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

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE	CONSTRUCTIO	ON	(X3) DATE SURVEY
AND FEAT	or GONNECTION	IDENTIFICATION NUMBER:	A BUILD	ING _	· · · · · · · · · · · · · · · · · · ·		COMPLETED
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		495097	B WING			·	07/28/2016
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PARHAN	1 HEALTH CARE & RE	HAB CEN					
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(X4) ID		TEMENT OF DEFICIENCIES	ID			DER'S PLAN OF CORRECTIO	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI)	K		ORRECTIVE ACTION SHOULD	IBE COMPLETION
100		TO IDENTIFY THIS HAVE CHARACTER ON	TAG		CRU33-RE	FERENCED TO THE APPROP DEFICIENCY)	MAIE DATE
							
F 000	11 11 THAT OOM MAENT				The statem	anto mado in this alan o	f correction are
F 000	INITIAL COMMENT	5	F 0	00		ents made in this plan o	
						ission and do not consti	-
	An unannounced M	ledicare/Medicald standard			with the all	eged deficiencies herein	•
	survey was conduct	ed 7-26-16 through 7-28-16.				44 *** - 14 · ·	
		uired for compliance with 42				n compliance with all st	
CFR Part 483 Federal Long Term						, the center has taken o	
		rsing Facilities. Three			actions set	forth in this Plan of Corr	ection. In
		estigated during the survey.			addition, th	e following plan constit	utes the center's
	•					f compliance. All allege	
	The census in this 1	80 dually certified bed facility			_	or will be corrected by t	
	was 153 at the time	of the survey. The survey			indicated.	ar min ar contained by the	10 00103
	mple.consisted.of	21-current Resident reviews			moicateo.		
		th #21) and 6 closed record			Date of Con	npllance: 8/17/2016	
	reviews (Residents				Date of con	11p11011CC: 0/11/1010	
F 278	483.20(g) - (j) ASSE		F 27	7Ω	F 278		
		DINATION/CERTIFIED	1 21	U	1 270		
33-0		BII WALLOW CERTIFIED			1)	Residents #2 and #21	are properly
	The assessment mu	st accurately reflect the			-)		
	resident's status.	or according reflect the				coded for bathing. Re	
						accurately coded und	er kange or
	A registered gurse m	ust conduct or coordinate				Motion.	
	each assessment will				2)	All residents are at ris	c.
	participation of health				3)	Education for all MDS	nurses will be
	participation of ficalti	piciessionais.				completed by Regiona	l Data
	A registered nurse m	ust sign and certify that the				Analysis/Verification S	
	assessment is compl					designee related to:	F
	account to comp					a. Creating asse	eemant notes
	Each individual who	completes a portion of the				-	
	assessment must sin	n and certify the accuracy of					with staff when
	that portion of the ass	essement				there are disc	•
	mat portion of the as:	acasinent.				documentati	on
	Inder Medicare and	Medicaid, an individual who				 b. Coding Range 	of Motion
		y certifies a material and				accurately.	
		esident assessment is			4)	DON or designee will	audit 100% of
		esident assessment is ey penalty of not more than			*1	MDS assessments con	
	St 000 for each acce	ssment; or an individual who					
,	willfully and becomest	causes another individual				days for accuracy in co	- 4
		nd false statement in a				Bathing and Range of	
						quarterly during follow	
I	EDINELII GOSESSIIIEM	is subject to a civil money			5)	Date of Compliance: 8	3/17/2016
ROBATORY	HECTOR'S OF PROVIDED	VSUPPLIER REPRESENTATIVE'S SIGNA	THE	-	**	TIC	(145) 7 - 7 -
PAINITUI !	משטואסוים טור בוים שויים שיייב	ANDIE CENTRACTOR ALIVE 9 9/0/NV	HURE		11 پر	TLE	(X6) DATE

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.

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

Event ID 4CDN11

Facility ID VA0184

If continuation sheet Page 1 of 39

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	TPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
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	PROVIDER OR SUPPLIER	EHAB CEN		STREET ADDRESS, CITY, STATE, ZIP (2400 E PARHAM ROAD RICHMOND, VA 23228		1120/2010
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DA [†] E
F 278	assessment.	than \$5,000 for each	F 27	78		
1 1997A Arada (1996) 2741 (7)	by: Based on observat documentation.revie the facility staff faile Data Set (MDS) ass the resident's status # 21 and # 2) in a si 1. For Resident # 2 code bathing accura Quarterly MDS (min 2. For Resident #2, bathing on the 12-11 accurately, and faile accurately on the 6- (minimum data set) Findings included: 1. For Resident # 2 code bathing accura Quarterly MDS (min Resident # 21 was a originally on 2/25/20 not limited to, Hyper	1, the facility staff failed to ately on the 5/31/2016 imum data set) assessment. admitted to the facility 16 with the diagnoses of, but				

The most recent Minimum Data Set (MDS) was a

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	OF OFFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
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F 278	Continued From pa	ge 2	F	278		
F 2/0	quarterly assessme Reference Date (Af coded Resident # 2 for Mental Status) o cognitive impairmer as requiring supervi (ADL) activities of d assistance of one s transfer and toilet us coded as always co occasionally inconti dashes entered und Review of the clinica 7/27/2016 at 4:45 P On 7/28/2016 at 9:1 conducted with RN i Coordinator who sta	ant with an Assessment (RD) of 5/31/2016. The MDS 1 with a BIMS (Brief Interview of 6/15 indicating severe nt. Resident # 21 was coded ision with set up help only with aily living except limited taff person with bed mobility, se, Resident # 21 was also ntinent of bowel and nent bladder. There were ler "bathing".				
	stated the MDS staff staff did not observe would talk with the o	activity did not occur. RN A f coded it that way because the activity. RN A stated she ther MDS staff member to rmation was available.				
	conducted with the c E) who stated the fa Resident # 21 usuall dressed before day: RN E stated the MD documentation for b no data noted in the surveyor what the do MDS staff queried the during the look back	O AM, an interview was other MDS staff member (RN cility staff told MDS staff that by bathed herself and was shift staff arrived each day. S staff reviewed the athing and noted there was system. RN E showed the ocument looked like when he system for documentation period. Review of the MDS Response Import,				

Event ID 4CDN11

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	AUCALTH CADC 9 DE	CHAR CEN		2400 E PARHAM ROAD		
PARHAN	HEALTH CARE & RE	HAB CEN		RICHMOND, VA 23228		
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F 278	prompted the MDS care staff. RN E sta day shift told them I and dressed by her arrived; she was alr Resident # 21 bathe	ge 3 N E stated that information staff to talk with the direct ited the direct care staff on Resident # 21 "was bathed self every day when they eady groomed." RN E stated and dressed herself during efore day shift arrived.	F2	278		
	Review of the care	plan revealed documentation Resident:has.an.ADL	magning of the group of the con-		TO U.S. Species Property Commission of State C	
esketalisturvelsind o setutre t	self-care performant interventions was list bathing/dressing/gre	ce deficit and under sted, the need to "Provide coming supplies such as water, Instruct and reinforce as. Cue resident to	- 1-2 T	usukutakan kantan kecama (k. 1917). Lusukut faburah kebuah kecamatan sebagai sebagai kecamatan kecamatan kecama	and registered the entire state of the entire	
	the look back period	ADL documentation sheets for it showed set up only for and Dressing but nothing Bathing.				
	conducted with CNA A who stated she of 21. CNA A stated R when day shift staff the 11-7 shift helped supervising. CNA A method the staff use tracking system and for "supervision" for	50 AM, an interview was a (Certified Nursing Assistant) ten worked with Resident # esident # 21 was dressed came to work. CNA A stated the resident with bathing by showed the surveyor the eto document ADLs on the stated that there was a code bathing. CNA A stated the edocumented the bathing rred on that shift				
	During the end of da the facility administra	y debriefing on 7/28/2016, ator, Director of Nursing				

(DON) and Corporate Consultant Nurse were

CEIAIC	NO FUR MEDICARE	a MEDICAID SERVICES			CIVID IN	<u>U. 0330-033 i</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	TIPLE CONSTRUCTION		OMPLETED
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F 278	Consultant Nurse s the staff should hav when they did not s surveyor asked if ar activity occur, the D assisted the resider care staff should ha activity on the track should not put dash No further information	ings. The Corporate tated she was unsure of how he coded the bathing activity he it occur. When the my staff member saw bathing ON stated the night shift hat. The DON stated the direct we documented the bathing high system and the MDS staff he son the MDS assessments.	F 2	.78		
	bathing on the 12-10 accurately, and faile	6-15 full admission MDS d to code range of motion 13-16 quarterly MDS				
	12-9-15. Diagnoses the left ankle, anemi	mitted to the facility on included, fall with fracture to a, hemiplegia, hypertension, and cervical diskectomy.				
	(assessment referenceded with a BIMS (status) of 15 out of 1 no cognitive impairm daily living (ADL) fur "G0110" bathing, factivity did not occur back. The Resident	sion MDS with an ARD nce date) of 12-16-15 was brief interview of mental 5 possible points, indicating nent. Under the activities of actional status section illity staff coded that the for the entire 7 day look required extensive aff member for all ADL's				

