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	VA0282	A. BUILDING: _____ B. WING _____	06/08/2017

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YORK CONVALESCENT AND REHABILITATION CENT	113 BATTLE ROAD YORKTOWN, VA 23692

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F 000	Initial Comments An unannounced Medicare/Medicaid standard survey and biennial Virginia State Licensure Inspection was conducted on 6/6-6/8/2017. The facility was not in compliance with 42 CFR Part 483 Federal Long Term Care Requirements and the Virginia Rules and Regulations for the licensure of Nursing Facilities. Corrections are required for compliance. The Life Safety Code survey/report will follow. The census in this 80 bed facility was 70 at the time of the survey. The survey sample consisted of 13 current resident reviews (Residents #1-13) and 3 closed record reviews (Residents 14-16).	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: Resident Rights COV 32.1-138 (4). Please cross reference to F155 Nursing Services 12 VAC 5-371-220 (H). Please cross reference to F157 Clinical Records 12 VAC 5-371-360 (J, K). Please cross reference to F164 Nursing Services 12 VAC 5-371-220 (A/B/D). Please cross reference to F323 Infection Control 12 VAC 5-371-180 (A), Please cross reference to	F 001	F 155 1. Residents # 3, 11, 10 and 2 were assessed and without negative outcome related to non FDA (Food and Drug Administration) approved evaluation. The facility will no longer participate in Pharmocogenetic testing for residents or any lab evaluations that have not been approved by the FDA or medical community as effective and conforming to accepted medical practice. 2. The Director of Nursing/designee will conduct medical record review on all residents to determine if non FDA approved lab evaluations were performed by physician. If further evaluation has been scheduled or ordered by physician,	6/30/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/22/17

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F 001	Continued From page 1 F441 Nurse Staffing 12 VAC 5-371-210 (F, G). Please cross reference to F500 Medical Direction 12 VAC 5-371-230 (A). Please cross reference to F501 Pharmaceutical Services 12 VAC 5-371-300 (C). Please cross reference to F503. Diagnostic Services 12 VAC 5-371-310 (A). Please cross reference to F504 Safety and Emergency Procedures 12 VAC 5-371-190 (A) Please cross reference to F518 Quality Assessment and Assurance 12 VAC 5-371-170 (B). Please cross reference to F520	F 001	the facility will follow up with physician to terminate the arrangements. 3. The Director of Nursing Operations/designee will educate the Medical Director, Director of Nursing and Administrator on "Non FDA Approved Lab Evaluations". The inservice will include but is not limited to review of the State Operations Manual regulation regarding investigational therapy and treatment and the importance of ensuring any test ordered are approved by the FDA or medical community as effective and conforming to accepted medical practice. 4. The Director of Nursing/designee will audit 20% of lab orders weekly for six weeks to ensure all lab evaluations are approved by the FDA or medical community as effective and conforming to accepted medical practice. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F 157 1. The medical records for residents #3, 11, 10 and 2 were updated to reflect the notification to the resident representative and MD of the pharmocogenetic testing performed in March 2017. The resident representatives and MD have been notified of the cessation of non approved FDA testing by the facility. 2. The Director of Nursing/designee has reviewed the medical records of residents who participated in the non FDA approved testing and informed the resident	

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F 001	Continued From page 2	F 001	representative and MD of changes in condition and cessation of non FDA approved testing by the facility. 3. The Director of Clinical Performance/designee will inservice RNs and LPNs on "Notification of Changes". The inservice will include but is not limited to the importance of notifying the resident representative and MD regarding any change in condition. The staff will also be educated on the facilities decision to cease non FDA approved pharmocogenetic testing. 4. The Director of Nursing/designee will audit 20% of lab orders weekly for six weeks to ensure resident representatives and MD have been notified of changes. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F 164 1. The residents/representative for residents # 3,11,10 and 2 were informed that resident insurance and protected health information was provided to outside lab vendor when pharmocogenetic testing was performed. The lab informed facility of their policy to maintain all resident protected health information in a HIPAA compliant manner. 2. All residents involved in non FDA approved lab testing and their representatives were informed that resident insurance and protected health information was provided to outside lab	

