DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WOODHAVEN HALL AT WILLIAMSBURG LANDING WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 000 INITIAL COMMENTS F 000 An unannounced Medicare/Medicaid standard survey was conducted 2-8-16 through 2-10-16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this 15 certified bed facility was 11 at the time of the survey. The survey sample consisted of 7 current Resident reviews (Residents #1 through #7) and 3 closed record reviews (Residents #8 through #10). F 157 483.10(b)(11) NOTIFY OF CHANGES POC 2016 F 157 SS=D (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; F 157 consult with the resident's physician; and if known, notify the resident's legal representative 1. Resident #5 received her or an interested family member when there is an accident involving the resident which results in routinely scheduled pain iniury and has the potential for requiring physician medication timely the morning intervention; a significant change in the resident's after the fall with noted relief. physical, mental, or psychosocial status (i.e., a 2. All residents in the facility have deterioration in health, mental, or psychosocial status in either life threatening conditions or the potential to be affected by clinical complications); a need to alter treatment this deficient practice. The significantly (i.e., a need to discontinue an facility will review Incident existing form of treatment due to adverse Reports in addition to the 24 consequences, or to commence a new form of treatment); or a decision to transfer or discharge hour nursing report to identify the resident from the facility as specified in any resident having a change in §483.12(a). condition or incident where pain may be suspected or The facility must also promptly notify the resident and, if known, the resident's legal representative present and notification of the or interested family member when there is a physician is required.

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

Executive Vice-President

(X6) DATE 3-4-16

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing 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 gram participation.

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		AND HUMAN SERVICES				PKINI	ED: 03/02/20		
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F 157	change in room or r specified in §483.19 resident rights unde	ge 1 commate assignment as 5(e)(2); or a change in r Federal or State law or fied in paragraph (b)(1) of	F1		3. A. The facility will review incident reports in addit the 24 hour nursing reports identify any resident has	ion to ort to /ing a			
	The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.				change in condition or in where pain may be susp or present and notification the physician is required	ected on of	į		
	by: Based on staff intervithe facility staff failed	riew, clinical record review, to notify the physician for ent # 5) in a survey sample			B.The facility will develo policy for Notification of Physician when a change condition occurs. Subsequently, all licensed nursing staff will be inser-	in	1		
1	For Resident # 5, the the physician of comp 2/9/2016.	facility staff failed to notify plaints of pain after a fall on			on this policy. The facility also review and revise the current Pain Assessment	/ will e and			
	Findings included:				Management Policy and r				
t	o the facility on 1/31/2	39 year old female admitted 2016 with diagnoses of but acture of Multiple Ribs on ipation.			to indicate how nursing st are to respond to pain management issues and a provide mandatory inserv on these policies.	gain			
d s	Minimum Data Set) a ue. Her nursing admi he was alert and orie	ently admitted and her MDS ssessment was not yet ssion assessment revealed inted times three (person, ble to make her needs		4.	Audit all resident records having an incident involvir complaint of pain will be audited for standard of car	-	1		

living.

known. Resident # 5 was documented as

requiring assistance with her activities of daily

Review of the Nurses Notes revealed a notation

compliance with pain

DEPAR CENTE	RTMENT OF HEALTH ERS FOR MEDICARE	AND HUMAN SERVICES MEDICAID SERVICES						FOR	D: 03/02/2016 M APPROVED O. 0938-0391
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	Resident trying to tra commode, lost balar complained of left rit symptoms. On 2/9/2016 at approinterview was conducted (RN) A who stated shought shift nurse that during the night. RN Notes and stated she abbreviation "FOF" dimeant "Found on Flo Fall Assessment form RN A presented the Fidated 2/9/2016 at 5 A "Resident continues to States she has been briginal fracture. No p	AM "FOF early this AM, ansfer without assistance" to nce and fell. Resident o pain and right rib eximately 10 AM, an exted with Registered Nurse he received report from the the resident had fallen A reviewed the Nurses was she thought ocumented in the note or". RN A stated a "Post in was started after the fall. Post Fall Assessment form M which documented ocomplain of pain from fall. The hurting on left rib/opposite ain medication can be given the to give, resident will	F 1	57		5.	management and M notification. The re these audits will be the DON with follow Quality Assurance C Completion date: M 2016	sults of reported v up at the ommitte	ne e.
F	Record) on the back w	ledication Administration here PRN (as needed) d revealed documentation		***					
fo Ty no	or pain was administe ylenol 650 milligrams	every 12 hours as needed red on 2/8/2016 at 8 AM. by mouth every 4 hours as temp greater than 101 016 at 6 PM		A SE PROPERTY OF THE PROPERTY					
No.	orco 5/325 milligrams r pain with relief docu	at midnight on 2/9/2016 mented at 1:35 AM and							The second section of the second

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WOODHAVEN HALL AT WILLIAMSBURG LANDING 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 157 Continued From page 3 F 157 for back spasms with relief documented at 1:35 AM. Review of the MAR revealed routine pain medications had been given as ordered on 2/9/2016: Norco 5/325 milligrams one by mouth in the morning at 9 AM Lidoderm 5 % patch (Lidocaine) apply one patch daily (on in the morning and off in the evening) for diagnosis of pain scheduled on at 9 AM and off at 9 PM was given at 9AM The Director of Nursing came to the nurse 's station and was asked about the nurse 's note and any information about the fall. The DON read the nurse 's note dated 2/9/2015 at 0800 and stated the note did not give specific information about the fall. The DON stated the initials "FOF" meant "found on floor" and that abbreviation is used routinely at that facility and in the medical field and "even in the legal arena." The DON stated there should be a Post Fall Assessment in the chart that would give more information. The Post Fall Assessment was located in the chart. The surveyor took the chart to the conference room to review. An interview was conducted 2/9/2016 at approximately 10:10 AM in the conference room with the Director of Nursing who stated "an incident report is completed after a fall. If the fall

was unwitnessed, neurochecks (neurological checks) would be done along with every shift charting via the nurses notes for 72 hours." The DON stated she had been informed about the fall during the morning report. The DON presented

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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F 157 Continued From page 4

the Incident Report, Post Fall Assessment form and Post Fall Assessment Q Shift x 48 hours form. The DON reviewed the chart, Nurses Notes, Incident Report and Post Fall Assessment with the surveyor.

The Incident Report documented the time of the incident as 2/9/2016 at 3:45 AM and that Resident # 5 was found on the floor near the commode in her room at the bedside. The note also stated the resident requested another pain pill but it was too early to be administered. Resident was assessed. Documentation showed "only complaint" was right and left ribs. "Ice applied upon arrival back to bed" after using bedside commode. Also stated the resident was assisted back to bed with use of walker for stability and one person assistance. "Call bell was placed within reach. Walker at bedside, resident encouraged to use call bell and not walk or transfer by herself." The Incident report documented the physician was notified via Centricity (a communication system used by the facility) on 2/9/2016 at 5 AM.

The documentation on the Post Fall Assessment Form on 2/9/2016 at 5 AM showed vital signs were taken with blood pressure of 190/80, pulse 102, respirations 20, oxygen saturation of 97 percent and pain was rated at an 8 of 10. Under additional comments was written: "Resident continues to complain of pain from fall. States she has been hurting on left rib/opposite original fracture. No pain medication can be given at this time. When able to give, resident will receive. No skin issues at this time." The DON stated "this resident is here for pain management! I am going to handle this." The DON left the conference

F 157

DEPAI CENTI	RTMENT OF HEALTH ERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM	0: 03/02/2016 MAPPROVED
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	nurse's determination medication due until receive the "as neede	hysician was notified used complaint of pain and the of of no available pain and the AM. Resident #5 did not well medication, Norco, at 6 an able to be given. The regularly scheduled					
	PM, the DON stated I nurse should have no resident was complain the pain medication (I midnight, could have I	debriefing on 2/9/2016 at 5 her expectation was that the tified the doctor that the ning of pain after the fall and lorco) that was given at been given at 6 AM. The a chest x ray could have esident continued to ed to the fall.					
F 281	No further information 483.20(k)(3)(i) SERVIO PROFESSIONAL STA	CES PROVIDED MEET	F 281	inger .	POC 2016		
n	The services provided must meet professiona	or arranged by the facility		F 281			Territoria (constitutivo de la constitutivo de la c
b ir d d	y: Based on observation, Iterview, clinical record ocumentation review, evelop an initial care p	staff interview, Resident dreview, and facility the facility staff failed to lan regarding bowel care ent #6, in a survey sample		1.	Resident #5 was discha with an appropriate tro plan for pain managem Resident #6 was discha with an appropriate tro plan for the prevention constipation.	eatment ent. rged eatment	i .

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WOODHAVEN HALL AT WILLIAMSBURG LANDING 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLÉTION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 | Continued From page 6 2. All residents at Woodhaven Hall F 281 of 10 residents. And the facility staff failed to have the potential to be follow the professional standards of nursing for affected by the same deficient medication administration for two Residents (Resident's #6, and #5) in a survey sample of 10 practice. Residents. 3. The facility will implement the following measures to ensure 1.a. The facility staff failed to develop an initial that the deficient practice does care plan regarding Bowel care for one resident, (Resident #6) in a survey sample of 10 residents. not recur: Resident #6 did not have a care plan to address a. All licensed nursing staff bowel care after bowel surgery, which was the will receive mandatory reason for admission to the facility for rehabilitation. inservice training in Medication Management to 1.b. For Resident #6, the staff failed to transcribe include medication order a medication order on the MAR (medication transcription, medication administration record), failed to administer 3 medications that were ordered, and administered reconciliation and two medications that were discontinued by the medication documentation. doctor. b. Interim Care Plans will be reviewed by the MDS 2. For Resident #5, the facility staff failed to clarify physician's order for pain medication Norco 5/325 Coordinators after each milligrams written on 2/2/2016, failed to clarify admission to ensure the orders for Trazadone and Lorazepam and failed Care Plan addresses all risk to follow physicians order for Tramadol. factors relevant to the resident's reason for The findings included: admission. c. The Interim Care Plan form 1.a. Resident #6 did not have a care plan to address bowel care after bowel surgery, which will be modified to include was the reason for admission to the facility for risk factors for prevention rehabilitation.

hypothyroidism, cardiac disease,

Resident #6, was initially admitted to the facility 2-4-16. Diagnoses included; left femoral hernia repair and resection of strangulated small bowel,

of constipation.

