PRINTED: 04/12/2018 CONTINUED OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C 495252 R WING 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD BATTLEFIELD PARK HEALTHCARE CENTER PETERSBURG, VA 23805 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) This plan of correction is prepared and E 000 **Initial Comments** E 000 executed because it is required by the provisions of state and federal law and An unannounced Emergency Preparedness not because Battlefield Park survey was conducted 3-20-18 through 3-29-18. HealthCare Center admits or denies Corrections are required with 42 CFR Part the validity of the allegations and 483.73, (emergency preparedness) Requirement citations listed on the pages of this for Long-Term Care Facilities. Statement of Deficiencies. E 007 **EP Program Patient Population** E 007 CommuniCare, Battlefield Park CFR(s): 483.73(a)(3) HealthCare Center maintains that the SS=E alleged deficiencies do not jeopardize [(a) Emergency Plan. The [facility] must develop the health and safety of the residents, and maintain an emergency preparedness plan nor is it of such character as to limit that must be reviewed, and updated at least our capability to render adequate care. annually. The plan must do the following:] To remain in compliance with all (3) Address patient/client population, including, federal and state regulations, the but not limited to, persons at-risk; the type of facility has taken or will take the services the [facility] has the ability to provide in actions set forth in the following plan an emergency; and continuity of operations, of correction: including delegations of authority and succession plans.** Date of Compliance: May 10th, 2018 *Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This REQUIREMENT is not met as evidenced E 007 -Based on Staff interview and facility record 1.) The Facility Wide Assessment has review, the facility staff failed to fully document a been reviewed and revised by facility wide assessment to determine what Administrator and or designee to resources are necessary to care for it's residents ensure the individual care needs competently, during both day-to-day operations, of the resident population are and during emergencies. 2.) The Facility Wide Assessment has The facility failed to fully answer area 3 of the been reviewed with the RDO, document including the staff competencies RDCO, and or designee to ensure necessary to provide the level and types of care resident's needs within the needed for the resident population, and further population were met. failed to actively involve the facility administration LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE (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 ollowing 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 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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

Event ID: BXH211

Facility ID: VA0021

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 495252 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	C 03/29/2018
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E 007 Continued From page 1 in the facility assessment. The findings included; On 3-29-18 at 2:00 p.m., The emergency preparedness program was reviewed with the Administrator. A copy of the "Facility - Wide - Assessment" was requested and supplied. The Administrator was asked if she was involved in the assessment process, and she stated "no." "She stated she received the initial document from their corporate office in October of 2017, and reviewed it with the maintenance director and QAPI in December 2017. She stated this was the only assessment the facility had. Upon review of the document it was noted that in multiple areas of the assessment, the answers to questions were not answered or were insufficient to reflect the individual care needs of the resident population in this facility. In the following areas, the problems with that document is explained; In area #3.2 the staffing plan was not complete. "Licensed nurses providing care", and "Nurse aids" was not included. The box for "total number needed or average or range" stated "see above table", and "see additional staff in above table" was written in. There was no table, only a statement documenting "We review residents needs and abilities to ensure adequate staffing, not just a population based ppd". In area 3.3 (individual staff assignment) of the document, a question asks that a description be given to "describe how individual staff assignments." The process by which	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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E 007	"Staff and residen on preferences. P monitored daily an personally for ADL are being met." In area 3.4 (staff tr competencies) a q training/education necessary to provi support and care r population." "Inclurequirements,ing training, competen policies." The ans describe education resident population "Resident rights, tr fire/disaster drills, ilicense." In the facility asses questions were asl answers. The resp answer the question documented by the Question (1.) area developed and upon the properties of th	anade was not answered in this low was documented; Its are welcome to provide input PD (unknown acronym) is diresidents are assessed involvement to ensure needs aining, education, and usestion asks, "Describe staff and competencies that are de the level and types of seeded for your resident de staff certification clude hiring, education, cy instruction, and testing wer is insufficient and does not a necessary to care for the hirans. The below was documented; ansfers, infection control, applicable CNA/Nursing sement document, specific ked requiring descriptive onses the facility gave did not ons. The below was a facility; 3.5, How are policies dated.	EO	07		
	recruits, and retain	3.6, Describe how the facility s medical practitioners, and dequately trained and	TOTAL			

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E 007	facility population. Answer (2) Facility professional physis the residents are ADON, or ED on a along with QA meneeds are being rough Question (3.) areast aff familiarize the standards and knoprofessionals starcare delivery produirector. Answer (3) Practimely manner with Question (4.) areast of understanding, parties to provide facility during both emergencies. Answer (4) Referemergency preparation (5.) areast will share informational securely transproviders during access to resider Answer (5) Point Requests for head our EMR departmall requests are contact and securely transproviders are contact and securely transproviders during access to resider Answer (5) Point Requests for head our EMR departmall requests are contact and securely transproviders are contact and securely transproviders during access to resider Answer (5) Point Requests for head our EMR departmall requests are contact and securely transproviders are contact and securely transproviders during access to resider Answer (5) Point Requests for head our EMR departmall requests are contact and securely transproviders are contact and securely transp	y contracts with qualified icians to ensure the needs of met. physician meets with DON, a weekly basis at risk meeting eting to ensure all residents net. a 3.7, How do management and emselves with professional ow what expect from healthcare ndards, protocols and terms of tesses developed by the medical itioners attend weekly at risk nthly at QA meetings to ensure ation and an IDT approach. The also works very closely and in a the the nursing team. a 3.9, List contracts memoranda or other agreements with third services or equipment to the in normal operations and	E 007			

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E 007	Question (6.) area 3. evaluate your infection program including efficiency preventing, identifying and controlling infection diseases for all reside visitors, and other indunder a contractual a accepted national state Answer (6) Infection of our weekly at risk mereviewed at QA. Any an as needed basis. On 3-29-18 the facility made aware that the	an emergency. 11, describe how you In prevention and control ective systems for In reporting, investigating, In sand communicable ents, staff volunteers, ividuals providing services Interest of the services Interest of t		007			
	survey was conducted 03/29/2018. An exten 03/20/2018 through 0 corrections are required CFR Part 483 Federa requirements. The Lift will follow. Two completuring the survey. Immediate Jeopardy area of Quality of Carp.m. The facility remo 03/20/2018 at 9:09 p.	ded survey was conducted 3/29/2018. Significant ed for compliance with 42 I Long Term Care e Safety Code survey/report aints were investigated (IJ) was identified in the e on 03/20/2018 at 6:13 ved the immediacy on m. After removal of the and Severity was lowered					

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	in the area of Quality 03/20/2018 at 6:13 p.			-50	F550		
F 550 SS=D		(2)(b)(1)(2)	F 5	550	1.) Resident #364's ADL care a incontinent care was complete indicated. Resident # 32 urina	ed as	
1	self-determination, ar access to persons an	ght to a dignified existence, nd communication with and			drainage was lifted off the floo was provided a cover for priva dignity. 2.) Current residents were eva	or and acy and aluated	
	with respect and dign resident in a manner promotes maintenand	and in an environment that ce or enhancement of his or cognizing each resident's dity must protect and			for ADL and incontinent needs addressed as indicated. Currer residents with urinary cathete were reviewed for drainage by covers and that the drainage by secured off of floor.	nt ers ag	
	access to quality care severity of condition, must establish and m practices regarding tr	cility must provide equal e regardless of diagnosis, or payment source. A facility naintain identical policies and ransfer, discharge, and the under the State plan for all of payment source.			3.) The Assistant Director of Nursing/designee educated No staff on the policies and proce for ADL care, incontinent care storage and privacy for indwel catheter and drainage bag. Ch	edures , lling arge	
	rights as a resident o or resident of the Uni	right to exercise his or her of the facility and as a citizen			Nurse/designee will complete shift observations of current residents to ensure ADL and incontinent care are provided plan of care and that indwelling	per	
	resident can exercise	e his or her rights without n, discrimination, or reprisal	NAMES OF THE PROPERTY OF THE P		catheter bag is secured off floo covered for privacy and dignit	or and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION ALIMPED.		MULTIPLE CONSTRUCTION ILDING			(X3) DATE SURVEY COMPLETED C	
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F 550	free of interference, or reprisal from the facing rights and to be supprexercise of his or her subpart. This REQUIREMEN' by: Based on observation documentation review 2 residents (Resident sample of 38 resident and respect. 1. For Resident #364 provide incontinent at 2. For Resident #32, ensure the urinary cannot touching the floor privacy cover for the initial tour of the facil observed to be lying drainage bag and tull with no privacy urinate. The findings included 1. For Resident #364 was a 3/15/18 with diagnost to Bronchitis related injury due to Motor Westersia.	sident has the right to be coercion, discrimination, and ity in exercising his or her corted by the facility in the rights as required under this. It is not met as evidenced on, staff interview and facility w, the facility failed to ensure at #364 and #32) in a survey the were treated with dignity. If the facility staff failed to and ADL care. The facility staff failed to a urinary bag. During the ity, Resident # 32 was in bed with his urinary bing touching the floor and ry bag cover. It is, the facility staff failed to and ADL care. It is, the facility staff failed to and and cover. It is is in the facility staff failed to and and cover. It is is in the facility staff failed to and and cover. It is is in the facility staff failed to and and cover. It is is in the facility staff failed to and and cover. It is in the facility staff failed to and and cover. It is in the facility staff failed to and and and cover.	F	550	4.) Assistant Director of Nursing/Designee will comple observational validations of 1 residents per week for 12 we ensure ADLS and incontinent are completed as per plan of Results of Audits will brought QAPI. Central Supply will com an audit weekly for 12 weeks current residents with a urina drainage bag to ensure drains is off floor and covered with a brought to QAPI.	O eks to care care. to plete of ary age bag		

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F 550	enough for MDS to be The Admission Resid 03/15/2018 coded Re Unresponsive to phys was documented that Total assist of 2+ pers positioning as well as On 3/20/2018 severa on Resident #364. At was observed positio	not been at the facility long e completed. ent Evaluation dated esident # 364 as sical and verbal stimuli. It is Resident #364 required sons of for turning and Activities of Daily living. I observations were made 12:05 p.m. Resident #364 ned on his back, dressed in	F 5	550		
	hospital gown. The to the right side of reside under resident from h bottom sheet was vis stain, appearing dried beyond the level of the urine in room. The following observations are day (3/20/18) a condition dressed in least	p sheet was not covering ent, draw sheet was folded lips to mid-thigh and the libly stained with a yellow d. The stain extended lie draw sheet, the odor of light lips were made on that				
	CNA C performing inc During the end of day 4:45 PM, the Adminis	v debriefing on 3/23/2015 at strator (Admin A), Director of segional Nurse (Admin C) findings.				

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F 550	ensure the urinary not touching the fi privacy cover for to initial tour of the facultary o	32, the facility staff failed to catheter bag and tubing were oor and failed to provide a he urinary bag. During the acility, Resident # 32 was ing in bed with his urinary tubing touching the floor and inary bag cover. So a 75 year old male admitted to indiagnoses of, but not limited to, are Disease, Neuromuscular indiagnoses of	F 550		

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

Event ID: BXH211

Facility ID: VA0021

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	the floor. On 3/20/2018 at 1:25 as was observed lying drainage bag and tubit on the floor and was compared by the floor and was compared by the floor of the floor was problem, and the lack of bag was a "Privacy" problem, and the lack of bag was a "Privacy" problem, and the central Simple worked in Central Simple worked	PM, observed Resident # in bed. The urinary ng were no longer touching overed with a privacy bag. PM, an interview was yee A who stated he placed ter bag for Resident # 32. lifted the bag off the floor saw the bag on the floor lem. Employee A stated is "an Infection Control of a cover for the urinary oblem. Employee A stated upply but helped out ecord was conducted n's Orders revealed orders luded orders for a "Foley yer Prostatic Hypertrophy)" n date initiated 11/13/2017	F				
	Revealed a 1 ocus of Ale Skin Breakdown, Goal: catheter-related trauma Revision 3/12/2018/ targ	Will be/remain free from through review date. get date: 5/16/2018					
[1	I:15 PM, the administrate and Corporate Consultar	ebriefing on 3/23/2018 at tor, Director of Nursing nt (Admin C) were The DON and Corporate					

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F 550 F 582 SS=D	and tubing should r urinary catheter bag Director of Nursing Lippincott for Profes No further informati	C) agreed that the urinary bag not touch the floor and the g should be covered. The stated the facility used esional Nursing Guidance. On was provided. Coverage/Liability Notice	F 550		
33-0	§483.10(g)(17) The (i) Inform each Med writing, at the time of facility and when the Medicaid of-(A) The items and sursing facility services for which the reside (B) Those other iter facility offers and for charged, and the arservices; and (ii) Inform each Medicaid in §483.10 section. §483.10(g)(18) The resident before, or a periodically during the available in the facility services, including a covered under Medicaility's per diem radii) Where changes if and services covered Medicaid State plant	facility must— icaid-eligible resident, in of admission to the nursing e resident becomes eligible for ervices that are included in ices under the State plan and int may not be charged; ins and services that the ir which the resident may be mount of charges for those dicaid-eligible resident when to the items and services o(g)(17)(i)(A) and (B) of this if acility must inform each at the time of admission, and the resident's stay, of services ity and of charges for those any charges for services not icare/ Medicaid or by the		F 582 1.) Resident #165 is not a curre resident. No noted negative outcomes related to absence on Notice of Medicare Non-Covers 2.) Assistant Business Office Manager/designee completed audit of residents discharged with the last 30 days to ensure no additional residents were effect any identified areas of concernaddressed as indicated. 3.) The Regional Business Office Manager provided education regarding Notice of Medicare Coverage to the Executive Director of Nursing, Business Cocial Services and Interdisciples.	f age an within cted, n were ee

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	reasonably possible. (ii) Where changes ar items and services the facility must inform the 60 days prior to implee (iii) If a resident dies of transferred and does it facility must refund to representative, or estandeposit or charges almost per diem rate, for the cresided or reserved or facility, regardless of a discharge notice require (iv) The facility must resident representative the resident within 30 date of discharge from (v) The terms of an additional series of an individual facility must not conflict these regulations. This REQUIREMENT by: Based on Staff intervied ocumentation review, complete an Advanced or Notice of Medicare Nor one residents. Resident #165 was not to discharge from skilled. The findings included:	e made to charges for other at the facility offers, the e resident in writing at least mentation of the change. It is hospitalized or is not return to the facility, the the resident, resident ate, as applicable, any eady paid, less the facility's days the resident actually retained a bed in the any minimum stay or rements. If and to the resident or eany and all refunds due days from the resident's the facility. The facility mission contract by or on seeking admission to the twith the requirements of is not met as evidenced ew and facility facility staff failed to Beneficiary Notice (ABN) in a sample of provided a NOMNC prior	F 5	82	4.) The Assistant Business Office Manager/designee will audit discharges weekly to ensure North Medicare Non-Coverage we issued per requirements x12 with results brought to QAPI to ensure compliance.	otice ere eeks		
		a Discharge assessment				THE RESERVE TO SERVE THE PROPERTY OF THE PROPE		

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F 583 SS=D	11/27/2018. Residen Mental Status (BIMS indicating no cognitiv #165's diagnoses inchemiplegia, hemipare gastrostomy, dysarth hernia, hyperlipidemi reflux disease. On 3/22/2018, a revie ABN/NOMNCs was cresidents were chose chosen, one resident have a NOMNC imm Facility Administrator facility records and lo NOMNC. On 3/22/20 meeting, the Facility surveyors that a NOM not be located. The Fprovided a document Resident #165's NOM Personal Privacy/Cor CFR(s): 483.10(h)(1) §483.10(h) Privacy at The resident has a rig confidentiality of his crecords.	t #165's Brief Interview for) assessed a score of 15, e impairment. Resident duded: Ataxia, dysphagia, esis, cerebral infarct, ria, hypertension, inguinal a, and gastro-esophageal ew of the facility's conducted. Three discharged en for review. Of the 3 , Resident #165, did not ediately available. The was asked to review the locate Resident #165's 18, at the end of day Administrator informed MNC for Resident #165 could facility Administrator signed by her stating that MNC could not be located. Infidentiality of Records -(3)(i)(ii) and Confidentiality. In the personal privacy and for her personal and medical all privacy includes dical treatment, written and facility, personal care, visits, y and resident groups, but the facility to provide a resident.	F 5		ecords I an audit of ts to ensure their cord, any	

