PRINTED: 11/08/2016 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING			C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER	10		STR	REET ADDRESS, CITY, STATE, ZIP CODE	
COLDER	N LIVINGCENTER-ROS	5E NII)		110	CHALMERS COURT	91
30202.	4 FIAMAGORIALFIGAÇÃO	SE FILE	1	BE	RRYVILLE, VA 22611	*
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLÉTION
F 000	INITIAL COMMENT	's	FO	00	2000	*
F 151 SS=D	survey was conduct 10/27/16. Complain the survey. Correcti compliance with the Federal Long Term (Safety Code survey) The census in this 1 107 at the time of the consisted of 20 curr (Residents #1 throug closed record review #27).	20 certified bed facility was a see survey. The survey sample rent resident reviews gh #19 and # 28) and eight ws (Residents #20 through	F 15	plan of or forti prep impr appl requ	paration, submission and implements of correction does not constitute ar or agreement with the facts and conci- on the survey report. Our plan of co- pared ad executed as a means to con- rove quality of care and to comply we licable State and Federal regulatory ulrements.	n admission lusions set corrections ntinuously
	rights as a resident of resident of the Unit The resident has the interference, coercion		*1	1.	Resident #25 was discharged from All residents who desire to seek our services have the potential to be af practice.	tside medical
;	by: Based on staff interv and clinical record re the facility staff failed	r is not met as evidenced view, facility document review eview, it was determined that to allow a resident to r one of 28 residents in the			All staff, including the Medical Direct Nurse Practitioner, will be in-serviced the AMA policy and residents' right: Executive Director. The Executive Director will review a	ed regarding s by the
	Resident #25 was ma AMA (against medica to go to the emergence	ade to sign out of the facility all advice) when he requested by room on 9/30/15 because transfer was unnecessary.			ensure no resident rights were viola the process of the discharge for the months. All findings will be reported	sted during next three

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S

DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

EXECUTIVE DIRECTOR

TITLE

(X6) DATE

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CENTER	<u>KS FOR MEDICARE</u>	: & MEDICAID SERVICES			<u> </u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	_	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495140	B. WING		C 10/27/2016
NAME OF F	PROVIDER OR SUPPLIER		· · · ·	STREET ADDRESS, CITY, STATE, ZIP CODE	
			J	110 CHALMERS COURT	
GOLDEN	I LIVINGCENTER-RO	SE HILL		BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORRECTI ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
E 151	Continued From pa	ogo 1	F 1	E4	
1 131	•	-	F 1	31	
		not permitted readmission to he had signed out AMA.			
	The findings include	e:			
	Resident #25 was a	admitted to the facility on			
		25's diagnoses included but			j
	were not limited to:	diabetes (1), bipolar disorder			
		ascular disease (3). Resident			
		OS (minimum data set) with an			
		reference date) of 9/12/15			
		as being cognitively intact.			
	9/30/15.	discharged from the facility on		3	
		#25's clinical record revealed			
		d 9/30/16 that documented, tand wife requested to call the			
		r) and go to the hospital. MD			}
		Resident out so wife and			
		A (against medical advice)			
	papers.				}
		ent is S/P (status post) MRSA			
		ic) wound. Resident is			
		riented times three) AND is a			
		ent has a colostomy (6) and a			1
		fraining clear yellow urine			İ
		ents VS (vital signs) were bp			
		60/70 P (pulse) - 96 T 7 R (respirations) - 12.			
		d. Resident rang to inform			
		ere was bowel in his wound.			
		ractitioner) assessed earlier			
		aned wound out with a saline			
		and packed with (topical			
	medication) and gar	uze. the (sic) wound was pink			
		necrotic tissue. Residents			

wife then told nurse and aide that she wanted to

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DEPARTMENT OF REALTH				FORM APPROVED
CENTERS FOR MEDICARE	& MEDICAID SERVICES			<u>OMB NO. 0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
	495140	B. WING		C 10/27/2016
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN LIVINGCENTER-ROS	E HILL		110 CHALMERS COURT BERRYVILLE, VA 22611	
PREFIX (EACH DEFICIENCY)	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI IX (EACH CORRECTIVE ACTION SHOU	LD BE COMPLETION
coming out rectally be went out to nurses stand told nurse that rehospital. Nurse conficialled (name of nurse practitioner) states that desident earlier that deshe wasn't worried a out rectally. (Name of told me to call (name (doctor) (name of phanot recommend he general earlier that with the state that you will be a pay for the ambulance to be checked out.' If from resident and wife Called 911 at 2015 (Ep.m.) 911 arrived and via ambulance to (nap.m.)" A note dated 9/30/16 director of nursing docall from (name of nursing docall	pital for the stool that's put resident refused. Nurse tation and wife then came esident wanted to go to firmed with resident and then the practitioner). (Name of tated that she had just saw day and that she told him that bout the stool he had coming of nurse practitioner) then the of physician). I called Doc ysician) and he stated 'I do loes, make him sign an AMA went into the room with the se) with an AMA form and them signing the paper it will sending him against medical to be able to return to facility. I just want him the Nurse received signature for and 2 nurses. Nurse then the signing the paper it will send 2 nurses. Nurse then the signing the signature for and 2 nurses. Nurse then the signal and signed by the former for a signed by the signed by the former for a signed by the	F 1		

resident wife had insisted on taking resident to ER (emergency room) to evaluate bowel leakage. States she notified NP who stated she had already discussed this with resident and wife and nurse would need to call (name of physician). States (name of physician) felt there was not a reason to send resident 911 to the hospital and stated it would need to be AMA. States resident

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		495140	B. WING			C /27/2016
	PROVIDER OR SUPPLIER N LIVINGCENTER-ROS	SE HILL		STREET ADDRESS, CITY, S 110 CHALMERS COURT BERRYVILLE, VA 226	STATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	X (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
F 151	wife to nurses static to go. States resides second nurse explas stated, 'yeah I know both signed the form resident sent to ER. to send resident back that he has been dis requesting phone canursing services). It is spoke with (name of Explained resident sedischarged." The AMA form dated Resident #25, the resthe nurse practitioner responsibility for disc Advice-I, the understhat I have been informable consequent facility) against mediphysician's discharge responsibility for the or the following resident from all responsibility problematic or unfavoresult from this action. The nurse who documete was no longer expensed the former director of the former directo	ant to go to the ER. States on and stated he now wanted ent verified. States she and tined AMA process and wife vall that' and she and resident m. States 911 was called and . States hospital now wanting ck and she is trying to explain scharged AMA. ER physician all from DNS (director of PC to (name of hospital) and of hospital physician). Signed out AMA and has been der documented, "Release of charge Against Medical signed, hereby acknowledge ormed of the risk and noces of leaving (name of lical advice and/or without a ge order. I hereby assume all the care and custody of myself dent and hereby release to employees and/or agents by whatsoever for any yorable effects which may	F 1	51		

On 10/26/16 at 4:05 p.m., an interview was

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STATEMENT	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING	·		C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN	LIVINGCENTER-ROS	SE HILL			110 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE COMPLETION
F 151	member) #5 (the nustated she didn't recregarding Resident ASM #5 stated at the regarding patient's resident to the hosp thought shortly after the policy became or resident to the ER (or physician felt it was to be the resident's at #5 stated in the pasidischarge, she was go to the ER and she necessary then the of stated now, the resident and the decessary then the of the stated and the decessary than the decessary then the of the stated and the decessary then the office that the stated and the decessary then the stated at the resident than the stated at the regarding that the stated at the resident that the physician and t	A (administrative staff arse practitioner). ASM #5 call specific information #25's discharge on 9/30/15. The time, the policy was unclear ights versus sending a ital AMA. ASM #5 stated she are Resident #25's discharge, more clear and sending a emergency room) when the not necessary was considered right and wasn't AMA. ASM told if the resident wanted to be didn't think the transfer was discharge was AMA. ASM #5 dent is sent to the ER when ischarge is not considered p.m., a telephone interview ASM #3 (Resident #25's sysician referenced in the p.m.). ASM #3 stated he didn't #25 or the details regarding #3 stated usually if a resident	F1	151		
	their wishes. ASM #	R then the physicians respect 3 stated he typically sends when requested and doesn't out AMA.				
	administrator [not en was discharged]), AS nursing [nursing sup- Resident #25's disch	p.m., ASM #1 (the current aployed when Resident #25 M #2 (the current director of ervisor at the time of arge]) and ASM #4 (the made aware of the above				8

findings. The administrative staff was asked to provide more information to explain why Resident

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	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495140	B. WING		C 10/27/2016
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN I	LIVINGCENTER-RO	SE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611	
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F 151 Continued From page 5

#25 was made to sign out AMA to go to the emergency room.

On 10/27/16 at 9:45 a.m., ASM #1 and ASM #2 was asked to provide any further information regarding Resident #25 being made to sign out of the facility AMA to seek medical attention from the emergency room. ASM #1 stated, "That's not how it's normally done. The resident has a right to seek outside services; go to the hospital and be readmitted." ASM #2 stated there was a discussion amongst administrative staff regarding the matter at the time of Resident #25's discharge and she held the same opinion that she currently does. ASM #2 stated she felt a resident who requests to be sent to the ER when the attending physician does not agree should not be made to sign out AMA and should be readmitted.

The facility policy titled, "AMA Release" documented, "PROCEDURE PURPOSE: To complete the required information whenever a demand is made by a resident (or his/her legal representative) to leave or to be discharged from the nursing facility before the completion of treatment or contrary to the advice of the attending physician. DEFINITION: AMA=Against Medical Advice. PROCEDURE: 1. When a resident or the resident's legal representative expresses the desire to leave the nursing facility before the attending physician has discharged the resident: a. Notify the attending physician. b. Notify the administrator. c. Notify the Director of Nursing Service. d. Notify the resident's legal representative. 2. The attending physician is to give the resident or his/her legal representative information concerning the risks involved in leaving the facility..."

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		495140	B. WING		C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	2 CODE
GOLDEN	N LIVINGCENTER-ROS	SE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFD TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
	The facility policy tit documented, "The facilities and Resident has a right as a Resident of the Unite the right to be free or discrimination, or rejexercising his or her right to participate in treatment or change adjudged incompete incapacitated under Resident has the right and of the following: physician" No further information was https://medlineplus.g (2) "Bipolar disorder People who have it gothanges" This information was https://weearch.nlm.nmeta?v%3Aproject=rmedlineplus-bundle& 114.139120270.1477 (3) "Peripheral artery as peripheral vasculathe blood vessels tha	led, "Resident Rights" Resident has a right to a self-determination, and and access to, persons and outside the Facility. The to exercise his or her rights a Facility and as a citizen or a States. The Resident has a finterference, coercion, orisal from the Facility in rightsThe Resident has the planning his or her care and in care an (sic) unless and or otherwise found to be the laws of the StateThe hat to immediate access to c. The Resident's individual on was presented prior to exit. Hease in which your blood ar levels are too high" Tobtained from the website: Tovidiabetes.html To a serious mental illness. To through unusual mood ormation was obtained from ih.gov/vivisimo/cgi-bin/query-medlineplus&v%3Asources=query=bipolar& ga=1.56859	F 15	51	

This causes decreased blood flow, which can injure nerves and other tissues..." This

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	RE & MEDICAID SERVICES			OMB NO. 0938-0391
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	495140	B. WING		C 10/27/2016
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GOLDEN LIVINGCENTER-RO	OSE RILL		BERRYVILLE, VA 22611	
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F 151 Continued From p	page 7	F ·	51	
information was o	btained from the website: s.gov/ency/article/000170.htm	•	31	
	for methicillin-resistant ureus. It causes a staph			
infection (pronoun	ced "staff infection") that is			
	btained from the website:			
	n.nih.gov/vivisimo/cgi-bin/query-			
meta?v%3Aprojec	t=medlineplus&v%3Asources=			
medlineplus-bundl	e&query=mrsa&_ga=1.634680			
15.139120270.147				
(5) "The tallbone (6	coccyx) is the small bone at the ckbone, or spine." This			
information was of	otained from the website:			
	n.nih.gov/vivisimo/cgi-bin/query-			
	t=medlineplus&v%3Asources=			
medlineplus-bundl	e&query=coccyx			
	a stoma created from a part of			ı
the colon. For this	surgery, the surgeon brings			
the colon through t	the abdominal wall and makes			
a storiia. A colosit	omy may be temporary or olostomy is permanent when			
the surgeon remov	res or bypasses the lower end			
of the colon or rect	um. A surgeon may perform a			
temporary colostor	ny for a damaged or an			
inflamed lower part	t of the colon or rectum that			
only needs time to	rest or heal from injury or			ļ
	colon or rectum heals, the			
	e opening in the abdominal wall			
	colon so stool will pass			
	on performs a colostomy most			
incontinence the s	cancer, diverticulitis, or fecal eccidental loss of stool." This			
	tained from the website:			
	nih.gov/health-information/healt			
h-topics/digestive-d	liseases/ostomy-surgery-bowe			

I/Pages/ez.aspx#sec6

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NAME OF	PROVIDER OR SUPPLIER	75		STREET ADDRESS, CITY, STATE, ZIP CODE	IU/Z//ZUIU
	LIVINGCENTER-RO	SE HILL	25	110 CHALMERS COURT	4
				BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 151	Continued From pa	ge 8	F 15	1 %	
	(7) "A urinary cathe to drain and collect information was obthttps://medlineplus.	ter is a tube placed in the body urine from the bladder." This tained from the website: gov/ency/article/003981.htm 0(d)(2) INFORMED OF	F 15		
		CARE, & TREATMENTS			
	language that he or	e right to be fully informed in she can understand of his or us, including but not limited to,	1.	Resident #26 has been discharged fro facility	m the
	The resident has the advance about care	e right to be fully informed in and treatment and of any or treatment that may affect	2.	An audit will be conducted of residen psychological evaluation scheduled for days to ensure notification of the report.	or the past
	by: Based on staff inter	IT is not met as evidenced view, clinical record review,	3.	License nurses will be re-educated reposition of the POA psychological evaluation when schedules.	ofa
	was determined that notify the resident of	a complaint investigation it t the facility staff failed to r power of attorney (POA) of e of 28 residents in the survey 26.	4.	Director of Nursing/designee will valid with clinical start up meeting that the or POA notifications are completed for psychological evaluations. The execut	e Resident or
		notify resident and or the ical evaluation for Resident #		director will attend the meeting 2 x w 4 weeks to audit the process.	eekly for
	The findings include	:			Á
					4

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		AND HOMAN SERVICES					FORM APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				-	B NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(>	(3) DATE SURVEY COMPLETED
		495140	B. WING	·			C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			٤	STREET ADDRESS, CITY, STATE, ZIP CODE		10/2//2010
001.051					110 CHALMERS COURT		
GOLDEN	LIVINGCENTER-ROS	SE HILL		E	BERRYVILLE, VA 22611		
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F 154	Continued From page	ge 9	F 1	54			
	The nursing admiss 10/15/15 documento function as "Intermit	ion assessment dated ed Resident # 26's cognitive tent confusion".					
	day assessment wit reference date) of 1 coded requiring limit	OS (minimum data set), a five h an ARD (assessment 0/20/15 coded Resident # 26 led to extensive assistance of or activities of daily living.					
		cord" for Resident # 26 e of Spouse) as the power of					
	revealed a "Psychological"						
	10/15/2015 through documentation of the	's "Progress Notes" dated 12/15/2015 failed to evidence e POA being notified of the tion for resident # 26.					
,	conducted with RN (assistant director of about the process of service from an outsi RN # 1 sated, "We wor POA and see if the to the facility's consudon't mind, we would physician or the nurs	a.m., an interview was registered nurse) # 1, nursing. RN \$#1 was asked notifying the POA of a ide consulting psychologist. Yould consult with the family bey would mind being referred liting psychologist. If they I make the referral and the e practitioner would review an order for the referral."					

When asked if Resident # 26 or the POA was notified of the psychological evaluation prior to it

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL (X2) DESCRIPTION INFORMATION) (X3) DATE SURPLANDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL (X4) DEPROVIDER OR SUPPLIER (X4) DEPROVIDER OR SUPPLIER (X5) DATE SURPLANDER OR SUPPLIER (X4) DEPROVIDER OR SUPPLIER (X5) DATE SURPLANDER OR SUPPLIER (X6) DEPROVIDER OR SUPPLIER (X7) DATE SURPLANDER OR SUPPLIER (X7) DATE SURPLANDER OR SUPPLIER (X8) DATE SURPLANDER OR SUPPLIER (X9) DATE SURPLANDER OR SUPPLIER (X1) DATE SURPLANDER OR SUPPLIER (X2) DATE SURPLANDER OR SUPPLIER (X1) DATE SURPLANDER OR SURPLANDER OR SUPPLIER (X2) DATE SURPLANDER OR SUPPLIER (X2) DATE SURPLANDER OR SUPPLIER (X2) DATE SURPLANDER OR SUPPLIER (X3) DATE SURPLANDER OR SUPPLIER (X2) DATE SURPLANDER OR SURPLANDER OR SUPPLIER (X2) DATE SURPLANDER OR SUPPLIER (X2) DATE SURPLANDER OR SUPPLIER (X4) DATE SUPPLIER (X4) DATE SURPLANDER OR SUPPLIER (X4) DATE SU	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					IB NO. 0938-0391
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 154 Continued From page 10 being conducted RN # 1 stated, "No." On 10/26/16 at 11:30 a.m. an interview was conducted with ASM (administrative staff member # 2, the director of nursing. When asked if Resident # 26 or the POA was notified of the psychological evaluation prior to it being conducted ASM # 2 stated, "Not to my knowledge." The facility's policy "Notification of Change in Resident Health Status" documented, "The center will consult the resident's physician, nurse practitioner or physician assistant, and if known notify the resident's legal representative or an interested family member when there is: (C) A need to alter treatment significantly (i.e. a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)." On 10/27/16 at approximately 2:30 p.m. ASM (administrative staff member) # 1 the administrator, was made aware of the findings. No further information was provided prior to exit. Reference:				1 ' '		CONSTRUCTION		X3) DATE SURVEY COMPLETED
GOLDEN LIVINGCENTER-ROSE HILL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 10 CHALMERS COURT 10 CHAL			495140	B. WING				C 10/27/2016
FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 154 Continued From page 10 being conducted RN # 1 stated, "No." On 10/26/16 at 11:30 a.m. an interview was conducted with ASM (administrative staff member # 2, the director of nursing. When asked if Resident # 26 or the POA was notified of the psychological evaluation prior to it being conducted ASM # 2 stated, "Not to my knowledge." The facility's policy "Notification of Change in Resident Health Status" documented, "The center will consult the resident's legal representative or an interested family member when there is: (C) A need to alter treatment significantly (i.e. a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)." On 10/27/16 at approximately 2:30 p.m. ASM (administrative staff member) # 1 the administrator, was made aware of the findings. No further information was provided prior to exit. Reference:			SE HILL		110	CHALMERS COURT	DE	10/2//2010
Deing conducted RN # 1 stated, "No." On 10/26/16 at 11:30 a.m. an interview was conducted with ASM (administrative staff member # 2, the director of nursing. When asked if Resident # 26 or the POA was notified of the psychological evaluation prior to it being conducted ASM # 2 stated, "Not to my knowledge." The facility's policy "Notification of Change in Resident Health Status" documented, "The center will consult the resident's physician, nurse practilioner or physician assistant, and if known notify the resident's legal representative or an interested family member when there is: (C) A need to alter treatment significantly (i.e. a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)." On 10/27/16 at approximately 2:30 p.m. ASM (administrative staff member) # 1 the administrator, was made aware of the findings. No further information was provided prior to exit.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD B	
 (1) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpr essure.html. (2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html. 		being conducted Rt On 10/26/16 at 11:3 conducted with ASA # 2, the director of r Resident # 26 or the psychological evalu- conducted ASM # 2 knowledge." The facility's policy ' Resident Health Sta will consult the resident Health Sta will consult the resident family me need to alter treatmed discontinue an exist adverse consequent form of treatment)." On 10/27/16 at appr (administrative staff administrator, was in No further information Reference: (1) High blood press obtained from the we https://www.nlm.nih. essure.html. (2) Stomach content the esophagus and if was obtained from the	N # 1 stated, "No." 30 a.m. an interview was an (administrative staff member nursing. When asked if the POA was notified of the ation prior to it being that stated, "Not to my "Notification of Change in atus" documented, "The center dent's physician, nurse cian assistant, and if known legal representative or an ember when there is: (C) A ent significantly (i.e. a need to ing form of treatment due to ces, or to commence a new experience of the findings. In was provided prior to exit. Sure. This information was ebsite: gov/medlineplus/highbloodpr its to leak back, or reflux, into irritate it. This information he website:	F	54			

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CENTE	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			<u>_</u>	<u>IMB NO. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING			C 10/27/2016
	PROVIDER OR SUPPLIER	SE HILL		110	EET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611	10/2//2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 154	obtained from the v	order. This information was rebsite: .gov/medlineplus/swallowingdi	F1	54	ž.	
SS=E	483.10(b)(11) NOTE (INJURY/DECLINE) A facility must immer consult with the resident involving the injury and has the properties of the injury and has the principle of the injury and has the principle of injury and	FY OF CHANGES	F1	2.	Resident #6's physician was notified insulin for one month. Resident #1 was notified for refusing OxyContin Resident #2's physician was notified facility did not obtain a lab specime #17's physician was notified that the not obtain an orthostatic blood preside documented change in condition, remedication, unavailability of medication obtain laboratory specimens, and conduct ordered assessments for the days to ensure notification of physicians and responsible party. License nurses will be re-educated rephysician and responsible party not changes in condition, refusal of medications, failure laboratory specimens, , and failure	a3's physician in 20 mg. and that the en. Resident the facility did essure. The facility did essure in the facility did essure in the facility did essure. The facility did essure in the facility did essure. The facility did essure in the facility did essure in the facility did essure in the facility did essure. The facility did essure in the facility did essure in the facility did essure in the facility did essure. The facility did essure in th
	The facility must rec	ord and periodically undate			ordered assessments	TO COMBUCE

the address and phone number of the resident's

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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM APPROVED
STATEMENT	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		495140	B. WING		C 10/27/2016
GOLDEN	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY. STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
F 157	Continued From palegal representative	ge 12 or interested family member.	F 15	5 7	
	by: Based on staff inter and clinical record r the facility staff faile change in condition	#13, facility staff failed to notify en OxyContin 20 mg (1) assessments, and room change. director will attend the meeting weeks to audit the process.		physician and completed ons not n ordered	
	Resident #6 refusing 2. For Resident #13 the physician when			•	e executive
=======================================	the physician ordere	I to notify the physician that d laboratory specimen for 1) was not obtained for			
		to notify the physician that dorthostatic blood pressures or Resident #17.			
	The findings include	:			
	11/2/15 with diagnos limited to: stroke, ad high blood pressure,	admitted to the facility on es that included but were not ult failure to thrive, diabetes, Parkinson's disease, and ident was on hospice care as			

The most recent MDS (minimum data set) assessment, a significant change assessment,

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CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			0	<u>MB NO. 0938-0391</u>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495140	B. WING			C 10/27/2016	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CIT	Y. STATE, ZIP CODE	101-01-01	
				110 CHALMERS COU			
GOLDEN	LIVINGCENTER-RO	SE HILL		BERRYVILLE, VA 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROPS DEFICIENCY)	BE COMPLETION	
	coded the resident make cognitive dail coded as requiring more staff members living except eating supervision after searche make cognitive dail coded as requiring more staff members living except eating supervision after searche make the physician order "Levemir (insulin us Flex-Pen Solution 1 units subcutaneous Diabetes Mellitus." The September 201 administration recor Flex-Pen Solution 1 subcutaneously at be Diabetes Mellitus." I documented as beir days. The MAR doc sugars, on the days the insulin as, within the normal blood searche may day (2) The October 2016 Normal Flex-Pen Solution 10 subcutaneously at be Diabetes Mellitus." I documented as beir days as per subcutaneously at bein documented as beir days as per subcutaneously at bein documented as beir days as per subcutaneously at bein documented as beir days as per subcutaneously at bein documented as beir days as per subcutaneously at bein days as per subcutaneously at being days as per subcutaneously at being days and the properties of the per subcutaneously at being days and the per subcutaneously at being days. The per subcutaneously at being days and the per subcutaneously at being days and the per subcutaneously at being days.	treference date of 8/8/16, as being severely impaired to y decisions. Resident #6 was extensive assistance of one or s for all of her activities of daily in which she required trup assistance was provided. I dated, 4/20/16, documented, ed to treat diabetes (1)) 00 Unit/ML (milliliter); inject 15 ly at bedtime related to Type 2 I 6 MAR (medication related to Type 2 in September the insulin was not refused on 28 out of 30 umented her fasting blood the resident did not refuse the: 87- 155 range. I gar levels for people who do re: between 70 and 130 er deciliter) before meals and at two hours after meals." I AR documented, "Levemir 00 Unit/ML; inject 15 units edtime related to Type 2 in October the insulin was agrefused on 24 of 25 days.	F	57			
	The MAR document	ng refused on 24 of 25 days. The defined and set of 25 days. The defined are the insuling the insuling are					

as with in the: 102 - 254 range.

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CENTERS FOR MEDICARE & MEDICAID SERVICES OME							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	4	495140	B. WING		C 10/27/2016		
NAME OF PROVIDER OR SUPP	LIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
GOLDEN LIVINGCENTER	GOLDEN LIVINGCENTER-ROSE HILL			110 CHALMERS COURT BERRYVILLE, VA 22611			
PREFIX (EACH DEFIC	Y STATEMENT OF DEI IENCY MUST BE PREC OR LSC IDENTIFYING	CEDED BY FULL	ID PREFI TAG		DE COMPLÉTION		
revised on 10/1 Alteration in blace Dependent Diacof medications." part, "Administ hospice for medication for medication for medication refugition refugition for the nurse period (medications) in about residents no further documented or to the nurse An interview was practical nurse When asked if what is expected."	nsive care plan da 5/16, documented 5/16, documented 5/16, documented 5/16, documented betes Mellitus. Fr ncluding anti-diab The "Interventions ar medications as dication review ar afort." tes dated 9/29/16 Residents family i sal, (administration ractitioner) aware need to d/c (disco- decided. Update continued refusa mentation of spea	par) due to: Insulin requent refusals petic s" documented in sordered. Notify and discontinuing state at 2:37 p.m. is aware of the staff member at and stated continue) meds and stated continue) meds at a social worker als." There was aking to hospice at 12:25 p.m. is a medication, PN #6 stated, fferent times.	F1	57			

aware of the situation."

how often they refuse, I'd want to notify the doctor and RP (responsible party)." When asked what would be done if a resident had continuously refused insulin since the end of September, LPN

practitioner and hospice to get a solution." When asked if you would continue to notify them of each refusal, LPN #6 stated, "Yes, the nurse practitioner or doctor needs to be continuously

An interview was conducted with administrative

#6 stated, "We need to notify the nurse

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u>ЭМВ NC</u>). <u>0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDI		E CONSTRUCTION		TE SURVEY MPLETED
		495140	B. WING			10)/27/2016
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
COLDEN	I LIVINGCENTER-ROS	SE 1111 1		11	10 CHALMERS COURT		
GOLDEN	FIAIIAGCEIALEK-KO.			В	ERRYVILLE, VA 22611		
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F 157	Continued From pa	age 15	F 1	57			
	•	m. When asked if the nurses	•				
	should notify her in	the event a resident refuses					
		ASM #5 stated, "Yes, but not					
		esked what would be done if a eir insulin on a daily basis,					
		nat's a different situation."					
	When asked if she	was aware that Resident #6					
		sulin almost on a daily basis					
		eptember, ASM #5 stated she it (insulin) had not been given					
	in the past month.	it (illisami) had not been given				•	
	director of nursing, When asked what a resident refuses the stated, "It's very ind medication. I expect They can offer a diff with the doctor." With done if a resident reASM #2 stated, "The they refuse every didoctor or nurse practices."	onducted with ASM #2, the on 10/26/16 at 3:10 p.m. actions a nurse takes if a eir medications, ASM #2 fividualized. It depends on the ct them to re-approach later. If erent times schedule if okay hen asked what would be efuses insulin on a daily basis, nat's a more timely matter. If ay we should be notifying the ctitioner. Depending on the life threatening and the at risk."					
	Resident Health Sta "Guideline Statemen notifications are ma change in health sta Immediate: As soon	Notification of Change in atus" documented in part, ent: To ensure that proper ade when a resident has a atus. Definitions (As needed): n as possible no longer than er will consult the resident's					

Event ID: TN9Y11

physician, nurse practitioner or physician assistance, and if known notify the resident's legal representative or an interested family member when there is: A. An accident which

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	<u>MB NO. 0938-0</u>	391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495140	B. WING			C 10/27/2016	i
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	E. ZIP CODE		
				110 CHALMERS COURT			
GOLDEN	LIVINGCENTER-RO	SE HILL		BERRYVILLE, VA 22611			
<u> </u>		TELEFOR DE PETIOIPLIQUES			OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD TO THE APPROPE	BE COMPLET	ION
F 157	Continued From pa	ae 16	F 1	57			
	•	on. B. Acute illness or a					
		n resident's physical, mental,					
		tus (i.e. deterioration in health,					
	mental, psychosoci						
	life-threatening con						
		A need to alter treatment					
		need to discontinue an existing					
		ue to adverse consequences,					
	or to commence a	new form of treatment)."					
	In Rosin Nursing E	ssential for Practice, 6th					ı
		Perry, 2007, pages 56-59),					
		urce for physician's orders and					i
		to monitor the patient's					
		tely and communicate that					
		hysician or health care					
		of negligent acts. The best					
		liable for negligence is to					
		care, to give competent health					
		unicate with other health care					
		ician or health care provider					
	of a patient.	recting the medical treatment					
		Iministrator, ASM #2, the					
		ASM #4, the regional nurse					
		(registered nurse) #1, the					
		nursing, were made aware of					
	the above findings of	on 10/26/16 at 4:15 p.m.					
		on was provided prior to exit.					
		was obtained from the					1
	following website:						
		n.nih.gov/dailymed/drugInfo.cf					- [
		-25bf-401d-9c7e-a2c3222da8					
	af	some abbeirged from the					
		was obtained from the					
	following website:	n.nih.gov/pubmedhealth/PMH					
	T0024698/	п.п.п.домравтаечнеация МП					
		, facility staff failed to notify					

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		AND HUMAN SERVICES					1 APPROVED). 0938-0391
		& MEDICAID SERVICES					E SURVEY
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		MPLETED
			A. BUILD	111402			С
		495140	B. WING				/27/2016
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
					CHALMERS COURT		
GOLDEN	LIVINGCENTER-RO	SE HILL		BE	RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRICENCY)	D BE	(X5) COMPLETION DATE
F 157	Continued From pa	ige 17	F	157			
	the physician when	OxyContin 20 mg (1)					
		ot available to be administered					
	on 7/16/16.						
	Resident #13 was a	admitted to the facility on					
	11/12/14 and readn	nitted on 1/19/16 with					
		uded but were not limited to					
	anterior dislocation	of the left humerus, rt disease, dementia without					
		nce, hypertension and					
	osteoarthritis. Resi	ident #13's most recent MDS					
	(minimum data set)) was a quarterly assessment					
	with an ARD (asses	ssment reference date) of #13 was coded as being					
	cognitively intact in	the ability to make daily					
	decisions scoring 1	3 out of 15 on the BIMS (brief					
	interview for menta	I status) exam. Resident #13					
	was coded as requ	iring extensive assistance					
		sfers, dressing, and personal dependence on staff with					
	bathing.	rependence on stan with					
	-						
		t #13's clinical record revealed					
	(Nurse Practitioner	cian order signed by the NP) dated 7/15/16, "OxyCONTIN					
	Tablet ER 12 Hour	Abuse-Deterrent 15 MG					
	(milligrams) Give	1 tablet by mouth two times a					
		ementdiscontinue dated					
	7/15/16. "						
	The following order	was put into place on 7/15/16,					
	"OxyCONTIN Table	et ER 12 hour Abuse-Deterrent					
	20 MG (milligrams)	Give 1 tablet by mouth two					
	times a day for pair	n management."					