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Find a a a ii w R n to vo R re ##	Resident #6's admis set) was not complete admitted for only 5 de Review of the Certific Activities of Daily Livicoded Resident #6 a extensive assistance daily living. On 2-9-16 at 8:45 a.m. interviewed during Mewas found to be talkatoriented to person, planterviewed during Mewas found to be talkatoriented to person, planterviewed during Mewas found to be talkatoriented to person, planterviewed and constituted a bowel moveme she had experienced on Saturday (2-6-16). The Resident's new allobserved at the time of and was red, swollen at around the site. To include the site in the pill administration of the pill administration of the pill administration of the pill administration with the resident #6's room, and esident with taking meeting admitted with taking admitted with taking meeting admitted with taking admitted	eflux disease (GERD), pain, constipation. sion MDS (minimum data red as the Resident had been ays. ed Nursing Assistant (CNA) and sheets (ADL sheets) is needing limited to from staff for activities of in. Resident #26 was redication administration, and tive, appropriate, and ace, time, and situation, ined of abdominal pation, stating she had not in in 3 days, and that the 2 were very small and hard redominal surgical site was and Medication administration and angry completely clude above and below the ely 2-3 inches. The site ordainage at this time. A was observed during vation to have 5 tablets ration cup, and this was and the surveyor entered	F 28		d. All physician orders will reviewed for accurate transcription initially by nurses and followed by chart review on each subsequent shift. (cove new admissions) e. A Medication Reconciliati process will occur daily to guarantee all medications ordered have been received by facility and pharmacy follow up occurs timely if necessary. f. Nursing staff will be required to access the medication stat box for an medication due that has not yet been received from the pharmacy. If not available in the stat box, the ordering physician will be notified for instructions Develop a Bowel Management Policy and inservice all licensed nursing staff on same. n. Nursing staff will complete a Medication Error Report for instances where medication management of administration is	rs ion o s red	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING _ COMPLETED 495184 B. WING -02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WOODHAVEN HALL AT WILLIAMSBURG LANDING 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY** Nursing staff will print a F 281 Continued From page 8 F 281 daily report of bowel After medication pass observation, Resident #6's medication orders were reviewed and reconciled. activity from CareTracker. The physicians orders revealed that "All of her Nursing staff will review supplements" were discontinued on 2-8-16 by the this report and treat all physician. These supplements had the reason residents having no BM for administration listed as "therapeutic", as no active need or diagnosis was given for the activity per policy. administration of these mineral supplements, to 4. The facility will complete an include Magnesium Citrate, and Preservision audit of all current residents to multi-vitamin. These medications had not been discontinued on the MAR, and so were ensure all physician orders are administered. The Docusate had never been transcribed properly on the administered, and had never been placed on the MAR. Results of this audit will MAR. be forwarded to the Director of On 2-9-16, Resident #6's care plan was reviewed. Nursing and reviewed through The Resident care plan must be developed to the Quality Assurance provided necessary care and services to meet the Committee. Errors identified identified needs of a resident, and the findings will be immediately corrected. were as follows: Resident #6 was admitted **Nursing administration staff post-operatively after abdominal surgery to remove a portion of the small bowel, and will review the Bowel Activity reconnect the ends where the portion was Report on a regular basis to removed. This information received on ensure all residents are admission to skilled nursing indicates staff knowledge of a potential for bowel obstruction, managed properly. Results of infection, pain, and separation of the surgical this monitoring will be reported re-attachment areas of the bowel. The care plan to the DON with follow up as addressed general pain, and infection only. No bowel plan or interventions were care planned for necessary. Results of this this individual. monitoring will be reported

RN A was made aware of the medication errors, and stated she would look into it. RN A stated the

(therapeutic medications) had been discontinued was because the Resident had refused to take them due to stomach discomfort, and only wanted the necessary medications, so the doctor

reason that Resident #6's supplements

through the Quality Assurance

Committee.

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F 281	Continued From pag	de 9		204	** Nursing staff will audit	all	alahan di kacamatan di Kalamatan kacamatan kacamatan di kacamatan di Kalamatan di Kalamatan di Kalamatan di Ka
	had discontinued the		F 2	40 T	new admission records tin		
					to ensure all physician ord	•	i
,	All nursing notes we	re reviewed in the clinical			are transcribed properly a		÷ 4
	record, and docume	nt the following;			medications are administe		į
	On 2-4-16 The Resi	dent complained of a dull			as ordered. Regular audits		
	ache and abdominal	gas pain, on the admission			existing resident records w		
	assessment.				completed by nursing staff		
	On 2-6-16 the Reside	ent complained of nausea			the same standard of care.	101	
	and vomiting.	ant namedate of the			Results of this auditing will	la a	
	and was medicated for	ent complained of nausea,				De	
	On 2-8-16 the Reside	int complained of nausea,			reported to the DON and		
	and an antibiotic med	d an antibiotic medication was ordered for			discussed at the Quality		
	abdominal infection.			1	Assurance meeting.		
(On 2-9-16 the Reside	nt complained of			5. Completion date: March 26) _p	
	nursing and found to t	ounds were assessed by			2016		resiste presentation
	quadrants, nursing sta	aff then encouraged a diet of					
Ľ	pland solid foods to in	crease bowel movement.					
F	∖t no time were bowel	softening, or bowel					
n	novement encouragin	g medications, offered or					4494
2	iuministered. These i ind available.	medications were ordered					
Ę.	arallable.						9000
C	n 2-10-16 a second o	copy of the MAR was					
0	btained at 1:00 p.m. a	and revealed that the					Workshop
N	liralax had been admi	inistered in the morning,					
n o	owever, the docusate	still had not been placed					THERESON
di	scontinued. The doc	stration, nor had it been usate was for bowel care,					
aı	nd was available in the	e facility stat box.					(Comments de la Comments de la Comme
				à			Commission
O:	n 2-10-16, The facility	document "Bladder and					
) D(ower report" was revieus	wed. The document was					We Transcend
(C	mpleted by Certified (NA's) daily, and rever	Nursing Assistants aled that Resident #6 was					. Indiana.
co	ntinent of bowel and l	had not had a bowel					

movement since Saturday 2-6-16.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR **WOODHAVEN HALL AT WILLIAMSBURG LANDING** WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 | Continued From page 10 F 281 On 2-10-16 Resident #6 was again interviewed at 1:00 p.m., and stated that she still had not had a bowel movement, and it was now 4 days since the last one, which was hard and small. The Bowel and bladder report document had a box area denoted as "H0600 Bowel Patterns", which asked the question; "Constipation Present?". This area had not been filled out by staff, and had a dash in the space. The DON (Director of Nursing) was requested to provide a copy of the facility bowel regimen policy for constipation, and she stated that they did not have one. No care plan interventions were instituted for Resident #6, after bowel surgery, and the Resident became constinated. An interview was conducted with the Director of Nursing, (DON), the administrator, and nurse supervisor at the end of day debrief on 2-9-16 at 5:00 p.m., and on 2-10-16 at 3:00 p.m.. All in attendance were made aware of the findings.

1b. For Resident #6, the staff failed to transcribe a medication order on the MAR (medication administration record), failed to administer 3 medications that were ordered, and administered two medications that were discontinued by the

The DON stated that the follow up on the admission orders, and new orders had not been completed by staff. No further information was

doctor.

provided by the facility.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **WOODHAVEN HALL AT WILLIAMSBURG LANDING** 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 281 | Continued From page 11 F 281 For Resident #6, the staff failed to transcribe a medication order on the MAR (medication administration record) for (Docusate), failed to administer 3 medications (Docusate, Lovenox, and Miralax) that were ordered, and administered two medications (Magnesium Citrate tablet, and Preservision multivitamin) that were discontinued

Resident #6's admission MDS (minimum data set) was not completed as the Resident had been admitted for only 6 days.

by the doctor.

Review of the Certified Nursing Assistant (CNA) Activities of Daily Living sheets (ADL sheets) documented Resident #6 as needing limited to extensive assistance from staff for activities of daily living.

On 2-9-16 at 8:45 a.m. Resident #26 was interviewed during Medication administration, and was found to be talkative, appropriate, and oriented to person, place, time, and situation.

The Resident complained of abdominal discomfort and constipation, stating she had not had a bowel movement in 3 days, and that the 2 she had experienced were very small and hard on Saturday 2-6-16. The Resident's new abdominal surgical site was observed and was red, swollen and angry completely around the site. To include above and below the incision by approximately 2-3 inches. The site was closed and had no drainage at this time.

Resident #6 was also observed on 2-9-16 at 8:45 a.m. during the medication pour and pass

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F profit to the second of the	Nurse (RN) A, review RN A removed the 3 packages, containing medication cart draw 5 oral medications in one nasal spray; 1. Align probiotic one a.m. 2. Enteric coated Asptablet. To be given at 3. Hyoscyamine sulfabe given at 9:00 a.m. 4. Magnesium Citrate Discontinued 2-8-16. 5. Preservision H Reconstructed 2-8-16. 6. Fluticasone 50 most To be given at 9:00 a.m. RN A was observed to bill administration cupier. RN A and the surfe's room, and RN A at aking medications when dused 2 sprays of the are. Ifter medication pass pedication orders and econciled. The following the area of the continuence of the postipation, and Love obsulatory to prevent the medicatory the medicatory to prevent the medicatory to prevent the medicatory to prevent the medicatory the medicatory to prevent the medicatory the medicatory the med	g medications. Registered wed the MAR for Resident #6. 0 day, multiple dose blister g medications from the ver and pushed the following to the medication cup, and tablet. To be given at 9:00 pirin 81 mg (milligram) one to 9:00 a.m. at e 0.375 mg one tablet. To the 200 mg one tablet. To the 200 mg one tablet. To the 200 mg one tablet. To the and this was verified with the previous the resident with the previous the resident with the previous the resident #6 swallowed, the nasal spray in each to observation, Resident #6's MAR's were reviewed and thing problems with regard to	F	281			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WOODHAVEN HALL AT WILLIAMSBURG LANDING WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 | Continued From page 13 F 281 were ordered by the physician, and faxed to the pharmacy at the same time, on 2-8-16 at (3:55 p.m.). The Lovenox was noted to be in the facility stat box, however, was never administered during survey, on 2-8-16, and 2-9-16. The Miralax was administered the morning of 2-10-16, after the facility was aware of the medication errors that were found by surveyors, and was noted to be in the facility bulk dose medications in the medication room on 2-9-16. The Docusate sodium 100 mg one capsule BID (twice per day) as needed for bowel movement softening to prevent constipation which was ordered on admission 2-4-16, was never transcribed onto the MAR (medication administration record), and never administered. Both the Magnesium Citrate, and Preservision multivitamin were administered on 2-9-16, during medication administration observations, and had both been discontinued on 2-8-16 Further review of the physician orders revealed that "All of her supplements", as written by the doctor, were discontinued on 2-8-16. These supplements had the reason for administration listed as "therapeutic", as no active need or diagnosis was given for the administration of these mineral supplements, to include Magnesium Citrate, and Preservision

administered.