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	residents right to pers right to privacy in his of written, and electronic the right to send and provided and other letters, materials delivered to including those delivered to including those delivered than a postal service. §483.10(h)(3) The resident has the of personal and medic provided at §483.70(i) federal or state laws. (ii) The facility must all Office of the State Longto examine a resident's administrative records law. This REQUIREMENT by: Based on clinical record documentation the facility of residents (Resident #1 sample size of 38 residents). 1. For Resident # 112 for records in another resident's records in this Findings include:	conal privacy, including the or her oral (that is, spoken), a communications, including promptly receive unopened packages and other the facility for the resident, and through a means other death through a means other death and medical records. The records except as (2) or other applicable dow representatives of the gramman and in accordance with State dis not met as evidenced and review and facility dility failed to ensure privacy desident records for 2 dents. The records of the gramman and the second of the gramman and facility dility failed to ensure privacy desident records for 2 dents. The records of the gramman and facility filed this residents dents chart.	F	583	3.) The ADON/ designee educated facility staff on confidentiality privacy of residents' records 4.) The Administrator and or designees will audit 100% of resident's charts weekly for x1 weeks with results brought to to ensure compliance.	and 2	
	 For Resident # 112 fractions records in another resident 	acility filed this residents dents chart.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED		
		495252	B. WING_			03/29/2018		
	ROVIDER OR SUPPLIER	CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	ē			
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F 583	admitted to the far diagnoses of but in Chronic Pancreation on 3/23/18 reside picture and all ide diagnosis, Medicanumber and emer his physician's order and transportation appointment were chart. 2. For Resident # resident's records Resident #364 was 3/15/18 with diagret to Bronchitis relatingury due to Motor Hydrocephalus, sepentuals. Resident # 364's among the management of the Admission Resident # 364's and the Admission Reside	is a 62 yr. old male that was cility on 03/01/2018 with not limited to Cancer of Larynx, tis, Hepatitis C, failure to thrive. Int #112's face sheet with notifying information including id number, Social Security gency contact information, also ders and medical appointment information for an upcoming found in Resident # 364's 364 facility placed other in this residents chart. It is admitted to the facility on noses to include but not limited ed to trachea, traumatic brain or Vehicle Accident acral pressure ulcer stage II and admission was too recent for a set (MDS) assessment (an esident # 364 as onlysical and verbal stimuli. It that Resident #364 required	F5	·		5 3 6	Section of the sectio	
	positioning as well	persons of for turning and I as Activities of Daily living. hart of Resident #364 sident #112 including face						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATI	(X3) DATE SURVEY COMPLETED	
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SS=E	sheet, diagnosis, Med physician orders, and for resident to attend of acility was found in During the end of day 4:45 PM, the Administ Nursing (Admin B), Rewere informed of the fill No further information information was provid Free from Abuse and NCFR(s): 483.12(a)(1) §483.12 Freedom from Exploitation The resident has the rigneglect, misappropriation and exploitation as defincted but is not limited for poral punishment, in any physical or chemical treat the resident's med fill S483.12(a)(1) Not use volvisical abuse, corporal nvoluntary seclusion; This REQUIREMENT is py: Based on observation, and the record occumentation review, a complaint investigation to nsure 3 residents (Resi	icaid #, Social Security #, transportation information doctor appointment outside Resident 364's chart . debriefing on 3/23/2015 at rator (Admin A), Director of regional Nurse (Admin C) ndings. was provided. No further ed. leglect Abuse, Neglect, and ght to be free from abuse, on of resident property, ned in this subpart. This ed to freedom from voluntary seclusion and al restraint not required to ical symptoms. nust- erbal, mental, sexual, or I punishment, or a not met as evidenced staff interview, resident review, facility and in the course of a	F 600		has been no ent #99's eviewed, room on st patient ed, and crator tion idditional		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		(X3) DATE SURVEY COMPLETED		
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F 600	abuse. 1. Resident #85 phys Resident #90, Resident were put into place to safe from Resident #85 phys Resident #85 phys Resident #85 phys Resident #90, Resident were put into place to safe from Resident #85 phys Resident #90, Resident #90 phys Resident #90, Resident #90 phys Resident Pys Residen	sically and verbally attacked ent #99, and Resident #111 months. No interventions ensure all residents were 35 until after the survey Sically and verbally attacked ent #99, and Resident #111 months. No interventions ensure all residents were 35 until after the survey Sear old, was admitted to the lagnoses included End end, spinal stenosis, efflux. The property of Mental Status of Mental Status of Mental Status of motes were documented in	F	300	2.) The ADON, Unit managers wound care nurse have comp skin sweep of all residents wire BIMS under 9 with no addition issues noted. The social service director completed an abuse questionnaire with residents BIMS 9 and over with no addition issues noted. Facility reported incidents were reviewed from 2018 to ensure all incidents happropriate interventions in propriate interventions in propriate interventions with all the Abuse policy and approprintervening. 4.) The Administrator/DON or designees will interview if ablic conduct a skin assessment on of the residents 1x weekly for weeks, 50% of residents 1x weekly for 4 weeks, and 25% 1x week weeks, with results brought to x 3 months.	e or 100% eekly for 4	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	okay, just shaken up a RP (responsible party and left a message. A 1/9/18, 7:00 a.m. "11-was involved in an alteresident; per resident awoke to other resident face; he was heard ye immediately; removed room and (Resident #himself out of bed into went propelled himself upset and trying to tell while he was yet spearesident walked back (#90) sat in his wheelch cursing and (unreceptinocked and spat in (Rin between the two resfurther altercation, and hands on (one hand pland the other hand the oth	He verbalize that he was a bit. Resident is his own b. On call provider called awaiting call back." 7: At around 0300, resident ercation with another he was lying in bed and not hitting/slapping him in his lling and staff responded other resident from his 90) was able to transfer his wheelchair; he then f into the hallway highly staff of what had occurred; king with writer, other down to where (Resident hair all the while yelling and the veto redirection) then esident #90) face, writer got sidents to prevent any l was able to redirect with acced at his right forearm need at his right forearm need at his feelings/ emotional Resident remained in his shift." The noon, the Administrator he resident #85. When asked and reported both or resident abuse to the istrator stated no.	F	600			

-	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL [*] A. BUILDI		(X3) DATE SURVEY COMPLETED		
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F 600	anyone at the facility i	e 18 had hit him or hurt him, no. He stated that there are	F	600			
	nurse that talks smart	smart to him and a female to him, but no one had hurt ovide the names of anyone.					
	When asked if he was residents, Resident #9	s scared of any other	NOTIFIED TO CONTROL AND A STATE OF THE STATE				
	Administrator and Dire notified that Resident smart to him.	-					
	facility on 7/19/17. Did depression, attention-						
	disorder, stroke, traum hyperlipidemia, reflux,	natic brain injury, pain, and convulsions.					
	was a quarterly asses reference date of 11/1 coded with a Brief Inte score of 9 indicating m	ed limited assistance with					
	on his bed looking out	n., Resident #85 was sitting the window. When asked sident #85 stated he was					
	Resident #85 was obs next to Resident #90.	initial tour of the facility, served to live in the room They shared an adjoining 85 was roommates with					
The state of the s	observed in his room.	ning, Resident #85 was He had a 1:1 sitter with er guard to the right ankle.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		(X3) DATE SURVEY COMPLETED		
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		495252	B. WING			03/	29/2018
NAME OF PR	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
	D DADIC UEALTUCA	DE CENTED		250	FLANK ROAD		
BATTLEFI	ELD PARK HEALTHCA	RE CENTER		PET	ERSBURG, VA 23805		
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	Continued From page He had a roommate On 3/22/18 at 2:30 p Director of Nursing (When asked if the reinvolving Resident #investigated, the Adrasked if the resident reported, the Adminiasked if she conside by Resident #85 as a stated yes. When as other residents, the stated that Resident room or at the nursing hollers out while in him. The Administrator was the facility. The Abu conducted on 3/23/1 what she considered named resident to remisappropriation, very physical abuse, corpand sexual abuse. It is supposed to report a Administrator stated within 2 hours if harm hours for other allegaresident burns shoul Administrator stated unusual occurrences.	te 19 (Resident #111). I.m., the Administrator and DON) were interviewed. It is ident to resident abuse 190 and Resident #85 was ininistrator stated no. When to resident abuse was strator stated no. When red the altercations caused abuse, the Administrator sked if Resident #90 hurt any Administrator stated no. She #85 usually stayed in his own ing station. She stated that he is own room. It is a state of the Administrator stated no. She #85 usually stayed in his own ing station. She stated that he is own room. It is a state of the Administrator interview was 11:30 a.m. When asked abuse, the Administrator interview was 12 abuse, mental abuse, in oral punishment, seclusion when asked when she was abuse to the state office, the abuse was to be reported in occurred and within 24 ations. When asked if die reported, the yes because they are		500		TTE	DATE
	altercations with other	had physical and verbal er residents:					
	1. 11/21/17 "residen	t upset, yelling, and knocking					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
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F 600	nurse) administered calmed down apolog the duration of shift" 2. 11/23/17 "Resider monitoring. Redirect roommate. Resident why he was upset an went into garbage caplate and shoved it at thank you and yelling asked if he was hung responded yes. Give resident laid down. Resident currently in 3. 11/29/17 "On Win (nurse name) and thi extremely upset, hitti with his shoe. Yelling Separated two reside continued to curse or from bathroom to be also noted on Resident with calm down and told to Resident stated 'Ok, seat. Stayed in room roommates hair, no pupset. Stated 'He sphim that he can't put out of this room.' Su mother notified and with shortly."	in room. RN (registered his medications and he etic and remained in bed for art remains on behavior sed for arguing with a could not clearly specify and arguing with roommate but an and pulled out and empty at the roommate stating 'here a incoherently'. Resident ary or wanted a snack. He are HS (evening) snack then the following shack then are observed resident ary or wanted as noted. The bed with call bell in reach." In allway outside of room, as nurse observed resident and roommate on top of head a 'f**k you!' repeatedly. The side of room and pace and back. Spilled food was ant's side of room by his as advised to sit and relax to that everything will be ok. Thank you.' Then took a	F	600				
	monitoring. Residen	remains on behavior t came running out of room im. Staff went to residents						

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BATTLEF	ELD PARK HEALTHCAR	RE CENTER		PETE	ERSBURG, VA 23805		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 600	Continued From page	⇒ 21	F	300			
	room and he was in the						
		ncoherently and cursing.					
	, -	sily redirected. He started					
		tes bed linens and yanking					
		ck. He refused to calm					
		eatedly. Staff attempted to					
	•	at he has a new roommate.					
	Resident finally came						
	grabbed some of the		and the state of t				
	decorations of the tab	le and sat with them at the					
	nurse station. Reside	ent given PRN (as needed)		***************************************			
	Lorazepam for agitation		and the state of t				A de la companya de l
		ccepted HS (evening) snack					
	and then returned to r	room. Currently in bed					
	resting with call bell in	n reach."					
	5. 12/17/17 "Residen	t showed signs of	A STATE OF THE STA				
	aggression towards a	ssigned CNA (certified	All de la companya de				
	nursing assistant), wh	ile caring for his roommate.				*	
	Resident was difficult	to redirect, but, wasn't					
	combative. CNA was	instructed to stay away					
	from resident during h	nis throws of aggression to					
	prevent him fro (sic) b			ĺ			
		n & sat on his bed quietly.					
		resident throughout the day.					
		were @ bedside & resident					
		easant. Assigned CNA was		***************************************			, , , , , , , , , , , , , , , , , , ,
		e where needed. No further					
	•	nt during the remainder of					
SLATING AND	the shift.			A CONTRACTOR OF THE CONTRACTOR			
		t was in another resident's		Marian and Adaptace			
and the same of th	•	n the CNA broke up the					
		was unable to re-direct. He					
		n other resident room to					
	•	sident snatched roommates					
	•	Resident was redirected to					
		down. Attempted to call					
	resident mom. Unable	to get her the first few	-				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED		
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g at nursing station calming ats RP (responsible party) are. RP talked to resident for anded the phone to the ais room. Resident in room atly. No further behaviors at Approached roommate at resident stinks and then to his bed trying to take his redirected resident to sit anance man will fix his bed. The told this writer that he are and that (number) was are. This writer then are mober) from room and and 2 (room number). DON alled and informed of d x 2 no answer. Nurse no answer. Resident laying back in his bed." The told this resident to courred with this resident sident got out of bed, went are resident in the "B" bed/ was reportedly slapping the are as the other resident lay asident awakened to being when other resident began and arted/ redirected out of the into the hallway. When began to ambulate back to the resident heard the in the hall way: this resident	F				
	APPROACHE TO FILL SC IDENTIFYING INFORMATION) 22 g at nursing station calming at RP (responsible party) er. RP talked to resident for anded the phone to the his room. Resident in room etly. No further behaviors at Approached roommate at resident stinks and then to his bed trying to take his redirected resident to sit mance man will fix his bed. en told this writer that he atte and that (number) was m. This writer then mber) from room and and 2 (room number). DON alled and informed of d x 2 no answer. Nurse no answer. Resident laying back in his bed." Sund 0300 resident to be courred with this resident sident got out of bed, went as room via the bathroom resident in the "B" bed/ was reportedly slapping the ace as the other resident lay esident awakened to being When other resident began numediately intervened and orted/ redirected out of the into the hallway. When began to ambulate back to	A BUILDI 495252 B. WING ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) FREE TAG TAG TAG TAG TAG TAG TAG T	A BUILDING 495252 B. WING STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805 REMEMBER OF PRECEDED BY FULL SC IDENTIFYING INFORMATION) PREFIX 222 g at nursing station calming ths RP (responsible party) er. RP talked to resident for anded the phone to the nis room. Resident in room sity. No further behaviors at Approached roommate at resident stinks and then to his bed trying to take his redirected resident to sit nance man will fix his bed. en told this writer that he te and that (number) was m. This writer then mber) from room and g 2 (room number). DON alled and informed of d x 2 no answer. Nurse no answer. Resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed." bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to courred with this resident laying back in his bed. bund 0300 resident to co	A BUILDING 495252 STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805 PETERSBURG, VA 23805 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA PETERSBURG TO THE APPROPRIA PETERSBURG TO THE APPROPRIA PETERSBURG, VA 23805 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA PETERSBURG TO THE APPROPRIA PETERSBURG, VA 23805 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA PETERSBURG, VA 23805 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA PETERSBURG, VA 23805 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA PETERSBURG, VA 23805 PETERSBURG, VA 23805 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA PETERSBURG, VA 23805 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA FEODO PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA FEODO PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA FEODO PREFIX TAG PROVIDER'S PLAN OF CORRECTION (ECAL	LECENTER 495252 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805 PROVIDERS PLAN OF CORRECTION SHOULD BE, CROSS-REFERENCED BY FULL, SC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDERS PLAN OF CORRECTION SHOULD BE, CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG F 600 g at nursing station calming the Received Processing State of the

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF IDENTIFICATION NUMBER: A. BUILDING			NSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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F 600	resident and began to ambulating towards to meantime threatening resistant to redirectio supervisor and walke resident, hocked and and yelled, "I hate yo Writer was able to ste resident and with har his right forearm and back), redirected (resresident was talked to received PRN (as need behavior(s) remainded 9. 2/8/18 "Resident rewall and on the bathmand pushing the night wall. Staff tried to as but he was speaking toward staff saying so clenched. He then enwent into the adjacenthis finger and yelling (Resident #85) started gone f**k you up' reput got in between the received probable of the resident #85) back to curse yell and push so move toward the resiductor) notified of sitt 10. 2/11//18 "Resident also attempthe room. MD (docto	curse and yell at him the other resident in the goto hurt him; resident was n; pulling away from staff/ d up very close to other spat in other resident's face u. I'll kill you, Fk you!" up in front of accosted ds on (one hand placed at the other hand placed at his ident) back up to his room; until he calmed down; eded) and no further of shift." noted in room banging on the com door. He started hitting a stand by the door into the k resident what was wrong incoherently and turned omething with his fist intered into the bathroom and at room and began pointing incoherently at the resident. It comes and saying 'I'm eatedly to the resident. Staff sidents and tried to redirect to his room. He continued to taff while attempting to dent aggressively. MD unation." Int witnessed by staff was the side of room, squeezing the roommate denied any	F	600			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	LE CENTER		STREET ADDRESS, CITY, STATE, ZIP (250 FLANK ROAD PETERSBURG, VA 23805	CODE	
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F 600	resident and he was of understood that he caresidents." 11. 2/13/18 "At 6:00 p (number) was admitted 7:15 pm, undersigned noted new resident yet here and get this man room mate was 'spittin him, balling his fist up call light cords out of the phone charger out of the cursed him out.' Resident yet the chairs beside the county of the chairs beside the county of the county of the call. RP (responsible all above information. aware. At 8:00 pm, ream not worrying about the police.' At 8:15 am facility. Director of Nuaware. Resident (num (number)." 12. 3/17/18 "Resident roommate repeatedly immediately redirected comfort, resident remagood spirits, will continual sorry, resident was ercomfort and given snaaprn (as needed) anxiety.	calm and verbalized that he an not touch other p.m. a new resident ed to room (number). At d nurse and co-workers elling 'somebody come in n.' Resident states that his ng, yelling attempting to hit o (shaking fist at him), pulled the wall, pulled residents cell the wall, ate his chips and ident (number) then noted king to wing 2 and sitting in vending machine. MD d to incident; awaiting return party) called and aware of Director of Nursing made esident (number) states, 'I tit it because I have called in, (Police Department) in ursing called and made inber) moved to room It became agitated about yelling, resident was d and given a snack for ained at nursing station in nue to monitor."	F	600		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	COMPLETED
		495252	B. WING		03/29/2018
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 600	the above incidents names of the resident The following inform DON: 12/18/17 and 1/9/18 11/21/17, 11/23/17 at 12/5/17 and 12/25/1 2/8/18, 2/9/18, 2/11/ 3/18/17= Resident # Resident #99, a 67 y facility on 3/2/17. Didepression, hemiple anemia, and hyperter the most recent Mir was an annual assereference date of 3/4 coded with a Brief In score of 15 indicatin and required extens of daily living. On 3/29/18 an intervent the most recent Mir was an annual assereference date of 3/4 coded with a Brief In score of 15 indicatin and required extens of daily living. On 3/29/18 an intervent may be a seriference detect the most recent Mir was a quarterly assereference date of 3/8 coded with moderatin moderat	and DON were given a list of and asked to provide the ants harmed by Resident #85. ation was provided by the Resident #90 and 11/29/17= Resident #99 7= discharged resident 18, 2/13/18, 3/17/18, 111 Avear old, was admitted to the agnoses included stroke, gia, dementia, reflux, ension. Animum Data Set assessment symmetry was atterview of Mental Status g no cognitive impairment inversion available for interview. In the provided to the difference with activities was attempted with a readmitted on 2/16/18. dysphagia, cognitive	F 600		

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	40 Land Control of the Control of th	COMPLETED
	495252	B. WING		03/29/2018
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	•
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	SE COMPLETION
re-admission on 2/16/1 together on 3/20/18 du facility. On 3/23/18, Re in Room 201 B. Accord was moved out of their Resident #85 and into a While the facility staff in on 2/13/18 involved Re questionable because the resident involved cl #111 was discharged of March 11 was discharged of Marc	the room with Resident 2/9/18-2/13/18 and upon 8. They were living ring the initial tour of the esident #111 was observed ding to the census list, he room he shared with the new room on 3/21/18. Indicated that the incident esident #111, it is the nursing note read that hanged rooms. Resident on this date. In., Resident #85 was He had a 1:1 sitter with him roommate. In. the Administrator was ked if Resident #85 was vey team brought forth the es abusive behavior, the es. She stated that the it would be a good idea. In. the Administrator was or investigated any of the either that all of the other estrator stated no. When es that all of the other es that all of the other es she stated that she was incidents. She stated that e after she read the	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
					1	C 03/29/2018	
	ROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, 2 250 FLANK ROAD PETERSBURG, VA 23805		00/20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE CROSS-REFERENCED		(X5) COMPLETION DATE	
F 600	Continued From page with the severity that stated that staff report #85 was his "same old staff did not report the actions. On 3/27/18 at 8:46 a.m. Nurse E (LPN E) was room. When asked if E stated yes. When a resident needed a 1:1 for behaviors. Resident #85's care p initiated on 11/12/17 repsychotropic medications seroquel r/t (related to yelling, aggressivenes residents. The Intervenedications as ordere side effects and effect Consult with pharmacy dosage reduction whe	they were documented. She ted things such as Resident diself' yesterday, but the electrical sitting in Resident #85's she was the 1:1 sitter, LPN isked if she knew why the sitter, LPN E stated it was lan was reviewed. A Focus ead "(Resident #85) uses one Abilify, Haloperidol and by Behavior management is toward staff and other entions included Administer diseases (initiated 11/12/17), y, doctor to consider					
	reviewed: 12/7/17 note did not ad 1/10/18 note read "Pt (about his behavior was 5 milligram twice a day 1/25/18 psychiatric not evaluation of status an	ian Progress Notes were ddress behavior patient) family concerned s on Haldol before." Haldol was ordered. e read "seen today for d review of medication. room, good eye contact, but aphasia is evident					

