State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING VA0261 08/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 360 HOSPITAL DRIVE **FAUQUIER HEALTH REHABILITATION & NURS** WARRENTON, VA 20186 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX . (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F 000 F 000 Initial Comments An unannounced biennial State Licensure Inspection was conducted 8/7/18 through 8/9/18. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 113 certified bed facility was 90 at the time of the survey. The survey sample consisted of 31 current resident reviews (Residents #70, #191, #16, #14, #31, #69, #190, #48, #59, #47, #42, #26, #39, #81, #52, #7, #82, #25, #72, #4, #49, #35, #53, #17, #36, #61, #27, #30, #86, #18 and #290) and six closed record reviews (Residents #91, #341, #92, #1, #90 and #240). F 001 9/21/18 F 001 Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: Preparation and/or execution of this plan 12 VAC 5 - 371 - 140.B of correction does not constitute admission or agreement by the provider Based on staff interview and facility document with the statement of deficiencies. The review, it was determined the facility staff failed to plan of correction is prepared and/or ensure all policies and procedures were reviewed executed because it is required by annually. provision of Federal and State regulations. The findings include: Annual policy review will be completed An interview was conducted with ASM and reviewed at annual QA meeting in October 2018 Policies will be implemented (administrative staff member) #1, the as appropriate and needed for Residents administrator, and ASM #2, the director of nursing on 8/9/18 at 3:46 p.m. At this time the facility's #70, #191, #16, #14, #31, #69, #190, #48, computer system was not functioning and the #59, #47, #42, #26, #39, #81, #52, #7, policies are all stored electronically. When asked #82, #25, #72, #4, #49, #35, #53, #17, if ASM #1 or ASM #2 could provide written #36, #61, #27, #30, #86, #18, and #290. Staff will be educated on policy revisions documentation that the policies have been

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

TITLE

(X6) DATE

08/30/18

PRINTED: 09/14/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED VA0261 B. WING 08/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **FAUQUIER HEALTH REHABILITATION & NURS** 360 HOSPITAL DRIVE WARRENTON, VA 20186 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION **PREFIX** (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 001 Continued From page 1 F 001 reviewed at a minimum annually, ASM #1 stated to ensure that residents receive that the annual review has not been performed in appropriate care that is consistent with the last year. facility policy. ASM #1 and ASM #2 were made aware of the All residents have the potential to be above concern on 8/9/18 at 4:00 p.m. affected by this deficient practice. Staff will be educated on policy revisions to ensure No further information was obtained prior to exit. that residents receive appropriate care that is consistent with facility policy. 12VAC5-371-140.D.2: Policies and procedures. All policies will be reviewed by the Cross reference to F622, F623, F625 Administrator, Director of Nursing, Medical Director and appropriate department head 12VAC5-371-371-250.G: Resident assessment and documented by a signature page to and care planning be kept with policy binder(s). A schedule Cross reference to F656 will be developed for future policy review and QAPI approval. Approval of new and 12VAC5-371-220.C.1: Nursing services. annual policy review will be included in the Cross reference to F686 QAPI agenda and the QAPI minutes will reflect that it has been done. 12VAC5-371-300.A: Pharmacuetical services The facility will monitor annual review of Cross reference to F761 policies through the scheduled QAPI Federal deficiency 655 does not have a cross meetings and will include this requirement for review as part of their mock survey reference to state regulations. Federal deficiency 658 cross references to state process that is conducted annually. 12 VAC 5 - 371 - 200 B 1. 12VAC5-371-140. Policies and Procedures. Cross reference to F880 and F881 12VAC5-371-140.D.2: Policies and procedures. Cross reference to F622, 12VAC5-371-180. Infection Control. F623 and F625 Cross reference to F880 and F881 12VAC5-371-220. Nursing Services. 12VAC5-371-371-250.G: Resident Cross reference to F690 assessment and care planning. Cross 12VAC5-371-250. Resident Assessment and reference to F656 Care Planning. Cross reference to F656 and F690 12VAC5-371-220.C.1: Nursing services.

State of Virginia

FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING VA0261 08/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 360 HOSPITAL DRIVE **FAUQUIER HEALTH REHABILITATION & NURS** WARRENTON, VA 20186 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETÉ DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 001 Continued From page 2 F 001 12VAC5-371-270. Social Services. Cross reference to F686 Cross reference to F656 12VAC5-371-300.A: Pharmaceutical 12VAC5-371-280. Resident Activities. services Cross reference to F761 Cross reference to F656 12VAC5-371-300. Pharmaceutical Services. Cross reference to F881 Federal deficiency 658 cross references to state 12 VAC 5 - 371 - 200 B 1 Management & Administration 12VACVS-371-110 B2 Cross Reference to F625 12VAC5-371-140. Policies and Procedures. Cross reference to F880 and F881 Maintenance & Housekeeping 12VACVS-371-370 A Cross Reference to F689 12VAC5-371-180. Policies and 12VAC5-371-220. Nursing Services Procedures, Cross reference to F880 and cross reference to F684. F881 12VAC5-371-220. Nursing Services cross reference to F687. 12VAC5-371-220. Nursing Services. Cross reference to F690 12VAC5-371-220. Nursing Services cross reference to F757. 12VAC5-371-250. Resident Assessment 12VAC5-371-220. Nursing Services and Care Planning. Cross reference to cross reference to F759. F656 and F690 12VAC5-371-250. Resident Assessment and 12VAC5-371-270, Social Services, Cross Care Planning reference to F656 cross reference to F657. 12VAC5-371-370. Maintenance and 12VAC5-371-280. Resident Activities. Housekeeping Cross reference to F656 cross reference to F584. 12VAC5-371-370. Maintenance and

Housekeeping

cross reference to F689.

12VAC5-371-300. Pharmaceutical

Services. Cross reference to F881

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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