	ISOLATED DEFICIENCIES WHICH CAUSE I ONLY A POTENTIAL FOR MINIMAL (FARM) NEC	PROVIDER = 495139	MULTIPLE CONSTRUCTION A. BUILDING B. WING	COMPLETE:	
	OIDER OR SUPPLIER CENTER OF NEW MARKET	STREET ADDRES 315 EAST LEE NEW MARKE	S. CITY. STATE, ZIP CODE C HIGHWAY		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN	VCIES		AUG 0 7 2017	
F 287	483.20(f)(1)-(4) ENCODING/TRANSI (f) Automated Data Processing Require (1) Encoding Data. Within 7 days after the following information for each residulation (ii) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's (vi) Background (face-sheet) information (2) Transmitting Data. Within 7 days a capable of transmitting to the CMS Systematic conforms to standard record layout CMS and the State. (3) Transmittal requirements. Within 1 must electronically transmit encoded, a following: (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full a (v) Significant correction of prior quart (vi) Quarterly review. (vii) A subset of items upon a resident's (viii) Background (face-sheet) informat does not have an admission assessment.	mitting resident a facility completed in the facility ments. transfer, reentry, on, if there is no a feer a facility complete information for and data diction and data diction and data diction and data diction are terminated assessment. erly assessment. erly assessment. s transfer, reentry, on the facility complete information for an initial sment.	tes a resident's assessment, a finite discharge, and death. It is a resident assessment. The pletes a resident contained in the aries, and that passes standard aries, and that passes standard lity completes a resident's associate MDS data to the CMS Synthesis of the CMS Synthesis o	a facility must be he MDS in a format ized edits defined by essment, a facility estem, including the	
	alternate RAI approved by CMS, in the This REQUIREMENT is not met as ex Based on staff interview and clinical rea a death in facility MDS (minimum data sample, Resident #19. Resident #19 expired in the facility on assessment.	videnced by: cord review, it wa set) assessment fo	s determined that the facility s or one of five closed record re	taff failed to complete views in the survey	

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

The above isolated deficiencies pose no actual harm to the residents

ENTERS	FOR MEDICARE & MEDICAID SERVICES			"A" FORM
RTATEMENT	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER =	MULTIPLE CONSTRUCTION	DATE SURVEY
		Programme and the second secon	A SULDING.	COMPLETE.
FOR SME ()	(i) NFy	495139	B. WING	7/20/2017
VAME OF PR	ROVIDER OR SUPPLIER	STREET ADDRESS	S, CITY, STATE. ZIP CODE	
LIFE CAF	Continued From Page 1 The findings include: Resident #19 was admitted to the facto: anxiety disorder, pain and history Resident #19's MDS assessments fair On 7/19/17 at 4:18 p.m., an interview coordinator). LPN #1 was asked if a death in facility record." LPN #1 was assessments. LPN #1 stated she refe asked to provide Resident #19's deat On 7/19/17 at 5:20 p.m. ASM (admit director of nursing) were made award On 7/20/17 at 8:05 a.m. ASM #2 pre On 7/20/17 at 8:05 a.m. ASM #2 pre On 7/20/17 at 8:28 a.m. another inter Resident #19's death in facility MDS should have been completed. LPN # wasn't completed on 5/8/17, LPN #1 The CMS (Centers for Medicare and Tracking RecordMust be complete absence). Must be completed within No further information was presented. F-287 1. How will the facility identify other residents Review of assessment for death in the facility completed on 8-17-17 by LPN (MDS) nurse. As 3. What measures will be put in place or syste DON completed Education on 8-2-17 with LPN within 14 days. Residents will be discussed in a facility will be communicated to MDS. MDS as managers 5 days a week for 30 days then 3 days the	315 EAST LEE NEW MARKE		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICI	ENCIES		RECEIVED
F 287	Continued From Page 1			AUG 0 7 2017 VDH/CLC
	The findings include:			ADHIOTO
	Resident #19 was admitted to the facilito: anxiety disorder, pain and history of Resident #19's MDS assessments failed. On 7/19/17 at 4:18 p.m., an interview coordinator). LPN #1 was asked if a lideath in facility record." LPN #1 was assessments. LPN #1 stated she refere asked to provide Resident #19's death. On 7/19/17 at 5:20 p.m. ASM (adminidirector of nursing) were made aware. On 7/20/17 at 8:05 a.m. ASM #2 presented. On 7/20/17 at 8:28 a.m. another interving Resident #19's death in facility MDS of should have been completed. LPN #1 wasn't completed on 5/8/17, LPN #1 stated on 5/8/17, LPN #1 stated she refered absence). Must be completed within 7 No further information was presented.	of falling. Resident and to reveal a death was conducted with MDS should be con asked what documences the RAI (resident facility MDS.) is trative staff membof the above finding the previous stated it should have tated, "Human error Medicaid Services) when the resident of days after the resident of the death of the resident of days after the resident.	#19 expired in the facility on 5/8/17 in facility MDS assessment. In LPN (licensed practical nurse) #1 (impleted when a resident expires. LPN entation she references when completed ent assessment instrument) manual. It is death in facility MDS. It with LPN #1. LPN #1 confirmed she day. LPN #1 was asked when the assive been completed on 5/8/17. When for: RAI manual documented, "08. Death dies in the facility or when on LOA (1).	MDS N#1 stated, "A sting MDS LPN #1 was SM #2 (the ne completed ssessment asked why it
	1. How will the corrective action be accomplished Resident #19 expired in the facility on 5-8-17. Re 2. How will the facility identify other residents he Review of assessment for death in the facility was completed on 8-17-17 by LPN (MDS) nurse. Asse 3. What measures will be put in place or system DON completed Education on 8-2-17 with LPN (Mosthin 14 days. Residents will be discussed in grafacility will be communicated to MDS. MDS assemanagers 5 days a week for 30 days then 3 days 4. How will the facility monitor the corrective place.	esident's assessment (death aving the potential to be affi is completed for the last 6 ressment was transmitted or ic changes made to ensure MDS) nurses on completion and rounds (am Clinical meassment for death will be coaweek for 30 days then 1 lan to ensure the deficient; into for death in the facility of the following persons Exceptions of the following persons Exceptions of the following persons Exceptions con the sound in the facility of the following persons Exceptions con the sound in the facility of the following persons Exceptions of the facility of the f	an) was completed on 7-19-17 and was transmitted of fected by the same deficient practice? months on 8-1-17 by LPN. One other resident was idn 8-1-17 by LPN (MDS) nurse. the deficient practice will not reoccur. of assessment of death in facility within 7 days. Traighting every morning by the interdisciplinary team. Rempleted within 7 days and transmitted. Audits will be day a week for 30 days to assure MDS is completed practice was corrected and not reoccur. to the Quality assurance/ Performance improvement ecutive Director, Director of Nursing, Assistant Director.	dentified 15023 assessment was nsmission of electronic assessment Residents identified as expiring in be conducted by DON or Unit and transmitted. nt Committee for 90 days for review

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If continuation sheet 2 of 2

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

PRINTED: 07/27/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>	<u>IMB NO.</u>	<u>. 0938-0391</u>
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUC		COM	E SURVEY IPLETED
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NAME OF F	PROVIDER OR SUPPLIER		-		ESS, CITY, STATE, ZIP CODE		
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F 000	INITIAL COMMENT	rs	F O	00	RECEI	VED	
		Medicare/Medicaid standard ted 7/18/17 through 7/20/17.			AUG 0 7	2017	
	Complaints were in Corrections are req CFR Part 483 Fede	vestigated during this survey. Juired for compliance with 42 Juireal Long Term Care Life Safety code survey/report			VDH/C		
	101 at the time of the consisted of 23 cur (Residents #1 through)		F 1	57			:
	(g)(14) Notification	of Changes.		Tag F-15	7.		
	consult with the res	mediately inform the resident; sident's physician; and notify, or her authority, the resident when there is-		accompli found to	vill the corrective action be shed for those residents have been affected by the practice?		
		olving the resident which I has the potential for requiring on;		with In h	7 Director of Nursing revi ouse physician resident's	# 11	
	mental, or psychos deterioration in hea	ange in the resident's physical, ocial status (that is, a alth, mental, or psychosocial threatening conditions or ns);		Notification nurse's Nursing. Will cont	for the month of July 201 ion was documented on 8 s notes by the Director of No new orders were recinue to obtain weight personant actif (NAD page and partification).	8-1-17 f eived. r	
	a need to discontin	treatment significantly (that is, ue an existing form of diverse consequences, or to	<i>a</i>		nd notify MD per orders an condition policy.	ana 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SYNATURE

Lecutiva Director R/M

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.

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

RECEIVED PRINTED: 07/27/2017 FORM APPROVED MB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

MULTIPLE CONSTRUCTION AUG 0 7 2017
A BUILDING

(X3) DATE SURVEY

C 07/20/2017

495139

B. WING

ADHAGTE

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF NEW MARKET

STREET ADDRESS, CITY, STATE, ZIP CODE

315 EAST LEE HIGHWAY NEW MARKET, VA 22844

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

F 157 Continued From page 1 commence a new form of treatment); or

- (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
- (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.
- (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-
- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or
- (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.
- (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to notify the physician of a change in resident condition for four of 29 residents in the survey sample, Residents #11, #3, #8, and #1.

1. The facility staff failed to notify the physician of a weight gain of more than two pounds in one day multiple times in June 2017 for Resident #11. F 157

On 8-1-17 Director of Nursing reviewed with Medical Director resident # 3 weight loss and the weights for the month of July 2017. Physician was also notified of resident's refusal of weights. Director of Nurse's documented in the nurse's notes physician's notification. No new orders received from physician. Nursing will continue to obtain weights as ordered and notify physician as per order and policy for change in resident's condition.

Resident #8 discharged from facility

On 8-1-17 Director of Nursing reviewed resident #1 weights for the month of July with 2# weight change. No new orders were received. Director of Nurse's documented notification to physician in nurse's notes. Nursing will continue to obtain weight as per physicians orders and notify physician per orders and change of condition policy.

2. How will the facility identify other residents having the potential to be affected by the same practice?

Unit managers reviewed on 8-1-17 all residents with physician orders for weights daily and weekly with orders

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

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1	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495139	(X2) MUI A. BUILE B. WING	mentioner in the confirmation of the contract		DATE SURVEY COMPLETED C 07/20/2017
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F 157	Continued From pa	ige 2	F ·	157	AUG 0	7 2017

- 2. The facility staff failed to notify the physician of weight loss of more than four pounds in one week, and of a refusal to be weighed in June 2017 for Resident #3.
- 3. The facility staff failed to notify the physician/nurse practitioner when oxygen was initiated for Resident #8.
- 4. The facility staff failed to notify the physician, per the physician orders, of a weight gain of over two pounds in a day for Resident #1.

The findings include:

1. The facility staff failed to notify the physician of a weight gain of more than two pounds in one day multiple times in June 2017 for Resident #11.

Resident #11 was admitted to the facility on 3/25/15 and most recently readmitted on 5/1/17 with diagnoses including, but not limited to: heart failure, high blood pressure, diabetes, and amputation of his left leg below the knee. On the most recent MDS (minimum data set), a quarterly assessment with an assessment reference date of 5/8/17, Resident #11 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (brief interview for mental status).

A review of the physician's orders for Resident #11 revealed, in part, the following order dated 5/1/17, and most recently signed by the physician on 7/3/17: "Daily weight. If gains 2 lbs (pounds) or more in a day notify MD/NP (medical doctor/nurse practitioner). Provide copy of weights to MD/NP weekly on Wednesday."

VDH/QLC

2. How will the facility identify other residents having the potential to be affected by the same practice?

Unit managers reviewed on 8-1-17 all residents with physician orders for weights daily and weekly with orders to notify physician pare reviewed for physician notification.

On 8-1-17 Director of nursing reviewed all residents with orders for daily and weekly weights with physician. Director of Nurse's on 8-1-17 documented in nurse's notes physician notification. New orders received were written by Director of Nursing on 8-2-17. Residents weights will be obtained as ordered and notification to physician will be documented on back of treatment administration record.

On 8-1-17 Director of nursing reviewed all residents on O2 for implementation of O2 per standing orders. No other residents were identified.

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07/20/2017

(X5) COMPLETION

DATE

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AUG 0 7 2017 AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495139 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET NEW MARKET, VA 22844 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

F 157 Continued From page 3

A review of the daily weights for Resident #11 revealed, in part, the following: 6/2/17 - 235.9; 6/3/17 - 240.7 6/8/17 - 232.9: 6/9/17 - 235 6/11/17 - 233.8: 6/12/17 - 237.7 6/25/17 - 237.4; 6/26/17 - 242.3 6/28/17 - 243.1; 6/29/17 - 245.8

Further review of Resident #11's clinical record, including the back of the TARs (treatment administration records) and nurses' notes, failed to reveal evidence that the facility staff notified the physician or NP of the weight gains on the above referenced dates.

A review of the comprehensive care plan for Resident #11 dated 7/27/16 and updated 11/17/16 revealed, in part, the following: "Daily weights...prior to getting out of bed."

On 7/20/17 at 9:10 a.m., LPN (licensed practical nurse) #3, a unit manager was interviewed. When asked if she knew why Resident #11 had a physician's order for daily weights, LPN #3 stated: "He will start increasing (weight) really fast. He has heart failure." When asked who is responsible for reporting a daily weight gain of greater than two pounds to the physician or NP, LPN #3 stated: "The floor nurse is responsible."

On 7/20/17 at 9:50 a.m. at 9:50 a.m., LPN #6 was interviewed. She stated the aides are responsible for obtaining the daily weights and writing the weights on the residents' ADL (activities of daily living) sheets. She stated the floor nurse is responsible for checking the resident's weight against the previous weights and to notify the physician or NP if applicable. LPN #6 stated the notification of the physician should be

F 157 3. What measures will be put into place or systematic changes made to ensure the practice will not reoccur.

> All license nurses will be educated by 8-14-17 by Staff Development Coordinator, Unit managers and/or Director of Nursing on physician notification/change of condition as directed by physician's orders and change of condition policy to include weight loss, weight gains per physician's orders.

All nurses will be education by 8-14-17 by Staff Development Coordinator/Unit managers or Director of nursing on utilizing of standing orders for O2 to notify Physician and Family Nurse Practioner of resident's condition and orders written per standing orders. Notification will be documented in the nurse's notes.

Any licensed nurse that has not been Inserviced by 08/14/17 will not be Allowed to provide direct care until Inservice is completed. All newly hired Nurses will receive education during Orientation.

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F 157	the nurses' notes. TARs and nurses' regarding the daily It doesn't look like a dates." On 7/20/17 at 10:00 manager, was inter "There is no eviden notified on the date On 7/10/17 at 10:10 staff member) #1, t ASM #2, the director these concerns. Por notification of a chawere requested. A review of the faci Resident's Condition following: "The attentified of any incident resident's medical of No further informat According to Basic Practice, 6th edition pages 56-59), "Fail condition appropriation information to the provider are caused way to avoid being follow standards of	on the back of the TAR or in When asked to review the lotes for Resident #11 weights, LPN #6 stated: "No. anyone was notified on those of a.m. LPN #3, a unit viewed. LPN #3, stated: ce of the physician being syou pointed out." O a.m., ASM (administrative the executive director, and or of nursing, were informed of olicies regarding physician ange in a resident's condition if y policy "Change in a n" revealed, in part, the ending physician will be ent, accident, or change in the condition." In was provided prior to exit. Nursing, Essentials for an (Potter and Perry, 2007, are to monitor the patient's tely and communicate that thysician or health care is of negligent acts. The best liable for negligence is to care, to give competent health		managers in daily and we or family nur 5 times a week times a week week for one. Director of N managers wi any new oxylorders and n and family not in condition. 4. How will to corrective ple practice was. Director of nof audits for and o2 to the /Performance for review and 90. The QAPI context and place of the CAPI context of the CAPI conte	lurse's and/or Unit Il audit in grand roungen orders from stand otification to physicia urse practionier of chand need for standing the facility monitoring an to ensure the defice corrected and not re urse's will present fir weight loss, weight ge e Quality Assurance the Improvement commend recommendations mmittee consist of irector, Director of Nue ector of Nursing, Soci ivities, Dietary Manage	ds ding ange g orders dings ain mittee for ursing, ial ger,
	care, and to comm	unicate with other health care			nsultant, Medical Dir	<i>-</i>

is responsible for directing the medical treatment

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

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F 157 Continued From page 5

F 157

2. The facility staff failed to notify the physician of weight loss of more than four pounds in one week, and of a refusal to be weighed in June 2017 for Resident #3.

Resident #3 was admitted to the facility on 2/23/17 and most recently readmitted on 6/1/17 with diagnoses including, but not limited to: history of bladder and kidney cancer, heart attack and right above the knee amputation. On the most recent MDS (minimum data set), a 14 day Medicare assessment with an assessment reference date of 6/15/17, Resident #3 was coded as having no cognitive impairment for making daily decisions.

A review of Resident #3's clinical record revealed the following physician's order dated 6/1/17 and signed by the physician on 6/26/17: "Weekly weight on Mondays. Notify MD/NP (medical doctor/nurse practitioner) of wt (weight) 4 lb (pounds) or greater in a week. Weekly."

A review of Resident #3's weekly weights revealed, in part, the following:

- 6/12/17 124
- -6/19/17 116
- 6/26/17 Refused

Further review of Resident #3's clinical record, including the back of the TARs (treatment administration records) and nurses' notes, failed to reveal evidence that the facility staff notified the physician or NP of the weight loss and refusal to be weighed on the above referenced dates.

AUG 0 7 2017 VDH/QLC

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	į.		NSTRUCTION		DATE SURVEY COMPLETED
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F 157	Continued From pa A review of Resider	ge 6 nt #3's comprehensive care	F 1	57			****
	plan dated 6/1/17 re	evealed, in part, the following:			RECE	IVE	
	"Weigh and observe	e results."			AUG 0	2017	
	nurse) #4, a unit may When asked if he ke physician's order for stated: "Weekly we (nutritionally at risk) possibility of weight monitors residents' he, the dietary man and at least one spet to discuss residents compromise and we is responsible for for to notify the physicial than four pounds in unit managers are responsible." When the notified if a residue weights refuses to la "Absolutely." LPN if he could locate exponsified of the above the refusal to be weights.	a.m., LPN (licensed practical anager, was interviewed. new why Resident #3 had a r weekly weights, LPN #4 eights are part of the NAR i. It was because of the loss." When asked who weekly weights, he stated that ger, the other unit manager, eech therapists meet weekly who are at risk of nutritional eight loss. When asked who ollowing the physician's order an of a weight loss of greater a week, LPN #4 stated: "The responsible. I was a saked if a physician should lent with an order for weekly be weighed, LPN #4 stated: #4 was asked to check to see vidence that the physician was e instances of weight loss and eighed. LPN #4 returned to 0 a.m. and stated: "I could not					
	find any evidence of have been done." On 7/20/17 at 10:00 manager, was inter	f the notification. It should D a.m. LPN #3, a unit viewed. LPN #3 stated: ace of the physician being					:

On 7/20/17 at 10:10 a.m., ASM (administrative staff member) #1, the executive director, and ASM #2, the director of nursing, were informed of

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F 157	Continued From pathese concerns.	age 7	F 1	57	RECEIVE	Ď	
	No further informat	ion was presented prior to exit.			AUG 0 7 2017		1
	3. The facility staff in physician/nurse prainitiated for Resider	actitioner when oxygen was			VOHOLO	\$	
	Resident #8's diagralimited to: diabetes diabetic foot ulcer. (minimum data set) data collection tool Resident #8 was al	dmitted to the facility on 7/6/17. noses included but were not congestive heart failure and a Resident #8's admission MDS was not complete. An initial dated 7/6/17 documented ert and oriented. The toold the resident was on room air en).					
	standing orders sig 7/6/17. The standin "Oxygen Orders: O cannula or facemas saturation less than	t #8's clinical record revealed ned by the physician on ng orders documented, 2 (oxygen) at 2 Liters via nasal sk PRN (as needed) for O2 n 90% or signs/symptoms of and call MD (medical practitioner)"					
	was on room air fronurse's note dated #8's oxygen satural oxygen. The note f NP was made awar Resident #8 although	notes revealed Resident #8 m 7/6/17 until 7/9/17. A 7/9/17 documented Resident tion was 90% on two liters of failed to document the MD or re of oxygen administration to gh the NP had been notified ent's increased temperature rn.					

Resident #8's July 2017 MAR (medication administration record) and TAR (treatment

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u> MB NC</u>	<u>). 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY MPLETED
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NAME OF I	PROVIDER OR SUFFLIER		-		5 EAST LEE HIGHWAY		
LIFE CA	RE CENTER OF NEW	MARKET			EW MARKET, VA 22844		
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F 157	Continued From pa	•	F	157	RE(ÆD
	information regardi	rd) failed to document ng oxygen. Resident #8's itiated on 7/6/17 failed to			AUG	07	2017
	document informat	ion regarding oxygen. The ensive care plan was not			VD	HQ	LC
	conducted with LPI LPN #4 was shown for oxygen. LPN # should be notified i stated, "Yes ma'am the notification sho stated the notification the nurse's notes. was reviewed with not see documenta notified when Resident with AS member) #3 (the notated she knew of familiar with him the stated she hadn't et one had notified he Resident #8's oxygen On 7/20/17 at 2:18 conducted with RN nurse who docume administered oxygen she believed Resident RN murse who docume administered oxygen she believed Resident RN murse who docume administered oxygen she believed Resident RN murse who docume administered oxygen she believed Resident RN murse who docume administered oxygen she believed Resident RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she she with RN murse who docume administered oxygen she with RN murse who docume administered oxygen she with RN murse who with RN murse who docume administered oxygen she with RN murse who	p.m. an interview was N (licensed practical nurse) #4. Resident #8's standing orders 4 was asked if the MD or NP foxygen was initiated. LPN #4." LPN #4 was asked where uld be documented. LPN #4 on should be documented in The nurse's note dated 7/9/17 LPN #4. LPN #4 stated he did ation that the MD or NP was dent #8's oxygen was initiated. p.m., an interview was M (administrative staff urse practitioner). ASM #3 Resident #8 but was less an other residents. ASM #3 evaluated Resident #8 and no er regarding the initiation of ien. p.m. an interview was I (registered nurse) #1 (the ented Resident #8 was en on 7/9/17). RN #1 stated dent #8 was already receiving so she did not notify the MD or					

On 7/20/17 at 2:25 p.m. ASM #1 (the executive director) and ASM #2 (the director of nursing)

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LIFE CARE CENTER OF NEW MARKET 315 EAST LEE HIGHWAY NEW MARKET, VA 22 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S F					OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED
		495139	A constraint and cons	100 G Consideration and the Consideration an	C 07/20/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 315 EAST LEE HIGHWAY		
CARL	CENTER OF NEW	INITAL VI Com I		NEW MARKET, VA 22844	
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	OULD BE COMPLETION

F 157 Continued From page 9 were made aware of the above findings.

> The facility policy titled, "Change in a Resident's Condition" documented, "1. All changes in the resident's condition will be recorded in the resident's medical record. Such changes or conditions include, but are not limited to: Any accident/incident involving the resident. Any change in the resident's mental, physical, or emotional status. 2. The attending physician will be notified of any incident, accident, or change in the resident's medical condition..."

No further information was presented prior to exit. 4. The facility staff failed to notify the physician, per the physician orders, of a weight gain of over two pounds in a day for Resident #1.

Resident #1 was admitted to the facility on 12/28/17 with a recent readmission on 5/30/17, with diagnoses that included but were not limited to: chronic obstructive pulmonary disease (a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)), severe peripheral artery disease (any abnormal condition affecting the arteries outside the heart (2)) above the knee amputation, atrial fibrillation (a condition characterized by rapid and random contractions of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)), cardiac disease, aneurysm (a saclike widening in a blood vessel (4)), gastrointestinal bleed and osteoarthritis (the most common form of arthritis occurring mostly in the elderly. characterized by degenerative changes in the joints (5)).

F 157

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- Contract of the Contract of		495139	B. WING		07/20/2017	
r	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
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F 157 Continued From page 10

The most recent MDS (minimum data set) assessment, a Medicare five day assessment, with an assessment reference date of 5/11/17, coded the resident as scoring a 13 on the BIMS (brief interview for mental status) score, indicating he was cognitively intact to make daily decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of his activities of daily living, except eating in which he required supervision of one staff member.

The physician order dated, 5/4/17 and when readmitted rewritten on 5/30/17, documented, "Daily weight, if gains 2 lbs. (pounds) or more in a day, notify MD/NP (medical doctor/nurse practitioner). Provide copy of weights to MD/NP weekly on Wednesday, daily."

The May 2017 TAR (treatment administration record) documented, "Daily weight, if gains 2 lbs. or more in a day, notify MD/NP. Provide copy of weights to MD/NP weekly on Wednesday, daily." The weights were documented as ordered daily. The weight documented on 5/4/17 - 125.3 (pounds). The weight documented on 5/5/17 -129.3 lbs. A weight gain of four pounds. The weight documented on 5/14/17 - 127.9. The weight documented on 5/15/17 - 135.9, a weight gain of eight pounds. Review of the reverse side of the TAR did not evidence any documentation of notification to the physician per the physician order for a weight gain of greater than two pounds in one day.

Review of the nurse's notes for 5/5/17 and 5/15/17 failed to evidence any documentation of notification of Resident #1's weight gains to the physician or nurse practitioner.

F 157

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Facility ID: VA0145

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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				N	IEW MARKET, VA 22844	
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F 157	gains 2 lbs. or more Provide copy of wei Wednesday, daily." documented as ord documented on 6/2 weight documented gain of 3.3 lbs. Revi MAR did not eviden notification to the ph	documented, "Daily weight, if in a day, notify MD/NP. ghts to MD/NP weekly on	F 1	57	AUG	07 2017 -1/OLC
	pounds in one day. A review of the nurs evidence any docum	e's notes for 6/30/17 failed to nentation of notification to the practitioner for Resident #1's				
	and revised on 4/26 "Problem: Resident due to Dx (diagnosidisease), HTN (high (atrial fibrillation)." Tin part, "Monitor vital"	care plan dated, 12/28/16 /17, documented in part, is at risk for cardiac distress s) of CAD (coronary artery blood pressure) and A. Fib he "Approaches" documented I signs as indicated, notify f significant change as as per protocol."				
	practical nurse) #3, at 1:47 p.m. regardi notification of a resi in a day. LPN #3 sta weight and then cor day's weight and no a weight gain of gre	nducted with LPN (licensed the unit manager, on 7/19/17 ng physician orders for dents two pound weight gain ited, "We have to get the daily inpare it with the previous tify the doctor or NP if there is ater than two pounds and asked where the notification				

should be documented, LPN #3 stated, "It could be on the back of the TAR or in a nurse's note."