STATEMENT OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	COMPL	ETED
		495252	B. WING		1	9/2018
	ROVIDER OR SUPPLIER	ARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	(FACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	eating or sleeping, symptoms of depre frustration/ anxiety and denies suicidal effects of medicatic and much more cal to help with agitatic to evaluate status a recommendation." 1/29/18 note did not 2/9/18 note read "Febhavior yesterday which help" Ativan needed was ordered 3/22/18 note read keep 1:1" 3/22/18 psychiatric responding to interimpaired cognition limited insight and respond that he wi appear to be in emindividual. However injury) this is subjest the importance given in the method to the nursing area 3/23/18 noted read keep 1:1" Employee training was completed.	denies any significant ssion but acknowledges some due to his difficulty in speaking ity. No noted or reported side ons. He is more alert today m. Will recommend BuSpar on/ anxiety and follow next visit and efficacy of medication of address behavior of (patient) had agitated of very aggressive Given Ativan of milligram twice a day as	F 60		If continuation sheet	Page 29 of 276

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STATEMENT	OF DEFICIENCIES	(V4) PDOLEDED OUT TO THE				<u>OMB NO. 0938-03</u>	39
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495252	B. WING			C 03/29/2018	
	PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STAT 250 FLANK ROAD PETERSBURG, VA 23805		03/29/2016	-
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the state of the s	"Policy" section read " to prevent the abuse, it residents or the misap property, corporal punit seclusion and to provide to manage any concern neglect or misappropriating "Employees will receive as required as part of the needed/ indicated and "Accurate and timely realleged and substantiating in accordance with the and allegations" read "facility." "a. Each occurred to the supervise of alleged abuse, misappropriation of function of allegation in the supervision. The supervisor or description of allegation in the supervisor or allegation and sotification of agencies, esident representative of the section titled "Investion in the supervisor or allegation in the supervisor or allegation in the supervisor or allegation and sotification of agencies, esident representative of the section titled "Investion in the supervisor or allegation in the supervisor	19/17 was reviewed. The lit is the intent of this facility mistreatment, or neglect of propriation of their ishment and/ or involuntary de guidance to direct staff ins or allegations of abuse, ation of their property." e abuse prevention training heir orientation, as annually thereafter." exporting of incidents, both red, will be sent to officials state law. I "Identification of incidents is the accurate and timely ent which would place our mary concern of the rence of resident incident, my of unknown source; or neglect or its will be identified and or and investigated timely. Signee will notify the Executive Director of the mediately and no later fiter being notified of direct required physician, family and is The Executive Director on." Ingation of Incidents" read in is identified as abuse, on, an investigation by will immediately follow."	F6	00			

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C
		495252	B. WING _		03/29/2018
	OVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	
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F 607	reported immediatel the facility. a. The E appropriate incident Services and the Dir Regulation as required Over a period of four documented occurred committed by Residuallowed to repeated. Two of the residents Resident #85 were rechange rooms. Resident #111 continuity with Resident #85. Unaware that the incomplete of the incidents were With each act of about into place to ensure from Resident #85's Develop/Implement CFR(s): 483.12(b)(1) S483.12(b)(1) Prohit implement written programmer of \$483.12(b)(2) Establish to investigate any set \$483.12(b)(3) Included paragraph \$483.95,	ead "1. Alleged violations are y to the Executive Director of ED/ designee will report is to the Adult Protective vision of Licensing and red by state law." It months, there were thirteen rences of abusive behavior ent #85. Resident #85 was by abuse the same residents. It who had been abused by not offered the opportunity to sident #90 continued to live bathroom with Resident #85. Indeed to live in the same room The Administrator was cidents had occurred. None are reported or investigated. Use, no interventions were put all facility residents were free a continued abusive behavior. Abuse/Neglect Policies (1)-(3) It was to develop and colicies and procedures that: It was to develop and residents and resident property, It would be the continued abuse, action of residents and procedures and resident property, It would be the continued at the continued abuse, and the continued abuse and the continued abuse.	F 6	F 607 1.) Resident #90's allegation reinvestigated and resident moved to a new room, with further issues noted. Reside	has been no ent #99's reviewed, room on st patient red, as and ent #72 is n at de I abuse in

NAME OF PROVIDER OR SUPPLIER	495252	B. WING			(X3) DATE SURVEY COMPLETED C	
NAME OF PROVIDER OR SUPPLIER					03/2	9/2018
BATTLEFIELD PARK HEALTHCARE C	ENTER		250	REET ADDRESS, CITY, STATE, ZIP CODE D FLANK ROAD ETERSBURG, VA 23805		\
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by: Based on observation, sinterview, clinical record documentation review, all complaint investigation the implement the abuse pole (Resident #90, 99, 111, at the survey sample. 1. Resident #85 physical Resident #90, Resident #90 over a period of four more was unaware of the incide were not investigated or 2. For Resident #72, the implement the abuse pole The findings included: 1. Resident #85 physical Resident #90, Resident to over a period of four more was unaware of the incide were not investigated or Resident #90, a 72 year facility on 7/14/17. Diagnet Stage Renal Disease, sphyperlipidemia, and reflue The most recent Minimula was a quarterly assessment reference date of 1/17/13 coded with a Brief Interviscore of 15 indicating not and required limited assistance.	staff interview, resident review, facility and in the course of a me facility staff failed to licy for 4 residents and 72) of 38 residents in ally and verbally attacked #99, and Resident #111 mths. The Administrator dents. The incidents reported. The facility staff failed to licies. The Administrator dents. The Administrator dents. The incidents reported. The Administrator dents. The Administrator dents. The incidents reported. The Administrator dents. The Administrator dents. The incidents reported. The Administrator dents are selected at the facility of the facil	F	607	Administrator moved resident new location where resident no additional incidents. Resid has been seen by facility psycophysician and is to remain on 2.) Facility reported incidents review from March 2018 to etimely completion, thorough investigations, and timely repto reporting agencies occurre DON/Administrator and or de 3.) Facility staff will be educated the need to immediately repoincidents and suspicions of ab ADON and or designee. 4.) Facility reported incidents reviewed timely and reported abuse policy. Results from audie be brought to QAPI committeensure compliance and further monitoring for 3 months.	has had ent #85 h 1:1. were nsure orting d by signee. ed on ort use by will be as per dits will e to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED C				
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	ROVIDER OR SUPPLIER	ARE CENTER		STREET ADDRESS, CITY, STATE, Z 250 FLANK ROAD PETERSBURG, VA 23805	IP CODE	
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F 607	Continued From pa	ge 32	F6	607		
	Resident #90's clini 12/18/17, 8:54 a.m. another resident. It room striking him ir (sic) times. Also, a him. Resident does marks noted on him okay, just shaken ut RP (responsible pa and left a message 1/9/18, 7:00 a.m. "was involved in an resident; per reside awoke to other resiface; he was heard immediately; remover room and (Resident himself out of bed it went propelled him upset and trying to while he was yet spresident walked bar #90) sat in his where cursing and (unrecent hocked and spat in in between the two further altercation, hands on (one hand and the other hand his room. (Resider encouraged to verthurt from this incider room the remainder On 3/21/18 in the account of the side of the	"Resident was attacked by the states resident came in his the head and neck multiply ttempting to take walker from so not have any bruises or other the verbalize that he was p a bit. Resident is his own rty). On call provider called the Awaiting call back." In 1-7: At around 0300, resident altercation with another the was lying in bed and dent hitting/slapping him in his the was lying in bed and dent hitting/slapping him in his the was lying in bed and dent hitting/slapping him in his the was lying in bed and dent hitting/slapping him in his the was lying in bed and dent hitting/slapping him in his the was lying in bed and dent hitting/slapping him in his the was lying in bed and dent hitting/slapping him in his the was lying in bed and dent hitting/slapping him in his the was lying in bed and dent hitting/slapping and dent resident from his the was lying in bed and dent his taff or what had occurred; the dent resident from his the was lying in bed and deptive to resident from his the was lying in bed and deptive to tresident from his the was lying in bed and deptive other resident from his the was lying in bed and deptive to tresident from his the was lying in bed and deptive to redirection) then (Resident #90) face, writer got residents to prevent any and was able to redirect with deplaced at his right forearm placed at his right forearm placed at his back) back to the state of the was placed at his placed by and deptive to redirectional deptiv				

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MILLITIDI E	001105	OMB N	10. 0938-039
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
NAME OF DROVEN	495252	B. WING			С
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCAR	RE CENTER	250	REET ADDRESS, CITY, STATE, ZIP CO D FLANK ROAD TERSBURG, VA 23805		3/29/2018
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instances of resident to state office, the Admin On 3/21/18 at 4:30 p.m conducted with Reside anyone at the facility has Resident #90 stated not guys around that talk sinurse that talks smart to him. He could not prov When asked if he was a residents, Resident #90 Administrator and Direct notified that Resident #8 smart to him.	turned later in the afternoon Resident #85. When asked and reported both or resident abuse to the istrator stated no. In., an interview was and the stated that there are mart to him and a female or him, but no one had hurt aide the names of anyone. Scared of any other of Nursing were so stated staff talked Told, was admitted to the moses included major afficit hyperactivity the brain injury, ain, and convulsions. In Data Set assessment with an assessment of Resident #85 was ew of Mental Status derate cognitive limited assistance with	F 607			

	OF DEFICIENCIES CORRECTION	(XI) THOUSE		(X3) DATE SURVEY COMPLETED		
						С
		495252	B. WING			03/29/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	
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BATTLEF	IELD PARK HEALTHCAI	RE CENTER		PETERSBURG, VA 23805		
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F 607	Continued From pag	e 34	F	607		
	next to Resident #90	oserved to live in the room They shared an adjoining #85 was roommates with				
	observed in his room	orning, Resident #85 was He had a 1:1 sitter with der guard to the right ankle. (Resident #111).	,			
	Director of Nursing (I When asked if the reinvolving Resident #8 investigated, the Admasked if the resident reported, the Administrated if she consider by Resident #85 as a stated yes. When as other residents, the Astated that Resident is	.m., the Administrator and DON) were interviewed. sident to resident abuse 20 and Resident #85 was ninistrator stated no. When to resident abuse was strator stated no. When red the altercations caused abuse, the Administrator sked if Resident #90 hurt any Administrator stated no. She #85 usually stayed in his own g station. She stated that he is own room.				
	the facility. The Abus conducted on 3/23/18 what she considered named resident to remisappropriation, ver physical abuse, corporand sexual abuse. V supposed to report a Administrator stated within 2 hours if harmhours for other allegaresident burns should	as the Abuse Coordinator for se Coordinator interview was 8 at 11:30 a.m. When asked abuse, the Administrator sident abuse, neglect, that abuse, mental abuse, oral punishment, seclusion when asked when she was buse to the state office, the abuse was to be reported in occurred and within 24 ations. When asked if d be reported, the yes because they are				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(Va		OMB N	OMB NO. 0938-039	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF F	PROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODI		3/29/2018
BATTLEF	TELD PARK HEALTHCAR	E CENTER		250 FLANK ROAD PETERSBURG, VA 23805		
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F 607	unusual occurrences. Resident #85's clinical	record was reviewed. The	F 60)7		
77	following notes docume which Resident #85 ha altercations with other to the control of the contr	d physical and verbal residents:				
	roommate's tv down in nurse) administered his	pset, yelling, and knocking room. RN (registered medications and he c and remained in bed for				
i i i t t e	went into garbage can a plate and shoved it at the chank you and yelling income asked if he was hungry of responded yes. Given He esident laid down. No fi	for arguing with uld not clearly specify Irguing with roommate but nd pulled out and empty e roommate stating 'here coherently'. Resident or wanted a snack. He IS (evening) snack then urther issues noted				
(i) ee w S CC from all	vith his shoe. Yelling 'f[* ieparated two residents ontinued to curse out ins	hallway outside of room, arse observed resident commate on top of head *]k you!' repeatedly. immediately. Resident side of room and pace d back. Spilled food was side of room by his dvised to sit and relax to everything will be ok. lak you.' Then took a etness noted to noted but was very				

The state of the latest designation of the l		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DA	NO. 0938-03 TE SURVEY MPLETED	9.
			495252	B. WING		C		
		PROVIDER OR SUPPLIER	E CENTER	2:	TREET ADDRESS, CITY, STATE, ZIP CODE 50 FLANK ROAD ETERSBURG, VA 23805	1 0	3/29/2018	•
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF.	(X5) COMPLETION DATE	1
	5 ann R coffre property at actions and actions and actions and actions are actions and actions and actions are actions and actions and actions are actions as a second action action actions are actions as a second action action actions are actions as a second action actions are actions as a second action action actions actions are actions as a second action action actions as a second action action actions actions action action action actions action action action actions action action action action actions action act	mother notified and will shortly." 4. 12/5/17 "Resident or monitoring. Resident or yelling get him, get him room and he was in the roommate speaking incommate speaking incommate speaking incommate speaking incommate speaking incommate asked repeated by the privacy curtain back down after asked repeatexplain to resident that Resident finally came or grabbed some of the roof decorations of the table nurse station. Resident acceptant for agitation effective. Resident acceptant that the returned to roof desting with call bell in resident was difficult to combative. CNA was instrumentally the revent him fro (sic) become the resident calmed down & continued to monitor resident unring lunch, parents we was cooperative & please and the resident was difficult to combative.	and in the toilet. I got to get ervisor notified. Resident's I be on her way to facility emains on behavior came running out of room. Staff went to residents ere pointing at his coherently and cursing. A redirected. He started is bed linens and yanking in the He sa new roommate. The total of room but had commates Christmas and sat with them at the given PRN (as needed). In medication was expected HS (evening) snack em. Currently in bed each." Thoward signs of gned CNA (certified caring for his roommate. The redirect, but, wasn't estructed to stay away throws of aggression to coming combative. In sat on his bed quietly, ident throughout the day, are @ bedside & resident ant. Assigned CNA was here needed. No further	F 607				

		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DA	NO. 0938-039 ATE SURVEY OMPLETED
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·		ROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	1 0	3/29/2018
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
	in oti	6. 12/18/17 "Resident room striking him wher altercation. Resident was still trying to get in attack him again. Resipictures off the wall. Rurses station to calmore resident mom. Unable times. Resident sitting down. Called residents and was able to get her a while and then he har nurse and walked to his laying on the bed quietly noted." 7. 12/25/17 "Resident Anumber) shouting that mumber) went back to his laying on the bed quietly noted." 7. 12/25/17 "Resident Anumber) shouting that mumber) went back to his laying on the bed quietly noted." 7. 12/25/17 "Resident Anumber) shouting that mumber had that mainten a Resident (number) then was afraid of roommate was afraid of roommate walling his fist up at him. Henoved resident to wing 2 director of nursing) called bove. (Doctor) called x ractitioner called x 1 no number) is calm and lay. 1/9/18 "11-7: At around esident altercation occurring aggressor. Reside to another resident's rootor; went over to the resext to window) and was	was in another resident's in the CNA broke up the vas unable to re-direct. He other resident room to dent snatched roommates esident was redirected to down. Attempted to call to get her the first few at nursing station calming is RP (responsible party) if RP talked to resident for inded the phone to the room. Resident in room is No further behaviors. No further behaviors approached roommate resident stinks and then his bed trying to take his redirected resident to sit ince man will fix his bed. This writer then er) from room and the form room and	F 60'			

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION	(X3) DA	ATE SURVEY MPLETED
					С
	495252	B. WING		0	3/29/2018
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
PREFIX (EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
to yell for help, staff im this resident was esco other resident's room i staff and this resident in this resident's room, the accosted resident up in stopped and turned base resident and began to ambulating towards the meantime threatening it resistant to redirection; supervisor and walked resident, hocked and such and yelled, "I hate you. Writer was able to step resident and with hands his right forearm and the back), redirected (resident was talked to use received PRN (as need behavior(s) remainder of the wall and on the bathroound pushing the night staff tried to ask rebut he was speaking incompared to the wall and yelling incompared to the went into the adjacent resident was talked to use the went into the adjacent resident was speaking incompared. He then ented went into the adjacent resident #85) started of gone f[**]k you up' repeated for the redirect (Resident #85) to continued to curse yell a attempting to move toward to continued to move toward to continued to move toward attempting to move toward staff some the redirect (Resident #85) to continued to curse yell a attempting to move toward staff some time to wave toward to curse yell and the province to curse yell and the provinc	when other resident began amediately intervened and red/redirected out of the not the hallway. When began to ambulate back to be resident heard the in the hall way; this resident ck towards the accosted curse and yell at him to other resident in the to hurt him; resident was pulling away from staff/ up very close to other pat in other resident's face I'll kill you, Fk you!" in front of accosted so on (one hand placed at the other hand placed at his ent) back up to his room; until he calmed down; ed) and no further of shift." The din room banging on the m door. He started hitting the thing with his fist the dinto the bathroom and began pointing coherently at the resident. The tresidents and tried to back to his room. He and push staff while	F 6	607		

PRINTED: 04/12/2018

STATEMENT	T OF DEFICIENCIES	WILDICAID SERVICES			FO	DA4 ADDD
AND PLAN (OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(20)		FORM APPRO OMB NO. 0938-0	
		IDENTIFICATION NUMBER:	A RINIDA	IPLE CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILDIN	NG	CON	IPLETED
NAME OF F	PROVIDER OR SUPPLIER	495252	B. WING		1	С
				CTDEET	03	/29/2018
BATTLEF	TELD PARK HEALTHCAR	E CENTER	- 1	STREET ADDRESS, CITY, STATE, ZIP CODE		123/2018
				250 FLANK ROAD		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		PETERSBURG, VA 23805		
TAG	REGULATORY OR L	YEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORR	ECTION	
		THO INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHORTS TO THE AP		(X5) COMPLETIO
				DEFICIENCY)	PROPRIATE	DATE
F 607	Continued From page	39				
Amount			F 607	7		
	10. 2/11//18 "Resident	Witnessed by staff was				
	- tarriging on rounning	SIGO OF FOOTH			To Charles	
	THE THE REPORT OF THE	roommata daminut				
1 1	Land the Algible Ibilit	ies noted on him				
	Colderic also attempting	a to move formitions				
} -	" TO TOOM, WID (UDCION)	and DD /roomanaisi				
1	caned and notified	This writer and the				۵
	COLL WING HE WAS CALL	m and verhelined the co				
re	inderstood that he can residents."	not touch other				
ļ						
1.	1. 2/13/18 "At 6:00 p.m	3 Daw rooident	Olivania.			
1 (**	was admitted to) room (number)				
	" Pin undersioned his	ree and an				
	Sed tiew tesidetit Aeiling	7 'somohodu	a delay			
,	" Y WING GET THIS MAN R	esident etetee u				
1.0	on male was spitting t	Alling attamption to the	[-	1
1	-, no not un ten	aking that at Limit				- 1
1	a.ii oolaa oul oi ina w	Vall pulled as a control of				- 1
cur	one charger out of the vised him out.' Resident	vall, ate his chips and				
(-)	WAIKINA I	CO Mana O I total				1
	S. G. O DESIDE ITTE VANA	ing masking a second			4	
(TO CONCUI. I HISTOR TO IT	Oldont	Table			
,	Aresponsible Damy) Called and a				
		Otor of Mi				- 1
	"O TILO DO DIII. TESIDER	of (number) at a contract of				- 1
	TO THOUSE DILIVING	Called I have			Management	1
	POINCE. MI O. 15 am (Pol	ice Donodmanus				
	ity. Director of Nursing re. Resident (number) r	Called and mark			V Tomponionis	1
/num	iber),"	noved to room				
(Huil		l l	1			
(iidii	•		300 m.			
12. 3	3/17/18 "Resident becar	me agitated about				
12. 3 room imme	3/17/18 "Resident becar mate repeatedly yelling	, resident was				
12. 3 room imme comfo	3/17/18 "Resident becar	resident was liven a snack for				

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	000.00		OMB NO. 09	38-039
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SUR\ COMPLETE	VEY
MANAGE OF		495252	B. WING_		С	
	PROVIDER OR SUPPLIER FIELD PARK HEALTHCAR	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD	03/29/20	<u>018</u>
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PETERSBURG, VA 23805		
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE COM	(X5) IPLETION DATE
F 607	Continued From page	40	F 60	7		
rosa o CR	reported resident yellir was redirected to nurs sorry', resident was en comfort and given snar a prn (as needed) anxi resident remains at nur to monitor." The Administrator and the above incidents and names of the residents. The following information DON: 12/18/17 and 1/9/18= R 11/21//17, 11/23/17 and 12/25/17 and	couraged to sit down for ck, resident was also given ety medication Lorazepam, rsing station, will continue DON were given a list of dasked to provide the harmed by Resident #85. On was provided by the esident #90 11/29/17= Resident #99 discharged resident 2/13/18, 3/17/18, old, was admitted to the oses included stroke, dementia, reflux, on. In Data Set assessment ent with an assessment Resident #99 was ew of Mental Status cognitive impairment esistance with activities was attempted with a validable for interview.				