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F 001	Continued From page 3	F 001	vendor when pharmocogenetic testing was performed. 3. The Director of Clinical Performance/designee will inservice RNs, LPNs and the Medical Director on "HIPAA Compliance". The inservice will include but is not limited a review of the facility HIPAA Privacy Policy and Procedures as well as the importance of maintaining all residents Protected Health information in a confidential manner. 4. The Administrator/designee will review 100% of outside vendors request for financial and/or protected health information weekly for six weeks to ensure resident authorization is obtained prior to dissemination of information. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F323 # 1 There were no negative outcomes related to medication cart being left unlocked and unattended by medication nurse. The medication nurse was re-educated on the importance of keeping the medication cart locked at all times to include when nurse is away from medication cart or the cart is not clearly visible and under the control of the nurse. Resident #3 was without negative outcome related to being transported in wheelchair without pedals. The nurse was re-educated on the importance of ensuring residents who do not self propel have wheelchair pedals to prevent feet from	

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F 001	Continued From page 4	F 001	dragging on the floor and possible injury. #2 Nurses will be observed by the Director of Nursing/designee during medication pass to ensure medication carts are locked when nurses are away from the cart or when the cart is not clearly visible and under their control. Nurses will be responsible for ensuring the medication cart is locked at all times when it is not visible and under their control. All residents will be assessed to ensure residents who are unable to propel themselves in the wheelchair have wheelchair pedals in place to be used during transport. Nursing staff will be responsible for ensuring residents who are unable to self propel have wheelchair pedals in place while being transported. #3 RNs and LPNs were re-educated by Director of Clinical Performance/ designee on "Accident Hazards and Supervision-Medication Cart". The inservice will include but is not limited to a review of the medication administration guidelines of ensuring the medication cart is locked at all times when nurse is away from medication cart or when the cart is not clearly visible and under the control of the nurse. Facility staff were educated by Director of Clinical Performance/ designee on "Accident Hazards and Supervision-Wheelchair Pedals". The inservice will include but is not limited to the importance of ensuring all resident who are unable to propel themselves in a wheelchair are to	

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F 001	Continued From page 5	F 001	have wheelchair pedals in place when resident is being transported by staff. #4 The Director of Nursing/designee will conduct five random observations weekly for six weeks during medication pass to ensure medication carts are locked when not clearly visible by nurse or when the cart is not under control of the nurse. The Director of Nursing/designee will review 20% of residents who are unable to propel themselves weekly for six weeks to ensure wheelchair pedals are in place while resident are being transported. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F441 #1 Resident #10 and #11 were without negative outcome related to resident #11's nasal spray being stored in Resident #10's box. Nasal sprays from both residents were replaced. The nurse was re-educated on the importance of ensuring medications are stored in corresponding resident box to ensure infection control standards are followed. #2 The Director of Nursing/designee will perform a 100% audit of all multi-dose medications to ensure all multi-dose medications are in their corresponding boxes. Any variances have been corrected. The medication nurses will be responsible for ensuring multi-dose medication are in correct boxes on a daily basis.	

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F 001	Continued From page 6	F 001	#3 RNs and LPNs were re-educated by the Director of Clinical Performance/ designee on "Infection Control-Medication Administration". The in-service will include but is not limited to a review of the medication administration policy focusing on the importance of ensuring multi-dose medication is being stored in the appropriate container and any multi- dose medication container is checked for the right resident name prior to administration. #4 The Director of Nursing/ designee will conduct five random observations during medication pass weekly for the next 6 weeks to ensure multi- dose medication labels are being checked prior to administration and the multi dose medication is in its corresponding box. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F 500 1. The facility will not pursue establishing a contract with outside labs conducting pharmocogenetic testing as the facility has decided to cease all pharmocogenetic testing for residents. The facility will not allow independent contractors to obtain lab specimens and submit to outside lab with whom no contractual agreement has been established. The Medical Director has been reeducated on ensuring contractual agreements have been established prior to pursuing services from outside lab vendors.	

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F 001	Continued From page 7	F 001	2. The Administrator/designee will review all arrangements with outside lab vendors to ensure contractual agreements have been established. The Administrator/designee will be responsible for ensuring any service provided to resident from an outside vendor are in accordance with established contractual agreement. 3. The Senior Vice President of Operations/designee will inservice the Administrator, Director of Nursing and Medical Director on "Contractual Agreements". The in-service will include but is not limited to a review of the regulation regarding outside professional resources, arrangements and agreements. 4. The Administrator/designee will review 100% of proposed services from outside vendors weekly for six weeks to ensure a contractual agreement has been established prior to services rendered. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F 501 1. The Medical Director has reviewed the records of Residents # 2, 3, 10 and 11 to ensure care has been coordinated and provided to resident. FDA non approved lab evaluations will no longer be provided at the facility therefore any related care policies will not be implemented.	