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

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NAME OF	PROVIDER OR SUPPLIE	2		STREET ADDRESS, CITY, ST.	ATE, ZIP CODE	
LIFE CA	RE CENTER OF NEV	W MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 228	44	
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F 157	Continued From p	age 12	F 1	57	RECEN	ED
An interview was conducted with LPN #9 on 7/19/17 at 3:15 p.m. When asked why a physician			ı		AUG 0 7 2	2017
	would order daily there is a weight of day, LPN #9 state	weights and to be notified if gain of two pounds or more in a d, "We have to notify them gain could be related to fluid			vol!(0	
	Condition" docum the resident's con resident's medica conditions include accident/incident i change in the resi emotional status.	"Change in a Resident's ented in part, "1. All changes in dition will be recorded in the record. Such changes or, but are not limited to: any nvolving the resident and any dent's mental, physical, or 2. The attending physician will incident, accident, or change in dical condition."				
		ector and the director of nursing of the above findings on m.	:			
	No further informa	ation was provided prior to exit.				
	Non-Medical Rear Chapman; page 1 (2) Barron's Diction Non-Medical Rear Chapman; page 4 (3) Barron's Diction Non-Medical Rear Chapman; page 5 (4) Barron's Diction Non-Medical Rear Chapman; page 3	onary of Medical Terms for the der, 5th edition, Rothenberg and 47. Onary of Medical Terms for the der, 5th edition, Rothenberg and 5. Onary of Medical Terms for the der, 5th edition, Rothenberg and der, 5th edition, Rothenberg and				

PRINTED: 07/27/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF ORRECTION **IDENTIFICATION NUMBER:** A. BUILDING 07/20/2017 495139 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET NEW MARKET, VA 22844 (X5) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID COMPLETION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 157 Continued From page 13 F 157 RECEIVED Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 422. AUG 0 7 2017 F 167 F 167 483.10(g)(10)(i)(11) RIGHT TO SURVEY SS=C RESULTS - READILY ACCESSIBLE (g)(10) The resident has the right to-(i) Examine the results of the most recent survey F-167 of the facility conducted by Federal or State surveyors and any plan of correction in effect with 1. How will the corrective action be respect to the facility; and accomplished for those residents found to have been affected by the (g)(11) The facility must-deficient practice? Executive Director had state book labeled on 7-18-17 (i) Post in a place readily accessible to residents, and family members and legal representatives of to reflect that it has 3 years of state residents, the results of the most recent survey of survey results available with plan of the facility. correction to residents and responsible parties for review. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding 2. How will the facility identify other years, and any plan of correction in effect with residents having the potential to be respect to the facility, available for any individual affected by the same practice? Social to review upon request; and Services will notify resident counsel by 8-5-17 of where 3 years of facility (iii) Post notice of the availability of such reports in areas of the facility that are prominent and surveys with plans of correction can be accessible to the public. found for review. (iv) The facility shall not make available identifying Posting by Executive Director 7-18-17

bv:

information about complainants or residents.

This REQUIREMENT is not met as evidenced

Based on observation and staff interview it was

determined that the facility staff failed to post a notice of the availability of the preceding three years of survey results for review by residents of notice of availability of the last 3

years of survey and plan of correction

for residents and responsible parties.

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COMPLETION

DATE

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	495139	B. WING		07/20/2017	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE CARE CENTER OF NEW MARKET			315 EAST LEE HIGHWAY		
LIL OAKE CENTER OF REVY	INVICE I		NEW MARKET, VA 22844		
(VALID SUMMARY STA	TEMENT OF DECICIENCIES		DECIVIDED'S DI AN CE CORRECTIO	N (VE)	

F 167 Continued From page 14 and RPs (responsible parties).

PRÉFIX

TAG

A notice was not posted to the residents and responsible parties that the results of the prior three years of survey results, with the plan of corrections, were available for review.

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

The findings include:

On 7/19/17 at 8:30 a.m. and 7/20/17 at 12:15 p.m. the results of the surveys for the previous three years were observed in a binder on the wall across from the dining room. A sign above the binder stated: "Current state survey results." The sign failed to inform residents and RPs that the results of the prior three years of survey results were available for review.

On 7/20/17 at 12:20 p.m., ASM (administrative staff member) #1, the executive director was interviewed. When asked what was required for signage regarding the availability of survey results, ASM #1 stated: "There has to be a notice about where the results are located." When asked if he was aware that the notice has to state that three years of survey results are available for review, ASM #1 stated: "To be honest, no." He stated that he had only been at the facility for a matter of days, and that he had been told that the survey posting had been taken care of prior to his arrival.

On 7/20/17 at 3:00 p.m., a policy was requested regarding survey posting.

No further information was provided prior to exit.

F 279 483.20(d);483.21(b)(1) DEVELOP SS=D COMPREHENSIVE CARE PLANS F 167

PRFFIX

TAG

AUG 0 7 2017 $V\cap H(\Omega)$

3. Executive Director will check 3 times a week for one month to assure book notification has 3 years of surveys with plan of correction and is available to residents and visitors. Then weekly for 2 months.

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

4. How will the facility monitoring the corrective plan to ensure the deficient practice was corrected and not reoccur? Executive Director will report findings of audits monthly for 90 days to the Quality Assurance/Performance Improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nurse's, Assistant Director of Nurse's, Social Services, Activities, Dietary Manager, Medical Director, Pharmacy Consultant.

F 279

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB N	O. 0938-0391
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LIFE CAF	RE CENTER OF NEW	MARKET		NEW MARKET, VA 22844		
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F 279	Continued From pa	ge 15	F 2	79		
	assessments compmonths in the resid results of the assess and revise the resid plan. 483.21 (b) Comprehensive (1) The facility mus comprehensive per each resident, consiset forth at §483.10 includes measurab to meet a resident's and psychosocial nicomprehensive assessments as care plan must des (i) The services that or maintain the resident physical, mental, as required under §48.24, §48 provided due to the	t develop and implement a son-centered care plan for istent with the resident rights (c)(2) and §483.10(c)(3), that e objectives and timeframes medical, nursing, and mental eeds that are identified in the essment. The comprehensive cribe the following - t are to be furnished to attain dent's highest practicable and psychosocial well-being as 3.24, §483.25 or §483.40; and at would otherwise be required 3.25 or §483.40 but are not resident's exercise of rights uding the right to refuse	The same of the sa	F-279 1. How will the corrective actic accomplished for those resider found to have been affected by deficient practice? Resident # 9 care plan was upd by LPN (Unit Manager) nurse of to reflect diuretic use and apprendent for care. 2. How will the facility identify residents having the potential affected by the same practice? On 8-1-17 Unit managers revie all residents on diuretic for comprehensive care plans additivetic use and approaches for Any resident found not to have current comprehensive care plans additivetic use and approaches for updated by unit managers on 8	nts y the ated n 8-2-17 oaches other to be wed ressing r care. e a an for r care was	
		services or specialized es the nursing facility will of PASARR				

recommendations. If a facility disagrees with the

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		0	<u>MB NO. 0938-0391</u>
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
LIFE CAR	RE CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY	
				NEW MARKET, VA 22844	
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F 279	Continued From pa	ge 16	F 27	9	-
		ARR, it must indicate its		AL	G 0 7 2017
		dent's medical record.			
	Tationale in the resid	deni o medical record.		ver en)H/QLG
	(iv)In consultation w	ith the resident and the		3. What measures will be put in place	
	resident's represen			or systematic changes made to ensu	
				the practice will not reoccur.	are .
		oals for admission and		the practice will not reoccur.	
	desired outcomes.				
	(D) TI 11 11			By 8-14-17 Staff Development Coor	
		reference and potential for		Director of Nursing, and /or Unit ma	_
		acilities must document It's desire to return to the		will educate on implementing and r	evising
		essed and any referrals to		care plans for diuretic use and appr	oaches
		ies and/or other appropriate		for care.	
	plan, as appropriate requirements set for section. This REQUIREMENT by: Based on staff intered and clinical record in the facility staff failed care plan for one of	in the comprehensive care e, in accordance with the orth in paragraph (c) of this of the introduced arrive, facility document review eview, it was determined that and to develop a comprehensive in 29 residents in the survey		Any licensed nurse that has not be Inserviced by 08/14/17 will not be Allowed to provide direct care unt Inservice is completed. All newly h Nurses will receive education durin Orientation.	il ired
	diuretics (medication the body) coded on (minimum data set) (assessment refere			All new admissions / re-admissions telephone order will be reviewed in rounds (am clinical meeting) by Dire Nurse's and/or unit managers five week for 30 days / three times a we 30 days and weekly for 30 days for comprehensive care plans for diure	n grand ector of days a eek for

The findings include:

back period.

being administered for seven days during the look

on diuretics.

use and approaches for care of a resident

		HAND HUMAN SERVICES E & MEDICAID SERVICES			PRINTED: 07/27/2017 FORM APPROVED OMB NO. 0938-0391
j.	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495139	B. WING		07/20/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
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F 279	Continued From page	age 17	F 2	79	ECEIVED
	with the following of infection) of both to encephalopathy (a	dmitted to the facility on 6/6/17 diagnoses; cellulitis (a skin ower legs, metabolic swelling of the brain), high mentia and congestive heart			deficient
	set), a 5 day asses (assessment refer Resident #9 as so on the BIMS (brief indicating that Res cognitively impaire In section N, Medic coded as receiving during the seven d	t recent MDS (minimum data ssment, with an ARD ence date) of 6/13/17 coded oring a 12 out of a possible 15 interview for mental status), ident #9 was moderately d with daily decision making. cations, Resident #9 was a diuretic for seven days ay look back period.		The Director of Nursing will p findings of comprehensive ca for diuretic use to the Quality /Performance Improvement of to review and make recomme Committee consist of Executive Director of Nurse's, Assistant Nurse's, Social Services, Active Manager, Medical Director, P Consultant.	re plans Assurance committee endations. ve Director, Director of ities, Dietary

08-23-17

diuretic.

plan dated 6/6/17 did not document any information regarding a diuretic and the approaches for care when a resident is on a

A review of Resident #9's MAR (medication administration record) dated July 2017 revealed, in part, the following order, "6/6/2017. Lasix (a diuretic medication (1)) 20 mg (milligrams) tablet PO (by mouth) daily CHF (congestive heart failure) Generic: furosemide (Lasix)." The medication was signed off on each day in July as

An interview was conducted with LPN (licensed practical nurse) #9, the MDS coordinator on 7/19/17 at 3:15 p.m. LPN #9 was asked whether

Medications should be care planned. LPN #9

administered daily at 9:00 a.m.

or not medications listed in Section N,

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

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u>C</u>	MB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE	(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	0.000
LIFE CAF	RE CENTER OF NEW	MARKET			EAST LEE HIGHWAY V MARKET, VA 22844	
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E 270	Continued From 20	~~ 10		70	REC	
F 2/9		ould all be care planned if	:	279	AUG *	0 7 2017
	shown Section N or ARD of 6/13/17. LF	on the MDS. LPN #9 was Resident #9's MDS with an PN #9 was asked if diuretics, should have been care	1			uclo
	review the care planereviewed Resident	tated that she would like to n more closely. LPN #9 #9's care plan and stated, "I plan on diuretics." LPN #9 was not done.				
		on 7/20/17 at approximately				
	member) #1, the ex	M (administrative staff recutive director, and ASM #2, ng. ASM #1 and ASM #2				
		of the above findings and a ed on developing a				
	and Interventions" r	ity document "Care Planning revealed, in part, the following; erdisciplinary team meets on a	The state of the s			÷
	scheduled basis an care plan."	d develops an individualized				
	No further informat end of the survey p	ion was provided prior to the rocess.	:			
	body get rid of extra amount of urine you water decreases th blood vessels, there pressure and reduce attacks, and kidney	wn as furosemide) helps your a water by increasing the u make. Getting rid of extra e strain on your heart and eby lowering high blood sing your risk of strokes, heart problems. This information the following website;				

Event ID: F86J11

http://reference.medscape.com/drug/lasix-furose mide-342423#91

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		AND HUMAN SERVICES				FORM APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495139	B. WING			07/20/2017
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	
		No o material			15 EAST LEE HIGHWAY	
LIFE CA	RE CENTER OF NEW	MARKET		N	EW MARKET, VA 22844	
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F 280	Continued From pa	ige 19	, F2	280	५ भी राजधा	- 494-5 6000M 9 - ETTER 011-2
F 280 SS=D)(3),483.21(b)(2) RIGHT TO NNING CARE-REVISE CP	F 2	280	AL	IG 0 7 2017
			1		F-280	DHQLC
		participate in the development	1		How will the corrective action	
		n of his or her person-centered ing but not limited to:			be accomplished for those	ı
	plate of care, molde	ang but not annied to.			residents found to have been	
	(i) The right to parti	cipate in the planning process,			affected by the deficient practic	~J
		o identify individuals or roles to			arrected by the deficient practic	E:
		planning process, the right to			Resident #1 comprehensive care	1
		nd the right to request			plan was reviewed and revised	:
	revisions to the per-	son-centered plan of care.			by LPN (Unit Manger) and updat	rod.
	(ii) The right to part	icipate in establishing the				
		d outcomes of care, the type,			on 7-20-17 to reflect use of oxyg	,en
	amount, frequency,	and duration of care, and any			administration.	
		d to the effectiveness of the			David 1801 I III	ı
	plan of care.		•		Resident # 8 has been discharge	d ;
	(iv) The right to rec	eive the services and/or items			from facility 7-20-17.	
	included in the plan				2 11 21 1 6 22 11 15	
	moladod m mo piam	. 61 64.6.			2. How will the facility identify	
	(v) The right to see	the care plan, including the			other residents having the poter	
	right to sign after si of care.	gnificant changes to the plan	f		to be affected by the same prac	tice?
	()(0) 751				On 8-2-17 all residents who are	
		hall inform the resident of the			receiving O2 administration	
		n his or her treatment and sident in this right. The			comprehensive care plans were	
	planning process m				reviewed by the unit managers t	for
	F.3.1.1119 P100000 11				O2 administration and care plan	s were
	(i) Facilitate the incresident representa	lusion of the resident and/or ative.			revised as needed.	

strengths and needs.

(ii) Include an assessment of the resident's

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CENTER	RS FOR MEDICARE	E & MEDICAID SERVICES			OMB NO. 0938-0391
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NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIF	CODE
LIFE CAI	RE CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
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F 280	Continued From pa	age 20 resident's personal and	F 2	280	AUG 0 7 2017
	(iii) incorporate the	residents hersonal and			MINIMA

cultural preferences in developing goals of care.

483.21

- (b) Comprehensive Care Plans
- (2) A comprehensive care plan must be-
- (i) Developed within 7 days after completion of the comprehensive assessment.
- (ii) Prepared by an interdisciplinary team, that includes but is not limited to--
- (A) The attending physician.
- (B) A registered nurse with responsibility for the resident.
- (C) A nurse aide with responsibility for the resident.
- (D) A member of food and nutrition services staff.
- (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
- (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
- (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the

M LISTS LILLY

3. What measures will be put in place or systematic changes made to ensure the practice will not reoccur.

By 8-14-17 Staff development coordinator, Director of Nursing and/or unit managers will educate nurses on updating and revising care plans for O2 use.

Any licensed nurse that has not been Inserviced by 08/14/17 will not be Allowed to provide direct care until Inservice is completed. All newly hired Nurses will receive education during Orientation.

All residents in grand rounds (am clinical meeting) with new orders for O2 administration will be audited by Director of Nurse's and/or Unit managers for interim and comprehensive care plans for O2 administration 5 times a week for 30 days, then 3 times week for 30 days, then 1 time a week for 30 days.

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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
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F 280	Continued From pa	-	F 2	280	RECEIVED AUG 0.7.2017

This REQUIREMENT is not met as evidenced

Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to review and revise the comprehensive care plan for two of 29 residents in the survey sample, Residents #1 and #8.

- 1. The facility staff failed to review and revise Resident #1's comprehensive care plan regarding oxygen administration.
- 2. The facility staff failed to review and revise Resident #8's comprehensive care plan regarding the initiation and administration of oxygen.

The findings include:

1. Resident #1 was admitted to the facility on 12/28/17 with a recent readmission on 5/30/17, with diagnoses that included but were not limited to: chronic obstructive pulmonary disease (a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)), severe peripheral artery disease (any abnormal condition affecting the arteries outside the heart (2)) above the knee amputation, atrial fibrillation (a condition characterized by rapid and random contractions of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)), cardiac disease, aneurysm (a saclike widening in a blood vessel (4)), gastrointestinal bleed and osteoarthritis (the most common form of arthritis occurring mostly in the elderly, characterized by degenerative changes in the

4. How will the facility monitoring the corrective plan to ensure the deficient practice was corrected and not reoccur?

The Director of Nurse's will present findings of audits for comprehensive care plans for O2 administration to the Quality Assurance/Performance Improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nurse's, Assistant Director of Nurse's, Social Services, Activities, Dietary Manager, Medical Director, Pharmacy Consultant.

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joints (5))	•	190 22	1 2	00		20.00			
jointo (o))	•					RECEI	VEL	<i>)</i> .	
		DS (minimum data set)				AUC O 7	2017	:	
		dicare five day assessment, at reference date of 5/11/17,				AUG 0 7	2017		
		as scoring a 13 on the BIMS				VDH4	MC		
		mental status) score, indicating	l.			A Marin of an			
		intact to make daily decisions. oded as requiring extensive	1					:	
		or more staff members for all o	F						
		y living, except eating in which	1					1	
		equiring supervision of one ection O - Special Treatments,							
		rograms" Resident #1 was							
	using oxy	gen during the look back							
period.									
The physi	cian orde	r dated, 5/30/17 documented							
in part, "C	2 (oxyge	n) 3 L (liters) nc (nasal							
cannula) (continuou	sly TID (three times a day)."							
Observati	on was m	ade of Resident #1 on 7/18/17							
at 1:20 p.i	m. The re	sident was in bed with his							
		sal cannula (a plastic tube with							
		et inside the nose) connected entrator. The oxygen	1						
		bserved with the flow meter							
		the 3.0 and 3.5 L/Min (liters							
•	•	esident #1 was again 7 at 7:38 a.m., 9:55 a.m. and							
		ach observation the flow rate							
was set w	rith the ba	ll between the 3.0 and 3.5							
		7/20/17 at 8:28 a.m. Resident							
		bed with his oxygen in place. vas set with the flow rate ball							

between the 3.0 and 3.5 L/Min flow rate. This observation was confirmed by another surveyor.

Review of the comprehensive care plan did not

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TAMIL OF E	NO VIDER OR GOLF EIER				STREET ADDRESS, CITY, STATE, ZIF 3 15 EAST LEE HIGHWAY	CODE		
LIFE CAI	RE CENTER OF NEW	MARKET		1	NEW MARKET, VA 22844			
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F 280	Continued From pa	ige 23	F 2	280)			
	reveal any docume care of oxygen for I	ntation regarding the use and Resident #1 on the care plan.				CEWED		
	practical nurse) #14	onducted with LPN (licensed 4 on 7/20/17 at 1:14 p.m.	:		A	JG 0 7 2017	1	
	on the care plan, Li asked who is respo plan, LPN #14 state	gen usage should be included PN #14 stated, "Yes." When onsible for updating the care ed, "The nurses do not update formally the unit manager and						
	manager, on 7/20/1 oxygen usage shou plan, LPN #3 stated review Resident #1 she saw oxygen do LPN #3 stated, "It's asked who is respo plan, LPN #3 stated caught when he car	onducted with LPN #3, the unit 7 at 1:16 p.m. When asked if ald be included on the care d, "Yes." LPN #3 was asked to 's care plan. When asked if cumented on the care plan, not there. No Ma'am." When ensible for updating the care d, "That should have been me back from the hospital. It is not the						
	is updated as need as: conditions chan	mented in part, "The care planed, but no less than quarterly ge, goals are not met, and etermined to be ineffective or					:	

7/20/17 at 4:05 p.m.

The executive director, ASM (administrative staff member) #1 and ASM #2, the director of nursing, were made aware of the above findings on

No further information was provided prior to exit.

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		THE HOMAN SERVICES				FORM APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u>DMB NO. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495139	B. WING			07/20/2017
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	STRI	EET ADDRESS, CITY, STATE, ZIP CODE	
LIFE CA	RE CENTER OF NEW	MARKET		315	EAST LEE HIGHWAY N MARKET, VA 22844	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	Κ :	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETION
F 280	Non-Medical Reader Chapman; page 12 (2) Barron's Diction Non-Medical Reader Chapman; page 44 (3) Barron's Diction Non-Medical Reader Chapman; page 55 (4) Barron's Diction Non-Medical Reader Chapman; page 34 (5) Barron's Diction Non-Medical Reader Chapman; page 34 (5) Barron's Diction Non-Medical Reader Chapman; page 42 2. The facility staff of Resident #8's compute initiation and address diabetic foot ulcer. (minimum data set) data collection tool Resident #8 was all further documented (not receiving oxygen Review of Resident standing orders sig 7/6/17. The standing "Oxygen Orders: O cannula or facemas saturation less than	ary of Medical Terms for the er, 5th edition, Rothenberg and 4. hary of Medical Terms for the er, 5th edition, Rothenberg and 7. hary of Medical Terms for the er, 5th edition, Rothenberg and . hary of Medical Terms for the er, 5th edition, Rothenberg and . hary of Medical Terms for the er, 5th edition, Rothenberg and . hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5th edition, Rothenberg and 2. hary of Medical Terms for the er, 5		80	AUG	O7 2017 HICLC
	cannula or facemas saturation less than	sk PRN (as needed) for O2 90% or signs/symptoms of and call MD (medical				

Review of nurses' notes revealed Resident #8

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

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LIFE CAF	RE CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
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F 280	Continued From pa	ge 25	F 2	80	REGE	WED
	nurse's note dated	m 7/6/17 until 7/9/17. A 7/9/17 documented Resident ion was 90% on two liters of			AUG 0	
	#8's oxygen saturation was 90% on two liters of oxygen. Resident #8's interim care plan initiated on 7/6/17 failed to document information regarding oxygen. The resident's comprehensive care plan was not complete.				VIII.	CLG
	conducted with LPN LPN #4 was asked should be updated stated the care plan should include the administered, whet facemask should b continuous or as no	p.m. an interview was N (licensed practical nurse) #4. if a resident's care plan if oxygen is initiated. LPN #4 in should be updated and iters per minute that is to be her a nasal cannula or he used and if the oxygen is heeded. LPN #4 stated the her oxygen can update the				
	staff member) #1 (1	p.m., ASM (administrative he executive director) and or of nursing) were made findings.				
	Interventions" docu	tled, "Care Planning and mented, "The care plan is I, but no less than quarterly as: "				
F 281 SS=E		ion was presented prior to exit. RVICES PROVIDED MEET STANDARDS		281		
	(b)(3) Comprehens	ive Care Plans				
		ded or arranged by the facility, comprehensive care plan,				

	UEALTH	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER			PRINTED: 07/27/201; FORM APPROVED	
ENTERS	FOR	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	-	TIPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
ATEMENT OF (DEFICIENCY CORRECTION	495139	B. WING		07/20/2017	
				STREET ADDRESS, CITY, STATE, ZIF		
NAME OF PR	OVIDER OR SUPPLIER CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
LIEE CARI			ID	PROVIDER'S PLAN OF C	CORRECTION (X5)	
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		age ²⁶	F 28	81 F-281	AUG 0 7 2017	
F 281	Continued From p	nal standards of quality. ENT is not met as evidenced			VOHICLO	
	must-	nal standards of quality. ENT is not met as evidenced it interview, staff interview,		1. How will the corrective	action be	
	(i) Meet profes	N 13 her mer de evidenced		accomplished for those re	sidents	
	I his its	interview, Stall Interview,		found to have been affect	ed by the	
1	hv: resider	and clinical record		deficient practice?		
	facility document	ermined that the facility staff	!	Dhysisian was notifical d		
				Physician was notified that	it resident	
	failed to f 29 resid	_{#17} and #3.		had been dis-impacted on		
	for 1001, 425, 45,			Physician completed physi		
	failed to follow person to the survey sample, failed to follow person to failed to follow person to four of 29 residents in the survey sample, for four of 29 resident #3. Resident #25, #9, #17 and #3. Resident #25, #9 performed a bowel 1. The facility staff performed a bowel 1. The facility staff performed a bowel without an order disimpaction on Resident #25 without an order disimpaction of Resident #25 without an order distance with Resident #25 without an order distance with Resident #25 without an order with Resident #25 without an order with Resident #25 without an order with Resident #25 without Annual Resident #25 without A			of resident on 7-20-17. On		
				resident had order for con hemorrhoid crème prn.	tinued use of	
	from a physic	from a physical failed to clarify a pain		Numae # 12		
	disimpaosition from a physician. from a physician. from a physician. 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 3. The facility staff failed to clarify a pain 4. The facility staff failed to clarify a pain 2. The facility staff failed to clarify a pain 3. The facility staff failed to clarify a pain 4. The facility staff failed to clarify a pain 4. The facility staff failed to clarify a pain 4. The facility staff failed to clarify a pain 5. The facility staff failed to clarify a pain 6. The facility staff failed to clarify a pain 6. The facility staff failed to clarify a pain 7. The facility staff failed to clarify a pain 7. The facility staff failed to clarify a pain 8. The facility staff failed to clarify a pain 8. The facility staff failed to clarify a pain 8. The facility staff failed to clarify a pain 9. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a pain 19. The facility staff failed to clarify a			Nurse # 13 was suspended on 7-20-13 and corrective action was completed		
į	2. The ton order			7-31-17. Nurse #13 was di		
	medication of the medication of the medication for Resident #9. for Resident #9. for Resident #9. 3. The facility staff failed to clarify pain medication and the facility staff failed to clarify pain medication and the facility staff failed to clarify pain medication.					
	sity sta	ff failed to clarify pain medication to the state of the		review Virginia scope of pr		
	3. The facility and	ot contain parameters for		licensed nurses. She was p		
	orders #17.	į		action plan to include re-o	rientation from	
	Resident	aff failed to clarify the parameters pain medication orders.		7-25-17 through 7-31-17.		
	The facility 5th	pain medication orders.		Staff development coordin		
	for Resident #0			educated nurse #13 on cha	ange of	
				condition and notification	to physician	
	The finding	aff performed a bowel Resident #25 without an order		for concerns of hemorrhoid	as, constipation	
	The facility St	Resident #25 without an order		unrelieved by bowel proto- pain and nurses are not to	coi and rectal	
				residents.	dis-impact	
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	. at #25 Wa	as admitted to the facility on gnoses that included, but were gh blood pressure, diabetes, low shronic kidney disease, obesity				
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AUG-0-7-4	2017 OMB NO	0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

C

07/20/2017

495139

B. WING

LIFE CARE CENTER OF NEW MARKET

STREET ADDRESS, CITY, STATE, ZIP CODE

315 EAST LEE HIGHWAY NEW MARKET, VA 22844

(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 281 Continued From page 27

Resident #25's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 7/13/17, coded Resident #25 as scoring a 14 out of a possible 15 on the BIMS (brief interview for mental status) indicating that Resident #25 is cognitively intact. Resident #25 was also coded as requiring maximum assistance of one person for toileting.

