive Chefees for sanitization, during the serature log documents for the reators and freezers were 6, before 2:30 p.m. with e 1-11-16 6:00 p.m. checks.	F 3	71	 Each of the seven issued identified in the kitchen had corrected. Unpasteurized eggs are used. The 3 bags of unknown were discarded. The open bag of brown discarded. The stacked wet containewashed and dried. The sanitation process dishwasher has been so a chemical base. Any food item that does adequate temperature reheated. All residents had the praffected by the same definition process of adverse reside. 	nave been e no longer of dry food sugar was iners were of the switched to s not meet s will be otential to be icient of no

couple of months getting pasteurized eggs from

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CENTS	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES (XI AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495280	a WNG	The state of the s	04/43/2046		
NAME OF	PROVIDER OR SUPPLIER	and the second s		STREET ADDRESS, CITY, STATE, ZIP C	01/13/2016 ODE		
WESTM	INSTER AT LAKE RID	GE		12185 CLIPPER DRIVE LAKE RIDGE, VA 22192			
(X4HD) PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	O PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION		
F 371	Continued From pa	ige 12	F 3	3. To ensure the defi	cient		
	their distributor, and	d were using these eggs			practices will not recur food		
	instead. The execu- were being cooked	itive Chef stated the eggs	•	safety training will be	safety training will be conducted		
	were being cooked until they were hard, before serving.			for each dietary lead	for each dietary lead employee		
	2) 3 bags of an unk	nown dry food substance was		and supervisor. Train	-		
	located on a shelvir	ig unit, open and not labeled		include not using unp	pasteurized		
	as to content or operuse. The Dining Se	en date and were available for ervices Director discarded		products, labeling an	d dating		
•	them when found b	y the surveyor.	٠	food products when	opened,		
	3) 1 bag of brown sugar was open to air on the			proper washing and o	proper washing and drying of		
	shelving unit with no	open date and was available		food containers and	guidelines on		
	for use. The Dining them when found by	Services Director discarded the surveyor		proper temperature	checks. Training		
				will be conducted by	Ecolab on		
	4) Plastic food conta	ainers were nested within dinot allowed to air dry. The		proper chemical sani	tation.		
	Dining Services Dire	ector picked them up and tock		4.The Dining Services	Director or		
	them to the dish was found by the surveyor	sher to be rewashed when		Executive Chef will co	onduct		
	round by the surveyor.			weekly audits x 2 mo	nths in		
,	5) The high tempera	ture dishwasher for all		each of the above are	eas to ensure		
	serving utensils and dinner ware, (plates, saucers, cups, etc) did not reach the required 150-165 degrees F for the wash cycle and 180 degrees for the rinse and sanitization cycle. The			solutions are sustaine	ed. The		
				weekly audits will be	reported to		
	Dining Services Dire	ctor and Executive Chef		the administration fo	r tracking/		
		be loaded into the dishwasher		trending and results v	will be		
	to run a load of dishes through, so the surveyor could observe the temperatures of the cycles. The wash temperature was 147 degrees Fahrenheit (F), the required wash temp should			reported at Quarterly	QA meetings.		
				5.Corrective action w	ill be completed		
	have been 150-165	ne required wash temp should 65 degrees F and the rinse		by 02/23/16			
	temperature should l	have been 180 degrees F					
	and was 150 degree stated that if the dish	s (F). The Executive Chef washer sat for awhile without			or o		
	use, it took a few run	is to get to temperature. The			and delication of the second		

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Executive Chef was asked what temperature the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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OMB I	NO: 0938-0391
(£X ₂)	DATE SURVEY COMPLETED
Alconomia dicula	01/13/2016
E ZP COOF	V 11 1 V 1 L V 1 V
OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE ENCY)	(X5) COMPLETION CATE
*	
•	
	·