multi-vitamin. These medications were not discontinued on the MAR, and so they were

No where in the clinical record was there evidence documented that the physician was

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WOODHAVEN HALL AT WILLIAMSBURG LANDING WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 Continued From page 14 F 281 notified, or aware, that the Docusate, Miralax, and Lovenox had not been administered as ordered, however, RN A stated that the doctor was in the facility almost daily, and was aware. On 2-9-16, Resident #6's care plan was reviewed. The Resident care plan must be developed to provided necessary care and services to meet the identified needs of a resident, and the findings are as follows; Resident #6 was admitted post-operatively after abdominal surgery to remove a portion of her small bowel, and reconnect the ends where the portion was removed. This information received on admission to skilled nursing indicated staff knowledge of a potential for bowel obstruction, infection, pain, and separation of the surgical re-attachment ends of the bowel. The care plan addresses general pain, and infection only. No bowel plan or interventions were care planned for this individual. RNA was made aware of the medication errors, and stated she would look into it. RN A stated the reason that Resident #6's supplements (therapeutic medications) had been discontinued was because the Resident had refused to take them due to stomach discomfort, and only wanted the necessary medications, so the doctor had discontinued them. All nursing notes were reviewed in the clinical

assessment.

and vomiting.

record, and document the following:

On 2-4-16, The Resident complained of a dull ache and abdominal gas pain, on the admission

On 2-6-16 the Resident complained of nausea

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR **WOODHAVEN HALL AT WILLIAMSBURG LANDING** WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID m PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY F 281 | Continued From page 15 F 281 On 2-7-16 the Resident complained of nausea, and was medicated for the complaint. On 2-8-16 the Resident complained of nausea, and an antibiotic medication was ordered for abdominal infection. On 2-9-16 the Resident complained of constipation, bowel sounds were assessed by nursing and found to be hypoactive in all 4 quadrants, nursing staff then encouraged a diet of bland solid foods to increase bowel movement. At no time were bowel softening, or bowel movement encouraging medications, offered or administered. These medications were ordered and available. On 2-10-16 a second copy of the MAR was obtained at 1:00 p.m. and revealed that the Miralax had been administered in the morning. however, not on 2-8-16, or 2-9-16, and the docusate still had not been placed on the MAR for administration, nor had it been discontinued. The Lovenox injection which was ordered at 3:55 p.m. on 2-8-16, was to be administered at 9:00 p.m., and had not been given on 2-8-16 nor 2-9-16, and was available in the facility stat box for administration. On 2-10-16, The facility document "Bladder and Bowel report" was reviewed. The document was completed by Certified Nursing Assistants (CNA's) daily, and revealed that Resident #6 was continent of bowel and had not had a bowel movement since Saturday 2-6-16.

On 2-10-16 Resident #6 was again interviewed at 1:00 p.m., and stated that she still had not had a bowel movement, and it was now 4 days since the last one, which was hard and small. The Bowel and bladder report document had a boxed

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	asked the question; This area had not be a dash in the space. Review of the facility Administration revea administered as pres the written orders of A copy of the stat bo and received, and re and Lovenox were a times, and miralax w dose medications. When the Director of what specific source their medication adm	0600 Bowel Patterns", which "Constipation Present?". een filled out by staff, and had	F 28				
i i i i i i c c S	practitioner, or physic medications by writing form in the client's medications by writing form in the client's medication orders a moothe nurse or by tele elephone order is receive a computer and the eceives confirmation confirm accuracy. " Same source, page. 7 equired for every medication is a computer and the confirm accuracy.	sician's orders in					

compare the prescriber's written orders with the

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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F 281 | Continued From page 17

medication administration record (MAR) when the medication is initially ordered. Once you determine that information on the client's MAR is accurate, use the MAR to prepare and administer medications."

Guidance for nursing standards for the administration of medication is provided by "Fundamentals of Nursing, 7th Edition, Potter-Perry, p. 705: Professional standards, such as the American Nurses Association's Nursing: Scope and Standards of Nursing Practice (2004) apply to the activity of medication administration. To prevent medication errors, follow the six rights of medications. Many medication errors can be linked, in some way, to an inconsistency in adhering to the six rights of medication administration. The six rights of medication administration include the following:

- 1. The right medication
- 2. The right dose
- 3. The right client
- 4. The right route
- 5. The right time
- 6. The right documentation."

An interview was conducted with the Director of Nursing, (DON), the administrator, and nurse supervisor at the end of day debrief on 2-9-16 at 5:00 p.m., and on 2-10-16 at 3:00 p.m. All in attendance were made aware of the findings. The DON stated that the medications were in the facility in the stat box, and follow up on the admission orders, and new orders had not been completed by staff. No further information was provided by the facility.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING _ COMPLETED 495184 B. WING NAME OF PROVIDER OR SUPPLIER 02/10/2016 STREET ADDRESS, CITY, STATE, ZIP CODE WOODHAVEN HALL AT WILLIAMSBURG LANDING 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 281 Continued From page 18 F 281 2. For Resident # 5, the facility staff failed to

2. For Resident # 5, the facility staff failed to clarify physician's order for pain medication Norco 5/325 milligrams written on 2/2/2016, failed to clarify orders for Trazadone and Lorazepam and failed to follow physician's order for Tramadol.

Resident # 5 was an 89 year old female admitted to the facility on 1/31/2016 with diagnoses of but not limited to: Fall, Fracture of Multiple Ribs on Right Side, and Constipation.

Resident # 5 was recently admitted and her MDS (Minimum Data Set) assessment was not yet due. Her nursing admission assessment revealed she was alert and oriented times three (person, place and time), and able to make her needs known. Resident # 5 was documented as requiring assistance with her activities of daily living.

Review of the clinical record on 2/9/2016 revealed an order handwritten on the Medication Administration Record to start on 2/2/2016 for Norco 5/325 milligrams one by mouth in AM (morning) daily and scheduled to be administered at 9 AM. A line was drawn through the date spaces until 2/8/2016 when initials were evident for 2/8/2016 and 2/9/2016 at 9 AM. Further review of the MAR showed on page 2 of 5 handwritten in the sixth space was Norco 5/325 milligrams by mouth every 6 hours as needed for pain. There was documentation of Norco being given several times "as needed" starting 2/3/2016.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING_ COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WOODHAVEN HALL AT WILLIAMSBURG LANDING WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 | Continued From page 19 F 281 On 2/9/2016 at approximately 9:45 AM, RN A was asked for a complete copy of the MAR for review. On page 3 of 5, in the fourth slot was a handwritten order for Norco 5/325 milligrams one by mouth in AM (morning) daily. The order date was listed as 2/2/2016 and frequency at 9 AM. The medication had been administered daily 2/3/16-2/7/16 and then a line was drawn through the medication with a notation "moved to routine page, 2/7/16. Review of the Physicians Orders since admission on 1/31/2016 revealed no order for Norco 5/325 milligrams. The Director of Nursing (DON) came to the nurses station at approximately. When asked about the order for the medication Norco. the DON looked at the chart and MAR and stated she would check. The DON and RN B looked at the chart and MAR. The DON stated that she wondered if the physician had placed the order in Centricity (a communication system used by the facility). RN B and RN C stated they would check. On 2/9/2016 at 5 PM, an interview was conducted with the DON who stated "probably what happened was that the medication was generated through Centricity. The DON stated physician did the order in Centricity on 2/2/2016 at 3:48 PM and Pharmacy delivered the medication on 2/2/2016. The DON also stated "the nurses generated the medication on the MAR from the label." The

surveyor asked for a copy of the order. The DON and RN C presented an order from Centricity

Hydrocodone-Acetaminophen 5-325 milligram tabs (Hydrocodone-Acetaminophen) one by mouth in am, then every 6 hours as needed # 40 tablets with no refills entered by the physician on

2/2/2016 and electronically signed by the

printed on 2/9/2016 which stated

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F 281 Continued From page 20

physician on 2/2/2016 at 3:48 PM. The DON stated the doctor "put the order in Centricity but the nurses did not print it out." The DON was asked to read the order and give her interpretation. The DON stated the order meant to "give the medication one time and then every 6 hours as needed." Then the DON stated she wanted to read the order again. The DON, RN B and RN C read the order. The DON and RN C stated the nurses read the order as one by mouth in the morning daily and then every 6 hours as needed. The DON stated the nurses did not transcribe the medication properly on the MAR because the routine medication that was listed on page 3 of 5 of the MAR was listed actually on the Treatment Administration Record (TAR). The Surveyors noted that on the top of the page is the name Mediation Administration Record. The DON stated "that page really is the TAR where the staff document pain assessments, weights and other treatments." The DON then stated she was going to make it clear to the staff that the form was really the TAR. The DON also stated she would discuss with the staff and doctors about physicians orders being written in Centricity.

On 2/9/2016 at 6 PM, RN B presented a copy of a physicians order written by the Medical Director on 2/9/2016 as a Clarification which was difficult to read. The DON stated the Medical Director wanted the Norco given every morning and then every 6 hours as needed until the Duragesic arrived. Then start Norco 5/325 by mouth every 6 hours as needed for pain.