On 7/18/17 at 3:30 p.m. an interview was conducted with Resident #25. Resident #25 was tearful and stated that she suffered from hemorrhoids, that she was recently at her surgeons office for an unrelated reason and that he had told her that she needed to be on a stool softener. Resident #25 stated that she did not get the stool softener for several days and as a consequence she stated "I got so packed up I couldn't stand it, the nurse had to pull it out. I didn't even know you could do that." Resident #25 further stated, "I got chills and had to stay in the bed all day. Now every time I have a bowel movement I am on fire, I have begged for a salve (ointment for the rectum) but they (nursing) say then don't have any. I've been using something else to help with the burning." When asked if the doctor or nurse practitioner had assessed her hemorrhoids Resident #25 stated no.

A review of Resident #25's clinical record did not reveal any nursing progress notes that referenced disimpaction or Resident #25's concern for constipation.

A review of Resident #25's physician orders revealed the following; "7/14/17 11:50 a.m. Prep (preparation) H (an ointment used to treat hemorrhoids) ointment to hemorrhoids BID (two times per day) x (for) 1 (one) wk (week). D/C

F 281 Resident # 9 Pain medication order was obtained by LPN (Unit Manager)on 8-2-17 to include parameters for pain medication administration.

> Resident # 17 Pain medication orders was obtained by LPN (Unit Manager) on 8-2-17 to include parameters for pain medication administration.

> Resident # 3 Pain medication orders was obtained by LPN (Unit Manager) on 8-2-17 to include parameters for pain medication administration.

2. How will the facility identify other residents having the potential to be affected by the same practice?

All other residents using hemorrhoid crèmes were audited by unit manager on 8-2-17 for dis-impaction. Only one other resident 13123 receiving hemorrhoid crème. Resident has not been dis-impacted.

All residents on PRN pain medications were audited for parameters by unit managers on 8-2-17. All residents that did not have parameters were reviewed with physician by unit manager and new orders given for pain medication parameters. Unit manager wrote new orders on Medication administration sheets on 8-2-17.

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STATEMENT OF DEFICIENCIES

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(X3) DATE SURVEY COMPLETED

07/20/2017

495139

STREET ADDRESS, CITY, STATE, ZIP CODE

315 EAST LEE HIGHWAY

NEW MARKET, VA 22844

NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF NEW MARKET

(X4) ID PREFIX TAG

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PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

F 281 Continued From page 28

(discontinue) fiber laxative. Colace 100 mg (milligrams) PO (by mouth) daily for stool softener. Fiber laxative 2 (two) tabs (tablets) po qhs (every bedtime) impaction."

A review of Resident #25's MAR (medication administration record) dated July 2017 revealed, in part, the following entries: "Fiber laxative (an over the counter supplement to help reduce constipation) Take 2 tabs (tablets) PO QHS dx. (diagnosis) Impaction." From 7/14/17 through 7/19/17 there were nurses initials documented indicating this was administered at 9:00 p.m. each evening. "Colace (a stool softener) 100 mg (abbreviation for 1) PO daily Dx. Constipation." From 7/15/17 through 7/20/17 there were nurses initials documented indicating this was administered at 9:00 a.m. each day. There were no order entries or nursing initials for preparation H to be applied to the hemorrhoids.

A review of Resident #25's comprehensive care plan dated 6/16/2016 revealed, in part, the following documentation; "Problems: Resident is at risk for pain. Approaches: Observe for s/s (signs and symptoms) constipation and administer bowel protocol PRN (as needed)." Further review did not reveal any documentation regarding hemorrhoids.

On 7/20/17 an interview was conducted with LPN (licensed practical nurse) #13, a floor nurse working with Resident #25. LPN #13 was asked what should be done if a resident states he/she is constipated. LPN #13 stated, "If I don't have an order for laxatives then I ask the nurse practitioner for an order." LPN #13 was asked what should be done if a resident states that he/she is unable to evacuate their bowels. LPN Event ID: F86J11

F 281

3. What measures will be put in place or systematic changes made to ensure the practice will not reoccur.

Nurses will be educated by the Staff Development Coordinator, Director of Nursing on nursing standards of practice by 8-14-17. No residents are to be dis-impacted. Physician to be notified of any change with GI status involving need for dis-impaction, unrelieved constipation with current bowel regimen or treatment for hemorrhoids.

BM report will be printed five times a week by the unit manager for review for frequency of BMS. 24 hour report will be reviewed daily for any complaints of unrelieved constipation with current bowel regimen or hemorrhoids with rectal pain during grand rounds (am clinical meeting). Audit will occur during grand round (am Clinical meeting). Follow up for MD notification will be audited. Five times a week for 30 days/3 times a week for 30 days and 1 time a week for 30 days.

Nurses will be educated on writing orders for pain medications with parameters by Staff Development Coordinator/Director of nursing by 8-14-17.

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F 281 Continued From page 29

#13 stated that normally she would go back to the nurse practitioner. LPN #13 was asked if she would normally attempt to disimpact the resident. LPN #13 responded, "No but one resident did recently beg me to do that (disimpact), (name of Resident #25)." LPN #13 stated that this happened on 7/14/17. LPN #13 was asked if she obtained an order to disimpact Resident #25, LPN #13 stated that she mentioned it to (name of nurse practitioner) and received an order for a stool softener. LPN #13 was asked if she was aware of Resident #25 having hemorrhoids. LPN #13 stated that she was. LPN #13 was asked if Resident #25 complained to her of her bottom being sore following the disimpaction, LPN #13 stated, "She said it burned when she pooped." LPN #13 was asked if she had anyone assess Resident #25's bottom related to her ongoing complaints. LPN #13 stated that she did not. When asked if she had looked at the hemorrhoids, LPN #13 stated, "I did look at the hemorrhoids and they were very swollen." LPN #13 was asked if she documented about the disimpaction or the assessment she had done, LPN #13 stated that she did not.

On 7/20/17 at 1:55 p.m. an interview was conducted with ASM (administrative staff member) #3, the nurse practitioner. ASM #3 was asked if LPN #13 had approached her on 7/14/17 about Resident #25 being very constipated, and was asked if LPN #13 had received a verbal order to disimpact Resident #25. ASM #3 stated that she had not worked on 7/14/17 and that (name of ASM #5, the medical doctor) was working on his own that day. ASM #3 further stated that (name of Resident #25) had stopped her in the hall on the following Tuesday (7/18/17) and told her that a "nurse" had to "dig out" the

F 281



All orders for pain management with parameters will be audited by Director or nurses and/or unit managers in grand rounds (am Clinical meeting) to ensure parameters are included in the orders.

Any licensed nurse that has not been Inserviced by 08/14/17 will not be Allowed to provide direct care until Inservice is completed. All newly hired Nurses will receive education during Orientation.

4. How will the facility monitoring the corrective plan to ensure the deficient practice was corrected and not reoccur?

The Director of nursing will present findings of audit for GI status changes and pain management to include parameters for pain medication administration to the Quality Assurance/Performance Improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nurse's, Assistant Director of Nurse's, Social Services, Activities, Dietary Manager, Medical Director, Pharmacy Consultant.

PRINTED: 07/27/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING C. 495139 B. WING 07/20/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET NEW MARKET, VA 22844 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 281 Continued From page 30 F 281 stool. When asked if ASM #3 conducted an examination after what Resident #25 had told her, ASM #3 stated that she had not. ASM #3 was asked if she was aware of an order for Resident #25 to be disimpacted, ASM #3 stated no. ASM #3 further stated, "I did not know that nursing could even do that. I would want to assess the resident before doing a disimpaction and then reassess after the disimpaction." On 7/20/17 at 2:30 p.m. an interview was conducted with ASM #5, the medical doctor. ASM #5 was asked if he had given a verbal order to disimpact Resident #25 on 7/14/17. ASM #5 stated, "I remember the nurse coming to me, but I don't remember her asking about disimpacting. We do not normally do that. I can't remember the last time that happened." ASM #5 was asked if the nurse came back to him to let him know that Resident #25 was in pain following the disimpaction. ASM #5 stated, "I remember that the nurse said she (Resident #25) was impacted

resident.

and not that she had disimpacted her. I wrote orders for stool softeners. I can't say what else

On 7/20/17 at 3:00 p.m. an interview was held with ASM #2, the director of nursing, and LPN #13. ASM #2 was made aware of the concern of LPN #13 performing a disimpaction on Resident #25 without a physician order. ASM #2 verified that a physician order would have to be obtained for the procedure and should not have been done

without an order. At this time a policy was requested for disimpacting residents and obtaining physician orders to disimpact a

A review of the facility document titled "Physician

happened. I don't know."

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F 281 Continued From p	page 31	F 281	1			

Orders" revealed, in part, the following documentation; "Policy: A physician must provide orders for the resident's immediate care. Procedure: Physician orders include the following; Special medical procedures required for the safety and well-being of the resident. Note: Medications, diets, therapy and any treatment may not be administered to the resident without a written order from the attending physician."

No further information was provided prior to the end of the survey process.

2. The facility staff failed to clarify a pain medication order that did not contain parameters for Resident #9.

Resident #9 was admitted to the facility on 6/6/17 with the following diagnoses; cellulitis (a skin infection) of both lower legs, metabolic encephalopathy (a swelling of the brain), high blood pressure, dementia and congestive heart failure.

Resident #9's most recent MDS (minimum data set), a 5 day assessment, with an ARD (assessment reference date) of 6/13/17 coded Resident #9 as scoring a 12 out of a possible 15 on the BIMS (brief interview for mental status), indicating that Resident #9 is moderately cognitively impaired with daily decision making. In Section J, Health Conditions, Resident #9 was coded as having pain frequently with a worst pain coded as a "6" (six) out of a possible 10 in the past five days.

A review of Resident #9's hospital discharge summary dated 6/6/2017 revealed, in part, the

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F 281	facility; "HYDROcommod (milligrams) per NORCO (1) Take 1 (four) hours as nee (sic) 325 MG tablet [2]." A review of Resider administration recordocumented, in particle 1 and	ns to be continued at the done-acetaminophen (1) 5-325 r tablet. Commonly known as: (one) tablet by mouth every 4 ded for pain. Acetaminophen. Commonly known as: Tylenol of the following entries; the following entries; inophen 325 mg tablet take 2 y mouth) every 4 hours as nitials were documented under 7/1/17, 7/2/17, 7/4/17, 7/5/17, indicating administration of 5 mg-325 mg tablet take 1 tab s needed pain. Generic: minophen." Nurses' initials under the following dates; 17, 7/14/17, 7/15/17, 7/16/17 ting administration of this of the following dates; Type: A (aching) Current dication/Dose: Norco 1." In the following cates; Type: A (aching) Current dication/Dose: Norco 1." In the following cates; Type: A. Current Intensity: Ose: Norco x 1. (one tablet." In the following cates; Type; A. Current Intensity: Ose: Norco x 1." In the following cates; Type: A. Current Intensity: Ose: Norco x 1." One tablet." Ose: Norco x 1." Ose: Norco	F 2	81	AUG	CEIV 6 0 7 20 6-VOL		

Further review of Resident #9's clinical record did not reveal orders for nursing to determine under

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F 281 Continued From page 33

what circumstances acetaminophen should be given for pain and when Norco should be administered.

A review of Resident #9's comprehensive care plan dated 6/6/2017 revealed, in part, the following documentation; "Onset date 6/6/2017. Problems: Resident is at risk for pain Relating To generalized discomforts, recent hardware removal, cellulitis. Approaches: Administer/observe for effectiveness and for possible side effects from pain medication. PRN pain medication."

On 7/19/17 at 3:15 p.m. an interview was conducted with LPN (licensed practical nurse) #9, the MDS coordinator. LPN #9 was asked how nursing should determine which pain medication, Tylenol versus Norco, should be given. LPN #9 stated that it would depend on the pain level and that nursing should administer the least amount of medication that is effective. LPN #9 further stated, "If a resident is cognitively intact I let them choose, but if the resident is unable to say then I will choose. The pain medication is determined on how that nurse interprets the pain."

On 7/20/17 at 8:30 a.m., LPN #4, a unit manager, was interviewed. When shown the two orders for prn pain medication, and asked which medicine should be given on any given occasion, LPN #4 stated: "These orders don't really say. These orders should have been clarified." LPN #4 pointed out that both medications could technically be given at the same time, according to the orders. LPN #4 stated he doubted that was the physician's intent, and that the orders should have been clarified.

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F 281	conducted with LPI a floor nurse. LPN determine which proshe would choose two medications, T stated that if the pagive the lower strent LPN #7 was asked determine her choi would look at the rebetter option. LPN nice to have param. On 7/20/17 at 10:1 conducted with AS member) #2, the dimade aware of the how nursing determine to give, ASM #2 staparameters indicated should be used for experienced." A poon pain management of the following documents.	a.m. an interview was N (licensed practical nurse) #7, #7 was asked how she would on (as needed) pain medication to give if she had a choice of tylenol and Norco. LPN #7 ain rate was low then she would negth medication, the Tylenol. I what criteria she would use to ce. LPN #7 stated that she esident and determine the #7 further stated, "It would be neters." 5 a.m. an interview was M (administrative staff irector of nursing. ASM #2 was above concerns. When asked mines which pain medications ated, "There should be ing which pain medication the type of pain being blicy was requested at this time	F	281		AUG O VEILA	7 2017	
	appropriately to he relieve/prevent syn Policy: Responsib be aware of the cladosage, and side administration. Appropriately to he relieve/prevent syn policy and side eadministration.	Ilp residents overcome illness, inptoms and help in diagnosis. ility of the nursing professional: assification, action, correct effects of a medication before physician order that includes appears duration and other						

administration of medication."

required considerations including the purpose, diagnosis or indication for use is required for

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F 281	1 Continued From page 35 No further information was provided prior to the end of the survey process.		F2	81		
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	to moderately sever obtained from the for https://dailymed.nln	ndicated for the relief of moderate evere pain. This information was ne following website; .nlm.nih.gov/dailymed/drugInfo.cf l01-126d-4aab-9b2a-eee31a7691			V	
	moderate pain from menstrual periods, toothaches, backad vaccinations (shots 3. The facility staff f	is used to relieve mild to headaches, muscle aches, colds and sore throats, hes, and reactions to), and to reduce fever. ailed to clarify pain medication contain parameters for				
	6/15/13 with diagno	idmitted to the facility on ses that included but were not d pressure, abnormal posture, and osteoarthritis.				
	assessment, a qual assessment referer resident as scoring interview for menta resident was severe cognitive decisions requiring limited to	OS (minimum data set) terly assessment, with an accedate of 6/15/17, coded the a two on the BIMS (brief status) score, indicating the ely impaired to make daily. The resident was coded as extensive assistance of one or as for all of her activities of daily				
	The physician order	dated, 2/22/17 documented,				

"Norco (used to treat moderate to moderately severe pain (1)5/325 mg (milligrams) take one

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	r	
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	The Oriental Oriente	1117 (1117)		NE	N MARKET, VA 22844			
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F 281	· ·	Continued From page 36		281	Control of the contro	CEIVED		
	tab (tablet) every 4 hours for pain PO (by mouth) PRN (as needed) daily."				AU	6 0 7 2017		
	The physician order dated, 5/1/17 documented, "Tylenol (used to treat pain or fever (2)) 325 mg (milligrams) tablet take 650 mg by mouth every 4 hours as needed for pain or fever > (greater than) 100.7 PO PRN six times a day."					HOLG		
	The April, May, June and July 2017 MAR documented the resident had received both of these medications. The comprehensive care plan dated, 12/31/14 with a target date of 9/29/17, documented in part, "Problems: Resident is at risk for pain related to Dx (diagnosis) of arthritis, generalized discomforts." The "Approaches" documented in part, "Administer/observe for effectiveness and for possible side effects from PRN pain medication. Notify the resident's physician if they do not state/demonstrate relief or reduction of pain after one hour of receiving the first intervention."			:				
	practical nurse) #8 #8 was asked to re orders. When aske medication to give usually give her Tyl potent first, if that's the Norco." When a LPN #8 stated, "It's When asked if ther	onducted with LPN (licensed on 7/20/17 at 12:22 p.m. LPN view the Tylenol and the Norcold how staff knows which for pain, LPN #8 stated, "I enol first and go with a less not effective, then I would give asked if the order says that, at the nurse's discretion." The should be a clarification of medication I PN #8 stated.						

An interview was conducted with LPN #4, the unit

"There should be."

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F 281	asked to review the When asked how a medication to give should be based or severe pain, go with the order specifies pain, LPN #4 stated say. These orders The facility policy, "address the clarific. The executive direct were made aware of 7/20/17 at 4:05 p.m. No further information following website: https://dailymed.nlmm?setid=aaef2d01-50 (2) This information following website: https://dailymed.nlmaDrugInfo.cfm?arc 4. The facility staff for Resident #3 was ac 2/23/17 and most rewith diagnoses including the state of	Tat 12:28 p.m. LPN #4 was Tylenol and Norco orders. In nurse knows which for pain, LPN #4 stated, "It in the nurse's assessment, if in the Norco." When asked if what to give for mild or severed: "These orders don't really should have been clarified." Physician Orders" did not ation of physician orders. It and director of nursing of the above findings on an		281			
		minimum data set), a 14 day					

Medicare assessment with an assessment

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			area caracteristic	315 EAST LEE HIGHWAY			
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F 281	coded as having no	15/17, Resident #3 was cognitive impairment for	F 28	31		3EN	/ED
	making daily decisions. He was coded as having received pain medications during the look back						1
	period.		:		VLH	HC	46
	revealed the following signed by the physis "Hydrocodone-acet mg (milligrams). Ta hours prn painTyl Tabs (tablets) po quality A review of the MAI record) and pain floorevealed that Reside	sician's orders for Resident #3 ng orders written 6/1/17 and cian on 6/26/17: aminophen (Vicodin (1)) 5-325 ake 1 tablet po (by mouth) q 4 enol 325 mg tablet. Take 2 6 hrs prn for pain or fever." Rs (medication administration w sheets for Resident #3 ent #3 received Vicodin nine Further review of these					
	documents reveale Tylenol three times	d that Resident #3 received in June 2017.					
	Resident #3 revealed Vicodin 12 times in revealed that Resident	IARs and pain flow sheets for ed that Resident #3 received July 2017. Further review ent #3 did not receive Tylenol p to the time of the survey.					
	plan dated 6/1/17 re "Administer/observe	nt #3's comprehensive care evealed, in part, the following: e for effectiveness and for s from pain medication, PRN ee MAR)."	:				
	nurse) #9, an MDS LPN #9 was asked	p.m., LPN (licensed practical coordinator, was interviewed. what a nurse should do if a ferent orders for prn pain					

medications, but has no parameters specifying when each medication should be given. LPN #9

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least amount of me resident's pain. LPN the pain level." Wh for determining whi particular situation, who is giving it." On 7/20/17 at 8:30 was interviewed. When pain medication which medicine shous occasion, LPN #4 seally say. These colarified." LPN #4 pedications could the same time, according stated he doubted the and that the orders. On 7/20/17 at 10:10 staff member) #1, the ASM #2, the director these concerns. When follows as a standar ASM #2 stated the the content of the far was asked to prepolicies and/or conforder clarification.	practice is to start with the dication needed to cover a N #9 stated: "It depends on the needed who is responsible to medication is given in any LPN #9 stated: "The nurse a.m., LPN #4, a unit manager, when shown the two orders for a for Resident #3, and asked build be given on any given stated: "These orders don't with the should have been cointed out that both the echnically be given at the ang to the orders. LPN #4 hat was the physician's intent, should have been clarified: Dia.m., ASM (administrative the executive director, and or of nursing, were informed of then asked what the facility and of professional practice, facility's online training. ASM ovide the survey team with tent of online training related to			
and "Administratior information related orders. The facility content of online traphysician orders.	lity policies "Physician Orders" of Medication" revealed no to clarification of physician staff did not provide any aining related to clarification of ion was provided prior to exit.			

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F 281	Continued From p	page 40	, F	281		
	other ingredients, products are pres hydrocodone com relieve moderate-hydrocodone com relieve cough. Hy medications calle and in a class of r Hydrocodone relie the brain and ner Hydrocodone relie activity in the part coughing." This is website	is available in combination with and different combination scribed for different uses. Some abination products are used to to-severe pain. Other abination products are used to drocodone is in a class of d opiate (narcotic) analgesics medications called antitussives. eves pain by changing the way yous system respond to pain. eves cough by decreasing of the brain that causes information is taken from the as.gov/druginfo/meds/a601006.h	A CONTRACTOR OF THE CONTRACTOR			
F 282 SS=D	Fundamentals of Perry, 2005, p.84 required for any na nurself the methe nurse should ensure completer medication order. 483.21(b)(3)(ii) SPERSONS/PER (b)(3) Compreher The services provas outlined by the must-	ERVICES BY QUALIFIED CARE PLAN Insive Care Plans vided or arranged by the facility, e comprehensive care plan, by qualified persons in		282		
	accordance with care.	each resident's written plan of				

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E 282	Continued From pa	age 41	F 2	82	RECEIN	
1 202	•	NT is not met as evidenced		<u>-</u>	ALIC O 7	ooan -
	by:	141 13 Hot met do evidences			AUG 0.7	2017
	Based on observa	tion, staff interview, clinical			WENLIST	
	record review, and	review of facility		F-282	VDH/Q	
	documentation it w	ras determined the facility staff				
	failed to follow the written plan of care for one of 29 residents in the survey sample, Resident #10.		1. How will the corrective action be accomplished for those residents			
The facility staff failed to provide pressure injury prevention treatment (protective boots) to Resident #10 per the resident's written plan of			found to have been affect deficient practice?	ted by the		
	care.		40/79	Resident #10 proffer boo		4

The findings include:

Resident #10 was admitted to the facility on 1/4/16. Resident #10's diagnoses included but were not limited to: chronic kidney disease, high blood pressure and a history of a pressure ulcer of the right hip. Resident #10's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 4/27/17, coded the resident's cognition as severely impaired. Section M documented Resident #10 was at risk of developing pressure injuries (1) but did not have any.

Review of Resident #10's clinical record revealed a Braden scale for predicting pressure sore risk dated 5/9/17 that documented Resident #10 was at moderate risk for developing a pressure injury.

A physician's order dated 1/20/17 documented, "Profor boots to BLE (bilateral lower extremities) as tolerated while in bed TID (three times a day)."

Resident #10's July 2017 TAR (treatment administration record) documented, "1/20/2017 Profor boots to BLE as tolerated while in bed

7-19-17. Resident #10 does not have any skin breakdown.

2. How will the facility identify other residents having the potential to be affected by the same practice?

All other residents were identified by LPN unit manager on 8-2-17 for profor boots. 5 residents currently have profor boots all were in place upon audit.

3. What measures will be put in place or systematic changes made to ensure the deficient practice will not reoccur.

Facility ID: VA0145

PARTMENT OF HEALTH AND HUMAN SERVICES

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F 282 Continued From page 42 TID."

Resident #10's comprehensive care plan with an onset date of 1/4/16 documented, Risk for Pressure Ulcers. Resident is at risk for alteration in skin integrity Relating To: Braden Scale score; Impaired mobility; Incontinence; Nutritional status; History of skin impairments to coccyx (tailbone) and right heel...Provide treatments and creams per order..." Resident #10's CNA (certified nursing assistant) care directive dated 7/19/17 documented, "Profore boots to Both feet every shift while in bed ... "

On 7/18/17 at 1:02 p.m. Resident #10 was lying in bed with a sheet covering her legs and feet. Protective boots were observed in a recliner.

On 7/19/17 at 8:45 a.m. Resident #10 was sitting up in bed with a sheet covering her legs and feet. Protective boots were observed in the resident's wheelchair.

On 7/19/17 at 9:08 a.m. a hospice CNA (certified nursing assistant) was observed entering Resident #10's room. Resident #10 remained in bed. The hospice CNA stated she was about to wash the resident. At this time, the hospice CNA was asked to remove the sheet from Resident #10's feet. The hospice CNA removed the sheet and the resident's legs were observed on a pillow; no protective boots were observed on Resident #10's feet. Protective boots were observed in the wheelchair.

On 7/19/17 at 9:10 a.m. an interview was conducted with CNA #1 (the CNA caring for Resident #10). CNA #1 was asked how she was made aware of the needed positioning devices or

F 282

Staff development coordinator, Director of nursing and or unit managers will educate nursing staff by 8-14-17 on preventive skin care and the use of Profor boots to prevent skin breakdown.

Any license nurse who has not been educated by 8-14-17 will not be allowed to provide direct resident care until in-services are completed. All newly hired nurses will be educated during orientation.

Director of nursing and/or unit managers will audit placement of profor boots 5 times a week for 30 days and 3 times a week for 30 days, then 1 time a week for 30 days.

4. How will the facility monitor the corrective plan to ensure the deficient practice was corrected and do not reoccur?

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 282	the nurses tell her. had a specific care would have to find of Resident #10 was sidevices. CNA #1 sisupposed to have be positioned under he she had checked to wearing the boots. this morning. I didn't hem being on." On 7/19/17 at 1:20 conducted with LPN (the nurse caring for asked how she was positioning devices LPN #2 stated the cand that information When asked if Residevices, LPN #2 stated the cand that information When asked if Residevices, LPN #2 stated the purpose of the resident's feet on 7/19/17 at 4:45 conducted with LPN facility process was following residents'	ge 43 Jent. CNA #1 stated usually When asked if each resident card, CNA #1 was asked if supposed to have any special cated the resident was coots on her feet and a pillow or legs. CNA #1 was asked if see if Resident #10 was CNA #1 stated, "I was in there think to look. I'm so used to p.m. an interview was I (licensed practical nurse) #2 r Resident #10). LPN #2 was made aware of the needed or boots for each resident. Order was typically on the TAR is passed on during report. Ident #10 required any ated she needed to check the p.m. an interview was I #3 (the unit manager). The repose of Resident #10's PN #3 stated the boots were on to prevent skin breakdown of while she is in bed. In p.m. an interview was I #4. LPN #4 was asked what in place to ensure staff are care plans. LPN #4 stated, incation is in place first and	F 2	The Director of nursing will providings of audits for preventions by use of profesto the quality assurance commodities and make recommodities consist of Execut Director of Nursing, Assist Di Nursing, Social Services, Acti Director, Dietary Manager, Proceedings of the consultant, Medical Director	tive skin or boots nmittee nendations tive Director irector of ivities Pharmacy	:

foremost." LPN #4 stated staff could also

reference residents' TARs. LPN #4 was asked if CNAs had any care guides they could follow.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
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F 309	7/19/17 at 4:55 p.m access care guides On 7/19/17 at 5:20 member) #1 (the extended to the director of nurse above findings. The facility policy till interventions document addresses, to the extended for preventing avoid functional levels" specific information plan. No further information plan. No further information plan. (1) "A pressure injury of the injur	would have to find out. On a LPN #4 stated CNAs can a through the facility tablets. p.m. ASM (administrative staff secutive director) and ASM #2 sing) were made aware of the steed, "Care Planning and mented, "The Care Plan xtent possibleInterventions dable declines in functioning or The policy did not document a regarding following the care so ion was presented prior to exit. The policy did not document are are related to a medical or other can present as intact skin or an a present as i		309	AUG (7 2017 /QLC
	483.24 Quality of life Quality of life is a fu	e undamental principle that				

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F 309	residents. Each re	nge 45 and services provided to facility sident must receive and the ee the necessary care and	F 3	F-309 1. How will the correct be accomplished for the found to have been affe	ose residents

483.25 Quality of care

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:

services to attain or maintain the highest

practicable physical, mental, and psychosocial well-being, consistent with the resident's

comprehensive assessment and plan of care.