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NAME OF PROVIDER OR SUPPLIER PARHAM HEALTH CARE & REHAB CEN (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) F 278 Continued From page 5 F 278 An interview was conducted with the MDS Coordinator on 7-27-16 at 2:00 p.m., and she stated that the information compiled in the MDS assessment was gathered from the Activity of Daily Living (ADL) sheets completed by the Certified Nursing Assistants (CNA's) daily. Those ADL sheets were requested and revealed only 2 entries in regard to bathing, those were for 12-10-16 and 12-14-16. Both documented the Resident did not bathe. She also stated that she had found out that the CNA's who documented no bath were documenting incorrectly, and were only counting showers or tub baths, and were not counting bed baths, which the Resident had received daily. She stated she had only recently uncovered this. Resident #2's most recent quarterly MDS with an ARD (assessment reference date) of 6-13-16 was coded with a BIMS (brief interview of mental status) of 15 out of 15 possible points, indicating no cognitive impairment. Under functional			405007	B WING	3		_
PARHAM HEALTH CARE & REHAB CEN (X4) ID PREFIX (EACH OPERICIENCY MUST BE PRECEDED BY FULL TAG WITH THE PROVIDER'S PLAN OF CORRECTION HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 278 Continued From page 5 An interview was conducted with the MDS Coordinator on 7-27-16 at 2:00 p.m., and she stated that the information compiled in the MDS assessment was gathered from the Activity of Daily Living (ADL) sheets completed by the Certified Nursing Assistants (CNA's) daily. Those ADL sheets were requested and revealed only 2 entries in regard to balthing, those were for 12-10-16 and 12-14-16. Both documented the Resident did not bathe. She also stated that she had found out that the CNA's who documented no bath were documenting incorrectly, and were only counting bed baths, which the Resident had received daily. She stated she had only recently uncovered this. Resident #2's most recent quarterly MDS with an ARD (assessment reference date) of 6-13-16 was coded with a BIMS (brief interview of mental status) of 15 out of 15 possible points, indicating no cognitive impairment. Under functional			493097	O. WHITE			//28/2016
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 278 Continued From page 5 An interview was conducted with the MDS Coordinator on 7-27-16 at 2:00 p.m., and she stated that the information compiled in the MDS assessment was gathered from the Activity of Daily Living (ADL) sheets completed by the Certified Nursing Assistants (CNA's) daily. Those ADL sheets were requested and revealed only 2 entries in regard to bathing, those were for 12-10-16 and 12-14-16. Both documented the Resident did not bathe. She also stated that she had found out that the CNA's who documented no bath were documenting incorrectly, and were only counting showers or tub baths, and were not counting bed baths, which the Resident had received daily. She stated she had only recently uncovered this. Resident #2's most recent quarterly MDS with an ARD (assessment reference date) of 6-13-16 was coded with a BIMS (brief interview of mental status) of 15 out of 15 possible points, indicating no cognitive impairment. Under functional			EHAB CEN		2400 E PARHAM ROAD	,005	
An interview was conducted with the MDS Coordinator on 7-27-16 at 2:00 p.m., and she stated that the information compiled in the MDS assessment was gathered from the Activity of Daily Living (ADL) sheets completed by the Certified Nursing Assistants (CNA's) daily. Those ADL sheets were requested and revealed only 2 entries in regard to bathing, those were for 12-10-16 and 12-14-16. Both documented the Resident did not bathe. She also stated that she had found out that the CNA's who documented no bath were documenting incorrectly, and were only counting showers or tub baths, and were not counting bed baths, which the Resident had received daily. She stated she had only recently uncovered this. Resident #2's most recent quarterly MDS with an ARD (assessment reference date) of 6-13-16 was coded with a BIMS (brief interview of mental status) of 15 out of 15 possible points, indicating no cognitive impairment. Under functional	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETION
the facility staff coded that the Resident had no impairment in Range of motion for the entire 7 day look back. On 7-27-16 at 9:20 a.m., Resident #2 was observed, and interviewed in bed. The resident was in an upright sitting position with no shirt on and wearing an adult incontinence brief, covered from the waist and including the lower extremities, with a sheet. His feet were exposed. The Resident was alert and oriented. During an interview with the resident, Resident #2 showed that he could only shrug his shoulders, and was not able to move or use his left hand, and elbow.		An interview was concoordinator on 7-22 stated that the informassessment was garen baily Living (ADL) is Certified Nursing As ADL sheets were resentries in regard to 12-10-16 and 12-14 Resident did not bath and found out that the counting bed baths, received daily. She uncovered this. Resident #2's most ARD (assessment rewas coded with a Bistatus) of 15 out of no cognitive impairment in Range the facility staff cod impairment in Range the facility staff cod impairment in Range day look back. On 7-27-16 at 9:20 a observed, and interview with the resthat he could only strength as a interview with the resthat he could only strength as the strength as a sinterview with the resthat he could only strength as the strength as a sinterview with the resthat he could only strength as the strength as a sinterview with the resthat he could only strength as the strength as a sinterview with the resthat he could only strength as the strength as a sinterview with the resthat he could only strength as the strength as a sinterview with the resthat he could only strength as the strength	anducted with the MDS 7-16 at 2:00 p.m., and she mation compiled in the MDS athered from the Activity of theets completed by the sistants (CNA's) daily. Those quested and revealed only 2 bathing, those were for 1-16. Both documented the the. She also stated that she the CNA's who documented menting incorrectly, and were ters or tub baths, and were not which the Resident had stated she had only recently recent quarterly MDS with an eference date) of 6-13-16 MS (brief interview of mental 15 possible points, indicating ment. Under functional of Motion section "G0400", ed that the Resident had no the of motion for the entire 7 a.m., Resident #2 was riewed in bed. The resident ting position with no shirt on at incontinence brief, covered including the lower heet. His feet were exposed. Itert and oriented. During an sident, Resident #2 showed arug his shoulders, and was	F			

palm. He stated he was unable to use his left

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F 278	his spinal cord. His toward the midline, foot drop. He was	raumatic injury years ago to left foot was turned inward and showed the positioning of unable to move It.	F 2	278		
	7-27-16, revealed a 12-17-15. Included Resident has an AD deficit R/T (related the Mobility." Provide sor shower can not b 7-13-16. Also found "Contractures, the Fibilateral feet. Provided in the Provided i	ity clinical record conducted in updated care plan dated in the document was "The object care performance o) Hemiplegia, Limited ponge bath when a full bath e tolerated." Created on if in the care plan was, Resident has contractures of de skin care daily to keep kin breakdown". Created on	gen and a second		to the prince to add the first to the prince of the second section of the section o	
	Resident Assessme MDS 3.0 May 2013, bathing is, "How the shower or sponge be that the person come should talk to staff a Resident get bathed information on the tybathe. Also on page "Functional Limitatio" Limited ability to me daily functioning (pa	n "Long-Term Care Facility Int Instrument User's Manual ID. 249, The Definition of Resident takes a full bath, ath. Guidance also reveals pleting the MDS assessment Ind ascertain "how does the ", etc, which will give rpes of ways a Resident may ID. 260 the definition of ID. In Range of Movement" is ID. In Range of Movement is ID. ID. In Range of Movement is ID.				
	Resident limitations to the resident's curr	ections are intended to code that have a direct relationship ent functional status, medical monitoring, and serves as a				

