PRINTED: 02/11/2016

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495268	B. WING		02/04/2016
1	PROVIDER OR SUPPLIER DRELAND REHABILIT	I FATION & HEALTHCARE CENTE	R	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22443	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE COMPLETION
F 000	INITIAL COMMEN	TS	FΟ	00	
	standard survey was 2/4/16. One complete survey. Correct compliance with the Federal Long Term. The census in this at the time of the seconsisted of 3 currents.	Medicare/Medicaid abbreviated as conducted 2/3/16 through laint was investigated during stions are required for e following 42 CFR Part 483. Care requirements. 66 certified bed facility was 59 urvey. The survey sample ent Resident reviews ugh #5) and 2 closed record #1 through #2)		state game game game game game game game gam	CEIVED 17 2016 H/OLC
F 309 SS=D	483.25 PROVIDE OF HIGHEST WELL BE Each resident must provide the necess or maintain the high mental, and psychological.	CARE/SERVICES FOR	F3	The Physician orders for insuladministration and blood glumonitoring on resident 3, 4 a reviewed for completeness a inclusion of task designation blood sugar result, units admand site the insulin was given	and 5 were and 5 were and 5 were and
	by: Based on observainterview, facility derectord review, and	NT is not met as evidenced ation, resident interview, staff ocumentation review, clinical during the course of a stion, the facility staff failed to		Resident # 3 A1C level was of 2/17 /16. Blood sugar levels stable and were reviewed by attending physician on 2/16 changes were made to the page stable and the page stable and the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to the page stable attending physician of 2/16 changes were made to 2/16 change	s remain y the /16 and no

complaint investigation, the facility staff failed to provide the care and services necessary to achieve the highest practicable well being for three Residents (Residents #3, #4, and #5) in a survey sample of 5 Residents.

1 For Resident #3, physician ordered blood sugar testing and the administration of SSI

attending physician on 2/16/16 and no changes were made to the plan of care.

Resident #4 A1C level was obtained on

2/17 /16. Blood sugar levels remain

stable and were reviewed by the

X5) DAL:

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

Administ, NC

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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		& MEDICAID SERVICES				MB NO. 0938-039
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495268	B. WING			C 02/04/2016
NAME OF F	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE	
WESTMO	RELAND REHABILIT	TATION & HEALTHCARE CENTER	}		MCKINNEY BOULEVARD ONIAL BEACH, VA 22443	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DIBE COMPLETION
F 309	having been performula. For Resident #4	n) was not documented as	Fí	309	Resident #5 A1C level was ob 2/17/16. Blood sugar levels stable and were reviewed by attending physician on 2/16/ changes were made to the p	remain the '16 and no lan of care.
	obtain physician ord and administer insu The findings include 1. For Resident #3, sugar testing and th	physician ordered blood e administration of SSI n) was not documented as			A comprehensive audit of all requiring glucose monitoring insulin administration was accomplished on 2/8/2016 to completeness of blood glucodocumentation, insulin admisite, and number of units admissive.	g and o ensure ose inistration
	3/24/07. Her diagnormous type II diabetes mellone side of the body. Resident #3's most set) with an ARD (at 1/17/16 was coded Resident #3 was co	ale, was admitted to the facility oses included hypertension, litus, hemiplegia (paralysis of y), and depressive disorder. recent MDS (minimum data ssessment reference date) of as a quarterly assessment. ded as having a BIMS (Brief Status) score of 15,			#3 The Licensed nursing staff we education on the physician process of insulin and blood monitoring. The education wask designation of blood surunits administered, and conford documentation.	order entry glucose will include igar, site,
	cognitively intact. S limited to extensive activities of daily living Resident #3 was ob She was sitting in a	he was coded as needing assistance for performing her			The Licensed nursing staff veducation on the MATRIX comonitoring system that aler to medications that are DUI Pending TASK COMPLETION	olor coding t the nurse E – LATE – or

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Resident #3 observed in her room. She was alert and verbally responsive. During a conversation with Resident #3, she stated, "They don't always give me my insulin like they are suppose to."