(k) Pain Management.

The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

(I) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

This REQUIREMENT is not met as evidenced by:

Based on resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide care in a manner to promote the highest level of well-being for five of 29 residents

round to have been affected by the deficient practice?

Resident # 25 recent episode of hemorrhoids has resolved. Sitz baths have been discontinued on 8-3-17. New order written 7-22-17 for prn hemorrhoid crème.

Director of nursing reviewed resident #1 weights for the month of July on 8-1-17 with physician. MD notification was documented in the nurse's notes on 8-1-17. Physician will be notified of any 2# wt gain and documented on back of the treatment administration record.

Unit manager completed resident #17 pain assessment on 8-1-17. Unit manager reviewed with physician current pain regimen on 8-2-17 and received orders for parameters to administer pain medication. Nurses will document non-pharmaceutical interventions on the pain flow sheet. When pain medications are administered the effectiveness of pain medication will be documented on pain flow sheet by license nurse giving the medications for 15 minutes, 30 minutes, 1 hour, and 3 hours.

Facility ID: VA0145

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F 309 Continued From page 46

in the survey sample, Resident #25, #1, #17, #11 and #3.

- 1. The facility staff failed to provide sitz baths (a warm, shallow bath that cleanses the perineum, which is the space between the rectum and the vulva or scrotum) to Resident #25 as ordered by the physician.
- 2. The facility staff failed to notify the physician, of a weight gain of over two pounds in a day for Resident #1 as ordered per the physician orders.
- 3. The facility staff failed to assess Resident #17's pain prior to the administration of a PRN (as needed) pain medication and failed to assess and document the effectiveness of the medication after administration.
- 4.a. The facility staff failed to assess Resident #11's pain prior to and after administering as needed pain medications on multiple occasions during June and July 2017.
- 4.b. The facility staff failed to follow a physician's order to notify the physician of a weight gain of greater than two pounds in one day for Resident #11.
- 5.a. The facility staff failed to assess Resident #3's pain prior to and after administering as needed pain medications on multiple occasions in June and July 2017.
- 5.b. The facility staff failed to follow a physician's order to notify the physician of a resident's refusal of a weekly weight, and of a weight loss of greater than four pounds in one week for Resident #3.

F 309 Unit manager completed resident # 11 pain assessment on 8-1-17. Unit manager reviewed with physician current pain regimen on 8-2-17 and received order for parameters to administer pain medication. Nurses will document non-pharmaceutical intervention on the pain flow sheet. When pain medication are administered the license nurse administering medication will document effectiveness on the pain flow sheet for 15 minutes, 30 minutes, 1 hour, and 3 hours.

Director of nursing on 8-1-17 reviewed with in house physician resident #11 weights for the month of July 2017. Notification was documented on 8-1-17 in nurse's notes by Direction of Nursing. No new orders were received. Will continue to obtain weight per orders and notify physician per orders and change in condition policy

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 309 Continued From pa	go 47	E 20	Unit manager completed resident	t #3

Continued From page 47

The findings include;

1. The facility staff failed to provide sitz baths (a warm, shallow bath that cleanses the perineum, which is the space between the rectum and the vulva or scrotum) to Resident #25 as ordered by the physician.

Resident #25 was admitted to the facility on 6/16/17 with diagnoses that included, but were not limited to; high blood pressure, diabetes, low blood pressure, chronic kidney disease, obesity and hemorrhoids.

Resident #25's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 7/13/17, coded Resident #25 as scoring a 14 out of a possible 15 on the BIMS (brief interview for mental status) indicating that Resident #25 is cognitively intact. Resident #25 was also coded as requiring maximum assistance of one person for toileting.

A review of Resident #25's clinical record revealed, in part the following recommendation written by a general surgeon. "6/2/17 2. Hemorrhoids. Recommend Sitz baths daily." This recommendation was signed on 6/5/17 by the facility nurse practitioner, ASM (administrative staff member) #3.

A review of Resident #25's physician orders revealed that an order for sitz baths was not transcribed from the recommendation, as approved by the nurse practitioner.

Further review of Resident #25's clinical record revealed that Resident #25 was not receiving a F 309 pain assessment on 8-1-17. Unit manager reviewed with physician current pain regimen on 8-2-17 and received orders for parameters to administer pain medication. Nurses will document non pharmaceutical interventions on pain flow sheet. When pain medication are administered the effectiveness of pain medications will be documented oRECEIV pain flow sheet by licensed nurse giving the medication for 15 minutes, 30 minutes, 1 hours, and

> Director of nursing on 8-1-17 reviewed with physician resident #3 refusal of weight. Resident's weights for the month of July was reviewed with physician. Director of nursing documented physician notification of weights. Physician will be notified of weight loss per physician orders of greater than 2 # and documented on medication administration record.

2. How will the facility identify other residents having the potential to be affected by the same practice?

Unit manager reviewed on 8-2-17 all other residents requiring use of hemorrhoid crèmes. Only one other resident 13123 was identified to use hemorrhoid crème prn. Resident has not been dis-impacted.

3 hours.

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		AND HUMAN SERVICES			FORM APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495139	B. WING		07/20/2017
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LIEECVI	RE CENTER OF NEW	BAARKET		315 EAST LEE HIGHWAY	
LII L OAI	CE OCIVILIA OL MENA	MAKKE		NEW MARKET, VA 22844	
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F 309	Continued From pa	ae 48	F,	309 Unit manager reviewed all	
			1 \	onte manager reviewed an	
sitz bath daily as treatment for hemorrhoids.			8-1-17 who were on prn me		
	A review of Resider	nt #25's comprehensive care		parameters and effectivene	
	plan dated 6/16/17	did not reveal any		management. Unit manage	
		arding relief of hemorrhoids		physician residents on prn	
	through sitz bath tre	eatments.		Orders were received for pa	
	On 7/20/17 at 2:00	n ma an internieus sa		medications. Unit manage	
		p.m. an interview was #4 #2, the director of nursing,		and placed on Medication a	administration
		practical nurse) #13, the floor		record on 8-2-17.	
		or Resident #25's care. LPN			
		escribe the process when a		3. What measures will be p	out in place or
		as received by an external		systematic changes made t	o ensure the
		stated, "The recommendation		deficient practice will not r	eoccur.
		r either to (name of ASM #3, er), or (name of ASM #5, the			
		ney have to sign off to say that		Staff Development coordin	ator, Director of
		give the signed copy back to		nursing and/or unit manag	ers will educate
		nurses) transcribe the order."	•	license nurses by 8-14-17 c	on physician
		#2 both reviewed the		notification of change of c	ondition per
		om the general surgeon		policy and physicians order	rs to include
		nd approved by ASM #3 on		weight losses and weight g	
		as asked which orders should bed to the MAR. LPN #13		0	
		tive and sitz baths should have		Staff Development coording	nator, director
		PN #13 and ASM #2 were		of nursing and/or unit mar	
		orders transcribed on 6/2/17.		educate license nurses by	-
		t the order for the sitz baths		assessing for pain and doc	
		"I didn't think she could fit		non-pharmaceutical interv	
		ath up here. I asked the unit		the pain flow sheet and wh	
		d recommend something ere I left it; I don't know what		medication is given the nu	
		:." LPN #13 was asked if she		document the effectivenes	
		13 stated that she didn't			
	TENOTION OF THE INTE	o line in the		minutes,30 minutes, 1 hou	II, allu 5

remember. LPN #13 was asked if Resident #13

had received any sitz baths for relief of her hemorrhoids. LPN #13 stated that she had not.

A policy was requested regarding following

hours on pain flow sheet.

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CENTERS	S FUR MEDICANE	& MEDICAID SERVICES			OMR M	J. 0938 - 0391
1	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE	LTIPLE CONSTRUCTION DING		ATE SURVEY MPLETED
		495139	B. WING)	0	C 7/ 20/2017
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LIFE CARE	E CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	(HOULD BE	(X5) COMPLETION DATE
F 200	O	40				

F 309 Continued From page 49 physician orders.

A review of the facility document titled "Physician Orders" revealed, in part, the following documentation; "Policy: A physician must provide orders for the resident's immediate care. Procedure: Physician orders include the following; Special medical procedures required for the safety and well-being of the resident. Note: Medications, diets, therapy and any treatment may not be administered to the resident without a written order from the attending physician."

No further information was provided prior to the end of the survey process.

2. The facility staff failed to notify the physician, of a weight gain of over two pounds in a day for Resident #1 as ordered per the physician orders.

Resident #1 was admitted to the facility on 12/28/17 with a recent readmission on 5/30/17, with diagnoses that included but were not limited to: chronic obstructive pulmonary disease (a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)), severe peripheral artery disease (any abnormal condition affecting the arteries outside the heart (2)) above the knee amputation, atrial fibrillation (a condition characterized by rapid and random contractions of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)), cardiac disease, aneurysm (a saclike widening in a blood vessel (4)), gastrointestinal bleed and osteoarthritis (the most common form of arthritis occurring mostly in the elderly,

F 309 Any license nurse that has not been in-serviced by 8-14-17 will not be allowed to provide direct resident

All newly hired licensed nurses will be educated during orientation.

care until in-services are completed.

Director nursing and or unit managers will audit in grand rounds (am clinical meeting) residents with daily and weekly weights for physician notification and documentation on medication administration record 5 times a week for 30 days, then 3 times a week for 30 days, then 1 time a week for 30 days. Director of nursing and or unit managers will audit in grand rounds (am Clinical meeting) documentation of residents on prn pain medication for documentation of non-pharmaceutical interventions and if pain medications are given for documentation of effectiveness at 15 minutes, 30 minutes, 1 hour and 3 hours on pain flow sheet.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPRO OMB NO. 0938-0 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 495139 B. WING 07/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET NEW MARKET, VA 22844 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 309 Continued From page 50 F 309 characterized by degenerative changes in the joints (5)). The most recent MDS (minimum data set) assessment, a Medicare five day assessment, with an assessment reference date of 5/11/17, coded the resident as scoring a 13 on the BIMS (brief interview for mental status) score, indicating 4. How will the facility monitor the he was cognitively intact to make daily decisions. corrective plan to ensure the deficient The resident was coded as requiring extensive practice was corrected and do not reoccur? assistance of one or more staff members for all of his activities of daily living, except eating in which Director of nursing will report findings of he required supervision of one staff member. audits of weight losses, weight gains and The physician order dated, 5/4/17 and when prn pain management intervention readmitted rewritten on 5/30/17, documented, documentation to the quality assurance/ "Daily weight, if gains 2 lbs. (pounds) or more in a performance improvement committee to day, notify MD/NP (medical doctor/nurse review and make recommendations. practitioner). Provide copy of weights to MD/NP weekly on Wednesday, daily." Committee consist of Executive Director. Director of Nursing, Assist Director of The May 2017 TAR (treatment administration Nursing, Social Services, Activities Director, record) documented, "Daily weight, if gains 2 lbs. Dietary Manager, Pharmacy consultant, or more in a day, notify MD/NP. Provide copy of Medical Director weights to MD/NP weekly on Wednesday, daily." The weights were documented as ordered daily. The weight documented on 5/4/17 - 125.3 (pounds). The weight documented on 5/5/17 -129.3 lbs. A weight gain of four pounds. The weight documented on 5/14/17 - 127.9. The weight documented on 5/15/17 - 135.9, a weight gain of eight pounds. Review of the reverse side of the TAR did not evidence any documentation of notification to the physician per the physician

pounds in one day.

order for a weight gain of greater than two

Review of the nurse's notes for 5/5/17 and 5/15/17 failed to evidence any documentation of

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u>MR NO</u>	<u>, 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DNSTRUCTION	COM	E SURVEY MPLETED
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	>=	BAADICT.		315 E	AST LEE HIGHWAY		
LIFE CA	RE CENTER OF NEW	WARKET		NEW	MARKET, VA 22844		
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F 309	Continued From pa	ae 51	F 3	09			
	·	lent #1's weight gains to the		00			
	physician or nurse		:				
	gains 2 lbs. or more Provide copy of wei Wednesday, daily." documented as ord documented on 6/2 weight documented gain of 3.3 lbs. Rev MAR did not evider notification to the pl	R documented, "Daily weight, if in a day, notify MD/NP. ghts to MD/NP weekly on The weights were ered daily. The weight 9/17 - 131.5 (pounds). The on 6/30/17 - 134.8; a weight liew of the reverse side of the ace any documentation of hysician per the physician ain of greater than two					
	evidence any docur	se's notes for 6/30/17 failed to mentation of notification to the practitioner for Resident #1's umented above.	The state of the s				
	and revised on 4/26 "Problem: Resident due to Dx (diagnosidisease), HTN (high (atrial fibrillation)." in part, "Monitor vita"	e care plan dated, 12/28/16 6/17, documented in part, is at risk for cardiac distress s) of CAD (coronary artery h blood pressure) and A. Fib The "Approaches" documented al signs as indicated, notify of significant change as as per protocol."					
	practical nurse) #3, at 1:47 p.m. regard notification of a res in a day. LPN #3 st weight and then co	onducted with LPN (licensed the unit manager, on 7/19/17 ing physician orders for idents two pound weight gain ated, "We have to get the daily mpare it with the previous oftify the doctor or NP if there is					

a weight gain of greater than two pounds and

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NAME OF F	PROVIDER OR SUPPLIER		i	STR	EET ADDRESS, CITY, STATE, ZIP CODE		
LIFE CAP	RE CENTER OF NEW	MARKET			EAST LEE HIGHWAY W MARKET, VA 22844		
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F 309	should be documer	ge 52 n asked where the notification nted, LPN #3 stated, "It could ne TAR or in a nurse's note."	F;	309	RECE AUG 0		
	7/19/17 at 3:15 p.m would order daily w there is a weight ga day, LPN #9 stated	onducted with LPN #9 on . When asked why a physician eights and to be notified if in of two pounds or more in a , "We have to notify them ain could be related to fluid			VOLU		
		Physician Orders" did not ne physician orders.					
	Patricia A. Potter ar Inc; Page 419. "Th directing medical tr obligated to follow p	of Nursing" 6th edition, 2005; and Anne Griffin Perry; Mosby, e physician is responsible for eatment. Nurses are ohysician's orders unless they are in error or would harm					
		etor and the director of nursing of the above findings on					
	No further informat	on was provided prior to exit.	:				
	Non-Medical Reade Chapman; page 12 (2) Barron's Diction Non-Medical Reade Chapman; page 44 (3) Barron's Diction	nary of Medical Terms for the er, 5th edition, Rothenberg and					

Chapman; page 55.

(4) Barron's Dictionary of Medical Terms for the

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CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES	1			10	<u>MB NO. 0938-0391</u>
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NAME OF I	PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE,	ZIP CODE	
LIFE CAI	RE CENTER OF NEW	MARKET			ST LEE HIGHWAY		
			l	NEW N	MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD O THE APPROPE	BE COMPLETION
F 309	Continued From pa	ge 53	F3	09		BEAL	to the opping
		er, 5th edition, Rothenberg and	:			NEUL	IVED
		nary of Medical Terms for the	:			AUG ()	7 2017
	Non-Medical Reade Chapman; page 42	er, 5th edition, Rothenberg and 2.	***			RECE AUG 0 VOH:	OLO
	#17's pain prior to t (as needed) pain m	failed to assess Resident he administration of a PRN edication and failed to assess effectiveness of the medication.	TO THE PERSON OF				
	6/15/13 with diagno	admitted to the facility on uses that included but were not d pressure, abnormal posture, and osteoarthritis.					
	assessment, a qua assessment referer Resident #17 as so interview for menta resident was sever cognitive decisions requiring limited to	DS (minimum data set) rterly assessment, with an nce date of 6/15/17, coded oring a two on the BIMS (brief I status) score, indicating the ely impaired to make daily . The resident was coded as extensive assistance of one or s for all of her activities of daily					
	"Norco (used to tre severe pain (1)) 5/3	ated, 2/22/17 documented, at moderate to moderately 325 mg (milligrams) take one hours for pain PO (by mouth) aily."		·			
		r dated, 5/1/17 documented, eat pain or fever (2)) 325 mg					

(milligrams) tablet take 650 mg by mouth every 4 hours as needed for pain or fever > (greater than)

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u>ON</u>	<u>лв NO. 0938</u>	3-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTR			(X3) DATE SUR\ COMPLETE	
		495139	B. WING	and the second s		-	C 07/20/2 0)17
NAME OF F	PROVIDER OR SUPPLIER		1	STREET AD	DRESS, CITY, STAT	ΓE, ZIP CODE		
				315 EAST I	LEE HIGHWAY			
LIFE CAF	RE CENTER OF NEW	MARKET		NEW MAR	RKET, VA 22844	4		
(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 DSS-REFERENCED DEFIC	ACTION SHOULD	ве сомѐ	(X5) PLETION DATE
F 309	Continued From pa 100.7 PO PRN six	_	F 3	809				
	record) documente 650 mg by mouth e pain or fever > 100. The Tylenol was do 4/21/17 and 4/22/13	R (medication administration d, "Tylenol 325 mg tablet take very 4 hours as needed for 7 PO PRN six times a day." cumented as administered on 7. There was no he reverse side of the MAR.						·
	document anything Resident #17's pair	Flow Sheet" dated, did not related to the assessment of a administration of, or the Tylenol administered on 7.						
	4/22/17, failed to exregarding the asses	e's notes for 4/21/17 and vidence any documentation asment of Resident #17's pain, or the effectiveness of the aid to Resident #17.						
	mg take one tab ev daily." The Norco w	R documented, "Norco 5/325 ery 4 hours for pain PO PRN as documented as 4/17, 5/9/17 and 5/13/17. The MAR was blank.						
	document anything Resident #17's pair	related to the assessment of a administration of, or the Norco administered on 5/13/17.						
	5/13/17, failed to ev	e's notes for 5/4/17, 5/9/17 and vidence any documentation ssment of. Resident #17's	i					

Norco administered.

pain, administration of, or the effectiveness of the

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	RE CENTER OF NEW	MARKET		315 E	ET ADDRESS, CITY, STATE, ZIP CODE AST LEE HIGHWAY MARKET, VA 22844		
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F 309	Continued From pa	ge 5 5	F 3	09	RECE	IWED	
		R documented, "Tylenol 325			AUG 0	7 2017	
	needed for pain or times a day." The T administered on 5/3	mg by mouth every 4 hours as fever > 100.7 PO PRN six ylenol was documented as 8/17, 5/13/17 and 5/16/17. mentation on the reverse side			VDH		
	document anything Resident #17's pair	related to the assessment of a administration of, or the Tylenol administered on 5/16/17.	Management of the state of the				
	and 5/16/17 failed tregarding the asses	e's notes for 5/3/17, 5/13/17 o evidence any documentation ssment of Resident #17's pain, r the effectiveness of the ed.					
	mg tablet take 650 needed for pain or times a day." The Tadministered on 61	R documented, "Tylenol 325 mg by mouth every 4 hours as fever > 100.7 PO PRN six ylenol was documented as 2/17, 6/15/17, 6/19/17 and and documentation on the MAR.					
	document anything Resident #17's pair	r Flow Sheet" did not related to the assessment of n, administration of, or the e Tylenol administered on 19/17 and 6/23/17.					
		e's notes for 612/17, 6/15/17, 7 failed to evidence any					

documentation regarding the assessment of Resident #17's pain, administration of, or the

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		~~		<u>DMB NC</u>	0. 0938-0391
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NAME OF F	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
LIFE CA	RE CENTER OF NEW	MARKET			AST LEE HIGHWAY MARKET, VA 22844		
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F 309	Continued From pa	ge 56	F 3	809			
	effectiveness of the	Tylenol administered.					
		•					;
		R documented, "Tylenol 325 mg by mouth every 4 hours as	*				•
		fever > 100.7 PO PRN six					;
	times a day." The T	ylenol was documented as					:
		B/17. There was no					
	uocumentation on t	he reverse side of the MAR.	: E				
		Flow Sheet" did not					
		related to the assessment of					
		n, administration of, or the Tylenol administered on					
	7/8/17.	. There a diffinition of the					:
	Dudamat Harri	-1					:
		e's notes for 7/8/17 failed to mentation regarding the					
	assessment of Res						!
	administration of, o	r the effectiveness of the					
	Tylenol administere	ed.	:				
	The comprehensive	e care plan dated, 12/31/14	1				!
	with a target date o	f 9/29/17, documented in part,	1 1				
		nt is at risk for pain related to	P				1
		rthritis, generalized Approaches" documented in	i				*
		oserve for effectiveness and			,		
		fects from PRN pain					
		the resident's physician if they instrate relief or reduction of	1				
		of receiving the first					
	intervention."	-					
	An interview was o	onducted with LPN (licensed					
		on 7/20/17 at 12:22 p.m.					
	regarding the proce	ess for administering a PRN					
		LPN #8 stated, "First you					
		t's complaint of pain. Then pain medication and then go					

Facility ID: VA0145

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NAME OF F	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
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F 309	Continued From pa		F 3	109	RECEIV		
	where this is docun	as effective." When asked nented, LPN #8 stated, "We			AUG 0 7 20)17	
	use the pain flow sheet or you could document it in the nurse's notes."		1		VDH/QL	.C	
	7/20/17 at 12:28 p.r followed for a resident stated, "You assess location, pain scale the PRN medication medication. After a go back and check effective." When as	#4 stated, "On the back of the	A company of the comp				
	member) #1 and AS	etor, ASM (administrative staff SM #2, the director of nursing of the above findings on					
	No further informat	on was provided prior to exit.					
	following website: https://dailymed.nln m?setid=aaef2d01- 50 (2) This information following website:	was obtained from the n.nih.gov/dailymed/drugInfo.cf 126d-4aab-9b2a-eee31a7691 was obtained from the n.nih.gov/dailymed/archives/fd niveid=59282					
	#11's pain prior to a	off failed to assess Resident and after administering as ations on multiple occasions by 2017.					

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		AND HUMAN SERVICES & MEDICAID SERVICES			, ,	FORM APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		495139	B. WING			C 07/20/2017
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF NEW MARKET				315	EET ADDRESS, CITY, STATE, ZIP CODE EAST LEE HIGHWAY W MARKET, VA 22844	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)			D BE COMPLETION
F 309	Continued From pa	ge 58 dmitted to the facility on	F3	09	RECEIV	
	3/25/15 and most re with diagnoses included failure, high blood pamputation of his leading to the state of th	ecently readmitted on 5/1/17 uding, but not limited to: heart ressure, diabetes, and ft leg below the knee. On the minimum data set), a quarterly			AUG 0 7 2	

A review of Resident #11's clinical record revealed, in part, the following order dated 5/1/17, and most recently signed by the physician on 7/3/17: "Oxycodone (used to relieve moderate to severe pain (1)) 5 mg (milligram) tablet. Take 1 tab (tablet) PO (by mouth) q 4 hrs (every four hours) PRN (as needed) for pain PO PRN daily."

assessment with an assessment reference date of 5/8/17, he was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (brief interview for mental status). He was coded as having pain

during the look back period.

A review of the MARs (medication administration records) and pain flow sheets for Resident #11 revealed that in June 2017, on eight of 24 days when Resident #11 received the prn dose of Oxycodone, the facility staff failed to document evidence of the location of Resident #11's pain. the severity of the resident's pain, and the effectiveness of the Oxycodone on the resident's pain. These dates were: 6/8/17, 6/10/17, 6/16/17, 6/21/17, 6/24/17, 6/25/17, 6/28/17, and 6/30/17. Further review of the MARs and pain flow sheets revealed that in July 2017, on three of 13 days when Resident #11 received the prn dose of Oxycodone, the facility staff failed to document evidence of the location of Resident #11's pain, the severity of the resident's pain, and the effectiveness of the Oxycodone on the

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	Agriconative and the second se	Parameter and promption of the last	<u>O</u> 1	<u>MB NO</u>	. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY MPLETED
		495139	B. WING				C /20/201 7
NAME OF	PROVIDER OR SUPPLIER	A		ST	REET ADDRESS, CITY, STATE, ZIP CODE		120/2011
LIEECA	DE CENTED OF NEW	BAADVET		31	5 EAST LEE HIGHWAY		
LIFE CA	RE CENTER OF NEW	WARRET		NE	EW MARKET, VA 22844		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	Continued From pa	age 59	F.3	309			
	•	ese dates were: 7/3/17,		,00			
	7/6/17, and 7/9/17.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		RECEIV		
					KEVEIVI	han kal	
		nt #11's comprehensive care and updated on 5/1/17	,		AUG 0 7 20	117	
	revealed, in part, th)	
	"Administer/observe	e for effectiveness and for s from pain medication, PRN			volt/Cl	G	
	interviewed regardi When asked if the him the location of pain severity, and re effectiveness of the	a.m., Resident #11 was ng his pain medications. facility staff regularly asked his pain, asked him to rate his eturned to assess the pain medication he had: "No. They hardly ever do					
	nurse) #4, a unit may When asked what is after giving a prin parameter giving a prin parameter giving a prin parameter giving a prin parameter giving assessment should effectiveness of the asked where this in documented, LPN as should be signed or assessment should MAR or the pain flow review the above resheets for Resident like it wasn't always it's not done." He says	a.m., LPN (licensed practical anager, was interviewed. nurses should do prior to and ain medicine, LPN #4 stated: as the pain." He stated this include the location, rate, and a pain medication. When formation should be #4 stated: "If it's done, it in the front of the MAR, and the go either on the back of the w sheet." When asked to afterenced MARs and pain flow at #11, LPN #4 stated: "It looks at done. If it's not documented, tated that he and the other esponsible for auditing the					

MARs and TARs.

On 7/20/17 at 9:50 a.m., LPN #6 was interviewed.