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(2) 141	TIDI E COMPTE		OMB	NO. 0938-039
MNU PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	ON	(X3) DA	TE SURVEY MPLETED
		495252	B. WING				С
	PROVIDER OR SUPPLIER	ARE CENTER		STREET ADDRES 250 FLANK ROA PETERSBURG		10	3/29/2018
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EAC	ROVIDER'S PLAN OF CORRECT CH CORRECTIVE ACTION SHOU S-REFERENCED TO THE APPRO DEFICIENCY)	יו ח פר	(X5) COMPLETION DATE
th the column of the column is seen and column of the colu	Diagnoses included communication defice anemia, encephalopa. The most recent Min was a quarterly assereference date of 3/9 coded with moderate required extensive as daily living. Resident #111 lived in #85 from admission of re-admission on 2/16, together on 3/20/18 diacility. On 3/23/18, Fin Room 201 B. According to a serie and into the Resident #85 and into the Resident #85 and into While the facility staff in 2/13/18 involved Resident #85 and into the resident involved on 3/26/18 at 11:25 a. In a 3/26/18 at 11:25 a. In a 3/26/18 at 11:30 a. In the resident #85's laministrator stated year porate staff thought in 3/29/18 at 11:55 a. In a	dysphagia, cognitive bit, stroke, athy, and acute kidney failure. Imum Data Set assessment assement with an assessment with an assessment with Resident #111 was a cognitive impairment and asistance with activities of the room with Resident and 2/9/18-2/13/18 and upon with the initial tour of the Resident #111 was observed arding to the census list, he room he shared with the new room on 3/21/18. Indicated that the incident resident #111, it is the nursing note read that hanged rooms. Resident with the new rooms. Resident with the hanged rooms. Resident with him the had a 1:1 sitter with him the had a 1:1 sitter with him	F	507			

AND PLAN (OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION		NO. 0938-039 ⁻
			A. BUILDING		(X3) DA	TE SURVEY MPLETED
		495252	B. WING			С
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS	0	3/29/2018
BATTLEF	IELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID			
TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD DE	(X5) COMPLETION DATE
F 607	Continued From page		F 607			
	residents between Res	ident #85 and the other				
	asked if she was aware	strator stated no. When				
	incidents that had occu	rred, she stated that she	12			
i	was not aware of all of	the incidents. She stated				The state of the s
	that she became fully a	Ware after she read the				
1	incidents once the surve	ev team requested the				
	stated that the incidents	that were involved. She were not reported to her				
1	with the severity that the	ey were documented. She				
2	stated that staff reported	things such as Resident				1
71	roo was his same old s	elf" vesterday but the				
8	staff did not report the de	etails of Resident #85's				
a	icuons.					
C	On 3/27/18 at 8:46 a.m.,	Licensed Practical				
I N	iurse E (LPN E) was sitt	ing in Resident #85's				
10	John. Vvnen asked if she	Was the 1.1 sitter I DNI				
	stated yes. When aske	ed if she knew why the				1
fo	esident needed a 1:1 sitt or behaviors.	ter, LPN E stated it was			Vicinity (All Annual An	
Ro	esident #85's care plan	was reviewed. A Focus				
ns	itiated on 11/12/17 read	"(Resident #85) uses	0 171 AAAA			
Se	eychotropic medications eroquel r/t (related to) Be	Ability, Haloperidol and	**************************************			
ye	lling, aggressiveness to	ward staff and other				
163	siderius. The interventio	DS included Administer	The state of the s			1
me	edications as ordered. N	Monitor/ document for				
Sid	le effects and effectivend	ess (initiated 11/12/17),				
do:	nsult with pharmacy, do sage reduction when clir	ctor to consider				1
(ini	tiated 11/12/17), and Re	esident is on 1:1 for				
saf	ety and aggression (initi	ated 3/22/18).				
Res revi	sident #85's Physician P iewed:	Progress Notes were				
12/7	7/17 note did not addres	s behavior	A. Carrier and Car			

STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	000 000		OMB N	10. 0938-039
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DAT	TE SURVEY MPLETED
****		495252	B. WING		l	С
NAME OF I	PROVIDER OR SUPPLIER			CTDETARRAGE	0:	3/29/2018
BATTLEF	FIELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PETERSBURG, VA 23805		
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOURDON	(X5) COMPLETION DATE
F 607	Continued From page	43	F 60	7		
The second secon	1/10/18 note read "Pt (about his behavior was 5 milligram twice a day	patient) family concerned on Haldol before." Haldol was ordered.				
1. 2/ be	during the interview. He eating or sleeping, denie symptoms of depression frustration/ anxiety due thand denies suicidality. Needing the suicidality. Needing the suicidality of the suicidality of the suicidality of the suicidality. Needing the suicidality of the suicidality. Needing the suicidality of the suicidalit	d review of medication. room, good eye contact, but aphasia is evident e denies any difficulty es any significant in but acknowledges some to his difficulty in speaking No noted or reported side He is more alert today Will recommend BuSpar xiety and follow next visit ficacy of medication ress behavior ent) had agitated				
3/2 ke	22/18 note read "see pt ep 1:1"	(patient) behaviors,				
imp lim res app indi inju	22/18 psychiatric note responding to internal stimp paired cognition is evide ited insight and judgement of the pond that he will not hus pear to be in eminent daividual. However with hiry) this is subject to chaff the importance of rediresponding to the subject to chaff the importance of rediresponding to internal i	inti/ psychosis but int and his (sic) he has ent. He is able to it anyone and does not inger of hurting another is TBI (traumatic brain				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
		495252	B MANO			С
NAME OF P	ROVIDER OR SUPPLIER	453252	B. WING	STREET ADDRESS SITE OF SECOND		03/29/2018
	IELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CO. 250 FLANK ROAD PETERSBURG, VA 23805	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 607	Continued From page	44	F 6	607		
	given in the method of to the nursing area an	redirecting him, taking him d providing a snack."	AL POLICE AND A STATE OF THE ST			
	3/23/18 noted read "se keep 1:1"	ee pt (patient) behaviors,				
	Employee training was was completed.	reviewed. Abuse training	2000			
	"Policy" section read "I to prevent the abuse, n residents or the misapproperty, corporal punit seclusion and to provid to manage any concern neglect or misappropria "Employees will receive as required as part of the needed/ indicated and a	9/17 was reviewed. The t is the intent of this facility instreatment, or neglect of propriation of their shment and/ or involuntary le guidance to direct staff ins or allegations of abuse, ation of their property." e abuse prevention training neir orientation, as annually thereafter."				
Andrew Control	"Accurate and timely re alleged and substantiat in accordance with the	porting of incidents, both ed, will be sent to officials state law.				
	and allegations" read "1 identification of any everesidents at risk is a print facility." "a. Each occurribruise, abrasion, or injureport of alleged abuse, misappropriation of function of the supervision. The supervisor or desidentification of designation of designation or designation of alleged abuse.	rence of resident incident, ry of unknown source; or neglect or ds will be identified and or and investigated timely. signee will notify the Executive Director of the mediately and no later of the or source of the or source of the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(22) 1888		OMB NO. 0938
SOURCEON	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED
NAME OF PROMP	495252	B. WNG		С
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE	CENTER		STREET ADDRESS, CITY, STATE; ZIP CODE 250 FLANK ROAD	03/29/201
(X4) ID SUMMARY STAT	EMENT OF DEFICIENCIES		PETERSBURG, VA 23805	
(C'O'I DEFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOI II D DE
under the investigation	physician, family and c. The Executive Director on." igation of Incidents" read on is identified as abuse, on, an investigation by will immediately follow." ing of Incidents and 1. Alleged violations are ne Executive Director of esignee will report the Adult Protective of Licensing and state law." this, there were thirteen of abusive behavior 5. Resident #85 was the same residents ad been abused by red the opportunity to the enext to and share 85. Resident #111 the room with Resident the ne of the incidents of With each act of a put into place to	F 6		
Resident #85's continued about 2. For Resident # 72, the faci implement the abuse policies	usive behavior.			
implement the abuse policies				

ı	STATEMEN	T OF DEFICIENCIES	(V4) PDOMETRICUES (TO THE COLOR)			OMB I	NO. 0938-03	<u> 39</u>
		OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		TE SURVEY	
			495252	B. WING			C	
l	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		3/29/2018	
l	BATTLE	FIELD PARK HEALTHCAR	E CENTED	1	250 FLANK ROAD			
			E CENTER		PETERSBURG, VA 23805			
	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION		
_	PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	N
	F 607	Continued From page	46	F.00				
			er diagnoses included but	F 60				
		were not limited to Div	erticulitis of both small and					
		large intestines with pe	erforation and abscess,	TO A MARKA				
		insomnia, neuropathy.	Gastroparesis, Anxiety	may by a dealer				
		Disorder, Major Depres	ssive Disorder, Multiple					
		Sclerosis, Hypertensio	n and weakness.					-
		The second secon						
		Resident # 72's most re	ecent MDS with an ARD of					
		2/21/2018 was coded a	as a quarterly assessment.	***				-
		Resident # 72's cognitive	ve status (her ability to					
		was not coded. Dashe	cisions and memory ability)	Total distance of the second				-
		areas of Section C 100	Swere entered in the "Should Brief Interview for					1
	A. I.	Mental Status" through	C 1000" Cognitive Skill for					
		Daily Decision Making.	' Resident # 72 was					
		coded as needing supe	rvision assistance of one					1
		staff member to perform	her activities of daily		,			
		living. Resident #72 wa	as coded as being able to					1
	To the second se	hear, speak, understand	d, and be understood.					
	10000	On 3/28/2018 at 1:40 PI	M, Resident # 72 asked to					
		speak to the surveyors.	At 1:50 PM, Resident #					
		72 came to the conferen	nce room with the					
		surveyors. Resident # 7	2 stated she thought the	The state of the s				
		facility was getting much	Detter but slowly.			Į.		
		Resident # 72 stated the busy doing other things I	e facility staπ were often					
		residents who wander in	to other residents' rooms.					
		Total Manaci III	to other residents rooms.					
	1	Resident # 72 stated the	facility used to admit				•	
	1	residents to the facility th	nat could not be managed	Accordance of the second				l
	t	by the facility staff. She	stated one resident was			-		
	١.	very violent and hit other	residents. Resident # 72			-		}
	S	stated that particular resi	dent hit her in her chest					
	C	one day. Resident # 72 s	tated while she was				l	
	S	standing at the end of the	hall talking to a nurse	**************************************			l	
	V	who was passing medica	tions, that resident	and the same of th			I	
	K	knocked things off of the	medication cart and	and the state of t				
	ti	hen punched Resident#	/2 in her chest.					

SIMIEMENT O	F DEFICIENCIES	(X1) PROVIDER OURS			OMP	NM APPR	
AND PLAN OF	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) D	OMB NO. 0938-((X3) DATE SURVEY COMPLETED	
		495252	B. WING		1	С	
	VIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	005	3/29/2018	
BATTLEFIE	LD PARK HEALTHCA	RE CENTER		250 FLANK ROAD	ODE		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PETERSBURG, VA 23805			
PREFIX TAG	(LACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE CORRECTION OF	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
Re Adha fac ma Re 3/2 The or a the The Exp "Pol to prop secluto ma negle "Emp as red "Accu allege in accu The prop and al identifit resider facility bruise, report of misapp	diministrator and Dir ird to get that reside cility because she hany people. View of the clinical in 8/2018 at 2:25 PM. Pere was no docume in FRI (Facility Reports of the experimental interest of the experimental interest of the event the abuse, may be an appeared on the misappeart of the experimental interest of the experimental	she could not remember the sident # 72 stated the ector of Nursing worked ent discharged from the ad become violent with record was conducted on nutation of an incident report orted Incident) submitted to se, Neglect and 2/17 was reviewed. The is the intent of this facility histreatment, or neglect of ropriation of their hment and/ or involuntary endicated and so allegations of abuse, sion of their property." abuse prevention training eir orientation, as annually thereafter." orting of incidents, both did, will be sent to officials ate law. Identification of incidents The accurate and timely which would place our ary concern of the once of resident incident, of unknown accuracy.	. F 60	·			

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	[(Va)		OMB N	<u>0. 0938-039</u>
YNU PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE	SURVEY PLETED
		495252	B. WNG_			С
NAME OF P	ROVIDER OR SUPPLIER			CTDET ADDRESS OF	03/	29/2018
BATTLEF	IELD PARK HEALTHCARI	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	H D DE	(X5) COMPLETION DATE
T F retth approximate the star reserved to the were	than twenty four hours a incident or allegation ar notification of agencies, resident representative will direct the investigation. The section titled "Investigation the executive leadership the section titled "Reportacility Response" read in the section titled in	esignee will notify the Executive Director of the Inmediately and no later after being notified of and direct required physician, family and c. The Executive Director ion." Itigation of Incidents" read on is identified as abuse, ion, an investigation by will immediately follow." Iting of Incidents and "1. Alleged violations are the Executive Director of esignee will report the Adult Protective of Licensing and vistate law." In the Director of Nursing sked to present any Resident # 72. Both incidents involving ey were aware. Ithe Director of Nursing fany incidents of titions involving itefing on 3/29/2018, d Director of Nursing gs.	F 60			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI IED/CLIA				OMB N	IO. 0938-039	
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	(X3) DAT	E SURVEY
		495252	B. WING_			С
NAME (OF PROVIDER OR SUPPLIER		T	STREET ADDRESS STATES	03	/29/2018
BATTI	EEIEI D DARWIIGALTIIGA		1	STREET ADDRESS, CITY, STATE, ZIP CO	DE	
DAIL	EFIELD PARK HEALTHCAR	E CENTER		250 FLANK ROAD		
(X4) II	SIMMARY STA	TEMENT OF DEFICIENCIES	<u>L</u>	PETERSBURG, VA 23805		
PREFI TAG	X (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	ON SHOULD BE BE APPROPRIATE	(X5) COMPLETION DATE
F 60	O9 Continued From page	40	VITE AMOUNT OF THE STATE OF THE	F 609	Secretary and the secretary an	
F 60	- ontinuod i rom page		F 60	09 1.) Resident #90's allegation	n was	
	The state of the good v	iolations	F 60	reinvestigated and resident	t has been marred	
SS=	E CFR(s): 483.12(c)(1)(4	•)		to a new room, with no furt	ther issues moved	
	8483 12(c) In response	the allegation of		Resident #99's allegations h	iner issues noted.	-
	neglect exploitation as	to allegations of abuse,		reviewed resident was	iave also been	
	must:	mistreatment, the facility		reviewed, resident was mov	/ed to new room	- 1
	, made.			on 11/29/17 per patient rec	Juest patient has	
	§483.12(c)(1) Ensure th	nat all alleged violations		no additional issues noted, i	resident #72's	
	involving abuse, neglec	t. exploitation or	***************************************	allegation was investigated	on 3/29/2018 and	i
	mistreatment, including	injuries of unknown		reported to the state, reside	nt #72 is happy	1 1
	source and misappropriation of resident property			with current situation at nur	sing home no	
	are reported immediate	eported immediately, but not later than 2		adverse side effected noted	from alleged	
	hours after the allegation	n is made, if the events		abuse in October, and reside	ent #111's	
	that cause the allegation	involve abuse or result in		investigation was reviewed [OON and	
	serious bodily injury, or	not later than 24 hours if		Administrator moved resider	nt to new	
	the events that cause th	e allegation do not involve		location where resident has I	had no additional	
	the administrator of the	in serious bodily injury, to		incidents. Resident #85 has b	een seen by	
	the administrator of the to	State Summer	No. amplication	facility psych physician and is	to remain on	
	adult protective services	State Survey Agency and where state law provides		1:1.		
	for jurisdiction in long-ter	m care facilities) in		2.) The ADON, Unit managers	s, and wound	12.0
	accordance with State la	w through established		care nurse and or designees h	have completed	
	procedures.	unough established	YAAAAA	a skin sweep of all residents v	with a BIMS	
				under 9 with no additional iss	sues noted. The	
	§483.12(c)(4) Report the	results of all		social services director and or	designees have	
	investigations to the adm	inistrator or his or her		completed an abuse question	naire with	
	designated representative	e and to other officials in		residents with a BIMS 9 and o	Wer with no	
	accordance with State lav	v. including to the State		additional issues noted.	ACI MILLI LID	
	Survey Agency, within 5 working days of the			3.) Facility staff will be educate	od on the second	
	incident, and if the alleged	d violation is verified		to immediately report inciden	to on the need	
	appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident			suspicions of abuse by ADON a	is and	1
				designee.	and or	
						1
	interview, clinical record re	all interview, resident		4.) Facility reported incidents v	will be	
and the second	documentation review, and	d in the course of -		reviewed timely and reported	as per abuse	
	complaint investigation the	e facility stoff foiled to	1 Company of the London of the	policy. Results from audits will	be brought to	
	report allegations of abuse	and hurns to the state		QAPI committee to ensure com	npliance and	
	report allegations of abuse and burns to the state agency for 4 residents (Resident #90, 99, 111,			further monitoring for 3 month	ıs.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WING		***************************************		C 0 3/29/2018	
	PROVIDER OR SUPPLIER FIELD PARK HEALTHCAR	RE CENTER		250	REET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD FERSBURG, VA 23805		33/29/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
	1. Resident #85 physic Resident #90, Resident not reported by the fact Administrator or by the agency. 2. For Resident # 72, report an allegation of altercation. The findings included: 1. Resident #85 physic Resident #90, Resident mover a period of four monot reported by the faci Administrator or by the agency. Resident #90, a 72 year facility on 7/14/17. Diag Stage Renal Disease, shyperlipidemia, and refill the most recent Minimulas a quarterly assessive reference date of 1/17/11 coded with a Brief Intervision of 15 indicating not and required limited assidally living.	ically and verbally attacked in #99, and Resident #111 months. The incidents were cility staff to the e Administrator to the state the facility staff failed to resident to resident #111 onths. The incidents were lity staff to the resident to resident #111 onths. The incidents were lity staff to the Administrator to the state ar old, was admitted to the gnoses included Enderpinal stenosis, ux. Im Data Set assessment ment with an assessment 8. Resident #90 was view of Mental Status to cognitive impairment istance with activities of	F	509				
F	ne following nursing no Resident #90's clinical re 2/18/17, 8:54 a.m. "Res			And the second s		distribution of the state of th		