guide to needed care. One of the important

		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			CONSTRU			(X3) DATE SURVEY COMPLETED
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ŀ	NAME OF	PROVIDER OR SUPPLIER	70001			REET ADDR	RESS.	CITY. STATE, ZIP CODE	07/28/2016
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	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL INFORMATION	ID PREF TAG		(EAC	CH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD ERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
	F 281 SS=D	an updated, accurat current health status assistance monitoring assistance monitoring care planning proces. The MDS coordinate regarding bathing for 2015, and in turn continued the Resident's impais were well document incorrectly in the monassessment. On 7-26-16 at 4:00 prinformed of the finding was provided. 483.20(k)(3)(i) SERV PROFESSIONAL STORMED The services provided must meet profession. This REQUIREMENT by: Based on staff intervice of a service with a clinical refailed, for 2 residents Resident #5) in the service in the service with a service wit	S assessment is to generate e picture of the resident's a, and provide required by assessments to direct the ss. or did not speak with staff or Resident #2 in December ded bathing incorrectly. Also, rments with Range of motion ed, however, were coded at recent June 2016 MDS o.m. the administration was ags. No further information VICES PROVIDED MEET TANDARDS d or arranged by the facility and standards of quality. It is not met as evidenced become feeling the facility documentation accord review, the facility staff (Resident #11 and curvey sample of 27 are professional standards of mentation of medication of thyroid (Synthroid Imanagement (Senexon on Interesident Senexon Interesident Senexon on Interesident Senexon Interes	F 2	278	F 281	1) 2) 3)	medications as prescr had no adverse effect practice. MD has bee All residents are at ris	ibed. Residents from deficient in made aware. k. cordinator or licensed staff on lication ling, per Policy audit 100% of for 4 weeks, then wing QA meeting.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONST				TE SURVEY	
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Ĺ		495097	B. WIING				07.	/28/2016	
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				2400 E PA	RHAM ROAD				
PARHAN	I HEALTH CARE & RE	HAB CEN		RICHMO	ND, VA 23228				
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F 281	Continued From pa	ge 8	F	281					
	ensure Omeprazole Neurontin, Natural t Ipratropium/Albutero	the facility staff failed to e, Symbicort, Baclofen, ears eye drops, and of hand held nebulizer inhaled ons were as administered on							
	The Findings Included								
	admitted to the facilidiagnoses included Disorder, Major Depwith Behavloral Dist The Minimum Data Assessment with an of 6/16/16, coded Relaterview of Mental Severe cognitive important of May 2016 read, MG. (milligram) Table bedtime for bowel ai MG. Give 1 tablet by	ity on 2/21/14. Resident #11's Thyroid Disorder, Anxiety pressive Disorder, Dementla purbance and Schizophrenia. Set, which was an Annual Assessment Reference Date esident #11 as having a Brief Status Score of 9, indicating pairment. Was conducted of Resident The signed Physician Orders 1) "Senexon 8.6 MG 50 et. Give 2 tablets orally at d." 2) "Synthroid Tablet 150 mouth one time a day for	assertion of sections			nessentent de general de la companya			
	2016 did not have the documented as havi specific dates: A) 4/7/16 at 9:00 P.M.	ninistration Record for May, e following medications ng been administered on M "Senexon 8.6 MG 50 ablets orally at bedtime for							
		A "Senexon 8.6 MG 50 ablets orally at bedtime for							

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		405007			C
		495097	B. WING		07/28/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E PARHAM ROAD	
PARHAN	HEALTH CARE & RE	EHAB CEN		RICHMOND, VA 23228	
(X4HD PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		DBE COMPLETION
F 281	MG. Give 1 tablet be thyroid disorder." Guidance for nursing administration of me "Fundamentals of N Potter-Perry, page is such as the America Nursing: Scope and	A.M "Synthroid Tablet 150 y mouth one time a day for ag standards for the edication is provided by fursing, 7th Edition, 705: Professional standards, an Nurses Association's d Standards of Nursing	F	281	
Alex Westland or the westland	Practice (2004) app administration. To p follow the six rights medication errors can inconsistency in medication administ	ly to the activity of medication prevent medication errors, of medications. Many an be linked, in some way, to adhering to the six rights of tration. The six rights of tration include the following: dication see ant te		 Continued auditions: On a sea academic for each or a continued and accompany when the first of the search transported. 	vanna / Tassimovi () i ,
	documentation. The and Medication Adm 1/13/13 read, "Docu administration/treatmedications are opegiven, injection site of medications, if mediappropriate forms." (On 7/28/16 at 10:00 conducted in the cordirector of Nursing (was conducted of facility General Dose Preparation unistration Policy Revised ment necessary medication nent information (e.g., when end, when medications are of a medication, PRN cations are refused) on (PRN = as needed) A.M. an interview was aference room with the Administration B). When ortance of documenting			

medication administration, he stated, "To make

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OI	<u>MB NO. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		495097	B. WING			C 07/28/2016
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY	Y, STATE, ZIP CODE	
PARHAM	HEALTH CARE & RE	HAR CEN		2400 E PARHAM ROAL	-	
FOINION	TICALITI DANE GINE			RICHMOND, VA 232	228	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD NCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 281	Continued From pa	ge 10	F 2	281		
	sure the patient get	s the medication as ordered. t before going on to another				
		P.M. the Administrator vas informed of the findings on was received.				
	and the state of t		an to gar in the frameworks; deleted back with	refullition on Adulturya society and in a year and algorithm produces (ye		
	ensure Omeprazole Neurontin, Natural to Ipratropium/Albutero treatment) medication	the facility staff failed to , Symbicort, Baclofen, ears eye drops, and ol (hand held nebulizer inhaled ons were administered on				
	7-5-16.					
	9-25-14. Diagnoses paraplegia, major de chronic obstructive p gastro-esophageal r	mitted to the facility on sincluded; diabetes, epression, hypertension, bulmonary disease (COPD), eflux disease (GERD), ama, cerebrovascular				
; ; ;	assessment was a q assessment reference coded with a Brief In score of 14 indicating Resident #5 required	recent Minimum Data set juarterly assessment with an ce date of 6-10-16. She was terview of Mental Status g no cognitive impairment. If extensive to total assistance members, with all activities				

of daily living, with the exception of eating.

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OLITIC	110 1 OTT INCOTOR INC	- WINCESTON NO CENTRACE			0100110101	000 000 1
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MU A. BUILI	LTIPLE CONSTRUCTION	(X3) DATE S COMPLI	
					С	
		495097	B. WING		07/28	/2016
	PROVIDER OR SUPPLIER 1 HEALTH CARE & RE	EHAB CEN		STREET ADDRESS, CITY, STATE, ZIP (2400 E PARHAM ROAD RICHMOND, VA 23228	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		N SHOULD BE	(XS) COMPLETION DATE
F 281	Continued From pa	ge 11	F	281		
	7-26-16 at 2:30 p.m. Administration Record documentation on 7 received Omeprazo 6:00 a.m., Symbicotop.m., Bacofen at 9:00 p.m., Ipratropium-A 9:00 p.m., and Artifications were si 7-5-16. Review of the Physicomitted 6 current or 1 Omeprazole 20 mat 6:00 a.m., for GE 2. Baclofen 10 mg 3 5 00 p.m., and 9:00 3. Symbicort Aeroso inhalations every 12 p.m., for shortness of Artery Disease). 4. Neurontin 600 mg 2:00 p.m., and 9:00 5. Ipratropium-Albutomilliliters) inhale oral a.m., 1:00 p.m., 5:00 shortness of breath. 6. Tears Naturalle II one drop 4 times per 5:00 p.m., and 9:00 bilateral cataracts ar	ng (milligrams) in the morning RD times per day at 6:00 a.m., p.m., for muscle spasm. of 160-4.5 mcg (micrograms) 2 hours at 9:00 a.m., and 9:00 of breath and CAD (Cardiac g 3 times per day at 9:00 a.m., p.m., for nerve pain. erof solution 0.5-2.5 (3 mg/3 lty 4 times per day at 9:00 p.m., and 9:00 p.m., for				
		ad been documented for				

7-5-16.

	T UF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495097	B WING			C 07/20/2046	
NAME OF	PROVIDER OR SUPPLIER	483087	Andrew Confession	TREET AND	DESS	. CITY, STATE, ZIP CODE	07/28/2016
	M HEALTH CARE & RE	EHAB CEN	2	400 E PARI	HAM F	ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	CH CC	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD FERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 281	Continued From pa	ge 12	F 281				
	Nursing (DON) on 7 DON had no explan medications. The D and Lippincott" as the	ewed with the Director of 7-26-16 at 4:00 p.m., the nation as to the omitted DON stated "Potter and Perry, heir nursing reference for their ce. Both sources give the					
	guidance regarding are obligated to follo	ursing, 6th Edition, provides the following physicians' orders, "Nurses ow physicians' orders unless lers are in error or would harm			der vertreiten der der eine eine eine eine eine eine eine ei		Andread of the second date.
F 309 SS=D		I no further information. ARE/SERVICES FOR EING	F 309	F 309	1)		nger in the
	Each resident must	receive and the facility must				facility.	
	or maintain the high	ary care and services to attain est practicable physical,			2)	All residents with adm at risk.	nitted wounds are
	mental, and psychos accordance with the and plan of care.	social well-being, in comprehensive assessment			3)	Staff Development Co designee will educate admitting residents or initiating treatment of admission.	all licensed staff n importance of
	by: Based on staff inter- review, clinical recor- a complaint investiga for one resident (Res residents, to obtain a for wound care in a t	T is not met as evidenced view, facility documentation of review, and in the course of ation, the facility staff failed sident #24) in a sample of 27 and initiate physician orders timely manner and failed to the type of wound present			4)	residents admitting w inItiation of treatmen for 3 weeks, then qua following QA meeting	rith wounds for it on admitting day irterly during