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	COM	E SURVEY IPLETED
		495139	B. WING			į	C 20/2017
NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
LIFE CAF	RE CENTER OF NEW	MARKET			EAST LEE HIGHWAY V MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	(X5) COMPLETION DATE
F 309		ent's pain should always be	F 3	09	RECEN	/ED	
assessed and documented prior to and after the administration of an as-needed pain medication.		1		AUG 0 7	G 0 7 2017		
	should include the effectiveness of a p	pain medication. She stated			VDH/C	LG	
:	the back of the MA When shown the a	ould be documented on either R or the pain flow sheet. bove referenced MARs and r Resident #11, LPN #6 stated:					
	"Yeah. It would be	hard to say the assessments ey are not documented."					
	staff member) #1, t ASM #2, the director these concerns. Pe	0 a.m., ASM (administrative the executive director, and or of nursing, were informed of olicies regarding resident n pain medications were					
	She stated residen location and severi medication is admi should follow up to effective for pain. Should be document	p.m., LPN #3 was interviewed. ts should be assessed for the ty of pain before a prn nistered. She stated the nurse see if a medication has been She stated these assessments nted on the back of the MAR ent's pain flow sheet.	form a second second second				
	Medication" revealed medications are accompropriately to he relieve/prevent syndiagnosisPRN minitials, and time is	ility policy "Administration of ed, in part, the following: "All dministered safely and lp residents overcome illness, and help in edication is charted with given in the corner of the box e following situations require an epain."					

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			C	MB NO	. 0938-0391
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NAME OF I	PROVIDER OR SUPPLIER	1	L	STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 011	20/2011
		1.5.6 PD 1.6 PT		315 E	EAST LEE HIGHWAY		
LIFE CAI	RE CENTER OF NEW	MARKET		NEW	/ MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
F 309	Continued From pa	age 61	F:	309			
		ion was provided prior to exit.		,00			
	(1) "Ovygodono is i	used to relieve moderate to					
		done extended-release tablets					
		ase capsules are used to					
		in people who are expected to					
		on around the clock for a long					
		ot be treated with other					-
		information is taken from the					
	website	.gov/druginfo/meds/a682132.h					
	tml.	.gov/drugimo/meds/add2132.m	!				
	Fundamentals of N	ursing, 6th Edition, Potter and					
		1239-1287, "Nurses need to					10 00 000
		agement systematically to	:				
		's pain and to provide					ROTAL PORT OF THE PROPERTY OF
		ntionit is necessary to	i				* * * * * * * * * * * * * * * * * * *
		consistent basisAssessment teristics of pain helps the					STATE OF THE STATE
		erstanding of the type of pain,					
		es of interventions that may	1				
	bring reliefOnset						
		IntensityQualityPain					
		asuresContributing					
		herapy requires an					
		oachNurses administer and					
		ns ordered by physicians for					
		pendently use pain-relief applement those prescribed by a					
		re communication of a client's					
		n and his or her response to					
		tated by accurate and					
		tation. This communication					
	needs to transpire	from nurse to nurse, shift to					
		other health care providers. It					
		responsibility of the nurse					
	caring for the client	t to report what has been					

effective for managing the client's pain. The

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<u> </u>	(O) OI (WILDIO) GIL	A MEDICAID SERVICES	·		<u> UIVI</u>	D 140. U930	1-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	1.	(3) DATE SURV COMPLETE	
		495139	B. WING_			C 07/20/20	17
	PROVIDER OR SUPPLIER RE CENTER OF NEW	MARKET		STREET ADDRESS, CITY, 315 EAST LEE HIGHWA NEW MARKET, VA 2	Y		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD B ICED TO THE APPROPRIA EFICIENCY)	E COMP	X5) PLETION ATE
F 309	information is accur	sible for ensuring that this rately transmitted. A variety of a flow sheet or diary will help	F 30	09			
!	order to notify the p	off failed to follow a physician's whysician of a weight gain of bunds in one day for Resident					
	#11 revealed, in pa 5/1/17, and most re on 7/3/17: "Daily w or more in a day no	sician's orders for Resident rt, the following order dated ecently signed by the physician eight. If gains 2 lbs (pounds) tify MD/NP (doctor/nurse de copy of weights to MD/NP day."					
	A review of the daily revealed, in part, th - 6/2/17 - 235.9; 6/3 - 6/8/17 - 232.9; 6/9 - 6/11/17 - 233.8; 6/16/25/17 - 237.4; 6 -6/28/17 - 243.1; 6/16/28/17 - 243.1; 6/16/28/17	8/17 - 240.7 9/17 - 235 /12/17 - 237.7 /26/17 - 242.3					·
	including the back of administration reco to reveal evidence	esident #11's clinical record, of the TARs (treatment rds) and nurses' notes, failed that the facility staff notified the the weight gains on the above					
	Resident #11 dated	nprehensive care plan for I 7/27/16 and updated in part, the following: "Daily etting out of bed."					

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u>MR MO.</u>	0938-0391
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		495139	B. WING			1	C 20/2017
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
1 IEE 0 8 I	RE CENTER OF NEW	BAADVET		31	5 EAST LEE HIGHWAY		
LIFE CAI	SE CENTER OF MEAN	MARKET		NE	EW MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 309	Continued From pa	age 63	. F:	309	RECEI	VED	r ·
		a.m., LPN (licensed practical			AUG 0 7	2017	
	nurse) #3, a unit ma	anager was interviewed.	1		HUC 0 f	ZU11	
	physician's order fo	knew why Resident #11 had a or daily weights, LPN #3 stated: using really fast. He has heart			VDH/(MC	
	failure." When ask reporting a daily we	ed who is responsible for eight gain of greater than two ician or NP, LPN #3 stated:	- Andrew Company - Andrew Company -				
	interviewed. She s for obtaining the da weights on the resi- living) sheets. She responsible for che against the previou physician or NP if a notification of the p documented either the nurses' notes. TARs and nurses' r regarding the daily It doesn't look like a dates."	on the back of the TAR or in When asked to review the notes for Resident #11 weights, LPN #6 stated: "No. anyone was notified on those	Company of the Compan				
	manager, was inter	0 a.m. LPN #3, a unit rviewed. LPN #3 stated: nce of the physician being es you pointed out."	•				
	staff member) #1, the ASM #2, the direction these concerns. P	0 a.m., ASM (administrative the executive director, and or of nursing, were informed of olicies regarding resident ily weights/following physician's sted.					

A review of the facility policy "Physician Orders"

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NAME OF I	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
LIFE CAI	RE CENTER OF NEW	MARKET	And a second sec		EAST LEE HIGHWAY / MARKET, VA 22844		
(VA) ID	ATO VO AMANIO	TEMENT OF DEFICIENCIES		141.08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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
F 309	Continued From pa	ao 64		100			
, 000			F 3	509		!	
		mation related to the facility to follow physicians' orders.					
	In Face to 1 to 6	N					
		Nursing, 6th edition, 2005, and Anne Griffin Perry; Mosby,					
		e physician is responsible for	:				
	directing medical tre	eatment. Nurses are					
	obligated to follow p	physician's orders unless they					
	clients."	re in error or would harm				:	
	ononto.						
			100				
	F = Th = f = 104	55 5-11. II	2 6 1 5				
		ff failed to assess Resident dafter administering as					
		ations on multiple occasions in					
	Posidont #2 was ad	mitted to the facility on					
		mitted to the facility on ecently readmitted on 6/1/17				1	
		iding, but not limited to:	1				
	history of bladder ar	nd kidney cancer, heart attack					
		knee amputation. On the					
		ninimum data set), a 14 day ent with an assessment					
		15/17, Resident #3 was					
		cognitive impairment for					
		ons. He was coded as having					
		ations during the look back					
	period.						
		ician's orders for Resident #3	i				
		ng orders written 6/1/17 and					
	signed by the physic	cian on 6/26/17: aminophen (Vicodin (1)) 5-325					
		ke 1 tablet po q 4 hours prn					
	(by mouth every 4 h						
		g tablet. Take 2 Tabs					

(tablets) po q 6 hrs prn for pain or fever."

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NAME OF	PROVIDER OR SUPPLIER	L		STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 011	20/2011
					AST LEE HIGHWAY		
LIFE CA	RE CENTER OF NEW	MARKET			MARKET, VA 22844		
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	Continued From pa	ge 65	F;	309	RECEI	/20	
		Rs and pain flow sheets for ed that on the following dates,	: !		AUG 0 7 2	2017	
	Resident #3 receive	ed prn Vicodin without any sment of his pain or the			VOLUC	10	
	effectiveness of the	e medication: 6/3/17, 6/15/17; 27/17, 7/15/17 and 7/16/17.					
	Resident #3 reveale Resident #3 receive documented assess	Rs and pain flow sheets for ed that on the following dates, ed prn Tylenol without any sment of his pain or the medication: 6/5/17 and					
	plan dated 6/1/17 re "Administer/observe	nt #3's comprehensive care evealed, in part, the following: e for effectiveness and for s from pain medication, PRN ee MAR)."	The state of the s				
	nurse) #4, a unit ma When asked what rafter giving a prn pa "They should asses assessment should effectiveness of the asked where this in documented, LPN # should be signed or assessment should MAR or the pain flo review the above re sheets for Resident wasn't always done	a.m., LPN (licensed practical anager, was interviewed. nurses should do prior to and ain medicine, LPN #4 stated: as the pain." He stated this include the location, rate, and a pain medication. When formation should be #4 stated: "If it's done, it in the front of the MAR, and the go either on the back of the w sheet." When asked to afterenced MARs and pain flow at #3, he stated: "It looks like it it's not documented, it's ed that he and the other unit	Administration of the Control of the				

and TARs.

manager are responsible for auditing the MARs

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARI	& MEDICAID SERVICES			OMB NO. 0938-0	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A. BUIL(DING	COMPLETED	
out the second				C	
	495139	B. WING		07/20/2017	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	, ZIP CODE	
	E III al a along a c'anni pari		315 EAST LEE HIGHWAY		

LIFE CARE CENTER OF NEW MARKET

NEW MARKET, VA 22844

(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 309 Continued From page 66

On 7/20/17 at 9:50 a.m., LPN #6 was interviewed. She stated a resident's pain should always be assessed and documented prior to and after the administration of an as-needed pain medication. She stated the assessment and documentation should include the date, reason, and effectiveness of a pain medication. She stated the assessment should be documented on either the back of the MAR or the pain flow sheet. When shown the above referenced MARs and pain flow sheets for Resident #3, LPN #6 stated: "Yeah. It would be hard to say the assessments were done since they are not documented."

On 7/19/17 at 5:20 p.m., ASM (administrative staff member) #1, the executive director, and ASM #2, the director of nursing, were informed of these concerns.

No further information was provided prior to exit.

(1) "Hydrocodone is available in combination with other ingredients, and different combination products are prescribed for different uses. Some hydrocodone combination products are used to relieve moderate-to-severe pain. Other hydrocodone combination products are used to relieve cough. Hydrocodone is in a class of medications called opiate (narcotic) analgesics and in a class of medications called antitussives. Hydrocodone relieves pain by changing the way the brain and nervous system respond to pain. Hydrocodone relieves cough by decreasing activity in the part of the brain that causes coughing." This information is taken from the website https://medlineplus.gov/druginfo/meds/a601006.h tml.

F 309

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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (CODE	
LIFE CAI	RE CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 309	Continued From pa	ge 67	F 3	309		
	order to notify the pof a weekly weight,	off failed to follow a physician's obysician of a resident's refusal and of a weight loss of greater one week for Resident #3.				
	the following physic signed by the physi weight on Mondays doctor/nurse practif	nt #3's clinical record revealed sian's order dated 6/1/17 and cian on 6/26/17: "Weekly Notify MD/NP (medical tioner) of wt (weight) 4 lb r in a week. Weekly."				
	A review of Resider revealed, in part, the - 6/12/17 - 124 - 6/19/17 - 116 - 6/26/17 - Refused	Ū				
	including the back of administration record to reveal evidence physician or NP of	esident #3's clinical record, of the TARs (treatment rds) and nurses' notes, failed that the facility staff notified the Resident #3's weight loss and ed on the above referenced				
		nt #3's comprehensive care evealed, in part, the following: e results."				
	nurse) #4, a unit m When asked if he hash physician's order for stated: "Weekly we (nutritionally at risk	a.m., LPN (licensed practical anager, was interviewed. knew why Resident #3 had a per weekly weights, LPN #4 eights are part of the NAR). It was because of the toss." When asked who				

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CENTER:	S FOR MEDICARE	A MEDICAID SERVICES			OMD MO. 0330-0391
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		495139	B. WING		07/20/2017
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	- - -
LIFE CAR	E CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY	
				NEW MARKET, VA 22844	A COURT OF THE PROPERTY OF THE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF LEFICIENCY)	OULD BE COMPLÉTION
F 309	Continued From pa	ige 68	F 30	09	
		weekly weights, he stated that			ECEIVED
;	and at least one sp	ger, the other unit manager, eech therapists meet weekly		A	NUG 0 7 2017
		s who are at risk of nutritional eight loss. When asked who		V	DH/QLC
i	is responsible for fo	ollowing the physician's order			and the second second second
		an of a weight loss of greater a week, LPN #4 stated: "The			
′ 1	unit managers are	responsible. I was			E
		n asked if a physician should lent with an order for weekly			A CONTRACT
		be weighed, LPN #4 stated:			
1	"Absolutely." LPN i	#4 was asked to check to see			
		vidence that the physician was e instances of weight loss and	1		
		ed. LPN #4 returned to the			
		m. and stated: "I could not find	*		
	any evidence of the been done."	e notification. It should have	k .		
					and the second s
		0 a.m. LPN #3, a unit rviewed. She stated: "There is			3.4
		physician being notified on the	i		
	dates you pointed o				į. Į
	On 7/20/17 at 10:10	0 a.m., ASM (administrative			
	staff member) #1, t	he executive director, and			!
		or of nursing, were informed of			•
	these concerns.				
		ion was presented prior to exit.			
	483.25(b)(1) TREA PREVENT/HEAL P	TMENT/SVCS TO PRESSURE SORES	F 3	14	
	(b) Skin Integrity -				
	(1) Pressure ulcers	: Based on the			

comprehensive assessment of a resident, the

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	O FOR MEDICARE	2 MEDICALD OFFICE				MAPPROVED	
		& MEDICAID SERVICES			- OMR N	MB NO. 0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED	
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F 314	Continued From pa	-	F 3	14		:	
	facility must ensure	that-					
	professional standard pressure ulcers and ulcers unless the indemonstrates that the demonstrates that the first (ii) A resident with processary treatment professional standard healing, prevent inform developing. This REQUIREMENT by: Based on observation document review a was determined the provide care and sedevelopment of pressure a	es care, consistent with ards of practice, to prevent d does not develop pressure dividual's clinical condition they were unavoidable; and pressure ulcers receives at and services, consistent with ards of practice, to promote ection and prevent new ulcers and services are evidenced tion, staff interview, facility and clinical record review, it at the facility staff failed to ervices to prevent the essure injury for one of 29 evey sample, Resident #10.		F-314 1. How will the corrective accomplished for those refound to have been affected deficient practice? Resident #10 proffer bood placed on resident by LPI Resident #10 does not have breakdown. 2. How will the facility in the residents having the potential affected by the same practice.	residents oted by the ots were N on 7-19-17. ave any skin dentify other ential to be		
	Physician prescribed. The findings included Resident #10 was a 1/4/16. Resident # were not limited to: blood pressure and of the right hip. Resident was an ARD (assessment odd the resident).	·		All other residents were LPN unit manager on 8-2 boots. 5 residents currer profor boots all were in paudit. 3. What measures will bor systematic changes m the deficient practice will	2-17 for Profor ntly have place upon be put in place ande to ensure		

did not have any.

was at risk of developing pressure injuries (1) but

		AND HUMAN SERVICES & MEDICAID SERVICES			INTED: 07/27/2017 FORM APPROVED IB NO. 0938-0391
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LIFE CAI	RE CENTER OF NEW	MARKET	-	315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
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F 314	a Braden scale for dated 5/9/17 that do at moderate risk for A physician's order "Profor boots to BL	ge 70 : #10's clinical record revealed predicting pressure sore risk ocumented Resident #10 was developing a pressure injury. dated 1/20/17 documented, E (bilateral lower extremities) hed TID (three times a day)."	F 3	Staff development coordinator, Direct of nursing and or unit managers will educate nursing staff by 8-14-17 on preventive skin care and the use of P boots to prevent skin breakdown.	
	Resident #10's July	2017 TAR (treatment		Any license nurse who has not been	

Resident #10's comprehensive care plan with an onset date of 1/4/16 documented. Risk for Pressure Ulcers. Resident is at risk for alteration in skin integrity Relating To: Braden Scale score; Impaired mobility; Incontinence; Nutritional status; History of skin impairments to coccyx (tailbone) and right heel...Provide treatments and creams per order..." Resident #10's CNA (certified nursing assistant) care directive dated 7/19/17 documented, "Profore boots to Both feet every

administration record) documented, "1/20/2017

Profor boots to BLE as tolerated while in bed

On 7/18/17 at 1:02 p.m. Resident #10 was lying in bed with a sheet covering her legs and feet. Protective boots were observed in a recliner.

On 7/19/17 at 8:45 a.m. Resident #10 was sitting up in bed with a sheet covering her legs and feet. Protective boots were observed in the resident's wheelchair.

On 7/19/17 at 9:08 a.m. a hospice CNA (certified nursing assistant) was observed entering Resident #10's room. Resident #10 remained in bed. The hospice CNA stated she was about to

educated by 8-14-17 will not be allowed to provide direct resident care until in-services are completed. All newly hired nurses will be educated during orientation.

4. How will the facility monitor the corrective plan to ensure the deficient practice was corrected and do not reoccur?

The Director of nursing will present findings of audits for preventive skin interventions by use of profor boots to the quality assurance committee to review and make recommendations. Committee consist of Executive Director, Director of Nursing, Assist Director of Nursing, Social Services, Activities Director, Dietary Manager, Pharmacy consultant, Medical Director

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shift while in bed..."

TID."

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F 314	Continued From pa	ge 71	F3	314	RECE	IVE	
	was asked to remove	At this time, the hospice CNA ve the sheet from Resident	t		AUG 0	7 2017	
	and the resident's le no protective boots	spice CNA removed the sheet egs were observed on a pillow; were observed on Resident ve boots were observed in the				Crc	
	conducted with CNA Resident #10). CNA made aware of the boots for each reside the nurses tell her. had a specific care would have to find a Resident #10 was a devices. CNA #1 st supposed to have be positioned under he she had checked to wearing the boots.	a.m. an interview was A #1 (the CNA caring for A #1 was asked how she was needed positioning devices or dent. CNA #1 stated usually When asked if each resident card, CNA #1 stated she out. CNA #1 was asked if supposed to have any special stated the resident was noots on her feet and a pillow er legs. CNA #1 was asked if see if Resident #10 was CNA #1 stated, "I was in there I't think to look. I'm so used to					
	conducted with LPN (the nurse caring fo asked how she was positioning devices LPN #2 stated the cand that information When asked if Resi and LPN #2 stated	p.m. an interview was I (licensed practical nurse) #2 r Resident #10). LPN #2 was made aware of the needed or boots for each resident. Order was typically on the TAR is passed on during report. Ident #10 required any devices she needed to check the TAR.					
	On 7/19/17 at 2:50	p.m. an interview was					

conducted with LPN #3 (the unit manager). When asked the purpose of Resident #10's protective boots, LPN #3 stated the boots were

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER RE CENTER OF NEW	MARKET		315 E	ET ADDRESS, CITY, STATE, ZIP CODE EAST LEE HIGHWAY I MARKET, VA 22844		
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F 314	Continued From pa	ige 72	F3	314			
	used as a precaution	on to prevent skin breakdown et while she is in bed.					
	member) #1 (the ex	p.m. ASM (administrative staff xecutive director) and ASM #2 sing) were made aware of the					
	Prevention" docum the patient against mechanical forces, shear are impleme heel protection/sus	tled, "Pressure Ulcer ented, "5. Measures to protect the adverse effects of external such as pressure, friction, and nted in the plan of cared) pension should be the patient is in bed"					
	No further informat	ion was presented prior to exit.	en en delekterwenne in e				
	skin and underlying bony prominence of device. The injury of open ulcer and may as a result of intension pressure in commoderance of soft tis may also be affected perfusion, co-morb tissue" This inform website: http://www.npuap.cc.clinical-resources/r483.25(e)(1)-(3) NORESTORE BLADD	ury is localized damage to the gooft tissue usually over a related to a medical or other can present as intact skin or any be painful. The injury occurs se and/or prolonged pressure bination with shear. The sue for pressure and shear ed by microclimate, nutrition, idities and condition of the soft mation was obtained from the org/resources/educational-and-ipuap-pressure-injury-stages/D CATHETER, PREVENT UTI, ER	F	315			
		t ensure that resident who is and bowel on admission					

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CENTERS FOR MEDICARE	& MEDICAID SERVICES	and the second s		OMB NO. 0938-0391
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LIFE CARE CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
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E 215 Continued From no	72	F 0	× -	;

F 315 Continued From page 73

receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.

- (2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-
- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;
- (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and
- (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.
- (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to maintain a Foley catheter in a sanitary manner for one of 29 residents in the survey sample,

F 315

F-315

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

Licensed nurse adjusted resident # 18 Foley catheter on 7-20-17 so that it was not touching the floor. Resident # 18 has not had a urinary infection or treatment for past 30 days.

2. How will the facility identify other residents having the potential to be affected by the same practice?

Unit manager completed audit of all resident with Foley catheters on 8-2-17. No Foley catheters tubing or bag was found on floor.

3. What measures will be put in place or systematic changes made to ensure the deficient practice will not reoccur.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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07/20/2017

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF NEW MARKET

315 EAST LEE HIGHWAY NEW MARKET, VA 22844

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5) COMPLETION DATE

F 315 Continued From page 74 Resident #18.

The facility staff failed to prevent Resident #18's Foley catheter (soft, plastic or rubber tube that is inserted into the bladder to drain the urine (1)) collection bag from touching the floor on 7/20/17.

The findings include:

Resident #18 was admitted to the facility on 5/7/16 and most recently readmitted on 6/29/16 with diagnoses including, but not limited to: history of a stoke with right side paralysis, high blood pressure, depression, and difficulty swallowing. On the most recent MDS (minimum data set), an annual assessment with an assessment reference date of 5/11/17, Resident #3 was coded as having both short term and long term memory loss, and as being severely cognitively impaired for making daily decisions. He was not coded as having a Foley catheter during the look back period.

On 7/20/17 at 12:00 p.m. and 1:30 p.m., Resident #18 was observed lying in bed with his eyes closed. Foley catheter tubing attached to a collection bag was visible from the hallway. The Foley catheter urinary collection bag was observed lying partially on the floor.

Areview of the physician's orders for Resident #18 revealed the following order, written on 017/17 and most recently signed by the (French)/10 ml (milliliter) balloon."

deview of Resident #18's comprehensive care dated 5/19/16 and updated 6/17/17 revealed, the following: "Foley cath (catheter) care

F 315

Staff development coordinator, director of nursing and/or unit managers will educate all nursing staff on infection control process by 8-14-17. Education will include tubing and bag not to be placed on or touching the floor. Any nursing staff that have not completed in-service will not be allowed to provide direct resident care until in-services are completed.

All newly hired nursing staff will be educated in orientation.

Director of nursing and /or unit managers will audit placement of Foley catheter tubing and catheter bags 5 times a week for 30 days, then 3 times a week for 30 days and 1 time a week for 30 days.

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LIFE CARE	E CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
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F 315 Continued From page 75 q (every) shift as ordered."

On 7/20/17 at 1:40 p.m., LPN (licensed practical nurse) #6 and CNA (certified nursing assistant) #8 accompanied this surveyor to Resident #18's bedside. When asked if they observed anything concerning, LPN #6 stated: "Yes. The catheter bag should not be on the floor." When asked why that is concerning, LPN #6 stated: "Infection control." CNA #8 stated: "Germs can get into the bag if it is dragging the floor like that."

On 7/20/17 at 4:10 p.m., ASM (administrative staff member) #1, the executive director, ASM #2, the director of nursing, and ASM #4, the nurse consultant, were informed of these concerns.

A review of the facility policy "Foley Catheter Drainage" revealed, in part, the following: "Attach the drainage bag to the frame of the bed. Secure the drainage tube to the bedding by using a clamp. NOTE: Keep the drainage bag off the floor."

No further information was provided prior to exit.

(1) "Foley catheter - a soft, plastic or rubber tube that is inserted into the bladder to drain the urine." This information is taken from the website http://www.nlm.nih.gov/medlineplus/ency/article/0 03981.htm.

According to Fundamentals of Nursing Lippincott Williams and Wilkins Eighth Edition 2006, Lippincott Company, page 757, titled Renal and Urinary Disorders, under the heading "Management of a Patient with an Indwelling Catheter and Closed Drainage System" the subheading: "Maintaining a closed drainage

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4. How will the facility monitor the corrective plan to ensure the deficient practice was corrected and do not reoccur?

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Director of nursing will report finding of audits on Foley catheters to the quality assurance/performance improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nursing, Assist Director of Nursing, Social Services, Activities Director, Dietary Manager, Pharmacy consultant, Medical Director

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F 315	Continued From pa	ae 76	F 3	15	
1 010	•		1 J	10	
		an unobstructed urine flow. be allowed to collect in tubing			
		of urine must be maintained to			
		t infection. Improper drainage			
		bing is kinked or twisted,			
		ine to collect in the tubing. c.			
		e floor to prevent bacterial			
	contamination."				
F 328	483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE	F 3	28 F-328	
SS=D	FOR SPECIAL NE	EDS		1. How will the corrective action	on .
	(1)(0) ""		1	be accomplished for those	
		ensure that residents receive]	residents found to have been	
	and good foot healt	nd care to maintain mobility	i	affected by the deficient practic	
	and good root near	n, the facility must.		arrected by the deficient practic	C:
	(i) Provide foot care	and treatment, in accordance		License nurse adjusted resident	
		andards of practice, including			
		tions from the resident's		#1 oxygen to prescribed rate of	
	medical condition(s) and		3 liters per minute on 7-20-17.	
				nurse will check O2 setting each	SNITT
		sist the resident in making		and document on medication	
		a qualified person, and	i	administration sheet.	
		portation to and from such	İ		
	appointments		1	License nurse adjusted resident	
	(f) Colostomy uret	erostomy, or ileostomy care.		# 16 oxygen to prescribed rate of	of
		isure that residents who	1	2 liters per minute on 7-20-17.	_icense
		ureterostomy, or ileostomy	i	nurse will check O2 setting each	1
		uch care consistent with		shift and document on medicat	
	professional standa	ards of practice, the	1	administration sheet	
		son-centered care plan, and		administration street	
	the resident's goals	and preferences.		Licensed nurse adjusted resider	n†
	()/=> *				
		no is fed by enteral means		#8 oxygen to prescribed rate of	
		oriate treatment and services		2 liters per minute on 7-20-17.	
		lications of enteral feeding		nurse will check O2 setting each	ı shift
		nited to aspiration pneumonia, dehydration, metabolic		and document on medication	
	ulaitinea, voitilling,	denyuration, metabolic		administration chast	

administration sheet.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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TAG REGULATOR				

F 328 Continued From page 77 abnormalities, and nasal-pharyngeal ulcers.