PRINTED: 04/12/2018

CENTER	KS FOR MEDICARE	& MEDICAID SERVICES			FOR	D: 04/12/2 M APPRO\
SIMIEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	OMB N	O. 0938-03
		IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE	SURVEY
		1			COM	PLETED
NAME OF D	ROVIDER OR SUPPLIER	495252	B. WING			C
			Si	REET ADDRESS, CITY, STATE, ZIP CODE	03/	29/2018
BATTLEFI	ELD PARK HEALTHCA	ARE CENTER		O FLANK ROAD		
				ETERSBURG, VA 23805		
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES				
TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		(X5) COMPLETION DATE
F 609	Continued From pag	no 51				
	another resident	le 51	F 609			
	Com etriking him i	states resident came in his				
[]	room surking nim in t	the head and nook multiple				
1	(Cic) times. Also, atte	empting to take walker from				
1 .	Ivesidetit does t	not have any bruices or other				
"	manns noted on him.	He verbalize that he was			170	
, ,	rkay, just snaken un :	a hit Resident is his a				
	vi (responsible batty	(). On call provider collect				
a	ind left a message. A	Awaiting call back."				
10	rerio, r.ou a.m. "11-7	7: At around 0300, resident				
re	es involved in an alte	ercation with another				
21	woke to other resident i	he was lying in bed and				
fo	woke to other residen	nt hitting/slapping him in his				
	oc, he was neard yel	IIINO and staff recognized				
****	in reductery, removed	Other resident from his			and demonstrate	
hir	Deelf out of barding	00) was able to transfer				
We	tisell out of bed INto I	his wheelchair; he then				
Un	set and their to to the	into the hallway highly				l l
wh	ile he was not an and	staff of what had occurred;				
rec	ile he was yet speak	ing with writer, other				Ž
#90	(1) sat in his wheelst	own to where (Resident		•		national state of the state of
CUI	Sing and Juprocenting	air all the while yelling and				
hor	cked and continue	e to redirection) then				
in h	etween the two re-	sident #90) face, writer got				
furt	etween the two resid	realis to prevent any				! S
han	ids on (one hand alo	vas able to redirect with ced at his right forearm				#
and	the other hand place	ed at his right forearm ed at his back) back to				1
his	room. (Resident #00) was cleaned up and			White	- 1
ence	ouraged to verhalize	his feelings/ emotional	**************************************			1
hurt	from this incident P	Resident remained in his	**************************************		and the second	
roon	n the remainder of sh	nift."				
On 3	3/21/18 in the afternoo	on, the Administrator				
was	asked to identify the	resident that how	To College		and the same of th	
rtesi	dent #90. She return	ed later in the age				- 1
anus	stated that it was Res	Sident #85 Whon colored			1	
11 2116	riad investigated and	d reported both	Tanana and a san a s			
instar	nces of resident to re	sident abuse to the				1

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DAT	TE SURVEY MPLETED
	1	495252	B. WING			C
	ROVIDER OR SUPPLIER IELD PARK HEALTHCAI	RE CENTER	250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD 'ERSBURG, VA 23805	, 0.	3/29/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	anyone at the facility Resident #90 stated r guys around that talk nurse that talks smart him. He could not pro When asked if he was residents, Resident #8 Administrator and Dire notified that Resident smart to him. Resident #85, a 56 ye facility on 7/19/17. Dia depression, attention-disorder, stroke, traum hyperlipidemia, reflux, The most recent Minim was a quarterly assess reference date of 11/1/coded with a Brief Intersector of 9 indicating m mpairment and require activities of daily living. On 3/21/18 at 4:40 p.m on his bed looking out to how he was doing, Resident #85 was observed.	m., an interview was lent #90. When asked if had hit him or hurt him, no. He stated that there are smart to him and a female to him, but no one had hurt ovide the names of anyone. It is scared of any other externed of stated no. The externed of Nursing were #90 stated staff talked ar old, was admitted to the agnoses included major deficit hyperactivity latic brain injury, pain, and convulsions. The better the product of the section of Merital Status of Mental Status of Mental Status of Mental Status of derived assistance with the window. When asked dident #85 stated he was the product of the facility, were to live in the room. They shared an adjoining	F 609			

STATEMEN	IT OF DEFICIENCIES	OW SPANNER			FOR	MAPPROVE
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION		O. 0938-039
		NOWBER.	A. BUILDIN	IG	(X3) DATE	E SURVEY PLETED
***************************************		495252	D 111110		l	C
NAME OF	PROVIDER OR SUPPLIER		B. WING _		- 1	
BATTI FI	FIELD PARK HEALTHCAR	•	1	STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	29/2018
		E CENTER	1	250 FLANK ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PETERSBURG, VA 23805		
PREFIX TAG	(E)OFFICIENCY	MUST BE DOCCEDED TO THE	ID	PROVIDER'S PLAN OF CORRECT	TION	
	TEGULATORY OR LE	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	d II D Dm	(X5) COMPLETION DATE
F 609	Continued From page	F2				
	Page	53	F 60	9		
	On 3/22/18 in the morn	ing Death and			The state of the s	
	On 3/22/18 in the morn observed in his room.	Ing, Resident #85 was	Market Property Control of the Contr			1
	him. He wore a wando	r guard to the right ankle.				
	He had a roommate (Re	guald to the right ankle.				
- Indiana	11(1)	=Side(II # 1 1).				1
	On 3/22/18 at 2:30 p.m.	the Administrator and				1
	Director of Marsing (DC)	N) were intonious d				
	A ALIGH ASKED II THE LESIDE	ent to recident above.	43.0		The state of the s	1
1	"" volvilly resident #90 a	and Resident #95				
1.	"" Vostigated, the Adminis	Strator stated no Mana			7700	1
1.	and it the resident to the	esident abuse was				1
	epoited, the Administrat	Or stated no NAM			-	
	saven ii Sile Considered i	he alterestions				
~	The Second Hop as anis	e the Administrate	Table and the same			1
1 9	rated yes. When asked	if Resident #00 h				1
1 -	" O TOSIGETIES, THE ARMI	Distrator stated or	**			1
-	wice that Nesidelli #85 i	USUALLY etayad in his				
1	some at the nuising sta	TION She stated that he				
111	ollers out while in his ow	n room.				
TI	he Administrata					
th	he Administrator was the	Abuse Coordinator for				1
CC	e facility. The Abuse Co	ordinator interview was				
wi	onducted on 3/23/18 at 1	1:30 a.m. When asked	TOTAL IN THE STATE OF THE STATE		**	
na	nat she considered abusi med resident to resident	e, the Administrator				
mi	Sappropriation verbal at	abuse, neglect,				
ph	sappropriation, verbal at ysical abuse, corporal pu	use, mental abuse,				
an	d sexual abuse. When a	sked when at				
Out	Sposed to report applied to	n the etate affine a				
, , ,	Commonator Stated aprise	Was to be remarked	1			
	mir & moute it tishim occur	red and within a				1
HOL	irs for other allegations	When acked if			***************************************	- 1
103	dent builds should be re-	norted the				
Adr	ninistrator stated ves ber	cause they are			Samp	1
unu	sual occurrences.					
Res	ident #85's clinical reserv	d			To the same of the	
follo	ident #85's clinical record wing notes documented	was reviewed. The				
	3 documented	uie occasions on				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i i	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
			495252	B. WING			C
		PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	<u> 0:</u>	3/29/2018
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RE	(X5) COMPLETION DATE
	Si Confirmation of the con	roommate's tv down in nurse) administered his calmed down apologeti the duration of shift" 2. 11/23/17 "Resident romonitoring. Redirected roommate. Resident cowhy he was upset and awent into garbage can aplate and shoved it at the thank you and yelling incasked if he was hungry responded yes. Given Hresident laid down. No fresident laid down. No fresident currently in bed fourse name) and this nurse rame) and this nurse the shoet. Yelling 'f** Separated two residents continued to curse out into most bathroom to bed and also noted on Resident's	d physical and verbal residents: apset, yelling, and knocking room. RN (registered a medications and he c and remained in bed for remains on behavior for arguing with build not clearly specify arguing with roommate but and pulled out and empty re roommate stating 'here coherently'. Resident for wanted a snack. He als (evening) snack then further issues noted. If with call bell in reach." hallway outside of room, urse observed resident roommate on top of head the you!' repeatedly. Immediately. Resident side of room and pace of back. Spilled food was side of room by his divised to sit and relax to everything will be ok. The you.' Then took a fetness noted to noted but was very me first. I was telling in the toilet. I got to get sor notified. Resident's	F 609			

STATEMEN	T OF DEFICIENCIES	NCIES (X1) PROVIDER/SUPPLIER/CLIA			ОМВ	OMB NO. 0938-039		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTION NG	(X3) DA	TE SURVEY MPLETED		
١		495252	B. WING					
	PROVIDER OR SUPPLIER FIELD PARK HEALTHCAN	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP C	ODE	3/29/2018		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PETERSBURG, VA 23805				
PREFIX TAG	/EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 609	Continued From page	÷ 55	F 60	99				
i i e e e	4. 12/5/17 "Resident remains on behavior monitoring. Resident came running out of room yelling get him, get him. Staff went to residents room and he was in there pointing at his roommate speaking incoherently and cursing. Resident was not easily redirected. He started grabbing his roommates bed linens and yanking the privacy curtain back. He refused to calm down after asked repeatedly. Staff attempted to explain to resident that he has a new roommate. Resident finally came out of room but had grabbed some of the roommates Christmas decorations of the table and sat with them at the nurse station. Resident given PRN (as needed) Lorazepam for agitation. medication was effective. Resident accepted HS (evening) snack and then returned to room. Currently in bed resting with call bell in reach."							
a n R co fr pr R Co Du wa ab	resident was difficult to ombative. CNA was insom resident during his to revent him fro (sic) becomesident calmed down & ontinued to monitor residenting lunch, parents we as cooperative & please to give assistance we	igned CNA (certified caring for his roommate. redirect, but, wasn't structed to stay away throws of aggression to combative.						
alte	12/18/17 "Resident wa om striking him when th ercation. Resident was s still trying to get in oth	e CNA broke up the						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495252	B. WING_			C 03/29/2018	
NAME OF PROVIDER OR	SUPPLIER		<u></u>	STREET ADDRESS, CITY, STATE, ZIP		312312010	
BATTLEFIELD PARK	LEALTHOAD	DE CENTED		250 FLANK ROAD			
BALLEFIELD PARK	REALIRCAN	RECENIER		PETERSBURG, VA 23805			
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
attack hir pictures of nurses stresident in times. Redown. Ca and was a a while ar nurse and laying on noted." 7. 12/25/(number) (number) bed apart down and Resident was afraic balling his removed in moved resident allowing agginto another door; went (next to winother resident in bed asles slapped in to yell for his resident in to yell for his resident in sesident in the sesiden	off the wall. ation to calmom. Unable esident sittin alled resident able to get had then he had walked to had the bed quies of the town of nursing) calculated a town of nursing) calculated a town of nursing) calculated a town of the called a	sident snatched roommates Resident was redirected to a down. Attempted to call to get her the first few g at nursing station calming ats RP (responsible party) ter. RP talked to resident for anded the phone to the anis room. Resident in room telly. No further behaviors It Approached roommate at resident stinks and then to his bed trying to take his redirected resident to sit mance man will fix his bed. The told this writer that he the and that (number) was m. This writer then mber) from room and g 2 (room number). DON talled and informed of the x 2 no answer. Nurse no answer. Resident laying back in his bed." The told this resident to curred with this resident ident got out of bed, went room via the bathroom resident in the "B" bed/ was reportedly slapping the ce as the other resident lay sident awakened to being then other resident began mediately intervened and mediately intervened and mediately intervened and mediately redirected out of the moto the hallway. When	F6	09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BUI		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495252	B. WING			C 03/29/2018		
	PROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805		3/23/2016		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
	staff and this resident this resident's room, accosted resident up stopped and turned be resident and began to ambulating towards to meantime threatening resistant to redirection supervisor and walke resident, hocked and and yelled, "I hate you Writer was able to steresident and with han his right forearm and back), redirected (resersident was talked to received PRN (as need behavior(s)) remainded 9. 2/8/18 "Resident mwall and on the bathroand pushing the night wall. Staff tried to ask but he was speaking it toward staff saying so clenched. He then en went into the adjacent his finger and yelling in (Resident #85) started gone f**k you up' repergot in between the resident #85) back to curse yell and push stamove toward the residence of the resi	t began to ambulate back to the resident heard the in the hall way; this resident back towards the accosted or curse and yell at him he other resident in the go to hurt him; resident was n; pulling away from staff/d up very close to other spat in other resident's face u. I'll kill you, Fk you!" op in front of accosted ds on (one hand placed at the other hand placed at his ident) back up to his room; outil he calmed down; oded) and no further of shift." Toted in room banging on the pom door. He started hitting stand by the door into the aresident what was wrong incoherently and turned mething with his fist tered into the bathroom and room and began pointing incoherently at the resident. It cursing and saying 'I'm atedly to the resident. Staff idents and tried to redirect to his room. He continued to aff while attempting to ent aggressively. MD	F 609					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	NO THE TOTAL CONTRACTOR			OMB NO. 0938-039					
	AND PLAN O	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ŀ			495252	B. WNG				C	
		PROVIDER OR SUPPLIER	E CENTER	•	25	REET ADDRESS, CITY, STATE, ZIP CODE 0 FLANK ROAD ETERSBURG, VA 23805	1 0	3/29/2018	
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E TE	(X5) COMPLETION DATE	ı
	And the second s	pain and no visible inju Resident also attempting the room. MD (doctor) party) called and notified resident and he was call understood that he can residents."	ries noted on him. ng to move furniture out of and RP (responsible ed. This writer spoke with Im and verbalized that he not touch other	Fé	609				
	ti c ti () c a a a th fa ()	room mate was 'spitting, him, balling his fist up (scall light cords out of the chone charger out of the cursed him out.' Reside by staff members walking the chairs beside the verdoctor called), related to call. RP (responsible parall above information. Di ware. At 8:00 pm, reside m not worrying about it line police.' At 8:15 am, (Facility. Director of Nursir ware. Resident (number humber)."	to room (number). At urse and co-workers ing 'somebody come in Resident states that his it yelling attempting to hit haking fist at him), pulled it wall, pulled residents cell it wall, ate his chips and int (number) then noted go to wing 2 and sitting in inding machine. MD incident; awaiting return inty) called and aware of rector of Nursing made lent (number) states, 'I because I have called colice Department) in ing called and made in moved to room						
	ro im co	 3/17/18 "Resident be- commate repeatedly yellinged and the second an	ing, resident was d given a snack for d at nursing station in		The state of the s				
	rep	 3/18/18 "CNA (certifier ported resident yelling at a sedirected to nursing sets. 	t roommate resident						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495252	B. WING _			C 03/29/2018	
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE 250 FLANK ROAD PETERSBURG, VA 23805			
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F 609	comfort and given sr a prn (as needed) ar resident remains at r to monitor." The Administrator ar the above incidents anames of the resider The following informations: 12/18/17 and 1/9/18: 11/21/17, 11/23/17 at 12/5/17 and 12/25/17 at 12/5/17 and 12/25/17 at 12/5/17 esident # Resident #99, a 67 y facility on 3/2/17. Dia depression, hemipleganemia, and hyperte The most recent Min was an annual assess reference date of 3/4 coded with a Brief Inscore of 15 indicating and required extension daily living. On 3/29/18 an interving Resident #99. He was Resident #99. He was Resident #111, a 65 facility on 2/9/18 and Diagnoses included communication deficient.	encouraged to sit down for mack, resident was also given existence mack, resident was also given existence make the mack of th	F	509			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION			SURVEY PLETED
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	ROVIDER OR SUPPLIER	ARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 FLANK ROAD PETERSBURG, VA 23805	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIE!	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD B THE APPROPRIA		(X5) COMPLETION DATE
F 609	was a quarterly ass reference date of 3/coded with moderar required extensive daily living. Resident #111 lived #85 from admission on 2/1 together on 3/20/18 facility. On 3/23/18 in Room 201 B. Ac was moved out of the Resident #85 and in While the facility state on 2/13/18 involved questionable becauthe resident involved #111 was discharged On 3/26/18 at 11:25 observed in his room and he did not have On 3/26/18 at 11:30 interviewed. When put on 1:1 after the issue of Resident #Administrator stated corporate staff thou On 3/29/18 at 11:55 asked if she reporte incidents between Fresidents. The Admasked if she was asked if she wa	nimum Data Set assessment ressment with an assessment /9/18. Resident #111 was te cognitive impairment and ressistance with activities of I in the room with Resident re on 2/9/18-2/13/18 and upon 16/18. They were living reducing the initial tour of the reduced resident #111 was observed recording to the census list, he re room he shared with reduced that the incident reduced read that the incident resident #111, it is reset the nursing note read that red changed rooms. Resident red on this date.	F	509			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495252	B. WING		С
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCAR		STF 250	REET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD TERSBURG, VA 23805	03/29/2018
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
that she became fully incidents once the surnames of the resident stated that the incider with the severity that it stated that staff report #85 was his "same old staff did not report the actions. On 3/27/18 at 8:46 a.m. Nurse E (LPN E) was room. When asked if E stated yes. When as resident needed a 1:1 for behaviors. Resident #85's care plainitiated on 11/12/17 repsychotropic medications. Seroquel r/t (related to yelling, aggressiveness residents. The Intervenedications as ordered side effects and effective Consult with pharmacy dosage reduction when (initiated 11/12/17), and safety and aggression (Resident #85's Physicia reviewed: 12/7/17 note did not add 1/10/18 note read "Pt (processions)."	of the incidents. She stated aware after she read the rvey team requested the is that were involved. She has were not reported to her they were documented. She ted things such as Resident diself' yesterday, but the endetails of Resident #85's on., Licensed Practical sitting in Resident #85's she was the 1:1 sitter, LPN sked if she knew why the sitter, LPN E stated it was an was reviewed. A Focus and "(Resident #85) uses ons Abilify, Haloperidol and by Behavior management is toward staff and other intions included Administer di. Monitor/ document for veness (initiated 11/12/17), doctor to consider in clinically appropriate did Resident is on 1:1 for (initiated 3/22/18). The progress Notes were dress behavior the patients of the progress in the progress of	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1``	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIA	
F 609	evaluation of status at Today he is seen in hi interaction appropriate during the interview. eating or sleeping, de symptoms of depress frustration/ anxiety du and denies suicidality effects of medications and much more calm. to help with agitation/ to evaluate status and recommendation." 1/29/18 note did not at 2/9/18 note read "Pt (puberavior yesterday, which help" Ativan 1 in needed was ordered. 3/22/18 note read "seekeep 1:1" 3/22/18 psychiatric noresponding to internal impaired cognition is elimited insight and judirespond that he will not appear to be in emine individual. However winjury) this is subject to staff the importance of	ote read "seen today for and review of medication." Is room, good eye contact, the but aphasia is evident. He denies any difficulty anies any significant ion but acknowledges some the tohis difficulty in speaking. No noted or reported side to the is more alert today. Will recommend BuSpar anxiety and follow next visit is efficacy of medication. He is a difficulty in speaking to the is more alert today. Will recommend BuSpar anxiety and follow next visit is efficacy of medication. He is agreed to the interest in the interest interest in the interest interest in the interest interest in the interest interest interest in the interest interest interest interest interest in the interest inter	F6			
	-	ee pt (patient) behaviors,				