Facility ID: VA0210

Review of Resident #13's July 2016 eMAR (electronic medication administration record) revealed that on 7/16/16, Resident #13's 9 a.m.

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CENTERS FOR MEDICAL	RE & MEDICAID SERVICES			OMB	NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
	495140	B. WING			C 10/27/2016		
NAME OF PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE 110 CHALMERS COURT BERRYVILLE, VA 22611	, ZIP CODE			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE		
level was a zero a eMAR revealed the increased to a leve (with 10 being the 9 p.m. Further resthat OxyContin 20 7/16/16 at 9 p.m. Review of the nare OxyContin 15 mg revealed that Rester scheduled OxyContin 15 mg revealed that Rester scheduled OxyContin 12 Hour Give 1 tate for pain management from (Name of phenoments of the EKIT, "OXYContinuous released the EKIT, "OXYContinuous released for both of Resident #13's OxyContinuous released for both for both for the Resident #13's OxyContinuous released for both for the Resident #13's OxyContinuous released for both for the Resident #13's OxyCo	vas documented that his pain at 9 a.m. Further review of the nat resident #13's pain had el of "7" on a scale from 1-10 worst pain) the following shift at view of the EMAR documented mg was administered on cotic logs for both the and the OxyContin 20 mg ident #13 did not receive any ntin for 7-3 and 3-11 shifts on the thing of the extended release) blet by mouth two times a day mentnot available unable to get armacy) EKIT (emergency kit). of pharmacy's) EKIT he following medication was in DNTIN TAB 20 MG CR		57				

we will call the MD (medical doctor) or NP (nurse practitioner). Once we have the hard script we

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CENTER	& MEDICAID SERVICES	OMB NO. 0938-					
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION		TE SURVEY
		495140	B. WING			1(C 0/27/2016
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	LIVINGCENTER-RO	SE HILL			CHALMERS COURT ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 157	code pharmacy give process if the EKIT she stated, "The Erbut you would call it send STAT (immed even call the backu LPN #2 stated that possible way to get doctor should be not to write a new order On 10/26/16 at 2:15 conducted with LPN process is followed not available on the stated, "If there is no there is no script (plus MD to sign the script the EKIT. If you can the EKIT, backup pfacility STAT." LPN cannot be given, the notified and a progrexplaining the situat (continuous release) On 10/27/16 at 10:3 conducted with OSI the pharmacist. OSI no evidence that the from the EKIT on 7/pharmacy did not remedication until 7/1	dion from the EKIT by using a se us." When asked the does not have the medication (IT always has the medication he pharmacy and ask them to iately). The pharmacy may p pharmacy to send to us." if for some reason there is no the medication, the medical officed to see if the MD wants of p.m., an interview was at #1. When asked what if a narcotic for a resident is medication cart. LPN #1 to medication, I would assume rescription). You would call oft, call pharmacy and pull from the medical doctor should be essented the medication of the medical doctor should be essented should be written the medical doctor should be essented the same as ER she stated, "Yes." 155 a.m., an interview was the same as ER she stated, "Yes." 165 a.m., an interview was the same as ER she stated, "Yes." 165 a.m., an interview was the convector of the medical that there was the convector of the that there was the that there was the convector of the that there was the third that the t	F1	157			
		over a copy of the hard script is writer on 10/27/16.					

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	_			OMB I	NO. 0938-0391		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495140	B. WING	·			C 10/27/2016		
	PROVIDER OR SUPPLIER LIVINGCENTER-RO	SE HILL		110	REET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
	shift no longer work be reached for an in On 10/27/16 at 1:30 conducted with Res could not recollect a medication was not recollect a time whe extended periods w On 10/27/16 at 2:20 was conducted with nurse who documer administered on 7/1 not administered. Resident that a rewas not. RN #7 could the DON (Director of the above concerns.) No further information (1) OXYCONTIN is information was not was information was a not of the councerns.	ked 7/16/16 during the 7-3 is at the facility and could not interview. D. p.m., an interview was ident #13. Resident #13 at time where his pain available. He could not ere he was sitting in pain for ithout relief. D. p.m., a telephone interview RN (registered nurse) #7, the inted OxyContin 20 mg was 6/16 3-11 shift when it was RN #7 stated that it is never ok inedication was given when it ald not recollect that day. D. a.m., ASM (administrative ne administrator and ASM #2, if Nursing) were made aware ins. "Notification of Change in tus" did not address the	F	157					
	Institutes of Health. https://dailymed.nlm. m?setid=BFDFE235	nih.gov/dailymed/drugInfo.cf -D717-4855-A3C8-A13D26D							

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-039	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495140	B. WING			C 10/27/2016	
	PROVIDER OR SUPPLIER			!	EET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT		
GOLDEN	I LIVINGCENTER-ROS	SE HILL			RRYVILLE, VA 22611		
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F 157	Continued From pa	ge 21	F	157			
	3. Facility staff failed the physician orders	d to notify the physician that ed laboratory specimen for 1) was not obtained for					
	5/24/16 and readmit diagnoses that include	ided but were not limited to: sion, elevated cholesterol,					
	significant change a (assessment referent the resident as being and make his needs	OS (minimum data set), a ssessment, with an ARD nee date) of 7/21/16 coded g able to understand others known. The resident was assistance from staff for all ng.					
	on 6/24/16 documer	cian's order dated and signed nted, "C-Diff (clostridium X (times) 3 on 3 separate					
		plan did not evidence rding the need for the					
		016 treatment administration nee documentation regarding ile order.					
	that the resident had specimen obtained of and 6/27/16. There v	otory specimens documented I a clostridium difficile on two occasions, 6/24/16 was no documentation that					

and no documentation evidencing the physician

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495140	B. WING			C 10/2	7/2016
	PROVIDER OR SUPPLIER I LIVINGCENTER-ROS	SE HILL		110	REET ADDRESS, CITY, STATE. ZIP CODE CHALMERS COURT RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 157	Continued From page	ge 22	F	157			
	June 2016 documer	l and bladder detail report for nted that Resident #2 was movements on 6/28/16, 6/30/16.				ä	
	a.m. with LPN (licen When asked the pro not able to obtain a clostridium difficile a LPN #9 stated, "If w	nducted on 10/27/16 at 11:55 sed practical nurse) #9. seess staff follow if they are laboratory specimen for as ordered by the physician, e can't get a stool or if it's not e doctor know and get a d/c					
	p.m. with RN (registed director of nursing. Vinotify the physician vinotify vinotify the physician vinotify vinotify vinotify vinotify vi	nducted on 10/27/16 at 2:45 ered nurse) #1, the assistant When asked if staff would when they could not obtain le specimen, RN #1 stated, ment it."					
		p.m. ASM (administrative e administrator and ASM #2 the findings.					
	No further information	n was obtained prior to exit.					
	hospital-acquired dia severe colitis. This in from:	le, the leading cause of irrhea, is known to cause iformation was obtained .nih.gov/pubmed/17390162					
		to notify the physician that					

(1) were not obtained for Resident #17.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		495140	B. WING			1	C 0/27/2016
	PROVIDER OR SUPPLIER I LIVINGCENTER-RO	SE HILL		110	REET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F 157	8/21/09 with diagnoral limited to: irregular anemia, depression. The most recent MI with an ARD of 10/1 having 15 out of 15 mental status indica cognitively intact to resident was coded activities of daily living resident could do in tray was prepared. Review of the physical documented, "Orthoday" one time a day Date 8/27/16." Review of the August administration reconvital signs QD (every Date-8/16/16-D/C-blood pressures were through 8/28/16 one documented each diagrees were through signs QD (every Date-8/16/16-D/C-blood pressures that are recorthostatic blood pressures that are recorthostatic blo	admitted to the facility on uses that included but were not heartbeat, kidney failure, and arthritis. DS, a quarterly assessment, 10/16 coded the resident as on the brief interview for atting the resident was make daily decisions. The as requiring assistance for ng except for eating which the dependently after the meal cian's orders for 8/16/16 estatic vital signs QD (every cOrder Date- 8/16/16 -D/C- est 2016 treatment documented, "Orthostatic y day) one time a dayOrder Date 8/27/16." On 8/16/16 no re documented. On 8/17/16 estatic vital three blood equired for obtaining	F1	57			
	8/27/16 did not evide to the orthostatic blo	ence documentation related nod pressures.					
	p.m. with LPN #8. W	nducted on 10/26/16 at 1:40 /hen asked what was gorthostatic blood pressures,					

LPN #8 stated, "You take a lying, sitting and standing blood pressure." When asked if the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
			A BUILI	IING			C
		495140	B. WING			10	/27/2016
	PROVIDER OR SUPPLIER N LIVINGCENTER-RO	SE HILL		110 CH	T ADDRESS, CITY, STATE, ZIP CODE MALMERS COURT YVILLE, VA 22611		,
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F 157	were not obtained, notify the physician her nurse's notes.	notified if the blood pressures LPN #8 stated that she would and would document that in	F	157			
	p.m. with LPN #3. V included in obtaining LPN #3 stated, "You sitting up, standing a if the physician wou pressure were not of	onducted on 10/16/16 at 1:45 When asked what was g orthostatic blood pressure, u take the blood pressure and lying down." When asked ld be notified if the blood obtained, LPN #3 stated, "Yes. ress note so you can get a "					
	On 10/16/16 at 5:00 were made aware o	p.m. ASM #1 and ASM #2 f the findings.					
F 164 SS=D	1) Orthostatic hypotoblood pressure that assumes a standing was obtained from: http://www.ninds.nih potension/orthostatic Measuring Orthostatic Measuring Orthostatic Measuring Orthostatic Measuring Orthostatic Measuring Orthostatic Head of the patient lie down blood pressure and patient stand. 4. Repulse rate measuren minutes. This inform http://www.cdc.gov/satic_blood_pressure 483.10(e), 483.75(I)(tic Blood Pressure. 1. Have for 5 minutes. 2. Measure pulse rate. 3. Have the peat blood pressure and ments after standing 1 and 3 ation was obtained from: steadi/pdf/measuring_orthost -a.pdf	F 1	64			
		right to personal privacy and					

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CENTER	2 I OLI MEDIOVIZI	TRIVIDIONIO OFITTION			110 110. 0000 995
	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED
		495140	B. WING _		C 10/27/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL				•	
PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
					

F 164 Continued From page 25 records.

Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.

The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.

This REQUIREMENT is not met as evidenced by:

Based on staff interview, resident interview, clinical record review, review of facility documentation and in the course of a complaint investigation it was determined that the facility staff failed to maintain a resident's personal and medical information in a confidential manner for one of 28 residents in the survey sample, (Resident # 26); and failed to maintain personal privacy during medication administration for for one of 28 residents in the survey sample,

F 164

- Resident #26 has been discharged from the facility. Resident #28's medication administration has been noted, responsible party and MD notified
- 2. All doors will be locked when administrative staff leaves. All visitors must sign in, and a sign out sheet will be created and utilized when other departments or consulting clinicians need to remove a patients' medical chart for review. The nurses on duty will monitor the sign out sheet daily. The ADNS/designee will review a med pass with all current Licensed Nursing staff to ensure visual privacy was accomplished when administering meds.
- 3. All staff will be educated on the HIPPA policy including during medication pass.
- 4. Executive Director or designee will validate daily in stand up that the sign out sheet is being followed correctly for 4 weeks, Then monthly for 2 months. The ADNS/designee will conduct med pass observations weekly for all shifts for X 4 weeks. Then monthly for all shifts for 2 X months. All findings will be documented in QAPI.

November 18, 2016

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		495140	B. WING			10/2	; !7/2016
NAME OF	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	I LIVINGCENTER-ROS	SE HILL			CHALMERS COURT RRYVILLE, VA 22611		
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F 164	Continued From page	ge 26	F1	64			-
	Resident # 26	•					
€:	personal and medic manner during a ps was not ordered by 2. Facility staff faile	d to provide full visual privacy					
	to Resident #28 who abdomen.	en administering insulin in his					
	The findings include	:					
	The nursing admissi 10/15/15 documente function as "Intermit	on assessment dated d Resident # 26's cognitive tent confusion."					
	with an ARD (assess 10/20/15 coded Resi	S, a five day assessment sment reference date) of ident # 26 coded requiring assistance of one staff s of daily living.					
		ord" for Resident # 26 of Spouse) as the power of					
		record for Resident # 26					

11/5/2015 and signed by [Name of OSM (other

psychologist dated 11/5/2015. Further review of the psychological evaluation revealed Resident #

staff member) #8], consultant clinical

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	facility, date of birth social history, gener psychomotor activity. Review of the clinical physician's order for Resident # 26. Review of the facility 10/15/2015 through a note for a physicial evaluation for Resident On 10/26/16 at 9:30 conducted with RN (assistant director of the facility ensures a medical information." The resident's clinical the nurse's station." consults having account and personal information and treat they have a clinical record, it's proposition in the properties of the facility ensures a medical information. The resident's clinical record, it's properties and treat they have a clinical record, it's properties as they have a clinical record, it's properties as they have a clinical record, it's properties as they are confidential asked if (Name of Clinical conducted the psychological evalual stated, "(Name of Clinical record)."	ion to the facility, name of the n, sex, diagnoses, family and ral appearance, cognition, and y (4). al record failed to evidence a r a psychological evaluation y's "Progress Notes" dated 12/15/2015 failed to evidence an's order for a psychological	F	164			.41		

longer contracted with the facility."

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	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PRI	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN LIVINGCENTER-ROSE HILL					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTY)	BE COMPLETION
		.			

F 164 Continued From page 28

On 10/26/16 at 10:50 a.m. an interview was conducted with LPN (licensed practical nurse) # 3 regarding the confidentiality of a resident's personal and medical information. When asked how the facility ensures a resident's personal and medical information is protected, LPN # 3 stated, "We don't have a whole process that I'm aware of." LPN # 3 further stated, "If there isn't an order, the consultant does not have the right to look at any resident's record." When asked if she recalled Resident # 26 or the psychological evaluation that was done, LPN # 3 stated, "I don't

recall him or the evaluation being done."

On 10/26/16 at 11:30 a.m. an interview was conducted with ASM (administrative staff member) #2, the director of nursing. When asked how the facility ensures a resident's personal and medical information is protected, ASM # 2 stated, "A staff person is at the nurse's station at all times." When asked if Resident # 26's personal and medical information was protected when (Name of Clinical Psychologist) conducted an evaluation without a physician's order, ASM # 2 stated, "No, I don't feel the consultant didn't act in a professional manner in regard to the HIPAA regulations." ASM # 2 further stated that if there wasn't a physician's order they should have not accessed the resident's clinical record. When asked if (Name of Clinical Psychologist) who conducted the psychological evaluation on 11/5/2015 for Resident # 26 was still conducting psychological evaluations in the facility, ASM # 2 stated, "(Name of Clinical Psychologist) and (Name of Psychological Consulting Group) is no longer contracted with the facility."

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CENTERS FOR MEDICARE	& MEDICAID SERVICES				O	MB NO.	0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-RO	SE HILL		110	EET ADDRESS, CITY, STATE, ZIF CHALMERS COURT RRYVILLE, VA 22611	CODE			
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personal privacy ar personal and clinical personal and clinic approve or refuse to clinical records to a facility except wher transferred to anoth Record release is repayment contract." On 10/25/16 at app (administrative staff administrator, proving Resident rights and Federal Law." It do Confidentiality of Records. You may soff your personal and individual outside the are transferred to a correcord release is payment contract." On 10/27/16 at app (administrative staff administrator, was the ference: (1) High blood presobtained from the vertical provides the staff administrator of the staff administrator of the staff administrator.	"Resident Rights" Resident has the right to and confidentiality of his or her al records The Resident may the release of personal and any individual outside the a.a. The Resident is her health care institution; b. required by law or by third party proximately 1:40 p.m. ASM of member) # 1, the ided a document titled "Your of Protection Under State and ocumented, "RECORDS. records. You have the right to ur personal and clinical approve or refuse the release and clinical records to any the nursing home unless you another health care institution are required by law or third-party proximately 2:30 p.m. ASM of member) # 1 the made aware of the findings. Find the source of the findings. Find was provided prior to exit.	F1	164					

(2) Stomach contents to leak back, or reflux, into

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	PROVIDER OR SUPPLIER LIVINGCENTER-ROS			110	EET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611	, .,		
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	was obtained from the https://www.nlm.nih (3) A swallowing dis obtained from the whttps://www.nlm.nih sorders.html. (4) Of or relating to proceeding from me was obtained from the http://www.merriamomotor. (5) The HIPAA Privastandards to protect and other personal it to health plans, health care transactive privacy of personal is limits and conditions that may be made or patient authorization patient's rights over including rights to extheir health records, Complaint Deficiency obtained from the weet the private of the personal including rights to extheir health records, Complaint Deficiency obtained from the weet the private of the personal including rights to extheir health records, Complaint Deficiency obtained from the weet the personal including rights to extheir health records, Complaint Deficiency obtained from the weet the personal including rights to extheir health records, Complaint Deficiency obtained from the weet the personal including rights to extheir health records, Complaint Deficiency obtained from the weet the personal including rights to extheir health records, Complaint Deficiency obtained from the weet the personal including rights to extheir health records, Complaint Deficiency obtained from the weet the personal rights and conditions that may be made or patient authorization patient authorizatio	I irritate it. This information the website: n.gov/medlineplus/gerd.html. sorder. This information was vebsite: n.gov/medlineplus/swallowingdi motor action directly ental activity. This information the website: n-webster.com/dictionary/psych acy Rule establishes national tindividuals 'medical records health information and applies alth care clearinghouses, and roviders that conduct certain tions electronically. The Rule is safeguards to protect the health information, and sets son the uses and disclosures of such information without in. The Rule also gives their health information, xamine and obtain a copy of and to request corrections. Ey. This information was rebsite: #/hipaa/for-professionals/priva	F1	64				

2. Facility staff failed to provide full visual privacy to Resident #28 when administering insulin in his

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		495140	B. WING			C 10/27/	2016
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		ST	REET ADDRESS, CITY, STATE, ZIP CODE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
GOLDEN	LIVINGCENTER-ROS	SE HILL			0 CHALMERS COURT ERRYVILLE, VA 22611		
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F 164	Continued From pa	ge 31	F1	164			
	12/11/15 and readm diagnoses that inclu	idmitted to the facility on hitted on 3/30/16 with hided but were not limited to: d pressure, traumatic brain and psychosis.					
	quarterly assessme reference date) of 7 scoring15 out of 15 mental status indica	OS (minimum data set), a nt, with an ARD (assessment /14/16 coded the resident as on the brief interview for ting the resident was make daily decisions.					200
	documented, "Huma	cian's orders for October 2016 aLOG (1) Solution 100 nject as per sliding scale"					
		ner 2016 medication d documented, "HumaLOG t/MLInject as per sliding					
9	made on 10/25/16 a (registered nurse) #4 humalog insulin for f the resident's room, explained what she not close the door or #5 pulled up the resi abdomen to the halk insulin in his right lov	5. RN #5 prepared the Resident #28. RN #5 entered addressed the resident and was going to do. RN #5 did pull the privacy curtain. RN dent's shirt exposing his way and gave the resident the ver abdomen. RN #5 then 's abdomen. RN #5 stated, "!					

On 10/26/16 at 9:00 a.m. an interview was attempted with Resident #28. When asked how

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NAME OF F	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN	LIVINGCENTER-ROS	SE HILL			CHALMERS COURT RRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 164	Continued From pa	ge 32	F 1	164		
		bdomen exposed to the tdid not have a response.				
	a.m. with LPN (licer When asked what s giving an injection in LPN #4 stated, "I we close the door." Wh "Privacy and dignity	onducted on 10/26/16 at 11:30 ased practical nurse) #4. ateps staff followed when nto a resident's abdomen, ould close the curtain and nen asked why, LPN #4 stated, I don't think the resident king at their belly when getting			E	
	p.m. with LPN (licer When asked what s giving an injection in LPN #10 stated, "CI	enducted on 10/26/16 at 3:10 ased practical nurse) #10. ateps staff followed when a resident's abdomen, to se the door and if there is the room pull the curtain to				
	staff member) #1, th	p.m. ASM (administrative ne administrator and ASM #2, ng were made aware of the				
	p.m. with RN #5, the into the resident's all steps staff followed resident's abdomen, shut the door and do asked why, RN #5 s Review of the facility Medication Administ					
	ProcedureProvide resident knows what	privacy, explain procedure so to expect."				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		ONSTRUCTION			E SURVEY PLETED
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		495140	B. WING				10/	27/2016
	PROVIDER OR SUPPLIER			110 C	ET ADDRESS, CITY, STATE, ZIP COD HALMERS COURT RYVILLE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD	BE	(X5) COMPLETION DATE
F 164	(1) Humalog Huma	on was provided prior to exit. alog® Mix75/25 (Trademark)	F	164				
	25% insulin lispro in mixture of insulin lis blood glucose-lower protamine suspensi blood glucose-lower was obtained from: https://dailymed.nlmm?setid=c73da51a-dd	protamine suspension and ijection, (rDNA origin)] is a pro solution, a rapid-acting ring agent and insulin lispro on, an intermediate-acting ring agent. This informationnih.gov/dailymed/druglnfo.cf 1899-45ad-b6cf-9c52c36a25						
F 250 SS=D	483.15(g)(1) PROVI RELATED SOCIAL	SION OF MEDICALLY SERVICE	F 2	50				i
	services to attain or	vide medically-related social maintain the highest mental, and psychosocial esident.						
	by: Based on staff inter and clinical record re the facility staff failed	T is not met as evidenced view, facility document review eview, it was determined that it to provided medically es for one of 28 residents in Resident #5.						
	and 9/7/16) Residen social worker that sh the occasions (7/29/ verbalized that she whad a plan. The soc	ccasions (6/13/16, 7/29/16, t #5 had verbalized to a e wanted to die. On two of 16 and 9/7/16) Resident #5 vanted to hurt herself and ial worker did not act on to ensure Resident #5's						

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		AND HUMAN SERVICES			FORM APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	- 100		<u> 2008 NO. 0938-039</u>
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495140	B. WING _		10/27/2016
NAME OF I	PROVIDER OR SUPPLIER	i i		STREET ADDRESS, CITY, STATE, ZIP CODE	•
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GOLDEN	EIVINGCENTER-RO	SE FILL		BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETION
F 250	Continued From pa	ne 34	F 250	n	
1 200	safety and psychological	-	1 201	• 5:5a	
	salety and psychologic	ogical well-being.			
	The findings include		1	 Resident #5 is currently receiving a psych services 	ppropriate
		imitted to the facility on ses that included, but were	_	a de la companya de l	
		dration, Alzheimer's, bipolar	2	2. An audit of current residents with t	
		depression and anxiety.		behaviors or depression in the past	•
				their most recent MDS assessment	
		recent MDS (minimum data change assessment with an		reviewed for the potential need for	r medically
		reference date) of 9/7/16.		related social services	
		ot coded for her cognition in	_		
		ssessment, and the staff	3	3. The Executive Director or designee	
		ot completed. On Resident		service the interdisciplinary care pi	
,		S with an ARD of 7/30/16, oded in Section C, cognitive		regarding communicating the pote	
		inable to answer the		for medically related social services	s to the
	questions. The stat	ff assessment in Section C		Social Services department	
		as a "3", indicating that this			
	resident was severe making.	ely impaired for daily decision	4	. Mood and Behavior and durse's no	
		esident #5's MDS with an ARD		reviewed during the clinical meetin	
	of 7/30/16 revealed	in Section D, Mood, that		identify residents who requireserv	
		ded as scoring a two out of a		notify Social Services for follow up.	
		t she had expressed thoughts etter off dead or of hurting		ED/designee will attend the meetir	ıg 2 X
		s during the 14 day look back		weekly for 4 weeks to validate the	process.
		was also coded that the		Results of the audits will be review	ed at QAPI
	responsible staff or	provider was informed that al for resident self-harm.		committee meeting monthly for 3	months
	9/7/16 revealed a se	nt #5's MDS with an ARD of core of 27 out of a possible 27 D. Resident #5 was coded		November	18, 2016

as having thoughts that she would be better off dead, or of hurting herself in some way nearly every day during the 14 day look back period. Section D was also coded that the responsible

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>	<u>MB NO. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED
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		495140	B. WING	<u> </u>		10/27/2016
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001.051		7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		110 CHALMERS COURT		
GULDEN	I LIVINGCENTER-ROS	SE HILL		BERRYVILLE, VA 22611		
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E 250	Continued From an	25	- -	050		
F 230	Continued From pa	—	F 2	250		
	staff or provider war potential for resider	s informed that there was a it self-harm.				
	revealed, in part, the "7/29/16 09:59 (9:59). Note Text: Mood as 7/30/16. Res (Residenterest in things. Residenterest in	Resident #5) was answering "yes" answers even when the yes or no questions. Author				

place appear to be working with no further

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CENTE	RS FOR MEDICARF	E & MEDICAID SERVICES			OMB NC	<u>). 0938-0391</u>
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		495140	B. WING			C 0/27/2016
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		
GOLDEN	N LIVINGCENTER-ROS	SE HILL	{	110 CHALMERS COURT		
				BERRYVILLE, VA 22611	-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE
F 250	Continued From pa	age 36	F 25	50		
	completed with resi would be better off had a plan she kept manager, ADON (a DNS (director of nu director), ED (exect practitioner) made a psych (psychiatrist) OSM (other staff me social services."	te. Mood assessment sident who stated that she dead and when asked if she of repeating yes. Unit assistant director of nursing), ursing services), MD (medical sutive director) and NP (nurse aware. Resident placed in) book. Author: (name of nember) #3, the director of the part, the following	y rea			
	Episodes, Depressivith behaviors and a mood stabilizer arorders. On 9/7/16 I would be better off on 6/13/16 and 9/7/would be better off on 6/13/16 and 9/7/would be better off on 6/13/16 and 9/28/16. Date Initiated 9/28/16. Date Initiated Interventions/Tasks: DNS, ADON and Statements regardin Initiated: 9/28/16. Peredications that helmanage any side eff Revision on 9/28/16 symptoms are not in change in my medic Revision on 9/28/16	ocus. I am dx with Manic ion, Bipolar, Vas Dementia anxiety. I am currently taking nd antidepressant per MD I state (sic) that I thought I dead. Date Initiated: 9/28/16. 1/16 I state (sic) that I thought I dead. Created on 7/14/16. 16. Goal. I will talk about happy memories during ugh to the next review. Created ated 9/28/16. S: Make MD, NP, ED, Nursing, SD (social services if / when resident make (sic) ng wanting to harm self. Date				

9/28/16."