TAG

- (h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.
- (i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.
- (j) Prostheses. The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to administer oxygen per the physician order for three of 29 residents in the survey sample, Residents #1, #16 and #8.

1. The facility staff failed to administer oxygen to Resident #1 at the physician prescribed rate of three liters.

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- 2. How will the facility identify other residents having the potential to be affected by the same practice? Unit managers audited all residents on 8-1-17 who are receiving oxygen for appropriate administration of oxygen.
- 3. What measures will be put in place or systematic changes made to ensure the deficient practice will not reoccur. Staff Development coordinator, Director of nursing and/or unit mangers will educate all nursing staff on appropriate administration of oxygen by 8-14-17.

Director of nursing and/or unit managers will audit oxygen for appropriate administration per physician orders 5 times a week for 30 days, then 3 times a week for 30 days, then 1 time a week for 30 days.

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LIFE CAR	E CENTER OF NEW	WARREI		NEW MARKET, VA 22844	
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F 328 Continued From page 78

- 2. The facility staff failed to administer oxygen to Resident #16 at the physician prescribed rate of two liters.
- 3. The facility staff failed to administer oxygen to Resident #8 per the physician prescribed rate of two liters.

The findings include:

1. Resident #1 was admitted to the facility on 12/28/17 with a recent readmission on 5/30/17, with diagnoses that included but were not limited to: chronic obstructive pulmonary disease (a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)), severe peripheral artery disease (any abnormal condition affecting the arteries outside the heart (2)), above the knee amputation, atrial fibrillation (a condition characterized by rapid and random contractions of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)), cardiac disease, aneurysm (a saclike widening in a blood vessel (4)), gastrointestinal bleed and osteoarthritis (the most common form of arthritis occurring mostly in the elderly, characterized by degenerative changes in the joints (5)).

The most recent MDS (minimum data set) assessment, a Medicare five day assessment, with an assessment reference date of 5/11/17, coded the resident as scoring a 13 on the BIMS (brief interview for mental status) score, indicating he was cognitively intact to make daily decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of

F 328

Any license nurses who have not completed education by 8-14-17 will not be allowed to provide direct resident care until in-services are completed.
All newly hired nurses will be educated in orientation.

4. How will the facility monitor the corrective plan to ensure the deficient practice was corrected and do not reoccur?

Director of nursing will report finding monthly of oxygen audits for appropriate settings to the quality assurance/performance improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nursing, Assist Director of Nursing, Social Services, Activities Director, Dietary Manager, Pharmacy consultant, Medical Director

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
		495139	B. WING		07/20/2017	
NAME OF	PROVIDER OR SUPPLIEF	?		STREET ADDRESS, CITY, STATE, ZIP COD	Œ	
LIFE CA	RE CENTER OF NEV	W MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION	
F 328	Continued From p	age 79	. F 3	28		
	he required super Section O - Specia	ily living, except eating in which vision of one staff member. In al Treatments, Procedures, and sident was coded as using look back period.	:		EIVED 0 7 2017	
	at 1:20 p.m. The roxygen on via a naprongs that rest juto an oxygen conconcentrator was ball sitting betwee per minute) rate. Fobserved on 7/19/1:34 p.m., during was set with the b L/Min flow rate. O #1 was observed The concentrator between the 3.0 a observation was of	made of Resident #1 on 7/18/17 esident was in bed with his asal cannula (a plastic tube with st inside the nose) connected centrator. The oxygen observed with the flowmeter in the 3.0 and 3.5 L/Min (liters Resident #1 was again 17 at 7:38 a.m., 9:55 a.m. and each observation the flow rate all between the 3.0 and 3.5 in 7/20/17 at 8:28 a.m. Resident in bed with his oxygen in place. was set with the flowmeter ball and 3.5 L/Min flow rate. This onfirmed by another surveyor.				
	nurse) #14 was as room. The oxyger was asked to verif stated, "It's set be minute)." When a Resident #1 was p "Three liters." What to check the oxygen	4 p.m. LPN (licensed practical sked to come to Resident #1's n was on the resident. LPN #14 by the oxygen flow rate, LPN #3 tween 3 and 3.5 (liters per isked what oxygen flow rate prescribed, LPN #14 stated, hen asked how often a nurse is en concentrator for the rate, LPN #14 stated, "It should			•	

be checked at least once a shift."

An interview was conducted with LPN #3, the unit manager, on 7/20/17 at 1:16 p.m. When asked how an oxygen concentrator should be read, LPN #3 stated, "You have to get at eye level and you

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CENTERS FOR MEDICARE	& MEDICAID SERVICES			OMB	NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\$	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
	495139	B. WING		TO COMPANY TO THE PROPERTY OF	C 07/20/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
LIFE CARE CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	•	N SHOULD BE E APPROPRIAT	(X5) COMPLETION E. DATE
he required supervisection O - Special Programs" the residual programs the residual programs the residual programs the residual programs at 1:20 p.m. The resoxygen on via a nasprongs that rest justo an oxygen conceconcentrator was oball sitting between per minute) rate. Resobserved on 7/19/1 1:34 p.m., during easy was set with the bale L/Min flow rate. On #1 was observed in The concentrator whetween the 3.0 and observation was concentrator was asked to verify stated, "It's set between the sale of the oxygen was asked to verify stated, "It's set between the o	y living, except eating in which sion of one staff member. In Treatments, Procedures, and dent was coded as using book back period. ade of Resident #1 on 7/18/17 sident was in bed with his sal cannula (a plastic tube with it inside the nose) connected entrator. The oxygen beerved with the flowmeter the 3.0 and 3.5 L/Min (liters esident #1 was again 7 at 7:38 a.m., 9:55 a.m. and each observation the flow rate II between the 3.0 and 3.5 7/20/17 at 8:28 a.m. Resident bed with his oxygen in place. as set with the flowmeter ball d 3.5 L/Min flow rate. This infirmed by another surveyor. p.m. LPN (licensed practical ted to come to Resident #1's was on the resident. LPN #14 the oxygen flow rate, LPN #3 ween 3 and 3.5 (liters per ked what oxygen flow rate escribed, LPN #14 stated, an asked how often a nurse is in concentrator for the late, LPN #14 stated, "It should to once a shift."	F 3		ECEIV UG 0 7 20 DH/OL	
An interview was co	onducted with LPN #3, the unit				ļ

manager, on 7/20/17 at 1:16 p.m. When asked how an oxygen concentrator should be read, LPN #3 stated, "You have to get at eye level and you

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		HAND HUMAN SERVICES			·	FORM	APPROVED
CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES					0. 0938-0391
The second control of			2		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495139	B. WING			07	C 7 /20/201 7
NAME OF	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		
LIEECA	RE CENTER OF NEV	V MARKET	L. C.	31	5 EAST LEE HIGHWAY		
LII L OA	INC OCHTER OF NEV	A IAIVALLE I		NE	EW MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 328	Continued From p	age 80	F 3	328			i
	want the line in the	e middle of the ball."					
		er dated, 5/30/17 documented			RECE		
		en) 3 L (liters) nc (nasal			AUG 0 7	2017	
	cannula) continuol	usly TID (three times a day)."	5 2 2				
	July 2017 docume TID." It was signed ordered on all thre	tion administration record) for nted, "O2 3 L nc continuously d off as being administered as e shifts for the month of July.				JFC	
		prehensive care plan did not entation of oxygen on the care					
	documented in paradministered to the order of a licensed	"Oxygen Use, General" rt, "1. Oxygen therapy is e resident only upon the written I physician." There was no ated to setting the rate.	1				
	oxygen concentrat properly read the f flow rate line on th flow knob until the	s instruction manual for the cors documented in part, "To lowmeter, locate the prescribed e flowmeter. Next, turn the ball rises to the line. Now, the L/Min (liters per minute) line					
	Potter, 6th edition, treated as a drug. such as atelectasiany drug, the dosa should be continued should routinely characteristics.	amentals of Nursing, Perry and page 1122, Oxygen should be It has dangerous side effects, is or oxygen toxicity. As with age or concentration of oxygen ously monitored. The nurse neck the physician's orders to it is receiving the prescribed					

oxygen concentration. The six rights of

medication administration also pertain to oxygen

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~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	OF OFFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(VOLUMETER)		(X3) DATE SURVEY
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1	E CONSTRUCTION	COMPLETED
			and the control of th		С
		495139			07/20/2017
	PROVIDER OR SUPPLIER RE CENTER OF NEW		31	TREET ADDRESS, CITY. STATE, ZIP CODE 15 EAST LEE HIGHWAY EW MARKET, VA 22844	
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLÉTIO
F 328	Continued From pa	age 81	F 328		:
	member) #1 and th	ctor, ASM (administrative staff ne director of nursing, ASM #2 of the above findings on n.			
	No further informat	tion was provided prior to exit.			TA III WA I A A
	Non-Medical Read Chapman; page 12 (2) Barron's Dictio Non-Medical Read Chapman; page 44 (3) Barron's Dictio Non-Medical Read Chapman; page 55 (4) Barron's Dictio Non-Medical Read Chapman; page 34 (5) Barron's Dictio	nary of Medical Terms for the er, 5th edition, Rothenberg and 47. nary of Medical Terms for the er, 5th edition, Rothenberg and 5. nary of Medical Terms for the er, 5th edition, Rothenberg and 4. nary of Medical Terms for the ler, 5th edition, Rothenberg and 4.			
		failed to administer oxygen to e physician prescribed rate of			
	4/2/14 with a most with diagnoses that to: high blood presedema, pain, histo	admitted to the facility on recent readmission on 12/7/16 it included but were not limited sure, shortness of breath, ry of respiratory failure, dney disease and obesity.			
	The most recent M	IDS (minimum data set)			

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DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			OI	FORM A	APPROVE 0938-03
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE COMP	SURVEY PLETED
	495139	B. WING _		07/2	; :0/2017
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF NEW	MARKET		STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
PREFIX (EACH DEFICIENC)	TEMENT 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	(X5) COMPLETIC DATE

### F 328 Continued From page 82

assessment, a quarterly assessment with an assessment reference date of 6/15/17, coded the resident as scoring a 15 on the BIMS (brief interview for mental status) score, indicating that she was cognitively intact to make daily decisions. The resident was coded as requiring extensive 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. In Section O - Special Treatments, Procedures and Programs, the resident was coded as using oxygen during the look back period.

Observation was made of Resident #16 on 7/20/17 at 12:05 p.m. She was up in her wheelchair with her oxygen on via a nasal cannula (a plastic tube with prongs that rest just inside the nose) connected to an oxygen concentrator set at 1.5 liters per minute. The center of the flowmeter ball was on the line for 1.5 liters per minute. This observation was verified by another surveyor. The resident was again observed on 7/20/17 at 12:45 p.m., the oxygen was set at 1.5 liters.

On 7/20/17 at 1:20 p.m. LPN (licensed practical nurse) #3 was asked to come to the resident's room. The oxygen was on the resident. LPN #3 was asked to verify what flow rate the oxygen was set at. LPN #3 stated, "It's set at 1.5 (liters per minute)." When asked what oxygen flow rate Resident #16 was prescribed, LPN #3 stated she wanted to check the physician orders before answering the question. LPN #3 went to the nurse's station and reviewed the physician orders for Resident #16. LPN #3 stated, "She's supposed to be on 2 liters (per minute)." When asked how often the nurse is to check the flow

F 328

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AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING   COMPLETED   CO	
	2017
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF NEW MARKET  STREET ADDRESS, CITY, STATE, ZIP CODE  315 EAST LEE HIGHWAY  NEW MARKET, VA 22844	
(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 CO TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) IMPLETION DATE
rate of residents' oxygen, LPN #3 stated, "At least once a shift and they have to sign it off on the MAR (medication administration record)."  On 7/20/17 at 1:23 p.m. an interview was conducted with LPN #7. When asked how often a nurse should check the flow rate of a resident's oxygen, LPN #7 stated, "Should check it each time you go in there and a minimum of once a shift." When asked if she had checked Resident #16's oxygen flow rate this shift, LPN #7 stated, "I have not."  The physician order dated, 12/7/16, signed by the physician on 7/3/17 documented, "Oxygen at 2 L (liters) via NC (nasal cannula) as needed for SOB (shortness of breath)/comfort TID (three times a day)."  The comprehensive care plan dated, 1/8/15, with a target date of 9/28/17, documented in part, "Problems: Resident is at risk for alteration in respiratory status relating to Dx (diagnosis) of CHF (congestive heart failure) and restrictive lung disease." The "Approaches" documented in part, "Place O2 (oxygen) per order."  The executive director, ASM (administrative staff member) #1 and the director of nursing, ASM #2 were made aware of the above findings on 7/20/17 at 4:05 p.m.  No further information was provided prior to exit. 3. The facility staff failed to administer oxygen to Resident #8 per the physician prescribed rate of two liters.  Resident #8 was admitted to the facility on 7/6/17, Resident #8 sk diagnoses included but were not	

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DEPAR	IMENT OF HEALTH	AND HUMAN SERVICES			FORM APPRO	<b>VED</b>
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0	391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	,
		495139	B. WING _		07/20/2017	7
NAME OF	PROVIDER OR SUPPLIER	A supplied that the supplied is a supplied to the supplied tof the supplied to the supplied to the supplied to the supplied to	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP		
LIFE CA	RE CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLÉT LE APPROPRIATE DATE	TION
F 328	Continued From pa	ige 84	F 32	28		
limited to: diabetes, congestive heart failure and a diabetic foot ulcer. Resident #8's admission MDS				RECEIVED		
	data collection tool	) was not complete. An initial dated 7/6/17 documented	:		AUG 0 7 2017	
	Resident #8 was alert and oriented. The tool further documented the resident was on room air (not receiving oxygen).				VOH/CLC	
	standing orders sig 7/6/17. The standing "Oxygen Orders: O cannula or facemas saturation less than	t #8's clinical record revealed ned by the physician on ng orders documented, 2 (oxygen) at 2 Liters via nasal sk PRN (as needed) for O2 n 90% or signs/symptoms of and call MD (medical practitioner)"				
	administration reco administration reco information regardi interim care plan in document informat	2017 MAR (medication rd) and TAR (treatment rd) failed to document ng oxygen. Resident #8's itiated on 7/6/17 failed to ion regarding oxygen. The ensive care plan was not	The state of the s			
	7/19/17 at 8:50 a.m Resident #8 was of oxygen via nasal ca concentrator. The concentrator was s liters and two liters the ball in the flown	p.m., 7/18/17 at 4:55 p.m., and 7/19/17 at 11:15 a.m. oserved in bed receiving annula connected to an oxygen flowmeter on the oxygen et between one and a half as evidenced by the bottom of neter on the one and a half of the ball on the two liter				

On 7/20/17 at 8:32 a.m. Resident #8 was sitting

up in bed and was not receiving oxygen.

line.

	. a c neelCIENCIES	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	OMB NO. 0938-03( (X3) DATE SURVEY COMPLETED
ID PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING	C
		495139	B. WING		07/20/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	CODE
IFE CAF	RE CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C	E APPROT
F 328	Continued From pa	age 85	F 3	28	
	conducted with LPI	p.m. an interview was V (licensed practical nurse) #4			
	LPN #4 was asked the oxygen concen- placed if a resident	to describe where the ball in trator flowmeter should be is prescribed two liters of			
	the flowmeter shou	ated the middle of the ball in ld be placed at the line, at eye made aware of the above			
	staff member) #1 (t	p.m., ASM (administrative he executive director) and or of nursing) were made findings.			
	documented, "1. Ox	led, "Oxygen Use, General" (xygen therapy is administered upon the written order of a "			
	oxygen concentrato properly read the flo flow rate line on the	instruction manual for the r documented in part, "To wmeter, locate the prescribed flowmeter. Next, turn the all rises to the line. Now,			
	center the ball on the prescribed."	e L/Min (liters per minute) line			
F 371 SS=D	483.60(i)(1)-(3) FOC	on was presented prior to exit. DD PROCURE, SERVE - SANITARY	F 37	71	
	(i)(1) - Procure food considered satisfact authorities.	from sources approved or ory by federal, state or local			
	(i) This may include	food items obtained directly			

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STAT	EMEN	IT OF	DEFIC	CIENCIES
AND	PLAN	OF C	ORRE	CTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILDING ____

_AUG 0 7 2017

(X3) DATE SURVEY COMPLETED

> C 07/20/2017

495139

B. WING

___VDH/QLC

STREET ADDRESS, CITY, STATE, ZIP CODE

315 EAST LEE HIGHWAY NEW MARKET, VA 22844

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

F 371

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

·(X5) COMPLETION DATE

F 371 Continued From page 86

LIFE CARE CENTER OF NEW MARKET

from local producers, subject to applicable State and local laws or regulations.

- (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
- (iii) This provision does not preclude residents from consuming foods not procured by the facility.
- (i)(2) Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
- (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview and facility document review, it was determined that the facility staff failed to store and prepare food in a sanitary manner in the kitchen.

- 1. Glasses of uncovered milk, juice and lemonade were observed in the refrigerator.
- 2. The cook's hair was observed out of the hair restraint being used.

The findings include:

1. Observation was made of the kitchen on 7/18/17 at 10:22 a.m. accompanied by other staff member (OSM) #2, the dietary manager. The "liquid" refrigerator was observed. There was a tray containing uncovered eight ounce glasses.

F-371

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

Glasses of uncovered milk, juice and lemonade were observed in the refrigerator on 7-18-17. The dietary manager discarded all uncovered beverages on 7-18-17.

Cook on 7-18-17 placed 3 hair nets on head to keep all hair restrained.

2. How will the facility identify other residents having the potential to be affected by the same practice?

Glasses of uncovered milk, juice and lemonade were observed in the refrigerator on 7-18-17. Dietary manger discarded all uncovered beverages on 7-18-17

Cook on 7-18-17 placed hair nets on head to keep all hair restrained.

Dietary staff that has not completed in-service by 8-14-17 will not be able to work in dietary until education is completed.

All newly hired dietary personal will be educated in orientation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/27/2017

		AND HUMAN SERVICES					APPROVED	
						1	. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COV	E SURVEY MPLETED	
		495139	B. WING				C <b>/20/2017</b>	
NAME OF	PROVIDER OR SUPPLIER			9	STREET ADDRESS, CITY, STATE, ZIP CODE			
I ITT CA	DE CENTED OF NEW	SEADICET		3	315 EAST LEE HIGHWAY			
LIFE CA	RE CENTER OF NEW	WARKEI		ı	NEW MARKET, VA 22844			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE PRIATE	(X5) COMPLETION DATE	
<del></del>					3. What measures will be put in p	lace or		
F 371	Continued From pa	ge 87	F 3	371	systematic changes made to ensur	re the		
	The tray contained	two lemonades, one juice and			deficient practice will not reoccur.	,		
		sked if the glasses of liquids				liatam,		
	snould be covered,	OSM #2 stated, "Yes, Ma'am."			Dietary manager will educate all d	letary		
	The facility policy "	Infection Control and			staff by 8-14-17 on storage and			
		amination" documented in	:		preparing food in a sanitary mann	er.		
		Il refrigerated foods if						
		original container, are	Dietary manager will educate all dietary					
	securely covered, la	abels and dated appropriately."	:		staff by 8-14-17 on wearing of ha	r net		
	The executive direct	tor and director of nursing	!		/restraint to cover all hair.			
		of the above findings on	: 1 1 1		Dietary manager and/or assistant	dietary		
	7/20/17 at 4:05 p.m		;		manager will audit 5 times a weel	k for		
	,				30 days, then 3 times a week for 3	30 days.		
	No further informati	on was provided prior to exit.			then 1 time a week for 30 days th	е		
		e kitchen, OSM #4, the cook,			covering of beverage for proper s	toring		
		e steam table, stirring a pan.			and preparing food in a sanitary r	nanner		
		but it had risen in the back			in the kitchen and the wearing of			
		hair at the base of her scalp. Thet was not covering all of her			net /restraint that covers all hair.			
		and there were sprigs of hair	1		4. How will the facility monitor th	ıe		
	out of the net by he		: :		corrective plan to ensure the defi	cient		
	•		1		practice was corrected and do no	t		
		onducted with OSM #2 on	;		reoccur?			
		n. When asked if the cook's			Dietary manager will report findin	g of		
		contained in the hair net, OSM			audits for proper storing of bevera	age		
	#2 stated, "Yes, it s	nould be.			and preparing food in a sanitary m	nanner		
	The facility policy, ".	Associate Conduct"			and the wearing of hair restraints	to the		
		, "Guidelines: The Food and			quality assurance/performance			
	Nutrition Services a	ssociates wear a hair			improvement committee to reviev	v and		
		ers all unpinned hair at all			make recommendations. Committ	ee		
	times."				consist of Executive Director, Director	tor:		
	The executive direct	tor and director of nursing			of Nursing, Assist Director of Nursi	ng		
		of the above findings on			Social Services, Activities Director,	01		
	7/20/17 at 4:05 p.m				Dietary Manager, Pharmacy consul	tant	* 1	
					NA II I I I	curry,	- 100 cm	

Medical Director

av/ICES		FORM APPROVED  MB NO. 0938-0391
DEPARTMENT OF HEALTH AND HUMAN SERVICES  CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVE COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDENTIFICATION NOTICE (X2) PROVIDENTIFICATION NOTICE (X3) PROVIDENTIFICATION NOTICE (X4) PROVIDENTIFICATION NOTICE (X5) PROVIDENTIFICATION NOTICE (X6) PROVIDENTIFICATION NOTICE (X7) PROVIDE	B. WING	07/20/2017
495139	STREET ADDRESS, CITY, STATE. ZIP CODE	
NAME OF PROVIDER OR SUPPLIER	315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
LUFE CARE CENTER OF NEW MARKET		(X5) COMPLETION BE DATE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  (EACH DEFICIENCY MUST BY FULL  (EACH DEFICE BY FULL  (EA	PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	NATE
TAG REGULATORY OR LSC IDENTITY	F 074	
	F 371	
F 371 Continued From page 88 No further information was provided prior to exit. No further information was provided prior to exit. 483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in them under an agreement described in sunlicensed personnel to administer drugs if State unlicensed pharmaceutical services (including procedures pharmaceutical services (including procedures pharmaceutical services (including procedures pharmaceutical services (including procedures pharmaceutical services of all drugs and dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who  (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient disposition of all controlled drugs is maintained and periodically reconciled.  (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  (9) Labeling of Drugs and Biologicals.  (9) Labeling of Drugs and Biologicals.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted labeled in accordance wi	Dicense nurse # 6 was educated on not leaving unsecured medication on top cart unattended 8-5-17.  Licensed nurse removed unsecured medications from the top of medications from the potential to be affected by the same practice?  Unit managers checked all PPD (purified protein derivative) solution 7-19-17 for labeling of date opened.	on dot
appropriate accessory and cautionary appropriate accessory and cautionary instructions, and the expiration date when applicable.	i1 Facility ID: VA0145 If continuation	n sheet Page 89 of 125

## DEPARTMENT OF HEALTH AND WILLIAM OF DUICE

PRINTED: 07/27/2017 OVED -0391

		& MEDICAID SERVICES			FORM APPROVE
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		VIB NO. 0938-039 (X3) DATE SURVEY COMPLETED
WALE OF DE		495139	B. WING		C <b>07/20/2017</b>
	COVIDER OR SUPPLIER  CENTER OF NEW	MARKET		STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 COMPLETION

### F 431 Continued From page 89

(h) Storage of Drugs and Biologicals.

- (1) In accordance with State and Federal laws. the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.
- (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, and facility document review, it was determined that the facility staff failed to store medications in a safe manner on one of six medication carts and failed to label an open vial of medication in one of three medication rooms.

- 1. The nurse failed to secure medication while not at the medication cart for one of six medication carts.
- 2. The facility staff failed to label an open date on one vial of Aplisol PPD (purified protein derivative) solution (a medication used in the diagnosis of tuberculosis) in the Willow/Magnolia medication room. Per manufacturer's instructions, the medication must be discarded 30 days after being opened.

The findings include:

F 431

3. What measures will be put in place or systematic changes made to ensure the deficient practice will not reoccur. Staff development coordinator, director of nursing and/or unit managers will educate all nursing staff by 8-14-17 on storage of drugs. Education will including not leaving medication on top of medication cart unattended. Education will include the dating of PPD (Purified Protein Derivative) solution when it open and that it expires in 30 days once it is open.

All nurses who have not received education by 8-14-17 will not be able to provide direct care until in-service is completed.

Newly hired nurses will be educated in orientation.

Director of Nursing and/or unit managers will complete audits 5 times a week for 30 days, then 3 times a week for 30 days than 1 time a week for 30 days for dating of PPD solution when opened and discarded in 30 days.

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> (X3) DATE SURVEY COMPLETED

> > 07/20/2017

(X5) COMPLETION DATE

		AND HUMAN SERVICES  & MEDICAID SERVICES			FO OMB 1
í	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TPLE CONSTRUCTION NG	(X3)
		495139	B. WING		
	ROVIDER OR SUPPLIER  E CENTER OF NEW	MARKET		STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
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### F 431 Continued From page 90

Observation was made on 7/19/17 of the medication cart on the 200 unit at 10:32 a.m. The nurse was not at the medication cart. Observed on the top of the medication cart were three medication cards with medications still in the cards. The medications were for three different residents. The medications were: Amox-Clav 875-125 MG BID, this card contained two pills. (Brand name: Augmentin - AUGMENTIN is an oral antibacterial - antibiotic (1)) Florastor 250 MG BID; this card contained six capsules - a probiotic - (Probiotics are live microorganisms [in most cases, bacterial that are similar to beneficial microorganisms found in the human gut. They are also called "friendly bacteria" or "good bacteria." Probiotics are available to consumers mainly in the form of dietary supplements and foods (2)). Vitamin C 250 MG BID; this card contained five tablets -(Vitamin C, also known as L-ascorbic acid, is a water-soluble vitamin that is naturally present in some foods, added to others. and available as a dietary supplement (3)).

The nurse LPN (licensed practical nurse) #6 returned to her medication cart, from out of a room three doors down from where the medication cart was stored, on 7/19/17 at 10:35 a.m. When asked if medications are allowed on the cart when she is in a room with a resident. LPN #6 stated, "They belong in the med (medication) room. I got side tracked." When asked if the medication should have been secured before she left her cart, LPN #6 stated. "Yes."

An interview was conducted with LPN #3, the unit manager, on 7/19/17 at 1:58 p.m. When asked if medications can be stored on top of the medication cart when the medication cart is out of F 431

### RECEIVED

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MOH/OLC

Director of nursing and/or unit managers will audit medication carts 5 times a week for 30 days, then 3 times a week for 30 days, then 1 time a week for 30 days for unsecured medications.