OTATELANA		I DIONID SERVICES			OMI	B NO. 0938-039 [.]
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	FIPLE CONSTRUCTION		DATE SURVEY COMPLETED
		495252	B. WING_			C 03/29/2018
	PROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZII 250 FLANK ROAD PETERSBURG, VA 23805	PCODE	00/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
	keep 1:1" Employee training was completed. The facility policy "At Exploitation" dated 1. "Policy" section read to prevent the abuse, residents or the misa property, corporal purseclusion and to prove to manage any conceneglect or misappropi "Employees will receivas required as part of needed/ indicated and "Accurate and timely ralleged and substantial in accordance with the and allegations" read identification of any expresidents at risk is a prediction of alleged abuse misappropriation of furreported to the supervious. The supervisor or decordent or allegation in than twenty four hours neident or allegation and offication of agencies	cuse, Neglect and (19/17 was reviewed. The "It is the intent of this facility mistreatment, or neglect of ppropriation of their nishment and/ or involuntary ide guidance to direct staff irns or allegations of abuse, riation of their property." we abuse prevention training their orientation, as annually thereafter." reporting of incidents, both ated, will be sent to officials e state law. Id "Identification of incidents of the irner or of the rence of resident incident, and investigated timely rence of incident incident, and investigated timely resignee will notify the of Executive Director of the inmediately and no later after being notified of and direct required, physician, family and c. The Executive Director	F 60	09		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURV	
			A. BUILD	ING		Co	MPLETED
		495252	B. WING	***************************************		1 .	C 93/29/2018
	PROVIDER OR SUPPLIER	ARE CENTER	•	250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD TERSBURG, VA 23805		312912018
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i f F fi	The section titled "Ir" "1. In the event a sit neglect or misappropriate the executive leader The section titled "Refacility Response" reported immediately the facility. a. The Eappropriate incidents Services and the Div Regulation as required to the facility. The Eappropriate incidents of the propriate incidents of the resident #85 were not change rooms. Resident #85 were not compared to and share a because that the incident with Resident #85. The resident #85 were not of the incidents were in the first of the incidents were in the first of the incident with each act of abusent place to ensure a from Resident #72, a female acility 11/2/12015. He were not limited to Diverge intestines with personal resident with resident with personal resident with res	prestigation of Incidents" read uation is identified as abuse, priation, an investigation by ship will immediately follow." eporting of Incidents and ead "1. Alleged violations are to the Executive Director of D/ designee will report to the Adult Protective ision of Licensing and ed by state law." months, there were thirteen notes of abusive behavior int #85. Resident #85 was to abuse the same residents, who had been abused by bot offered the opportunity to dent #90 continued to live athroom with Resident #85. Led to live in the same room the Administrator was dents had occurred. None reported or investigated. e, no interventions were put Ill facility residents were free ontinued abusive behavior.	F	609			

FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE		OMB N	IO. 0938-039
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
IMIC OF DOOL TO	495252	B. WING			С
IAME OF PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODI	03	3/29/2018
SATTLEFIELD PARK HEALTHCAP	RE CENTER	25	0 FLANK ROAD	_	
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	PE	TERSBURG, VA 23805		
CACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD DE	(X5) COMPLETION DATE
F 609 Continued From page	65	, i constitution of the second			
	ssive Disorder Multiple	F 609			
Resident # 72's cogniti make every day life de was not coded. Dashe areas of Section C 100 Mental Status" through Daily Decision Making. coded as needing supe staff member to perform living. Resident # 72 with hear, speak, understand	cisions and memory ability) s were entered in the "Should Brief Interview for C 1000" Cognitive Skill for ' Resident # 72 was rvision assistance of one her activities of daily as coded as being able to d, and be understood. M, Resident # 72 asked to At 1:50 PM, Resident # ce room with the 2 stated she thought the better but slowly, facility staff were often ike running behind				
Resident # 72 stated the residents to the facility the by the facility staff. She seems very violent and hit other stated that particular residence day. Resident # 72 st standing at the end of the who was passing medicate knocked things off of the number of the punched Resident # 72 stated she compared to see the standing at the seed the state of the sta	at could not be managed stated one resident was residents. Resident # 72 lent hit her in her chest ated while she was hall talking to a nurse ions, that resident nedication cart and 72 in her chest.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SU COMPLE	
		495252	B. WING		С	
	ROVIDER OR SUPPLIER	- Lucius	STR 250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD FERSBURG, VA 23805	03/29	<u>'2018</u>
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	many people. Review of the clinica 3/28/2018 at 2:30 PM. Review of the Progre documentation of any altercations. On 3/28/2018 at 2:45 and Administrator we incident reports involvated there had been Resident #72 of which of the progression of the progression of the progression of the property. The facility policy "Abe Exploitation" dated 1/- "Policy" section read "to prevent the abuse, residents or the misapproperty, corporal punicellusion and to provisto manage any concerneglect or misapproperty. Employees will receive as required as part of meeded/ indicated and "Accurate and timely malleged and substantian accordance with the The policy section title.	I record was conducted on M. Iss notes revealed no yresident to resident I PM, the Director of Nursing re asked to present any ving Resident # 72. Both no incidents involving the they were aware. AM, the Director of Nursing are of any incidents of itercations involving the trecations involving are of any incidents of itercations involving use, Neglect and 19/17 was reviewed. The lit is the intent of this facility mistreatment, or neglect of oppopriation of their inshment and/ or involuntary de guidance to direct staff rns or allegations of abuse, iation of their property." I we abuse prevention training their orientation, as annually thereafter." I eporting of incidents, both ated, will be sent to officials	F 609			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	The state of the s	COMPLETED	
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NAME OF F	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE	03/29/2011	5
BATTLEF	IELD PARK HEALTHC	ARE CENTER		FLANK ROAD IERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLE	MOITE
	residents at risk is a facility." "a. Each od bruise, abrasion, or report of alleged ab misappropriation of reported to the superboth of allegation of allegation notification of agenciated representativill direct the investion. The section titled "In "1. In the event a sitt neglect or misappropriate executive leader. The section titled "Refacility Response" reported immediately the facility. a. The Elappropriate incidents Services and the Div Regulation as required to 3/29/2018 at 12:00 debriefing, the Admir Nursing stated Resident striking her in Administrator stated services in the section of the section titled "Resident # 72 to find the section of the section of the section of the section of the section at the section of the section at the section of the sect	event which would place our a primary concern of the courrence of resident incident, injury of unknown source; or use, neglect or funds will be identified and exisor and investigated timely. If designee will notify the and Executive Director of the immediately and no later urs after being notified of an and direct required ies, physician, family and ive c. The Executive Director gation." Investigation of Incidents" readulation is identified as abuse, prization, an investigation by ship will immediately follow." Reporting of Incidents and ead "1. Alleged violations are of the Executive Director of Executive Director of Executive Director of Executive Director of Executive Director of Director of Executive Director Oxford Director Oxf	F 609			
r	eturned to the confe	rence room, the				

	STATEMENT	OF DEFICIENCIES	(X1) PROMPERIOUS ISSUES				OMB I	<u> 10. 0938-0</u> :	<u> 39</u>
		OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION		TE SURVEY MPLETED	
			495252	B. WING				C	
I	NAME OF F	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE	1 0	3/29/2018	
-	BATTLEF	IELD PARK HEALTHCAR	E CENTER		250	FLANK ROAD TERSBURG, VA 23805			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	E ATE	(X5) COMPLETIO DATE	·N
	I I I I I I I I I I I I I I I I I I I	Resident # 72 which si statement of my own a incident with being struwas not that serious. I point of making a big is and secure at Battlefiel. The Administrator state Resident # 72 to write to Resident # 72 wanted to Administrator stated shoreport and would start at a conducted with Resident want to make a big of hitting her in her chest, was no big deal. I was now anyway." On 3/29/2018 at 3:05 Photonducted with LPN (Lick who stated she remember another resident who know anyway." On 3/29/2018 at 3:05 Photonducted with LPN (Lick who stated she remember another resident who know at a punity hing like a fight. LPN is stated it was not a punity hing like a fight. LPN is stated it was not a punity hing like a fight. LPN is stated it was not a punity hing like a fight. LPN is stated it was not a punity hing like a fight. LPN is stated it was not a punity hing like a fight. LPN is stated it was not a punity hing like a fight. LPN is stated Resident # xpressed no fear of that PN E stated Resident #	and a handwritten note from tated: "I am making this ccord. I did not report my lock by a patient, was not harmed to the sue of it. I do feel safe d." I d she did not ask hat statement but that o write it. The ecreated an incident in investigation. M, an interview was at # 72 who stated she did deal about the resident Resident # 72 stated "it ot afraid. She is gone II, an interview was ensed Practical Nurse) Eered an incident involving bocked things off of her did observe that resident at # 72 in the chest. LPN ch in the chest or N E stated she did not to report as physical the at tap" and the resident ed. LPN E stated she int of resident to resident at incident as abuse. 72 was not injured and other resident to her. 73 had no other	F6	609				
	in	teractions with that resident happened month	s ago. LPN E stated in						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE STATEMENT OF CORRECTION (X2) DATE STATEMENT OF CORRECTION (X3) DATE STATEMENT OF CORRECTION (X4) DATE STATEMENT OF CORRECTION (X5) DATE STATEMENT OF CORRECTION (X6) DATE STATEMENT OF CORR	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING (X3) DATE SIDENTIFICATION NUMBER:	
495252 B. WING C	1/2040
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	/2018
BATTLEFIELD PARK HEALTHCARE CENTER 250 FLANK ROAD	
PETERSBURG, VA 23805	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID	
DEELY (EACH CORDECTIVE ACTION OF ACT	(X5) COMPLETION DATE
F 609 Continued From page 69 F 609	
the future, she would report any incidents to the	
Director of Nursing or Administrator.	
No further information was provided.	
F 610 Investigate/Prevent/Correct Alleged Violation F 610 F 610	
SS=E CFR(s): 483.12(c)(2)-(4)	
§483.12(c) In response to allegations of abuse. 1.) Resident #90's allegation was reinvestigated and resident has been	
§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility reinvestigated and resident has been moved to a new room, with no further	
must: issues noted. Resident #99's	
allegations have also been reviewed,	
§483.12(c)(2) Have evidence that all alleged resident was moved to new room on	
violations are thoroughly investigated. 11/29/17 per patient request patient	
has no additional investor t	1
9403. 12(c)(3) Prevent turner potential abuse.	
neglect, exploitation, or mistreatment while the investigation is in progress.	
reported to the state, resident #72 is	
§483.12(c)(4) Report the results of all happy with current situation at nursing	
investigations to the administrator or his or her home no adverse side effected noted	
designated representative and to other officials in from alleged abuse in October, and	
accordance with State law, including to the State resident #111's investigation was	
Survey Agency, within 5 working days of the reviewed DON and Administrator	
incident, and if the alleged violation is verified moved resident to new location where	
appropriate corrective action must be taken. This RECUREMENT is not rest as with the second second where the second which is second where the	
This REQUIREMENT is not met as evidenced by:	
Based on observation, staff interview, resident by facility psych physician and is to	
interview, clinical record review, facility remain on 1:1.	
documentation review, and in the course of a	
complaint investigation the facility staff failed to	
investigate allegations of abuse for 4 residents	
residents with a RIAS with a R	
survey sample. additional issues noted. The social	
Resident #85 physically and verbally attacked Services director completed an abuse	
Resident #90, Resident #99, and Resident #111 questionnaire with residents with a	
over a period of four months. The incidents were BIMS 9 and over with no additional	
issues noted.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495252	B. WING		С
	ROVIDER OR SUPPLIER		STI 250	REET ADDRESS, CITY, STATE, ZIP CODE D FLANK ROAD TERSBURG, VA 23805	03/29/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
	investigate an allegatical tercation. The findings included: 1. Resident #85 physis Resident #90, Resider over a period of four mot investigated. Resident #90, a 72 year facility on 7/14/17. Dia Stage Renal Disease, hyperlipidemia, and refundamental terms and refundamental terms and required dimitted as a daily living. The following nursing in Resident #90's clinical in 12/18/17, 8:54 a.m. "Resident #90's clinical in 12/18/17, 8:54 a.m. "Resident in the following him in the folio times. Also, atternamental resident does not marks noted on him. He	cally and verbally attacked at #99, and Resident #111 tonths. The incidents were ar old, was admitted to the gnoses included End spinal stenosis, flux. um Data Set assessment ment with an assessment ment with an assessment 18. Resident #90 was view of Mental Status o cognitive impairment sistance with activities of otes were documented in ecord: esident was attacked by ates resident came in his head and neck multiply pting to take walker from thave any bruises or other everbalize that he was bit. Resident is his own On call provider called	F 610	3.) The ADON and or designee completed education with all staff of the Abuse policy and appropriately investigating and reporting. 4.) Facility reported incidents will be reviewed timely and reported as per abuse policy. Results from audits will be brought to QAPI committee to ensure compliance and further monitoring for 3 months.	

STATEMENT	OF DEFICIENCIES	AND DECIMENTAL				OMB	NO. 0938-039
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILE		CONSTRUCTION		ATE SURVEY MPLETED
		495252	B. WING				C 3/29/2018
NAME OF I	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	3/29/2016
BATTLE	FIELD PARK HEALTHCAR	DE CENTED		I	FLANK ROAD		
DATE LE	TED I ANN BEALIROAP	RE CENTER		1	TERSBURG, VA 23805		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10				
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E	(X5) COMPLETION DATE
	1/9/18, 7:00 a.m. "11- was involved in an alti- resident; per resident awoke to other resident face; he was heard ye immediately; removed room and (Resident #8 himself out of bed into went propelled himself upset and trying to tell while he was yet speal resident walked back of #90) sat in his wheelch cursing and (unreceptival) hocked and spat in (Resident #8 in between the two resident the ratercation, and hands on (one hand place and the other hand place his room. (Resident #9 encouraged to verbalize hurt from this incident. room the remainder of second the stated that it was Ref she had investigated a instances of resident to state office, the Adminis On 3/21/18 at 4:30 p.m., conducted with Resident anyone at the facility had anyone at the facility had	7: At around 0300, resident ercation with another he was lying in bed and in thitting/slapping him in his elling and staff responded other resident from his 90) was able to transfer his wheelchair; he then if into the hallway highly staff of what had occurred; king with writer, other down to where (Resident hair all the while yelling and we to redirection) then esident #90) face, writer got idents to prevent any was able to redirect with acced at his right forearm ced at his back) back to 90) was cleaned up and his feelings/ emotional Resident remained in his shift." Incon, the Administrator he resident #85. When asked and reported both resident abuse to the trator stated no. In an interview was to the wasked if	F	610	DEFICIENCY)		
n	urse that talks smart to	eart to him and a female him, but no one had hurt de the names of anyone.		Africa de la companya del companya del companya de la companya de			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495252	B. WNG		C 02/20/2048
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 250 FLANK ROAD PETERSBURG, VA 23805	03/29/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETION THE APPROPRIATE DATE
	When asked if he ware sidents, Resident # Administrator and Dir notified that Resident smart to him. Resident #85, a 56 ye facility on 7/19/17. Didepression, attention-disorder, stroke, traunhyperlipidemia, reflux. The most recent Minimas a quarterly assess reference date of 11/2 coded with a Brief Intescore of 9 indicating impairment and requiractivities of daily living. On 3/21/18 at 4:40 p.r. on his bed looking out how he was doing, Resident #85 was obsinext to Resident #90. bathroom. Resident #Resident #111. On 3/22/18 in the more observed in his room.	s scared of any other 90 stated no. The ector of Nursing were #90 stated staff talked ear old, was admitted to the fagnoses included major deficit hyperactivity natic brain injury, pain, and convulsions. mum Data Set assessment sment with an assessment for the window when asked for the window. When asked resident #85 was sident #85 stated he was initial tour of the facility, ferved to live in the room They shared an adjoining for the window with for the state wi	F	510	
-	Director of Nursing (D	n., the Administrator and DN) were interviewed. dent to resident abuse			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		495252	B. WNG			C 03/29/2018	
	ROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIF 250 FLANK ROAD PETERSBURG, VA 23805	· CODE	03/2	29/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN C X (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIAT	- 1	(X5) COMPLETION DATE
	involving Resident #90 investigated, the Administ asked if the resident to reported, the Administ asked if she considered by Resident #85 as at stated yes. When ask other residents, the Adstated that Resident # room or at the nursing hollers out while in his. The Administrator was the facility. The Abuse conducted on 3/23/18 what she considered a named resident to resimisappropriation, verbigliously abuse, corpor and sexual abuse. Whis supposed to report abuse Administrator stated at within 2 hours if harm chours for other allegatives ident burns should the Administrator stated ye unusual occurrences. Resident #85's clinical following notes docume which Resident #85 har altercations with other in 1. 11/21/17 "resident uroommate's ty down in nurse) administered his	and Resident #85 was inistrator stated no. When oresident abuse was rator stated no. When at the altercations caused ouse, the Administrator ed if Resident #90 hurt any diministrator stated no. She 85 usually stayed in his own station. She stated that he own room. The Abuse Coordinator for a Coordinator interview was at 11:30 a.m. When asked buse, the Administrator dent abuse, neglect, all abuse, mental abuse, all punishment, seclusion leen asked when she was use to the state office, the ouse was to be reported occurred and within 24 ons. When asked if the reported, the is because they are record was reviewed. The ented the occasions on diphysical and verbal residents: pset, yelling, and knocking room. RN (registered	F	510			