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	, ,		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MACHENIC	Jr Gorneon.c.		A BUILL	ING _			С	
		495097	B WING				07/28/2016	
	PROVIDER OR SUPPLIER			24	REET ADDRESS 00 E PARHAM R CHMOND, VA			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVID (EACH CO	DER'S PLAN OF CORRECTION PRECTIVE ACTION SHOUL ERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 309	Continued From pa	age 13	F:	309	F 309 Contin	nued		
,	and failed for one rensure medications survey sample of 2	resident (Resident #5) to s were administered in a	•		2)	Resident #5 is received prescribed. Resident effect from deficient been made aware. All residents are at ris	t had no adverse practice. MD has isk.	
admission and incorrectly described the wound as a pressure ulcer, when in fact, it was an abscess that was surgically treated prior to			3)	designee will educat on Medication Admi	e all licensed staff nistration/			
	admission.					Documentation per policy and		
e e e e e e e e e e e e e e e e e e e	ensure Omeprazole Neurontin, Natural Ipratropium/Albuter	5 the facility staff failed to e, Symbicort, Baclofen, tears eye drops, and rol hand held nebulizer inhaled ons were administered on 7-5-	Milliones S o S T T side o F min so	ran gilli Jakans r	4) 5)	DON or designee will MARs 5 times weekl quarterly during follo	y for 4 weeks, then owing QA meeting.	
	The findings include	ed:						
	7/24/15 with the dia status post I&D (inc abscess with MRSA staphylococcus aur antibiotics, ESRD (c hemodialysis, cong diabetes mellitus ty	as admitted to the facility on agnoses of, but not limited to, cision and drainage) of a back A (methicillin resistant reus) requiring intravenous end stage renal disease) with estive heart failure and pe 2. Resident #24 was ospital on 8/5/15 therefore a w was conducted.						
	an initial assessmer Reference Date (AF coded Resident #24 required extensive a	inimum Data Set (MDS) was nt with an Assessment RD) of 7/30/15. The MDS with no cognitive impairment, assistance from staff for bed dressing, toilet use and						

CENTE	KO FUR MEDICARE	& MEDICAID SERVICES				OMB MC	<u>J. 0938-039</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1.		ONSTRUCTION		TE SURVEY
		495097	B. WING	relingate retinate of evaporation of	r sekut mayaya qoq go may samisasinin dalam akayasah philikhiningi qoq qoq qoq qoq qo	07	C 7/28/2016
	PROVIDER OR SUPPLIER HEALTH CARE & RE	EHAB CEN		2400	ET ADDRESS, CITY, STATE, ZIP C	ODE	
				RICH	IMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	Continued From pa	ge 14	F;	309			
	personal hygiene. Section M Skin Con Wounds and Skin F Open lesion (s) othe (e.g., cancer lesion) coded as having a p On 7/27/16 at 10:50 electronic clinical re	ditions M1040 "Other Ulcers, Problems" was coded at "D. er than ulcers, rashes, cuts ." Resident #24 was not					
au Mhiadh (Bailt ag Ar ag an 1912	for Wound Care Irrig wound w/ 1/4 streng gauze" The order transcribed onto the at 1759 (5:59 p.m.);	ck every day and evening shift gate w/NS (normal saline), Fill th Dakins Soluiton (sic) damp was dated 7/25/15 and treatment record on 7/25/15 however the treatment was 6/15 on the "day" shift which admission.	AND AND PARTY.	Pladere der Insterie a Vis	er englergiå sed geven vinnigging gjennenheten en en hand, mer veksen et engle freuen	n market profes a print experience entonomica, per	MECHICAN TOOL MICHAEL MECHICAN TO CO
	Assessment/Screen described the back valuer of the sacrum. Record" documentations	w revealed the "Admission ing-Nursing" dated 7/24/15 wound as a Stage 3 pressure Subsequent "Wound thon recorded on 7/26/15 and ck wound as a Stage 3 midline back.					
	included, "The reside	plan created on 7/26/15 ent has abscess to midline ention of "Administer ed and monitor for					
	physician listed the p Abscess S/P I&D (sta	vsical" performed by the rimary diagnosis as "Back atus post incision and scharge hospital information and "OPERATION"					

CENTE	V2 L OU MITOICHIAT	G MEDIONID GENVIOLO				AID 140	. 0000-0001
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1	LTIPLE CONSTRUCTION DING			E SURVEY
		40,5007	D WING			l	С
		495097	B WING	<u> </u>		07/	28/2016
	PROVIDER OR SUPPLIER	SHAR CEN		STREET ADDRESS. CITY. STATE. ZIP	CODE		
PARHAN	THEALIN CARE OF RE	INAD GEN		RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	PREF TAG		N SHOULD E APPROPE	BE	COMPLETION DATE
F 309	abscess drainage of Debridement include and fascia." On 7/27/16 at 2:30 (Admin-B) was informable included the world include the world included th	ge 15 ision, debridement and if the left lower back. ed skin, subcutaneous tissue p.m. the Director of Nursing med of the care plan and and as an abscess but nurses wound as a pressure ulcer.	F	309			
к, съвету-ченбанариток (амейская)	conducted with the (RN-A). RN-A state with a midline woun documented it as a pressure ulcer." An end of day meet at 4:10 p.m. with the Nursing and Corpor informed of the confidence of the con	p.m.an.interview was MDS Registered Nurse ad, "This gentleman came in d, the admission nurse sacrum but it was not a ing was conducted on 7/27/16 a Administrator, Director of ate Nurse. They were flicting documentation of and and the delay in initiating a.	Marine de la 18 de la	personal destination for the control of the file of the control of	others bands deligible there are to	internated model (aux	
		General Wound nges" included: Notify the physician and atment(s) and dressing					
	conducted with RN-coded the area on the ulcer, she stated "I viphysician notes and coded it the accurate didn't document her	a.m. an interview was A. When asked why she he MDS as a non pressure went to the hospital notes and with my own assessment I he way." When asked why she hassessment and discuss her hector of Nursing or nurses, hat all the time."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED
	495097	B. WING			C 07/28/2016
NAME OF PROVIDER OR SUPPLIER PARHAM HEALTH CARE & RE			STREET ADDRESS, CITY, STATE, ZIP C 2400 E PARHAM ROAD RICHMOND, VA 23228	ODE	0112012010
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION	SHOULD I	BE COMPLETION
On 7/28/16 at 11:40 conducted with Adm wound care orders second day of admit "Looking Into it for the resident was admitted dialysis the next of Admin-B.stated." I.h.: No further information staff. Complaint Deficience 2. For Resident ensure Omeprazole Neurontin, Natural to Ipratropium/Albutero treatment medication 16. Resident #5 was add 9-25-14. Diagnoses paraplegia, major dechronic obstructive pastro-esophageal repolyneuropathy, astroduced with a Brief in coded with a Brief in	able to find any er wound assessments. a.m. an interview was nin-B. When asked why were not obtained until the ssion, Admin-B stated he was ne timing." He stated "The ed later in the day then went morning." At 11:50 a.m., ave.nothing.els" on was provided by the facility by. t #5 the facility staff failed to , Symbicort, Baclofen, ears eye drops, and of hand held nebulizer inhaled ons were administered on 7-5- mitted to the facility on included; diabetes, epression, hypertension, oulmonary disease (COPD), eflux disease (GERD), mma, cerebrovascular	F			

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<u>OLIVILI</u>	COT CITALDICATIO	O MEDIOINO OCITATOLO					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	l , ,		ONSTRUCTION	(X	3) DATE SURVEY COMPLETED
							С
-		495097	B. WING				07/28/2016
NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
				2400	E PARHAM ROAD		
PARHAM	I HEALTH CARE & RE	HAB CEN		RICH	HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	
F 200	Continued France	47	_	309			
F 309	Continued From pa	"	Г.	909			
		ff members, with all activities					
	of daily living, with t	he exception of eating.					
		al record was reviewed on					
		., and revealed a Medication					
		ord (MAR) which had no					
		'-5-16 that the Resident had					
		le at 6:00 a.m., Baclofen at					
	6:00 a.m., Symbico	rt Aerosol inhaled at 9:00				******	
	p.m., Bacofen at 9:0	00 p.m., Neurontin at 9:00					
	p.m., ipratropium-Al	buterol inhaled solution at	a f of grant State Colored State And A FE	Martin and with the size arms o	endocration problems have been consistent on the constraint of the	retest in Paracelon School	lad south "salings" .
		clal tears eye solution at 9:00					
		morning and evening					
		igned as administered on					
	7-5-16.						
	Review of the Physi	cian's Orders revealed the					
	omitted 6 current or						
	offitted o content of	de, 5 da 50,011,					
	1. Omenrazole 20 m	ng (milligrams) in the morning					
	at 6:00 a.m., for GE						
		times per day at 6:00 a.m.,					
		p.m., for muscle spasm.					
		il 160-4.5 mcg (micrograms) 2					
		hours at 9:00 a.m., and 9:00					
		of breath and CAD (Cardiac					
	Artery Disease).	Di bieatii and CAD (Cardiac					×:
		3 times per day at 9:00 a.m.,					
		p.m., for nerve pain.					
		erol solution 0.5-2.5 (3 mg/3					İ
		lly 4 times per day at 9:00					[
		p.m., and 9:00 p.m., for					
	shortness of breath.						
		solution (Artificial tears) instill					
		r day at 9:00 a.m., 1:00 p.m					
		p.m., age related nuclear					
	bilateral cataracts ar	nd resulting dry eyes.					