DEFICIENCY)

4. How will the facility monitor the corrective plan to ensure the deficient practice was corrected and do not reoccur?

Director of nursing will report finding of audits for storage of drugs to the quality assurance/performance improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nursing, Assist Director of Nursing, Social Services, Activities Director, Dietary Manager. Pharmacy consultant, Medical Director

08/23/17

PRINTED: 07/27/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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		495139	B. WING	3	07/20/2017
	PROVIDER OR SUPPLIER	MARKET		STREET ADDRESS, CITY, STATE, ZIP COE 315 EAST LEE HIGHWAY NEW MARKET, VA 22844	DE
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F 431	Continued From pa	age 91	F	431	į
	•	pht, LPN #3 stated, "No."			
	member) #1 and th	ctor, ASM (administrative staff the director of nursing, ASM #2 of the above findings on			
	The policy for storion 7/20/17 at 3:00	ng medications was requested p.m.			
	Facility" was received. The policy documed biologicals are stored properly following recommendations medication supply nursing personnel, members lawfully a Medication rooms, supplies are locked authorized access. refrigeration, medicuse are stored in a designated area discontinued or medicality when the recommended from the locked medical until the discontinued from the facility."	or those of the supplier. The is accessible only to licensed pharmacy personnel, or staff authorized to have access2. carts and medications if or attended by persons with8. Except for those requiring cations intended for internal medication cart or other 9. Medications that are edications that are left at the sident is discharged are medication cart and place in ion room in a designated area ed medication are removed	And the second property of the second propert		
	No further informat	ion was provided prior to exit.			
	following website:	n was obtained from the m.nih.gov/dailymed/fda/fdaDru			

gXsl.cfm?id=44390

PRINTED: 07/27/2017

DEPART	IMENT OF HEALTH	AND HUMAN SERVICES				FORM APPROVED
		& MEDICAID SERVICES			OM	B NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PRO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING	0	(3) DATE SURVEY COMPLETED
		495139	B. WING		over a time object or an individual section of the control of the	C <b>07/20/2017</b>
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	
LIFE CAI	RE CENTER OF NEW	/ MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844		
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F 431	Continued From page	age 92	F	431		
	following website:	n was obtained from the			REGI	EVED
		v/health/probiotics. n was obtained from the	:		AUG 0	7 2017
	Professional/	gov/factsheets/VitaminC-Health	5.		VDH	OTC
	one vial of Aplisol I	failed to label an open date on PPD (purified protein (a medication used in the				
	diagnosis of tubero		The state of the s			:
	manufacturer's ins	tructions, the medication must ays after being opened.				
		p.m. observation of the edication room was				; ; ; ;
	conducted. The modern contained one ope	edication refrigerator n vial of PPD solution				: -
	documented on the	f full). No open date was e vial or the container that				
	conducted with LP	At this time an interview was N (licensed practical nurse) #5. the vial and container were not				
	labeled with an ope what the expiration	en date. LPN #5 was asked adate of the PPD solution was	!			
	most items she wr	pened. LPN #5 stated on ites a standard 30 day discard				
	LPN #5 stated she	s an obvious expiration date. goes to the staff education y questions. LPN #5 was				
	asked if the vial shopen date. LPN#	ould have been labeled with ar 5 stated, "I probably would.  you label with a date."	1			

The manufacturer's instructions documented, "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency..."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495139			C 07/20/2047
NAME OF F	PROVIDER OR SUPPLIER	493138		STREET ADDRESS, CITY, STATE, ZIP CODE	07/20/2017
LIFE CAI	RE CENTER OF NEW	MARKET	1	315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
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F 431	Continued From pa	age 93	F 43		EIVED
		p.m. ASM (administrative staff xecutive director) and ASM #2			
	(the director of nurs	sing) were made aware of the			0 7 2017
	above findings.			VO	-I/CLC
	Security in the Faci and biologicals are properly following r	tled, "Medication Storage & lity" documented, "Medications stored safely, securely, and nanufacturer's or those of the supplier"			
	No further informat	ion was presented prior to exit.			
	website: https://dailymed.nlr	n was obtained from the n.nih.gov/dailymed/drugInfo.cf -1694-4523-9548-58f7a88711			
F 502	483.50(a)(1) ADMI	NISTRATION	F 50	2	
SS=D	(a) Laboratory Serv	vices	:		
	services to meet the facility is responsible of the services. This REQUIREMED by: Based on staff interest and facility document that the facility staff test as ordered by residents in the sur	ent provide or obtain laboratory eneeds of its residents. The le for the quality and timeliness entry is not met as evidenced erview, clinical record review, ent review, it was determined failed to perform a laboratory the physician for one of 29 evey sample, Resident #3.		F-502  1. How will the corrective action be accomplished for those residents for to have been affected by the deficit practice?  Director of nursing notified physicion 8-1-17 of missed labs for PTH (parathyroid hormone) and phosphlevel.	ound ent ian
		hyroid hormone (1)) and (2) for Resident #3 as ordered			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

(X2) MULTIPLE CONSTRUCTION A. BUILDING _

(X3) DATE SURVEY COMPLETED

07/20/2017

495139

B. WING

STREET ADDRESS, CITY, STATE, ZIP CODE

315 EAST LEE HIGHWAY

NEW MARKET, VA 22844

(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 BI CROSS-REFERENCED TO THE APPROPRIECE MALE DEFICIENCY)

(X5) COMPLETION

F 502

AUG 0 7 2017 VDH/QLC

F 502 Continued From page 94 by the physician on 5/10/17.

LIFE CARE CENTER OF NEW MARKET

The findings include:

Resident #3 was admitted to the facility on 2/23/17 and most recently readmitted on 6/1/17 with diagnoses including, but not limited to: history of bladder and kidney cancer, heart attack and right above the knee amputation. On the most recent MDS (minimum data set), a 14 day Medicare assessment with an assessment reference date of 6/15/17, Resident #3 was coded as having no cognitive impairment for making daily decisions.

A review of Resident #3's clinical record revealed the following physician's order written and signed by the physician on 5/10/17: "CMP (comprehensive metabolic panel (3)), Phos (phosphorus), PTH."

A review of the laboratory results for Resident #10 failed to reveal evidence of the Phos and PTH tests ordered on 5/10/17 by the physician.

On 7/20/17 at 8:00 a.m., ASM (administrative staff member) #2, the director of nursing, stated unit managers are responsible for monitoring all laboratory tests. ASM #2 stated: "They have a system to follow up and to track them." She stated that if results do not come in timely from the lab, unit managers are to track the missing lab tests and to call the lab for the test results."

On 7/20/17 at 8:55 a.m., LPN (licensed practical nurse) #3, a unit manager, was interviewed. She stated that the nurse who transcribes the physician's lab (laboratory) order enters it into the computer software system in order to generate a

- 2. How will the facility identify other residents having the potential to be affected by the same practice? Unit manager completed lab audit by 8-4-17 of all residents' labs for the months of May, June, July 2017. Unit manager notified physician of residents with missing labs. New orders obtained were implemented by unit managers on 8-3-17.
- 3. What measures will be put in place or systematic changes made to ensure the deficient practice will not reoccur. Staff development coordinator, director of nursing and/or unit managers will educate license nurses by 8-14-17 of lab process. License nurse will place lab order on treatment record for the day lab is to be drawn. The license nurse will put lab test into lab system on the computer. License nurse will print 2 copies of lab test ordered. Place one in unit manager box and one in the lab book under the correct date lab is to be obtained. License nurse working Birch hall will pull labs from the fax machine and give to appropriate nurses. Resident's assigned nurse will notify physician of lab results.

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CENTER	2 LOV MEDICALL		OMB NO. 0938-039				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	W-2-2-4	495139	B. WING		C 07/20/2017		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
LIFE CAR	E CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	LD BE COMPLETION		

### F 502 Continued From page 95

lab slip. She stated the nurse prints two copies. one copy goes in the lab book, and one copy goes to the unit manager. LPN #3 stated she keeps a log of all lab tests that are to be performed so that she can follow up to make sure all tests have been done. She stated the unit manager is responsible for checking the lab slip against the actual physician's order to make sure everything the physician has ordered is included on the lab slip. When asked to review the 5/10/17 lab order for Resident #3, and to check his chart for results of these tests, LPN #3 stated she would do so. LPN #3 returned to the survey team at 9:05 a.m. and stated the PTH and phosphorus tests were not performed as ordered for Resident #3. LPN #3 stated: "Someone must have just missed it."

On 7/20/17 at 10:10 a.m., ASM (administrative staff member) #1, the executive director, and ASM #2, the director of nursing, were informed of these concerns.

A review of the facility policy "Laboratory Order Sheet" revealed no information related to the facility staff performing the correct physician-ordered laboratory tests.

(1) "Parathyroid hormone (PTH) is released by the parathyroid glands. The 4 tiny parathyroid glands are located in the neck, near or attached to the back side of the thyroid gland. The thyroid gland is located in the neck, just above where your collarbones meet in the middle. PTH controls calcium, phosphorus, and vitamin D levels in the blood. It is important for regulating bone growth." This information is taken from the website https://medlineplus.gov/ency/article/003690.htm.

F 502

All nurses who have not completed in-services by 8-14-17 will not be allowed to provide direct care until in-services are completed.

Newly hired nurses will be educated in orientation.

Director of nursing and/or unit managers will audit in grand rounds (am clinical meeting) the obtaining of labs/ results of labs received and physician notification

5 times a week for 30 days ,then 3 times a week for 30 days ,then 1 time a week for 30 days.

4. How will the facility monitor the corrective plan to ensure the deficient practice was corrected and do not reoccur?

Director of nursing will report finding of lab audits to the quality assurance/performance improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nursing, Assist Director of Nursing, Social Services, Activities Director, Dietary Manager, Pharmacy consultant, Medical Director

08/23/17

PRINTED: 07/27/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMRIA	<u>10. 0938-0391</u>
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		40.54.20				С
		495139	B. WING			7/20/2017
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				NEW MARKET, VA 22	2844	
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F 502	Continued From pa	ge 96	F 5	02		
	build strong bones	a mineral the body needs to and teeth. It is also important			RECE	VED
	This test is ordered	and muscle contraction. to see how much phosphorus			AUG 0 7	2017
	diseases can cause	Iney, liver, and certain bone e abnormal phosphorus	1		VDH/	OLC
	website	gov/ency/article/003478.htm.				1
	nttps://medimeplus.	goviency/article/003476.11tm.				
	(3) "A comprehensi	ve metabolic panel (Chem 14)	:			1 :
	is a group of blood	tests. They provide an overall				
		s chemical balance and				
		olism refers to all the physical esses in the body that use				
		mation is taken from the				
		.gov/medlineplus/ency/article/	<u>:</u>			1 1 1
						1
		mentals of Nursing, 5th				
		Villiams & Wilkins, 2007, Page ests are always interpreted in				
	-	t's underlying health problems	:			
		alities. These results can also				
	identify actual or po					
		mes, laboratory tests and				
	effectiveness of nur	res are used to judge the sing interventions or medical				
	treatment." 483.50(a)(2)(iv) LAI LAB NAME/ADDRE	B REPORTS IN RECORD - ESS	F 5	07		
	(a) Laboratory Serv	ices				
	(2) The facility mus	t-				

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/27/2017

CENTERS	S FOR MEDICARE	& MEDICAID SERVICES	and the second s		MB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495139	B. WING		C 07/20/2017
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
LIFE CARE CENTER OF NEW MARKET				315 EAST LEE HIGHWAY	
LIFE CARE CENTER OF NEW WARRET			***************************************	NEW MARKET, VA 22844	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICIENCY)	D BE COMPLETION

### F 507 Continued From page 97

(iv) File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.

This REQUIREMENT is not met as evidenced

Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to file lab (laboratory) results on the clinical record for four of 29 residents in the survey sample, Residents #3, #6, #1, and #16.

- 1. The facility failed to file the results for a CBC (complete blood count (1)), CMP (complete metabolic profile (2)), and sed (sedimentation) rate (3)) on the clinical record for Resident #3.
- 2. The facility staff failed to file the results for a CBC and two BMPs (basic metabolic panels (4)) on the clinical record for Resident #6.
- 3. The facility staff failed to file a CBC laboratory test result in Resident #1's clinical record.
- 4. The facility staff failed to file a laboratory test result ordered by the physician on 6/1/17 in Resident #16's clinical record.

The findings include:

1. The facility failed to file the results for a CBC (complete blood count (1)), CMP (complete metabolic profile (2)), and sed (sedimentation) rate (3)) on the clinical record for Resident #3.

Resident #3 was admitted to the facility on 2/23/17 and most recently readmitted on 6/1/17 with diagnoses including, but not limited to: history of bladder and kidney cancer, heart attack

### F 507 F-507

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? Resident # 3 lab ordered on 6-10-17 was filed on chart by Health information management for CBC (complete blood count) CMP (complete metabolic level) and sedimentation rate.

Resident # 6 labs obtained on 7-10-17 CBC and 2 BMPs was filed on chart by Health information management.

Resident #1 labs for CBC on 7-6-17 was filed by Health information management on chart.

Resident # 16 labs for 6-1-17 was filed on chart by Health information management.

2. How will the facility identify other residents having the potential to be affected by the same practice?

Unit manager completed lab audit by 8-4-17 of all residents' labs for the months of May, June and July 2017. Physician notified of any missing labs on 8-4-17. New orders obtained per physician.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/27/2017 FORM APPROVED

(X5) COMPLETION

DATE

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AUG 0 7 2017 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C MUHICIC 495139 B. WING 07/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET NEW MARKET, VA 22844 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

F 507 Continued From page 98

and right above the knee amoutation. On the most recent MDS (minimum data set), a 14 day Medicare assessment with an assessment reference date of 6/15/17, Resident #3 was coded as having no cognitive impairment for making daily decisions.

A review of Resident #3's clinical record revealed the following physician's order written and signed by the physician on 6/10/17: "CBC, CMP, Sed rate."

Further review of Resident #3's clinical record failed to reveal results from these laboratory (lab) tests.

On 7/19/17 at 5:20 p.m., ASM (administrative staff member) #1, the executive director, and ASM #2, the director of nursing, were informed of these concerns.

On 7/20/17 at 8:00 a.m., ASM #2 stated when the lab results come back to the facility, the physician is to review the lab results, then the results are to go to the medical records clerk to be placed on the clinical record.

On 7/20/17 at 8:55 a.m., LPN (licensed practical nurse) #3, a unit manager, presented the surveyor with the laboratory test results for the 6/10/17 tests. When asked where she obtained the results, LPN #3 stated: "I had them faxed over from the lab. They were not on the chart here." She stated the results should have been filed on the resident's clinical record. When asked about the process for filing laboratory test results on the chart, LPN #3 stated the lab faxes the results to a nurses' station. The nurse at that station distributes the results to the appropriate

3. What measures will be put in place F 507 or systematic changes made to ensure the deficient practice will not reoccur. Staff development coordinator, director of nursing and/or unit managers will educate license nurses by 8-14-17 of lab process for filing of lab reports timely. Director of nursing and/or unit managers will audit in grand rounds (am clinical meeting) the filing of lab on chart timely 5 times a week for 30 days, then 3 times a week for 30 days, then 1 time a week for 30 days.

> All nurses who have not completed in-services by 8-4-17 will not be allowed to provide direct resident care until in-services are completed. Newly hired nurses will be educated on process in orientation.

4. How will the facility monitor the corrective plan to ensure the deficient practice was corrected and do not reoccur? Director of nursing will report finding of the filing of labs timely to the quality assurance/performance improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nursing, Assist Director of Nursing, Social Services, Activities Director, Dietary Manager, Pharmacy consultant, Medical Director

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CENTERS FOR MEDI	CARE & MEDICAL	J SERVICES			OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		/SUPPLIER/CLIA TION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
	4	95139	B. WING		07/20/2017		
NAME OF PROVIDER OR SUI	PPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				315 EAST LEE HIGHWAY			
LIFE CARE CENTER OF	NEW MARKET			NEW MARKET, VA 22844			
V-1				INCAMINATION OF STREET			
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F 507 Continued Fr	om page 99		F 5	07			
	se working with the	tosted resident	1 0	V 1			
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	oratory results. She						
	the lab results into						
	VP (nurse practition						
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	ager, who checks of						
	received the results. The results are then given to the medical records clerk to be filed on the						
resident's clir	nical record. She st	ated the facility					
staff had rece	ently become aware	of some					
concerns reg	arding the filing labo	oratory records	1				
	ecords, and had dor						
	PN #3 stated the e	ducation was not					
yet complete	with staff.						
	e facility policy "Lat						
	to reveal informatio						
resident lab r record.	esults being filed or	i the clinical	!				
record.							
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### PRINTED: 07/27/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING $\mathbb{C}$ B. WING 495139 07/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

NEW MARKET, VA 22844

(X5) COMPLETION DATE

F 507 Continued From page 100 003468.htm

(3) "ESR stands for erythrocyte sedimentation rate. It is commonly called a 'sed rate.' It is a test that indirectly measures how much inflammation is in the body." This information is taken from the website

https://medlineplus.gov/ency/article/003638.htm.

According to Fundamentals of Nursing, 5th Edition, Lippincott Williams & Wilkins, 2007. Page 237, "Clearly documented information on the client record communicates the plan of care and the client's progress to all members of the healthcare team. Team members who interact with the client at different times and in different ways get a clear picture of what took place in their absence. This communication ensures continuity of care and provides essential data for revision or continuation of care."

2. The facility staff failed to file the results for a CBC and two BMPs (basic metabolic panels (4)) on the clinical record for Resident #6.

Resident #6 was admitted to the facility on 3/3/12 and most recently readmitted on 5/1/16 with diagnoses including, but not limited to: Alzheimer's disease and high blood pressure. On the most recent MDS (minimum data set), a quarterly assessment with an assessment reference date of 6/8/17, Resident #6 was coded as having both short and long term memory deficits, and as being moderately cognitively impaired for making daily decisions.

A review of Resident #6's clinical record revealed the following orders:

- Written and signed by the physician on 6/30/17:

F 507

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F 507 Continued Fro	m page 101		F 50	7		
7/6."	ext week (Thurs [Thurs				REC	EIVED
- Written and : "BMP Tues (T	signed by the physicia uesday) 7/11."	n on 7/10/17:			AUG	0 7 2017
	of Resident #6's clinion of these to the section of these to the section of the s				yo!	HOLG
staff member)	5:20 p.m., ASM (adm #1, the executive dire irector of nursing, wer s.	ctor, and				
nurse) #3, a u surveyor with a 6/30/17 and 7, she obtained t them faxed ov the chart here	8:55 a.m., LPN (licens nit manager, presente he laboratory test resi 10/17 tests. When as he results, LPN #3 sta er from the lab. They " She stated the resu d on the resident's clir	d the ults for the ked where ated: "I had were not on llts should				
No further info	rmation was provided	prior to exit.				:
kidneys, liver, and acid/base from the webs	lood test used to eval blood sugar, protein, o balance." This inform ite i.nih.gov/medlineplus/	electrolytes nation is taken				
	staff failed to file a CB )) laboratory test resu cord.					

Resident #1 was admitted to the facility on 12/28/17 with a recent readmission on 5/30/17,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495139

(X2) MULTIPLE CONSTRUCTION A BUILDING ____

(X3) DATE SURVEY COMPLETED

> C 07/20/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

315 EAST LEE HIGHWAY

NEW MARKET, VA 22844

(X4) ID PREFIX TAG

LIFE CARE CENTER OF NEW MARKET SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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B. WING

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

### F 507 Continued From page 102

with diagnoses that included but were not limited to: chronic obstructive pulmonary disease (a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)), severe peripheral artery disease (any abnormal condition affecting the arteries outside the heart (2)), above the knee amputation, atrial fibrillation (a condition characterized by rapid and random contractions of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)), cardiac disease, aneurysm (a saclike widening in a blood vessel (4)), gastrointestinal bleed and osteoarthritis (the most common form of arthritis occurring mostly in the elderly, characterized by degenerative changes in the ioints (5)).

The most recent MDS (minimum data set) assessment, a Medicare five day assessment, with an assessment reference date of 5/11/17, coded the resident as scoring a 13 on the BIMS (brief interview for mental status) score, indicating he was cognitively intact to make daily decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of his activities of daily living, except eating in which he was coded as requiring supervision of one staff member.

The physician order dated, 6/30/17 at 7:30 p.m. documented, "CBC (complete blood count)* Thurs (Thursday) 7/6 - recheck leukocytosis (abnormal increase in the number of leukocytes in the blood (6)), WBC (white blood cell) (an arrow pointing upward indicating elevated) 6/6 & 6/14 secondary to colltis (inflammation of the colon (7))."

F 507

### PRINTED: 07/27/2017 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING _ 07/20/2017 B. WING 495139 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET NEW MARKET, VA 22844 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLÉTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 507 F 507 Continued From page 103 *CBC can help detect blood diseases and disorders, such as anemia, infections, clotting problems, blood cancers, and immune system disorders. This test measures many different parts of your blood. (8) Review of the clinical record failed to evidence the results of the CBC that was to be drawn on 7/6/17. The comprehensive care plan dated, 12/28/16 and revised on 4/26/17, documented in part, "Problem: Resident is at risk for cardiac distress due to Dx (diagnosis) of CAD (coronary artery disease), HTN (high blood pressure) and A. Fib (atrial fibrillation)." The "Approaches" documented in part, "Monitor labs (laboratory tests) and report results." The results of the CBC were requested on 7/19/17. A copy of the results was received on 7/21/17 at 8:00 a.m. from the director of nursing, ASM (administrative staff member) #2. When asked if the results had been on the clinical

FORM CMS-2567(02-99) Previous Versions Obsolete

record, ASM #2 stated they had obtained the laboratory test results from the computer system with the laboratory. The director of nursing confirmed the results of the CBC for Resident #1

An interview was conducted with LPN (licensed practical nurse) #3, the unit manager, on 7/20/17 at 8:54 a.m. When asked about the process for obtaining and ensuring the laboratory test results are on the clinical record, LPN #3 stated, "I check

to make sure everything is done. The lab

were not on the clinical record.

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			O	MB NO.	0938-0391
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F 507	Continued From pa	ge 104	F	507	RE	ECEI	VED
	distribute them thro	se who gets the results will bugh the building. The nurse	1 1 1		Al	JG 0 7	2017
	results are abnorm	ble to notify the doctor if the al. If the results are normal			V	DH/C	NC
	morning." When as	or's folder for the next ked how often the doctor and are here, LPN #3 stated, "They					
	the weekends." LP	nrough Friday and on call on N #3 stated once the doctor					
	manager) and I che	come back to me (unit eck off that the results have en they are given to HIM					
	(health information	management) to be filed in 43 stated, "We identified that					
		with following up on the ast week and have just started					the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
		etor, ASM #1 and director of ere made aware of the above at 10:12 a.m.					
		for filing laboratory tests was 17 at 3:00 p.m. from the					
	executive director. at 5:15 p.m. was tit	The policy received on 7/20/17 led, "Laboratory Order Sheet" s the filing of the results in the	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				
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	References:	son, of Madical Target for the					
		nary of Medical Terms for the er, 5th edition, Rothenberg and 24.					
		nary of Medical Terms for the er, 5th edition, Rothenberg and					

Chapman; page 447.

(3) Barron's Dictionary of Medical Terms for the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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Chapman; page 5 (4) Barron's Dictic Non-Medical Reac Chapman; page 3 (5) Barron's Dictic Non-Medical Reac Chapman; page 4 (6) Barron's Dictic Non-Medical Reac Chapman; page 3 (7) Barron's Dictic Non-Medical Reac Chapman; page 1 (8) This informatic following website: https://www.nhlbi.rcs/bdt/types  4. The facility staff result ordered by Resident #16's clic Resident #16's clic Resident #16's clic Resident #16 was 4/2/14 with a mos with diagnoses that to: high blood presedema, pain, histo and chronic kidne  The most recent Massessment, a quassessment refereresident as scorin interview for ment she was cognitive	der, 5th edition, Rothenberg and 5. onary of Medical Terms for the der, 5th edition, Rothenberg and 4. onary of Medical Terms for the der, 5th edition, Rothenberg and 22. nary of Medical Terms for the der, 5th edition, Rothenberg and 33. nary of Medical Terms for the der, 5th edition, Rothenberg and 32. on was obtained from the hih.gov/health/health-topics/topi		07		

extensive assistance of one or more staff

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F 507	Continued From page 106 members for all of her activities of daily living		F 5	07	RE(	EIVED	
	except eating in wh	ich she required supervision	•		AUG	0 7 2017	
	11:30 a.m. and sing 4/21/17, documents be drawn on June 2 metabolic panel - is measures different tests are usually do of blood (1)), Magn abundant mineral ir in many foods, add available as a dieta some medicines [st (2)), phosphorus (Fabundant minerals levels are regulated processes occurrin and kidneys (3)), P the major hormone metabolism and is	r had no date but had a time of ged by the physician on ed, "Labs (laboratory tests) to , 2017. CMP (comprehensive a group of tests that chemicals in the blood. These ne on the fluid (plasma) part esium (Magnesium, an the body, is naturally present ed to other food products, ry supplement, and present in uch as antacids and laxatives] thosphate is one of the most in the body, and its serum by a complex set of g in the intestine, skeleton, TH (Parathyroid hormone is regulating calcium nvolved in both catabolic and bone (4)) and CBC for					
	A review of the clini the results of the all The comprehensive a target date of 9/2: "Problems: Resider due to Dx (diagnos failure), HTN (high	cal record failed to evidence bove ordered laboratory tests. e care plan dated, 1/8/15 with 8/17, documented in part, nt is at risk for cardiac distress is) of CHF (congestive heart blood pressure) Afib (atrial pproaches" documented in					

results."

part, "Monitor labs (laboratory tests) and report

On 7/20/17 at 12:42 p.m. LPN (licensed practical

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	the laboratory result On 7/20/17 at 12:58 surveyor and prese for 6/1/17. When a from, LPN #4 state website." When ask record, LPN #4 state were made aware of 7/20/17 at 4:05 p.m. No further information following website: https://medlineplus. (2) This information following website: https://ods.od.nih.glthProfessional/ (3) This information following website: https://www.ncbi.nli 61213/ (4) This information following website: https://www.ncbi.nli 61213/ (4) This information following website: https://www.ncbi.nli 61213/ (4) This information following website: https://www.ncbi.nli 42136/	manager was asked to locate ts ordered for 6/1/17.  B p.m. LPN #4 returned to this need the laboratory test results sked where he got the results sked where he got the results d, "I got them off the laboratory ked if they were on the clinical red, "No, Ma'am."  Stor and the director of nursing of the above findings on the above findings on the was obtained from the gov/metabolicpanel.html.  I was obtained from the ov/factsheets/Magnesium-Hea was obtained from the m.nih.gov/pmc/articles/PMC34 was obtained from the m.nih.gov/pmc/articles/PMC38		507			
	IN RECORD-SIGN		F	513			
	(b) Radiology and o	other diagnostic services.					
	(2) The facility mus	t-					

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COMPLETION DATE

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	495139	B. WING		C 07/20/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
LIFE CARE CENTER OF NEW MARKET			315 EAST LEE HIGHWAY NEW MARKET, VA 22844	

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F 513

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**PREFIX** 

F 513 Continued From page 108

(iv) File in the resident's clinical record signed and dated reports of radiologic and other diagnostic services.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to file a radiology result in the clinical record for two of 29 residents in the survey sample, Residents #9 and 1.

