

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2017
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NAME OF PROVIDER OR SUPPLIER PARHAM HEALTH CARE & REHAB CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E PARHAM ROAD RICHMOND, VA 23228
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F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 9/26/17 through 9/28/17. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. 3 complaints were investigated during the survey.</p> <p>The census in this 180 certified bed facility was 166 at the time of the survey. The survey sample consisted of 22 current Resident reviews (Residents #1 through #22) and 4 closed record reviews (Residents #23 through #26).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-300 Pharmaceutical Services, 12VAC5-371-300 (B) Cross Reference to F-176.</p> <p>12VAC5-371-250 Resident Assessment and Care Planning, 12VAC5-371-250 (G) Cross Reference to F-279.</p> <p>12VAC5-371-250 Resident Assessment and Care Planning, 12VAC5-371-250 (C, F) Cross Reference to F-280.</p>	F 001	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>12VAC5-371-300 Pharmaceutical</p>	10/19/17

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

TITLE

(X6) DATE

Electronically Signed

10/18/17

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F 001	<p>Continued From page 1</p> <p>12VAC5-371-200 Director of Nursing, 12VAC5-371-200 (B) Cross Reference to F-281.</p> <p>12VAC5-371-220 Nursing Services, 12VAC5-371-220 (A,B) Cross Reference to F-309.</p> <p>12VAC5-371-340 Dietary and Food Service Program, 12VAC5-371-340 (A) Cross Reference to F-371.</p> <p>12VAC5-371-310 Diagnostic Services, 12VAC5-371-310 (A) Cross Reference to F-502.</p>	F 001	<p>Services, 12VAC5-371-300 (B) Cross Reference to F-176</p> <ol style="list-style-type: none"> 1. Resident #1 medical record was clarified that facility nursing staff will administer patient medication 2. All residents desiring to self-medicate are at risk. An audit of resident who self-administer medication will be reviewed to ensure that each resident has been assessed and educated on self-administration of medication. 3. The Nurse Educator or designee will educate licensed nurses on assessment and education of residents who wish to self-administer medication 4. The DON or designee will review audit all new resident who self-administer 3x a week x 2 weeks, then weekly x 2 then monthly x 2 . Results will be reviewed quarterly X2 in QA meeting . <p>12VAC5-371-250 Resident Assessment and Care Planning, 12VAC5-371-250 (G) Cross Reference to F-279</p> <ol style="list-style-type: none"> 1. Resident #14 care-plan was updated to include care-plan for depression, resident #1 care-plan reviewed and revised 2. All patients with diagnosis of depression and who self-administer medication will be at risk. An audit of care-plans in the last 7 days will be reviewed for accurate and complete care-plans to include care-plans for 	

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F 001	Continued From page 2	F 001	<p>depression and self-administration.</p> <p>3. The Nurse Educator or designee will educate licensed nurses on updating and review care-plan per center protocol related to diagnosis of depression</p> <p>4. The DON and designee will review 3 resident care-plan 3x a week x 2 weeks, then weekly x 2 then monthly x 2 to verify complete and accurate care-plan. Findings will be reviewed quarterly x2 in QA meeting</p> <p>12VAC5-371-250 Resident Assessment and Care Planning, 12VAC5-371-250 (C, F) Cross Reference to F-280.</p> <p>1. Resident # 12 care plan has been reviewed and revised nursing staff will be re-educated on following resident's individualized plan of care for ECT treatment</p> <p>2. All residents receiving ECT treatments are at risk. An audit will be completed of resident who receive ECT treatments and their care-plan reviewed for completion.</p> <p>3. The Nurse Educator or designee will educate licensed nurses on updating and review care-plan related to ECT treatments</p> <p>4. The DON and designee will review resident 100% resident care plans with diagnosis requiring ETC treatments 3x a week x 2 weeks, then monthly x 2 . Findings will be reviewed quarterly X2 in QA meeting</p>	