Nursing Progress Notes were reviewed, and

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1, "		CONSTRUC			(X3) DATE SURVEY COMPLETED
			A BUILDING				С	
		495097	8 WING				OUT-ONE-HOMOTO-STATE-BUILDY	07/28/2016
	PROVIDER OR SUPPLIER HEALTH CARE & RI	EHAB CEN		24	REET ADDRE 00 E PARHA CHMOND,	MR		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH	I COF	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD RENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
f 309	7-5-16. Review of the Residentervention for "Godoctor's orders." The issue was review.	dent 's care plan revealed an ive medications according to	F3	09				
	Nursing (DON) on DON had no explar medications. The I and Lippincott" as the standards of practic same standards. Fundamentals of Noter-Perry, p. 419 guidance regarding are obligated to folk they believe the ord the clients."	7-26-16 at 4:00 p.m. The nation as to the omitted DON stated "Potter and Perry, heir nursing reference for their ie. Both sources give the ursing, 6th Edition, provides the following physicians' orders, "Nurses ow physicians' orders unless ers are in error or would harm				and the second s		To define a service of the service o
F 329 SS=E	The facility provided 483.25(I) DRUG RE UNNECESSARY D	I no further information. GIMEN IS FREE FROM RUGS	F 3	29	F 329			
	unnecessary drugs. drug when used in a duplicate therapy); o without adequate m indications for its us adverse consequen should be reduced o combinations of the Based on a compre	g regimen must be free from An unnecessary drug is any excessive dose (including or for excessive duration, or onitoring; or without adequate te; or in the presence of ces which indicate the dose or discontinued; or any reasons above. thensive assessment of a must ensure that residents				2)	Resident #18's order eMAR system and no administered as order All residents receiving medications with personal control of the importance of pressures per perimeters.	ow being ered by MD. g blood pressure rimeters are at risk. oordinator or e all licensed staff fobtaining blood

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495097	B WING	;		C 07/28/2016
	PROVIDER OR SUPPLIER I HEALTH CARE & RE	EHAB CEN		2	STREET ADDRESS. CITY. STATE 7/P CODE 2400 E PARHAM ROAD RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE COMPLETION
F 329 Continued From page 19 who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record, and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.		F	329	4) DON or designee v residents receiving medication with p pressure taken pri	blood pressure erimeters, for blood or to administration, eks, then quarterly in ling.	
Carl Mile (A.C.)	by:	IT is not met as evidenced on, staff interview, clinical	ungiji da Pillanduri in da gagaga ma ma	to Cathich mobile	it – v trittilleran rechaner er hann efterhålnin mondilette skild unde 11 mert i skildentille utbettilleran eftertil ver ver etti 2 f.s.	na Malain agadagan kan kan kan ka

Based on observation, staff interview, clinical record review and facility documentation review, the facility staff failed to ensure one Resident (Resident #18) in a survey sample of 27 Residents was free from unnecessary medication.

For Resident #18, the facility staff failed to obtain a blood pressure prior to administering Burnetanide per physician's order. An order was evident for the medication to only be administered if Resident #18's systolic pressure was greater than 110 mmHg (millimeters of mercury).

The findings included:

Resident #18, a female, was admitted to the facility 12/11/15. Her diagnoses included lymphedema, muscle weakness, cellulitis, dysphagia, gastroesophageal reflux disease, type II diabetes mellitus, chronic obstructive pulmonary disease, urinary retention, congestive heart failure, hypertension, asthma, bipolar, major

CENTER	49 LOK MEDICAKE	& MEDICAID SERVICES				7141D 140. 0000-000 1
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '		DNSTRUCTION	(X3) DATE SURVEY COMPLETED
		405007	B WING			C
	·····	495097	B WING			07/28/2016
NAME OF F	PROVIDER OR SUPPLIER			4	ET ADDRESS, CITY, STATE, ZIP CODE E PARHAM ROAD	
PARHAM	HEALTH CARE & RE	HAB CEN			IMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIED (PROPRIED FOR APPROPRIED FOR A	DBE COMPLETION
F 329	Continued From pa	ge 20	F:	329		
1 020	depressive disorder morbid obesity, and	r, chronic pain, embolism, mia, hypothyroidism, anxiety,				
		hypertension with ulcer.				
	set) with an ARD (a	it recent MDS (minimum data ssessment reference date) of				
	Resident #18 was d	as a quarterly assessment. oded as having no memory				
	deficits and was abl	e to make her own daily life				The state of the s
		also coded as needing				
		e-of-one-staff-member-to-	News Education of the Prince	als a contractable to proof to ever Nice	er unt unterniture de se en destelle unterniture un rechert et en mondeller untellettenum unsphelet, egiste de informet blein. De	sealth as distributed to the matter of the medity.
		s of daily living, with the For eating, Resident #18				
		ing standby assistance only.				
	pour and pass obse back with the head #18 was oriented, a LPN (licensed pract	bserved during medication rvation. She was lying on her of her bed elevated. Resident lert, and verbally responsive. ical nurse) B had reviewed lent #18's blood pressure had				
		#18's clinical record revealed				
	a signed physician's (milligram) Give 1 ta day for hypertension (blood pressure) uni	order, "Bumetanide 2 MG ablet by mouth two times a alredema. Hold for systolic BP der 110." A corresponding the eMAR (electronic				
	Resident #18's blood prior to the administ evidence was availa indicate that Reside	revealed no evidence that d pressure had been obtained ration of the medication. No ble within the eMAR to nt #18's blood pressure had daily prior to administration				