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		AND HOWAIN SERVICES			_	FORM APPROVED
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING			C 10/27/2016
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201 051	L NUNCCENTED DO	DE 1111 I		11	0 CHALMERS COURT	1
GOLDEN	LIVINGCENTER-ROS	3E NILL		В	ERRYVILLE, VA 22611	
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F 250	Continued From pa	ge 37	F	250		
		ies in the psych book used by				
		chiatric nurse practitioner				
		ould be seen revealed, in part, or Resident #5; "7/29/16"				
		#5). Reason for consult:				
		Date RCVD (received) / initials.				
	8/4/16 (initials of ps	ychiatric nurse practitioner)."				
	On 10/26/16 at 3:30	p.m. an interview was				
	conducted with OSI	M #11, the certified registered				
		or psychiatry. OSM #11 was				
		hat she knew about Resident d, "She (Resident #5) went				
		on a lot of medications. The				
		ian and I work together. She				
		ethargic and drowsy and				
		the medications. She				
		ne more bed bound and e (Resident #5) also had an				
		I was asked why Resident #5				
	was on the medicati	ions that caused her to stop				i
		more lethargic. OSM #11				
		tions were to help modify her normal daily care could be				
		at she wouldn't hurt herself or				
		vas asked whether or not she				
		ent #5 having suicidal				
		stated, "I had no idea. I have				
		one calls about her and she displayed displayed wanting to hurt herself to				
	me."	- Harling to Hart Hardin to				
	A review of the neve	hiatric notes for Resident #5				
		ented "Reason for referral" as				
	"Other. Competenc	y evaluation." There was no				
		rding suicidal Ideation. A				
	review of the psychia	atric notes for Resident #5				

dated 9/8/16 revealed, in part, the following

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495140	B. WING	à			C 10/27/2016	
NAME OF	PROVIDER OR SUPPLIER			[]	STREET ADDRESS, CITY, STATE, ZIP CODE			_
			1		110 CHALMERS COURT			
GOLDEN	N LIVINGCENTER-RO	SE HILL			BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	DULD E	BE COMPLETIO	DN
F 250	documentation, "Ch complaint is: Asked	hief complaint: The chief d to evaluate the patient's	F 2	250	ì			
	Mental Status Exan	adjust medications if needed. m: No suicidal ideation." de to speak to the social worker						
	who had conducted the MDS' dated 7/3	d the mood assessments on 80/16 and 9/7/16. This hat the social worker was no						
	conducted with OSN worker. OSM #3 was MDS she was responsible. Was asked if the most significantly higher from the everyone know, and the MD. The psych list to be suchecks and if there with themselves I would OSM #3 was asked OSM #3 stated, "The typically every 15 missing the most of the every 15 missing was responsible."	5 a.m. an interview was M #3, the licensed social was asked which section of the consible for completing. OSM mood interviews." OSM #3 cod interview score was from one MDS to the next. OSM #3 responded, "I would nursing, the ED, NP, DON, I would put the resident on seen. I would initiate visual was any attempt to hurt I send them to the hospital." It to describe the visual checks on estaff just checks on them, ninutes. I don't know how staff						
	documents it but I w was asked if a resid hurt themselves wha worker. OSM #3 sta day and see if they should be document	will double check." OSM #3 dent stated that they wanted to nat she would do, as the social nated, "I would go back in a were doing better. There ntation regarding a follow up						

was aware of Resident #5's verbalization of suicidal ideation. OSM #3 stated, "I was made aware of the last one that occurred (9/7/16)." OSM #3 stated, "We had a behavioral meeting." OSM #3 was asked what was put in place at that

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO). 0938-0391
	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILI		CONSTRUCTION		TE SURVEY MPLETED
		495140	B. WING				C /27/2016
NAME OF	PROVIDER OR SUPPLIER	l		STF	REET ADDRESS, CITY, STATE, ZIP CODE	,	
GOLDEN	LIVINGCENTER-ROS	SE HILL			CHALMERS COURT RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 250	Continued From pa	-	F	250			
	ideation. OSM #3 scare plan should hat that she had made to check and see who of past social worke this." OSM #3 was nurse practitioner hat the suicidal ideation in the psych book, saware." At this time psychiatric book with notification of suicid OSM #3 was asked response to the deciscore between 7/30 stated, "(name of Retime where her behapsychiatric nurse promedications and chabetter help her with asked what was dormood documented stated, "I was told it know." OSM #3 was have happened. OS #5) should have been pubehavior meeting ar was a lapse. We are On 10/27/16 at 9:40	Resident #5's suicidal stated, "Her (Resident #5's) ave been updated on the dates the verbalizations. I will have that I have, I know that (name er) had been talking about advised that the psychiatric ad stated she was unaware of a. OSM #3 stated, "We put it so she should have been a OSM #3 reviewed the this surveyor. The only lal ideation was on 7/29/16. I what was put into place in cline in Resident #5's mood later was looking at the actitioner was looking at the actitioner was looking at the anges had been done to the behaviors." OSM #3 was ne for Resident #5's decline in on the 9/7/16 MDS. OSM #3 was in the book, I don't saked to state what should SM #3 stated, "She (Resident en in the psych book, we everyone and interventions ut in place, we did have a not we do recognize that there is trying to get better."					
	conducted with ASM	I (administrative staff edical doctor. ASM #3 was					

asked if he was made aware of Resident #5's suicidal ideation, ASM #3 stated that he was not made aware and this was the first that he had heard of it. ASM #3 further stated, "She

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		495140	B. WING			10/27/2016
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
COLDEN	I LIVINGCENTER-RO	CE UII I		110 CHALMERS COURT		
GOLDEN				BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION E DATE
F 250	On 10/27/16 at 10:4 conducted with ASM ASM #2 was asked Resident #5's verba ASM #2 stated, "We committee so that wincrease our interdi	peen declining, not eating, she	F2	250	.	
	Prevention and Inte in part, the following Statement: It is the individuals voicing a or actions which ind services and interventhese feelings and reservices and interventhese feelings and reservices and resident safety issues and reservices and reservices and reservices and reservices and resident safety issues and reservices and res	displays of intentions to				

plan. Ongoing updates will be provided to the

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495140	B. WING		C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				110 CHALMERS COURT	
GOLDEN	I LIVINGCENTER-RO	SE HILL			
				BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE COMPLETION
F 250	Continued From pa	ge 41	F 2	250	
	physician, as neces	sary. 6. If the resident is			
	under the treatment				
		hould be contacted for			
	interventions, support and instructions. Inpatient				i
		considered. 7. An immediate			
		ould be developed and			
		ic to the resident's situation			
	and needs. The plan should also include visual checks, which should be completed and				
		nterval that is determined by			
	individualized asses	isment."			
	#1, the executive didirector of nursing s	ing was conducted with ASM rector and ASM #2, the ervices on 10/26/16 at 6:40 ASM #2 were made aware of			
	No further information	on was provided prior to the			
	end of the survey pr				
F 278	483.20(g) - (j) ASSE		F 2	78	
		DINATION/CERTIFIED		, 0	
	The assessment muresident's status.	ust accurately reflect the			
	A registered nurse neach assessment w	nust conduct or coordinate			
	participation of healt				
	A registered nurse n assessment is comp	nust sign and certify that the pleted.			
		completes a portion of the gn and certify the accuracy of seessment.			
	Under Medicare and	Medicaid, an individual who			

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STATEMENT OF	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		495140	B. WING		10/27/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL				STREET ADDRESS, CITY, STA 110 CHALMERS COURT BERRYVILLE, VA 22611	TE, ZIP CODE
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	OF CORRECTION (X5) EACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE SENCY)

F 278 Continued From page 42

wilifully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.

Clinical disagreement does not constitute a material and false statement.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and clinical record review, it was determined that the facility staff falled to maintain a complete and accurate MDS (minimum data set) assessment for five of 28 residents in the survey sample, Residents #1, #5, #7, #19 and #15

- 1. The facility staff failed to complete the BIMS (brief interview for mental status) and pain interviews for Resident #1's 14 day Medicare MDS with an ARD (assessment reference date) of 10/4/16.
- 2. The facility staff falled to complete Section C, Cognitive Patterns, for Resident #5's significant change MDS (minimum data set) with an ARD (assessment review date) of 9/7/16.
- 3. Facility staff failed to correctly code Resident #7's activities of daily living on the 7/15/16 quarterly MDS (minimum data set).
- 4. The facility staff failed to complete the mood

F 278

- The incomplete BIMS for Resident #1 has been noted and updated, accurate BIMS has been done. The incomplete Section C has been noted for Resident #5. Resident #5 now has an updated, accurate Section C. The current MDS for resident #7 is accurate. The current mood interview for Resident #19 has been completed. Resident #15's missing cognition and pain interviews have been noted and an updated MDS has been completed.
- An audit will be completed on all current residents to ensure their most recent MDS, BIMS assessment, cognition, and pain interview is current and accurate.
- 3. The Regional Clinical Assessment
 Reimbursement Specialists or designee will inservice the Interdisciplinary Care Plan Team on accuracy of the MDS, including completing the BIMS assessment, cognition, and pain interviews accurately.
- An audit of 10% of the assessments completed will be conducted monthly by the Clinical Assessment Reimbursement Specialists or designee and submitted to QAPI for review monthly X 3 months.

November 18, 2016

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GO! DE	N LIVINGCENTER-RO	SE WILL		1	10 CHALMERS COURT		
				8	BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 278	Continued From pa	ge 43	F2	278		_	
	interview on Reside	nt # 19's annual MDS) assessment with the ARD of		0			
	complete the cognit most recent MDS (r	5 the facility staff failed to ion and pain interviews on the ninimum Data Set) with an eference date) of 9/22/16.					
	The findings include	:					i
	(brief interview for n	ailed to complete the BIMS nental status) and pain ent #1's 14 day Medicare f 10/4/16.					
	9/22/16. Resident #	mitted to the facility on 1's diagnoses included but urinary tract infection, vision is.					
	Medicare assessme coded the resident a understanding verba "Cognitive Patterns" Should Brief Intervie (C0200-C0500) be Conduct interview wi were coded for secti indicating the BIMS in Dashes were also cofor mental status. So documented, "J0200 Interview be conduct interview with all residued for J0200 through the coded for J0200 through	documented, "C0100. w for Mental Status Conducted? Attempt to th all residents." Dashes ons C0100 through C0500, nterview was not attempted. oded for the staff assessment ection J "Health Conditions" . Should Pain Assessment ed? Attempt to conduct dents" Dashes were					

Assessment Interview was not attempted.

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CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391					
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		ONSTRUCTION	(X3	3) DATE SURVEY COMPLETED			
		495140	B. WING				C 10/27/2016			
NAME OF F	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE					
GOLDEN	LIVINGCENTER-ROS	SE HILL			CHALMERS COURT RYVILLE, VA 22611					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE				
F 278	for pain. On 10/26/16 at 5:00	ge 44 coded for the staff assessment p.m., an interview was (registered nurse) #2 (the	F	278						
	MDS coordinator). department was resections C and J or #2 stated she attembut then conducts in residents are unable RN #2 stated dashe sections indicated that tempted. RN #2 MDS assessment a pain interviews were	RN #2 stated the MDS sponsible for completing the MDS assessments. RN spts to interview all residents atterviews with staff if the to complete the interviews. The interviews were not was shown Resident #1's and confirmed the BIMS and the not attempted. RN #2 was views were not attempted.								
	department was sho MDS coordinators lo ago. RN #2 stated	idn't know but the MDS ort staffed because one of the eft approximately one month she references the RAI nt instrument) manual when sessments.								
	staff member) #1 (tl	p.m., ASM (administrative ne administrator) and ASM #2 ing) were made aware of the								
		for Medicare & Medicaid al documented the following:								
	determine the reside	this section are intended to ent's attention, orientation and direcall new information.								

care-planning decisions.

C0100: Should Brief Interview for Mental Status

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CENTER	S FUR WEUICARE	& MEDICAID SEIVAGES				- 1111	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		ITE SURVEY IMPLETED
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		495140	B. WING			10	0/27/2016
NAME OF F	PROVIDER OR SUPPLIER			I .	ET ADDRESS, CITY, STATE, ZIP CODE		
001.051	LINANICCENTED DO	ee uii i			CHALMERS COURT		
GOLDEN	LIVINGCENTER-RO	SE RILL		BER	RYVILLE, VA 22611		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTH CORRECTIVE ACTION SHOTH CORRECTIVE ACTION SHOTH CORRECTIVE ACTION OF THE APPROPRIES OF T	OULD BE	(X5) COMPLETION DATE
F 278	Continued From pa	age 45	F	278			
	Item Rationale	14 - 2 1 :2-					
	Health-related Qua	lity of Life Jentifies if the interview will be					
		leutities it file it ifet view will be					
	attempted.	able to attempt the Brief					
	Interview for Menta	al Status (BIMS).					
	· A structured coani	tive test is more accurate and					
	reliable than obser	vation alone for observing					
	cognitive performa	nce.					
	- Without an attem	pted structured cognitive					
	interview, a resider	nt might be mislabeled based					
	on his or her appea	arance or assumed diagnosis.					
	- Structured intervi	ews will efficiently provide dent's current condition that					
	will enhance good						
	Planning for Care	cale.					
	Structured counitiv	ve interviews assist in					
	identifying needed	supports.					
	The structured co	gnitive interview is helpful for					
	identifying possible	delirium behaviors (C1310).					
	Steps for Assessm						
	1. Determine if the	resident is rarely/never					
	understood verball	y or in writing. If rarely/never					
	understood, skip to	C0700 - C1000, Staff					
	Assessment of Me	ntal Status. ge item (A1100), to determine if					
	the recident needs	or wants an interpreter.					
	If the resident needs	ds or wants an interpreter,					
	complete the inter-	view with an interpreter. Coding					
	Instructions						
		e cognitive interview should be					
	attempted with the	resident.					
	Code 0, no: if the	interview should not be					
	attempted because	the resident is rarely/never					
		t respond verbally or in writing,					
	or an interpreter is	needed but not available. Skip					
	to C0700, Staff Ass	sessment of Mental Status.					
	 Code 1, yes: if the 	interview should be attempted					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILC	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	40.8445	70		С	
	495140	B. WING		10/27/2016	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROS	SE HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE COMPLETION	
understood verbally interpreter is neede C0200, Repetition of J0200: Should Pain Conducted? Item Rationale Health-related Qualthost residents who communicating can they feel. Obtaining information the resident's voice," is than observation aloud if a resident cannot gesture, written), the behavior (J0800 and Planning for Care Interview allows the reflected in the care Information about puthe resident provide information for indivication Steps for Assessme 1. Determine whether at least sometimes. (A1100), to determine or wants an interpreter is not represent for the MDS Coding Instructions Attempt to complete at least sometimes is present or not requed Code 0, no: if the resident is present or not requed Code 0, no: if the resident provide at least sometimes is present or not requed Code 0, no: if the resident provide at least sometimes is present or not requed Code 0, no: if the resident provide at least sometimes is present or not requed Code 0, no: if the resident provide at least sometimes is present or not requed Code 0, no: if the resident provides at least sometimes is present or not requed Code 0, no: if the resident provides at least sometimes is present or not requed Code 0, no: if the resident provides at least sometimes is present or not requed Code 0, no: if the resident provides at least sometimes is present or not requed Code 0.	int is at least sometimes or in writing, and if an id, one is available. Proceed to of Three Words Assessment Interview Be ity of Life or are capable of answer questions about how on about pain directly from mes called "hearing the more reliable and accurate one for identifying pain. It communicate (e.g., verbal, en staff observations for pain id J0850) will be used. It resident's voice to be plan. It is a plan in that comes directly from a symptom-specific idualized care planning. In the resident is understood Review Language item the whether the resident needs ter. It is eeded or requested, every deto have an interpreter of clinical interview. In the interview if the resident is understood and an interpreter uired. It is rarely/never	F 2	278		
	esident is rarely/never erpreter is required but not				

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CENTER	& MEDICAID SERVICES				MB NO. 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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				1	10 CHALMERS COURT	
GOLDEN	I LIVINGCENTER-ROS	SE HILL		B	BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	-IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
·	Continued From pa available. Skip to In Pain item (J0800). Code 1, yes: if the understood and an required. Continue (J0300)" No further information of the inform	age 47 Indicators of Pain or Possible It resident is at least sometimes Interpreter is present or not Ito Pain Presence item Ition was presented prior to exit. If failed to complete Section C, If or Resident #5's significant Interpreter is presented prior to exit.		278	DEFICIENCY)	NAIG
		nt #5's significant change MDS //16 revealed, in part, that				

Section C, Cognitive Patterns, had not been completed as required. For the question, "Should

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING		C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
001.05				110 CHALMERS COURT	
GOLDE	N LIVINGCENTER-RO	SE HILL	- 1	BERRYVILLE, VA 22611	
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F 278	F 278 Continued From page 48			78	
	the staff responded The questions on the Status (BIMS) were (dash). The summa a "-" (dash). All the assessment of the I "-" (dash). On 10/26/16 at 5:15 conducted with RN MDS coordinator. Freetions she was re #2 stated, "I am res and J on the MDS." the process for conducted to interview unable to answer the	Mental Status be conducted?" with a "1" indicating, "Yes". he Brief Interview for Mental he all answered with a "-" ary score was completed with he responses on the staff BIMS were completed with a he p.m. an interview was (registered nurse) #2, the RN #2 was asked which he ponsible for completing. RN he ponsible for Sections G, C RN #2 was asked to provide ducting an interview for he Patterns. RN #2 stated, "I he every resident, if they are he questions I complete the he RN #2 was asked under what			

guide to complete the MDS.

On 10/26/16 at 6:40 p.m. an end of day meeting was conducted with ASM (administrative staff member) #1, the executive director, and ASM #2,

circumstances an interview would not be

conducted, RN #2 stated, "Everybody should be a "1", we should attempt to interview everyone." RN #2 was shown Resident #5's significant change MDS, Section C. RN #2 was asked what a dash indicated in the response boxes. RN #2 stated, "I would assume that if there is a dash then the interview was not completed. Resident #5 should not have had dashes and if she was unable to answer the questions then the staff assessment should have been completed." RN #2 was asked what reference she used to complete the MDS. RN #2 stated that she used the RAI (resident assessment instrument) as a

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				1	10 CHALMERS COURT		
GOLDEN	LIVINGCENTER-ROS	SE HILL		ı	BERRYVILLE, VA 22611		
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F 278	Continued From pa	ge 49	F 2	278			
	•	ng services. ASM #1 and					
		aware of the findings.					
		on was provided prior to the					
	end of the survey pr						
		to correctly code Resident					
	quarterly MDS (min	ly living on the 7/15/16					
	quarteny MDS (min	iriuiri data set).					
	Resident #7 was ad	mitted to the facility on					
		oses that included but were					
		ssion, high blood pressure,					
	stroke and dementia	а.					
	with an ARD (asses 7/15/16 coded the reunderstanding other to make self-unders as a 99 in the brief i indicating the reside questions. In section the resident was code Activity occurred online person physical assoliving. Review of the July 2	OS, a quarterly assessment, sment reference date) of esident as sometimes and sometimes being able tood. The resident was coded netrolew for mental status and was not able to answer the G titled, "Functional Status" ded as a "7/2" defined as "7. by once or twice. 2. One ist" for all activities of daily					
		t documented, that the sistance for all activities of					
	daily living on a daily						
		nducted on 10/26/16 at 5:25					
		ered nurse) #4, the MDS					1
		sked who completed section					
		4 stated, that she did. When mation was obtained to					-
		RN #4 stated, "That comes					
		ne care tracker." When					

asked to review section G of Resident #7's

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CENTER	RS FOR MEDICARE	E & MEDICAID SERVICES			<u>_</u>	MR NO). 0938-0 <u>391</u>
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NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		-
GOLDEN	I LIVINGCENTER-ROS	SE HILL		110 C	CHALMERS COURT		
	- EIVINGGERTER-RG	34 () 1 ()		BER	RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
	7/15/16, quarterly M should have been of the resident's CNA ("That doesn't make mistake." When ask the MDS to be accurone thing it goes stroilling, it could be M into quality measures she used to comple "The RAI (resident at On 10/26/16 at 7:00 staff member) #1, the director of nursing findings. 4. The facility staff the interview on Resident (Minimum Data Set) 3/2/16. Resident # 19 was at 5/31/13 with diagnost limited to: vascular of mellitus (2), anxiety failure, cerebral vasc (minimum dada set) an ARD (assessment)	MDS, RN #4 stated, "That caught." When asked to review flow sheet, RN #4 stated, a sense. That's definitely a ked why if it was important for urate, RN #4 stated, "Yes. For raight into Medicare and it's for Medicare fraud. It also goes es." When asked what policy assessment instrument)." D.p.m. ASM (administrative the administrator, and ASM #2, ang, were made aware of the failed to complete the mood ant # 19's annual MDS) assessment with the ARD of admitted to the facility on ses that included but were not dementia (1), diabetes (3), hypertension (4), heart	F	278	SCHOLINGTY		
	understood" and sec	Resident # 19 as "Usually ction B0800 "Able To ' coded Resident # 19 as ls."					

Section D0100 "Mood" of the quarterly MDS

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DEPART	MENT OF REALTH	AND HUMAN SERVICES				FORM APPROVED
CENTER	S FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING			C 10/27/2016
NAME OF P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	
COLDEN	LIVINGCENTER-ROS	2E UII I		110 C	CHALMERS COURT	
GOLDEN	LIVINGCEN I EK-KO	SE FILE		BER	RYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE COMPLETION
	Continued From parassessment with an "Should Resident Management of A"-"(dash) was code D0100 "Yes - Continuterview." Review Mood Interview" review and dash boxes. The staff as mood, Section D050 documented with dash of Architecture of Sections of Miles and Management of Miles and Mile	ge 51 ARD of 3/2/16 documented, lood Interview be Conducted? It interview with all residents." It interview was not make the interview was not mes were documented in the interview was not mes were documented in the interview was ashes. If in a man interview was ashes. If in a man interview was ashes. If in a modern in a m	F 2	78	DEFICIENCY)	
	Definitions. Assess refers to the last day back") period that the	ssessment Types and ment Reference Date (ARD) of the observation (or "look assessment covers for the by begins at 12:00 a.m. and				

ends at 11:59 p.m., the ARD must also cover this

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CENTE	RS FOR MEDICARE	<u>& MEDICAID SERVICES</u>				ON	<u> 18 NO. 0938-0391</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CO	DE	10/2//2010
COLDEN	LIVINGCENTER-RO	ee un i		110	CHALMERS COURT		
	EIVINGCENTER-NO	SE NILL		BE	RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD E	BE COMPLETION
	on the MDS Item So within the required to type being complete ARD is used for all Medicare-required I assessment type are of the MDS 3.0 item period. If a resident then all pertinent information and period in June 25th a p.m. should be included "SECTION Intent: The items in distress, a serious of underdiagnosed and home and is associal to it is particularly impossymptoms of mood or residents because the can be treatable. Steps for Assessme 1. Determine if the reunderstood. If rarely, D0500, Staff Assess (PHQ-9-OV©). 2. Review Language the resident needs of	cility is required to set the ARD et or in the facility software timeframe of the assessment ed. This concept of setting the assessment types (OBRA and PPS) and varies by a facility determination. Most as have a 7 day look back has an ARD of July 1, 2011 formation starting at 12:00 and ending on July 1st at 11:59 aded for MDS 3.0 coding." D: MOOD this section address mood condition that is a fundertreated in the nursing ated with significant morbidity. Ortant to identify signs and distress among nursing home nese signs and symptoms	F2	278	DEFICIENCY)	2	
	If the resident needs complete the intervie On 10/27/16 at 2:50	or wants an interpreter, www.ith an interpreter." p.m., ASM (administrative administrator, was made					
	aware of the above fi						

No further information was presented prior to exit.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	D. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCT		(X3) DA	ATE SURVEY OMPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRES	S, CITY, STATE, ZIP COD		0/21/2010
201 001				110 CHALMERS	COURT		
GULDER	I LIVINGCENTER-RO	SE HILL		BERRYVILLE,	VA 22611		
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F 278	Continued From pa	ge 53	F 2	78			
	References:						j
	brain function. This It affects memory, the and behavior. Vascu by a series of small This information wa	radual and permanent loss of occurs with certain diseases. hinking, language, judgment, ular dementia (VaD) is caused strokes over a long period. s obtained from the website: gov/ency/article/000746.htm.					
	regulate the amount information was obtained.	e in which the body cannot t of sugar in the blood. This ained from the website: .gov/medlineplus/ency/article/					
	website:	mation was obtained from the gov/medlineplus/anxiety.html					
	obtained from the we	ure. This information was ebsite: gov/medlineplus/highbloodpr					
	brain stops. A stroke attack." If blood flow few seconds, the bra oxygen. Brain cells damage. This informwebsite:	plood flow to a part of the is sometimes called a "brain or is cut off for longer than a ain cannot get nutrients and can die, causing lasting mation was obtained from the gov/ency/article/000726.htm					
	5. The facility staff fa	ailed to complete the					

cognition and pain interviews on Resident #15's

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					O. 0938-0391
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		495140	B. WING	·_		_ _1	C 0/27/2016
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	LIVINGCENTER-ROS	SE HILL			110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 278		ge 54 num Data Set) assessment sment reference date) of	F 2	?78	3		
	Resident # 15 was admitted to the facility on 8/25/16 with diagnoses that included but were no limited to: acute Cholecystitis (1), tachycardia (2), atrial fibrillation (3), congestive heart failure (4), high blood pressure (5), chronic obstructive lung disease (6), epilepsy (7), anxiety (8), depression (9), gastro esophageal reflux disease (10), diabetes (11), and coronary artery disease (12).						
	assessment with an date) of 9/1/16 code out of 15 on the BIM status) indicating the cognitively impaired. Assessment Interview	y MDS (minimum data set) ARD (assessment reference d the resident as having a 12 IS (brief interview for mental e resident was moderately . Section J0200 Should Pain ew be Conducted? was icating "Yes" the Pain ew was completed.					
	the following: Sectio C0100. Should the E Status be conducted indicating "Yes". Wh was reviewed the fol sections C0200, C03 documented: a dash J0200 Should Pain A	#15's 30 day MDS ARD of 9/22/16 documented in C Cognitive Patterns, Brief Interview for Mental I? was coded with "1" men the rest of the section Blowing was documented for 300, C0400, and C0500 in for each question. Section Assessment Interview be ection was coded with a "1"					

J0600.

indicating that the Pain Assessment Interview should be conducted. When the following sections were reviewed each was found to be documented with a dash. J0300, J0400, J0500,

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						CHARL	O 0020 0201
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES					O. 0938-0391
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NAME OF F	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
		o=		110	CHALMERS COURT		
GOLDEN	I LIVINGCENTER-ROS	SE HILL		BE	RRYVILLE, VA 22611		
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F 278	8 Continued From page 55			278			
	RN (registered nurs the concern about t #15's 30 day MDS a of 9/22/16, was reve made for copies of assessments. At the what reference is us MDS. RN # 2 state assessment instrum	on 10/26/16 at 5:25 p.m. with se) # 2, an MDS Coordinator, the dashes coded on Resident assessment with an ARD date ealed and a request was Resident # 15's MDS his time RN # 2 was asked sed when completing the ed that the RAI (resident ment) manual is used.					
	6:45 p.m. with ASM # 1, the administrate nurses, ASM # 4, th and RN # 1, the ass concern about Resi	lay interview on 10/26/16 at a ladministrative staff member) for, ASM # 2, the director of the regional nurse consultant, sistant director of nurses, the ident # 15's 30 day MDS in ARD of 9/22/16, was					
	RN # 2 and RN # 4, Resident # 15's 30 again discussed. B that "dashes" mean	on 10/27/16 at 9:40 a.m. with , an MDS coordinator, day MDS assessment was 30th RN # 1 and RN # 4 stated in the interviews were not done. in why the interviews were not					
	Prior to exit no furth	ner information was provided.					
	References:						
	(1) Cholecystitis – I gallbladder <https: v<br="">health/PMHT00250</https:>	www.ncbi.nlm.nih.gov/pubmed					

(2) Tachycardia -- Rapid beating of the heart, usually defined as greater than 100 beats per

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		485140	B. WING			10/	27/2016
	PROVIDER OR SUPPLIER I LIVINGCENTER-RO	SE HILL		STREET ADDRESS, CITY, STATE, ZIP (110 CHALMERS COURT BERRYVILLE, VA 22611	CODE		
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F 278	m=Tachycardia>+ (3) Atrial fibrillation the most common the arrhythmia is a protothe heartbeat. https://www.ncbi.nm m=Atrial+fibrillation (4) Congestive heart in which the heart of https://www.ncbi.nlmm=Congestive+heart. (5) High blood presswhen blood flows the force greater than blood pressure. Hypheart, damage bloomisk of heart attack, death. a force greater than blood pressure. Hypheart, damage bloomisk of heart attack, death. a force greater than blood pressure. Hypheart, damage bloomisk of heart attack, death. blood pressure. Hypheart, damage bloomisk of heart attack, death. blood pressure in the lungs, Chronic obstructive chronic bronchitis, in passages) are inflar emphysema, in which are damaged. It deviated by cooperative cooperative cooperative damaged. It deviated by cooperative coop	alm.nih.gov/pubmedhealth/?ter Atrial fibrillation, or AF, is type of arrhythmia. An olem with the rate or rhythm of alm.nih.gov/pubmedhealth/?ter >-+ A chronic condition cannot pump blood properly. m.nih.gov/pubmedhealth/?ter art+failure+ sure A condition present cough the blood vessels with a normal. Also called high certension can strain the divessels, and increase the stroke, kidney problems, and m.nih.gov/pubmedhealth/?ter ssure+ tive lung disease A type of did by permanent damage to making it hard to breathe. pulmonary disease includes in which the bronchi (large air med and scarred, and chithe alveoli (tiny air sacs) velops over many years and is igarette smoking. Also called m.nih.gov/pubmedhealth/?ter	F 2	278			
	m=Chronic+obstructive+lung+disease+						

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRECT CROSS-REFEREI	PLAN OF CORRECTION CTIVE ACTION SHOULD NCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
	problems in the non- These problems can body movements, a changes in conscious problems or problem https://www.ncbi.nlm m=Epilepsy++ (8) Anxiety Feeling uneasiness that may stress. A person with restless and tense, a https://www.ncbi.nlm m=Anxiety (9) Depression a s aversion to activity th thoughts, behavior, a well-being. https://www.ncbi.nlm m=Depression+ (10) Gastro esophage of stomach contents complications from th https://www.ncbi.nlm m=Gastro+esophage (11) Diabetes A dis not control the amous sugar) in the blood a amount of urine. This body does not make use it the way it shou	up of disorders marked by mal functioning of the brain. In produce seizures, unusual loss of consciousness or usness, as well as mental ins with the senses. In nih.gov/pubmedhealth/?ter gs of fear, dread, and y occur as a reaction to in anxiety may sweat, feel and have a rapid heartbeat. In nih.gov/pubmedhealth/?ter state of low mood and that can affect a person's feelings and sense of in nih.gov/pubmedhealth/?ter with symptoms and/or he reflux. In h.gov/pubmedhealth/?ter geal reflux disease Reflux with symptoms and/or he reflux. In h.gov/pubmedhealth/?ter geal reflux disease Reflux with symptoms and/or he reflux. In h.gov/pubmedhealth/?ter geal reflux disease Reflux with symptoms and/or he reflux. In h.gov/pubmedhealth/?ter geal reflux disease Reflux with symptoms and/or he reflux. In h.gov/pubmedhealth/?ter geal reflux disease Reflux with symptoms and/or he reflux with symptoms and/or he reflux with symptoms and/or he reflux which the body does not of glucose (a type of nd the kidneys make a large is disease occurs when the enough insulin or does not	F	7.78		

(12) Coronary artery disease (CAD) is a disease

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION 4G	(X3) DATE SURVEY COMPLETED	
<u></u>		495140	B. WING_		C 10/27/2016	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
GOLDEN	N LIVINGCENTER-RO	SE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 278	Continued From pa	ige 58	F 27	8		
	in which a waxy sub up inside the corona supply oxygen-rich	bstance called plaque builds ary arteries. These arteries blood to your heart muscle. m.nih.gov/pubmedhealth/?ter	2			
F 279 SS=D	483.20(d), 483.20(k COMPREHENSIVE	()(1) DEVELOP	F 27	9		
		he results of the assessment and revise the resident's n of care.	1.	Residents #9, #12, and #5 all have an date accurate comprehensive care planes and the feet accurate the feet accurate the feet accurate the feet accurate accurate the feet ac	an.	
	plan for each reside objectives and time! medical, nursing, ar	velop a comprehensive care ent that includes measurable tables to meet a resident's nd mental and psychosocial tified in the comprehensive	2.		been	
	to be furnished to at highest practicable p psychosocial well-be §483.25; and any se be required under §4	describe the services that are tain or maintain the resident's physical, mental, and eing as required under ervices that would otherwise 483.25 but are not provided	3.	The MDS department will be educated comprehensive care plan process by the Regional Clinical Assessment Reimbur Specialists	the	
		s exercise of rights under he right to refuse treatment).	4.	plans completed to ensure accuracy for next three months. All findings will be	or the	
	by: Based on staff inter	IT is not met as evidenced view, and clinical record nined that the facility staff		reported to QAPI.		
	failed to develop a co	omprehensive care plan for in the survey sample,		November 1	18, 2016	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		483140	D. 11110			10/27/2016	
NAME OF F	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
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F 279	9 Continued From page 59			279			
	1. The facility staff						
		e plan for the triggered care					
		ntinence on Resident # 9's					
		inimum data set) assessment					
	with an ARD (asses	sment reference date) of					
	1/25/16.	·					
	O The Section of St	fallani ta stavolon =					
	2. The facility staff f						
		e plan for the triggered care					_ 1
	areas of: cognitive l	oss/dementia, visual function,					
	activities of daily livi	ing functional/rehabilitation					ŀ
		cial well-being, falls and					- 1
		aintenance based on Resident					
		S (minimum data set) with an					- 1
	ARD (assessment r	reference date) of 9/29/16.					
	3. Facility staff failed	d to develop a nutrition care					- 1
		12 based on the triggered care					
		the admission MDS					
	(minimum data set)	assessment dated 1/26/16.					1
	4. The facility staff fa	ailed to develop a care plan					
		erbalized suicidal ideation on					
	6/13/16.	C. Donizou Goldidai Ideallori VII					- 1
	or for fo.						
	The findings include	:					
	1. The facility staff f	failed to develop a					
		e plan for the triggered care					
		ntinence on Resident # 9's					
							Ì
		nimum data set) assessment					
	•	sment reference date) of					
	1/25/16.						
	Resident # 9 was ad	fmitted to the facility on					
		ses that included but were not					
		a (1), myocardial infarction					
	(2), atherosclerosis ((3), hypertension (4) and					ı

benign prostatic hyperplasia (5).