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F 001	Continued From page 3	F 001	<p>12VAC5-371-200 Director of Nursing, 12VAC5-371-200 (B) Cross Reference to F-281.</p> <p>1. Resident #23 no longer resides in center 2 All residents may be at risk for deficient practice. An audit of new admission and physician orders received in the last 14days will be reviewed to ensure proper transcription of orders 3. The Nurse Educator or designee will educate licensed nurses on how to review discharge summary on admission, clarification of physician orders and data entry of new orders 4. The DON or designee will audit new admission discharge summary 3x a week x 2 weeks, then weekly x 2 then monthly x 2 . Findings will be reviewed quarterly x2 in QA meeting</p> <p>12VAC5-371-220 Nursing Services, 12VAC5-371-220 (A,B) Cross Reference to F-309</p> <p>1. Resident #23 is no longer resides in center. Resident #7 physician was notified of physician order medication for glaucoma not being administered. A clarification order received for Latanoprost Solution 0.005 % , No untoward effect noted to resident . 2. A. All residents with orders for latanoprost solution may be at risk. An audit of residents receiving lantoprost solution will be completed to ensure orders are administered per physician</p>	

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F 001	Continued From page 4	F 001	<p>order</p> <p>B. All residents admitted with orders for pain medication may be at risk. An audit of new admission admitted to the center in the last 14days will be reviewed to ensure medication administration is occurring on day of admission per the physicians order.</p> <p>C. All residents admitted to the center are at risk of having pain on admission. An audit of new admissions to the center in the last 14 days will be reviewed to ensure that pain is asses and monitored.</p> <p>3. The Nurse Educator or designee will educate licensed nurses on how to review physician consultation reports and data entry of new orders. The Nurse Educator or designee will educate UM□s and supervisory staff on Center protocol for reviewing new orders to ensure accurate and complete order entry. The nurse educator or designee will educate licensed nursing staff on center admission policy and procedure related to admission orders</p> <p>4 The DON or designee will audit new admission charts for pain assessment, medication administration of pain medication, and administration of physician order medication. 3x a week x 2 weeks, then weekly x 2 then monthly x 2 then quarterly 2 in QA meeting.</p> <p>The DON and designee will review of resident with ophthalmic orders 3x a week x 2 weeks, then weekly x 2 then monthly x 2 the quarterly x2 in QA meeting .</p> <p>12VAC5-371-340 Dietary and Food Service Program, 12VAC5-371-340 (A) Cross Reference to</p>	

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F 001	Continued From page 5	F 001	<p>F-371.</p> <ol style="list-style-type: none"> 1. The air gap to the ice machine drainage pipe located in the main kitchen has been corrected to ensure compliance with the center policy. 2. All areas related to Air Gap drainage pipes are at risk for deficiency and all residents may be at risk for this deficient practice. 3. Education was provided to dietary staff by the Dining Services Directed or designee. Education was provided to the Maintenance director by the administrator. 4. The maintenance director or designee will audit the gap clearance to ice machine drainage pipes for all center ice machines 3 times per week for 2 weeks, Weekly for 2 weeks and then monthly for 2 months. Review quarterly in QA meeting X2 . <p>12VAC5-371-310 Diagnostic Services, 12VAC5-371-310 (A) Cross Reference to F-502.</p> <ol style="list-style-type: none"> 1. Resident #13 physician was notified that cbc was not obtained per physician order dated 7/25/17. Clarification order received to discontinue order for cbc. 2. All resident requiring laboratory evaluation may be at risk. An audit of current resident charts for new labs ordered in the last 14 days will be completed to verify physician ordered labs have been obtained according to order, and in medical record. 3. The Nurse Educator or designee will educate licensed staff on the Centers process of verifying lab orders and results, 	

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F 001	Continued From page 6	F 001	related to CBC . 4. The DON or designee will audit lab results related to CBC 3x a week x 2 weeks, then weekly x 2 then monthly x 2 , the quarterly x2 in QA meeting .	