

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2017
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NAME OF PROVIDER OR SUPPLIER LOUISA HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 210 ELM STREET LOUISA, VA 23093
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial Licensure survey was conducted 08/15/17 through 08/17/17. One complaint was investigated. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 90 bed facility was 76 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents # 1 through # 13) and 2 closed record reviews (Residents # 14 and # 15).</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 (cross referenced to federal tag numbers).</p> <p>12VAC5-371-150(A). Please cross reference to F164.</p> <p>12VAC5-371-150(A). Please cross reference to F176.</p> <p>12VAC5-371-220(B). Please cross reference to F309.</p> <p>12VAC5-371-180(C)(3). Please cross reference to F314.</p> <p>12VAC5-371-180(C)(9). Please cross reference to F441.</p>	F 001	<p>The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p> <p>12VAC5-371-150(A) Personal Privacy/confidentiality of records cross reference to F 164</p> <p>12VAC5-371-150(A) Resident self-administered drugs if deemed safe cross reference to F 176</p> <p>12VAC5-371-220(B) Provide care/service for highest well-being cross reference to F 309</p>	9/8/17

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

TITLE

(X6) DATE

Electronically Signed

08/24/17

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F 001	Continued From page 1	F 001	<p>12VAC5-371-180(C) (3) Treatments/SVCS to prevent/heal pressure sores cross reference F 314</p> <p>12VAC5-371-180(C) (9) Infection control, Prevent spread, Linens cross reference F 441</p> <p>Date of Compliance: 09.08.17 F 164 cross reference to 12VAC5-371-150(A)</p> <ol style="list-style-type: none"> 1) Resident #1 No longer in facility. 2) All residents are at risk. 3) Staff Development Coordinator or designee will educate all staff responsible for providing care on maintaining dignity by drawing shades/curtains when providing care. 4) DON or designee will audit 25 residents, while receiving care for provision of dignity including drawing of curtains/drapes, a week x 2 weeks, then 15 residents a week x 2 weeks, then review at next quarterly QA meeting. <p>F 176 cross reference 12VAC5-371-150(A)</p> <ol style="list-style-type: none"> 1) Resident #10's MD/RP made aware of potential missed dose and patient's inability to self-administer nebulizer treatments. Resident #10 suffered no untoward event due to deficient practice. 2) All residents receiving nebulizer treatments are at risk. 3) Staff Development Coordinator or designee will educate all licensed nursing staff providing nebulizer treatments on remaining with resident during nebulizer administration or completing appropriate assessment for potential 	

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F 001	Continued From page 2	F 001	<p>self-administration.</p> <p>4) DON or designee will audit 100% of residents receiving nebulizer treatments for appropriateness of self-administration. Then audit 20% of residents receiving nebulizer administrations during med pass to ensure licensed nursing staff remain with resident throughout administration a week x2weeks; then 10% of residents receiving nebulizer administrations during med pass a week x 2weeks, then review at next quarterly QA meeting.</p> <p>F 309 cross reference 12VAC5-371-220(B)</p> <p>1) Residents #12□s MD/RP made aware of failure to obtain blood pressures for potential administration of PRN clonidine. PRN dose clonidine discontinued by MD. Resident suffered no untoward event due to deficiency.</p> <p>2) All residents receiving PRN blood pressure medications are at risk.</p> <p>3) Staff Development Coordinator or designee will educate all licensed nursing staff on obtaining and reviewing blood pressures based on frequency of PRN blood pressure orders, for need of administration.</p> <p>4) DON or designee will audit 100% of all PRN blood pressure medications for proper frequency of obtaining blood pressures and accuracy of administration based on results, then 20% a week x 2weeks, then 10% a week x 2weeks, then review at next quarterly QA meeting.</p> <p>F 314 cross reference 12VAC5-371-180(C)</p>	

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F 001	Continued From page 3	F 001	<p>(3)</p> <ol style="list-style-type: none"> 1) Resident #1 is no longer in facility. 2) All residents receiving wound dressing changes are at risk. 3) Staff Development Coordinator or designee will educate all licensed nursing staff on: <ol style="list-style-type: none"> a. On appropriate hand washing during dressing changes b. On appropriate time to change gloves during dressing changes c. On appropriate cleaning of bandage scissors prior/during dressing changes d. On appropriate use of barriers to prevent cross contamination during dressing changes 4) DON or designee will audit 100% of licensed nursing staff on: <ol style="list-style-type: none"> a. On appropriate hand washing during dressing changes b. On appropriate time to change gloves during dressing changes c. On appropriate cleaning of bandage scissors prior/during dressing changes d. On appropriate use of barriers to prevent cross contamination during dressing changes <p>Then 3 licensed nursing staff during a dressing change a week x 2weeks, observing for items a, b, c, d, then 2 licensed nursing staff during a dressing change a week x 2 weeks, then review at next quarterly QA meeting.</p> <p>F 441 cross reference 12VAC5-371-180(C) (9)</p> <ol style="list-style-type: none"> 1) Resident #8's Room has been cleaned and sanitized appropriate for dressing change. Dressing change now 	

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F 001	Continued From page 4	F 001	<p>completed. MD/RP made aware. Resident suffered no untoward event due to deficient practice.</p> <p>2) All residents with dressing changes are at risk.</p> <p>3) Staff Development Coordinator or designee will educate all licensed nursing staff on ensuring a clean and sanitary environment for dressing changes.</p> <p>4) DON or designee will audit 100% of licensed nursing staff prior to a dressing change to ensure a clean and sanitary environment is maintained, then 3 licensed nursing staff prior to a dressing change a week x 2weeks, then 2 licensed nursing staff prior to a dressing change a week x 2 weeks, then review at next quarterly QA meeting.</p>	