CENTER	KS FOR MEDICARE	& MEDICAID SERVICES					IVID IVU.	0330-0331
STATEMENT	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCT				E SURVEY PLETED
				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			į.	C
		495097	B WING				07/	28/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRES	SS. CITY, STATE, ZIP CO	DE		
				2400 E PARHAN	M ROAD			
PARHAM	HEALTH CARE & RE	HAB CEN		RICHMOND, V	/A 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION;	ID PREFI TAG	(EACH	OVIDER'S PLAN OF CORR CORRECTIVE ACTION S REFERENCED TO THE AR DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
E 200	O	24	_ ^	20				
F 329	Continued From pa		F3	29				
		7/28/16 at 10:10 a.m., LPN B						
	stated the blood pre							
		computer system under the						
	vital signs area.							
	Review of the vital s	signs electronic record						
		#18's blood pressure had not						
	been obtained twice	e daily, generally was obtained						
	once a day on day s	shift. While the medication	makes processor with a popular of the property of			-tonia-ratina nggandrok-t-knapitugomar	turniumirra na Prin aganggayaya n s. na	
		idministered at 9 a.m. and 2						
	p.m., the blood pres	sures that had been obtained	The state of the s	arterioral, is a transferential at faith is . I would be train or early a large	a distribute dalay sanggan pintapantal ganapit cambing says copis fishing single says from pin	er er og der en sperielliging ogt.	arbituationitisty or 10 or 10 to	
		her of the administration times						
	with the exception of	of 7/17/16 at 9:37 a.m. (only						
	obtained once on //	27/16), 7/19/16 at 9:26 a.m. , and 7/27/16 at 9 a.m. and 1						
	•	, and 1/21/10 at 5 a.m. and 1						
	p.m.							
	When interviewed, I	the DON (director of nursing)						
		47 a.m., the nurse that						
	entered the order in	to the computer system						
	should have entered	for the blood pressure to be						
	documented on the	eMAR.						
	mandania dala da atta	de policy entitled "Posses"						
	Review of the facility	y's policy entitled, "General nd Medication Administration"						
	included:	nd Medication Administration						
	included.							
	"Prior to administrat	ion of medication, Facility						
		measures required by Facility						
		e Law, including, but not						
	limited to the following							
	4.1 Facility staff sho	ould:						
	4.1.5 If necessa	ary, obtain vital signs."						
	Guidance was provi	ded at www.medline.gov:						1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 '	TIPLE CONSTRUC			(X3) DATE SURVEY COMPLETED
		495097	B WING			C 07/28/2016	
	PROVIDER OR SUPPLIER				M RO		0112012010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EAC)	1 COR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD RENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 329	as told by your doct the following sympto immediately: rapid, decreased urination vomiting; weakness	•	FS	329			
F 386 SS=D	It usually is taken or edema, a second or every 4 to 5 hours of swelling. Follow the prescription label capharmacist to explain understand. Take budirected." The administrator, Econsultant were inforto ensure Resident a obtained twice daily Burnetanide per phy 11:58 a.m. 483.40(b) PHYSICIA CARE/NOTES/ORD The physician must program of care, incomments, at each of this section, write, notes at each visit, a with the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception of polysaccharide vacc administered per physician program of care, and the exception	refully, and ask your doctor or in any part you do not umetanide exactly as 200N, and corporate rmed of the failure of the staff #18's blood pressure was prior to administering sician's orders, 7/28/16 at AN VISITS - REVIEW PERS review the resident's total luding medications and visit required by paragraph (c) sign, and date progress and sign and date all orders influenza and pneumococcal	F 3	86 F 386	2)	Residents #7 and #16 Summary Recertifica and signed by MD. All residents are at ri Educate all licensed the Physician Order Recertification order physician is signing of days.	ition are current lisk. staff on entering Summary r and ensuring the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			1 ' '		PLE CONSTRUCTION		(X3) OATE SURVEY COMPLETED
		405007	B. WING				С
		495097	B. WING	-			07/28/2016
	PROVIDER OR SUPPLIER I HEALTH CARE & RE	HAB CEN			STREET ADDRESS. 2400 E PARHAM R RICHMOND, VA		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH COI	ER'S PLAN OF CORRECTIO RRECTIVE ACTION SHOULD ERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 386	Continued From pa	ge 23	FS	386	6 F 386 Contir	nued	
	by: Based on staff inter review, the facility s physician's orders w	NT is not met as evidenced rview and clinical record taff failed to ensure the vere signed timely for two # 7 and Resident # 10) in a 7 residents.			5)	DON or Designee will residents staying long current signed Physic Summary Recertificat 10% of residents for quarterly in following Date of Compliance:	g term care for cian Order tion order, then 3 weeks, then g QA meeting.
	ensure that Physicia timely between 1/29 in 160 days between	the facility staff failed to ans Order Sheets were signed 1/2016 and 7/7/2016 resulting a signatures	ugolik JB i gapujukkina r Africansku d	agine et esta a la companya de la co	eranna kanada kala adalah kala adalah kanada ada ada ada ada ada ada ada ada ad	. And the second of the second	And desired by the party of the
		Ins Order Sheets were signed /2016 and 7/7/2016 resulting in signatures.					
	Findings included:						
	ensure that Physicia	the facility staff failed to ns Order Summary sheets between 1/29/2016 and 160 days between					
	1/29/2015 with the d to, Hypertension, He Obstructive Pulmona	ary Disease, teflux Disease, Dementia,					
	Quarterly assessmen	imum Data Set (MDS) was a nt with an Assessment D) of 7/13/2016. The MDS					

Event ID 4CDN11

OFIAIR	NOT ON MEDIONINE	. U MILLIONID OF LANGE				210102 111		
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495097	B WING	İ		0.	C 7/28/2016	
		400007			ET ADDRESS, CITY STATE, ZIP CODE	1 0	112012010	
NAME OF	PROVIDER OR SUPPLIER							
PARHAM	HEALTH CARE & RE	HAB CEN			E PARHAM ROAD			
				RICI	HMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC DENTIFYING INFORMATION;	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 386	Continued From pa	ge 24	F:	386				
	·	of 8/15 indicating moderate						
		nt; required limited to						
		e of one staff person with						
		ng. Resident # 7 was coded						
	as frequently incon	tinent of bowel and bladder.						
	On 7/27/2016 at 9 A	M, a clinical record review						
		e record review included						
_ = = =	electronic and pape	r clinical records.					Market and the second second	
-		al record revealed Progress /2016, 4/12/2016, 2/9/2016	elledik drelikke kerinn die de Village de 'n, dreeds	BATE same in my little and individual medical additional medical medic	annagada, wagusi salami salasi, salama ang silamingila, gapan salami na salambad mining agastis, dakilifano ku g alabin	top Committee to drive granderstand		
	Reviews (MRR) wer January 2016 - July MRR were 1/18/201	nly Medication Regimen re done by the Pharmacy in 2016. The actual dates of 6, 2/22/2016, 3/21/2016, /2016, 6/21/2016 and						
	electronic medical re Order Summary Rep 1/29/2016 and 7/7/2 frame between signe	cians Order Summaries in the ecord revealed the Physician ports were signed on 016. Calculation of time ed Physicians Order Sheets 7/7/2016 resulting in 160 tures.						
	record revealed no o	e paper and electronic clinical other the Physician Orders in either clinical record.						
	PM with the Director would review the rec Physician Orders sui interview was condu-	of Nursing who stated he cord to see if any other mmaries were signed. An cted with the Corporate to stated the facility had						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
						С	
		495097	B WING			07/28/2016	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE.	ZIP CODE		
PARHAI	M HEALTH CARE & RE	HAB CEN		2400 E PARHAM ROAD			
				RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		CTION SHOULD I	BE COMPLETION	
F 386	encountered a prob computer system w roll over to the next Consultant stated if Order Sheets timely ensure the orders w after each visit. The	elem with the orders in the where it would not automatically month. The Corporate he physicians should sign the vand that the staff should were signed by the physician be Corporate Consultant also to other signed Physician	F	386			
S	the Administrator, D Corporate Consultar findings Physicians signed timely. The D expectation was tha	ay debriefing on 7/28/2016, irector of Nursing, and nt were informed of the Order Sheets not being Director of Nursing stated the t physicians would sign neets every 60 days.	Elle STOPPE STATE AND AND AND AND AND AND AND AND AND AND		MPANAMENTAL PROGRESSION ASSESSMENT IN SECUNDAL PROPERTY.	MEMBERSHIPS PROJECT SECTION	
	ensure that Physicia	the facility staff failed to ns Order Sheets were signed /2016 and 7/7/2016 resulting signatures.					
	6/8/2009 with the dia Traumatic Brain Inju	dmitted to the facility on agnoses of, but not limited to, ry, Legal Blindness, s and Major Depressive					
	Quarterly assessment Reference Date (AR coded Resident #17 impairment; required	imum Data Set (MDS) was a nt with an Assessment D) of 5/12/2016. The MDS with moderate cognitive extensive assistance of one vities of daily living except					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		495097	B WING			C	
NAME OF	PROVIDER OR SUPPLIER	483087	I WINTE	STREET ADDRESS, CITY, STATE, ZIF	CODE	07/28/2016	
	HEALTH CARE & RE	EHAB CEN		2400 E PARHAM ROAD RICHMOND, VA 23228	- 6002		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD B HE APPROPRIA		
F 386	Continued From pa	ge 26	F	386			
		g. Resident #17 was coded inent of bowel and always er.					
	record was conduct	PM, review of the clinical ed. The record review and paper clinical records.					
مد مد مد مد مد مد مد مد مد مد مد مد مد م		al record revealed Progress /2016, 4/11/2016, and				And Description of the Control of th	
	Reviews (MRR) wer January 2016 - July MRR were 1/23/201	nly Medication Regimen e done by the Pharmacy in 2016. The actual dates of 6, 2/28/2016, 3/21/2016, /2016, 6/20/2016 and					
	electronic medical re Order Summary Rep 1/29/2016 and 7/7/2 frame between signe	cians Order Summaries in the ecord revealed the Physician ports were signed on 016. Calculation of time ed Physicians Order Sheets 7/7/2016 resulting in 160 tures.					
	record revealed no o	e paper and electronic clinical other the Physician Orders as in either clinical record.					
	PM with the Director would review the rec Physician Orders suinterview was conductive Consultant whencountered a problem.	of Nursing who stated he of Nursing who stated he ord to see if any other mmaries were signed. An otted with the Corporate and stated the facility had em with the orders in the ere it would not automatically					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING							(X3) DATE SUF COMPLET		
			A. BOILD	.,			majorija (Palitika indiana - Andrea Andrea 1999)	С	
		495097	B. WING	***************************************			AMERICAN CHARGE AMERICAN	07/28/2	016
	PROVIDER OR SUPPLIER			STREET 2400 E F RICHMO	PARHAN	RO			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		(EACH	COR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD RENCED TO THE APPROPI DEFICIENCY)	BE COM	(X5) MPLETION DATE
F 386	Consultant stated to Order Sheets timel ensure the orders vafter each visit. The stated there were no Order Sheets for R. During the end of dithe Administrator, Description of the English English Signed timely. The expectation was that	h month. The Corporate he physicians should sign the y and that the staff should were signed by the physician e Corporate Consultant also to other signed Physician	F 3	86					
	SPREAD, LINENS The facility must es Infection Control Pr safe, sanitary and o to help prevent the o of disease and infect (a) Infection Control The facility must esi Program under whic (1) Investigates, cor in the facility; (2) Decides what pr should be applied to (3) Maintains a reco actions related to infe	tablish and maintain an ogram designed to provide a omfortable environment and development and transmission ction. Program tablish an Infection Control ch it - ntrols, and prevents infections occurred, such as isolation, an individual resident; and rd of incidents and corrective fections.	F 4	41 F	441		Residents #18 and # effects from the mer 7/27/2016. MD mad situation. All residents are at r Staff Development C designee will educat related to appropriate techniques including wash hands. DON or designee will passes a week for 2 weeks, the following QA meeting Date of Compliance.	d pass on de aware of isk. Coordinator of all licensed te infection of lines and the lines of th	or d staff control me to d 2 per
	(b) Preventing Spread (1) When the Infection	ad of Infection on Control Program							