Review of the MAR on 2/10/2016 revealed under the medication Norco 5/325 milligrams one by mouth in the morning daily, the words "until

F 281

PRINTED: 03/02/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WOODHAVEN HALL AT WILLIAMSBURG LANDING WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID iO PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 | Continued From page 21 F 281 Duragesic Patch arrives" had been added to the bottom of the block. A line had been drawn through the medication and the words "DC' d 2/9/16" (discontinued 2/9/2016). On 2/10/2016 at approximately 2 PM, the surveyor showed the most recent changes on the MAR to the DON who stated the nurse should have drawn a line through the medication that was written on 2/2/2016 and should have rewritten the order below after clarification. The DON stated that she was going to talk with the nurses about documenting on the MAR and handling physicians orders. The Director of Nursing Stated Potter Perry was the professional standard used by the facility. Guidance for nursing practice for the administration of medications was included in. "Fundamentals of Nursing 7th Edition, p 336, The physician is responsible for directing medical treatment. Nurses follow physician's orders unless they believe the orders are in error or harm clients." Also, guidance for nursing standards for the administration of medication is provided by "Fundamentals of Nursing, 7th Edition, Potter-Perry, p. 705: Professional standards. such as the American Nurses Association's Nursing: Scope and Standards of Nursing Practice (2004) apply to the activity of medication

administration. To prevent medication errors, follow the six rights of medications. Many medication errors can be linked, in some way, to an inconsistency in adhering to the six rights of medication administration. The six rights of medication administration include the following:

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F 281 | Continued From page 22

- 1. The right medication
- 2. The right dose
- 3. The right client
- 4. The right route
- 5. The right time
- 6. The right documentation."

Review of the Physician's Order Form revealed a verbal order from the nurse practitioner written 2/8/2016 at 12 noon as clarification orders: Tramadol 50 milligrams by mouth one tablet every 6 hours as needed for pain Trazadone 50 milligrams one and a half tablets by mouth every night at bedtime for insomnia Lorazepam 0.5 milligrams one tablet by mouth every 6 hours as needed for anxiety Lorazepam 0.5 milligrams two tablets by mouth at bedtime as needed for anxiety/insomnia Gabapentin 100 milligrams by mouth every night at bedtime for neuropathy Melatonin 5 milligrams one tablet by mouth every night at bedtime for insomnia Naproxen 220 milligrams one tablet by mouth every 12 hours as needed for pain The orders were noted and faxed on 2/8/2016 at 12 noon

Review of the MAR on 2/9/ 16 and 2/10/16 revealed no noted changes to the MAR related to the clarification orders written on 2/8/2016. The medication Tramadol was not written on the MAR and Lorazepam 0.5 milligrams two tablets by mouth at bedtime as needed for anxiety/insomnia was not documented on the MAR but was still written as a routine medication at 9 PM daily.

Review of the MAR revealed on page 2 of 5 a typed order in the third slot for medications ordered on 1/31/2016 was:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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F 281 Continued From page 23

Tramadol HCL 50 milligrams tablet one tablet by mouth every 6 hours as needed (waiting for Hardcopy)-Do not send
There was documentation of administration 3 times: 2/1/2016 at 0745 (7:45 AM) and 2045 (8:45 PM) and 2/2/2016 at 2 PM
A line was drawn across the Medication order on the MAR and written to discontinue 2/2/2016.

Thorough review of the Physicians orders revealed no physicians order written on 2/2/2016 or any other date to discontinue the Tramadol noted in the clinical record.

The MAR did not have the medication Tramadol written on the MAR available for administration after 2/2/2016. Also, there was no documentation in the Nurses notes about changes in medication. Lorazepam 0.5 milligrams 2 tablets by mouth at bedtime listed on page 2 of 5 with order date 1/31/16 to be administered at 2100 (9 PM). The MAR revealed this medication had been administered every day at 9 PM from 2/1/16-2/8/2016.

The medication Lorazepam 0.5 milligrams one tablet by mouth every 6 hours as needed was typed on the MAR on page 1 of 5 with order date 1/31/16. There was no documentation that the as needed dose was administered during the month of February.

The DON submitted Copies of all of the Physicians orders, Nurses Notes and MARs were requested and submitted by the DON. Eleven pages of Physicians Orders stapled together were received.

Review of the "Medication Reconciliation Form" dated 1/31/16 revealed a list of medications and dosages which included but not limited to:

F 281

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	at bedtime	ligrams by mouth every night					
		illigrams by mouth "Q 6 hrs x					
	2 Q HS" (every 6 ho	urs times 2 every night at					
	bedtime) for anxiety	/insomnia					
		grams by mouth every 6					
	hours as needed for						
		d by a nurse on 1/31/16 and					
	reviewed by another	nurse on 2/2/16 at 1:30 AM					
	1/31/16 revealed me Routine Meds: Tramadol 50 milligra every 6 hrs as needed 1.5 tablets at bedtime 1 tablet by mouth every tablets by mouth at be milligrams 1 tablet by Melatonin 5 milligram bedtime, Naproxen 2 needed for pain every "DO NOT SEND" were of routine medication nurse and written as a	as 1 tablet by mouth at 20 milligrams 1 tablet as y 12 hours. Then the words re written beneath the listing s. The form was signed by a a verbal order-on call					
		ation showed the order was					
		y on 1/31/16 at 3:30 PM. ed by the night shift nurse on					and the same
	2/2/16 at 1 AM.	ed by the hight shift hurse on					
						1	***************************************
á	Review of the Chart S and printed on Februa medications listed:	Summary Form on Page 2 ary 2, 2016 revealed					A CARACTER STORY CONTRACTOR STORY CONTRA
: :	Trazadone 50 milligra	ms one and a half tablets at					Verebbishouse
		tion Reconciliation form					
		milligrams by mouth every					
. 8	night at bedtime) Liste as Trazadone 150 mill milligrams) by night at						we were the second of the seco

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	e L k	milligrams tablets 1/2 bedtime as needed. was written as to the amounts of "1/2" and on the MAR on page 0.5 milligrams 2 table administered each ni 9 PM with an order d 2 of 5 was typed as Lone tablet by mouth enone administered du 2016, the order date The clarification ordershowed Lorazepam 0.5 milligroedtime as needed for There were no change regarding Lorazepam written on 2/8/2016.	as needed for anxiety, and as needed for anxiety, and ams two tablets by mouth at anxiety/insomnia. es noted on the MAR after the clarification order					
	2 P m a N	The DON was informed during an interview on 2/10/2016 at approximately 2:15 PM of Physicians orders that were not clarified, medications were not administered as ordered, and medications were not documented on the MAR and not made available for administration			F 309			
	F 309 48	or the resident. To further information B3.25 PROVIDE CAR IGHEST WELL BEIN	ner information was provided. PROVIDE CARE/SERVICES FOR		<u>.</u>	Resident #6 received medications to manage constipation and blood management as ordere Resident #5 received he	clot d.	
	pr	ach resident must rec rovide the necessary of maintain the highest	eive and the facility must care and services to attain practicable physical,	v v 2 1		Duragesic patches regul ordered once received f	larly as	7

pharmacy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WOODHAVEN HALL AT WILLIAMSBURG LANDING WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 Continued From page 26 2. All residents have the potential F 309 mental, and psychosocial well-being, in to be affected by the same accordance with the comprehensive assessment practice. and plan of care. 3. All physician orders will be

This REQUIREMENT is not met as evidenced by:

Based on staff interview, Resident interview, facility documentation review, and clinical record review the facility staff failed to ensure the highest practicable well being for 2 Residents, (Resident's #6, and #5) in a survey sample of 10 residents.

- 1. Resident #6 was not adequately treated for constipation, and was not provided blood clot prevention medication ordered after surgery.
- 2. For Resident # 5, the facility staff failed to administer the pain medication Duragesic as ordered by the physician on 2/8/2016 and failed to treat pain after a fall on 2/9/2016 at 3:45 AM. The resident complained of pain and did not receive any pain medication until her routine scheduled pain medication administration at 9:00 AM.

The findings included;

1. Resident #6 was not adequately treated for constipation, and not provided blood clot prevention medication, ordered after surgery.

Resident #6, was initially admitted to the facility 2-4-16. Diagnoses included; left femoral hernia repair and resection of strangulated small bowel, hypothyroidism, cardiac disease, gastro-esophageal reflux disease (GERD), pain, allergic rhinitis, and constipation.

reviewed for accurate transcription initially by 2 nurses and followed by a chart review on each subsequent shift. The nursing staff will be required to access the medication stat box for all new medication orders to ensure meds are started timely and there is no delay in treating a resident's condition. Lastly, the nursing staff will be required to notify the physician whenever there is an anticipated or actual delay in administering ordered medication to receive alternate orders or to place the current prescribed treatment on hold until received. The nursing staff will be required to document in the nursing notes evidence of this physician notification and the outcome. Licensed nursing staff will be inserviced on Professional Standards of Practice.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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F p n 5	set) was not comple admitted for only 6 de Review of the Certific Activities of Daily Liv coded Resident #6 a extensive assistance daily living. On 2-9-16 at 8:45 a. interviewed during M was found to be talkad oriented to person, pointerviewed during M was found to be talkad oriented to person, pointerviewed during M was found to be talkad a bowel movement and a bowel movement and a bowel movement and a bowel movement and and and and site. To include above approximately 2-3 include and had no drainage and had no drainag	sion MDS (minimum data ted as the Resident had been lays. ed Nursing Assistant (CNA) ing sheets (ADL sheets) is needing limited to from staff for activities of m. Resident #26 was edication administration, and lace, time, and situation. In a days, and that the 2 were very small and hard the Resident's new the was observed and was been and below the incision by thes. The site was closed at this time.	F 30		. (Nursing staff will complete review on all new admission orders along with a review other orders daily. Results this review process will be communicated to the DON worders addressed immediately. Results of this auditing will be monitored arreported through the Quality Assurance Committee. Completion date: March 26, 2016	n of all of vith nd	

a.m.

1 .Align probiotic one tablet. To be given at 9:00

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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F 309	Continued From page	ge 28	F 3	09		ИМПРИЭНЦИЗМНЫН МОЗОСА

- 2. Enteric coated Aspirin 81 mg (milligram) one tablet. To be given at 9:00 a.m.
- 3. Hyoscyamine sulfate 0.375 mg one tablet. To be given at 9:00 a.m.
- 4. Magnesium Citrate 200 mg one tablet. Discontinued 2-8-16.
- 5. Preservision H Reds one capsule. Discontinued 2-8-16.
- 6. Fluticasone 50 mcg (micrograms) nasal spray. To be given at 9:00 a.m.

RN A was observed to have 5 tablets total in the pill administration cup, and this was verified with her. RN A and the surveyor entered Resident #6's room, and RN A assisted the resident with taking medications which Resident #6 swallowed, and used 2 sprays of the nasal spray in each nare.