	MENT OF DEFICIENCIES AN OF CORRECTION	1 (AZ) MOLIFIE COMSTRUCTION		(X3) DATE SURVEY COMPLETED			
		495252	B. WING			C	
	OF PROVIDER OR SUPPLIER	RE CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 150 FLANK ROAD PETERSBURG, VA 23805	1 0.	3/29/2018	
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F	monitoring. Redirects roommate. Resident why he was upset and went into garbage call plate and shoved it at thank you and yelling asked if he was hunging responded yes. Given resident laid down. Not Resident currently in the second of the s	and remains on behavior and for arguing with could not clearly specify d arguing with roommate but and pulled out and empty the roommate stating 'here incoherently'. Resident ry or wanted a snack. He an HS (evening) snack then to further issues noted. The and th	F 610				

	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
405252		С	
495252 B. WNG		03/29/2018	
BATTLEFIELD PARK HEALTHCARE CENTER 250 FLA	ADDRESS, CITY, STATE, ZIP CODE NK ROAD SBURG, VA 23805		
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down after asked repeatedly. Staff attempted to explain to resident that he has a new roommate. Resident finally came out of room but had grabbed some of the roommates Christmas decorations of the table and sat with them at the nurse station. Resident given PRN (as needed) Lorazepam for agitation. medication was effective. Resident accepted HS (evening) snack and then returned to room. Currently in bed resting with call bell in reach." 5. 12/17/17 "Resident showed signs of aggression towards assigned CNA (certified nursing assistant), while caring for his roommate. Resident was difficult to redirect, but, wasn't combative. CNA was instructed to stay away from resident during his throws of aggression to prevent him fro (sic) becoming combative. Resident calmed down & sat on his bed quietly. Continued to monitor resident throughout the day. During lunch, parents were @ bedside & resident was cooperative & pleasant. Assigned CNA was able to give assistance where needed. No further acting out from resident during the remainder of the shift. 6. 12/18/17 "Resident was in another resident's room striking him when the CNA broke up the altercation. Resident was unable to re-direct. He was still trying to get in other resident room to attack him again. Resident snatched roommates pictures off the wall. Resident was redirected to nurses station to calm down. Attempted to call resident mom. Unable to get her the first few times. Resident sitting at nursing station calming down. Called residents RP (responsible party) and was able to get her. RP talked to resident for a while and then he handed the phone to the nurse and walked to his room. Resident in room			

S A	TATEMEN ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	NO. 0938-039 TE SURVEY MPLETED
L			495252	B. WING			С
		PROVIDER OR SUPPLIER FIELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	10:	3/29/2018
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	1	laying on the bed quiet noted." 7. 12/25/17 "Resident (number) shouting that (number) went back to bed apart. This writer in down and that maintenia Resident (number) ther was afraid of roommate balling his fist up at him removed resident to wing (director of nursing) call above. (Doctor) called a practitioner called x 1 not (number) is calm and lay 8. 1/9/18 "11-7: At aroun resident altercation occubeing aggressor. Resident on another resident's rodoor; went over to the resident to window) and was other resident in the face in bed asleep; other resident was escorte other resident's room into this resident was escorted other resident's room into the resident was escorted.	Approached roommate resident stinks and then his bed trying to take his redirected resident to sit ance man will fix his bed. It told this writer that he and that (number) was. This writer then ber) from room and 2 (room number). DON ed and informed of x 2 no answer. Nurse of answer. Resident lying back in his bed." Ind 0300 resident to little with this resident ent got out of bed, went som via the bathroom sident in the "B" bed/s reportedly slapping the eras the other resident lay dent awakened to being en other resident began ediately intervened and d/redirected out of the other hallway. When	F 610	DEFICIENCY)	PRIATE	DATE
	t a s r a n	staff and this resident beg this resident's room, the reaccosted resident up in the stopped and turned back esident and began to cur ambulating towards the or neantime threatening to he esistant to redirection; purpervisor and walked up	resident heard the ne hall way; this resident towards the accosted rese and yell at him the nurt him; resident was alling away from staff/				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	RE CENTER	1	STREET ADDRESS, CITY, STATE, ZIP C 250 FLANK ROAD PETERSBURG, VA 23805	ODE	03/29/2018	
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	resident, hocked and and yelled, "I hate yo Writer was able to ste resident and with han his right forearm and back), redirected (res resident was talked to received PRN (as need behavior(s) remainde 9. 2/8/18 "Resident in wall and on the bathroand pushing the night wall. Staff tried to ask but he was speaking it toward staff saying so clenched. He then en went into the adjacent his finger and yelling in (Resident #85) started gone f**k you up' repegot in between the res (Resident #85) back to curse yell and push stamove toward the resid (doctor) notified of situ 10. 2/11//18 "Resident standing on roommate his hand and foot. The pain and no visible injut Resident also attempting the room. MD (doctor) party) called and notified	spat in other resident's face u. I'll kill you, Fk you!" up in front of accosted ds on (one hand placed at the other hand placed at the other hand placed at his ident) back up to his room; until he calmed down; eded) and no further of shift." oted in room banging on the form door. He started hitting stand by the door into the resident what was wrong incoherently and turned mething with his fist tered into the bathroom and room and began pointing incoherently at the resident. Cursing and saying 'I'm attedly to the resident. Staff idents and tried to redirect of his room. He continued to aff while attempting to ent aggressively. MD ation." witnessed by staff was side of room, squeezing roommate denied any ries noted on him. Ing to move furniture out of and RP (responsible and. This writer spoke with all and verbalized that he not touch other	F	510			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WING			C 03/29/2018	
	ROVIDER OR SUPPLIER	ARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 FLANK ROAD PETERSBURG, VA 23805	CODE	,	
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F 610	7:15 pm, undersign noted new resident here and get this m room mate was 'spi him, balling his fist call light cords out or phone charger out or cursed him out.' Re by staff members we the chairs beside the (doctor called), relarcall. RP (responsibility all above information aware. At 8:00 pm, am not worrying about the police.' At 8:15 afacility. Director of laware. Resident (noumber)." 12. 3/17/18 "Resider roommate repeated immediately redirect comfort, resident regood spirits, will cordinate the sorry', resident was comfort and given so a prn (as needed) a resident remains at to monitor." The Administrator at the above incidents	tted to room (number). At ed nurse and co-workers yelling 'somebody come in an.' Resident states that his tting, yelling attempting to hit up (shaking fist at him), pulled of the wall, pulled residents cell of the wall, ate his chips and esident (number) then noted alking to wing 2 and sitting in e vending machine. MD ted to incident; awaiting return le party) called and aware of n. Director of Nursing made resident (number) states, 'I out it because I have called am, (Police Department) in Nursing called and made umber) moved to room ent became agitated about ly yelling, resident was ted and given a snack for mained at nursing station in nitinue to monitor." certified nursing assistant) elling at roommate, resident ursing station stating 'im encouraged to sit down for nack, resident was also given nxiety medication Lorazepam, nursing station, will continue	F	610			
	the above incidents						

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DAT COM CO	STATEMEN	OMB NO. 0938-0391
BATTLEFIELD PARK HEALTHCARE CENTER (M.) ID PREFIX TAG (M.) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) F 610 Continued From page 79 The following information was provided by the DON: 12/18/17 and 1/8/18= Resident #90 11/21/17, 11/23/17 and 11/29/17= Resident #99 12/5/17 and 12/25/17= discharged resident 2/8/18, 2/9/18, 2/11/18,	AND PLAN ((X3) DATE SURVEY COMPLETED
BATTLEFIELD PARK HEALTHCARE CENTER O(4) ID PREFIX TAG CONTINUED TO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 610 Continued From page 79 The following information was provided by the DON: 12/18/17 and 1/8/18= Resident #90 11/21/17, 11/23/17 and 11/29/17= Resident #99 12/5/17 and 12/25/17= discharged resident 2/8/18, 2/91/18, 2/13/18, 3/17/18, 3/18/17= Resident #111 Resident #99, a 67 year old, was admitted to the facility on 3/2/17. Diagnoses included stroke, depression, hempilegia, dementia, reflux, anemia, and hypertension. The most recent Minimum Data Set assessment was an annual assessment with an assessment reference date of 3/4/18. Resident #99 was coded with a Brief Interview of Mental Status score of 15 indicating no cognitive impairment and required extensive assistance with activities of daily living. On 3/29/18 an interview was attempted with Resident #99. He was not available for interview. Resident #11, a 65 year old, was admitted to the facility on 2/9/18 and readmitted on 2/16/18. Diagnoses included dysphagia, cognitive communication deficit, stroke, anemia, encephalopathy, and acute kidney failure.		С
PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 610 Continued From page 79 The following information was provided by the DON: 12/18/17 and 1/9/18= Resident #90 11/21/17, 11/23/17 and 11/29/17= Resident #99 12/5/17 and 12/25/17= discharged resident 2/8/18, 2/9/18, 2/11/18, 2/13/18, 3/17/18, 3/18/17= Resident #111 Resident #99, a 67 year old, was admitted to the facility on 3/2/17. Diagnoses included stroke, depression, hemiplegia, dementia, reflux, anemia, and hypertension. The most recent Minimum Data Set assessment was an annual assessment with an assessment reference date of 3/4/18. Resident #99 was coded with a Brief Interview of Mental Status score of 15 indicating no cognitive impairment and required extensive assistance with activities of daily living. On 3/29/18 an interview was attempted with Resident #99. He was not available for interview. Resident #111, a 65 year old, was admitted to the facility on 2/9/16 and readmitted on 2/16/18. Diagnoses included dysphagia, cognitive communication deficit, stroke, anemia, encephalopathy, and acute kidney failure		03/29/2018
REGULATORY OR LSC IDENTIFYING INFORMATION) F 610 Continued From page 79 The following information was provided by the DON: 12/18/17 and 1/9/18= Resident #90 11/21/17, 11/23/17 and 11/29/17= Resident #99 12/5/17 and 12/25/17= discharged resident 2/8/18, 2/9/18, 2/11/18, 3/13/17, 18, 3/18/17= Resident #11 Resident #99, a 67 year old, was admitted to the facility on 3/2/17. Diagnoses included stroke, depression, hemiplegia, dementia, reflux, anemia, and hypertension. The most recent Minimum Data Set assessment was an annual assessment with an assessment reference date of 3/4/18. Resident #99 was coded with a Brief Interview of Mental Status score of 15 indicating no cognitive impairment and required extensive assistance with activities of daily living. On 3/29/18 an interview was attempted with Resident #99. He was not available for interview. Resident #111, a 65 year old, was admitted to the facility on 2/9/18 and readmitted on 2/16/18. Diagnoses included dysphagia, cognitive communication deficit, stroke, anemia, encephalopathy, and acute kidney failure.	(XA) ID	*
The following information was provided by the DON: 12/18/17 and 1/9/18= Resident #90 11/21/1/7, 11/23/17 and 11/29/17= Resident #99 12/5/17 and 12/25/17= discharged resident 2/8/18, 2/9/18, 2/11/18, 2/13/18, 3/17/18, 3/18/17= Resident #111 Resident #99, a 67 year old, was admitted to the facility on 3/2/17. Diagnoses included stroke, depression, hemiplegia, dementia, reflux, anemia, and hypertension. The most recent Minimum Data Set assessment was an annual assessment with an assessment reference date of 3/4/18. Resident #99 was coded with a Brief Interview of Mental Status score of 15 indicating no cognitive impairment and required extensive assistance with activities of daily living. On 3/29/18 an interview was attempted with Resident #11, a 65 year old, was admitted to the facility on 2/9/18 and readmitted on 2/16/18. Diagnoses included dysphagia, cognitive communication deficit, stroke, anemia, encephalopathy, and acute kidney failure.	PREFIX	(X5) COMPLETION DATE
was a quarterly assessment with an assessment reference date of 3/9/18. Resident #111 was coded with moderate cognitive impairment and required extensive assistance with activities of daily living. Resident #111 lived in the room with Resident #85 from admission on 2/9/18-2/13/18 and upon re-admission on 2/16/18. They were living	F F ff C C a T W re CC red da Re #8	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) D.	ATE SURVEY OMPLETED
		495252	B. WING				C 03/29/2018
	PROVIDER OR SUPPLIER	RE CENTER		250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD 'ERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
	facility. On 3/23/18, in Room 201 B. Acc was moved out of the Resident #85 and into While the facility staff on 2/13/18 involved for questionable because the resident involved #111 was discharged On 3/26/18 at 11:25 a observed in his room and he did not have a On 3/26/18 at 11:30 a interviewed. When a put on 1:1 after the suissue of Resident #85 Administrator stated y corporate staff though On 3/29/18 at 11:55 a asked if she reported incidents between Reresidents. The Admin asked if she was awaincidents that had occ was not aware of all of that she became fully incidents once the surnames of the residents stated that the incident with the severity that the stated that staff reporter #85 was his "same old	Resident #111 was observed ording to the census list, he eroom he shared with to the new room on 3/21/18. If indicated that the incident Resident #111, it is enthe nursing note read that changed rooms. Resident on this date. In a.m., Resident #85 was he had a 1:1 sitter with him a roommate. In a.m. the Administrator was sked if Resident #85 was survey team brought forth the eros. She stated that the entit it would be a good idea. In the Administrator was or investigated any of the sident #85 and the other istrator stated no. When	F	610			

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0/0/10/10		OMB I	NO. 0938-039
AND PLAN O	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION		TE SURVEY MPLETED
NAME OF F	PROVIDER OR SUPPLIER	495252	B. WING			C 3/29/2018
	IELD PARK HEALTHCAR	E CENTER		CODE	3/23/2016	
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F 610	room. When asked if s E stated yes. When as		F 61	0		
	initiated on 11/12/17 reapsychotropic medication Seroquel r/t (related to) yelling, aggressiveness residents. The Intervenedications as ordered side effects and effective Consult with pharmacy, dosage reduction when (initiated 11/12/17), and safety and aggression (in	toward staff and other tions included Administer. Monitor/ document for eness (initiated 11/12/17), doctor to consider clinically appropriate Resident is on 1:1 for nitiated 3/22/18).				
from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	milligram twice a day w /25/18 psychiatric note in valuation of status and in oday he is seen in his routeraction appropriate buuring the interview. He wating or sleeping, denies /mptoms of depression I	ress behavior atient) family concerned on Haldol before." Haldol vas ordered. read "seen today for review of medication. rom, good eye contact, ut aphasia is evident denies any difficulty s any significant but acknowledges some his difficulty in speaking o noted or reported side e is more alert today Il recommend BuSpar iety and follow next visit				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X*	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
					_ c	;
	495252	B. WING _			03/2	9/2018
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
	A 100 A 100 PG	l	250 FLANK ROAD			
BATTLEFIELD PARK HEALTHCARE C	TION A95252 OR SUPPLIER RK HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Dued From page 82 mendation." B note did not address behavior note read "Pt (patient) had agitated or yesterday, very aggressive Given Ativan nelp" Ativan 1 milligram twice a day as d was ordered. B note read "see pt (patient) behaviors, at" B psychiatric note read "No evidence of ding to internal stimuli/ psychosis but ad cognition is evident and his (sic) he has insight and judgement. He is able to d that he will not hurt anyone and does not to be in eminent danger of hurting another real. However with his TBI (traumatic brain this is subject to change. Discussed with the importance of redirection and support to the method of redirecting him, taking him tursing area and providing a snack." In noted read "see pt (patient) behaviors, 1" ee training was reviewed. Abuse training		PETERSBURG, VA 23805			
PREFIX (EACH DEFICIENCY MU	UST BE PRECEDED BY FULL	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO TION DEFICIENCY)	ON SHOULD BE HE APPROPRIA	1	(X5) COMPLETION DATE
2/9/18 note read "Pt (pat behavior yesterday, very which help" Ativan 1 mill needed was ordered. 3/22/18 note read "see p keep 1:1" 3/22/18 psychiatric note is responding to internal stir impaired cognition is evic limited insight and judger respond that he will not he appear to be in eminent of individual. However with injury) this is subject to class taff the importance of regiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the method of rest to the nursing area and pagiven in the misappropriation of the method of the interest of the interest and timely reported as part of the needed/ indicated and an "Accurate and timely reported."	ress behavior ient) had agitated aggressive Given Ativan ligram twice a day as It (patient) behaviors, read "No evidence of muli/ psychosis but dent and his (sic) he has ment. He is able to nurt anyone and does not danger of hurting another his TBI (traumatic brain hange. Discussed with direction and support directing him, taking him providing a snack." put (patient) behaviors, eviewed. Abuse training I, Neglect and IT was reviewed. The sthe intent of this facility streatment, or neglect of priation of their ment and/ or involuntary guidance to direct staff or allegations of abuse, on of their property." ibuse prevention training ir orientation, as nually thereafter." orting of incidents, both	F6	310			