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	PROVIDER OR SUPPLIER N LIVINGCENTER-RO	SE HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
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F 279	Continued From pa	ge 60	F2	279		
	admission assessmereference date) of 1 scoring a 13 on the status (BIMS) of a scognitively intact for Resident # 1 was constant to the status of the status (BIMS) as a scoring resident # 1 was constant to the status of the sta	emprehensive MDS, an ent with an ARD (assessment 1/25/16 coded the resident as brief interview for mental score of 0 - 15, 13 being radily decision making. Todaily decision making that the member for activities of				

Review of Resident # 9's comprehensive care plan with a revision date of 10/23/16 failed to evidence a care plan to address Resident # 9's urinary incontinence.

daily living. Review of Section V Care Area Assessment (CAA) Summary revealed "06. Urinary Incontinence and Indwelling Catheter" was coded as "Addressed in Care Plan."

On 10/25/16 at 3:50 p.m. an interview was conducted with RN (registered nurse) # 2, MDS coordinator. RN # 2 was asked to review Resident # 9's admission MDS with the ARD of 1/15/16 and the care plan with a revision date of 10/23/16. When ask if there was a care plan for the triggered area of urinary incontinence on Resident # 9's admission MDS assessment, RN # 2 stated, "It's not on the care plan, it should be."

The facility policy "RAI (Resident Assessment Instrument) Process" documented, "(Name of Facility) adhere to all CMS (Centers for Medicare/Medicaid Services) regulations which are considered the definitive source in completion of the RAI process. This includes coding the MDS (Minimum Data Set), completion of Care Area Assessment (CAA) and the development of the comprehensive plan of care."

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		495140	B. WING	;		10/	27/2016
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F 279	(administrative staf administrator, and nursing, and RN # nursing, were mad	proximately 6:45 p.m. ASM	F	279			
	Quadriplegia. Para function in part of y something goes with pass between your can be complete or both sides of your one area, or it can information was obtained.	emiplegia, Palsy, Paraplegia, alysis is the loss of muscle your body. It happens when rong with the way messages r brain and muscles. Paralysis or partial. It can occur on one or body. It can also occur in just be widespread. This otained from the website: s.gov/paralysis.html.					
	by a blood clot that arteries. The coror oxygen to the hear the heart is starved This information w	Most heart attacks are caused to blocks one of the coronary nary arteries bring blood and rt. If the blood flow is blocked, do foxygen and heart cells die. vas obtained from the website: s.gov/ency/article/000195.htm.					
	your arteries. Plaq up of fat, cholester substances found hardens and narro flow of oxygen-rich information was of	hich plaque builds up inside que is a sticky substance made rol, calcium, and other in the blood. Over time, plaque ows your arteries. That limits the blood to your body. This btained from the website: s.gov/atherosclerosis.html.)		*		

(4) High blood pressure. This information was

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F 279	obtained from the w https://www.nlm.nih essure.html. (5) An enlarged pro- obtained from the w	rebsite: .gov/medlineplus/highbloodpr	F 2	279				
	areas of: cognitive leactivities of daily livit potential, psychosod dehydration/fluid ma#1's admission MDS	ailed to develop a e plan for the triggered care oss/dementia, visual function, ng functional/rehabilitation cial well-being, falls and aintenance based on Resident 6 (minimum data set) with an eference date) of 9/29/16.						
	9/22/16. Resident # were not limited to: tooss and osteoporos MDS, a 14 day Med ARD of 10/4/16, coo understood and as to	mitted to the facility on this diagnoses included but urinary tract infection, vision tis. Resident #1's most recent icare assessment with an led the resident as being understanding verbal content, ning the resident's cognitive ete.						
	Summary" of Reside assessment with an "1. Check column A For each triggered C new care plan, care of current care plan	a Assessment (CAA) ent #1's admission MDS ARD of 9/29/16 documented, if Care Area is triggered. 2. Care Area, indicate whether a plan revision, or continuation is necessary to address the						

care area. The Care Planning Decision column must be completed within 7 days of completing

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CENTERS FC	CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB I	NO. 0938-0391
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the R and 0 care : was 0 and " care : Loss/ (activ Poter "Dehy care : Resid on 9// regar On 10 condu MDS trigge plann comp #2. F were On 10 staff r (the d above	CAA(s)). Checarea is address documented in "Care Planning areas including." "Vities of daily livinitial," "Psychosydration/Fluid I areas would be dent #1's comp/23/16 failed to reding the above coordinator). Bered on the CA ned. Resident prehensive care RN #2 confirment and should be findings. Littler information collity staff failed for Resident #1 assessment of	assessment instrument) (MDS ck column B if the triggered assed in the care plan" An "X" in the "Care Area Triggered" ig Decision" columns beside the ing but not limited to "Cognitive Visual Function," "ADL ving) Functional/Rehabilitation isocial Well-Being," "Falls" and Maintenance," indicating the be care planned. Review of prehensive care plan initiated in reveal documentation	F	279			

Resident #12 was admitted to the facility on 1/19/16 with diagnoses that included but were not

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 279	The most recent MI with an ARD (asses 7/27/16 coded the rout of 15 on the brid indicating the reside make daily decision requiring minimal as activities of daily livi Review of the admis 1/26/16 in the care assummary document mass index was too the care area asses "12. Nutrition. Trigge decision: Yes." Review of the care procumentation relations and the care procumentation relations. When a developed for the care RN #2 stated, "Yes."	od pressure, depression, lar heartbeat. DS, a quarterly assessment, sement reference date) of resident as having scored 15 are interview for mental status ent was cognitively intact to as. The resident was coded as essistance from staff for ing. ssion MDS with an ARD of area assessment triggers ted that the resident's body or high or too low. Review of asment summary documented, ered: + New. CP (care plan)	F 2	79			
	staff member) #1, the the director of nursir findings.	p.m. ASM (administrative ne administrator, and ASM #2, ng, were made aware of the			43		
	An interview was co.	nducted on 10/27/16 at 9:30					J

a.m. with OSM (other staff member) #9, the dietary services manager. When asked if he

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CENTERS FOR MEDICARE & MEDICAID SERVICES							3 NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		CONSTRUCTION		3) DATE SURVEY COMPLETED
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F 279	#9 stated that he did would develop a car triggered on the car stated, "I just started When I first got here nurses were doing t started to complete stated, "I'm not sure the last month."	ge 65 tion section of the MDS, OSM d. When asked if he would he re plan if nutrition was e area assessment, OSM #9 d doing them (care plans). e I didn't do it. I thought the hem." When asked when he the care plans, OSM #9 of the specific date, within	F	279			
	when Resident #5 ve 6/13/16. Resident #5 was add 6/19/15 with diagnost not limited to, dehydrones.	ailed to develop a care plan erbalized suicidal ideation on mitted to the facility on less that included, but were ration, Alzheimer's, bipolar depression and anxiety.					
	set) was a significan ARD (assessment re Resident #5 was not Section C on this assessment was not #5's admission MDS Resident #5 was cod patterns, as being ur questions. The staff	ecent MDS (minimum data t change assessment with an eference date) of 9/7/16. coded for her cognition in sessment, and the staff completed. On Resident with an ARD of 7/30/16, led in Section C, cognitive lable to answer the assessment in Section C is a "3", indicating that this					

resident was severely impaired for daily decision

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change MDS asses revealed in Section was coded as scoril and that she had exwould be better off a several days during Section D was also staff or provider was potential for resident A review of Resident 9/7/16 revealed a section as having thoughts a dead, or of hurting hevery day during the Section D was also staff or provider was potential for resident A review of Resident 7/14/16 revealed in documentation; "For Episodes, Depression Dementia with behan currently taking a mantidepressant per the section of the	esident #5's significant sment with an ARD of 7/30/16 D, Mood, that Resident #5 ng a two out of a possible 27 pressed thoughts that she dead or of hurting herself the 14 day look back period coded that the responsible informed that there was a t self-harm. It #5's MDS with an ARD of core of 27 out of a possible 27 D. Resident #5 was coded that she would be better off perself in some way nearly a 14 day look back period. coded that the responsible informed that there was a t self-harm. It #5's care plan created part, the following cus. I am dx with Manic on, Bipolar, Vas (vascular) viors and anxiety. I am	F 2	.79			

Date Initiated 9/28/16. Interventions/Tasks: Make MD, NP, ED, Nursing, DNS, ADON and SSD (social services department) aware if / when

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM APPROVED 3 TOWN APPROVED 3 TOWN APPROVED 3 TOWN APPROVED 5 TOWN APPROVED 6 TOWN APPROVED 7 TOWN A
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIER	SE HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DOE COMPLETION
F 279	to harm self. Date me my medications depression and ma initiated 7/14/16. Retell my doctor if my to see if I need a chinitiated 7/14/16. Retime to discuss my Date Initiated 9/28/19	statements regarding wanting Initiated: 9/28/16. Please give I that help me with my nage any side effects. Date evision on 9/28/16. Please symptoms are not improving lange in my medication. Date evision on 9/28/16. Take the feelings when I'm feeling sad.	F2	79	

conducted with OSM #3, the licensed social worker. OSM #3 was asked which section of the MDS she was responsible for completing. OSM #3 stated, "I do the mood interviews." OSM #3 was asked if the mood interview score was significantly higher from one MDS to the next what she would do. OSM #3 responded, "I would let everyone know, nursing, the ED (executive director), NP (nurse practitioner), DON (director of nursing), ADON (assistant director of nursing) and the MD (medical doctor). I would put the resident on the psych (psychiatrist) list to be seen. I would initiate visual checks and if there was any attempt to hurt themselves I would send them to the hospital." OSM #3 was asked to describe the visual checks. OSM #3 stated, "The staff just checks on them, typically every 15 minutes. I don't know how staff documents it but I will double check." OSM #3 was asked if a resident stated that they wanted to hurt themselves what she would do, as the social worker. OSM #3 stated, "I would go back in a day and see if they were doing better. There should be documentation regarding a follow up visit." OSM #3 was asked whether or not she was aware of Resident #5's verbalization of suicidal ideation. OSM #3 stated, "I was made

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NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP COD	Ε	
GOLDEN	I LIVINGCENTER-RO	SE HILL		1	CHALMERS COURT RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 279	OSM #3 stated, "WOSM #3 was asked meeting to address ideation. OSM #3 scare plan should hat that she had made to check and see wof past social worke this." OSM #3 was nurse practitioner has the suicidal ideation in the psychiatric book with notification of suicid OSM #3 was asked response to the descore between 7/30 stated, "(name of Ratime where her behapsychiatric nurse promedications and chapsychiatric nurse promedications and chapsychiatr	ge 68 the that occurred (9/7/16)." the had a behavioral meeting." what was put in place at that Resident #5's suicidal stated, "Her (Resident #5's) two been updated on the dates the verbalizations. I will have that I have, I know that (name that I have, I know that I have, I know that I have the have that I have the land that I have that I have the land that I have a have the that I have a have the land that I have a have the land that I have a have do recognize that there the trying to get better." It it policy titled "Suicide"	F	279			
		rvention Guideline" revealed,			9.		

in part, the following documentation: "Guideline Statement: It is the policy of this center that

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	DE CORRECTION INDENTIFICATION NUMBER		, ,	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		495140	B. WING		C 10/27/2016		
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/2/12010		
GOLDEN	I LIVINGCENTER-RO	SE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		D BE COMPLETION		
F 279	or actions which ind services and interve these feelings and re- well-being 7. As should be develope the resident's situat should also include be completed and do is determined by ind An end of day meet #1, the executive did director of nursing s	ge 69 and/or displaying feelings and / licate suicidal ideation, receive entions to help them manage maintain their psychosocial in immediate written care plan d and implemented specific to ion and needs. The plan visual checks, which should locumented at an interval that dividualized assessment." ing was conducted with ASM rector and ASM #2, the ervices on 10/26/16 at 6:40 aSM #2 were made aware of	F:	279			
F 280 SS=D	end of the survey pr 483.20(d)(3), 483.10 PARTICIPATE PLAN The resident has the incompetent or othe incapacitated under participate in planning changes in care and	O(k)(2) RIGHT TO NNING CARE-REVISE CP e right, unless adjudged rwise found to be the laws of the State, to ng care and treatment or I treatment.	F 2	80			
	within 7 days after the comprehensive asset interdisciplinary team physician, a register for the resident, and disciplines as determined, to the extent prothe resident, the resident, the resident in the res	are plan must be developed the completion of the dessment; prepared by an in, that includes the attending ed nurse with responsibility other appropriate staff in nined by the resident's needs, acticable, the participation of ident's family or the resident's and periodically reviewed					

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM APPROVE 98-038-03 MB	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
II		495140	B. WING_			C 10/27/2016	
NAME OF	PROVIDER OR SUPPLIER	(1)		STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 10/21/2010	
GOLDEN	I LIVINGCENTER-RO	SE HILL			CHALMERS COURT RRYVILLE, VA 22611	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLÉTIO	
F 280	Continued From pa and revised by a tea each assessment.	ge 70 am of qualified persons after	F 28	0			
	This REQUIREMEN	IT is not met as evidenced		1.	Care plans for Resident #11 have be reviewed and revised to reflect cur and nursing needs.		
by: Based on observation, resident interview, and clinical record review, it determined that the facility staff failed		ion, resident interview, staff al record review, it was facility staff failed to review		2.	An audit of current resident care p completed to ensure the care plant current medical and nursing needs	s reflect	
	and revise the comprehensive care plan for one of 28 residents in the survey sample, Resident #11. The facility staff failed to revise the care plan for the treatment of shingles for Resident #11.		 The interdisciplinary team w by the Regional Clinical Asse Reimbursement Specialists or regarding resident care plans 			sment designee	
	-				changes		
	The findings include: Resident #11 was admitted to the facility on 8/26/16 with diagnoses that included but were not limited to: fracture of her hip, restless leg syndrome, chronic obstructive pulmonary disease (COPD), high blood pressure, and history of cancer of the lungs, breasts, kidney and uterus.			n condition ns will be Results of monthly at			
	assessment, a Medion with an assessment coded the resident a make daily decisions requiring limited assimembers for all of he	S (minimum data set) care 30 day assessment, reference date of 9/23/16, s being cognitively intact to c. The resident was coded as stance of one or more staff er activities of daily living th she required supervision ce was provided.			November 1	8, 2016	

Resident #11 was observed in her room on

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			(O. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) D/	ATE SURVEY DMPLETED
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NAME OF	PROVIDER OR SUPPLIER		1	_	TREET ADDRESS, CITY, STATE, ZIP CODE	1 1	0/27/2016
601.05					10 CHALMERS COURT		
GOLDE	N LIVINGCENTER-RO	SE HILL			BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ix	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 280	Continued From pa	ge 71	FS	280			· · · · · ·
	•	n. There was no isolation cart	1 2	100			
	or signage outside of	or inside the resident's room.					
	A resident interview	was conducted with Resident					
	#11. When asked it	she had changed rooms, I that she had changed rooms					
	because she had ha	ad shingles and they put her in					
	a private room on is	olation. When asked if she					
	still had shingles, Re	esident #31 stated that no					
	they had healed.						
	Shingles is a diseas	e caused by the					
	varicella-zoster virus	s - the same virus that causes					
	chickenpox. After yo	ou have chickenpox, the virus					
	stays in your body. I	t may not cause problems for get older, the virus may					
	reappear as shingles	s. Although it is most					
	common in people o	iver age 50, anyone who has					
	had chickenpox is al	t risk. (1)					
	The comprehensive	care plan was reviewed. The					
	care plan dated, 9/15	5/16, documented, "Focus:					ļ
	Infection actual or at	risk for related to: 9/12/16					
	Active Shingles." The						ı
	documented, "Monite	er (sic) resident for skin e and pain. Resident is					
	allowed to go out of I	her room, while shingles is			•		
	on her buttocks and	covered." The care plan also					
	dated, 9/15/16, docu	mented, "Focus: Infection					
	actual or at risk for re	elated to: 9/12/16 - Active					
	"Administer antibiotic	ventions" documented, as and treatment as ordered.					
	Follow contact preca	utions. Inform resident and					
	visitors of necessary	precautions. Isolation cart,					

signage on patient door and isolation cart. Provide private room if appropriate."

An interview was conducted with LPN (licensed practical nurse) #3 on 10/26/16 at 11:16 a.m. When asked who updates the care plans, LPN #3

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/08/2016 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 495140 B. WING 10/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **GOLDEN LIVINGCENTER-ROSE HILL** BERRYVILLE, VA 22611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 280 Continued From page 72 F 280 stated, "MDS, nurses, a lot of people." When asked if Resident #11 was on isolation, LPN #3 stated, "No, she's not." When asked if Resident #11 has shingles at this time, LPN #3 stated, "No." When asked if Resident #11 doesn't have shingles, should active shingles still be on her care plan, LPN #3 stated, "No, it should say history of." An interview was conducted with LPN #7, the unit manager, on 10/26/16 at 11:25 a.m. When asked who updates the care plans, LPN #7 stated, "All of us. We go through them in the morning meeting, IDT (interdisciplinary team)." When asked if Resident #11 is on isolation, LPN #7 stated, "No, she's not." When asked to review the care plan, LPN #7 stated, "It should say history of. She's not on active isolation." An interview was conducted with administrative staff member (ASM) #2, the director of nursing. on 10/26/16 at 11:55 a.m. When asked who is

received.

responsible for updating the care plan, ASM #2 stated, "Any nurse and the MDS staff." When asked if Isolation should still be on Resident #11's care plan, ASM #2 stated, "No, she doesn't have

A policy on reviewing and revising the care plan was requested on 10/26/16 at 4:15 p.m. and again on 10/27/16 at 8:00 a.m. None was

According to Fundamentals of Nursing Lippincott

Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team members that helps ensure continuity of care...The nursing care plan is a vital source of

them now. It should say resolved."

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	TO T OIT INE DIOI II TE	d MEDIOAID SERVICES			OIVID 140	<u>J. 0936-039 i</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC	TIPLE CONSTRUCTION		ATE SURVEY OMPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
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F 280	and goals. It contains achieving the goals and is used to direct revise and update to	ge 73 ne patient's problems, needs, ins detailed instructions for established for the patient it careexpect to review, he care plan regularly, when n condition, treatments, and	F 2	80		
	The ASM #1, the administrator, ASM #2 director of nursing, ASM #4, the regional consultant, and RN (registered nurse) # assistant director of nursing, were made the above findings on 10/26/16 at 4:15 No further information was provided price (1) This information was obtained from following website: https://medlineplus.gov/shingles.html F 281 483.20(k)(3)(i) SERVICES PROVIDED SS=D PROFESSIONAL STANDARDS		F 2	81		1
		ed or arranged by the facility onal standards of quality.				
	This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff falled to follow professional standards of practice for 4 of 28 residents in the survey sample; Residents #27, #13, and #26 and #5. 1. For Resident #27, the facility staff failed to transcribe a physician's order to hold a medication for a new admission. The medication					

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN LIVINGCENTER-ROSE HILL			110 CHALMERS COURT BERRYVILLE, VA 22611		
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F 281 Continued From page 74

- 2. For Resident #13, facility staff administered the wrong dose of Oxycontin (1) on 7/15/16 3-11 shift and 7/17/16 7-3 shift.
- 3. Facility staff failed to obtain a physician's order prior to a psychological evaluation for Resident # 26,
- 4. The facility staff failed to transcribe a verbal physician order for laboratory tests completed on Resident #5 on 3/27/16, and 6/3/16.

The findings include:

1. For Resident #27, the facility staff failed to transcribe a physician's order to hold a medication for a new admission. The medication was not yet available to administer.

Resident #27 was admitted to the facility on 1/5/16 and discharged AMA (against medical advice) on 1/6/16. The resident was in the facility for less than 24 hours.

The resident was admitted with the diagnoses of but not limited to pulmonary embolism (PE), deep vein thrombosis (DVT), atrial fibrillation (A-fib), high blood pressure (HTN), pneumonia (PNA), chronic obstructive pulmonary disease (COPD), and lung cancer. Due to the resident's brief stay, an MDS (Minimum Data Set) assessment had not yet been completed. Notes and assessments completed during the brief stay documented the resident was alert and oriented to person, place, and time; continent of bowel and bladder; able to make needs known; hard of hearing; adequate vision, was not in any pain or discomfort; and had

F 281

- Resident #26 and 27 has been discharged.
 Resident #13 received Incorrect medication
 dose on 7/15/16 and 7/17/16. The nurse for
 resident #5 received a verbal order from the
 physician for labs. The order was not
 transcribed to the clinical chart, and the order
 has now been transcribed. Resident #27 did
 not have a transcribed physician's order to
 hold a medication. Resident #26 did not have a
 physician's order prior to a psychological
 evaluation.
- Orders will be audited for seven consecutive days by UM/Designee, including notification documentation and accurate transcription of orders. ADNS will do 100% medication pass audit.
- ADNS or Designee will in-service all licensed nurses on policy and procedure for medication administration, receiving and transcribing physician orders, and notification of physician and responsible party. All licensed nurses will be educated on reviewing MD orders.
- DNS/Designee will review all new orders and notifications daily in clinical start up.
 ADNS/Designee will continue to audit medication pass monthly for 3 months. All findings will be reported to QAPI.

November 18, 2016

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NAME OF I	PROVIDER OR SUPPLIER			STRE	EET AODRESS, CITY, STATE, ZIP CODE		
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GOLDEN	I LIVINGCENTER-ROS	SE HILL		BER	RRYVILLE, VA 22611		
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F 00.4							
F 281	Continued From pa	_	F 2	81			
	no known falls in the	e 3 months prior to admission.					
	admission the resid	cal record revealed that on lent was ordered Cefdinir lotic (1)) 300 mg (milligrams) s.					
		R (Medication Administration ne medication was not admission.					
	A review of the facil revealed that this m the stat box.	ity's stat (Immediate) box list edication was not available in					
	A review of the nurs following:	e's notes reveled the					
		"Awaiting arrival from se practitioner) notified and dose."					
	in reguards [sic] to r having PCN (penicil medication being in Called NP and NP is	"(name of pharmacy) called resident's ABT (antibiotic) and lin) allergy with the the same family of abts. It is aware, NP stated to line and they are					
	1/6/16 at 8:51 a.m., associated with the	"not available" (this note was eMAR system).					
	current assistant dir manager at the time facility) #1 on 10/26/	RN (registered nurse, the ector of nurses, the unit the resident was in the /16 at 1:49 p.m., she stated tes medication orders to be in					

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			Ol	MB NO.	0938-0391	
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	E, ZIP CODE			
GOLDEN	LIVINGCENTER-ROS	SE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611				
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	RN #1 stated the exwhich this medication urse practitioner with the medication stat, She stated the nurse longer at the facility, also written the order above referenced nordered it to be held. A review of the facility Receiving Non-Conto Dispensing Pharman orders are written or (i.e., telephone order provided by the pharman orders are written or (i.e., telephone order provided by the pharman transmitted to the Dispensing Pharman orders are written or (i.e., telephone order provided by the pharman transmitted to the physician, or write and transmitted to the Conto Tol. 10.41 a. facility uses Lippinco No further information the survey. Verbal orders should because miscommulack a written record accept a verbal order ensure the accuracy holds true even in ar write and sign the orverbally by the presciping your written copFundamentals of N	eive them the same evening. Acception would be a stat order, for was not. RN #1 stated the last notified and did not order but instead chose to hold it. The that took the order was not that she should have experienced by the experience of the trouble of trouble of the trouble of trouble of the trouble of trouble of the trouble of the trouble of the	F 2	281				
	and Wilkins 2007 pa	ge 16/-168.					i	

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		495140	B. WING _				C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STRE	ET ADDRESS, CITY, STATE, ZIP CODE		10/2//2010
GOLDEN	I LIVINGCENTER-ROS	SE HILL	;		CHALMERS COURT RYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 281	Continued From pa	ge 77	F 28	1			
	(1) Information obta https://medlineplus. tml	ined from gov/druginfo/meds/a698001.h					i
		3, facility staff administered 0xyContin (1) on 7/15/16 3-11 3 shift.					
	11/12/14 and readm diagnoses that inclu anterior dislocation of atherosclerotic hear behavioral disturbant osteoarthritis. Resid (minimum data set) with an ARD (assess 8/15/16. Resident # cognitively intact in to decisions scoring 13 interview for mental was coded as requir from staff with transf	dmitted to the facility on itted on 1/19/16 with ded but were not limited to of the left humerus, t disease, dementia without ace, hypertension and dent #13's most recent MDS was a quarterly assessment sment reference date) of 13 was coded as being he ability to make daily to out of 15 on the BIMS (brief status exam). Resident #13 ing extensive assistance fers, dressing, and personal ependence on staff with					
	the following physicia (Nurse Practitioner)	#13's clinical record revealed an order signed by the NP dated 7/15/16, "OxyCONTIN buse-Deterrent 15 MG					

7/15/16."

(milligrams) ...Give 1 tablet by mouth two times a day for pain management...discontinue dated

The following order was put into place on 7/15/16, "OxyCONTIN Tablet ER 12 hour Abuse-Deterrent

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		AND HOWAR SERVICES				FORM APP	
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				<u> DMB NO. 0938</u>	<u> 3-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SUR' COMPLETE	
		495140	B. WING			C 10/27/20	116
NAME OF I	PROVIDER OR SUPPLIER		<u>' </u>	S7	TREET ADDRESS, CITY, STATE, ZIP CODE	10/2//20	710
			ĺ		10 CHALMERS COURT		
GOLDEN	I LIVINGCENTER-ROS	SE HILL			ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COM	(X5) PLETION JATE
F 281	Review Resident #1 (electronic administ that OxyContin 20 n 7/15/16 at 9:00 p.m.	Give 1 tablet by mouth two management." 3's July 2016 eMAR ration record) documented ng was administered on , and 7/17/16 at 9:00 a.m.	F 2	81			
	7/15/16 at 9:00 p.m. which was not the coordinated with LPN the nurse who signed was administered or	p.m., an interview was (licensed practical nurse) #1, d off that OxyContin 20 mg n 7/15/16. When asked the					
	stated that you woul- medication and conf administering. LPN she had given the 18	ering a medication, LPN #1 d look at order to the irm the order prior to #1 stated that it looked like 5 mg on accident and marked s given. LPN #1 stated, "I					
	7/17/16 but docume OxyContin 20 mg no	nistered OxyContin 15 mg on nted she administered longer works at the facility ched for an interview.					
	conducted with LPN destroys narcotics sl supervisors can desi She stated that the F medications when th	p.m., an interview was #8. When asked who he stated that the RN troy the medications together. RN supervisors destroy the ey can get to it. LPN #8 c log for Resident #13's					

OxyContin 15 and 20 mg. LPN #8 stated that it

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CENTERS FOR MEDICARE	& MEDICAID SERVICES	OMB NO. 09				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I' '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
	495140	B. WING		C 10/27/2016		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
GOLDEN LIVINGCENTER-ROS	SE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD IS CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION		
popping out the wro wasting it with anoth they had popped ou confirmed that on 7/ dose of OxyContin vidose vi	e occasions; nursing was ng OxyContin and then her nurse once they realized to the wrong dose. LPN #8 /15/16 and 7/17/16 the wrong was administered. p.m., ASM (administrative ne DON and RN (registered N (assistant director of aware of the above er information was presented entering attention is provided in Basic for Practice, 6th edition 207, pages 349-360) was	F 2	81			

Once you receive and process a medication, place the physician's or health care provider's complete order on the appropriate medication form, the MAR. The MAR includes the patient's name, room, and bed number, as well as the names, dosages, frequencies, and routes of administration for each medication. When transcribing orders, ensure the names of medications, dosages, routes, and times are legible. The nurse checks all orders for accuracy and thoroughness. When orders are transcribed. the same information needs to be checked again by the nurse. It is essential that you verify the accuracy of every medication you give to the patient with the patient's orders. To ensure safe medication administration, be aware of the six rights of medication administration.

1.The right medication

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CENTE	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			(<u>)MB NO</u>	<u>). 0938-0391 </u>
STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DAT	re survey MPLETED
		495140	B. WING				C /27/2016
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				11	0 CHALMERS COURT		
GOLDEN	N LIVINGCENTER-ROS	SE HILL		ВІ	ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 281	Continued From pa 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right docume		F2	281			
	of pain severe enouge around-the-clock, long This information was Institutes of Health. https://dailymed.nlm	indicated for the management gh to require daily, ing-term opioid treatment. is obtained from The National inh.gov/dailymed/druginfo.cf 5-D717-4855-A3C8-A13D26D					
		d to obtain a physician's order ical evaluation for Resident #					
		ion assessment dated ed Resident # 26's cognitive tent confusion."					
	with an ARD (assess 10/20/15 coded Res	OS, a five day assessment sment reference date) of ident # 26 coded requiring assistance of one staff					

member for activities of daily living.