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Facility ID: VA0160

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES			OMB NO. 0	938-0391
		& MEDICAID SERVICES	(2/0) 111 (TIPLE CONSTRUCTION	(X3) DATE S	
STATEMENT AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ING	COMPL	ETEL .
		495268	B. WING		02/04	4/2016
	DOMBED OD STIDDLIED	100200	L	STREET ADDRESS, CITY, STATE, ZIP (CODE	
	ROVIDER OR SUPPLIER			2400 MCKINNEY BOULEVARD		
WESTMO	RELAND REHABILI	TATION & HEALTHCARE CENTER	₹	COLONIAL BEACH, VA 22443		
(X4) ID PREFIX FAG	(EVCH DEEICIENC.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
			_	309: The Licensed nursing staf	f will check	
F 309	Continued From pa	age 2	۲.	daily with shift change the	at medications	
	Resident #3 was a	ware of her physician's orders		have been administered a	and task	
	for when her blood stated the specific	d sugars were to be tested and		designation is complete u	tilizing color	
				coding MATRIX system.	and the state of t	
	Review of Resider	nt #3's comprehensive care			TOTAL A T	
	plan dated 2/19/15	revealed a plan of care for approaches read the following:		The Director of Nursing o	r designee will	
	diabetes. Under A	betic medication as ordered by		monitor compliance with	blood sugar	
	nhysician, 2, Che	eck blood glucose levels via		monitoring and insulin ac	Iministration	ì
	finger stick as orde	ered by physician"		utilizing the Administrati	on compliance	
	Paviou of Resider	nt #3's clinical record revealed a		report five times a week	for the next	
	recent Hemoglobin	n A1C of 7.4. The reference		thirty days. If compliance	3 IS Maintained	
	range was 4 3 - 6	0		at 100% accuracy then the	e monitoring	
	"The A1C test is a	common blood test used to nd type 2 diabetes and then to		will be accomplished three week to ensure ongoing	compliance	
	diagnose type I ai	ou're managing your diabetes.		. week to ensure ongoing	Joinpliance.	
	The A1C test resu	ilt reflects your average blood		Licensed nursing staff for	and to not be	
	sugar level for the	past two to three months.		in compliance with this p	ractice will	
	Specifically, the A	1C test measures what ir hemoglobin - a protein in red		receive 1:1 education an	d progressive	An appropriate to
	blood cells that ca	irries oxygen - is coated with		disciplinary action per W	estmoreland	- 0. FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF
	sugar (nlycated).	The higher your A1C level, the		policy and procedure.		
	poorer your blood	sugar control and the higher		policy and production		
	your risk of diabet	es complications." linic.org/tests-procedures/a1c-t		#4		1
	est/home/ovc-201	67930		The Licensed nursing sta	ff will check	
MARIN AND AND AND AND AND AND AND AND AND AN				daily with shift change th	nat medications	
and the same of th	Review of Reside	nt #3's clinical record revealed signed physician's orders dated		have been administered	and task	
V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12/8/15 that includ	ded the following SSI orders,		designation is complete	utilizing color	1
-	JOVON NI HIBNI"	_OG 100U (units)/ML (milliliter).		coding alert MATRIX sys	tem.	
PARAMETER A PARAME	Administer 1 GILLO	cose Test By FINGERS HUK				
1	TWO TIMES A DA	AY (6:30 AM/4:30 PM) *USE CALE AND INJECT SUBQ*		The DON or designee wi	Il discuss	
***	(subcutaneously):	1		weekly in Risk Meeting t	he blood sugar,	
Total and the second se	141-170=1 UNIT	S, 171-200=2 UNITS, rs, 251-300= 4 UNITS,		and insulin administration	on compliance.	

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301-350=5 UNITS, 351-400=6 UNITS

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			<u>OM</u>	<u>IB NO. 0938-0391</u>
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		10.5000	C. INCINIC			C 02/04/2016
		495268	B. WINC		2005	02/04/2010
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (JOUE	
		TATION & HEALTHCARE CENTE	: D	2400 MCKINNEY BOULEVARD		
WESTMO	RELAND REHABILI	TATION & HEALTHCARE CENTE	-IN	COLONIAL BEACH, VA 22443		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREI TAC	(EACH CORRECTIVE ACTION	N SHOULD E E APPROPRI	(X5) BE COMPLETION IATE DATE
C 200	Continued From pa	200 3	F	309 The DON or designee will	complet	e a
F 309			•	report of blood sugar doc		
	NOTIFY MD (medical doctor) IF BS (blood sugar) LESS THAN 60 OR GREATER THAN			and insulin administration		
	sugar) LESS THAT 400."	100 OK GREATEN TIAN		to the Quality Assurance		
	400.					
	Sliding scale insulin	n is a dose of insulin		review and recommenda	tion mor	itilly.
	administered in res	sponse to a finger stick blood				
	sugar.			#5		
				Compliance Date: 2	2/19/201	6
	2016 eMAR (electr record). On 1/18/ nurse initial or doct	ntry was noted on the January onic medication administration 16 at 6:30 a.m. there was no umented blood sugar results gar testing or insulin	1			
	conducted with the regarding Resident 1/18/16 at 6:30 a.m Resident's clinical unable to find any question. The DOI for the nurses to foobtain the blood su	o.m., an interview was DON (director of nursing) to #3's blood sugar testing on the nursing. After reviewing the record, the DON said she was documentation for the date in N stated, "The expectation is blow the physician orders, administer the insuling iding scale, and document it."				
	diabetes managem administration police did not have a dialifacility's Medication include blood suga	de to the DON for the facility's nent and the medication by. The DON said the facility betic management policy. The Administration policy did not ar testing, or insulin accordance with physician	е			
	Guidance was give	en in "Lippincott's Jursing", The quantity and				