previous Friday (1-8-16) the maintenance

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(K2 - MULTIPLE CONSTRUCTION A. BUILDING			- 1994 - Principal de la Company de la Compa	COMPLETED
America de la constante de la	495280 B WING				01/13/2016		
VAME OF PROVIDER OR SUPPLIER WESTMINSTER AT LAKE RIDGE			Negative and a Management of Control of Cont	1218	ET ADDRESS, CITY STATE, ZIE 5 CLIPPER DRIVE E RIDGE, VA 22192	COGE	1 01113/2010
(X4) °C PREFIX TAG	(EACH DEFICIENC)	REMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FUILL SO IDENTIFYING (NFORMATION)	IC PREF TAG		PROVIDER'S PLAN OF C FEACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULS HE APPROPI	BE COMPLETON
F 371	it had started worki	ge 14 rked on the dish washer, and ng properly. At this time they to come and repair the dish		7 4			
	again observed, an had called their che having chemical sa	p.m., the dish washer was d was out of order, the staff mical company and was nitization installed to by pass mp washing and rinsing.					
		a.m. breakfast tray tine was a washing machine was still -					
	again observed ope sanitizer installed.	p.m., the dishwasher was trating now with the chemical The dishes were tested with for the proper sanitizing agent			·		
	again observed and test strips for the pro-	a.m. The dish washer was were tested with chemical oper sanitizing agent amount, perating correctly at this time.					
	temperature of the of freezers were requed on 1-11-16 after initial documents at 2:30 pthat time. The documents (5 total), this day (1-11-16) be were copied, with the 6:00 p.m. checks. If the copies were marthe Dining Services	uments for checking the dish washer, refrigerators and ested from the Executive Chefal tour. She supplied the dish, and they were copied at ments revealed that all of the had been documented on efore 2:30 p.m. when they imperatures for the 1-11-16 he original documents that de from were examined with Director, the Executive Chefal and the conference.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER SUPPLIER/CLIA IDENTIFICATION NUMBER-	(X2) MULTIPLE CONSTRUCTION A. BUILDING					(X3) DATE SURVEY COMPLETED	
		495280	B WING					01/13/2016	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER AT LAKE RIDGE			Adequation	1218	EET ADDRESS, CITY, S S CLIPPER DRIVE KE RIDGE, VA 2219		u magalina agama magama ni upula		
(X4) ID PPE FIX TAG	(FACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	D PREF		(EACH CORRECT CROSS-REFERENC	LAN OF CORRECT) IVE ACTION SHOUL ED TO THE APPRO FICIENCY)	JD BE	COMPLETION DATE	
F 371	The documents h conceal the differ however, the hantemperatures coul "White out" areas present. Those a 1-11-16 at 6:38 p. degrees Fahrenheit (F). Tinoperable at this 1-11-16 at 6:25 p. degrees (F). 1-11-16 at 6:34 p. degrees (F). 1-11-16 at 6:38 p. (F). On 1-11-16 at 6:38 p. (F). 1-11-16 at	eyors on 1-11-16 at 3:00 p.m ad "White out" liquid, to ent time/temperature records, d written times and Id still be seen through the and was acknowledged by all reas were as follows: m. Dishwasher wash temp 155 eit (F), rinse temp 185 degrees he dishwasher would have been time. m. Meat Cooler temp 36 m. Produce Cooler temp 36 m. Preezer temp 0 degrees (F). m. Milk Cooler temp 36 degrees aployee responsible for an ese records (Employee H) was tated he was told to sign them, wever, he stated he did not es or temperatures, and could The Dining Services Director, et also denied knowing who mes and temperatures. 7:30 a m., breakfast tray line 2 surveyors. The food being ed for proper holding to serving, by the Registered of was plating and serving the		371					
	below holding tem sausage and bacc (F), on the breakfa	. The sausage and bacon were p of 140 degrees (F). The on were temped at 132 degrees ast serving tray line when a taken by the RD. The RD							

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STATE MEINT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMP. ETED
dedilleras accomp		495280	B. WING		01/13/2016
NAME OF PROVIDER OR SUPPLIER WESTMINSTER AT LAKE RIDGE			A	STREET ACCRESS, CITY, STATE, ZIP CODE 12185 CLIPPER DRIVE LAKE RIDGE, VA. 22192	
-X4)+D PREFIX FAG	SUMMARY STATEMENT OF DEFICIENCIES TEACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR USCHOENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIC IX (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEPIGIENCY)	DE COMPLÉTION
	below temp bacon was "They have to sausage which wer taken off of the sembacon and sausage serving line and platering to the service. A list of facility infectinfection control nume vidence of gastroit facility. The Administrator, I the Executive Cheffissues on 1-11-16, and of day debriefs provided by the facility must provided by the facility is responsible of the services. This REQUIREMENT by: Based on staff interreview, and clinical if failed to obtain physion 1 resident (Resident #8, the CBC (Complete Block).	e was going to do with the and sausage, and her reply be reheated". The Bacon and e in the same metal pan, were ving line and reheated. The awere brought back to the ced in the steam table to be ations was reviewed with the rise educator. There was no intestinal outbreak at the Dining Services Director, and were notified of the kitchen 1-12-16 and 1-13-16 at the No further information was lity.		371	
the many and a second a second and a second					

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	OF DEFICIENCIES FIGURECTION	(X1) PROVIDER:SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
and the same of		495280	B. WING	e e e e e e e e e e e e e e e e e e e	01/13/2016
NAME OF PROVIDER OR SUPPLIER			P. COLONIA	STREET ADDRESS, CITY, STATE, ZIP GODE	delanation the consideration below the first of the first and account of the consideration of
WESTMIN	ISTER AT LAKE RID	GE		12185 CLIPPER DRIVE LAKE RIDGE, VA 22192	
(X4):ID SUMMARY STATEMENT OF DEFICIENCIES PREITX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX FIAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CRUSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
				$- \frac{1}{2} \left(\frac{1}{2}$	

F 502 Continued From page 17 ordered by the physician.