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES				OMB NO	<u> </u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		495140	B. WING	à		1	C 0/27/2016
NAME OF	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		HETTEG TO
				ſ	CHALMERS COURT		
GOLDE	N LIVINGCENTER-RO	SE HILL			ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 281	revealed a "Psycho 11/5/2015 and signo	cal record for Resident # 26 elogical Evaluation" dated ed by [Name of OSM (other	F	281			
	10/15/2015 through	ry's "Progress Notes" dated a 12/15/2015 failed to evidence an's order for a psychological dent # 26.					
	conducted with RN is assistant director of the process for obtational outside consult, RN consult with the fam would mind being reconsulting psychology would make the reference practitioner with write an order for the	a.m., an interview was (registered nurse) # 1, fursing. When asked about aining an evaluation from an # 1 stated, "We would nily or POA and see if they eferred to the facility's gist. If they don't mind, we erral and the physician or the ould review the resident and e referral. When the					
	for the resident's nar should check the res physician's order. If consultant should obta about (Name of Clin the psychological ev dated 11/5/2016, wit RN # 1 stated, "They and obtained the ord	they check the referral book me then the consultant sident's chart for the fithere isn't an order the btain an order." When asked placed Psychologist) performing valuation on Resident # 26 shout the physician's order, by should have questioned it der. The psychologist should without the order, she should			a		

have known this." After reviewing Resident # 26's closed record and physician's orders RN # 1

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					RM APPROVED VO. 0938-0391
STATEMEN1	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495140	B. WING	' <u></u>			C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER	···-			REET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	I LIVINGCENTER-ROS	SE HILL		i i	D CHALMERS COURT ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 281	Continued From pa	ge 82	F 2	281			
	was asked if there very psychological evaluation	vas an order for the ation. RN # 1 stated, "No."					
	conducted with LPN regarding the proce from an outside con "Notify the nurse probtain the order for is the referral book, referral book for who physician's orders to the consultant would an order." When as	i0 a.m. an interview was I (licensed practical nurse) # 3 ss of obtaining an evaluation sultant. LPN # 3 stated, actitioner or the physician and the evaluation. Put the name The consultant will look in the o is to be seen and check for o evaluate. If there is no order d notify nursing that they need ked about Resident # 26, she didn't recall him or the					
	conducted with LPN regarding the proces from an outside conswould expect any cocheck the medical ciproviding services. Inot find the order I was nursing to obtain or its regarding services.	D a.m. an interview was (licensed practical nurse) # 4 as of obtaining an evaluation sultant. LPN # 4 stated, "I ansulting professional to hart for orders before If there is no order or could rould expect them to tell find the order." When asked the LPN # 4 stated that she the evaluation.					
	conducted with ASM # 2, the director of no the process of obtain outside consultant, A should be a physicial	a.m. an interview was (administrative staff member ursing. When asked about ning an evaluation from an ASM # 2 stated, "There n's order. The professional					

are and tell the staff who they are in the building to see and what for and ask for the chart. The order should be checked by the consultant."

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_CEN	TERS FOR MEDICARE	& MEDICAID SERVICES					M APPROVEI O. 0938-039
STATEM	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) D/	O. 0936-039 ATE SURVEY OMPLETED
		495140	B. WING			1	C 0/27/2016
i .	OF PROVIDER OR SUPPLIER DEN LIVINGCENTER-RO			11	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT SERRYVILLE, VA 22611		
(X4) I PREF TAG	IX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE	(X5) COMPLETION DATE
F 28	When asked if there 26's psychological e (Name of Clinical P. "No." ASM # 2 furth Psychologist) and (I Consulting Group) is the facility as a resu asked what standar # 2 stated, "We follow on 10/26/16 at 4:00 conducted with ASM After reviewing the pdated 11/5/2015 for asked about a physical evaluation. ASM # 5 understanding this pnew admissions with On 10/26/16 at 4:30 was conducted with ASM # 3 stated, "I do When asked about the ASM # 3 stated, "I do When asked about the ASM # 3 stated, "I do When asked about the ASM # 3 stated, "I do When asked about the ASM # 3 stated, "I for F stated, "If there was should not have been on 10/27/16 at approximation and instrator, was more reference:	e was an order for Resident # evaluation on 11/5/2015 from sychologist), ASM # 2 stated, her stated, "(Name of Clinical Name of Psychological is no longer contracted with lit of this situation." When d of practice is followed ASM by Lippincott." p.m. an interview was l # 5, the nurse practitioner. bysychological evaluation Resident # 26, ASM # 5 was cian's order for the stated, "To my rovider did evaluations on bout orders." p.m. a telephone interview ASM # 3 the physician. membered Resident # 26, on't remember the resident." he psychological evaluation Resident # 26, ASM # 3 no order, the evaluation h done."	F 2	81			

obtained from the website:

https://www.nlm.nih.gov/medlineplus/highbloodpr

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
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_	PROVIDER OR SUPPLIER I LIVINGCENTER-ROS	SE HILL		110 (EET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611		<u>0/2//2010</u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD RE	(X5) COMPLETION DATE
F 281	essure.html.	ge 84 ts to leak back, or reflux, into	F 2	81			
	the esophagus and was obtained from t	irritate it. This information					
	(3) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdi sorders.html.						:
	COMPLAINT DEFIC	CIENCY					
	physician order for la Resident #5 on 3/27 Resident #5 was adr 6/19/15 with diagnos not limited to, diabete	ailed to transcribe a verbal aboratory tests completed on /16, and 6/3/16. mitted to the facility on ses that included, but were es, dehydration, Alzheimer's, nentia, depression and					
	set) was a significant ARD (assessment re Resident #5 was not Section C on this assassessment was not #5's admission MDS 7/30/16, Resident #5 cognitive patterns, asquestions. The staff coded Resident #5 as	ecent MDS (minimum data t change assessment with an eference date) of 9/7/16. coded for her cognition in sessment, and the staff completed. On Resident assessment with an ARD of was coded in Section C, is being unable to answer the assessment in Section C is a "3", indicating that this y impaired for daily decision					

making.

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
	the following progre laboratory tests wer following telephone "3/27/2016 12:58:00 (certifled nursing as ingesting 0.25 oz (or Lancome Renergie MD (medical doctor) (basic metabolic par CBC (complete bloo (morning)." "6/3/2016 22:32:00 (Increased confusion NP (nurse practitions (received) for U/A (urscreen- a test to detabacterial pathogen progression of the director of nursing seprovided a list of laboratory tests and shoot transcribed into the disposal of the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and shoot transcribed into the progress notes for laboratory tests and s	at #5's clinical record revealed so notes that documented e collected and completed calls with the physician; (12:58 p.m.) Situation: CNA sistant) reported lient (sic) unces) Vaseline and 0.5 oz Lift Night Cream. Response: (1) notified and he ordered BMP nel - a blood test (1)) and docunt (2)) for tomorrow AM (10:32 p.m.). Situation: with shaking. Response: er) notified and order rec'd rinalysis) C&S (culture and ermine the microscopic resent in the urine) via (by) (catheter). Urine collected administrative staff member) ector, and ASM #2, the ervices. ASM #2 was evidence that there was an the clinical record. a.m. LPN (licensed practical is surveyor with copies of r the 3/27/16 and 6/3/16 stated that the orders were ne medical record after the h the doctor. LPN #7 was	F 2	281			

transcribed if the physician provides a verbal order. LPN #7 stated, "When an order is

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		E & MEDICAID SERVICES			OMB NO. 0938-039
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME C	F PROVIDER OR SUPPLIER	····		STREET ADDRESS, CITY, STATE, ZIP COD	
GOLD	EN LIVINGCENTER-RO	SE HILL	j	110 CHALMERS COURT	
<u> </u>				BERRYVILLE, VA 22611	
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F 28	1 Continued From pa	ge 86	F 28	04	
ĺ		hone, the order must be	r 20	01	
	placed into the electronic chart and a copy of the				
	 electronic request for 	or the laboratory test is to be			
	placed in the paper	chart along with the			
	laboratory requisitio	n for collection." LPN #7 was			
	laboratory tests com	ot that was done for the above			
	laboratory tests completed for Resident #5. LPN #7 stated it was not.				
	No further information end of the survey pr	on was presented prior to the ocess.			
	measures your suga and fluid balance, ar information was obta website: https://medlineplus.g (2) A complete blood different components information was obta website:	c panel is a blood test that ir (glucose) level, electrolyte and kidney function. This ained from the following gov/ency/article/003462.htm d count (CBC) measures the sof the blood cell. This ained from the following ov/ency/article/003642.htm			
F 309	Verbal orders should be avoided when possible, because miscommunications can occur and you'll lack a written record of the orderanytime you accept a verbal order, it's your responsibility to ensure the accuracy of the communication. This holds true even in an emergencyafterward write and sign the order that was given to you verbally by the prescriber and have the prescriber sign your written copy as soon as possibleFundamentals of Nursing Lippincott Williams and Wilkins 2007 page 167-168.				
SS=E	HIGHEST WELL BEI	NG			1

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STATEMENT C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 10/27/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL				STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	•
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETION

F 309 Continued From page 87

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review, resident interview, and clinical record review, it was determined that facility staff failed to maintain the highest level of well-being for four of 28 residents in the survey sample, Resident #13, #17, #2 and #9.

- For Resident #13, facility staff failed to administer scheduled OxyContin 20 mg (milligrams) (1) per physician order on 7/16/16.
- 2. Facility staff failed to obtain orthostatic blood pressures (1) as ordered by the physician for Resident #17.
- 3. Facility staff failed to hold Resident #2's insulin when the blood sugar was less than 120 as ordered by the physician.
- 4. The facility staff placed Resident # 9's right arm in a sling without a physician's order for the use of a sling (6).

The Findings Include:

1. Resident #13 was admitted to the facility on 11/12/14 and readmitted on 1/19/16 with diagnoses that included but was not limited to

F 309

- Missed narcotic was noted for resident #13.
 Resident #17 did not have an orthostatic blood pressure recorded per physician order. The physician was not notified when the insulin for insulin for resident #2 was held for a blood sugar less than 120 per physician parameters. Resident #9 did not have a physician order for a sling to be placed on this resident, but the resident was observed to have a sling on his right arm.
- 2. UM/Designee will do a complete audit of current residents for missed medications/treatments for the past 7 days ensure MD/NP orders are completed. The audit will include missed orthostatic blood pressures, vital signs, and cross referencing blood sugars with insulin orders to ensure insulin is held or administered as ordered. Identified areas of concern will be addressed as indicated. All staff will review orders prior to apply adaptive equipment to residents.

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	200 and a second a	(X3) DATE SURVEY COMPLETED
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	NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-RO	SE HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	3
	PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
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F 309 Continued From page 88

anterior dislocation of the left humerus, atherosclerotic heart disease, dementia without behavioral disturbance, hypertension and osteoarthritis. Resident #13's most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 8/15/16. Resident #13 was coded as being cognitively intact in the ability to make daily decisions scoring 13 out of 15 on the BIMS (brief interview for mental status exam). Resident #13 was coded as requiring extensive assistance from staff with transfers, dressing, and personal hygiene; and total dependence on staff with bathing.

Review of Resident #13's clinical record revealed the following physician order signed by the NP (Nurse Practitioner) dated 7/15/16, "OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 15 MG (milligrams) ...Give 1 tablet by mouth two times a day for pain management...discontinue dated 7/15/16."

The following order was put into place on 7/15/16, "OxyCONTIN Tablet ER (extended release) 12 hour Abuse-Deterrent 20 MG (milligrams) Give 1 tablet by mouth two times a day for pain management."

Review of Resident #13's July 2016 eMAR (electronic medication administration record) revealed that on 7/16/16, Resident #13's 9:00 a.m. scheduled dose of OxyContin was not administered. It was documented that his pain level was a zero at 9:00 a.m. Further review of the eMAR revealed that resident #13's pain had increased to a level of "7" on a scale from 1-10, 10 being the worst, the following shift at 9:00 p.m. There was no evidence that Resident #13 was

F 309

- 3. ADNS/Designee will educate all licensed nurses on policy and procedure for receiving, transcribing, and following MD/NP orders. ADNS/Designee will educate all nurses to check insulin orders prior to the administration of insulin. Nurses and CNA's will receive education stating they are to have an active order before initiating treatments for residents.
- DNS/Designee will review all MD/NP orders each day during morning meeting and monthly for 3 months. All findings will be reported and reviewed at QAPI monthly x 3 months.

November 18, 2016

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					1 APPROVEC). 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
···		495140	B. WING		·		C /27/2016
	PROVIDER OR SUPPLIER **LIVINGCENTER-ROS	SE HILL		110	REET ADDRESS, CITY, STATE, ZIP CODE D CHALMERS COURT ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
, ;	offered any prn (as it was documented administered on 7/1 Review of the narco OxyContin 15 mg ar revealed that Reside scheduled OxyContin 7/16/16. Review of Resident the following nurses p.m., "OxyContin Ta 12 Hour Give 1 table for pain managementer from (Name of phane (Name of phane) (Name of the EKIT, "OXYCON (continuous release) On 10/26/16 at 1 p.m conducted with LPN regarding the process resident is not availa LPN #2 stated, "We will call the MD (no practitioner). Once we can pull the medicatic code pharmacy gives process if the EKIT dishe stated, "The EKI" but you would call the send STAT (Immedia	that OxyContin 20 mg was 6/16 at 9:00 p.m. Itic logs for both the nd the OxyContin 20 mg ent #13 did not receive any in for 7-3 and 3-11 shifts on #13's clinical record revealed note dated 7/16/16 at 12:30 blet ER (extended release) et by mouth two times a day ntnot available unable to get macy) EKIT (emergency kit). pharmacy's) EKIT following medication was in ITIN TAB 20 MG CR	F	809			

LPN #2 stated that if for some reason there is no possible way to get the medication, the medical

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CO		(X3) DATE SURVEY COMPLETED		
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				110 CI	HALMERS COURT			
GOLDEN	LIVINGCENTER-ROS	SE HILL		BERF	RYVILLE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD IE APPROPI	BE	(X5) COMPLETION DATE
F 309	Continued From pa	ne 90	E 4	309				
1 000	•	otified to see if the MD wants		103				
	to write a new order							
	conducted with LPN process if a narcotic on the medication on medication, I wo You would call MD (script, call pharmacy ou cannot get the backup pharmacy w STAT." LPN #1 state given, the medicand a progress note the situation. When	5 p.m., an interview was I #1. When asked the c for a resident is not available eart, LPN #1 stated, "If there is uld assume there is no script. (medical doctor) to sign the y and pull from the EKIT, if medication from the EKIT, would send to the facility ted if the medication cannot al doctor should be notified a should be written explaining a asked if CR (continuous me as ER (extended release)						
	conducted with OSM the pharmacist. OS no evidence that the from the EKIT on 7/	15 a.m., an interview was 16 d (other staff member) #10, 17 d #10 stated that there was 28 OxyContin was requested 29 d 16/16. OSM #10 stated that 20 d ceive a hard script for the 27/16.						
		over a copy of the hard script is writer on 10/27/16.						
		ked 7/16/16 7-3 shift no longer and could not be reached for						
	conducted with Residual could not recollect a	p.m., an interview was ident #13. Resident #13 itime where his pain available. He could not						

recollect a time where he was sitting in pain for

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					0938-0391
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
	was conducted with nurse who documer administered on 7/1 not administered. Fit of document that a a was not. RN #7 co. On 10/27/16 at 11:2 staff member) #1, the DON (Director of the above concer Facility policy titled, not address the above concerns of the above c	ithout relief. I p.m., a telephone interview RN (registered nurse) #7, the need OxyContin 20 mg was 6/16 3-11 shift when it was RN #7 stated that it is never ok medication was given when it ald not recollect that day. I a.m., ASM (administrative needoministrator and ASM #2, if Nursing) were made aware ins. "Controlled Substances," did we concerns. In was presented prior to exit.	F	809			
		to obtain physician ordered ssures (1) as ordered for					
	8/21/09 with diagnos	dmitted to the facility on es that included but were not eartbeat, kidney failure,					

anemia, depression and arthritis.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				MB NO. 0938-039	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495140	B. WING	·_		C 10/27/2016	
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	_
GOLDEN LIVINGCENTER-ROSE HILL					110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION	
F 309	with an ARD of 10/1 having 15 out of 15 mental status indica cognitively intact to resident was coded activities of daily livir resident could do intray was prepared. Review of the physic documented, "Orthoday) one time a day. Date 8/27/16." Review of the Augus administration reconvital signs QD (every Date-8/16/16-D/C-blood pressures were through 8/28/16 one documented each day ressures that are reorthostatic blood preserved.	DS, a quarterly assessment, 0/16 coded the resident as on the brief interview for the brief interview for the brief interview for the brief interview for the delay decisions. The as requiring assistance for as requiring assistance for a except for eating which the dependently after the meal cian's orders for 8/16/16 estatic vital signs QD (every corder Date- 8/16/16 -D/C- at 2016 treatment decimented, "Orthostatic decimented, "Orthostatic decimented, "Orthostatic decimented. On 8/16/16 no decimented. On 8/17/16 blood pressure was any not the three blood equired for obtaining ssures.	F3	309			
	to the orthostatic blo An interview was cor p.m. with LPN #8. W included in obtaining LPN #8 stated, "You standing blood press	nducted on 10/26/16 at 1:40					

her nurse's notes.

were not obtained, LPN #8 stated that she would notify the physician and would document that in

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			(<u>)MB NO</u>) <u>. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION		TE SURVEY MPLETED
		495140	B. WING				C /27/2016
NAME OF I	PROVIDER OR SUPPLIER	<u></u>		STR	REET ADDRESS, CITY, STATE, ZIP CODE		
				110	CHALMERS COURT		
GOLDEN	I LIVINGCENTER-ROS	SE HILL		l .	RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	Continued From pa	ne 93	E:	309			
. 000	•	onducted on 10/16/16 at 1:45	- ' '	,	173 25		
		When asked what was					
		g orthostatic blood pressure,					i
		take the blood pressure					
		and lying down." When asked					1
		ld be notified if the blood					
		btained, LPN #3 stated, "Yes.					
	I would write a prog	ress note so you can get a					
	picture of what I did	92 -					
	On 10/16/16 at 5:00						
		nd ASM #2 were made aware					
	of the findings.						
	No further informati	on was provided prior to exit.					
		ension is a sudden fall in occurs when a person					
	assumes a standing	position. This information					
	was obtained from:						ŀ
		.gov/disorders/orthostatic_hy					ł
	potension/orthostati						
		tic Blood Pressure. 1. Have for 5 minutes. 2. Measure					[
		pulse rate. 3. Have the					
		peat blood pressure and					
		ments after standing 1 and 3					
	,	nation was obtained from:					
		steadi/pdf/measuring_orthost					
	atic_blood_pressure	e-a.pdf					
	3. Facility staff failer	d to hold Resident #2's insulin					
		ar was less than 120 as					
	ordered by the phys						
		mitted to the facility on					
	5/24/16 and readmi						1
	diagnoses that inclu	ded but were not limited to:					ĺ

pneumonia, depression, elevated cholesterol,

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611 [X4] ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION COMPLETED COMPLETED	3 NO. 0938-0391
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 94 diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the October 2016 physician's orders documented, "Levemir (1) FlexPen Solution Pen-Injector 100 UNIT/ML (milliliter). Inject 12 unit (sic) subcutaneously in the morning for DM	3) DATE SURVEY COMPLETED
GOLDEN LIVINGCENTER-ROSE HILL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 94 diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the October 2016 physician's orders documented, "Levemir (1) FlexPen Solution Pen-Injector 100 UNIT/ML (milliliter). Inject 12 unit (sic) subcutaneously in the morning for DM	C 10/27/2016
SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 Continued From page 94 F 309 diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the October 2016 physician's orders documented, "Levemir (1) FlexPen Solution Pen-Injector 100 UNIT/ML (milliliter). Inject 12 unit (sic) subcutaneously in the morning for DM	
F 309 Continued From page 94 diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the October 2016 physician's orders documented, "Levemir (1) FlexPen Solution Pen-Injector 100 UNIT/ML (milliliter). Inject 12 unit (sic) subcutaneously in the morning for DM	
diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the October 2016 physician's orders documented, "Levemir (1) FlexPen Solution Pen-Injector 100 UNIT/ML (milliliter). Inject 12 unit (sic) subcutaneously in the morning for DM	
significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the October 2016 physician's orders documented, "Levemir (1) FlexPen Solution Pen-Injector 100 UNIT/ML (milliliter). Inject 12 unit (sic) subcutaneously in the morning for DM	
(diabetes mellitus) before meal. DO NOT GIVE if	
Review of the October 2016 medication administration record documented, "Levemir FlexPen Solution Pen-Injector 100 UNIT/ML (milliliter). Inject 12 unit (sic) subcutaneously in the morning for DM (diabetes mellitus) before meal, DO NOT GIVE if BS (blood sugar) <120 (less than 120)" On 10/10/16 at 7:30 a.m. the blood sugar was documented as being 97 and the Levemir was signed off as being given by the nurse.	
Review of the care plan initiated on 5/25/16 and revised on 10/17/16 documented, "Focus. Alteration in Blood Glucose due to: Insulin Dependent Diabetes Mellitus. Interventions. Administer medications as ordered." Review of the nurse's notes for 10/10/16 did not evidence documentation regarding the insulin.	

An interview was conducted on 10/26/16 at 1:45 p.m. with LPN (licensed practical nurse) #3. LPN

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					RM APPROVED O. 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		495140	B. WING			1	C 0/27/2016
	PROVIDER OR SUPPLIER I LIVINGCENTER-ROS	SE HILL		110	REET ADDRESS, CITY, STATE. ZIP CODE D CHALMERS COURT ERRYVILLE, VA 22611		G/27/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	#3 was asked to review the nasked what the LPN #3 stated, "The and the initials are the When asked if the rigiven, LPN #3 state what consequences Levemir when the bistated, "Their blood Levemir is going to a long acting. Once no probably have us characteristic frequently." Review of the reside administration recomp.m. the resident's bistated of the resident's bistated of the probably have us characteristic frequently." Review of the resident administration recomp.m. the resident's bistated of the probably have us characteristic frequently." An interview was consumed and 10/26/16 at 7:30 the director of nursinfindings. An interview was consumed and 10/10/16, LPN #9 stated give it. "When as been given, LPN #9 stated give it." When as been given, LPN #9 stated give it. "When as been given, LPN #9 stated given giv	ge 95 view the 10/10/16 at 7:30 a.m. tration record for the Levemir. the nurse's initials indicated, at it (the Levemir) was given the user name who gave it." nedication should have been d, "I would not." When asked might occur giving the lood sugar was 97, LPN #3 sugar is going to drop. drop it over time because it's otified, the physician would eck the blood sugar more ant's October 2016 medication d documented that at 4:30 lood sugar was 309. p.m. ASM (administrative e administrator and ASM #2, ig were made aware of the anducted on 10/27/16 at 10:55 sed practical nurse) #9, the ared the insulin to Resident 30 a.m. When asked to n administration record for insulin administration on ated, "If I signed it I probably ked if the insulin should have stated, "No, because there's	F3	809		28	

Levemir order and if the insulin should have been given, LPN #4 stated, "If the blood sugar was 97,

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CENTERS FOR MEDICARE & MEDICAID SERVICES						NO. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495140	B. WING	·			C 10/27/2016
	PROVIDER OR SUPPLIER I LIVINGCENTER-ROS	SE HILL		110	REET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	Review of the facility "Administrative Procedocumented, "Procedocumented, "Procedocumented, "Procedocumented, "Procedocumented, "Procedocumented, "Procedocumented for the medical parameter and before returning Obtain and record a monitoring parameter necessary prior to make the monitoring parameter of dose adjustment hypoglycemia. Dosa monitoring: Monitor treated with insulin. It common adverse remay be life threaten obtained from: https://www.levemirpml?utm_source=bingm_content=pi%20for=Levemir%20Dosag scribing%20informated. The facility staff parm in a sling without use of a sling (6). Resident # 9 was ad 12/4/15 with diagnost limited to: hemiplegia	y's policy titled, y's policy titled, cedures for All Medications" edures. C. Review 5 Rights oremoving medication form the cart/drawer2) Prior dication from the he dose has been prepared the medication to storage. I. ny vital signs or other ers ordered or deemed hedication administration." on was obtained prior to exit. I judgement should be used and to account for ge adjustment and blood glucose in all patient Hypoglycemia is the most action of insulin therapy and ng. This information was oro.com/prescribing/dosing.ht g_um&utm_medium=cpc&ut r%20levemir&utm_campaign e&utm_term=levemir%20pre	F	309			

benign prostatic hyperplasia (5).

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		AND UDINIAN SEKVICES				E(ORM APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					NO. 0938-0391
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION) DATE SURVEY COMPLETED
		495140	B. WING			ĺ	C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP C	ODE	10/2//2010
COLDER	I LIVINGCENTER-ROS	SE UII I		1	I10 CHALMERS COURT		
		שב חובב		E	BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION E DATE
F 309	Continued From page	ge 97	F3	309			
	data set), an admiss (assessment referent the resident as scor for mental status (B being cognitively into Resident # 1 was co	mprehensive MDS (minimum sion assessment with an ARD nce date) of 1/25/16 coded ing 13 on the brief interview IMS) of a score of 0 - 15, 13 act for daily decision making, oded as requiring extensive raff member for activities of					
	a.m. observations of	p.m. and 10/26/16 at 8:15 f Resident # 9 failed to f 9's right arm in a sling.					
	9 was conducted. R be dressed, sitting u television. Further o # 9's right arm was it extending to the left asked about the sling know where it came before. I don't know	an observation of Resident # desident # 9 was observed to p in his wheelchair watching bservation revealed Resident in a sling with his forearm across his chest. When g Resident # 9 stated, "I don't from. I haven't worn it why they put it on me." t it on him Resident # 9					
	Review of the POS () Resident # 9 dated 1 failed to evidence the	physician's order sheet) for 0/01/2016 - 10/31/2016 a use of a sling.					
1	Review of Resident # plan with a revision devidence the use of a	f 9's comprehensive care ate of 10/23/16 failed to a sling.					
ı	Review of the MAR (medication administration					

record) and TAR (treatment administration record) for Resident # 9 dated October 2016

failed to evidence the use of a sling.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					M APPROVEL O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		495140	B. WING	i		1	C 0/27/2016
	PROVIDER OR SUPPLIER I LIVINGCENTER-ROS	SE HILL		110	REET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	Continued From page	ge 98	F	309			
	Resident # 9 docum	ical Therapy Plan of Care" for ented, "Last Updated o evidence the use of a sling.					
		Card" for Resident # 9 with a of 10/02/2016" failed to a sling.					
	conducted with LPN 7, unit manager. LF Resident # 9. LPN 3 surveyor to Residen was sitting in his whele LPN # 7 acknowledgarm was in a sling. on Resident # 9, LPI it on him." When as have his right arm in check." When askephysician's order for stated, "Yes." At 9:1 Resident # 9's room his right arm.	the use a sling, LPN # 7 5 a.m. LPN # 7 walked into and removed the sling from					
	conducted with CNA 8. When asked if he # 9 earlier in the mor CNA #8 was asked if # 9's right arm and if stated, "Yes at about how he knew Reside arm in a sling, CNA # card." CNA # 8 was	a.m. an interview was (certified nursing assistant) # had taken care of Resident ring, CNA # 8 stated, "Yes." he put the sling on Resident so at what time. CNA # 8 7:15 (a.m.)." When asked nt # 9 was to have his right 8 stated, "It's on the care asked to show this surveyor sident # 9 and to point out					

where on the care card it indicated the use of a sling for Resident #9. CNA#8 removed the care

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CENTERS FOR MEDICARE	& MEDICAID SERVICES					-ORM APPROVED <u>3 NO.</u> 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI		ONSTRUCTION		3) DATE SURVEY COMPLETED
	495140	B. WING				C 10/27/2016
NAME OF PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	-	10/2//2010
GOLDEN LIVINGCENTER-ROS	SE HILL			CHALMERS COURT RYVILLE, VA 22611		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	
surveyor. Review or 9 failed to evidence arm. When asked to sling for Resident # card with this survey that the sling wasn't supervisor so I do the On 10/27/16 at 10:19 conducted with LPN member) # 1, directed stated that physical to use of a sling for Restated, "If it was order been trained on how that there was no phouse that there was no phouse that there was no phouse the sling. LPN # 7 for should not have approximated followed." On 10/27/16 at approximation for the sling administrator, was more than the sling administrator of the sling administrator of staff administrator of your something goes wrom pass between your becan be complete or p	thand showed it to this If the care card for Resident # the use of a sling for his right o point out the use of the 9, CNA # 8 reviewed the care for and stated, "I didn't see on the care card. I'll ask my the right thing." O a.m. an interview was # 7 and OSM (other staff or of rehabilitation. OSM # 1 therapy did not prescribe the sident # 9. OSM # 1 further therefore the CNAs would have to apply it." LPN # 7 stated dysician's order for the use of further stated, "The CNA lied it and the care card was eximately 2:30 p.m. ASM member) # 1 the lade aware of the findings. In was provided prior to exit. Iniplegia, Palsy, Paraplegia, sis is the loss of muscle fur body. It happens when fur happens	F 3	D9			

information was obtained from the website: https://medlineplus.gov/paralysis.html.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
	35	495140	B. WING	3	С
NAME OF	PROVIDER OR SUPPLIER	733170	D. WIINE	STREET ADDRESS, CITY, STATE, ZIP CODE	10/27/2016
	N LIVINGCENTER-ROS	SE HILL	-	110 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION SHOP	JLD BE COMPLETION
F 309	Continued From pa	ge 100	F	309	
F 329 SS=D	by a blood clot that arteries. The corona oxygen to the heart, the heart is starved. This information was https://medlineplus.g. (3) A disease in whice your arteries. Plaque up of fat, cholestero substances found in hardens and narrow flow of oxygen-rich is information was obtained from the weathtps://medlineplus.g. (4) High blood press obtained from the weathtps://www.nlm.nih.essure.html. (5) An enlarged pross obtained from the weathtps://www.nlm.nih.essure.html. (6) An arm and shou information was obtained from the weathtps://www.nlm.nih.estatebph.html. (6) An arm and shou information was obtained from the weathtps://medlineplus.g. 00175.htm. 483.25(i) DRUG REGUNNECESSARY DRUGESSARY DRUGESSARY DRUGESSARY DRUGESSARY DRUGESSARY drugs.	o the blood. Over time, plaque is your arteries. That limits the blood to your body. This ained from the website: gov/atherosclerosis.html. Sure. This information was ebsite: gov/medlineplus/highbloodpr State. This information was ebsite: gov/medlineplus/enlargedpro Idder immobilizer. This ained from the website: gov/ency/patientinstructions/0 GIMEN IS FREE FROM RUGS regimen must be free from An unnecessary drug is any	F 32		
		cessive dose (including			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495140

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

C

B. WING

10/27/2016

NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER-ROSE HILL

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

(X4) ID PRÉFIX 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) COMPLETION DATE

F 329 Continued From page 101

duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced bv:

Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to ensure residents were free of unnecessary medications for two of 28 residents in the survey sample, Residents #11 and #2.

- 1. Resident #11 received an antipsychotic medication that was not intended for her.
- 2. Facility staff failed to hold Resident #2's insulin when the blood sugar was less than 120 as ordered by the physician.

F 329

- Resident #11 has been discharged from the facility. It was noted that resident #2's insulin was not held when his blood sugar was less than 120 per physician's parameters, and physician was notified.
- UM/Designee will conduct an audit cross referencing blood sugars with insulin orders to ensure insulin is held or administered as ordered. An audit will be conducted by the UM/Designee of all residents receiving antipsychotic medications with consideration to the residents diagnosis and verification of the physician orders. Identified areas of concern will be addressed as indicated.
- ADNS/Designee will educate licensed nurses on medication administration guidelines including any dose or order that applears inappropriate considering the resident's age, condition, allergies, or diagnosis is verified by nursing with the attending physician. The prescriber is contacted by nursing to verify or clarify an order (e.g., when the resident has allergies to the medication, there are contraindications to the medication, significant drug interactions are present, the directions are confusing). Medical Director will educate Nurse Practitioner regarding medication orders and resident identification.