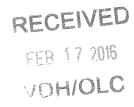
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distribution of a medication in different body compartments change constantly. When a

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CENTER	CO LOU MEDICAVE	A MEDICAID SERVICES			OND 140. 0330-0331
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495268	B. WING	·	C 02/04/2016
NAME OF F	ROVIDER OR SUPPLIER		L	STREET ADDRESS, CITY, STATE, ZIP CODE	
		TATION & HEALTHCARE CENTER	₹	2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22443	-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE COMPLETION
F 309	Continued From pa	ge 4	F 3	309	
	medication is presco blood level within a client and nurse neo schedules and adho dosage intervals." A physician is respon- treatment. Nurses unless they believe harm clients." Guidance for nursing administration of me "Fundamentals of N	ribed, the goal is a constant safe therapeutic rangeThe ed to follow regular dosage ere to prescribed doses and Also, same source, "The sible for directing medical follow physicians' orders the orders are in error or ag standards for the edication is provided by			
	such as the America Nursing: Scope and Practice (2004) app administration. To p follow the six rights medication errors can inconsistency in medication administ medication administ 1. The right medication administ 2. The right documents 4. The right router	an Nurses Association's d Standards of Nursing by to the activity of medication prevent medication errors, of medications. Many an be linked, in some way, to adhering to the six rights of tration. The six rights of tration include the following: edication see ent			
	 The right tim The right do 	e			
	and Corporate staff the staff to obtain a blood sugar and add orders. No further in the facility.	m., the Administrator, DON, were advised of the failure of physician ordered finger stick minister insulin per physician's information was provided by			
	2. For Resident #4,	the facility staff did not obtain			

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>	MB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495268	B. WING			C 02/04/2016
NAME OF F	ROVIDER OR SUPPLIER		<u> </u>	STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 0-70 1120 10
				240	0 MCKINNEY BOULEVARD	
WESTMO	RELAND REHABILIT	TATION & HEALTHCARE CENTER	₹	co	LONIAL BEACH, VA 22443	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 309	Continued From pa	ae 5	F 3	(ng		
. 000		and administer insulin per	, 0	00		
	1/12/16. Her diagno	ale, was admitted to the facility oses included type II diabetes 2 deficiency, and major				
	set) with an ARD (a 1/17/16 was coded Resident #4 was co Interview of Mental cognitively intact. S	recent MDS (minimum data ssessment reference date) of as an admission assessment. ded as having a BIMS (Brief Status) score of 15, the was coded as needing assistance for performing her ng.				
	She was sitting in a room playing BINGO Resident #4 observ chocolate ice cream responsive. During #4, she stated, "Oh, my blood sugar to to	served, 2/3/16 at 3:30 p.m. wheelchair in the activity O. On 2/4/16 at 2:15 p.m., ed in the activity room eating a. She was alert and verbally a conversation with Resident I can tell by the way I feel if too high or too low. I haven't blow since I been here."				
	plan revealed a plar Approaches read: " medication as order	#4's comprehensive care of care for diabetes. Under 1. Administer diabetic red by physician. 2. Check s via finger stick as ordered by				
	reveal a recent Hem "The A1C test is a c	#4's clinical record did not noglobin A1C. ommon blood test used to type 2 diabetes and then to				

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gauge how well you're managing your diabetes.