After medication pass observation, Resident #6's medication orders and MAR's were reviewed and reconciled. The following problems with regard to prevention of blood clots, and constipation were found;

The physicians orders revealed that on 2-8-16 the doctor ordered Doxycycline to be given at 9:00 a.m., and 5:00 p.m.. Doxycycline is an antibiotic medication, which was ordered to be administered for the assessed abdominal surgical infection. This medication was found to be in the facility stat box, and administered on 2-8-16 at 5:00 p.m., and on 2-9-16 at 9:00 a.m., and 5:00 p.m..

Miralax 1 scoop daily by mouth as needed for constipation, and Lovenox 40 mg (milligrams) subcutaneously by injection every day until fully ambulatory to prevent blood clots to be given at

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9:00 p.m., were also ordered on 2-8-16, with the Doxycycline antibiotic for infection. All three drugs were ordered by the physician, and faxed to the pharmacy at the same time, on 2-8-16 at (3:55 p.m.).

The Lovenox was also noted to be in the facility stat box, however, was never administered during survey, on 2-8-16, and 2-9-16. The Miralax was finally administered the morning of 2-10-16, after the facility was aware of the medication errors that were found by surveyors, and was noted to be in the facility bulk dose medications in the medication room.

The Docusate sodium 100 mg one capsule BID (twice per day) as needed for bowel movement softening to prevent constipation which was ordered on admission 2-4-16, was never transcribed onto the MAR (medication administration record), and never administered.

Further review of the physician orders revealed that "All of her supplements", as written by the doctor, were discontinued on 2-8-16. These supplements had the reason for administration listed as "therapeutic", as no active need or diagnosis was given for the administration of these mineral supplements, to include Magnesium Citrate, and Preservision multi-vitamin. These medications were not discontinued on the MAR, and so they were administered.

No where in the clinical record was there evidence documented that the physician was notified, or aware, that the Docusate, Miralax, and Lovenox had not been administered as ordered, however, RN A stated that the doctor was in the

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;	facility almost daily,		, 0	.00	· -		
	The Resident care p provided necessary a identified needs of a are as follows; Residual post-operatively after remove a portion of hereconnect the ends we removed. This informadmission to skilled reknowledge of a poter infection, pain, and separate the addresses general particular plan or intervential individual.	where the portion was nation received on nursing indicates staff ntial for bowel obstruction, eparation of the surgical of the bowel. The care plantain, and infection only. No nations were care planned for					
r (v ti	and stated she would eason that Resident a therapeutic medication was because the Resi hem due to stomach	ons) had been discontinued ident had refused to take discomfort, and only medications, so the doctor					
A	all nursing notes were ecord, and document	reviewed in the clinical the following;					
a	che and abdominal ga ssessment.	ent complained of a dull as pain, on the admission					1101000
aı	nd vomiting.	t complained of nausea		:			Control of

and was medicated for the complaint.

On 2-8-16 the Resident complained of nausea,

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		& MEDICAID SERVICES		0	FORM APPROVEI MB NO. 0938-039
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F 309	abdominal infection. On 2-9-16 the Residence constipation, bowel nursing and found to quadrants, nursing soland solid foods to At no time were bow movement encourage.	dication was ordered for	F 3	09	

On 2-10-16 a second copy of the MAR was obtained at 1:00 p.m. and revealed that the Miralax had been administered in the morning. however, not on 2-8-16, or 2-9-16, and the docusate still had not been placed on the MAR for administration, nor had it been discontinued. The Lovenox injection which was ordered at 3:55 p.m. on 2-8-16, was to be administered at 9:00 p.m., and had not been given on 2-8-16, nor 2-9-16, and was available in the facility stat box for administration.

On 2-10-16, The facility document "Bladder and Bowel report" was reviewed. The document was completed by Certified Nursing Assistants (CNA's) daily, and revealed that Resident #6 was continent of bowel and had not had a bowel movement since Saturday 2-6-16.

On 2-10-16 Resident #6 was again interviewed at 1:00 p.m., and stated that she still had not had a bowel movement, and it was now 4 days since the last one, which was hard and small. The Bowel and bladder report document had a boxed area denoted as "H0600 Bowel Patterns", which asked the question; "Constipation Present?".

Event ID: OOCZ11

and available.

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F 309 Continued From page 32

This area had not been filled out by staff, and had a dash in the space.

Review of the facility's policy for Medication Administration revealed: medications are administered as prescribed in accordance with the written orders of attending physicians. A copy of the stat box contents was requested, and received, and revealed that the Docusate, and Lovenox were available in the stat box at all times, and miralax was also in the facility bulk dose medications.

When the Director of Nursing (DON) was asked what specific source of text is used to model their medication administration and nursing practice by, she stated "We use Potter and Perry." Guidance was provided for appropriate documentation of physician's orders in 'Fundamentals of Nursing 7th Edition. Potter-Perry, page (p) 699, The physician, nurse practitioner, or physician's assistant prescribes medications by writing a medication order on a form in the client's medical record. Sometimes a prescriber orders a medication by talking directly to the nurse or by telephone...When a verbal or telephone order is received, the nurse who took the order writes the complete order or enters it into a computer and then reads it back and receives confirmation from the prescribe to confirm accuracy."

Same source, p. 707, "A medication order is required for every medication you administer to a client...Regardless of how you receive an order, compare the prescriber's written orders with the medication administration record (MAR) when the medication is initially ordered. Once you determine that information on the client's MAR is accurate, use the MAR to prepare and administer

F 309

PRINTED: 03/02/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING_ COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WOODHAVEN HALL AT WILLIAMSBURG LANDING WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PRFFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 309 | Continued From page 33 F 309 medications." An interview was conducted with the Director of Nursing, (DON), the administrator, and nurse

An interview was conducted with the Director of Nursing, (DON), the administrator, and nurse supervisor at the end of day debrief on 2-9-16 at 5:00 p.m., and on 2-10-16 at 3:00 p.m.. All in attendance were made aware of the findings. The DON stated that the medications were in the facility in the stat box, and follow up on the admission orders, and new orders had not been completed by staff. No further information was provided by the facility.

2. For Resident # 5, the facility staff failed to administer the pain medication Duragesic as ordered by the physician on 2/8/2016 and failed to treat pain after a fall on 2/9/2016 at 3:45 AM. The resident complained of pain and did not receive any pain medication until her routine scheduled pain medication administration at 9:00 AM.

Resident # 5 was an 89 year old female admitted to the facility on 1/31/2016 with diagnoses of but not limited to: Fall, Fracture of Multiple Ribs on Right Side, and Constipation.

Resident # 5 was recently admitted and her MDS (Minimum Data Set) assessment was not yet due. Her nursing admission assessment revealed she was alert and oriented times three (person, place and time), and able to make her needs known. Resident # 5 was documented as requiring assistance with her activities of daily living. She was documented as alert and oriented X3 according to the nursing notes and the incident report.

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The Interim Plan of Care, dated on admission 1/31/2016, revealed a problem including "Potential for Pain" listed with three interventions: Administer pain medication as ordered, assist resident with positioning for comfort and ask resident frequently if pain medication or other treatment is being effective; if continued pain is present, notify the physician.

The interim care plan (after the fall) dated 2/9/16 read that the resident requires assistance with ADLs, ½ bed rails and supervision for mobility aid. The Admission Nursing Assessment dated 1/31/2016, showed admitting diagnosis back pain, resident used assistive device of wheelchair "just while back pain", comments "usually walks a lot independently", Fall assessment score was documented as a 12. Total score of 10 or above represents HIGH RISK. Fall risk coded gait /balance abnormal, 1-2 falls in the past 3 months.

Review of the Nurses Notes revealed a notation on 2/9/2016 at 8:00 AM "FOF early this AM, Resident trying to transfer without assistance" to commode, lost balance and fell. Resident complained of left rib pain and right rib symptoms.

On 2/9/2016 at approximately 10 AM, an interview was conducted with Registered Nurse (RN) A who stated she received report from the night shift nurse that the resident had fallen during the night. RN A reviewed the Nurses

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARE SERVICES

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	Notes and stated sh		1 00	10			
	abbreviation "FOF"	documented in the note					
	meant "Found on Fl	oor". RN A stated a "Post					
	Fall Assessment for	m was started after the fall.					
		Post Fall Assessment form					
		AM which documented					
		to complain of pain from fall. In hurting on left rib/opposite		-			
	original fracture. No	pain medication can be given		1			
	at this time. When a	ble to give, resident will		,			
	receive. No skin issu	ues at this time."					
	Record) on the back medications were lis	(Medication Administration where PRN (as needed) ted revealed documentation		01 m at a date			
	of administration of:	mo at midnight on 0/0/0040					
		ms at midnight on 2/9/2016 cumented at 1:35 AM and					
		ered at midnight on 2/9/2016					***************************************
1	for back spasms with AM.	relief documented at 1:35					Portion de sous de la constante de la constant
		every 12 hours as needed					
f	or pain was adminis	tered on 2/8/2016 at 8 AM.					
		s by mouth every 4 hours as					and the state of t
		or temp greater than 101					-
ı	ast administered 2/4	/2016 at 6 PM					
F	Review of the MAR re	evealed routine nain					
r		n given as ordered on					
		ns one by mouth in the					***************************************
. n	norning at 9 AM						***
L	idoderm 5 % patch (Lidocaine) apply one patch					
d	ally (on in the mornir	ng and off in the evening) for					
d Q	lagnosis of pain sche PM was given at 9A	eduled on at 9 AM and off at					
9	i w was given at 3A	: · · · · · · · · · · · · · · · · · · ·					
7	The Director of Nursi	ng (DON) came to the					

nurse 's station and was asked about the nurse '

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			.		ORNICATION OF CONTROL OF A CONTROL OF STORMAN CONTROL AND A CONTROL OF STORMAN CONTROL OF STORM	Minimum Andrews	
F 309	Continued From page	ge 36	F:	109			
		mation about the fall. The	•				
		s's note dated 2/9/2015 at		:			
		note did not give specific					
		e fall. The DON stated the		1			
3		"found on floor" and that		1			
		routinely at that facility and in					
,	the medical field and	d "even in the legal arena."					
		re should be a Post Fall					
		hart that would give more		:			
		st Fall Assessment was		:			
	located in the chart a						
	An interview was cor	nducted 2/9/2016 at					
		AM in the conference room		į			
		lursing (DON) who stated "an					
		pleted after a fall. If the fall					
		eurochecks (neurological					
		ne along with every shift					
	charting via the nurse	es notes for 72 hours." The					· ·
	DON stated she had	been informed about the fall					***************************************
	during the morning re	eport. The DON presented					
1	the Incident Report, I	Post Fall Assessment form					MONTH AND THE PROPERTY OF THE
		ment Q Shift x 48 hours					
		ewed the chart, Nurses					
		rt and Post Fall Assessment					
1	with the surveyor.						
	The Incident Denort o	documented the time of the					
	ncident as 2/9/2016 a	1		÷			1
		nd on the floor near the					- Control of the Cont
		at the bedside. The note		1			
		nt requested another pain					
2	oill but it was too early						1000
		ed. Documentation showed		1			
		right and left ribs. "Ice		-			***************************************
		ack to bed" after using					announce of the state of the st
		so stated the resident was					bavicabaya,
		with use of walker for					MANAGEMAN
		on assistance." Call bell					
ં	casing and one perse	m accidianico. Can uch		1			1