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OWR NO. 0338-0331
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		495097	B WING		C 07/28/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
DARMAN	HEALTH CARE & RI	HAR CEN	İ	2400 E PARHAM ROAD	
FARRAM	THEALTH OAKE WIN			RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE COMPLETION
F 441	Continued From pa	age 28	F	141	
	determines that a re	esident needs isolation to of infection, the facility must			
	communicable dise from direct contact direct contact will tr (3) The facility mus	t require staff to wash their			
1. pur Ph. wareh	hands after each di hand washing is ind professional practic	•	anned an energy distance, a secondaria service.		and the second s
		ndie, store, process and as to prevent the spread of			
	by. Based on observat documentation reviet the infection control medications were a prevent the spread	IT is not met as evidenced ion, staff interview, facility ew, and clinical record review, committee failed to ensure dministered in a manner to of infection for two Residents I #17) in a survey sample of			
	nurse) B placed a co	op of Resident #18's administering the			
	hands for appropriat	7, LPN A failed to wash her le time frame during ion and administration.			

Facility ID: VA0184

CENTE	KO FUR MEDIUAKE	A MEDICAID SERVICES			21010 140. 0320-033 I
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
					С
		495097	B. WING		07/28/2016
	PROVIDER OR SUPPLIER 1 HEALTH CARE & RE	HAB CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E PARHAM ROAD RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		D BE COMPLETION
F 441	Continued From parthe findings included 1. For Resident #18 nurse) B placed a comedication cup on tomedications to Resident #18, a fem facility 12/11/15. He lymphedema, muscodysphagia, gastroes II diabetes mellitus, pulmonary disease, heart failure, hyperted depressive disorder morbid obesity, anerand chronic venous Resident #18's mosset) with an ARD (as 4/26/16 was coded a Resident #18 was codedicits and was abledecisions. She was extensive assistance perform her activities exception of eating, was coded as needicon Resident #18 was obton pour and pass observances.	ge 29 ed: B, LPN (licensed practical ontaminated paper op of Resident #18's administering the dent #18. male, was admitted to the er diagnoses included le weakness, cellulitis, cophageal reflux disease, type			
	bed elevated. Resid and verbally respons nurse) B prepared al pill/tablet medication medication cup. After	ent #18 was oriented, alert, live. LPN (licensed practical i of Resident #18's oral s and put them in a plastic er preparing the medications, nedication cup on top of the			

CENTE	KO FOR WEDICARE	& WEDICAID SERVICES	· · · · · · · · · · · · · · · · · · ·			<u> </u>	VID 140. 0936-039	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MU A BUILI	LTIPLE CON DING		(X3) DATE SURVEY COMPLETED		
		495097	B WING	;			C 07/28/2016	
NAME OF	PROVIDER OR SUPPLIER		<u></u>	STREE1	ADDRESS, CITY, STATE, ZIP CO	ODE	01/20/2010	
,				1	PARHAM ROAD			
PARHAN	HEALTH CARE & RE	EHAB CEN		1	NOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATIONI	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD	BE COMPLETION	
F 441	medication cup had medication cart, alo administration supp keys, pens, LPN B's hand sanitizer, cups applesauce, and ott top of the medicatio	plastic cup. The paper I been sitting on top of the ang with medication lies. The medication cart is arms and hands, a bottle of is, water pitcher, cups of her supplies were also on the an cart. I plastic medication cup with	F	441				
× 4 0	Polyethylene glycol constipation), and a Resident #18's bedr the Constulose and took the rest of the la.m. When interviewed remedication cup on to medications after it the medication cart stated she thoughts	cup of Constulose and (both medications for cup of water and entered room. Resident #18 refused Polyethylene Glycol. She medications, finishing at 9:06 regarding placing the paper op of Resident #18's had been sitting on the top of 7/27/16 at 10:10 a.m., LPN B she had gotten a new cup ps, not the cup that had been	emala, per porte presenta	um hamilitet faller (17 cm c faul	ermong ja, vinus a seminak digemika di a v. v. 14 a minemaka kumula ka 14 a ka 14 a kama musika.		er Auskalen ig record	
	The Infection control nurse) D was intervi- RN D stated "she shipaper cup on top of Guidance for infection medication pour and http://www.cdc.gov">http://www.cdc.gov" "Unused supplies an maintained in clean supplies and equipm	on control procedures during						

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CENTE	KS FOR MEDICARE	A MEDICAID SERVICES				או שועור	<u>). U938-U39 I</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		TE SURVEY MPLETED
		495097	B WING			07	C 7/28/2016
NAME OF	PROVIDER OR SUPPLIER		*	STRE	ET ADDRESS, CITY, STATE, ZIP CODE		· · · · · · · · · · · · · · · · · · ·
PARHAN	HEALTH CARE & RE	HAB CEN			E PARHAM ROAD		
				RICH	HMOND, VA 23228	Paris	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO OEFICIENCY)	D BE	(X5) COMPLETION DATE
F 441	Continued From pa	ge 31	F	41			
	Nursing 7th Edition, thinking skills to pre developing or sprea to minimize the num that could be possib reservoirs of infection	provided in "Fundamentals of page 652, Use your critical vent an infection from ding. Implement procedures abers and kinds of organisms by transmitted. Eliminating on, controlling portals of exit ding actions that transmit					
	microorganisms pre	vent bacteria from finding a	gaugustus vinne * erne projesterspress	teritorranishing shaper epidastapasyon	ggy an establisha allanda allanda allanda allanda allanda allanda an establisha allanda allanda allanda allanda Y 1 to 1		
	barrier precautions, transmission -based	standard precautions, I precautions and proper hand es of methods to control the nisms."	er er den servert i halle haller then met til	th due have sen'd subject to the threat	and the strength process of the contraction of the strength of	Mathematical parts and a 187 maters are	agris and a second
	Nursing, 7th Edition,	septic technique and proper					
	corporate consultant of LPN B to ensure a medication cup was	ON (director of nursing), and were informed of the failure a contaminated paper not placed on top of Resident rior to administration, 7/28/16					
	hands for appropriate	, LPN A failed to wash her e time frame during on and administration.					
	facility 2/5/16. Her dunspecified dementia weakness, unspecifie	ale, was admitted to the iagnoses included a, dysphagia, muscle ed psychosis, hypertension, pation, major depressive					

disorder, asthma, chronic obstructive pulmonary

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CENTE	KS FOR MEDICARE	& MEDICAID SERVICES				DIAID LAC	J. 0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUI A BUILD		ONSTRUCTION		MTE SURVEY
		495097	B WING	e-manurement framelability after	nisser (** Miller of compression or group of the improvement of the history of the state of the	07	C 7/28/2016
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
				2400	E PARHAM ROAD		
PARHAM	HEALTH CARE & RE	HAB CEN		RICH	HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 441	Continued From pa	ne 32	F4	iA1			
1 -4-41	disease, and pain.	gc 52		71			
	disease, and pain.						
	Resident #17's mos	st recent MDS with an ARD of					
		s a quarterly assessment.					
		having long and short term					
		d required moderate					
		king daily life decisions. She needing only standby					
		taff member to perform her					
		ng with the exception of					
		g, she was coded as needing					_
Turt land and parties	lolal assistance of o	ne stalf member.	rientiti elektra 2006 a. A main 190 per l	/LIBER or Annihilation of the Symptometry	to well had been supported by the second of	of testing the street on the authorized the	
	pour and pass obse 8:34 a.m. LPN A promedications and environmedications and the Resident #17's room and breakfast tray. Washing her hands a turned the faucet off returned to Resident taking her medication again, washing her hands a seconds and returned to the faucet off returned to the fau	bserved during medication rvation 7/27/16 beginning at epared Resident #17's tered Resident #17's ded Resident #17 her en proceeded to assist in mate with her over bed table LPN A washed her hands, approximately 2 seconds, and with a paper towel. LPN A transparent #17 and assisted her with ens. LPN A washed her hands in ands for approximately 2 ded to the medication cart.					
	enough, 7/28/16 at 1						
	Review of the facility "Handwashing Requ						
	"4. Work lather over	hands and wrists.					

f. Scrub for at least 15-20 seconds."