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		495268	B. WING		02	C 2/04/2016
	ROVIDER OR SUPPLIER	TATION & HEALTHCARE CENTE	R	STREET ADDRESS, CITY, STATE, ZIP 2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22443	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 309	sugar level for the p Specifically, the A10 percentage of your blood cells that carn sugar (glycated). T poorer your blood s your risk of diabete http://www.mayoclir est/home/ovc-2016 Review of Resident the most current sig included the following orders with a start of date of 1/22/16, "A Meals and At Bedtin Special Instructions (sliding scale insuling below 70 give 1 am injection) and notify FSBS (finger stick to coverage. FSBS= 151-200 give give 4 units, FSBS= 251-300 give give 8 units, FSBS= 351-400 give Blood sugars above insuling and call physically Sliding scale insuling administered in responding entry	reflects your average blood bast two to three months. It test measures what hemoglobin - a protein in red ries oxygen - is coated with the higher your A1C level, the ugar control and the higher is complications." Inic.org/tests-procedures/a1c-t7930 ##4's clinical record revealed gned physician's orders ing SSI (Sliding Scale Insulin) date of 1/13/16 and an end occu-checks injection - Before me; Humalog; subcutaneous. Regular insulin with SSI in) coverage blood glucose pule D50 (Dextrose 50% physician for further orders. Polood sugar) -70-150 no ve 2 units, FSBS=201-250 ve 6 units, FSBS=301-350 ve 10 units, a 400 give 12 units Regular sician for further orders." Is a dose of insuling the process of the stock o	F 3	09		

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1. The physician order read to start

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VDH/OLC

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES				<u>DMB NC</u>	<u>0. 0938-0391</u>
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		NSTRUCTION		TE SURVEY
		495268	B. WING			02	C 2/04/2016
NAME OF F	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE		
VALET COTTAGE	NOCI AND DELIADII IT	TATION & HEALTHCARE CENTE	.P	2400 N	MCKINNEY BOULEVARD		
VVESTIVIC	KELAND KEHADILII	ATION & HEALTHGARE GENTE		COLC	ONIAL BEACH, VA 22443		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETION DATE
F 309	revealed the accucl having been started	ge 7 SI on 1/13/16. The eMAR necks were documented as If on 1/15/16 at 11:30 a.m. It 11:30 a.m., the Blood Sugar	F 3	09			
	reading was 172. U According to the ph units of insulin shou administered.	nder Units read 114. ysician order for SSI of 172, 2 Ild have been documented as t 9:00 p.m., the Blood Sugar)				
	reading was 168. L According to the ph	Inder Units read 0 (zero). ysician order for SSI of 168, 2 ald have been documented as					
	reading was 147. L According to the ph no insulin coverage						
	reading was 173. U	t 6:30 a.m., the Blood Sugar Inder Unit read 173. ysician order for SSI of 173, 2 required.					
	revealed on 1/22/16 orders was written.	esident #4's clinical record B a change in the Insulin The new orders with a start an end date of 2/3/16, read,					
	subcutaneous - Bef Special Instructions (sliding scale insulir below 70 give 1 am	ore Meals and At Bedtime; : Regular insulin with SSI a) coverage blood glucose pule D50 and notify physician					
	sugar) -70-150 no c FSBS= 151-200 giv give 4 units,	FSBS (finger stick blood overage. ve 2 units, FSBS=201-250 ve 6 units, FSBS=301-350					

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FSBS= 351-400 give 10 units,

Blood sugars above 400 give 12 units Regular

give 8 units,

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FS8 17 20**6**

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495268	B. WING		C 02/04/2016
	PROVIDER OR SUPPLIER	TATION & HEALTHCARE CENTE	:R	STREET ADDRESS, CITY, STATE, 2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22:)
(X4) ID PRFFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE COMPLÉTION O THE APPROPRIATE DATE
F 309	A corresponding en 2016 eMAR starting following: 1. On 1/22/16 reading was 150. It According to the prino insulin coverage 2. On 1/24/16 areading and the Un 3. On 1/27/16 reading and the Un 4. On 1/27/16 areading was documented a 5. On 1/30/16 areading was 162. It Oo (two zeros). According SI of 162, 2 un On 2/4/16 at 3:23 p	sician for further orders." atry was noted on the January of 1/22/16 revealed the at 4:30 p.m., the Blood Sugar Under Unit read 150. Sysician order for SSI of 150, was required. At 6:30 a.m., the Blood Sugar its were not recorded.		309	
	regarding Resident insulin administration reviewing the Resident said she was unable documentation for the DON said the documentation for the same as the erroneous entries. Provide any documentests that were not expected to be accorded to have been said to have be	#4's blood sugar testing and on during January 2016. After lent's clinical record, the DON e to find any additional he dates in question. The mentation of the Units that he FSBS reading were The DON was unable to entation for the blood glucose documented as having been urate Units of the insulin that een entered in error.			