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OCITICANE DICARE	A MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	495140	B. WING		C 10/27/2016
NAME OF PROVIDER OR SUPPLIER	*	- 1	STREET ADDRESS, CITY, STATE, ZIP CODE	-
GOLDEN LIVINGCENTER-ROS	GOLDEN LIVINGCENTER-ROSE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611	¥:
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETION
F 329 Continued From por	no 102	= -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

F 329 Continued From page 102 The findings include:

1. Resident #11 was admitted to the facility on 8/26/16 with diagnoses that included but were not limited to: fracture of her hip, restless leg syndrome, chronic obstructive pulmonary disease (COPD), depression, high blood pressure, and history of cancer of the lungs, breasts, kidney and uterus.

The most recent MDS (minimum data set) assessment, a Medicare 30 day assessment, with an assessment reference date of 9/23/16, coded the resident as being cognitively intact to make daily decisions. The resident was coded as requiring limited assistance of one or more staff members for all of her activities of daily living except eating in which she required supervision after set up assistance was provided.

The nurse practitioner note dated, 9/20/16, documented in part, "Addendum: Order for Haldol Deconate written in error on 09/16/16 and administered 09/20/16. Informed patient Re: Error and the possible side effects and symptoms that we would be re: (regarding) monitoring for. Pt (patient) verbalizes understanding."

haloperidol deaconate injection 100 mg/mL are indicated for the treatment of schizophrenic patients who require prolonged parenteral antipsychotic therapy. (1)
The physician order dated, 9/16/16, documented, "Haldol Deconate 50 MG/ML (milligrams/milliliter) IM (intramuscular) Q (every) month."
The physician order dated, 9/20/16 documented, ""D/C (discontinue) Haldol order please."
The MAR (medication administration record) for

Haloperidol deaconate injection 50 mg/mL and

F 329

 DNS/Designee will review medication orders during morning meeting every day. Results of the monitoring will be reviewed by the QAPI committee monthly x 3 months.

November 18, 2016

PRINTED: 11/08/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER OR SUPPLIER 495140 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611 (X2) LIMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG SEQULATORY OR LSC IDENTIFYING INFORMATION) F 329 Continued From page 103 September 2016 documented, "Haldol Deconate Solution 50 MG/ML; Inject 50 mg intramuscularly in the evening starting on the 19th and ending on the 19th every month for give as ordered. Give IM injection once a month every month." The MAR documented the medication was administered on 9/19/16 at 4:00 p.m. The nurse's note dated, 9/19/16 at 5:45 p.m. documented in part, "Resident received monthly injection of Haldol Deconate So mg/1 ML. Given in Lt (left) deltoid as ordered intramuscularly, no adverse reactions." The comprehensive care plan, dated, 9/1/16, documented in part, "Focus: Res (resident) is currently dx (diagnosed with) depression and anxiety. Res is currently taking an antidepressant and antianxiety per MD (medical doctor) orders. On 9/1/16 and 10/19/16 I stated during mood assessments I have stated yes to feeling that I would be better of (sic) dead. I do not have any plans to hurt myself." Resident #11 was seen by the psychiatric nurse practitioner on 9/1/16, None of the progress notes from these providers documented the use of Haldol Deconate at injectable.	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0)938-0391
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR I.SC IDENTIFYING INFORMATION) F 329 Continued From page 103 September 2016 documented, "Haldol Deconate Solution 50 MG/ML; Inject 50 mg intramuscularly in the evening starting on the 19th and ending on the 19th every month for give as ordered. Give IM injection once a month every month." The MAR documented the medication was administered on 9/19/16 at 4:00 p.m. The nurse's note dated, 9/19/18 at 5:45 p.m. documented in part, "Resident received monthly injection of Haldol Deconate 50 mg/1 ML. Given in Lt (left) deltoid as ordered intramuscularly, no adverse reactions." The comprehensive care plan, dated, 9/1/16, documented in part, "Focus: Res (resident) is currently dx (diagnosed with) depression and anxiety. Res is currently taking an antidepressant and antianxiety per MD (medical doctor) orders. On 9/1/16 and 10/19/16 i stated during mood assessments I have stated yes to feeling that I would be better of (sic) dead. I do not have any plans to hurt myself." Resident #11 was seen by the psychiatric nurse practitioner on 9/1/16, 10/13/16 and 10/18/16. Resident #11 was seen by the clinical psychologist on 10/24/16. None of the progress notes from these providers documented the use of Haldol Deconate injectable.							(X3) DATE	SURVEY
GOLDEN LIVINGCENTER-ROSE HILL SUMMARY STATEMENT OF DEFICIENCIES 110 CHALMERS COURT BERRYVILLE, VA 22611 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 329 F 329 Continued From page 103 September 2016 documented, "Haldol Deconate Solution 50 MG/ML; Inject 50 mg Intramuscularly in the evening starting on the 19th and ending on the 19th every month for give as ordered. Give IM injection once a month every month." The MAR documented the medication was administered on 9/19/16 at 4:00 p.m. The nurse's note dated, 9/19/16 at 5:45 p.m. documented in part, "Resident received monthly injection of Haldol Deconate 50 mg/1 ML. Given in Lt (left) deltoid as ordered intramuscularly, no adverse reactions." The comprehensive care plan, dated, 9/1/16, documented in part, "Focus: Res (resident) is currently dx (diagnosed with) depression and anxiety. Res is currently taking an anticlepressant and antianxiety per MD (medical doctor) orders. On 9/1/16 and 10/19/16 I stated during mood assessments I have stated yes to feeling that I would be better of (sic) dead. I do not have any plans to hurt myself." Resident #11 was seen by the psychiatric nurse practitioner on 9/1/16, 10/13/16 and 10/18/16. Resident #11 was seen by the clinical psychologist on 10/24/16. None of the progress notes from these providers documented the use of Haldol Deconate injectable.			495140	B. WING	;		_	7/2016
IXAJID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 329 Continued From page 103 September 2016 documented, "Haldol Deconate Solution 50 MG/ML; inject 50 mg intramuscularly in the evening starting on the 19th and ending on the 19th every month for give as ordered. Give IM injection once a month every month." The MAR documented the medication was administered on 9/19/16 at 4:00 p.m. The nurse's note dated, 9/19/16 at 5:45 p.m. documented in part, "Resident received monthly injection of Haldol Deconate 50 mg/1 ML. Given in Lt (left) deltoid as ordered intramuscularly, no adverse reactions." The comprehensive care plan, dated, 9/1/16, documented in part, "Focus: Res (resident) is currently dx (diagnosed with) depression and anxiety. Res is currently taking an antidepressant and antianxiety per MD (medical doctor) orders. On 9/1/16 and 10/19/16 I stated during mood assessments I have stated yes to feeling that I would be better of (sic) dead. I do not have any plans to hurt myself." Resident #11 was seen by the psychiatric nurse practitioner on 9/1/16, 10/13/16 and 10/18/16. Resident #11 was seen by the clinical psychologist on 10/24/16. None of the progress notes from these providers documented the use of Haldol Deconate injectable.	NAME OF	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 329 Continued From page 103 September 2016 documented, "Haldol Deconate Solution 50 MG/ML; Inject 50 mg Intramuscularly in the evening starting on the 19th and ending on the 19th every month for give as ordered. Give IM injection once a month every month." The MAR documented the medication was administered on 9/19/16 at 4:00 p.m. The nurse's note dated, 9/19/16 at 5:45 p.m. documented in part, "Resident received monthly injection of Haldol Deconate 5 mg/1 ML. Given in Lt (left) deltoid as ordered intramuscularly, no adverse reactions." The comprehensive care plan, dated, 9/1/16, documented in part, "Focus: Res (resident) is currently dx (diagnosed with) depression and anxiety. Res is currently taking an antidepressant and antianxiety per MD (medical doctor) orders. On 9/1/16 and 10/19/16 I stated during mood assessments I have stated yes to feeling that I would be better of (sic) dead. I do not have any plans to hurt myself." Resident #11 was seen by the psychiatric nurse practitioner on 9/1/16, 10/13/16 and 10/18/16. Resident #11 was seen by the clinical psychologist on 10/24/16. None of the progress notes from these providers documented the use of Haldol Deconate injectable.	GOLDE	N LIVINGCENTER-ROS	SE HILL					
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An interview was conducted with administrative staff member (ASM) #5, the nurse practitioner, on 10/26/16 at 11:07 a.m. When asked to explain her progress note of 9/20/16, ASM #5 stated, "It was an error on my part. A nurse from the other unit came to me. I wrote the order on (Resident #11's) chart which I had had in front of me. It was meant for a resident on the other unit, not (Resident #11)." When asked how the medication would have affected the resident ASM #5 stated		September 2016 do Solution 50 MG/ML; in the evening starti the 19th every mont IM injection once a MAR documented the administered on 9/1 The nurse's note da documented in part, injection of Haldol D in Lt (left) deltoid as adverse reactions." The comprehensive documented in part, currently dx (diagnosanxiety. Res is currently dx (diagnosanxiety. Resident #11 was sepractitioner on 9/1/16 Resident #11 was sep	cumented, "Haldol Deconate Inject 50 mg intramuscularly ng on the 19th and ending on the for give as ordered. Give month every month." The ne medication was 9/16 at 4:00 p.m. ted, 9/19/16 at 5:45 p.m. "Resident received monthly reconate 50 mg/1 ML. Given ordered intramuscularly, no care plan, dated, 9/1/16, "Focus: Res (resident) is sed with) depression and ently taking an antidepressant MD (medical doctor) orders. N/16 I stated during mood stated yes to feeling that I sic) dead. I do not have any "een by the psychiatric nurse 3, 10/13/16 and 10/18/16. Seen by the clinical 4/16. None of the progress enjectable. Inducted with administrative #5, the nurse practitioner, on the nurse from the other worder on (Resident lead had in front of me. It was on the other unit, not an asked how the medication	F	329			

"I talked to the psychiatrist nurse practitioner and called our doctor. I take full responsibility. They

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES). 0938-03 91
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		495140	B. WING				C /27/2016
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	I LIVINGCENTER-ROS	SE HILL			CHALMERS COURT RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	affect her sleep cycleffects from it." An interview was copractical nurse) #3, the injection, on 10/asked why she did was getting the injection it. I sher anxiety, behavior had had since admit The facility policy, "/Review" documente ensure that the Med who receives antips documentation suppand necessity for the Antipsychotic medic manage psychosis (hallucinations, or dis in schizophrenia and also used in the man non-psychotic disorder, disorder, severe deptherapies and/or with Psychosis in the absillnesses with psychosis or steroids), Schizophrepsychosis, Tourette's psychosis, Tourette's practical interviews or steroids), Schizophrepsychosis, Tourette's practical interviews of the second in the second in the absillnesses with psychosis or steroids), Schizophrepsychosis, Tourette's practical interviews of the second in the absillnesses with psychosis or steroids), Schizophrepsychosis, Tourette's practical interviews of the second i	prove her mood. It could be. But luckily she had no be added to the nurse who administered 26/16 at 5:22 p.m. When not question why the resident ction, LPN #3 stated, "Really, I figured it was because of all of ors and suicidal ideations she assion, so I didn't question it." Antipsychotic Medication it. "Antipsychotic Medication it." Antipsychotic medication contains to the appropriateness of use of the drug. Definition: ations primarily used to including delusions, and are nagement of rare ders such as Huntington's exphysician's order for a includes: Medication name, propriate diagnosis: coaffective disorder, mood disorders (e.g. bipolar ression refractory to other on psychotic features), ence of dementia, medical otic symptoms (e.g. r delirium) and/or treatment mania (e.g. high dose eniform Disorder, Atypical as Syndrome, Huntington's	F3	29			
		nd vomiting associated with					

cancer or chemotherapy."

The ASM #1, the administrator, ASM #2, the

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CENTERS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495140	B. WING		C
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROS	SE HILL		STREET ADDRESS, CITY, STATE, ZIP COD 110 CHALMERS COURT BERRYVILLE, VA 22611	10/27/2016 DE
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE	HOULD BE COMPLÉTION
consultant, and RN assistant director of the above findings or No further information following website: https://dailymed.nlm.aDrugInfo.cfm?arch 2. Facility staff failed when the blood sugar ordered by the physical readmitt diagnoses that include pneumonia, depress diabetes and irregular. The most recent MD significant change as (assessment referent the resident as being and make his needs coded as requiring as activities of daily livin Review of the October documented, "Levern Pen-Injector 100 UNI unit (sic) subcutaneor (diabetes mellitus) be BS (blood sugar) <12	ASM #4, the regional nurse (registered nurse) #1, the inursing, were made aware of an 10/26/16 at 4:15 p.m. on was provided prior to exit. was obtained from the inih.gov/dailymed/archives/fd iveid=14460 If to hold Resident #2's insuliner was less than 120 as ician. mitted to the facility on ted on 6/18/16 with ded but were not limited to: ion, elevated cholesterol, ar heart beat. S (minimum data set), a sesessment, with an ARD ice date) of 7/21/16 coded in able to understand others known. The resident was esistance from staff for all g. er 2016 physician's orders air (1) FlexPen Solution T/ML (milliliter). Inject 12 usly in the morning for DM efore meal, DO NOT GIVE if 10"	F3	29	
	documented, "Levemir			

FlexPen Solution Pen-Injector 100 UNIT/ML

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		AND HUMAN SERVICES			FORM APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495140	B. WING	<u> </u>	C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE
GOLDE	N LIVINGCENTER-ROS	SE LIII 1	- 1	110 CHALMERS COURT	,
	A FIAMOOFM EK-KÖ	SE NILL		BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN O	CTION SHOULD BE COMPLETION THE APPROPRIATE DATE
F 329	Continued From page	no 400			
1 023			F3	29	
	the morning for DM	unit (sic) subcutaneously in (diabetes mellitus) before			
	meal DO NOT GIVI	(diabetes mellitus) before E if BS (blood sugar) <120			
	(less than 120)" C	on 10/10/16 at 7:30 a.m. the			
	blood sugar was doo	cumented as being 97 and			
	the Levemir was sig	ned off as being given by the			
	nurse.				
	Review of the care p	plan initiated on 5/25/16 and documented, "Focus.			
	Alteration in Blood G	ilucose due to: Insulin			
	Dependent Diabetes	Mellitus, Interventions			
	Administer medication	ons as ordered."			
	Review of the nurse's	s notes for 10/10/16 did not			
	evidence documenta	ition regarding the insulin.			
	An interview was cor	iducted on 10/26/16 at 1:45 and practical nurse) #3. LPN			
	#3 was asked to revi	ew the 10/10/16 at 7:30 a.m.			
	medication administr	ation record for the Levemir.			
	When asked what the	e nurse's initials indicated.			
	LPN #3 stated, "That	it (the Levemir) was given			
	and the initials are the	e user name who gave it."			
	When asked if the mi	edication should have been			
	given, LPN #3 stated,	, "I would not." When asked			
	what consequences r Levemir when the blo	night occur giving the od sugar was 97, LPN #3			
	stated, "Their blood s	ugar is going to drop			
	Levemir is going to dr	op it over time because it's			
	long acting. Once not	ified, the physician would			
	probably have us che	ck the blood sugar more			
1	frequently."				
1	Review of the residen	t's October 2016 medication			
	administration record	documented that at 4:30			

p.m. the resident's blood sugar was 309.

On 10/26/16 at 7:00 p.m. ASM (administrative

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(95) 1411				O. 0938-039
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI		LE CONSTRUCTION		ATE SURVEY OMPLETED
		495140	B. WING			1 4	C 0/27/2016
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	0/2//2010
GOLDEN	LIVINGCENTER-ROS	SE HILF.	- 1	1	10 CHALMERS COURT		
				E	BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)) RE	(X5) COMPLETION DATE
F 329	Continued From page	407					
1 323	-		F 32	29			
	the director of nursing findings.	ne administrator and ASM #2, ng were made aware of the					
	a.m. with LPN (licen nurse who administe #2 on 10/10/16 at 7: review the medication the blood sugar and 10/10/16, LPN #9 st did give it." When as been given, LPN #9 a parameter there."	nducted on 10/27/16 at 10:55 sed practical nurse) #9, the ered the insulin to Resident 30 a.m. When asked to on administration record for insulin administration on ated, "If I signed it I probably sked if the insulin should have stated, "No, because there's					
	a.m. with LPN #4. W Levemir order and if	nducted on 10/27/16 at 11:30 hen asked to review the the insulin should have been l, "If the blood sugar was 97, give it (the insulin)."					
	documented, "Proced (3) times: 1) Prior to package/container for to removing the medicontainer3) After thand before returning Obtain and record and monitoring parameter necessary prior to medical times.	edures for All Medications" dures. C. Review 5 Rights removing medication rm the cart/drawer2) Prior cation from the e dose has been prepared the medication to storage. I. y vital signs or other rs ordered or deemed edication administration."					
1	No further information	was obtained prior to exit.					
(Levemir clinical or dose adjustments	judgement should be used and to account for					

hypoglycemia. Dosage adjustment and monitoring: Monitor blood glucose in all patient

PRINTED: 11/08/2016 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 _ 495140 B. WING 10/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **GOLDEN LIVINGCENTER-ROSE HILL** BERRYVILLE, VA 22611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 329 Continued From page 108 F 329 treated with insulin. Hypoglycemia is the most common adverse reaction of insulin therapy and may be life threatening. This information was obtained from: https://www.levemirpro.com/prescribing/dosing.ht ml?utm_source=bing_um&utm_medium=cpc&ut m_content=pi%20for%20levemir&utm_campaign =Levemir%20Dosage&utm_term=levemir%20pre scribing%20information F 332 483.25(m)(1) FREE OF MEDICATION ERROR F 332 SS=D RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical record review, it was determined that the facility staff failed to ensure a medication error rate of less than five percent. Facility staff made three medication errors on two residents, Resident #17 and Resident #18 out of 27 opportunities in the medication administration observation resulting in an 11.1% error rate.

The findings include:

anemia, depression and arthritis.

1. Resident #17 was admitted to the facility on 8/21/09 with diagnoses that included but were not limited to: irregular heartbeat, kidney failure,

The most recent MDS (minimum data set), a quarterly assessment, with an ARD (assessment

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

PRINTED: 11/08/2016 FORM APPROVED OMB NO. 0938-0391

A. BUILDING COM	ATE SURVEY OMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	C 0/27/2016
BERRYVILLE, VA 22611	*
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

F 332 Continued From page 109

reference date) of 10/10/16 coded the resident as having scored 15 out of 15 on the brief interview for mental status indicating the resident was cognitively intact to make daily decisions. The resident was coded as requiring assistance for activities of daily living except for eating which the resident could do independently after the meal tray was prepared.

A medication administration observation was made on 10/26/16 at 8:25 a.m. with LPN (licensed practical nurse) #7. LPN #7 removed a bottle of potassium chloride liquid (1) for Resident #17 from the medication cart. On the label of the bottle it was documented that the potassium chloride was 20 milliequivalents for every 15 ml's (milliliters) LPN #7 then poured 15 ml's into a medicine cup. LPN #7 then removed a container holding a bottle of flonase (2) from the medication cart. On the container was the resident's name and a green sticker with "Shake gently" documented on it. The nurse took the medications into the room and had the resident drink the 15 ml's of potassium chloride. She then sprayed the flonase into the resident's nose without shaking the bottle.

Review of Resident #17's October physician's orders documented, "Flonase Suspension 50 MCG (microgram)/ACT 1 spray in both nostrils one time a day for allergies. Potassium Chloride (20 MEQ [milliequivalents]/15 ML (10%) Liquid Give 40 mEq...30cc to = 40meq."

Review of the resident's medication administration record documented, "Flonase Suspension 50 MCG (microgram)/ACT 1 spray in both nostrils one time a day for allergies.

Potassium Chloride (20 MEQ [milliequivalents]/15

F 332

- Resident # 17 and # 18 incorrect medication administration was noted during observation and MD was notified accordingly. Identified licensed nurse received education regarding medication administration guidelines.
- 2. No other residents were identified.
- ADNS/Designee will complete medication administration competency and education for medication administration guidelines for licensed nurses.
- DNS/Designee will review medication pass audit. Medication administration competencies will be completed for 3 licensed nurses per week for 8 weeks. All findings reported to QAPI committee monthly x 3 months.

November 18, 2016

PRINTED: 11/08/2016

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FOR	RM APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) D	O. 0938-039 DATE SURVEY OMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	<u> </u>	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF TH	II D RE	(X5) COMPLETION DATE
F 332	Continued From page ML (10%) Liquid Giv 40meq."	ge 110 /e 40 mEq30cc to =	F3	332			
	a.m. with LPN #7. LI potassium chloride of label on the bottle. V had received 40 mill LPN #7 stated, "Oka potassium, I only gar asked how much the received, LPN #7 stated administered 30 milli receive the ordered of LPN #7 was asked to flonase for Resident shaken the flonase for the container, LPN # why it was important #7 stated, "I can find surveyor at 1:25 p.m. a suspension so it had container of the director of nursing findings. Review of the manufactor of the facility "Here's how to get stated by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided by the facility "Here's how to get stated provided provided by the facility "Here's how to get stated provided provide	iliters (for the resident to dose of 20 milliequivalents), or read the container for the #17. When asked if she had or the resident as directed on 7 stated, "No." When asked to shake the flonase, LPN out." LPN #7 returned to this and stated, "The flonase is to be shaken (to mix it)." o.m. ASM (administrative administrator and ASM #2, givere made aware of the acturer's instructions of for flonase documented, arted. 1 Shake. Gently shake the was provided prior to exit. e — Potassium chloride oral					
Š	olution 20% is an ele	ctrolyte replenisher. This					

information was obtained from:

https://dailymed.nlm.nih.gov/dailymed/fda/fdaDru

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

PRINTED: 11/08/2016 FORM APPROVED OMB NO. 0938-0391

CENTE	KS FOR WEDICARE	& MEDICAID SERVICES	-			OMB N	<u>O. 0938-0391</u>
	T OF DEFICIENCIES OF CORRECTION				CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		495140	B. WING				C
NAME OF	PROVIDER OR SUPPLIER	400140	10. 11.110			11	0/27/2016
realit Of	THO VIDER OR SOFFLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
GOLDE	V LIVINGCENTER-RO	SE HILL			CHALMERS COURT		
	<u></u>				RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	TTO BE	(X5) COMPLETION DATE
F 332	Continued From pa	ge 111	E 3	32			· · · · · · · ·
	gXsl.cfm?setid=6d2 d2b33a3f	2cec16-3127-49b5-9cb1-8407		32			
	indicated for the ma	NASE® Nasal Spray is an agement of the nasal					
	and pediatric patien This information wa	nial nonallergic rhinitis in adult its aged 4 years and older.					
	https://dailymed.nlm	n.nih.gov/dailymed/drugInfo.cf 9dbd-4f83-aae9-a0696d091b					
	1/31/15 and readmithat include but were sclerosis, cluster he	s admitted to the facility on tted on 6/5/15 with diagnoses e not limited to Multiple adaches, dementia without nce, convulsions and chronic					
	set) was a quarterly (assessment referent #18 was coded as be impaired in the ability scoring 9 out of 15 of for Mental Status ex- coded as requiring ex-	t recent MDS (minimum data assessment with an ARD note date) of 9/5/16. Resident eing moderately cognitively y to make daily decisions on the BIMS (Brief Interview am). Resident #18 was extensive assistance with ng, limited assistance with					
	bathing.	dependence on staff with					
	Resident #18 was m with LPN #7. LPN #7 cart that contained a container was the re sticker with "Shake of LPN #7 then took the	stration observation for ade on 10/26/16 at 8:40 a.m. 7 took a container from the flonase (2) bottle. On the sident's name and a green gently" documented on it. a flonase into the resident's aprayed the flonase into the					

resident's nose without shaking the bottle.

PRINTED: 11/08/2016

		AND HUMAN SERVICES					ED. 11/00/2010
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					RM APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) C	NO. 0938-0391 DATE SURVEY COMPLETED
		495140	B. WING	·		1.	C
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		10/27/2016
COLDEX	I LIVINGCENTER-ROS	25 MILL			0 CHALMERS COURT		
					ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRF	(X5) COMPLETION DATE
F 332	Continued From page	ge 112	F3	332			
in section of the sec	a.m. with LPN #7. LI container for the flor asked if she had sha resident as directed stated, "No." When a shake the flonase, L LPN #7 returned to t stated, "The flonase be shaken (to mix it) Review of the reside orders documented to flonase 50 mcg to earlie and instration record was to receive flonase every day. On 10/26/16 at 7:00 pstaff member) #1, the the director of nursing findings. Review of the manufactor of the facility "Here's how to get state and pediatric patients of this information was of the sillon was of the s	nt's October 2016 physician's the resident was to receive ach nostril every day. er 2016 medication I documented the resident se 50 mcg to each nostril c.m. ASM (administrative administrator and ASM #2, gwere made aware of the acturer's instructions by for flonase documented, arted. 1 Shake. Gently shake a was provided prior to exit. SE® Nasal Spray is agement of the nasal all nonallergic rhinitis in adult aged 4 years and older.					

PRINTED: 11/08/2016 ED 91

		AND HUMAN SERVICES			18	FORM APPROVI
		& MEDICAID SERVICES				MB NO. 0938-03
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING			C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER	100			REET ADDRESS, CITY, STATE, ZIP CODE	1
GOLDE	N LIVINGCENTER-RO				CHALMERS COURT RRYVILLE, VA 22611	~
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETIO
	Continued From page 83		F 3:	32	i e	
F 333 SS=D	483.25(m)(2) RESIDENT MED	DENTS FREE OF DERRORS	F 33			
				1	Resident #11 discharged.	
	any significant medi	sure that residents are free of cation errors.		2	. An audit will be conducted by the	
					UM/Designee of all residents reco antipsychotic medications with co	
	This REQUIREMEN by:	IT is not met as evidenced			to the residents diagnosis and ver	
		View, facility document			the physician orders.	1
	determined that the resident was free of	record review, it was facility staff failed to ensure a a significant medication error attack in the survey sample,		3.	 DNS/Designee will review orders or morning meeting every day. All fir including in QAPI for three month ADNS/Designee will educate licens 	nding will be s.
	was not administered intended for her. Re-	d to ensure Resident #11 d medication that was not sident #11 was administered dication by injection that was dministered to her.			medication administration guideling any dose or order that appears in a considering the resident's age, cor allergies, or diagnosis is verified by	nes including appropriate ndition, nursing
	The findings include:				with the attending physician. The properties of contacted by nursing to verify or contacted by nursing to verify or contacted by nursing to verify or contacted by nursing the contacted by nursing	prescriber is
	8/26/16 with diagnose limited to: fracture of syndrome, chronic ob (COPD), depression,	mitted to the facility on es that included but were not her hip, restless leg ostructive pulmonary disease high blood pressure, and he lungs, breasts, kidney and			order (e.g., when the resident has the medication, there are contrain the medication, significant drug int are present, the directions are con Medical Director will educate Nurs Practitioner regarding medication of	allergies to dications to teractions fusing). e
,	with an assessment re coded the resident as	are 30 day assessment, eference date of 9/23/16, being cognitively intact to		4.	resident identification. DNS/Designee will review orders domorning meeting. All finding will by	aily during
ı	make daily decisions.	The resident was coded as			QAPI for three months.	0

QAPI for three months.