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	resident encouraged or transfer by hersel documented the phy Centricity (a commu facility) on 2/9/2016 The documentation of Form on 2/9/2016 at were taken with blood 102, respirations 20, percent and pain was indicates the most are additional comments continues to complain she has been hurting fracture. No pain meetime. When able to giskin issues at this time resident is here for pate handle this." The Droom. Review of the Physicial order written by the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues to complete the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues to complete the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues to comment the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues to comment the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues to comment the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues to comment the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues to comment the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues the pluragesic 12 micrografiagnosis pain, and Sanday for diagnosis continues the pluragesic 12 micrografiagnosis pain the	each. Walker at bedside, d to use call bell and not walk f." The Incident report rsician was notified via nication system used by the	F 30	99			
· · · · · · · · · · · · · · · · · · ·	in the MAR. Copies of all of the Ph	ysicians orders, Nurses					
b _y H	y the DON along with ydrocodone-Acetami	a copy of the nophen 5-325 milligrams ricity " electronically signed					

by the Medical Director on 2/2/2016 at 3:48 PM.

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Review of the "Medication Reconciliation Form" revealed list of medications and dosages which included pain medications but not limited to:
Tramadol 50 milligrams by mouth every 6 hours as needed for back pain
Gabapentin 100 milligrams by mouth every night at bedtime for generalized pain and insomnia Naproxen 220 milligrams by mouth every 12 hours as needed for pain/generalized/back
The form was signed by a nurse 1/31/16 and reviewed by another nurse on 2/2/16 at 1:30 AM

Review of the Admission Order Sheet dated 1/31/16 revealed a list of medications including but not limited to pain medications listed under Routine Meds:

Tramadol 50 milligrams one tablet by mouth every 6 hrs as needed, Gabapentin 100 milligrams 1 tablet by mouth at bedtime, Naproxen 220 milligrams 1 tablet as needed for pain every 12 hours. The form was signed by a nurse and written as a verbal order-on call physician. Documentation showed the order was faxed to the pharmacy on 1/31/16 at 3:30 PM. The form was reviewed by the night shift nurse on 2/2/16 at 1 AM.

Review of the Physician's Order Form revealed a verbal order from the nurse practitioner written 2/8/2016 at 12 noon as clarification orders: Tramadol 50 milligrams by mouth one tablet every 6 hours as needed for pain Trazadone 50 milligrams one a half tablets by mouth every night at bedtime for insomnia Lorazepam 0.5 milligrams one tablet by mouth every 6 hours as needed for anxiety Lorazepam 0.5 milligrams two tablets by mouth at bedtime as needed for anxiety/insomnia

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	Melatonin 5 milligrar night at bedtime for Naproxen 220 millig every 12 hours as not 12 noon Tramadol 50 milligrar available for administ on 2/9/2016 as per the order written on 2/8/2 milligrams by mouth needed for pain. Train MAR. Review of the clinical medications were avoithe Resident # 5 after she complained of pairs available for administ physician. There was Resident # 5 was offer medications available the physician. There was Resident # 5 was offer medications available the physician. There was Resident # 5 was offer medications available the physician. There was Resident # 5 was offer medications available the physician. There was Resident # 5 was offer medications available the physician. There was a ferred what 6 AM.	igrams by mouth every night spathy ms one tablet by mouth every insomnia rams one tablet by mouth eeded for pain ed and faxed on 2/8/2016 at ms should have been tration for pain after the fall ne documented clarification 2016 for Tramadol 50 one tablet every 6 hours as madol was not listed on the record revealed several callable for administration to r her fall on 2/9/2016 when ain at 5 AM and was told it ive a pain medication. adol and Norco were all ration as ordered by the no documentation that	F 3)9			

An interview was conducted with Resident # 5 on 2/9/2016 at 11:40 AM after she attended the

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	she fell early that me her left rib area but was given pain med # 5 was sitting in a vinterviews and was by a staff member. I hard to move the whole because her ribs we interviews, a staff me Resident # 5 to return Review of the MAR in the left was staff as the left was staff me hard to move the whole was staff me hard to move the hard to move the was staff me hard to move the was staff me har	1:00AM. Resident # 5 stated orning and was having pain in " felt better now " after she ication that morning. Resident wheelchair during the wheeled into the meeting area Resident # 5 stated it was beelchair without help re hurting. After the ember provided assistance to	F 30)9				
	PM, the Director of Nexpectation was that notified the doctor the complaining of pain a medication (Norco) the was not due again ur stated that a chest x obtained if the reside pain related to the fall was going to talk without time for giving pain she could have given at 5 AM when the respectate of the pain the pain the pain that was within the pain that was complaint the stated she would her stated she would he expectation regard	after the fall and the pain that was given at midnight will 6 AM. The DON also ray could have been at continued to complain of the nurse about the window medications. DON stated at the pain medication Norco ident complained of pain the right time frame. She in medicine since the ning of pain." The DON talk with the nurse about ding documentation in the me of a fall and about use						

documentation. The DON stated the nurse involved was "a good nurse and had all the

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	again stated the nurpain medication after complained of pain. was going to re-educompleting orders The DON stated the medications several should have been st 2/8/2016 as ordered also stated that on 2 write a hard prescrip sure the Pharmacy von 2/10/2016, review	in the right places." The DON is a should have administered or the fall since the resident. The DON also stated she cate the nurses on	F 30)9			
	DON stated the Phar "receive the faxed co but it was not placed Pharmacy, so it was it the Duragesic was fill administered to Residual No other information of Duragesic 12 micrograliagnosis pain; Duragesic (also knownedication used to tree	dent # 5 that evening. was provided. ams every 72 hours to skin n as Fentanyl) " is a pain eat persistent, moderate to					
0		n in people already taking ers. " www.pdrhealth.com					

"Fentanyl belongs to a class of drugs known as narcotic (opiate) analgesics. " www.webmd.com

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morning, then every Norco is a combinat moderate to severe pain reliever (Hydrod pain reliever (Acetar www.webmd.com < Tramadol 50 milligra every 6 hours as need Tramadol is " a mar (pain reliever) " www.shttp://www.webmd.com dabapentin 100 milligrat bedtime for neurog Gabapentin is used to	ims one by mouth in the 6 hours as needed for pain ion medication used to relieve pain. "It contains a narcotic codone) and a non narcotic minophen) "nttp://www.webmd.com> ms by mouth one tablet eded for pain. I-made synthetic analgesic wwebmd.com com> grams by mouth every night bathy o treat seizures and " also pain." www.webmd.com	F 30	09	
every 12 hours as ne Naproxen is a nonste drug (NSAID) used to www.webmd.com https://www.webmd.com/ Tylenol 650 milligram mild pain or temperate Tylenol is a drug used pain. www.webmd.com/ Robaxin 500 milligram as needed for back sp	roidal anti-inflammatory relieve pain. tp://www.webmd.com> s by mouth as needed for ure greater than 101 to treat mild to moderate m http://www.webmd.com as by mouth every 6 hours			
Robaxin is a muscle remuscle spasms and p				

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F 329 SS=D	483.25(I) DRUG RE UNNECESSARY DR Each resident's drug unnecessary drugs. drug when used in e. duplicate therapy); o without adequate mo indications for its use adverse consequence should be reduced or combinations of the r Based on a compreh resident, the facility m who have not used an given these drugs un therapy is necessary as diagnosed and doc record; and residents drugs receive gradual behavioral intervention contraindicated, in an drugs. This REQUIREMENT y: Based on observation atterview, clinical recor	GIMEN IS FREE FROM RUGS regimen must be free from An unnecessary drug is any xcessive dose (including r for excessive duration; or onitoring; or without adequate e; or in the presence of es which indicate the dose r discontinued; or any reasons above. ensive assessment of a nust ensure that residents intipsychotic drugs are not less antipsychotic drug to treat a specific condition cumented in the clinical who use antipsychotic dose reductions, and	F 3.	F 329 1.	Resident #6 was discha an appropriate bowel management program. All residents within the are at risk to be affected same practice. All physician orders will reviewed for accurate transcription initially by nurses and followed by review on each subseques shift. The focus here will ensure medications are categorized correctly and have an appropriate indifor use. Nursing staff which werifying orders will obtain appropriate indication for from the physician.	facility d by the be 2 a chart ent Il be to d all ication nen in the	Miles of the Control
fr	nsure one Resident (i om unnecessary med ample of 10 residents	Residents #6) was free lications, in a survey				# * * * * * * * * * * * * * * * * * * *	The second secon

For Resident #6, the facility staff administered

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ě	TIPLE CONST ING		(X3) DATE SURVEY COMPLETED
		495184	B. WING	***************************************		02/10/2016
NAME OF	PROVIDER OR SUPPLIER		<u>'</u>	STREET AD	DDRESS, CITY, STATE, ZIP CODE	1 02/10/2010
WOODH	AVEN HALL AT WILLI	AMSBURG LANDING	obenjytycicionalasane eos		IAMSBURG LANDING DR SBURG, VA 23185	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(E	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD DSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
	The findings include Resident #6, was ini 2-4-16. Diagnoses i repair and resection hypothyroidism, card gastro-esophageal re allergic rhinitis, and of Resident #6's admiss set) was not complet admitted for only 5 di Review of the Certifie Activities of Daily Livi coded Resident #6 as extensive assistance daily living. On 2-9-16 at 8:45 a.m nterviewed during Me was found to be talka oriented to person, pla The Resident compla discomfort and constituted a bowel moveme whe had experienced on Saturday (2-6-16). The Resident's new a observed during medical vas noted to be red, so ompletely around the elow the incision by a	d: tially admitted to the facility ncluded; left femoral hernia of strangulated small bowel, liac disease, eflux disease (GERD), pain, constipation. sion MDS (minimum data ted as the Resident had been ays. ed Nursing Assistant (CNA) ing sheets (ADL sheets) is needing limited to from staff for activities of in. Resident #26 was edication administration, and tive, appropriate, and ace, time, and situation. ined of abdominal pation, stating she had not in 3 days, and that the 2 were very small and hard bdominal surgical site was cation administration, and swollen and angry is site. To include above and approximately 2-3 inches.	F 3		4. The facility staff will color an audit of current resisensure physician orders transcribed correctly or MAR. Nursing staff will continue to audit record admissions and all orde ongoing until such a time 100% compliance is ach At that time, random or be reviewed along with admissions. Results of the audit will be reported to DON with corrections addressed immediately. Results of this monitoring be reported and reviewed through the Quality Assis Committee. 5. Completion date: March 2016	idents to s are n the l ds of all ers ne when nieved. rders will all new this o the . ng will ed urance
ı	ne site was closed ai	nd had no drainage at this				

time.