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and Corporate staff were advised of the failure of the staff to obtain physician ordered finger stick

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CENTE	RS FOR MEDICARE	: & MEDICAID SERVICES			OMB N	<u>0. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		ATE SURVEY OMPLETED
		495268	B. WING		0	C 2/04/2016
NAME OF I	ROVIDER OR SUPPLIER	<u></u>		STREET ADDRESS, CITY, STATE, ZIP CO		
WESTMO	ORELAND REHABILIT	TATION & HEALTHCARE CENTE	R	2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22443		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 309		dminister insulin per No further information was	F3	309		
	obtain physician ord	, the facility staff did not dered finger stick blood sugars llin per physician's orders.				
	11/30/15 and readn	e, was admitted to the facility nitted after hospitalization on noses included type II diabetes d dementia.	,			
	set) with an ARD (a 1/26/16 was coded Resident #5 was conterview of Mental impairment. He was	recent MDS (minimum data ssessment reference date) of as a quarterly assessment. ded as having a BIMS (Brief Status) score of 3, severe s coded as needing limited to be for performing his activities				
	He was sitting in a v	om. Resident #5 did not				
	plan dated 8/12/15 diabetes. Under Ap	#5's comprehensive care revealed a plan of care for proaches read the following: ose per MD (medical doctor)				
	Hemoglobin A1C ob	#5's clinical record revealed a stained on 8/10/15 with a reference range was 4.3 - 6.0.				
	"The A1C test is a c	ommon blood test used to				

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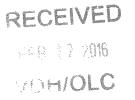
700 1 706

PRINTED: 02/11/2016 FORM APPROVED

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT AND PLAN C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• ,	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495268	B. WING		C 02/04/2016
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
WESTMO	RELAND REHABILIT	TATION & HEALTHCARE CENTER	1	2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22443	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 309	gauge how well you. The A1C test result sugar level for the properties of the process of your blood cells that carrisugar (glycated). The poorer your blood syour risk of diabete http://www.mayoclinest/home/ovc-2016 Review of Resident the most current signorer that included Scale Insulinity order (units)/ML (milliliter) GLUCOSE TEST BTIMES ADAY. *USINJECT SUBQ* (sunits-170=1 UNITS, 201-250=3 UNITS, 201-250=3 UNITS, 201-250=3 UNITS, CALL MD (medical LESS THAN 60 OR Sliding scale insulinal administered in resisugar. A corresponding en 2016 eMAR (electrorecord). On 1/14/1 at 6:30 a.m. there we sugar.	d type 2 diabetes and then to tyre managing your diabetes. reflects your average blood past two to three months. It test measures what hemoglobin - a protein in redies oxygen - is coated with he higher your A1C level, the ugar control and the higher is complications." hic.org/tests-procedures/a1c-t 7930 #5's clinical record revealed gned physician's orders dated ed the following SSI (Sliding s, "Humulin Regular 100U (3ml). Administer 1 Y FINGERSTICK TWO E PER SLIDING SCALE AND boutaneously); 171-200=2 UNITS, 251-300= 4 UNITS, 351-400=6 UNITS doctor) IF BS (blood sugar) GREATER THAN 499." It is a dose of insuling bonse to a finger stick blood stry was noted on the January onic medication administration 6 at 4:30 p.m. and on 1/24/16 was no nurse's initial or sugar results indicating blood	F 3	09	

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495268	B. WING		02/04/2016
	ROVIDER OR SUPPLIER	TATION & HEALTHCARE CENTE	ER .	STREET ADDRESS, CITY, STATE, ZIP COL 2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22443	DE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE COMPLETION
F 309	conducted with the regarding Resident the dates and times the Resident's clinic was unable to find a blood sugar testing DON stated, "The efollow the physician sugar, administer the sliding scale, and do On 2/4/16 at 4:00 p and Corporate staff the staff to obtain public blood sugars and as	.m. an interview was DON (director of nursing) #5's blood sugar testing on a in question. After reviewing cal record, the DON said she cany documentation on the for the dates in question. The expectation is for the nurses to be orders, obtain the blood he insulin according to the ocument it." .m., the Administrator, DON, were advised of the failure of hysician ordered finger stick dminister insulin per No further information was lity.	9	309	

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Mr. James Sparling, Administrator February 11, 2016 Page 4

Survey Response Form

The Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at: "http://www.vdh.state.va.us/OLC/longtermcare/". We will appreciate your participation.

If you have any questions concerning this letter, please contact me at (804) 367-2100.

Sincerely,

Elaine Cacciatore, LTC Supervisor

Division of Long Term Care

Enclosure

cc: Joani Latimer, State Ombudsman

Jaime Desper, D M A S (Sent Electronically)