November 18, 2016

PRINTED: 11/08/2016 FORM APPROVED OMB NO. 0938-0391

F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	AXST MUB.	TIPLE CONSTRUCTION	(VA) DATE CHEVEY
901111211011	IDENTIFICATION NUMBER:		NG	(X3) DATE SURVEY COMPLETED
	495140	B. WING		C 10/27/2016
OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
			110 CHALMERS COURT	
IVINGCENTER-RUS	SE HILL		BERRYVILLE, VA 22611	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	D BE COMPLETION
Continued From pa	ge 114	F 3	33	
nembers for all of hexcept eating in whi	ner activities of daily living ch she required supervision			
ocumented in part, Deconate written in Idministered 09/20/ Error and the possit that we would be re	"Addendum: Order for Haldol error on 09/16/16 and 16. Informed patient Re: ole side effects and symptoms (regarding) monitoring for. Pt			2 3
aloperidol deacona dicated for the trea atients who require intipsychotic therap the physician order Haldol Deconate 50 M (intramuscular) of the physician order 'D/C (discontinue) of the MAR (medicated the MAR (medicated the tevening starting the evening starting of the evening starting in the evening starting of the injection once a management of the nurse's note da ocumented in part, njection of Haldol D of Lt (left) deltoid as dverse reactions."	ate injection 100 mg/mL are atment of schizophrenic prolonged parenteral y. (1) dated, 9/16/16, documented, 0 MG/ML (milligrams/milliliter) 0 (every) month." dated, 9/20/16 documented, Haldol order please." on administration record) for cumented, "Haldol Deconate Inject 50 mg intramuscularly ng on the 19th and ending on the for give as ordered. Give month every month." The ne medication was 9/16 at 4:00 p.m. ted, 9/19/16 at 5:45 p.m. "Resident received monthly econate 50 mg/1 ML. Given ordered intramuscularly, no	•		
THE TAX TO A STATE OF TAX TO A STATE OF THE TAX TO A STATE OF TAX TO A STATE OF THE TAX TO A STATE OF TAX TO A STATE	SUMMARY STA' (EACH DEFICIENCY REGULATORY OR LS Continued From page equiring limited associated for all of hexcept eating in while fiter set up assistant where the properties of the nurse practition documented in part, beconate written in diministered 09/20/circor and the possible for any or and the possible for any or any	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 114 equiring limited assistance of one or more staff numbers for all of her activities of daily living except eating in which she required supervision after set up assistance was provided. The nurse practitioner note dated, 9/20/16, occumented in part, "Addendum: Order for Haldol Deconate written in error on 09/16/16 and doministered 09/20/16. Informed patient Re: Error and the possible side effects and symptoms that we would be re: (regarding) monitoring for. Pto Detailent) verbalizes understanding." Ideloperidol deaconate injection 50 mg/mL and alloperidol deaconate injection 100 mg/mL are indicated for the treatment of schizophrenic attents who require prolonged parenteral intipsychotic therapy. (1) The physician order dated, 9/16/16, documented, Haldol Deconate 50 MG/ML (milligrams/milliliter) (intramuscular) Q (every) month." The physician order dated, 9/20/16 documented, "D/C (discontinue) Haldol order please." The MAR (medication administration record) for the evening starting on the 19th and ending on the 19th every month for give as ordered. Give of injection once a month every month." The MAR documented the medication was doministered on 9/19/16 at 4:00 p.m. The nurse's note dated, 9/19/16 at 5:45 p.m. The occumented in part, "Resident received monthly opecation of Haldol Deconate 50 mg/1 ML. Given the Lt (left) deltoid as ordered intramuscularly, no	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 114 equiring limited assistance of one or more staff numbers for all of her activities of daily living except eating in which she required supervision fiter set up assistance was provided. The nurse practitioner note dated, 9/20/16, focumented in part, "Addendum: Order for Haldol Deconate written in error on 09/16/16 and diministered 09/20/16. Informed patient Re: Error and the possible side effects and symptoms and we would be re: (regarding) monitoring for. Ptopatient) verbalizes understanding." Italialoperidol deaconate injection 50 mg/mL and aloperidol deaconate injection 100 mg/mL are addicated for the treatment of schizophrenic attents who require prolonged parenteral nitipsychotic therapy. (1) The physician order dated, 9/16/16, documented, Haldol Deconate 50 MG/ML (milligrams/milliliter) M (intramuscular) Q (every) month." The physician order dated, 9/20/16 documented, Haldol Deconate 50 MG/ML; Inject 50 mg intramuscularly in the evening starting on the 19th and ending on the 19th every month for give as ordered. Give M injection once a month every month." The MAR (medication administration record) for the evening starting on the 19th and ending on the 19th every month for give as ordered. Give M injection once a month every month." The MAR documented the medication was dministered on 9/19/16 at 4:00 p.m. The nurse's note dated, 9/19/16 at 5:45 p.m. Ocumented in part, "Resident received monthly the comprehensive care plan, dated, 9/1/16,	STREET ADDRESS, CITY, STATE, ZIP CODE INTINGCENTER-ROSE HILL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 114 squiring limited assistance of one or more staff nembers for all of her activities of daily living xcept eating in which she required supervision filer set up assistance was provided. The nurse practitioner note dated, 9/20/16, occumented in part, "Addendum: Order for Haldol Jeconate written in error on 09/16/16 and diministered 09/20/16. Informed patient Re: error and the possible side effects and symptoms hat we would be re: (regarding) monitoring for. Pt patiently verbalizes understanding." Italoperidol deaconate injection 50 mg/mL and aloperidol deaconate injection 100 mg/mL are indicated for the treatment of schizophrenic attents who require prolonged parenteral nitipsychotic therapy. (1) The physician order dated, 9/20/16 documented, Haldol Deconate 50 Mg/ML (milligrams/milliliter) M (intramuscular) Q (every) month." The her sevening starting on the 19th and ending on the 19th every month for give as ordered. Give M injection once a month every month." The LRR documented the medication was diministered on 9/19/16 at 4:00 p.m. The nurse's note dated, 9/19/16 at 5:45 p.m. Documented in part, "Resident received monthly jection of Haldol Deconate 50 mg/f ML. Given that of the comprehensive care plan, dated, 9/11/6, econprehensive care pl

currently dx (diagnosed with) depression and

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

PRINTED: 11/08/2016 FORM APPROVED OMB NO. 0938-0391

		W WEDION NO OF LANDER					<u> </u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED
				/#\ <u> </u>			С
	_	495140	B. WING	·		- 1	10/27/2016
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP COD	E	10,27,2010
COLDE	LIVINGCENTER-RO	CE 1111 1		110 C	HALMERS COURT		
GOLDEI	A CIAII400EI41EK-KO	SE NILL		BERI	RYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD	BE COMPLÉTION
	and antianxiety per On 9/1/16 and 10/1: assessments I have would be better of () plans to hurt myself Resident #11 was s practitioner on 9/1/1 Resident #11 was s psychologist on 10/2 notes from these prof Haldol Deconate An interview was costaff member (ASM) 10/26/16 at 11:07 a. her progress note of was an error on my unit came to me. I w #11's) chart which I I meant for a resident (Resident #11)." Wh medication would hastated, "I talked to the practitioner and called responsibility. They mood. It could affect she had no effects of An interview was compractical nurse) #3, the injection, on 10/2 asked why she did not mas getting the injection it. I filher anxiety, behavious had had since admission of the state of the state of the injection it. I filher anxiety, behavious had had since admission in the injection of the injection it. I filher anxiety, behavious had had since admission in the injection of the injec	rently taking an antidepressant MD (medical doctor) orders. 9/16 I stated during mood a stated yes to feeling that I sic) dead. I do not have any "een by the psychiatric nurse 6, 10/13/16 and 10/18/16. een by the clinical 24/16. None of the progress oviders documented the use injectable. Inducted with administrative 1/45, the nurse practitioner, on m. When asked to explain for 9/20/16, ASM #5 stated, "It part. A nurse from the other wrote the order on (Resident had in front of me. It was fon the other unit, not en asked what effect the lawe had on her, ASM #5 are psychiatrist nurse and our doctor. I take full told me it would improve her ther sleep cycle. But luckity	F	333	DEFICIENCY)		
		in part, "Procedure: To					
		cal Record of any Resident chotic medication contains					
	received wildbay						

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

PRINTED: 11/08/2016 FORM APPROVED OMB NO. 0938-0391

CENTE	KS FUR WIEDICARE	& MEDICAID SERVICES			OWR NO	<u>). 0938-0391</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING		TE SURVEY
		495140	B. WING		10	C 0/27/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
				110 CHALMERS COURT		
GOLDEN	N LIVINGCENTER-RO	SE HILL		BERRYVILLE, VA 22611		
	0.000.000.000	TELEFIE AT BETIAIT INC.				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		SHOULD BE	(X5) COMPLETION DATE
F 333	and necessity for the Antipsychotic medic manage psychosis hallucinations, or dis	porting the appropriateness the use of the drug. Definition: the catlons primarily used to (including delusions, sordered thought), particularly	F	333		
	also used in the ma non-psychotic disor- diseaseReview th complete order that dose, frequency, ap Schizophrenia, schi delusional disorder,	ders such as Huntington's e physician's order for a includes: Medication name, propriate diagnosis: zoaffective disorder, mood disorders (e.g. bipolar				ı
	therapies and/or wit Psychosis in the abs illnesses with psych neoplastic disease or related psychosis or steroids), Schizophr	pression refractory to other h psychotic features), sence of dementia, medical otic symptoms (e.g. or delirium) and/or treatment mania (e.g. high dose reniform Disorder, Atypical s Syndrome, Huntington's				
	disease or nausea a cancer or chemothe The ASM #1, the ad director of nursing, A	and vomiting associated with rapy." ministrator, ASM #2, the ASM #4, the regional nurse				
	assistant director of the above findings o No further informatio (1) This information following website:	(registered nurse) #1, the nursing, were made aware of in 10/26/16 at 4:15 p.m. on was provided prior to exit. was obtained from the				
F 364	aDrugInfo.cfm?archi	TRITIVE VALUE/APPEAR,	F 3	34		
33-0	Each resident receiv	es and the facility provides				

PRINTED: 11/08/2016

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		495140	B. WING_		C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE
GOLDE	N LIVINGCENTER-RO	SE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611	-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
F 364	palatable, attractive, temperature.	ppearance; and food that is	F 36	1. No residents were ident this practice at the time	
	by: Based on observation interview, and facility	on, resident interview, staff document review, it was ity staff failed to serve food at ture.		 Dietary manager will contray delivery to identify who may be served cold utilizing dome lids and selectronic temperature opalatable temperatures. 	additional residents I food. The facility is tarted using the device to ensure
	conducted with five of They all stated that the cold. On 10/26/16 at 4:30	a.m., a group interview was cognitively intact residents. neir meals were often served o.m., tray line temperaturés a steam table. The following		 The dietary department on using dome lids and of temperature of all foods ensure the food is at an a temperature. 	documenting the prior to serving to
	were recorded: Tomato soup: 200 de Chicken soup: 182 de Mashed Potatoes: 17 French Fries: 150 de; Chicken Pot Pie: 179 On 10/26/16 at 6:35 p o the residents. A te	grees egrees 0 degrees grees degrees, all trays were delivered st tray was sampled by two	•	 The Executive Director/d daily temperatures audit weeks then monthly. The of the audits will be revie committee monthly for 3 	is fokroom trays for 3 e documented results ewed by the QAPI B months.
s f C N F	surveyors at 6:38 p.m ollowing temperature formato soup: 153 deg Chicken soup: 133 Aashed potatoes: 106 French Fries: 98 degro Chicken Pot Pie: 110 c	. All food tasted cold. The s were recorded: grees degrees			November 18, 2016

Alternate food items that were not tested at 4:30

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		E & MEDICAID SERVICES			FORM APPRO	
	<u> </u>		T 1		OMB NO. 0938-0	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	LTIPLE CONSTRUCTION	(X3) DATE SURVE	Y
			A. BUILDI	JING		
		495140	B. WING		C 40/27/204/	-
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP COD	10/27/2010	<u>õ</u>
				110 CHALMERS COURT	is.	
GOLDEN	N LIVINGCENTER-RO	SE HILL		BERRYVILLE, VA 22611	•	
(X4) ID	SUMMARY ST/	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	ECTION (X5)	
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG	IX (EACH CORRECTIVE ACTION SH	HOULD BE COMPLE	TION
F 364	Continued From pa	age 118	F 3	364		
	p.m.:					
	Grilled Cheese: 98					
	Hamburger: 102 de	grees				
	On 10/26/16 at 6:41	1 p.m., OSM (Other staff				
	member) #9, the die	ietary manager was asked if he				
	wanted to try the foo	ood, OSM #9 stated, "No, I've				
	had it all before."					
	conducted with OSN	5 a.m., an interview was M #9. When asked what he				
	thought was an app	propriate serving temperature for hot food, OSM #9 stated,				
		rature of 110 and above I				
	would think would be	e palatable for hot food."				
	When asked what h	he thought about the test tray				
		OSM #9 stated, "I would say it armer." OSM #9 stated that a				
		uld have made it so that the				
	food was not warm s	such as time it took on the				
	tray line, the depths	of the pan, if staff are stirring				
		ot plate was warm enough. It the kitchen has been trying to				
	work on this issue.	the kitchen has been trying to				
	Facility policy titled, '	"Food Temperatures," did not				
	served. The policy	es that hot food should be documented the following:				
	"The director of dinir	ng services is responsible for				
	seeing that all meal:	service: Is served in an				
	attractive and appeti	izing manner."				
	On 10/27/16 at 9:43	a.m., ASM (administrative				
	staff member) #1, the	ne administrator and ASM #2,				
	the DON (Director of of the above concern	of Nursing) were made aware				
,	of the above concer-	AS.				1

exit.

No further information was presented prior to

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CENTE		& MEDICAID SERVICES			FORM APPROVE OMB NO. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING		C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER	20		STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/2/120 10
GOLDE	N LIVINGCENTER-ROS			110 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.RE COMPLETION
F 431 SS=D	483.60(b), (d), (e) D	RUG RECORDS, UGS & BIOLOGICALS	F 431		
	a licensed pharmac of records of receipt controlled drugs in s accurate reconciliati records are in order	ploy or obtain the services of st who establishes a system and disposition of all sufficient detail to enable an on; and determines that drug and that an account of all naintained and periodically		 Nurse failed to secure medication medication cart during medication No resident identified to be affect Medication observation will be co each licensed nurse who are responsed medication administration. 	n observation. ed. nducted for
	labeled in accordance professional principle appropriate accesso	s used in the facility must be se with currently accepted es, and include the ry and cautionary expiration date when	3	ADNS/Designee will provide educationse nurses responsible for medication administration on medication administration including proper processecuring medication on the medication.	lication Inistration duré for
	facility must store all locked compartments	tate and Federal laws, the drugs and biologicals in < s under proper temperature only authorized personnel to eys.	4.	 DNS/Designee will monitor medical education audits. All findings will be QAPI for 3 months. 	
·	permanently affixed of controlled drugs listed Comprehensive Drug Control Act of 1976 a abuse, except when the package drug distributed.	ride separately locked, compartments for storage of d in Schedule II of the Abuse Prevention and nd other drugs subject to he facility uses single unit stion systems in which the imal and a missing dose can		November	18, 2016
•	This REQUIREMENT	is not met as evidenced			

Based on observation, staff interview and facility

by:

PRINTED: 11/08/2016

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					RM APPROVE <u>10. 0938-0</u> 39
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		PLE CONSTRUCTION		DATE SURVEY COMPLETED
		 495140	B. WING				C
NAME OF	PROVIDER OR SUPPLIER		' 	S	TREET ADDRESS, CITY, STATE, ZIP CODE		10/27/2016
GOLDE	N LIVINGCENTER-RO	SE HILL		11	IO CHALMERS COURT ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	staff failed to secure medication carts in Facility staff failed to ferrous sulfate (1) a a ferrous sulfate tab. The findings include An observation of the was made on 10/25 (licensed practical notitle of ferrous sulfate medicine cup. The bottle of ferrous sulfate medicine cup. The bottle and the medicine cart who resident's room. LPN sink with her back to then took the resident to the medication cart at the bottle of ferrous sulfate ferrous sulfate in the resident's room and a An interview was con a.m. with LPN #4. Wifollow when leaving the stated, "I close the lamedicines left out, local medicines left out,	was determined that facility a medication on one of eight the facility. It is secure a bottle containing and a medicine cup containing alet. It is emedication administration and at 4:32 p.m. with LPN urse) #4. LPN #4 took a ate 65 mg (milligram) from and put one pill into a ottle was approximately half and into the resident's room and medicine cup on the top of a medicine cup into the medicine cup into the medicine cup into the	F 4	31			
1	was important to mak	e sure there were no p of the cart when it was not					

in sight, LPN #4 stated, "A resident could walk

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					KM APPROVEI <u>VO. </u> 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495140	B. WING				C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	LIVINGCENTER-ROS	SE HILL			CHALMERS COURT RYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	around and could grant them to have a The medication administration and shared with LPN #4 medications had be "No it wasn't." On 10/26/16 at 7:00 staff member) #1, the director of nursinfindings. Review of the facility Storage in the Facility Medications and biosecurely, and proper recommendations on Procedures. B. Only personnel, and those administer medication aides) permitted to a Medication rooms, coare locked when not authorized access." No further informatio "Make sure all medication rooms are under constant storage in a room are under constant storage in permy, Fundamentals 2009, p. 703. (1) Ferrous Sulfate — supplement for iron of the sure all reconstant storage in the sure all storage in a room are under constant storage in a room are under constant storage in the sure all medication rooms. The sure all medication rooms are under constant storage in a room are under constant storage in a room are under constant storage in the sure all medication rooms. The sure all medication rooms are under constant storage in the sure all medication rooms."	rab the medication. We don't any access on top of the cart. Ininistration observation was when asked if the en secured, LPN #4 stated, p.m. ASM (administrative administrator and ASM #2, and were made aware of the endough of the supplier. It is a supplier of the endough of th	F 4	31			
		sician. This information was					1

gXsl.cfm?id=37597

obtained from:

https://dailymed.nlm.nih.gov/dailymed/fda/fdaDru

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		AND HUMAN SERVICES			19	FORM APPROVE
	RS FOR WEDICARE	& MEDICAID SERVICES	_			OMB NO. 0938-039
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
ļ		405440				С
NAME OF	PROVIDER OR SUPPLIER	495140	B. WING			10/27/2016
I WANE OF	PROVIDER OR SUPPLIER		1		REET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN	I LIVINGCENTER-ROS				0 CHALMERS COURT ERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 441 SS=D	483.65 INFECTION SPREAD, LINENS	CONTROL, PREVENT	F 4	41		
	Infection Control Prosafe, sanitary and control to help prevent the confidence of disease and infection Control The facility must est Program under which (1) Investigates, confinithe facility; (2) Decides what proshould be applied to	Program ablish an Infection Control h it - trols, and prevents infections ocedures, such as isolation, an individual resident; and of incidents and corrective		2.	The container of blood sugar test been sanitized Audit will be conducted by the Al on all licensed nurses responsible administering medication on infeguidelines during medication pass ADNS/Designee will educate all livesponsible for medication admin proper technique to maintain infeguidelines.	ONS/Designee for ction control s. censes nurses
	prevent the spread o isolate the resident. (2) The facility must properties of communicable diseat from direct contact will trait direct contact will trait	on Control Program sident needs isolation to f infection, the facility must prohibit employees with a se or infected skin lesions ith residents or their food, if promit the disease.		4.	DNS/Designee will monitor audits then monthly x 2 months. All find included in QAPI. Novembe	
	(3) I ne facility must r hands after each dire hand washing is indic professional practice	equire staff to wash their ect resident contact for which eated by accepted				

(c) Linens

infection.

Personnel must handle, store, process and transport linens so as to prevent the spread of

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			•		1 APPROVED <u>). 0938-039</u> 1
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		495140	B. WING				C /27/2016
NAME OF PE	NOVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		12/12010
GOLDEN	LIVINGCENTER-ROS	SE HILL			CHALMERS COURT RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
T 1: did di in co	Based on observation observation of two of 13 resident deministration observation observat	ion, staff interview and facility was determined that facility was determined that facility win infection control practices atts in the medication reation, Resident #28 and to sanitize a container of ios, used in Resident # 28's and them to the medication did the cap of the eye drop vialled. admitted to the facility on the dot on 3/30/16 with fied but were not limited to: pressure, traumatic brain	F	1 41			

room and set in on the resident's bedside table without a barrier. LPN #4 obtained the resident's

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					0RM APPROVED 3 NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		CONSTRUCTION		3) DATE SURVEY COMPLETED
		495140	B. WING				C 10/27/2016
	PROVIDER OR SUPPLIER LIVINGCENTER-RO	SE HILL		110	EET ADDRESS, CITY, STATE, ZIP COD CHALMERS COURT RRYVILLE, VA 22611)E	10/2//2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	
F 441	container of the tes without sanitizing the An interview was cop.m. with LPN #10. staff follows when to medication cart into returning it to the cabe wiped off." When "Because it's bringing the cart and contains. An interview was coa.m. with LPN #4. Vistaff follows when the resident's room and #4 stated, "You're sualcohol swab." When this process, LPN #4 was medication administ. On 10/26/16 at 7:00 staff member) #1, the director of nursing findings.	urned to the cart and put the t strips back into the cart e container. Inducted on 10/25/16 at 3:10 When asked what process aking a container from the a resident's room and when art, LPN #10 stated, "It should a sked why, LPN #10 stated, ag things from their room into a the cart." Inducted on 10/26/16 at 11:30 When asked what process are take a container into the then return it to the cart, LPN upposed to clean it off with an an asked why staff followed 4 stated, "For infection is made aware of the ration observation. In the process are taken as the cart, LPN upposed to clean it off with an an asked why staff followed 4 stated, "For infection is made aware of the ration observation. In the process are taken as the cart in the cart, LPN upposed to clean it off with an an asked why staff followed 4 stated, "For infection is made aware of the ration observation. In the process are taken as the cart in t	F	41			
	Procedures For All M "Policy. To administe effective manner. Pr (e.g., clean disposal medication containe This will serve as a le	Medications" documented, er medications in a safe and ocedures. G. Use a barrier ple tray or plastic sup) to carry rs into the resident's room. parrier between the supplies if table or other surface on re placed while the					

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	THE THE TENT	IMAD HOMAN OFICATORS				FC	DRM APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>		NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
							С
	<u> </u>	495140	B. WING	<u> </u>	<u> </u>		10/27/2016
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	N LIVINGCENTER-RO	SE HILL		11	0 CHALMERS COURT		
				B	ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 441	Continued From pa	ge 125	F.	141			-
		on was provided prior to exit.	•	71			
	1/31/15 and readmithat include but wer sclerosis, cluster he behavioral disturbankidney disease. Resident #18's mos set) was a quarterly (assessment referent #18 was coded as bimpaired in the abilities scoring 9 out of 15 of for Mental Status excoded as requiring etransfers and dressi ambulation and total bathing.	s admitted to the facility on ted on 6/5/15 with diagnoses on the not limited to Multiple endaches, dementia without noce, convulsions and chronic of the recent MDS (minimum data assessment with an ARD noce date) of 9/5/16. Resident peing moderately cognitively by to make daily decisions on the BIMS (Brief Interview cam). Resident #18 was extensive assistance with I dependence on staff with					
	made on 10/26/16 a #7 removed a box of from the medication #7 removed the eye entered the resident' and removed the top the cap on the reside	istration observation was t 8:25 a.m. with LPN #7. LPN ontaining a vial of eye drops cart for Resident #18. LPN drop vial from the box and 's room. She put on gloves to the eye drop vial and laid ent's bed. After administering #7 picked up the cap and					

cart.

placed it on the vial, removed her gloves and put the vial back into the box and into the medication

An interview was conducted on 10/26/16 at 11:55 a.m. with LPN #7. When the observation was reviewed with LPN #7, she stated, "I should have kept it in my hand." When asked why, LPN #7

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

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		T WEDIO NO OLIVIOLO				OIVIE	<u>3 NO. 0938-039</u>	
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X	(X3) DATE SURVEY COMPLETED	
		495140	B. WING				C 10/27/2016	
	PROVIDER OR SUPPLIER N LIVINGCENTER-ROS	SE HILL		110 (EET ADDRESS, CITY, STATE, ZIP CODI CHALMERS COURT RYVILLE, VA 22611	E	10/2//2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI) TAG	[PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION TE DATE	
F 441	stated, "Because it's An interview was cop.m. with LPN #10. with the top of an eyadministration, LPN off I hold it in my hal acceptable to put th LPN #10 stated, "No because it's contam On 10/26/16 at 7:00 staff member) #1, the director of nursinfindings. No further information 483.75(j)(1) ADMINI The facility must proservices to meet the facility is responsible of the services. This REQUIREMENT by: Based on staff intervand facility document that the facility staff fispecimen as ordered 28 residents in the sufficiency in the services.	onducted on 10/26/16 at 3:10 When asked what staff did ye drop vial during medication #10 stated, "When I take it and." When asked if it was e cap on the resident's bed, that will cause infection inated." p.m. ASM (administrative ae administrator and ASM #2, and were made aware of the	F 4					

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG F502 Continued From page 127 Resident #2 was admitted to the facility on 5/24/16 and readmitted on 6/18/16 with diagnoses that included but were not limited to: pneumonia, depression, elevated cholesterol, diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the physician's order dated and signed on 6/24/16 documented, "C-Diff (clostridium difficile) Cx (culture) X (times) 3 on 3 separate days." (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING STREET ADDRESS, CITY, STATE, ZIP COI 110 CHALMERS COURT PREFIX TAG PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COI 110 CHALMERS COURT PREFIX TAG PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COI 110 CHALMERS COURT THO CHALMERS COURT THO CHALMERS COURT THE RECOURT PREFIX TAG PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COI 110 CHALMERS COURT THO CHALMERS COURT THE GACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AFT DEFINITION AND THE AFT DEFINITION	OMB NO. 0938-039
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 502 Continued From page 127 Resident #2 was admitted to the facility on 5/24/16 and readmitted on 6/18/16 with diagnoses that included but were not limited to: pneumonia, depression, elevated cholesterol, diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the physician's order dated and signed on 6/24/16 documented, "C-Diff (clostridium difficile) Cx (culture) X (times) 3 on 3 separate Review of the care plan did not evidence documentation regarding the need for the	(X3) DATE SURVEY COMPLETED
GOLDEN LIVINGCENTER-ROSE HILL (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 502 Continued From page 127 Resident #2 was admitted to the facility on 5/24/16 and readmitted on 6/18/16 with diagnoses that included but were not limited to: pneumonia, depression, elevated cholesterol, diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the physician's order dated and signed on 6/24/16 documented, "C-Diff (clostridium difficile) Cx (culture) X (times) 3 on 3 separate Review of the care plan did not evidence documentation regarding the need for the	C 10/27/2016
F 502 Continued From page 127 Resident #2 was admitted to the facility on 5/24/16 and readmitted on 6/18/16 with diagnoses that included but were not limited to: pneumonia, depression, elevated cholesterol, diabetes and irregular heart beat. The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 7/21/16 coded the resident as being able to understand others and make his needs known. The resident was coded as requiring assistance from staff for all activities of daily living. Review of the physician's order dated and signed on 6/24/16 documented, "C-Diff (clostridium difficile) Cx (culture) X (times) 3 on 3 separate Review of the care plan did not evidence documentation regarding the need for the	CODE ORRECTION (X5) N SHOULD BE COMPLETION
documentation regarding the need for the	been notified of out fully 0% of lab orders x 7 e all licenses nurses guidelines. 0bs daily during All findings will be
Review of the May 2016 treatment administration record did not evidence documentation regarding the clostridium difficile order. Review of the laboratory specimens documented that the resident had a clostridium difficile specimen obtained on two occasions, 6/24/16 and 6/27/16. There was no documentation that the third specimen had been obtained as ordered. Review of the bowel and bladder detail report for June 2016 documented that Resident #2 was incontinent of bowel movements on 6/28/16,	vember 18, 2016

An interview was conducted on 10/27/16 at 11:55

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CENT	ERS FOR MEDICARE	E & MEDICAID SERVICES					RM APPROVE
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				<u>DMB N</u>	10. 0938-03 9
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		PLE CONSTRUCTION		DATE SURVEY COMPLETED
l		495140	B. WING				C
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	Щ.	<u>10/27/2016</u>
COLOR	N I D (1) (00 CO CO)		ĺ		110 CHALMERS COURT		
GOLDE	N LIVINGCENTER-RO	SE HILL	i		BERRYVILLE, VA 22611		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	10	_	PROVIDER'S PLAN OF CORRECTION	3N	
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LE	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	۲	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	DBF	(X5) COMPLETION DATE
F 502	Continued From pa		F 50	02			
	a.m. with LPN (licer	nsed practical nurse) #9.					
	When asked the pro	ocess staff follows if they are					
	not able to obtain a	laboratory specimen ordered by the physician, LPN					
	#9 stated. "If we can	n't get a stool or if it's not liquid					
	then we let the doct	or know and get a d/c					
	(discontinue) order.	н —					
	An interview was co	nducted on 10/27/16 at 2:45					
	p.m. with RN (regist	ered nurse) #1, the assistant					
	 director of nursing. \ 	When asked if staff would					
	notify the physician the clostridium diffici	when they could not obtain ile, RN #1 stated, "Well we					
	didn't document it."	ile, KN #1 Stated, "Well We					
	On 40/00/40 -1 7 00						
	Staff member) #1 th	p.m. ASM (administrative e administrator and ASM #2					
	were made aware of	the findings.					
	Review of the facility	's policy titled, "Lab					
	Processing/Tracking	Guideline" documented.					
	"GUIDELINE STATE	MENT: To ensure that					
	Diagnostic tests are policy obtained performed	processed, ordered, and results receive timely.					
	Facility Diagnostic Te	esting System Review: 2. The					
	DNS (director of nurs	sing service) or designee will					
	review the Diagnostic	Tracking Form or (name of					
	laboratory software) (to ensure that the tracking					
	that any new orders v	. This review is to monitor vere process, results were					
	obtained, physician/N	IP (nurse practitioner)					
	notification was condi-	ucted and that timely					- 1
	physician/NP respons	se was received."					
	No further information	n was obtained prior to exit.					
	(1) Clostridium difficile	e, the leading cause of					
	nospital-acquired diar	rhea, is known to cause					1

severe colitis. This information was obtained

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

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]		A MEDICAID SERVICES				MB NO. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
		495140	B. WING			C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER	78		ST	REET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEI	N LIVINGCENTER-ROS	SE HILL	1		CHALMERS COURT	•
				BE	ERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RE COMPLETION
F 502	Continued From pa	ge 129	F 50	12		
F 503 SS=D	from: https://www.ncbi.nln 483.75(j)(1)(i-iv) LA REFERRED, AGRE	n.nih.gov/pubmed/17390162 B SVCS - FAC PROVIDED, EMENT	F 50	3		
	the services must m	s its own laboratory services, seet the applicable		1.	The expired supplies have been disc	carded.
	requirements for lab of this chapter.	oratories specified in part 493		2.	An audit will be conducted on every supply room.	y item in
	services, it must me	s blood bank and transfusion et the applicable oratories specified in Part		3.	ADNS/Designee will conduct educat licensed nurse regarding following manufactures guidelines for discard	
	testing to another lat	oses to refer specimens for coratory, the referral			lab supplies per date noted on produ	uct.
	specialtles and subs	ertified in the appropriate pecialties of services in requirements of part 493 of		4.	DNS/Designee will review audits and QAPI monthly for 3 months.	i submit to
9	if the facility does no on site, it must have these services from a	t provide laboratory services an agreement to obtain a laboratory that meets the ints of part 493 of this			November 1	8, 2016
	by: Based on staff intervand facility policy revifacility staff failed to caupplies for one of tw	is not met as evidenced iew, clinical record review ew, it was determined that liscard expired laboratory o medications rooms.				
t t	racility staff failed to (testing supplies that h	discard fecal occult blood and expired in June 2016 in				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/08/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 495140 B. WING 10/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **GOLDEN LIVINGCENTER-ROSE HILL** 110 CHALMERS COURT BERRYVILLE, VA 22611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETION DATE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 503 Continued From page 130 F 503 the South medication room. The findings include: An observation was made of the South medication room on 10/26/16 at 1:55 p.m. with LPN (licensed practical nurse) #3. A almost full box of 100 occult blood testing slides with an expiration date of June 2016 was observed. An interview was conducted with LPN #3 at that time. When asked how often the medication rooms were checked, LPN #3 stated, "We check it once a week. Any nurse can do it." When asked what was included in checking the medication rooms, LPN #3 stated, "We're looking for expiration." When asked what consequence would occur if they used the expired supplies, LPN #3 stated, "Well if it's expired I couldn't use that because the liquid (developer) would be no good. The results would be inconclusive." Review of the manufacturer's literature documented. "Precautions Seracult (occult blood testing) slides and tape: Do not use product after the expiration date." On 10/27/16 at 3:00 p.m. ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings.

No further information was provided prior to exit.