The findings included:

Resident #8 was originally admitted to the facility on 3-11-15. Diagnoses included; Stroke (CVA), dysphagia with gastrostomy tube, aspiration pneumonia, dementia, hypertension, anticoagulant medication therapy, and diabetes.

Resident #8's most recent Minimum Data Set (MDS) assessment was a quarterly assessment with an Assessment Reference Date (ARD) of 12-2-15. The Resident was coded with a Brief interview for mental status (BIMS) score of 10 points scored in a possible 15 points, indicating mild to moderate cognitive impairment. The Resident was coded as requiring limited assistance of 1 staff member for ambulation in a wheel chair, and eating. The Resident was also frequently incontinent of bladder.

A review of the Consultant pharmacist (RPH) "Consultation Report", dated 10-27-15 revealed a request from the RPH for a CBC at least annually (last completed 3-17-05), a Serum Creatinine at least every 6 months (last done 3-17-16), and monitoring for bleeding due to the administration of the Anticoagulant (blood thinner) Eliquis.

The physician agreed, and documented an order for lab work on the RPH "Consultation Report"dated 10-28-15, for Resident #8, who was to have a CBC, and CMP blood lab work obtained on 10-29-15, which was the next scheduled lab day.

Review of the clinical record revealed a lab report dated 11-4-15. The lab report documented the

- 1. The one resident affected did have the lab drawn on 11-4-15.
 - 2. All residents that reside in the Nursing Center have the potential to be affected. Records of current residents will be reviewed for the past 2 months to ensure that all labs ordered have been obtained; any variances will be communicated to the physician for clarification.
 - 3. Pharmacy recommendations are placed in each physician's folder for their review. The Nursing Supervisors on each shift will be responsible for checking each physician's folder daily for any signed recommendations and placing them on the chart to be transcribed.
 - 4. An audit of the Physician's folders will be done once weekly for 3 months by the Interdisciplinary team. Variances will be investigated and corrected. The weekly audits will be monitored by trends/patterns by the DON/ designee and reported to the QA Committee for additional oversight or recommendation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2	E CONSTRUCTION	X3) DATE SURVEY COMPLETED
C sales were on any and		495280	B W NG	and at being the life the common partial, we will be assessed and the common to the co	01/13/2016
NAME OF I	PROVIDER OR SUPPLIER	Employee and the second	5	TREET ADDRESS, CITY, STATE, ZIP CODE	The second secon
	LIAMED AT LAST DID	yes gen	1:	2185 CLIPPER DRIVE	
; WESTMI	NSTER AT LAKE RID	GE	L,	AKE RIDGE, VA 22192	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPINO DEFICIENCY?	DUE COMPLETION
F 502	Continued From pa	age 18	F 502	5. This action will be put in	to place
and the same of th	Laboratory receive	d the blood from the facility for		by February 23, 2016	
		and CMP on 11-3-15. The		,	
- 1000000000000000000000000000000000000		ults were sent to the facility on er the order was received on	•		
	10-28-15 There w	ras no documentation found			
	that the Doctor sav	v the lab results until 11-9-15,			
		gned 11-9-15 on the Aikaline			
	Phosphatase resul	t of the lab report from			
				•	
		plan was reviewed and stated			
	obtain labs as orde	ered.			
	document was revi with diabetes labs No documentation resulted existed in clinical record. On on a pharmacy cor	nentation Guidelines" lewed and stated for residents must be properly documented of labs being obtained or the nursing notes or in the y the physician's order, written esultation report, and the labor the clinical record.			
	nurse RN (Registo and Director of Nur approximately 5:00 stated that the lab after the order was nurse RN (D) state would leave the ph	onducted with the day charge red Nurse) (D), Administrator rsing (DON) on 1-12-16, at p.m. The Administrator was drawn on the next lab day obtained. The day charge ad that sometimes, the doctor larmacy notes in a note book, ays before the nurses found the labs.			
	findings during end and 1-13-16. The	stration was informed of the f of day debrief on 1-12-16, facility did not present any about the findings.			