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CENIE	RO FUR MEDICARE	A MEDICAID SEKVICES			OMR	<u>vo. 0938-0391</u>
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3) I	DATE SURVEY COMPLETED
		495184	B. WING		. .,	02/10/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF		
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F 329	Continued From page	ge 45	F 3	29		рания (поведания развительной поведания в пове
	a.m. during the med observation receivin Nurse (RN) A, reviet administration recon removed the 30 day packages, containing medication cart draw	ico observed on 2-9-16 at 8:45 lication pour and pass g medications. Registered wed the MAR (medication d) for Resident #6. RN A, multiple dose blister g medications from the ver and pushed the following ato the medication cup, and				
	a.m. 2. Enteric coated As _t tablet. To be given a	ate 0.375 mg one tablet. To e 200 mg one tablet. ds one capsule.				:
	6. Fluticasone 50 mc To be given at 9:00 a	g (micrograms) nasal spray. .m.				And the second s
# # 1	oill administration cup ner. RN A and the su #6's room, and RN A aking medications w	o have 5 tablets total in the o, and this was verified with rveyor entered Resident assisted the resident with hich Resident #6 swallowed, the nasal spray in each				
n T s	nedication orders we he physicians orders upplements" were di	s observation, Resident #6's re reviewed and reconciled. s revealed that "All of her scontinued on 2-8-16 by the plements had the reason				

for administration listed as "therapeutic", as no

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	TO LOK MEDICAKE	& MEDICAID SERVICES)MB NO	D. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
<u> </u>		495184	B. WING			02	2/10/2016
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	/	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
i i i i i i i i i i i i i i i i i i i	administration of the include Magnesium Reds one capsule. been discontinued of administered. Also immediately folloadministration observed medication room, and Doxycycline from the to Resident #6, as or On 2-9-16, Resident The Resident care pleased from the provided necessary of identified needs of a are as follows; Residentified needs of a post-operatively after remove a portion of the reconnect the ends were moved. This information in the sidentified needs of a potentification, pain, and serve addresses general parameters and stated she would reason that Resident is therapeutic medication was because the Resident medication of the residential therapeutic medication was because the Resident medication of the residential parameters.	cosis was given for the see mineral supplements, to Citrate and Preservision H. These medications had not in the MAR, and so were covered to wation, RN A went to the distance of the antibiotic estat box and administered it dered. #6's care plan was reviewed, an must be developed to care and services to meet the resident, and the findings lent #6 was admitted abdominal surgery to the small bowel, and where the portion was nation received on cursing indicates staff tial for bowel obstruction, eparation of the surgical of the bowel. The care plan in, and infection. The of the medication errors, look into it. RN A stated the #6's supplements ons) had been discontinued dent had refused to take discomfort, and only medications, so the doctor	F 3	29	en e		
A	II nursing notes were	reviewed in the clinical					Section 4

record, and document the following;

PRINTED: 03/02/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR **WOODHAVEN HALL AT WILLIAMSBURG LANDING** WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 329 | Continued From page 47 F 329 On 2-4-16, The Resident complained of a dull ache and abdominal gas pain, on the admission assessment. On 2-6-16 the Resident complained of nausea and vomiting. On 2-7-16 the Resident complained of nausea, and was medicated for the complaint. On 2-8-16 the Resident complained of nausea. and an antibiotic medication was ordered for abdominal infection. On 2-9-16 the Resident complained of constipation, bowel sounds were assessed by nursing and found to be hypoactive in all 4 quadrants, nursing staff then encouraged a diet of bland solid foods to increase bowel movement. At no time were bowel softening, or bowel movement encouraging medications, offered or administered. These medications were ordered and available. On 2-10-16 a second copy of the MAR was obtained at 1:00 p.m. and revealed that the Miralax had been administered in the morning. however, the docusate still had not been placed on the MAR for administration, nor had it been discontinued. The Lovenox injection which was ordered at 3:55 p.m. on 2-8-16, was to be administered at 9:00 p.m., and had not been given on 2-8-16, nor 2-9-16, and was available in the facility stat box for administration.

Review of the facility's policy for Medication Administration revealed: medications are administered as prescribed in accordance with the written orders of attending physicians.

An interview was conducted with the Director of Nursing, (DON), the administrator, and nurse

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The findings included:

Resident #6, was initially admitted to the facility 2-4-16. Diagnoses included; left femoral hernia repair and resection of strangulated small bowel,

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F a o N a rep	Resident #6's admisset) was not completed admitted for only 5 of Review of the Certificativities of Daily Lincoded Resident #6 a extensive assistance daily living. On 2-9-16 at 8:45 a. interviewed during Name was found to be talked or interviewed during Name found a bowel movement of the Name for Saturday 2-6-16. The Resident and angulate. To include above approximately 2-3 include above approximately 2-3 included and had no drainage of the Name for include above approximately 2-3 included above approximately 2-3 in	diac disease, reflux disease (GERD), pain, constipation. ssion MDS (minimum data sted as the Resident had been days. ded Nursing Assistant (CNA) ring sheets (ADL sheets) as needing limited to be from staff for activities of m. Resident #26 was dedication administration, and lace, time, and situation. Sined of abdominal cipation, stating she had not ent in 3 days, and that the 2 were very small and hard. The Resident's new the was observed and was ry completely around the ent and below the incision by shes. The site was closed at this time. Observed on 2-9-16 at 8:45 station pour and pass medications. Registered and the MAR (medication for Resident #6. RN A	F 33		3. All licensed nursing stare educated to follow the expectation that when are noted, this will requirement them to be transcribed MAR. Staff will monitor physician orders for accuranscription to the MAI regular basis. Nursing stare be required to inform administration when the question regarding a transcription issue. Nursitation staff will be required to inthe physician and docum same in the nurse's note a medication issue is ideal Audits of current records new admission records we completed on a regular being the Results of this auditing will reported to the DON will issues addressed immedia Results of this monitoring be reported through the CAssurance Committee. Completion date: March 2016	orders ire to the all new urate R on a taff will ere is a sing notify ent the s when ntified. and all rill be asis. ill be any ately. will Quality	

5 oral medications into the medication cup, and

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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F 332	Continued From pag	ge 50	, F 3	332	
	a.m. 2. Enteric coated As tablet. To be given a 3. Hyoscyamine sulf be given at 9:00 a.m 4. Magnesium Citrat Discontinued 2-8-16 5. Preservision H Re Discontinued 2-8-16 6. Fluticasone 50 mc To be given at 9:00 a RN A was observed to pill administration cupher. RN A and the sulf 6's room, and RN A taking medications w	ate 0.375 mg one tablet. To .ee 200 mg one tableteds one capsuleeg (micrograms) nasal spray.			
	Also immediately folk administration observed administration observed administration room, and Doxycycline from the to Resident #6, as ordered administration of the sective need or diagnost administration of the sective Magnesium Consultation of the section of the sect	ration, RN A went to the d obtained the antibiotic stat box and administered it dered. sobservation, Resident #6's re reviewed and reconciled. It is revealed that "All of her scontinued on 2-8-16 by the plements had the reasoned as "therapeutic", as no			

discontinued on the MAR, and so they were

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	that an order for "Do capsule BID (twice pronstipation", was worders on 2-4-16, are administered, and honto the MAR (medifor administration. In the physician order 2-8-16, for; "Lovenovinjection daily" to presurgery, and "Miralat needed for constipate administered on 2-8-medications and the administration in the	nted in the physician orders ocusate sodium 100 mg one per day) as needed for ritten on the admission	F 3:	32	
	No where in the clinic evidence documente notified, or aware, the Lovenox had not bee however, RN A state of acility almost daily, a constitute of a reas follows; Resident eras follow	cal record was there d that the physician was at the Docusate, Miralax, and n administered as ordered, d that the doctor was in the nd was aware. #6's care plan was reviewed. an must be developed to are and services to meet the esident. and the findings ent #6 was admitted abdominal surgery to the small bowel, and there the portion was ation received on			
		ursing indicates staff ial for bowel obstruction,			·

infection, pain, and separation of the surgical

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F 332	Continued From page	de 52	F 33	12		MONTH STATE OF THE	meneral anno anno anno anno anno anno anno an			
	re-attachment areas addresses general phowel plan or interventhis individual. RN A was made away and stated she would reason that Residen (therapeutic medicat was because the Rethem due to stomach wanted the necessar had discontinued the All nursing notes were record, and documer On 2-4-16, The Residuanche and abdominal assessment. On 2-6-16 the Residuand was medicated from 2-8-16 the Residuand was me	of the bowel. The care plan pain, and infection only. No entions were care planned for are of the medication errors, d look into it. RN A stated the table of the supplements ions) had been discontinued sident had refused to take a discomfort, and only y medications, so the doctor m. The reviewed in the clinical at the following; I dent complained of a dull gas pain, on the admission and complained of nausea, or the complained of nausea, or the complained of nausea, or the complained of nausea,								
r q b A	abdominal infection. On 2-9-16 the Reside constipation, bowel so nursing and found to be a pursing and found to in the color of the col	ounds were assessed by the hypoactive in all 4 after the encouraged a diet of crease bowel movement.								
: - C	n 2-10-16 a second o	copy of the MAR was					·			