According to applicable requirements for laboratories specified in Part 493 of this chapter: § 493.1252 Standard: Test systems, equipment, instruments, reagents, materials, and supplies.

d) Reagents, solutions, culture media, control

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

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	THE POPULATION AND	- A MICDIONID SELVICES			U	<u> </u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	W.	495140	B. WING		- · - · · · · · · · · · · · · · · · · ·	C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER	16		STR	REET ADDRESS, CITY, STATE, ZIP CODE	10/2//2010
					CHALMERS COURT	4
GOLDE	N LIVINGCENTER-RO	SE HILL	ĺ			
		<u> </u>	1.0	DE	RRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	ζ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DE COMPLETION
F 503	Continued From pa	,9 co 131				
1 303		-	F 50	03		
	supplies must not b	n materials, and other e used when they have ration date, have deteriorated, rd quality.				
F 504 SS=D	483.75(j)(2)(i) LAB : ORDERED BY PHY	SVCS ONLY WHEN 'SICIAN	F 50)4		
	The facility must proservices only when physician.	ovide or obtain laboratory ordered by the attending		1.	Staff failed to obtain a physician or collection and testing of urine for rit was noted RP/MD/NP aware.	
	-				awaie.	
	This REQUIREMEN	T is not met as evidenced		2.	UM/Designee will conduct an audit 7 days.	t of all labs x
	Based on staff inter and clinical record re the facility staff failed	view, facility document review eview, it was determined that d to obtain physician orders for one of 28 residents in the dent #5.		3.	ADNS/Designee will educate all lice on obtaining a physician order prior services being requested.	
	for the collection and Resident #5 on 8/8/2			4.	DNS/Designee will review lab order during morning meeting. All results reviewed by QAPI committee monthmonths.	will be
	The findings include:	}			monus.	
	6/19/15 with diagnos not limited to, diabeto	nitted to the facility on es that included, but were es, dehydration, Alzheimer's, nentia, depression and			November 1	B, 2016
	set) was a significant ARD (assessment re Resident #5 was not Section C on this ass	ecent MDS (minimum data change assessment with an ference date) of 9/7/16. coded for her cognition in sessment, and the staff completed. On Resident				

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CENTERS F	OR MEDICARE	E & MEDICAID SERVICES				FOR	RM APPROVED
STATEMENT OF CO	EFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) C	IO. 0938-039 PATE SURVEY COMPLETED
L	_	495140	B. WING				C
NAME OF PROV	DER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CO	1	0/27/2016
COLDENINA	NGCENTER-RO	05.1111.	- 1		CHALMERS COURT	DE	
GOLDEN FIAI	MGCENTER-RU	SE HILL	J		RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
#5's 7/30 cogi que code resie mak Rev in pa Note cc (c cath (urin to de pres An e 6:40 #1, ti direc provi a cor requi ordei On 1 nurse the p and s the c was a labor LPN a place electr place	o/16, Resident # nitive patterns, a stions. The state ed Resident #5 dent was severe sting. liew of Resident art, the following a. 8/8/2016 16:1 cubic centimeter (catheter) @ 16 alysis) and C&S etermine the mid ent in the urine) and of day meeti p.m. with ASM a the executive din stor of nursing se ided a list of laboration of phy ested to provide at transcribed in the corresponding phy est	ge 132 S assessment with an ARD of 5 was coded in Section C, as being unable to answer the ff assessment in Section C as a "3", indicating that this ely impaired for daily decision #5's progress notes revealed, documentation: "General 7:00 (4:17 p.m.) Obtained 60 rs) of yellow cloudy urine via 610 (4:10 p.m.) for UA 6 (culture and screen - a test croscopic bacterial pathogen and ASM #2, the ervices. ASM #2 was pratory tests that did not have sician order. ASM #2 was revidence that there was an the clinical record. I a.m. LPN (licensed practical his surveyor with copies of present the 8/8/16 laboratory tests was not a physician order in the test performed. LPN #7 or not nursing should collect a without a physician order. reder must be received and onic chart and a copy of the the laboratory test is to be hart along with the for collection." LPN #7 was	F 5	04			

asked whether or not that was done for the above

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

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			::	OMB NO. 0938-039
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING_			C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER	9,	1	STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 10/2/12010
GOLDE	N LIVINGCENTER-RO	SE HILL			CHALMERS COURT RRYVILLE, VA 22611	•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 504	Continued From pa laboratory test com #7 stated it was not	pleted for Resident #5. LPN	F 50	4		
	end of the survey pr	on was provided prior to the ocess.		¥,		
	483.75(I)(1) RES		F 51	4		
55=E	The facility must ma resident in accordan standards and pract accurately documen	intain clinical records on each ice with accepted professional ices that are complete; ted; readily accessible; and		1.	The facility has documented the discharged from the facility. The regarding the administration of O	not having a 5 has med error xyContin to
	information to identification resident's assessme services provided; the	nust contain sufficient by the resident; a record of the nts; the plan of care and		2.	Resident #13 has been document inaccurate documentation of Resibiood pressure on 9/29/16 and 9/been noted. Resident #5's code st corrected in PCC to match their manual of current resident's median audit of current resident's median process.	dent #7's '30/16 has atus was nedical chart.
	by:	F is not met as evidenced			be completed to validate that resinformation is up to date and account	ırate
i	Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate clinical record for five of 28 residents in the survey sample, Residents #6, #25, #13, #7 and #5.			3.	The DNS or designee will in-service information Manager and all current Nursing Staff on documentation, administration documentation, read code status order guidelines.	ent Licensed medication
	having a feeding tube 2. The nurse practitio	# 6's family in regards to not		4.	The DNS or designee will review documentation and change of cool in clinical start up. The results of be reviewed and submitted to QA	the audit will

months.

November 18, 2016

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

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_CENTE	CENTERS FOR MEDICARE & MEDICAID SERVICES						IO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILO		CONSTRUCTION	(X3) E	PATE SURVEY COMPLETED
		495140	B. WING				C 10/27/2016
	PROVIDER OR SUPPLIER	SE HILL		110	REET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611		10/2//2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F 514	feces leaking from I	plostomy) presented with his anus and failed to sion with the resident's wife	F 5	14			
	Oxycontin 20 mg (1) and 7/17/16 when 1 actually administere documented that Ox	, facility staff documented) was administered on 7/15/16 5 mg of Oxycontin was d, and facility staff cycontin 20 mg was 6/16 3-11 shift, when it was					
	blood pressures on t	to accurately document the medication administration #7 on 9/29/16 and 9/30/16 for					
; ; ;	5. The facility staff failed to ensure that the correct code status was documented in Resident #5's electronic clinical record and on the Kardex (a communication tool used to provide specific information to the CNA's (certified nursing assistants) working with a resident. The staff was unable to verbalize an accurate code status for Resident #5 when looking in the electronic record.						
	The findings include:		·				
	11/2/15 with diagnose limited to: stroke, adu	dmitted to the facility on es that included but were not ult failure to thrive, diabetes, Parkinson's disease, and					

of 8/8/16.

depression. The resident was on hospice care as

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		AND UDINIAN SEKVICES				FOR	RM APPROVED
<u>CENTE</u>	RS FOR MEDICARE	& MEDICAID SERVICES					IO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION		OATE SURVEY COMPLETED
		495140	B. WING	i			C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		10/2//2010
					CHALMERS COURT		
GOLDEN	I LIVINGCENTER-ROS	SE HILL					
				DEI	RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 514	Continued From page	ge 135	F	514			
	assessment, a signi with an assessment coded the resident a make cognitive daily coded as requiring a more staff members living except eating supervision after self the nurse practition documented in part, Poor Appetite: Remedepression) (1) 15 mg HS (bedtime), diet supplements weekly The nurse practition documented in part, Poor PO (by mouth) (medications): Suggendoscopic gastroster placed in the stomace (2)) /surgical consult The nurse practitioned documented in part, Poor PO intake/refus Tube, surgical consult The nurse practitioned documented in part, Poor PO intake/refus Tube, surgical consult The nurse practitioned documented in part, Poor PO intake/refus Family aware, decision (regarding): PEG tub The nurse practitioned documented in part, 'decision documented in part,'	ary consult, house weights." er note dated, 12/14/15, "Assessment and Plan: 1. intake/refusal of meds ested PEG (percutaneous omy) Tube (a feeding tube th through the abdominal wall ." er note dated, 12/17/15, "Assessment and Plan: 5. sal of meds: Suggested PEG elts. Started on Remeron 15 er note dated, 12/22/15, "Assessment and Plan: 5. sal of Meds and therapies: on to be made RE					

tube."

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CENTE		E & MEDICAID SERVICES				0	FORM	APPROVE
STATEMENT	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		PLE CONSTRUCTION	<u>Ui</u>	(X3) DAT). 0938-039 TE SURVEY MPLETED
		495140	B. WING					C /27/2016
NAME OF	PROVIDER OR SUPPLIER	3		ľ	STREET ADDRESS, CITY, STATE, ZIP COD	Œ		-
GOLDEN	N LIVINGCENTER-ROS				110 CHALMERS COURT BERRYVILLE, VA 22611			
(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 CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
F 514	Continued From page	age 136	F 5	- 514	4			
		er documentation related to		1 .	•			
	the PEG tube in the	e nurse practitioner's notes.						
	The nurse's note da	ated, 12/16/15 at 10:41 a.m.						
	documented, "Call to	to family to discuss PEG tube						
		idate. Left message with family						
	to return call," vvritte	ten by RN (registered nurse)						
		ated, 12/17/15 at 10:15 a.m.						
	documented, "Left r	message with family X2 (two						
	times) regarding res	sident refusing medications						
	and PEG consult ord	rder. Notified NP (nurse						
	practitioner)." Writte	en by RN (registered nurse)						
	#1.	1 3 40146148 46.66						
	documented "Snok	eted, 12/18/15 at 9:30 a.m.						
	recarding PFG tube	e and reason for order.						
	Resident refusing m	e and reason for order. nedications and to eat.						
	Expressed that resid	dent is showing signs of						
	depression but is ref	fusing to take any						
	medications that can	n assist with the depression.						
	Son is meeting with !	brother (other son) to discuss						
	and was encouraged	d to make a decision as soon						
	as possible." Written	n by RN (registered nurse) #1.						
	There was no turtner	er documentation related to						
	the discussion with the family related to the	the family or the decision of						
	On 10/26/16 at 10:3/	the PEG tube. 5 a.m. the unit manager, LPN						
		urse) #6 was asked to locate						
	the documentation o	of the final discussion with the						
1	family regarding the p	placement of the PEG tube.						
(On 10/26/16 at 1:10	p.m. RN #1 came to this						
:	surveyor and stated,	, "The family decided against						
1	the PEG tube. Then t	the family was here more						
1	frequently and her ap	ppetite increased and she						
7	took her medications	s more frequently." When						

asked where the discussion of that was

documented, RN #1 stated, "I was on my way out the door and I saw the son here. I went in and he told me of the family decision of not doing the

	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION									
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
		495140	B. WING		C 10/27/2016					
	PROVIDER OR SUPPLIER N LIVINGCENTER-RO	SE HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRICENCY)	D BE COMPLETION					
F 514	PEG tube." When a was documented, F document it." When documented it, RN have." An interview was co (administrative staff nursing, on 10/26/10 a conversation with decision regarding t should be documented.	sked where that conversation RN #1 stated, "I didn't a asked if she should have #1 stated, "Yes, I should	F 5	14						

Potter-Perry Fundamentals of Nursing, 6th Edition, page 477 reads: "Documentation is anything written or printed that is relied on as record or proof for authorized persons. Documentation within a client record is a vital

documentation when discharge potential does not exist: Resident's response to activities program. Resident's response to nutrition care services. Provision of and response to rehabilitation services and provision of and response to social

has an impact on the resident's care." The facility policy, "Responsibility of Medical Record Documentation" documented, "The provider of care is responsible for ensuring that entries made in the Medical Record are of high quality, including legibility...Documentation should

include at a minimum: Provisions of and response to nursing care. Provision of and response to medical treatment and care. Observation and description of significant change/changes in condition. Assessments. Significant changes in Resident's care and Treatment. Outcome of care and treatment provided. Ongoing plan of discharge (or

aspect of nursing practice. Nursing documentation must be accurate, comprehensive

service interventions."

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES					ORM APPROVE 3 NO. 0938-039
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI	TIPLE CONSTRUC	TION		3) DATE SURVEY COMPLETED
		495140	B. WING				C 10/27/2016
NAME OF	PROVIDER OR SUPPLIER				ESS, CITY, STATE, ZIP C	ODE	19/21/29 19
ļ	N LIVINGCENTER-ROS			110 CHALMER BERRYVILLE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	OVIDER'S PLAN OF COR H CORRECTIVE ACTION -REFERENCED TO THE / DEFICIENCY)	I SHOULD BE	
F 514	Continued From page	age 138	F 5	14			
	and flexible enough maintain continuity	n to retrieve critical data, of care, track client outcomes, standards of nursing practice.					
	director of nursing, A consultant, and RN assistant director of the above findings of	dministrator, ASM #2, the ASM #4, the regional nurse (registered nurse) #1, the f nursing, were made aware of on 10/26/16 at 4:15 p.m. lon was provided prior to exit.					
	assessment regarding (a resident with a confeces leaking from h	tioner failed to document an ing concern that Resident #25 clostomy (1)) presented with his anus and failed to sion with the resident's wife tter.					
	9/5/15. Resident #25 were not limited to: d (3) and peripheral va #25's admission MD: ARD (assessment recoded the resident as	idmitted to the facility on 25's diagnoses included but diabetes (2), bipolar disorder ascular disease (4). Resident DS (minimum data set) with an eference date) of 9/12/15 as being cognitively intact.					

ostomy. Resident #25 was discharged from the

A nurse's note dated 9/30/16 documented, "Fecal matter leaking into wound from anus. This is a new findings. NP (nurse practitioner) is evaluating new finding of leakage..."

facility on 9/30/15.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	_				RM APPROVE NO. 0938-039
STATEMEN"	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495140	B. WING		•		C 10/27/2016
İ	PROVIDER OR SUPPLIER LIVINGCENTER-ROS	SE HILL		110	EET ADDRESS, CITY, STATE, ZIP COD CHALMERS COURT RRYVILLE, VA 22611		10/2/1/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	;	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 514	Continued From pa	ge 139	F 5	14			
	"Spoke with NP (na spoke with wife rega plan for care. State	e dated 9/30/16 documented, me). States saw resident and arding leakage of stool and s wife has decided to go with to take resident home when					
	on 9/30/16 documer colostomy but failed regarding fecal matter	ned by the nurse practitioner nted Resident #25 had a to document any information er leaking from the resident's regarding a discussion with					
	conducted with ASM member) #5 (the nui was asked to describ Resident #25 in regardeces leaking from held with the resident stated she honestly reviewed the progres and stated she docu	p.m., an interview was (administrative staff ree practitioner). ASM #5 be her assessment of ards to the concern about is anus and the discussion at's wife on 9/30/15. ASM #5 could not recall. ASM #5 as note she wrote on 9/30/15 mented Resident #25 had a nad a care plan meeting.					
	staff member) #1 (th	p.m., ASM (administrative e administrator) and ASM #2 ng) were made aware of the					
;	documented in part, a regular basis, Docu	ed, "Documentation Reviews" "PROCEDURE: Perform, on umentation Reviews for entation by physicians, uer health care					

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

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CENIE	KS FOR MEDICARE	& MEDICAID SERVICES			C	MB NC	<u>). 0938-0391</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495140	B. WING			10	C /27/2016
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 10	127,2010
COLDEN	LIVINGCENTER-RO	DE 1111 :			CHALMERS COURT		
GOLDEN	A PIA HAGOEM LEK-KO:	SE HILL		BEF	RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
	(1) "A colostomy is at the colon. For this is the colon through the a stoma. A colostomy permanent. The colothe surgeon remove of the colon or rectulatemporary colostomy inflamed lower part only needs time to resurgery. Once the courgery. Once the courgeon repairs the and reconnects the and reconnects the anormally. A surgeon often to treat rectal conformation was obtain the colors of the co	a stoma created from a part of surgery, the surgeon brings to abdominal wall and makes my may be temporary or lostomy is permanent when as or bypasses the lower end m. A surgeon may perform a y for a damaged or an of the colon or rectum that est or heal from injury or colon or rectum heals, the colon so stool will pass a performs a colostomy most cancer, diverticulitis, or fecal cidental loss of stool." This sined from the website: an cov/health-information/healt seases/ostomy-surgery-bowe as in which your blood gar levels are too high" obtained from the website: ov/diabetes.html is a serious mental illness. or through unusual mood ormation was obtained from ih.gov/vivisimo/cgi-bin/query-medlineplus&v%3Asources=query=bipolar&_ga=1.56859 942321 disease (PAD) (also known	F	14	DEFICIENCY)		
t	he blood vessels tha	r disease) is a condition of t supply the legs and feet. It id hardening of the arteries.					

This causes decreased blood flow, which can

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		AND HUMAN SERVICES				FOR	M APPROVE
	•	& MEDICAID SERVICES				MB N	O. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		ATE SURVEY DMPLETED
		495140	B. WING			1 4	C 0/27/2016
NAME OF	PROVIDER OR SUPPLIER			S'	TREET ADDRESS, CITY, STATE, ZIP CODE	1 1	0/2//2010
COLDEN	I LIVINGCENTER-RO	SE 1211 1		11	0 CHALMERS COURT		
				В	ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 514	Continued From pa	ne 141	E 4	514			
	injure nerves and of		F	114			
	information was obt	dained from the website: gov/ency/article/000170.htm					
	OxyContin 20 mg (17/15/16 and 7/17/16 was actually admini- documented that Ox	3, facility staff documented 1) was administered on 6 when 15 mg of OxyContin stered, and facility staff xyContin 20 mg was 6/16 3-11 shift, when it was					
	11/12/14 and readm diagnoses that inclu anterior dislocation of atherosclerotic hear behavioral disturban osteoarthritis. Resid (minimum data set) with an ARD (assess 8/15/16. Resident # cognitively intact in the decisions scoring 13 interview for mental was coded as requir from staff with transf	dmitted to the facility on itted on 1/19/16 with ded but were not limited to of the left humerus, t disease, dementia without ice, hypertension and tent #13's most recent MDS was a quarterly assessment sment reference date) of 13 was coded as being he ability to make daily out of 15 on the BIMS (brief status exam). Resident #13 ing extensive assistance fers, dressing, and personal ependence on staff with			Til and the state of the state		
	the following physicia (Nurse Practitioner) of Tablet ER (extended	MG (milligrams)Give 1 imes a day for pain					

management...discontinue dated 7/15/16."

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	/ICES		MB NO. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE IDENTIFICATION NU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
495140	B. WING		C 10/27/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	1012172010
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY TAG REGULATORY OR LSC IDENTIFYING INFORM	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION	BE COMPLETION
The following order was put into place on "OxyCONTIN Tablet ER 12 hour Abuse-20 MG (milligrams) Give 1 tablet by most times a day for pain management." Review Resident #13's July 2016 eMAR (electronic medication administration redocumented that OxyContin 20 mg was administered on 7/15/16 at 9:00 p.m., 7/ 9:00 p.m., and 7/17/16 at 9:00 a.m. Review of the narcotic logs for both the OxyContin 15 mg and OxyContin 20 mg that OxyContin 15 mg was administered 7/15/16 at 9:00 p.m. and on 7/17/16 at 9 which was not the correct dose; and the OxyContin 20 mg was not administered 7/16/16 at 9:00 p.m. On 10/27/16 at 2:16 p.m., an interview w conducted with LPN (licensed practical in the nurse who signed off that OxyContin was administered on 7/15/16. When ask process of administering a medication, L stated that you would look at order to the medication and confirm the order prior to administering. LPN #1 stated that it look she had given the 15 mg on accident and down that 20 mg was given. LPN #1 state really don't remember." LPN #1 confirmed the Resident #13's eMAR was inaccurate documentation. The nurse who administered OxyContin 7/17/16 but documented, she administered OxyContin 20 mg no longer works at the	Deterrent with two decord) (16/16 at at all on at all o	14	

On 10/27/16 at 2:20 p.m., a telephone interview

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CENTE	CENTERS FOR MEDICARE & MEDICAID SERVICES						O. 0938-039
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) D/	ATE SURVEY DMPLETED
		495140	B. WING			1	C 0/27/2016
825)	PROVIDER OR SUPPLIER	SE H!LL		110	REET ADDRESS, CITY, STATE, ZIP CODE CHALMERS COURT RRYVILLE, VA 22611	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
	was conducted with nurse who document administered on 7/1 not administered. Fit to document that a swas not. RN #7 color on 10/27/16 at 2:30 conducted with LPN destroys narcotics a supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destated that the supervisors can destate that the	RN (registered nurse) #7, the need OxyContin 20 mg was 8/16 3-11 shift when it was RN #7 stated that it is never ok medication was given when it ald not recollect that day. I. p.m., an interview was 1 #8. When asked who she stated that the RN stroy the medications together. RN supervisors destroy the ney can get to it. LPN #8 ic log for Resident #13's 0 mg. LPN #8 stated that it is occasions; nursing was ng OxyContin and then er nurse once they realized the wrong dose. LPN #8 15/16 and 7/17/16 the wrong vas administered. LPN #8 dent #13's eMAR was D. a.m., ASM (administrative d ASM #2 the DON (Director de aware of the above) Documentation Reviews" did ve concerns.	F	514			
	written or printed tha	t is relied on as record or persons. Documentation					

within a client medical record is a vital aspect of nursing practice. Nursing documentation must be

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

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495140	B. WING			C 10/27/2016		
NAME OF S	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	ZIP CODE	10/2/12010		
	LIVINGCENTER-ROS	SE HILL		110 CHALMERS COURT BERRYVILLE, VA 22611				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		CTION SHOULD O THE APPROPE	BE COMPLETION		
F 514	retrieve critical data track client outcome standards of nursing client record provide level of quality of catalogues (1) OXYCONTIN is of pain severe enougaround-the-clock, to This information was institutes of Health. https://dailymed.nlm	ensive, and flexible enough to maintain continuity of care, es, and reflect current g practice. Information in the es a detailed account of the are delivered to the clients."	F	514				
	blood pressures on record for Resident #7 was ad 10/25/16 with diagn not limited to: depressiroke and dementia. The most recent MI with an ARD (asses 7/15/16 coded the runderstanding other to make self unders as a 99 in the brief indicating the resided questions. In section the resident was connected to t	DS, a quarterly assessment, sment reference date) of						

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u> DMB NÇ</u>) <u>. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	COI	TE SURVEY MPLETED
		495140	B. WING				C /27/2016
NAME OF F	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
COLDEN	I WINCCENTED DO	SE LIII 1	ļ	110	CHALMERS COURT		
GOLDEN	LIVINGCENTER-ROS	OC NILL		BEI	RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	O BE	(XS) COMPLETION DATE
F 514	Continued From pa	ge 145	F 5	14			
	documented, "Orthowaking x3 days in the	cian's orders for October 2016 estatic Blood pressure upon ne morning for Orthostatic B/P rder Date- 09/28/16."					
	administration record Blood pressure upo morning for Orthost -Order Date- 09/28/	ember 2016 medication of documented, "Orthostatic n waking x3 days in the atic B/P (blood pressure) 16." On 9/29/16 at 6:00 a.m.					
	pressure) 120/8. B/I blood pressure doct a.m. it was docume 120/7. B/P 2nd 110/	"(Nurse's initials) B/P (blood P 2nd 120/6. B/P 3rd X (no umented)." On 9/30/16 at 6:00 nted, "(Nurse's initials) B/P 6. B/P 3rd X (no blood ed." On 10/1/6 no blood umented.					
	9/30/16 did not evidence regarding the blood dated 10/1/16 documents.	's notes for 9/29/16 and ence documentation pressures. The nurse's note mented that the resident blood pressures taken.					
		ts and vitals summary report cumentation of the vitals for t 6:00 a.m.					
	a.m. with LPN (licen When asked to revie medication administ LPN #4 stated, "You 70 what." When ask accurately documen #4 stated, "Because	nducted on 10/27/16 at 11:30 sed practical nurse) #4. ew the September 2016 ration record for Resident #7, don't know if it's 60 what or ed why it was important to t the blood pressures, LPN they're on a medication to asked if clinical decisions					

were based on the documentation, LPN #4

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u>J. 0938-0391</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION DING	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495140	B. WING			C 0/27/2016	
NAME OF F	PROVIDER OR SUPPLIER	<u></u> -		STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
				110 CHALMERS COURT			
GOLDEN	LIVINGCENTER-RO			BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		SHOULD BE	(X5) COMPLETION DATE	
F 514	my documentation document them on administration reco The nurse who doc was not available for On 10/27/16 at 3:00 staff member) #1, t	rould have put the results in if I couldn't accurately the MAR (medication rd)."	F	514			
	Pressure Measurer "PROCEDURE PU measurement of the against the walls of in condition. To ass medication. PROCI Documentation mapressure reading w	RPOSE: To obtain a e amount of pressure exerts an artery. To assess change ess effectiveness of					
	No further informat	ion was obtained prior to exit.					
	blood pressure that assumes a standin was obtained from: http://www.ninds.ni potension/orthostat Measuring Orthostat the patient lie down blood pressure and	otension is a sudden fall in t occurs when a person g position. This information h.gov/disorders/orthostatic_hy tic_hypotension.htm atic Blood Pressure. 1. Have a for 5 minutes. 2. Measure I pulse rate. 3. Have the expeat blood pressure and					

Event ID: TN9Y11

pulse rate measurements after standing 1 and 3 minutes. This information was obtained from:

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		AND HOMAN CERVICES					7 7020 0204
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES					<u>). 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495140	B. WING			10	C)/27/2016
NAME OF F	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
				110 (CHALMERS COURT		
GOLDEN	LIVINGCENTER-RO	SE HILL		BEF	RRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 514	Continued From pa http://www.cdc.gov/ atic_blood_pressur	/steadi/pdf/measuring_orthost	F	514			
	correct code status #5's electronic clinic (a communication to information to the Cassistants) working unable to verbalize	failed to ensure that the was documented in Resident cal record and on the Kardex tool used to provide specific CNA's (certified nursing with a resident. The staff was an accurate code status for looking in the electronic					
	6/19/15 with diagno	dmitted to the facility on oses that included, but were etes, dehydration, Alzheimer's, ementia, depression and					
	set) was a significa ARD (assessment Resident #5 was no Section C on this a assessment was no #5's admission MD 7/30/16, Resident # cognitive patterns, questions. The sta	t recent MDS (minimum data int change assessment with an reference date) of 9/7/16. ot coded for her cognition in inssessment, and the staff ot completed. On Resident is assessment with an ARD of \$\frac{45}{25}\$ was coded in Section C, as being unable to answer the lift assessment in Section C as a "3", indicating that this					

Facility ID: VA0210

making.

resident was severely impaired for daily decision

A review of Resident #5's physician order summary dated 10/1/16 - 10/31/16 revealed that Resident #5 was a full code, indicating that in the event where she would stop breathing or lose her

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CENTER	RS FOR MEDICARE	E & MEDICAID SERVICES			(<u>omb nc</u>	<u>), 0938-0391</u>	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							С	
		495140	B. WING	٠		10	0/27/2016	
NAME OF F	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE			
COLDEN	N LIVINGCENTER-ROS	ee uu i		110	CHALMERS COURT			
GULDEN	LIVINGUEN EN-NO.	SE RILL		BEF	RRYVILLE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 514	Continued From pa	ano 148		514				
1 915	•	•	Г	314				
	pulse cardiopulmonary resuscitation would be initiated by the nursing staff. The order status was documented as active with an order date of 7/23/2016.							
		nt #5's paper chart at the ealed a DNR (do not						
		ated and signed by Resident						
		le party) on 10/24/16.						
	On 10/25/15 at 5:31	D p.m. an interview was						
		v p.m. an interview was N (licensed practical nurse) #3.						
	LPN #3 was asked if she knew Resident #5's							
		#3 stated, "I think she is a						
		t placed in hospice." LPN #3						
		a would verify the code status #3 stated, "I can look in the						
		B looked at the electronic						
	record and stated, ".	'According to this she						
		ull code." LPN #3 asked one						
		nurses station what the Resident #5's code status.						
		PN #3 and this surveyor that						
	there was not a "sto	there was not a "stop sign" beside Resident #5's						
		name indicating that she was a full code. LPN #3						
		s responsible for updating the						
		nically. LPN #3 stated that the						
	nurses should update the electronic record and that it should have been flagged in the chart for							
	input. LPN #3 was a	asked if she could state how						
	the different documentation in the computer							
	versus in the paper record could impact the resident. LPN #3 stated, "There would be							
		ated, "There would be at to do or what not to do."						
	A construct of the facility	** - ** ***						
		ity policy "Cardiopulmonary) Guideline" revealed, in part,						
		nentation: "A staff member						

other than the one who is providing the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIÉR/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	93	495140 B. WING		C 10/27/2016		
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ROSE HILL				STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	10/2//2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		BE COMPLETION	
F 514	An end of day meet 6:40 p.m. with ASM #1, the executive di director of nursing swere made aware o status for Resident	must promptly identify/validate ." ing was held on 10/26/16 at (administrative staff member) rector, and ASM #2, the services. ASM #1 and ASM #2 of the discrepancy with code #5 at that time. on was provided prior to the	F			

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
				B. WING_		10/2			
		STREET ADD	RESS, CITY, S	STATE, ZIP CODE					
GOLDEN LIVINGCENTER-ROSE HILL 110 CHA				ALMERS COURT /ILLE, VA 22611					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL :	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			F 000					
	An unannounced biennial State Licensure Inspection was conducted 10/25/16 through 10/27/16. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 certified bed facility was			84 W.					
,	107 at the time of the consisted of 20 cur (Residents #1 through)	ne survey. The survey rrent resident reviews ugh #19 and #28) and ws (Residents #20 th	ey sample s id eight						
F 001	Non Compliance		į	F 001					
	The facility was out of compliance with the following state licensure requirements:								
	The facility was not following Virginia Re Licensure of Nursin 12 VAC 5 - 371 - 15 referenced to F 151	i0-B.1 Resident Righ	ts cross	; ;					
	cross referenced to F 154 12 VAC 5 - 371 - 150 A D.15 A Resident Right cross referenced to F 157 12 VAC 5 - 371 - 220 H Resident Rights cross referenced to F 157								
-	12 VAC 5 - 371 - 14 cross referenced to 12 VAC 5 - 371 - 36 referenced to F 164	0 D.15 A Resident R F 164 0 B, C Resident Rigi	nts cross						
	referenced to F 250 12 VAC 5 - 371 - 25 cross referenced to) i0 A Resident Assess	sment						
LABORATORY		ER/SUPPLIER REPRESEN		TURE	TITLE		(X6) DATE		

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FORM APPROVED State of Virginia (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING _ 10/27/2016 495140 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

110 CHALMERS COURT **GOLDEN LIVINGCENTER-ROSE HILL BERRYVILLE, VA 22611 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F 001 | Continued From Page 1 F 001 cross referenced to F 279 12 VAC 5 - 371 - 250 F Resident Assessment cross referenced to F 280 12 VAC 5 - 371 - 200 B.1 Resident Assessment cross referenced to F 281 12 VAC 5 - 371 - 220 A Quality of Care cross referenced to F 309 12 VAC 5 - 371 - 220 B Quality of Care cross referenced to F 329 12 VAC 5 - 371 - 210 A.2 & 220 B Quality of Care cross referenced to F 332 & F 333 12 VAC 5 - 371 - 180 A Infection Control cross referenced to F 441 12 VAC 5 - 371 - 310 A Administration cross referenced to F 502, F 503, & F 504 12 VAC 5 - 371 - 360 E, F Administration cross referenced to F 514

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