State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0140	A. BUILDING: _____ B. WING _____	C 09/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANCASHIRE CONVALESCENT AND REHABILITATIO	287 SCHOOL STREET KILMARNOCK, VA 22482

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced Medicare/Medicaid standard and biennial State Licensure Inspection was conducted on 9/13/2016 through 9/15/2016. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. One complaint was investigated during the survey. The census in this 120 certified bed facility was 75 at the time of the survey. The survey sample consisted of 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-220 Nursing Services 12 VAC 5-371-220 (H) Cross Reference to F-157 12 VAC 5-371-300 Pharmaceuticals 12 VAC 5-371-300 (B) Cross Reference to F-176 12 VAC 5-371-250 Resident Assessment and Care Plan 12 VAC 5-371-250 (G) Cross Reference to F-278 12 VAC 5-371-250 Resident Assessment and Care Plan	F 001	F-001 The dates of completion serves as my allegation of compliance. 1. The CNA ADL documentation for resident #11 was reviewed to ensure showers have been offered and given as scheduled. The CNAs caring for Resident #11 have been reeducated on the importance of offering and documenting tub baths and showers according to the shower schedule. 2. The Director of Nursing / Designee will review the tub bath / shower report for the last 30 days to ensure residents received their scheduled tub bath / showers and care has been documented. The Charge Nurse on each shift will be responsible for ensuring residents receive their tub baths /	10/26/16

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

Electronically Signed | 10/05/16

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F 001	Continued From page 1 12 VAC 5-371-250 (G) Cross Reference to F-280 12 VAC 5-371-200 Nursing Director 12 VAC 5-371-200 (B) (1) (ii) Cross Reference to F-281 12 VAC 5-371-220 Nursing Services 12 VAC 5-371-220 (B) Cross Reference to F-332 12 VAC 5-371-300 Pharmaceutical Services 12 VAC 5-371-300 (A) Cross Reference to F-425 12 VAC 5-371-360 Clinical Records 12 VAC 5-371-360 (E) (9) Cross Reference to F-514 12 VAC 5-371-220(F) Based on observation, family interview, facility documentation, clinical record review and in the course of a complaint investigation, the facility staff failed to ensure 1 Resident (Resident #11) of 17 residents in the survey received showers twice weekly per COV 12 VAC 5 371-220 F. The findings included: Resident #11 was admitted to the facility on 8/22/16. Diagnoses for Resident #11 included, but not limited to, Type 2 Diabetes, hypertension, chronic kidney disease, and unspecified diarrhea. Resident #11's admission Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date (ARD) of 8/29/16 was coded a Brief Interview for Mental Status (BIMS) score of 2, severe cognitive impairment. Resident #11 was coded as requiring extensive	F 001	showers as scheduled and required documentation has been completed. 3. RN/LPN/CNAs will be reeducated by the Nursing Education and Training Coordinator / Designee on Tub Bath and Showers. The in-service will include but is not limited to a review of Tub and Shower Bath policy, importance of offering and documenting a residents acceptance or refusal of a bath / shower as well as the staff's responsibility to ensure tub baths / showers are completed as scheduled. 4. Director of Nursing /Designee will review 20% of the shower schedules weekly for six weeks to ensure residents receive showers as scheduled and documentation is complete and accurate. Any trends or patterns will be report to the Quality Assurance Committee at least quarterly.	

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F 001	Continued From page 2	F 001		

assistance with his Activities of Daily Living (ADLS) except for eating, in which he was coded as requiring supervision. Resident #11 was coded as being occasionally incontinent of urine and frequently incontinent of bowel. For bathing, Resident #11 was coded as being totally dependent on one staff member for assistance.

On 9/13/16 at 2:50 p.m., during a tour of the facility, Resident #11 was observed in his wheelchair. His spouse was pushing the wheelchair into Resident #11's room. Resident #11 was observed clean and well groomed.

On 9/13/16 at 4:30 p.m., Resident #11's comprehensive careplan was reviewed and revealed a care plan for bathing that read, "Resident is totally dependent on the staff." Under Frequency read, "3 times weekly starting 9/2/16".

On 9/14/16 at 11:00 a.m., an interview was conducted with the ADON (Assistant Director of Nursing), Employee (Emp) C regarding Resident #11's careplan for bathing. Emp C said she did not prepare Resident #11's care plan. After reviewing the bathing care plan, Emp C stated, "Oh no, that's a mistake. He was suppose to have two showers weekly."

On 9/14/16 at 3:35 p.m., Resident #11's spouse agreed to an interview. From 3:35 - 4:15 p.m., Resident #11's wife spoke at length regarding her concerns for her husband's care. During the interview, Resident #11's spouse said, "And I know he went at least a week without having a shower when we first got here. They (the nursing staff) won't even tell me what days he is suppose to get a shower."

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F 001	Continued From page 3 On 9/14/16 at 4:15 p.m., an interview was conducted with the DON (Director of Nursing). The DON provided a copy of Resident #11's shower schedule and a copy of the type of baths he received from 8/22/16 through 9/14/16. The Bath Schedule revealed Resident #11 was scheduled to receive showers twice a week, on day shift on Mondays and Thursday. The documentation's of baths and showers received revealed Resident #11 had only received two showers since his admission on 8/22/16. Resident #11 received a shower on 9/5 and 9/13. The remainder of the days between 8/22 - 9/14, the resident received bed baths. On 9/15/16 at 10:50 a.m., a follow-up conversation was conducted with the DON regarding Resident #11's lack of showers. The DON did not offer an explanation or a comment. A thorough review of Resident #11's clinical record did not reveal any refusals for showers. On 9/15/16 at 2:50 p.m., the administrator, DON and corporate consultant were informed of the failure of the staff to ensure Resident #11 was given the opportunity for a shower at least two times a week. No comment, explanation or additional information was offered. Related COMPLAINT DEFICIENCY	F 001		