CEIVIE	NO FOR WILDICARE	A MILDICAID SERVICES					100 14Q. 0936-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER			TIPLE CONSTRU	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(X3) DATE SURVEY COMPLETED		
		495097	B WING			194 salaskillern rakinyak ususus usususus	O7/28/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDR	RESS, (CITY, STATE, ZIP CODE	
				2400 E PARH	IAM R	OAD	
PARHAI	M HEALTH CARE & RE	HAB CEN	1	RICHMOND			
	0111414014074	TO JOINT OF BERINGS					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EAC	CH CO	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD ERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 441	Continued From pa	ge 33	F	J41			
	a.m., she felt the sta	RN) D stated 7/28/16 at 10:05 aff should wash their hands RN D said, "it is better to do it					
	Guidance is provide	d at www.cdc.gov:					
	https://www.cdc.gov for Hand Hygiene in 10/25/02, When was water, wet hands first amount of product re manufacturer to han vigorously for at least surfaces of the hand with water and dry the towel. Use towel to the (90-92,94,411). Avoil repeated exposure the risk of dermatitis (IB leaflet or powdered the						
	corporate consultant of LPN A to wash he during medication po Resident #17, 7/28/1 483.75(j)(2)(i) LAB S ORDERED BY PHYS The facility must pro-	VCS ONLY WHEN	F 50)4 F 504.	1)	Resident #9 has rece Resident #8 had orde resulted, and MD no All residents are at ri	ered labs drawn, tified of findings.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				0	MB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MU A. BUILI		CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		495097	B WING	i			C 07/28/2016
NAME OF	PROVIDER OR SUPPLIER			STF	REET ADDRESS.	CITY STATE ZIP CODE	
PARHAM	HEALTH CARE & RE	EHAB CEN		į	O E PARHAM ROCHMOND, VA		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		EACH COR	ER'S PLAN OF CORRECTIO RRECTIVE ACTION SHOULE ERENCED TO THE APPROP DEFICIENCY!	DBE OMPLETION
	by: Based on resident facility documentation review, the facility so (Resident #9) of 27 sample, to ensure laperformed on the control of the tab drew Resident than her roommate's order was intended. The findings include Resident #9 was adwith the diagnoses of (end stage renal distant adult failure to the table of the most recent Mir quarterly assessment Reference Date (AR coded Resident #9 vimpairment; required staff for bed mobility	interview, staff interview, on review and clinical record taff failed for one resident residents in the survey aboratory services were prect resident. ant #9's blood in error, rather is (Resident #8) whom the for. d: mitted to the facility on 3/4/15 of, but not limited to, ESRD ease), vascular dementia, nrive. himum Data Set (MDS) was a not with an Assessment D) of 5/20/16. The MDS with severe cognitive it extensive assistance from transfers, and eating and taff for dressing, toileting,	F (504	4) 5) A. C.	Staff Development C designee will educat on ensuring that lab on correct patient.	e all licensed staff services draw labs Il audit 100% of then 50% x3 Iy in following QA 8/17/2016
	On 7/26/16 at 2:30 p facility, Resident #9 reclined gerichair in la respond or open her called. The nurse pris end stage renal dis	.m. during initial tour of the was observed lying in a ner room. She did not eyes when her name was esent at the time stated she sease but no longer getting a feeding tube but no tube					

On 7/27/16 at 8:45 a.m. Resident #9's clinical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		LTIPLE CONSTRUCTION DING	(×	(X3) DATE SURVEY COMPLETED		
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		495097	B WING			07/28/2016		
	PROVIDER OR SUPPLIER W HEALTH CARE & RE	EHAB CEN		STREET ADDRESS, CITY, STATE, 2 2400 E PARHAM ROAD RICHMOND, VA 23228	IP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACT	TION SHOULD BE THE APPROPRIA			
F 504	record was reviewe physician orders wh dated 6/2/16-No IV labs, weights or vita	d. The review revealed nich included "Comfort Care" (intravenous) fluids, hospital, il signs.	F	504				
V. ANIM MANOR.	conducted with Unit Resident #9 was distinct the physician orders Resident #8 on 7/15 and drew the lab works. By stated Reside impairment, was go because of the abnowas told the reason Resident #8 stated to done, the roommate #9 did have a banda #8 did not. Further of documentation proving the province in the provinc	Manager (RN-B). When scussed, it was revealed that ad lab work to be done for life but the lab tech came in life or life. Who had no cognitive ing to be sent to the hospital ormal lab results but when she she was going to the hospital, she did not have labwork add. RN-B stated Resident lage on her hand and Resident discussion and ided by RN-B revealed the nsible parties were made.						
	roommate (Resident a.m., Resident #8 co hospital due to abno	on with Resident #9's t #8), on 7/27/16 at 11:40 onfirmed that she went to the rmal lab results that were er roommate (Resident #9).						
	tech on 7/13/16 did I (Resident	o that was supplied to the lab ist the correct resident for the labwork to be drawn.						
	Director of Nursing a informed of the findir CONCERN REPORT	.m. the Administrator, and Corporate Nurse were ags. A "SERVICE I" for Resident #9 was alls of Concern" documented						

VEIT L	THO I OIL MICEION WILE	O INCOMO OCITATORO					1110 110. 0000 000
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED
							С
		495097	B WING				07/28/2016
	PROVIDER OR SUPPLIER M HEALTH CARE & RE	HAB CEN		2400	EET ADDRESS, E PARHAM F HMOND, VA		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CO	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD FERENCED TO THE APPROPRIED TO THE A	BE COMPLETION
F 504	is Comfort Care. R	dent in error by lab. Resident P (responsible party) aware) aware Resident resting	F	504			
	staff.	on was provided by the facility MPTLY NOTIFY PHYSIGIAN	F-5	05	F505		
SS = U	The facility must prophysician of the find This REQUIREMEN by: Based on staff inter review, and clinical r failed, for 1 resident, sample of 27 resident two abnormal thyroid timely manner. 1. For Resident #11, occasions to notify th high thyroid function The Findings Include Resident #11 was a admitted to the facilit diagnoses included Disorder, Major Depo	T is not met as evidenced view, facility documentation ecord review, the facility staff (Resident #11) in the survey hts, to notify the physician of d function lab results in a the facility staff failed, on two he physician of abnormally test results.			2) 3) 4)	from delay in notifyin result. Resident is red and results are being day. All residents at risk.	g MD of lab ceiving lab testing reported same ordinator or on all licensed of abnormal labs f resulting lab. audit 100% of then 50% x3 In following QA
	The Minimum Data S	Set, which was an Annual					

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CENTER	45 FUR MEDICARE	& MEDICAID SERVICES			טאו פועוט	<u>/. บรวด-บวร เ</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		LTIPLE CONSTRUCTION DING	CON	(X3) DATE SURVEY COMPLETED	
		495097	B WING			C / /28/2016	
NAME OF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
PARHAM HEALTH CARE & REHAB CEN				2400 E PARHAM ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR	SHOULD BE	(X5) COMPLETION DATE	
	of 6/16/16, coded R Interview of Mental severe cognitive im On 7/27/16 a review #11's clinical record TSH (thyroid function High. Reference Ra 5/12/16-the-results-o	Assessment Reference Date esident #11 as having a Brief Status Score of 9, indicating	F	505			
	notified of the result. Regarding the test of wasn't notified until state of the physician increase from 150 MCG one time daily. The thera according to Mosby's Ed. pp. 555) is as for Correction of lack of On 7/27/16 a review documentation. The dated 2/1/15 read, "/ and track all physicial ensure that lab tests	the physician had been so of the March 3/29/16 test. done on 5/12/16, the physician 5/17/16. Assed Resident #11's Synthroid time daily to 175 MCG one speutic use of Synthroid so Drug Guide for Nurses (8th Illows: "Therapeutic outcome:	en girmen ta de Ana de la la ciencia de Caración de Ca	and the second of the second o	unt agel. (pri ship meguhin) (pri ship meguhin age) a		
	physician as soon as lab results. Results v faxed to the physicia	nurse will then notify the possible of any abnormal vithin normal limits may be n for notification. Critical to the physician and nated."					

On 7/28/16 at 10:30 A.M. an interview was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		495097	B. WING	3		C 07/20/2045	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 2400 E PARHAM ROAD RICHMOND, VA 23228	IP CODE	07/28/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION;	ID PREF TAG	EX (EACH CORRECTIVE ACT	ION SHOULD HE APPROPI	BE COMPLETION	
	Director of Nursing asked about the imphysician of abnorm he stated, "With a hwant to notify the do On 7/28/16 at 4:30 F	nference room with the (Administration B). When cortance of notifying the nal results in a timely manner, igh lab, that's something you actor about that day." P.M. the Administrator was informed of the findings.	F	505			