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F 001	Continued From page 8	F 001	2. The medical records of current residents who received pharmocogenetic testing will be reviewed by provider to ensure care has been coordinated. The Medical Director will not request further non FDA approved evaluations to be obtained. 3. The Director of Nursing Operations/designee will inservice the Medical Director on "Responsibilities of the Medical Director". The inservice will include but is not limited to a review of the regulations related to implementation of resident care policies and coordination of medical care in the facility focusing on regulations pertaining to experimental testing and laboratory services agreements. The Medical Director does not intend to order any further testing that is not approved by the FDA. 4. The Director of Nursing/designee will review 100% of new lab services from outside vendors weekly for six weeks to ensure the Medical Director has implemented appropriate resident care policies and coordinated resident care. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F 503 1. Pharmocogenetic testing will no longer be conducted at the facility therefore a contractual agreement will not be established with the referral laboratory. 2. The Administrator/designee will review	

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F 001	Continued From page 9	F 001	current laboratory services arrangements to ensure contractual agreements have been established. The Administrator/designee will review any proposed referral laboratory services to ensure a contractual agreement has been established prior to services being rendered. 3. The Senior Vice President of Operations/designee will inservice the Administrator, Director of Nursing and Medical Director on "Contractual Agreements". The in-service will include but is not limited to a review of the regulation regarding outside professional resources, arrangements and agreements. Also discussed was importance of ensuring a contractual agreement has been established for any referral laboratory services. 4. The Administrator/designee will review 100% of proposed services from outside vendors weekly for six weeks to ensure a contractual agreement has been established prior to services rendered. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F 504 1. The medical records for Residents # 3 and 11 were updated by the provider to reflect the order for pharmocogenetic testing. The resident/representatives have been notified regarding the order for prior testing.	

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F 001	Continued From page 10	F 001	2. The medical records of current residents who participated in pharmocogenetic testing have been reviewed and updated by the provider to reflect the physician's order. The charge nurse will ensure any labs obtained have a corresponding physician's order. 3. The Director of Clinical Performance/designee will inservice RNs and LPNs on "Lab Services". The inservice included but was not limited to the importance of verifying a physician's order is in place prior to obtaining labs. 4. The Director of Nursing/designee will review 20% of labs obtained weekly for six weeks to ensure a physician's order is in place prior to obtaining lab services. Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis. F518 1. LPN B was re-educated on Fire Drills, how to use a fire extinguisher, disaster drills and emergency preparedness. 2. Facility employees will be educated on emergency preparedness including how to use a fire extinguisher on hire and at least annually. Drills will be conducted at least quarterly per shift to ensure that all staff demonstrate proper knowledge as well as ensuring and promoting safety to all residents. 3. The Education and Training	

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F 001	Continued From page 11	F 001	Coordinator/Designee inserviced facility staff on emergency preparedness specifically fire safety and proper use of a fire extinguisher. 4. The Administrator/Designee will review the in-service records at least quarterly to ensure that facility staff is receiving adequate education on emergency preparedness including use of a fire extinguisher. The Administrator/Designee will identify and report any trends quarterly to the Quality Assurance Performance Improvement Committee. F 520 1. The Quality Assurance Performance Improvement Committee met and discussed the pharmocogenetic testing performed on four residents. The committee decided to abstain from further testing for the facility residents. No further coordination or oversight is needed. 2. The Quality Assurance Performance Improvement Committee will provide oversight and coordination of services when new lab arrangements are implemented. The Administrator, Director of Nursing and Medical Director will be responsible for presenting any newly proposed services to the Quality Assurance Performance Improvement Committee for review and oversight prior to implementation of services. 3. The Senior Vice President of Operations/designee will inservice the	

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F 001	Continued From page 12	F 001	Quality Assurance Performance Improvement Committee on "Continuous Quality Improvement". The inservice will include but is not limited to a review of the Continuous Quality Improvement policy addressing methods to provide oversight and coordination of resident services. 4. The Administrator/designee will ensure any newly proposed resident services will be brought to the Quality Assurance Performance Improvement Committee prior to implementing in facility to ensure oversight and coordination of care are provided. . Any trends or patterns will be reported to the Quality Assurance Performance Improvement Committee on at least a quarterly basis.	