- 1. The facility staff failed to file ultrasound results in the clinical record for Resident #9.
- 2. The facility staff failed to file x-ray radiology results ordered by the physician in Resident #1's clinical record.

The findings include:

1. The facility staff failed to file ultrasound results in the clinical record for Resident #9.

Resident #9 was admitted to the facility on 6/6/17 with the following diagnoses; cellulitis (a skin infection) of both lower legs, metabolic encephalopathy (a swelling of the brain), high blood pressure, dementia and congestive heart failure.

Resident #9's most recent MDS (minimum data set), a 5 day assessment, with an ARD (assessment reference date) of 6/13/17 coded Resident #9 as scoring a 12 out of a possible 15 on the BIMS (brief interview for mental status), indicating that Resident #9 was moderately cognitively impaired with daily decision making.

#### F-513

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

Resident # 9 ultrasound was obtained on 7-19-17 and filed on chart by Health information management. Physician was notified of results of ultrasound. No new orders given.

Resident # 1 x-ray was filed on chart 7-20-17 by Health information management. Physician was notified of results of x-ray. No new orders given.

2. How will the facility identify other residents having the potential to be affected by the same practice? Unit managers audited all resident who had ultrasound and x-rays obtained for the past 30 days for timely filing of reports. All radiology report are on charts.

### DEPARTMENT OF HEALTH AND HUMAN CEDVICES

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LIFE CARI	E CENTER OF NEW	MARKET		315 EAST LEE HIGHWAY NEW MARKET, VA 22844	
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#### F 513 Continued From page 109

A review of Resident #9's clinical record revealed the following physician order; "6/20/17 US (ultrasound) RLE (right lower extremity) tomorrow r/o (rule our) DVT (deep venous thrombosis [a blood clot])."

Further review of Resident #9's clinical record did not reveal the results of the ultrasound in the clinical record.

On 7/19/17 at approximately 2:00 p.m. OSM (other staff member) #3, the medical records director, was asked to provide a copy of the ultrasound report that was completed on 6/21/17 for Resident #9.

On 7/20/17 at 7:55 a.m. ASM (administrative staff member) #2, the director of nursing, provided a copy of Resident #9's ultrasound report dated 6/21/17. When asked where the report had been filed, ASM #2 stated they did not have the report in the clinical record. ASM #2 further stated, "We have been having trouble getting faxes from (name of radiology company) and we just never got it." ASM #2 was asked who was responsible for ensuring that results are in the clinical record. ASM #2 stated, "When results coming in the MD (medical doctor) receives it for review and then it goes to medical records. The unit manager is responsible for tracking the results to ensure that they are received." A policy was requested at this time for a complete and accurate clinical record.

No further information was provided prior to the end of the survey process.

2. The facility staff failed to file x-ray radiology results ordered by the physician in Resident #1's clinical record.

F 513

3. What measures will be put in place or systematic changes made to ensure the deficient practice will not reoccur. Staff development coordinator, director of nursing and/or unit managers will educate license nurses by 8-14-17 of process for filing radiology reports. All nursing staff that have not been in-services by 8-14-17 will not be allowed to provide direct resident care until in-services are completed.

Newly hired nurses will be educated in orientation.

Director of nursing and/or unit managers will audit in grand rounds (am clinical meeting) any radiology report obtained for follow up and filing timely 5 times a week for 30 days, then 3 times a week for 30 days, then 1 time a week for 30 days. RECEIVED

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F 513	12/28/17 with a rece with diagnoses that to: chronic obstruction general term for christ disease that is usual emphysema and chaperipheral artery disaffecting the arteries the knee amputation characterized by ray of the atria of the heat the ventricles and recouput and frequent (3)), cardiac disease widening in a blood bleed and osteoarth of arthritis occurring characterized by designing (5)).  The most recent MI assessment (brief interview for machine was cognitively in the resident was consistence of one on this activities of daily he was coded as restaff member.  A physician order day documented, "Chesspine [throacic spine [thr	Imitted to the facility on ent readmission on 5/30/17, included but were not limited to pulmonary disease (a ronic, nonreversible lung ally a combination of pronic bronchitis (1)), severe sease (any abnormal condition is outside the heart (2)), above in, atrial fibrillation (a condition is outside the heart (2)), above in, atrial fibrillation (a condition is outside the heart (2)), above in, atrial fibrillation (a condition is outside the heart (2)), above in, atrial fibrillation (a condition is outside the heart (2)), above in, atrial fibrillation (a condition is outside the heart (2)), above in, atrial fibrillation (a condition in the atrial expenses (4)), gastrointestinal in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the condition in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, generative changes in the elderly, gener	F 5	4. How will the facility monitor to Corrective plan to ensure the deficient practice was corrected do not reoccur?  Director of nursing will report finding of audits of filing on char radiology reports to the quality assurance/performance improve committee to review and make recommendations. Committee of Executive Director, Director of Nursing, Assist Director of Nursing Social Services, Activities Director Manager, Pharmacy consultant, Director	and t of ement onsist f ng, or, Dietary	08/23/17
		e] (2) (two views) (attn. oracic) pain, L mid-back."				Hand and Walk Park

Review of the clinical record failed to reveal the

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, 0.0	results for these x-r	=	1 0	.10			
	Th 11 - 5 11 - 0/	40/47 -1 -: :- 1 - 1					•
		12/17, physician ordered ted on 7/19/17. A copy of the	:				
		ray results for Resident #1,					
		/21/17 at 8:00 a.m. from the					:
		ASM (administrative staff					
		asked where the results					
		2 stated they had called the	- - -				
		and had them fax over the ne director of nursing,					- -
		ician ordered x-ray results					:
	were not in the clini			•			
			ľ				
		onducted with LPN (licensed					•
		the unit manager, on 7/20/17					
		asked about the process					
		physician orders an x-ray, e doctor give us an order. The					
		order calls the provided to	:				:
	Ŭ	(the provider) fax over a form					:
		e form is given to the tech					:
		ney arrive." When asked how	,				
		the results for physician	1				:
		ests are received back, LPN					-
		ave a process for that. We've	1				
		he faxes from them (the					
		me back with headers and the have to call to get the full					
		d who was going back to					
		logy test results ordered for					
		ved back, LPN #3 stated, "We					
		place. There is not a flow					
		got this back and the doctor					
	•	asked how the results are					
	•	al record, LPN #3 stated, "If					
	the results are sign then given to HIM (	ed off by the doctor, they are health information					

management) to file in the record." When asked

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 513	record, LPN #3 stath happened with that. practitioner will call give us a verbal report of the executive direct nursing, ASM #2 we findings on 7/20/17. A policy on the processed on executive director.  On 7/20/17 at 5:15 member (ASM) #4, informed this survey policy on filing x-ray. No further information References:  (1) Barron's Dictional Non-Medical Reader Chapman; page 12-4 (2) Barron's Dictional Non-Medical Reader Chapman; page 44 (3) Barron's Dictional Reader Chapman; page 55. (4) Barron's Dictional Reader Chapman; page 34. (5) Barron's Dictional Reader Chapman; page 34. (6) Barron's Dictional Reader Chapman; page 34. (7) Barron's Dictional Reader Chapman; page 34.	esults were not in the clinical ed, "I can't tell you what Sometimes we or the nurse to get results and they just ort."  tor ASM #1 and director of ere made aware of the above at 10:12 a.m.  essing of radiology reports 7/20/17 at 3:00 p.m. from the co.m. administrative staff the nurse consultant, yor that they did not have a reports.  on was provided prior to exit.  eary of Medical Terms for the er, 5th edition, Rothenberg and 4. eary of Medical Terms for the er, 5th edition, Rothenberg and 7. eary of Medical Terms for the er, 5th edition, Rothenberg and eary of Medical Terms for the er, 5th edition, Rothenberg and eary of Medical Terms for the er, 5th edition, Rothenberg and eary of Medical Terms for the er, 5th edition, Rothenberg and eary of Medical Terms for the er, 5th edition, Rothenberg and		513	A	ECEIVED UG 0 7 2017 DH/OLC
	(5) Barron's Diction	ary of Medical Terms for the er, 5th edition, Rothenberg and				

Chapman; page 422.

#### PRINTED: 07/27/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/GLIA (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING C 495139 B. WING 07/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET NEW MARKET, VA 22844 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 514 Continued From page 113 F 514 F 514 483.70(i)(1)(5) RES F 514 RECORDS-COMPLETE/ACCURATE/ACCESSIB (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain-(i) Sufficient information to identify the resident;

by:

provided;

(ii) A record of the resident's assessments;

(iii) The comprehensive plan of care and services

(iv) The results of any preadmission screening

(v) Physician's, nurse's, and other licensed

(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced

Based on resident interview, staff interview.

and resident review evaluations and determinations conducted by the State;

professional's progress notes; and

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F 514 Continued From page 114

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facility document review and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate clinical record for three of 29 residents in the survey sample, Resident #25, Resident #8 and Resident #1.

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

- 1. The facility staff failed to document a progress note, or follow up notes, when Resident #25 was disempacted by a nurse.
- 2. The facility staff failed to document Resident #8's physician was made aware of a weight gain greater than two pounds on 7/16/17.
- 3. The facility staff failed to document the time Ambien (used for the inability to sleep (1)) was administered to Resident #1 on the MAR (medication administartion record) and the effectiveness of the medication.

The findings include;

1. The facility staff failed to document a progress note, or follow up notes, when Resident #25 was disempacted by a nurse.

Resident #25 was admitted to the facility on 6/16/17 with diagnoses that included, but were not limited to; high blood pressure, diabetes, low blood pressure, chronic kidney disease, obesity and hemorrhoids.

Resident #25's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 7/13/17, coded Resident #25 as scoring a 14 out of a possible 15 on the BIMS (brief interview for mental status) indicating that Resident #25 is cognitively intact.

F 514

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DATE

F-514

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

Resident #25 physician was notified on 7-20-17 of resident's dis-impaction. Physician assessed resident #25 and documented assessment in progress note. No new orders were obtained. On 7-22-17 new order received for hemorrhoid crème prn.

Nurse #13 was suspended on 7-20-17 and corrective action completed on 7-31-17. Nurse #13 was directed to review Virginia scope of practice for licensed nurses. She was placed on an action plan to include re-orientation from 7-25-17 through 7-31-17. Educated by Staff development coordinator educated nurse # 13 on change of condition and notification to physician for concerns of hemorrhoids, constipation unrelieved by bowel protocol and rectal pain.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 514	On 7/18/17 at 3:30 conducted with Restearful and stated the hemorrhoids, that surgeons office for he had told her that softener. Resident get the stool soften	ge 115 also coded as requiring the of one person for toileting.  p.m. an interview was sident #25. Resident #25 was not she suffered from the was recently at her an unrelated reason and that she needed to be on a stool #25 stated that she did not the er for several days and as a dill got so packed up I couldn't	F 5	Resident #8 discharged		
	stand it, the nurse he know you could do stated, "I got chills a day. Now every time am on fire, I have be for the rectum) but	and to pull it out. I didn't even that." Resident #25 further and had to stay in the bed all le I have a bowel movement I egged for a salve (ointment they (nursing) say then don't in using something else to help		Resident #1 has Ambien ordere License nurse will administer m as per order and document on administration record the admin of medication and on back of madministration record the effect Ambien.	edication medication nistration edication	· ;
	reveal any nursing	nt #25's clinical record did not progress notes that referenced sident #25's concern for		2. How will the facility identify residents having the potential t affected by the same practice?	o be	
	revealed the followi (preparation) H (an hemorrhoids) ointm times per day) x (fo (discontinue) fiber I (milligrams) PO (by	nt #25's physician orders ng; "7/14/17 11:50 a.m. Prep ointment used to treat ent to hemorrhoids BID (two r) 1 (one) wk (week). D/C axative. Colace 100 mg mouth) daily for stool ative 2 (two) tabs (tablets) po ) impaction."		All other residents using hemore crèmes were audited by unit mon 8-2-17 for dis-impaction. On other resident 13123 was receinemorrhoid crème. Resident habeen dis-impacted. No other rehave been dis-impacted.	anager Ily one ving as not	

A review of Resident #25's MAR (medication administration record) dated July 2017 revealed, in part, the following entries; "Fiber laxative (an

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#### F 514 Continued From page 116

over the counter supplement to help reduce constipation) Take 2 tabs (tablets) PO QHS dx. (diagnosis) Impaction." From 7/14/17 through 7/19/17 there are nurses initials indicating this was administered at 9:00 p.m. each evening. "Colace (a stool softener) 100 mg (abbreviation for 1) PO daily Dx. Constipation." From 7/15/17 through 7/20/17 there are nurses initials indicating this was administered at 9:00 a.m. each day. There were no order entries or nursing initials for preparation H to be applied to the hemorrhoids.

A review of Resident #25's comprehensive care plan dated 6/16/2016 revealed, in part, the following documentation; "Problems: Resident is at risk for pain. Approaches: Observe for s/s (signs and symptoms) constipation and administer bowel protocol PRN (as needed)." Further review did not reveal any documentation regarding hemorrhoids.

On 7/20/17 an interview was conducted with LPN (licensed practical nurse) #13, a floor nurse working with Resident #25. LPN #13 was asked what should be done if a resident states he/she is constipated. LPN #13 stated, "If I don't have an order for laxatives then I ask the nurse practitioner for an order." LPN #13 was asked what should be done if a resident states that he/she is unable to evacuate their bowels. LPN #13 stated that normally she would go back to the nurse practitioner. LPN #13 was asked if she would normally attempt to disimpact the resident. LPN #13 responded, "No but one resident did recently beg me to do that (disimpact), (name of Resident #25)." LPN #13 stated that this happened on 7/14/17. LPN #13 was asked if she obtained an order to disimpact Resident #25.

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Director of nursing reviewed all residents with orders for daily and weekly weights with physician on 8-1-17. Director of nursing documented notification of weight in nurses notes on 8-1-17. New orders received were written by Director of nursing on 8-2-17. Resident's weights will be obtained per physician's orders and change of condition policy to include weight loss, weight gains per physician's orders.

Unit managers will audit all residents receiving prn Ambien for documentation on medication administration record and for effectiveness on back of Mar.

3. What measures will be put in place or systematic changes made to ensure the deficient practice will not reoccur.

Staff development coordinator, director of nursing, and/or unit managers will educate license nurses by 8-14-17 on standards of nursing practice. No residents will be dis-impacted. Physician to be notified of any change in GI status involving need for dis-impaction, unrelieved constipation with current bowel regimen or treatment for hemorrhoids.

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LPN #13 stated that she mentioned it to (name of nurse practitioner) and received an order for a stool softener. LPN #13 was asked if she was aware of Resident #25 having hemorrhoids. LPN #13 stated that she was. LPN #13 was asked if Resident #25 complained to her of her bottom being sore following the disimpaction, LPN #13 stated, "She said it burned when she pooped." LPN #13 was asked if she had anyone assess Resident #25's bottom related to her ongoing complaints. LPN #13 stated that she did not. When asked if she had looked at the hemorrhoids, LPN #13 stated, "I did look at the hemorrhoids and they were very swollen." LPN #13 was asked if she documented about the disimpaction or the assessment she had done. LPN #13 stated that she did not.

On 7/20/17 at 1:55 p.m. an interview was conducted with ASM (administrative staff member) #3, the nurse practitioner. ASM #3 was asked if LPN #13 had approached her on 7/14/17 about Resident #25 being very constipated, and was asked if LPN #13 had received a verbal order to disimpact Resident #25. ASM #3 stated that she had not worked on 7/14/17 and that (name of ASM #5, the medical doctor) was working on his own that day. ASM #3 further stated that (name of Resident #25) had stopped her in the hall on the following Tuesday (7/18/17) and told her that a "nurse" had to "dig out" the stool. When asked if ASM #3 conducted an examination after what Resident #25 had told her. ASM #3 stated that she had not. ASM #3 was asked if she was aware of an order for Resident #25 to be disimpacted, ASM #3 stated no."

On 7/20/17 at 2:30 p.m. an interview was conducted with ASM #5, the medical doctor.

F 514 Staff development coordinator,
director of nursing and/or unit
managers will educate license
nurses by 8-14-17 on physician
notification/change of condition
as directed by physician's orders
and change of condition policy to
included weight loss, weight gains RECEIVED
per physician orders.

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Staff development coordinator, director of nursing, and/or unit managers will educate license nurses of documentation for prn medications by 8-14-17. Nurses will document administration of Ambien on the medication administration record and the effectiveness on the back of the medication administration records.

All nursing staff that have not completed in-services will not be allowed to provide direct care until in-services are completed.

Newly hired nurses will provided education in orientation.

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#### F 514 Continued From page 118

ASM #5 was asked if he had given a verbal order to disimpact Resident #25 on 7/14/17. ASM #5 stated, "I remember the nurse coming to me, but I don't remember her asking about disimpacting. ASM #5 stated, "I remember that the nurse said she (Resident #25) was impacted and not that she had disimpacted her. I wrote orders for stool softeners. I can't say what else happened. I don't know."

On 7/20/17 at 3:00 p.m. an interview was held with ASM #2, the director of nursing, and LPN #13. ASM #2 was made aware of the concern of LPN #13 performing a disimpaction on Resident #25 without a physician order and LPN #13 failed to document the disimpaction of the resident in the clinical record. ASM #2 verified that a physician order would have to be obtained for the procedure and should not have been done without an order.

A review of the facility document titled "Physician Orders" revealed, in part, the following documentation; "Policy: A physician must provide orders for the resident's immediate care. Procedure: Physician orders include the following; Special medical procedures required for the safety and well-being of the resident. Note: Medications, diets, therapy and any treatment may not be administered to the resident without a written order from the attending physician."

No further information was provided prior to the end of the survey process.

2. The facility staff failed to document Resident #8's physician was made aware of a weight gain greater than two pounds on 7/16/17.

#### F 514

Bowel Movement report will be printed five times a week by unit manage for review of frequency of bowel movements. 24 hour report will be reviewed daily for any complaints of unrelieved constipation with current bowel regimen and/or treatment for hemorrhoids with rectal pain during grand rounds (am clinical meeting). Audit will occur 5 times a week for 30 days, then 3 times a week for 30 days, and 1 time a week for 30 days.

Director of nursing and/or unit manager in grand rounds (am clinical meeting) will audit daily and weekly weight, and physician or family nurse practitioner notification 5 times a week for 30 days, 3 times a week for 30 days, the one time a week for 30 days.

Director of nursing and/or unit managers will audit residents who receive Ambien for documentation on medication administration sheet and the effectiveness on back of the medication administration record 5 times a week for 03 days, 3 times a week for 30 days and 1 time a week for 30 days.

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Resident #8 was admitted to the facility on 7/6/17. Resident #8's diagnoses included but were not limited to: diabetes, congestive heart failure and a diabetic foot ulcer. Resident #8's admission MDS (minimum data set) was not complete. An initial data collection tool dated 7/6/17 documented Resident #8 was alert and oriented.

Review of Resident #8's clinical record revealed an order dated 7/6/17 for, "Daily weight if gains 2 lbs (pounds) or more in a day notify MD (medical doctor)/NP (nurse practitioner). Provide copy of weights to MD/NP weekly on Wednesday..."

Resident #8's July 2017 TAR (treatment administration record) documented, "Daily weight if gains 2lbs or more in a day notify MD/NP. Provide copy of weights to MD/NP weekly on Wednesday..." The TAR documented a weight of 193.2 lbs on 7/15/17 and a weight of 196.7 lbs on 7/16/17. Further review of Resident #8's clinical record (including the back of the TAR, computer system and nurses' notes) failed to reveal the resident's MD/NP was notified regarding the weight gain.

On 7/19/17 at 2:00 p.m., an interview was conducted with LPN (licensed practical nurse) #5 (the nurse who documented Resident #8's weight on the TAR on 7/16/17). LPN #5 was shown the above physician's order on Resident #8's July 2017 TAR and asked when the physician should be notified. LPN #5 stated, "I notify (physician/NP) if weight is two pounds or greater in one day. I also make a copy (of the weight) and give to him (the physician)." LPN #5 confirmed Resident #8's weight gain was greater than two pounds on 7/16/17 and stated she

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Director of nursing and/or unit managers will audit residents who receive prn Ambien for documentation on medication administration sheet and the effectiveness on back of the medication administration record 5 times a week for 30 days, 3 times a week for 30 days, and 1 time a week for 30 days.

4. How will the facility monitor the corrective plan to ensure the deficient practice was corrected and do not reoccur?

Director of nursing will report finding of audits for notification and documentation to the quality assurance/performance improvement committee to review and make recommendations. Committee consist of Executive Director, Director of Nursing, Assist Director of Nursing, Social Services, Activities Director, Dietary Manager, Pharmacy consultant, Medical Director

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F 514	provided a copy of t LPN #5 was asked physician notificatio	to provide evidence of	F	514			
	ADL (activities of da documented eviden physician was made noted on 7/16/17. It should document plus clinical record. LPN documents physicial or on the back of the why she didn't documents processed in the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the	aily living) sheet that ace that Resident #8's aware of the weight gain LPN #5 was asked where she hysician notification in the I #5 stated she usually an notification in the computer a TAR. LPN #5 was asked ment physician notification #8's weight gain on 7/16/17. Eve no idea. I probably got	de vient de la constant de la consta				
	member) #1 (the ex	p.m. ASM (administrative staff ecutive director) and ASM #2 ing) were made aware of the	And the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of th				
	Condition" failed to	led, "Change in a Resident's document specific information tation of physician notification.				:	
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	Ambien (used for the administered to Res	failed to document the time e inability to sleep (1)) was sident #1 on the MAR startion record) and the medication.					
	12/28/17 with a rece	mitted to the facility on ent readmission on 5/30/17, included but were not limited					

to: chronic obstructive pulmonary disease (a

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general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)), severe peripheral artery disease (any abnormal condition affecting the arteries outside the heart (2)), above the knee amputation, atrial fibrillation (a condition characterized by rapid and random contractions of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)), cardiac disease, aneurysm (a saclike widening in a blood vessel (4)), gastrointestinal bleed and osteoarthritis (the most common form of arthritis occurring mostly in the elderly, characterized by degenerative changes in the joints (5)).

The most recent MDS (minimum data set) assessment, a Medicare five day assessment, with an assessment reference date of 5/11/17, coded the resident as scoring a 13 on the BIMS (brief interview for mental status) score, indicating he was cognitively intact to make daily decisions. Resident #1 was coded as requiring extensive assistance of one or more staff members for all of his activities of daily living, except eating in which he was coded as requiring supervision of one staff member. In Section N - Medications, the resident was coded as having received seven days of a hypnotic (sleeping pill).

The physician order dated, 5/30/17, documented, "Ambien 5 mg (milligrams) tablet, one tablet every night at bedtime PRN (as needed) insomnia, PO (by mouth) daily as needed."

The June 2017 MAR (medication administration record) documented, "Ambien 5 mg tablet, one tablet every night at bedtime PRN insomnia, PO

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F 514	documented the methe following dates: 6/6/17, 6/9/17, 6/12 6/17/17, 6/19/17, 6/12 6/17/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 6/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/19/17, 7/	The front of the MAR edication was administered on 6/1/17, 6/2/17, 6/3/17, 6/4/17, 17, 6/13/17, 6/15/17, 6/16/17, 22/17, and 6/27/17. The MAR only documented the ered, reason for administration in 6/6/17 and 6/12/17.  B's notes for the month of June my documentation for the effectiveness of the Ambien to a documented, "Ambien 5 mg rery night at bedtime PRN as needed." The front of the he medication was a following dates: 7/1/17, 1/17, 7/12/17, 7/15/17, 1/17, 1/17, 7/12/17, 7/15/17, 1/17, 1/17, 1/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/15/17, 1/	F	514		
		ns, LPN #6 stated, "You				

document the administration on the MAR and

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		AND HUMAN SERVICES					FORM APPROVED
		& MEDICAID SERVICES				<u> </u>	MB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		495139	B. WING				C <b>07/20/201</b> 7
NAME OF I	PROVIDER OR SUPPLIER	I was a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o		S	TREET ADDRESS, CITY, STATE,	ZIP CODE	0112012011
. IEE 0 4 1				3.	15 EAST LEE HIGHWAY		
LIFE CAI	RE CENTER OF NEW	MARKET		N	EW MARKET, VA 22844		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD THE APPROPE	BE COMPLETION
F 514	Continued From pa	~	F 5	514			
		on the back of the MAR or in a					
		ason and effectiveness."  have to document the time a					
		as administered, LPN #6	}				
		ired to sign off the time as the					
		the narc (narcotic) book." The					
		et was observed with LPN #6.					
		s administered between the and 9:30 p.m. for all dates	:				
	documented above						
		enducted with LPN #3, the unit					
		7 at 1:47 p.m. When asked					
		or administering a PRN stated, "PRN medication are					
		PRN MAR and PRN pain					!
		nented on the pain flow					1
		d what is documented when a					1
		administered, LPN #3 stated,					* : :
	and then on the bac	off on the front of the MAR					
		ate, time, what it was given for,					**************************************
	why and the effective	eness should be written about					
	an hour after the ad						•
		ent #1's, June and July 2017 sheets were reviewed with					
		ed if the MAR should					
		nistration of the medication					
		ated, "Yes." When asked if the					
		part of the resident's clinical					
		ed, "No, they are kept in the end of the clinical					
	record."	,					
		Administration of Medication"					
		, "17. PRN medication is , and time is given in the					
		he following situations					

require an accompanying note: a. behavior

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		THE PROPERTY OF LANCE			FORM APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
Addition and the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t					С
		495139	B. WING _		07/20/2017
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD	E
				315 EAST LEE HIGHWAY	
LIFE CA	RE CENTER OF NEW	MARKET	_	NEW MARKET, VA 22844	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE COMPLETION
F 514	Continued From pa	age 124	F 5	14	
		RN psychotropic. b. fever. c.			

pain. d. any situation that requires monitoring.

The executive director and director of nursing were made aware of the above findings on 7/19/17 at 5:18 p.m.

No further information was provided prior to exit.

(1) This information was obtained from the following website:

https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH T0012721/?report=details

- (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 124.
- (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 447.
- (4) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 55.
- (5) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 34.

RECEIVED AUG 0 7 2017 VOH/OLG