obtained at 1:00 p.m. and revealed that the

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F 332	after the facility staff medication errors by 2-8-16, or 2-9-16. The been placed on the 2-10-16, nor had it be been by the beand had not been given and was available in administration.	ge 53 dministered in the morning, were made aware of the surveyors, however, not on the docusate still had not MAR for administration on the discontinued. The thick was ordered at 3:55 p.m. administered at 9:00 p.m., wen on 2-8-16, nor 2-9-16, the facility stat box for	F 3	32			
	Bowel report" was re completed by Certific (CNA's) daily, and re	viewed. The document was ed Nursing Assistants vealed that Resident #6 was end did not have a bowel			•		
:	1:00 p.m. on 2-10-16 not had a bowel mov and Bladder report de denoted as "H0600 E the question "Constip	#6 was again interviewed at and stated that she still had ement, in 4 days. The Bowel ocument had a boxed area lowel Patterns", which asked pation Present?". This area at by staff, and had a dash in					
: A	Administration reveal administered as preside written orders of a copy of the stat box and received, and revand Lovenox were avines, and miralax wallose medications.	cribed in accordance with					

what specific source of text is used to model their

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F 33	by, she stated "We Guidance was provi documentation of phe 'Fundamentals of Ne Potter-Perry, page (practitioner, or physimedications by writing form in the client's medications or derived to the nurse or by the telephone order is retained a computer and	tration and nursing practice use Potter and Perry." ded for appropriate hysician's orders in	F 33	2		
	required for every me clientRegardless of compare the prescrib medication administr medication is initially determine that inform	, "A medication order is edication you administer to a f how you receive an order, per's written orders with the ation record (MAR) when the ordered. Once you nation on the client's MAR is IR to prepare and administer				
F 371 .	Nursing, (DON), the a supervisor at the end 5:00 p.m., and on 2-1 attendance were mad The DON stated that facility in the stat box, admission orders, and	d new orders had not been of urther information was	F 371			

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F 371 SS=E	Continued From page STORE/PREPARE/	ge 55 SERVE - SANITARY	F 3	71	POC 20	16	MANAGEMENTO A SCHOOL PRESENCIAL PROTECTION OF	attected full first in measurement requires and an absolute
	considered satisfact authorities; and	m sources approved or ory by Federal, State or local		The second of th	F 371			
:	(2) Store, prepare, d under sanitary condi	istribute and serve food tions			The culinary de employee was proper placeme All residents are affected by this	inserv ent of e at ris	riced on hairnet. sk to be)
Ē	by: Based on observation facility staff failed to smanner. The facility staff failed	T is not met as evidenced on and staff interview, the serve food in a sanitary			practice. 3. Culinary staff w on hairnet place prevent opporto contamination of service and tray Culinary staff wi	ement unity f Juring platin	to for meal	,
	restraint while plating The Findings include	:			their hairnet is ir Culinary supervis	n place sors w	e. vill	'8
	Skilled Unit Dining Ro employees working in Upon entering the din asked Employee C who ocated. Employee C nead and stated "I have eached to the top of the nairnet. The hairnet of the surveyor asked E the surveyor. All three were no more hair net	lucted of the 1st Floor			monitor for signal ensure all staff he place as indicated documentation we maintained in the office for complian March 1, 2016.	ave ha d. Sup vill be e mana	airnet in Dervisory ager's	

available in the main kitchen. Employee C

PRINTED: 03/02/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR **WOODHAVEN HALL AT WILLIAMSBURG LANDING** WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION In (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 371 Continued From page 56 4. Culinary manager will monitor F 371 offered to go to the main kitchen to obtain a the staff documentation and hairnet for the surveyor. The Surveyor went to the supervisory oversight main kitchen and obtained a hairnet. documentation for compliance The surveyor returned to the kitchen/dining room with the use of hairnets on the skilled unit at approximately 8:12 AM. beginning March 1, 2016. One Dietary employee wearing a chef's hat and Reports of this observation will was plating food. Another employee wearing a be reported through the Quality hairnet that completely covered her hair was standing in front of a pot preparing poached eggs. Assurance Committee. (Employee C) was working in the kitchen area 5. Completion date: March 26, while food was being plated, then began serving 2016 residents. The Dietary employee's (Employee C) hairnet was not on properly. Her bangs were exposed. She had approximately 3" of hair hanging down from the front of her head. Employee C was observed for 15 minutes while she assisted with plating food and serving residents. The hairnet was worn with the bangs exposed the entire time observed. Employee C stated her official title was Dining Room Server. When asked about her hairnet, she reached to the top of her head past her bangs and stated "I have my hairnet on." When asked if the hairnet was being worn properly, Employee C then agreed that all of her hair was not properly restrained by the hairnet. She then pulled the hairnet down over her bands and stated "I thought it was on right but I guess it

back."

slipped back." When asked about the importance of effectively wearing a hairnet, she stated, "It's important so that hair won't get into the food. I thought it was on right but it must have slipped

On 2/9/16 at 3:00 P.M. the Director of Dining Services (Employee D) was informed of the findings of hairnet not being worn properly by

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No further information was presented. F 425 483.60(a),(b) PHARMACEUTICAL SVC - SS=D ACCURATE PROCEDURES, RPH

(Admin B) were notified of the findings.

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

During the end of day debriefing on 2/9/2016 at approximately 5 PM, the Director of Nursing (DON-Admin A), and the Administrator in Training

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

F 425

POC 2016

F 425

- Duragesic patches were delivered for resident #5 as ordered.
- All residents are at risk to be affected by this deficient practice.

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	CENTERS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVE MB NO. 0938-039
A	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
***************************************		495184	B. WING_		02/10/2016
T	NAME OF PROVIDER OR SUPPLIER WOODHAVEN HALL AT WILLI	AMSBURG LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185	1 02/10/2010
	PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION

F 425 Continued From page 58

This REQUIREMENT is not met as evidenced bv:

Based on observation, staff interview, facility documentation review and clinical record review. the facility staff failed to ensure Physician ordered medications were available for administration for one resident (Residents # 5) in a survey sample of 10 residents.

For Resident # 5, the facility staff failed to have physician ordered Duragesic patch available for administration on 2/8/2016.

Findings included:

For Resident # 5, the facility staff failed to have physician ordered Duragesic patch available for administration on 2/8/2016.

Resident # 5 was an 89 year old female admitted to the facility on 1/31/2016 with diagnoses of but not limited to: Fall, Fracture of Multiple Ribs on Right Side, and Constipation.

Resident # 5 was recently admitted and her MDS (Minimum Data Set) assessment was not yet due at the time of survey. Her nursing admission assessment revealed she was alert and oriented times three (person, place and time), and able to make her needs known. Resident # 5 was documented as requiring assistance with her activities of daily living and with ambulation and always continent of bowel and bladder.

A review of the clinical record was conducted on 2/9/2016 at 10 AM.

F 425

- 3. A. All hard copy prescriptions that are sent to the pharmacy will be reviewed to ensure all orders has been entered into the computer and the medication/items have been dispensed.
 - B. Pharmacy staff will ensure that all residents receive their medications in a timely manner by conducting an order review 2 times daily.
 - C. Pharmacy staff will notify the facility to request a valid controlled substance prescription if none received with the medication order.
- 4. Pharmacy staff will review all orders 2 times daily for accuracy and to ensure the facility receives all ordered medications.
- 5. Completion date: March 26, 2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED 495184 B. WING 02/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WOODHAVEN HALL AT WILLIAMSBURG LANDING 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 425 | Continued From page 59 F 425 Review of the Physicians Order Form revealed an order written by the physician on 2/8/2016 for Duragesic 12 micrograms every 72 hours to skin for diagnosis of pain, and Senna S one by mouth twice a day for diagnosis of constipation. Documentation showed the order was noted and faxed by a nurse on 2/8/2016 at 4 PM. The Medication Duragesic was not documented on the MAR (Medication Administration Record). An interview was conducted with RN A who stated she asked the physician "to write a hard script for Duragesic" because she noticed the medication was not listed on the MAR and not delivered by the pharmacy and was unavailable when she "did med (medication) pass this morning." RN A showed a copy of the prescription written by the doctor on 2/9/2016 for Duragesic 12 micrograms # 5, Apply every 72 hours with no refills. RN A stated she was going to fax the prescription and send to the Pharmacy as soon as she finished documenting on another resident. Further review of the clinical record showed a copy of the hard script for Duragesic was faxed and noted by RN A on 2/9/2016 at 3:45 PM. Review of the MAR showed the medication Duragesic was written on the MAR. During the end of day debriefing on 2/9/2016 at 5 PM, the Director of Nursing was informed of the failure of the staff to administer Duragesic on 2/8/2016 when ordered by the physician. The

DON stated the Pharmacy delivers medications several times a day and Resident # 5 should have

been started on Duragesic on 2/8/2016 as ordered by the physician. The DON also stated that RN A had the doctor write a hard prescription for Duragesic to make sure the Pharmacy would

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		STRUCTION		TE SURVEY MPLETED
		495184	B. WING_	**************************************	· ·	02	//10/2016
NAME OF	F PROVIDER OR SUPPLIER	And the second s		STREET /	ADDRESS, CITY, STATE, ZIP COD	E	/ IV/AV cv
WOODH	HAVEN HALL AT WILLI	AMSBURG LANDING	esspinings en senionifamon		LLIAMSBURG LANDING DR MSBURG, VA 23185		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH ROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
	send the medication expectation was that the order should have the MAR after notify order, Pharmacy show medication that day administered it as so day. The DON state Duragesic to the STA of medications) to be times, then the nurse as soon as an order also stated she was enurses on completing Review of the MAR of documentation of admedication Duragesic During an interview of DON stated she "did that they did receive the for Duragesic but it warea in the Pharmacy DON stated the Durage and administered to Form The DON again stated medication Duragesic medication Duragesic medication would be a times.	at the nurse who transcribed at the nurse who transcribed we written the medication on ying the Pharmacy of the new would have delivered the and the nurse should have oon as it arrived that same ed she was "going to add the tox (an emergency supply e available in the facility at all es could give the medication was received." The DON going to re-educate the ag orders for medications. on 2/10/2016 showed ministration of the ic on 2/9/2016 at 7 PM. on 2/10/2016 at 11 AM, the confirm with the Pharmacy the faxed copy of the order was not placed in the usual y, so it was not filled." The agesic was filled on 2/9/2016 Resident # 5 that evening. As the was going to add the cot the STAT box so the available in the facility at all der was evident for the unavailable.	F 42	5			