AMBITATION COMPECTION AS JUNE SUMMER ASSUMED ASSUMANCE OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER BATTLEFIELD PARK HEALTHCARE CENTER BETTREPIELD PARK HEALTHCARE CENTER PEFERS ID FRODUPERS PLAN OF CORRECTION (X4) ID FRODUPERS PLAN OF CORRECTION FREGULATORY OR LSC IDENTIFYING INFORMATION) FROD FR	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MILITIPLE C	CONSTRUCTION		NO. 0938-039
MAKE OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE	AND PLAN O	F CORRECTION		ı			
STREET ADDRESS, CITY, STATE, ZIP CODE 200 LANK ROAD PETERSBURG, VA 23905 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION) F 610 Continued From page 83 in accordance with the state law. The policy section titled "Identification of incidents and allegations" read "1. The accurate and timely identification of any event which would place our residents at risk is a primary concern of the facility." "a. Each occurrence of resident incident, bruise, abrasion, or injury of unknown source, or report of alleged abuse, neglect or misappropriation of funds will be identified and reported to the supervisor and immediately and no later than twenty four hours after being notified of incident or allegation and direct required notification of agencies, physician, family and resident representative c. The Executive Director will direct the investigation of incidents" read "1. In the event a situation is identified as abuse, neglect or misappropriation, an investigation by the executive leadership will immediately follow." The section titled "Reporting of Incidents and Facility. "a. It alleged violations are reported immediately to the Executive Director of the facility. a. The ED/ designee will report appropriate incidents to the Adult Protective Services and the Division of Licensing and			495252	B. WING		1 .	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 610 Continued From page 83 in accordance with the state law. The policy section titled "Identification of incidents and allegations" read "1. The accurate and timely identification of any event which would place our residents at risk is a primary concern of the facility. "a. Each occurrence of resident incident, bruise, abrasion, or injury of unknown source; or report of alleged abuse, neglect or misappropriation of funds will be identified and reported to the supervisor and investigated timely. b. The supervisor or designee will notify the Director of Nursing and Executive Director of the incident or allegation immediately and no later than twenty four hours after being notified of incident or allegation and direct required notification of agencies, physician, family and resident representative. The Executive Director will direct the investigation." The section titled "Investigation of Incidents" read "1. In the event a situation is identified as abuse, neglect or misappropriation, an investigation by the executive leadership will immediately follow." The section titled "Reporting of Incidents and Facility Response" read "1. Alleged violations are reported immediately to the Executive Director of the facility. a. The ED/ designee will report appropriate incidents to the Adult Protective Services and the Division of Licensing and	A95252 NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 610 Continued From page 83 in accordance with the state law. The policy section titled "Identification of incidents and allegations" read "1. The accurate and timely identification of any event which would place our residents at risk is a primary concern of the facility." "a. Each occurrence of resident incident, bruise, abrasion, or injury of unknown source; or report of alleged abuse, neglect or misappropriation of funds will be identified and reported to the supervisor and investigated timely. b. The supervisor or designee will notify the Director of Nursing and Executive Director of the incident or allegation immediately and no later than twenty four hours after being notified of incident or allegation and direct required notification of agencies, physician, family and resident representative c. The Executive Director will direct the investigation." The section titled "Investigation of Incidents" read "1. In the event a situation is identified as abuse, neglect or misappropriation, an investigation by the executive leadership will immediately follow." The section titled "Reporting of Incidents and Facility Response" read "1. Alleged violations are reported immediately to the Executive Director of the facility. a. The ED/ designee will report appropriate incidents to the Adult Protective Services and the Division of Licensing and	250	FLANK ROAD	1 0	3/29/2018		
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documented occurrences of abusive behavior committed by Resident #85. Resident #85 was allowed to repeatedly abuse the same residents. Two of the residents who had been abused by	T F I T T F I T T T T T T T T T T T T T	The policy section title and allegations" read "identification of any evresidents at risk is a prediction of allegations of any evresidents at risk is a predictive of allegad abuse misappropriation of function of allegad abuse misappropriation of function of allegad abuse misappropriation of function of allegation of allegation in the supervisor of deprictor of Nursing and incident or allegation in than twenty four hours incident or allegation are notification of agencies, resident representative will direct the investigate. The section titled "Investigated in the executive leadership of acility Response" read appropriate incidents to be facility. a. The ED/or propriate incidents to be facility. The section of four more appropriate incidents to be a period of four more appropriate of the propriate incidents to be a period of four more appropriate of the propriate of the propria	d "Identification of incidents 1. The accurate and timely ent which would place our rimary concern of the rrence of resident incident, ury of unknown source; or e, neglect or ids will be identified and sor and investigated timely. esignee will notify the d Executive Director of the mediately and no later after being notified of ind direct required in physician, family and inc. The Executive Director ion." estigation of Incidents" read on is identified as abuse, tion, an investigation by in will immediately follow." Inting of Incidents and I	F 610			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED			
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		495252	B. WNG_			03/29/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	, CODE	
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DAIILE	IELD PARK HEALTHCAR	ECENIER	l	PETERSBURG, VA 23805		
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F 610	change rooms. Resident to and share a bate Resident #111 continution with Resident #85. The unaware that the incidents were in With each act of abuse into place to ensure all from Resident #85's continuous ensurements. For Resident #72, a femal facility 11/2/2015. Her were not limited to Divlarge intestines with perinsomnia, neuropathy, Disorder, Major Depres Sclerosis, Hypertension Resident #72's most re 2/21/2018 was coded at the continuous ensurements.	lent #90 continued to live athroom with Resident #85. and to live in the same room the Administrator was lents had occurred. None reported or investigated. The investigated is a continued abusive behavior. The facility residents were free continued abusive behavior. The facility staff failed to continue to resident to resident to resident to resident and erforation and abscess, Gastroparesis, Anxiety ssive Disorder, Multiple	F 6			
	was not coded. Dashe areas of Section C 100 Mental Status" through Daily Decision Making. coded as needing superstaff member to perform living. Resident # 72 whear, speak, understant On 3/28/2018 at 1:40 F	"Should Brief Interview for C 1000" Cognitive Skill for Resident # 72 was ervision assistance of one m her activities of daily vas coded as being able to				
1	72 came to the confere surveyors. Resident #	72 stated she thought the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	facility was getting in Resident # 72 stated busy doing other thin residents who wand. Resident # 72 stated residents to the facility staff. So very violent and hit of stated that particular one day. Resident # standing at the end of who was passing me knocked things off of their punched Resident # 72 stated resident's name. Re Administrator and Dinhard to get that resid facility because she is many people. Review of the clinical 3/28/2018 at 2:25 PM On 3/28/2018 at 2:25 PM On 3/28/2018 at 2:45 and Administrator we incident reports involving stated there had been Resident # 72 of which on 3/29/2018 at 9:00 stated she was unawaresident to resident all Resident # 72. On 3/29/2018 at 12:03 debriefing, the Administration which was unawaresident # 72.	nuch better but slowly. If the facility staff were often higs like running behind her into other residents' rooms. If the facility used to admit high that could not be managed She stated one resident was higher residents. Resident #72 high resident hit her in her chest high hall talking to a nurse high cations, that resident high medication cart and her that the medication cart and her that the resident high medication cart and her that the resident high medication cart and her that the me	F				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	E CENTER	250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD IERSBURG, VA 23805	03/29/2018
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	had not told them of a resident striking her in Administrator stated since and to the conference of th	n incident with another the chest. The he wanted to talk with out more details. PM when the surveyors ence room, the ed a handwritten note from tated: "I am making this occord. I did not report my ock by a patient, was not harmed to the esue of it. I do feel safe Id. " ed she did not ask that statement but that to write it. The he created an incident an investigation. B at 3:05 PM, an interview N (Licensed Practical he remembered an incident ent who knocked things off ed she did observe that the Resident # 72 in the was not a punch in the fight. LPN E stated she t as one to report as e" it was like a tap" and the ely redirected. LPN E ort any incident of resident d not view that incident as esident # 72 was not no fear of that other stated Resident # 72 had	F 610		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 610	incidents to the Dire Administrator. The facility policy "/Exploitation" dated "Policy" section rea to prevent the abus residents or the mis property, corporal p seclusion and to proto manage any conneglect or misappro "Employees will recas required as part needed/ indicated a "Accurate and timel alleged and substar in accordance with "The policy section to and allegations" reaidentification of any residents at risk is a facility." "a. Each obruise, abrasion, or report of alleged ab misappropriation of reported to the super b. The supervisor or Director of Nursing a incident or allegation notification of agency resident representativill direct the investivation.	Abuse, Neglect and 1/19/17 was reviewed. The d "It is the intent of this facility e, mistreatment, or neglect of sappropriation of their unishment and/ or involuntary ovide guidance to direct staff cerns or allegations of abuse, opriation of their property." eive abuse prevention training of their orientation, as and annually thereafter." by reporting of incidents, both intiated, will be sent to officials the state law. Itted "Identification of incidents and "1. The accurate and timely event which would place our aprimary concern of the courrence of resident incident, injury of unknown source; or use, neglect or funds will be identified and ervisor and investigated timely. It designee will notify the and Executive Director of the inimmediately and no later urs after being notified of an and direct required cies, physician, family and tive c. The Executive Director	F	510			

STATEME		WEDICAID SERVICES			OMB NO. 0938-039	
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495252	B. WING_		C 03/30/3040	
	F PROVIDER OR SUPPLIER EFIELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	03/29/2018	
(X4) ID PREFI) TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
F 61	"1. In the event a situal neglect or misappropriate executive leadersh." The section titled "Rep Facility Response" real reported immediately to the facility. a. The ED/appropriate incidents to Services and the Divisi Regulation as required. On 3/29/2018 at 2:00 Fixed conducted with Resider not want to make a big.	ation is identified as abuse, iation, an investigation by hip will immediately follow." Forting of Incidents and di 1. Alleged violations are to the Executive Director of designee will report to the Adult Protective ion of Licensing and by state law." PM, an interview was not # 72 who stated she did deal about the resident Resident # 72 stated "it not afraid. She is gone	F 6	10		
F 623 SS=D	During the end of day do the facility administrator were informed of the fine No further information we Notice Requirements Be CFR(s): 483.15(c)(3)-(6) §483.15(c)(3) Notice bef Before a facility transfers resident, the facility must (i) Notify the resident and representative(s) of the to the reasons for the move language and manner the	ebriefing on 3/29/2018, and Director of Nursing dings. as provided. fore Transfer/Discharge (8) fore transfer. or discharges a transfer or discharge and transfer or disch	F 623	F 623 1.) Resident #165 is not a cur resident. No noted negative outcomes related to absence Discharge Notification.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	495252	B. WING		C 03/30/3049	
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCAR	E CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	03/29/2018	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI) DEFICIENCY)	E COMPLETION DATE	
and (iii) Include in the notice paragraph (c)(5) of this \$483.15(c)(4) Timing o (i) Except as specified i (c)(8) of this section, the discharge required und made by the facility at laresident is transferred of (ii) Notice must be made before transfer or discharge reduired under paragraph of individing the endangered under paragraph (c)(1)(i) (D) An immediate transfer required by the resident' under paragraph (c)(1)(i) (E) A resident has not reduired.	oppy of the notice to a office of the State udsman. In the transfer or ent's medical record in graph (c)(2) of this section; we the items described in a section. If the notice in paragraphs (c)(4)(ii) and we notice of transfer or the this section must be east 30 days before the or discharged. In the facility would haragraph (c)(1)(i)(C) of the improves sufficiently to transfer or discharge, (c)(1)(i)(D) of the improves sufficiently to transfer or discharge is surgent medical needs, (c)(A) of this section; or issided in the facility for 30 of the notice. The written raph (c)(3) of this section go er or discharge; er or discharge;		2.) Assistant Business Office Manager/ designee did an aud residents discharged in the las days to ensure policies and procedures were followed for Requirements before Transfer/Discharge, any identificancerns will be addressed as indicated. 3.) Regional Director of Clinical Operations will Educate Interdisciplinary Team on the pfor Notice Requirements before Transfer/Discharge. 4.) The EHR Coordinator and or designee will audit the discharg weekly to ensure proper notificate completed for transfers/discharges and in a timmanner x12 weeks with results brought to QAPI to ensure compliance.	t 30 Notice fied rocess es es ations	

STATEMENT OF DEFICIENCIES (X1) P AND PLAN OF CORRECTION ID		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	(X3) DA	NO. 0938-039 TE SURVEY MPLETED
		495252	B. WING			,	C 3/30/3049
	PROVIDER OR SUPPLIER	E CENTER		250	REET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD FERSBURG, VA 23805	, ,	3/29/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
of the control of the	(iii) The location to whit transferred or discharge (iv) A statement of the including the name, and and telephone number receives such requests to obtain an appeal form completing the form an hearing request; (v) The name, address telephone number of the Long-Term Care Ombut (vi) For nursing facility in and developmental disabilities, the mailing telephone number of the the protection and advoct developmental disabilities. The protection and advoct of the Developmental and Bill of Rights Act of codified at 42 U.S.C. 15 (vii) For nursing facility in the protection of the disabilities and telephone or related disabilities and telephone or related disabilities. The protection in the protection of the disability of the disability of the disability of the protection of the disability of the protection of the disability of the disabil	ich the resident is ged; resident's appeal rights, Idress (mailing and email), of the entity which is; and information on how im and assistance in id submitting the appeal (mailing and email) and ite Office of the State disman; residents with intellectual abilities or related and email address and ite agency responsible for cacy of individuals with ite es established under Part Disabilities Assistance 2000 (Pub. L. 106-402, 001 et seq.); and residents with a mental indivities, the mailing and shone number of the interest in the protection and disorder rotection and Advocacy is Act.	F	523			

TATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(٧٥) ١٨١ ١١	OMB N	OMB NO. 0938-03	
ND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
IAME OF		495252	B. WING_		С	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	<u>l 03</u>	/29/2018
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If a wy 11 Min #* hee gas hee rec dispro	State Long-Term Care the facility, and the resident well as the plan for the relocation of the resident 483.70(I). This REQUIREMENT is by: Based on clinical recommendation interview, facility staff fadischarge notification for #165, in a sample of 38. For Resident #165, a distribution of the findings included: Resident #165's most recommendation was recommendated in the findings included: Resident #165's most recommendation was recommendated in the findings included: Resident #165's most recommendation was recommendated in the findings included: Resident #165's most recommendation was recommendated in the findings included: Resident #165's most recommendation was recommendated in the findings included in the finding in the finding included in the finding i	e facility must provide r to the impending closure ency, the Office of the Ombudsman, residents of ident representatives, as transfer and adequate nts, as required at § s not met as evidenced d review and staff illed to provide a r one resident, Resident residents. scharged resident, a as not provided. cent Minimum Data Set a Discharge assessment rence date (ARD) of 55's Brief Interview for sessed a score of 15, pairment. Resident d: Ataxia, dysphagia, cerebral infarct, hypertension, inguinal d gastro-esophageal Resident #165's closed vas noted that no d be found in the record the end of day on informed of the missing was asked to assist	F 62			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495252	B. WING		C 03/29/2018
	ROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	1 00/20/2010
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F 623	would see what she of On 3/27/2018, the DO discharge notification	cument", but stated she could do. ON was asked if the for Resident #165 had been ted "no", and that she did lid be.	F 62	F 640	
F 640 SS=D	CFR(s): 483.20(f)(1)-(§483.20(f) Automated requirement- §483.20(f)(1) Encodin a facility completes a facility must encode the each resident in the facility must encode the each resident in the facility Annual assessment (iii) Annual assessment (iii) Significant change (iv) Quarterly review at (v) A subset of items to reentry, discharge, and (vi) Background (face-is no admission assessing facility must be capated to a facility must be capated a facility must be capated to the MDS standard record layour and that passes stand CMS and the State. §483.20(f)(3) Transmit	g data. Within 7 days after resident's assessment, a ne following information for acility: nent. at updates. in status assessments. assessments. apon a resident's transfer, d death. asheet) information, if there sment. atting data. Within 7 days es a resident's assessment, able of transmitting to the	F 640	1.) Resident #17 had a dischar assessment completed and su 2.) Current residents with a disassessment with an ARD 5-1-1 4-18 were audited to ensure transmission of discharge assessments were submitted by MDS Coordinator and or design 3.) MDS coordinator will be ed by Regional MDS and or design timely transmission of discharge assessments. 4.) A weekly audit of transmitted discharge assessments completed that week will be conducted to assessment is transmitted with days of completion of encodin weeks by MDS Coordinator and designee. Results from audits were brought to QAPI to ensure con and need for further monitoring	bmitted scharge 7 to 4- by the nee lucated nee on ge ed eted b ensure nin 14 g x 12 d or will be npliance

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
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·		453232	D. WING		OFFICE ADDRESS OFFI STATE WE CORE	1 03	/29/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
RATTI FFI	ELD PARK HEALTHCAR	F CENTER		ı	250 FLANK ROAD		
WALLES !					PETERSBURG, VA 23805		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 640	Continued From page	93	F	640			
	assessment, a facility	must electronically transmit					
	encoded, accurate, ar	nd complete MDS data to					
	the CMS System, incl	uding the following:					
	(i)Admission assessm	ent.					
	(ii) Annual assessmer	nt.					
	(iii) Significant change	in status assessment.					
	(iv) Significant correct	ion of prior full assessment.					
	(v) Significant correcti	on of prior quarterly					
A Company of the Comp	assessment.						
	(vi) Quarterly review.						
	(vii) A subset of items	upon a resident's transfer,					
	reentry, discharge, an	d death.					
ii (Pinhanisani	(viii) Background (face	e-sheet) information, for an					
	initial transmission of I	MDS data on resident that					
	does not have an adm	ission assessment.					
	§483.20(f)(4) Data for						
		rmat specified by CMS or,					
		an alternate RAI approved				200000000000000000000000000000000000000	
	-	specified by the State and				***************************************	
	approved by CMS.						
		is not met as evidenced				1	1
	by:	alludant unanad unadass					
		ew, clinical record review					
	•	tion review, the facility staff					1
		mpleted encoded discharge					
		CMS (Centers for Medicare					
	#17) of 38 residents in	or 1 Residents (Residents					
	#17) Of 30 residents in	the survey sample.					-
	For Resident #17, the	facility staff failed to					l
		assessment within 14 days	,				
	of completion of encod						ļ
[or completion or encoc	mig VII 12-12-17.				Total Section 1	
	The findings included:						
	Resident #17 was orio	inally admitted to the facility					
THE PARTY NAMED IN		included; End stage renal					
		tered mental status, and					
					<u> </u>		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			X3) DATE SURVEY COMPLETED			
		495252	B. WING_			C 03/29/2018		
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805				
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F 640	Data Set (MDS) asser Reference Date (ARD was coded with a Brie (BIMS) score of 8 points, indicating more than the Resident was coded to limited assistance of toileting, and hygiene Resident #17's most of (MDS) assessment wanticipated assessment wanticipated assessment on 12-12-17, and at the the assessment had scompany, and that the transmitted, was an experience on 12-12-18 at 11:30 a conference room and showing the omitted as a late sure on 3-28-18 at the end Administrator and DOI aparticular MDS was company, and that the transmitted as a late sure on 3-28-18 at the end Administrator and DOI assertions are the second as a late sure on 3-28-18 at the end Administrator and DOI aparticular MDS was company.	recent quarterly Minimum ssment with an Assessment of 11-8-17. The Resident of interview for mental status into scored in a possible 15 derate cognitive impairment, ded as requiring supervision of staff for dressing, and the state of staff for dressing, and the state of staff for dressing and the st	F6	540				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCAR	RE CENTER	250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD 'ERSBURG, VA 23805	03/29/2018
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
by: Based on observation documentation review the facility staff failed the MDS/RAI assessment residents (Residents asample of 38 residents) 1. For Resident # 72, the complete Section C: Complete Section C	of Assessments. It accurately reflect the is not met as evidenced in, staff interview, facility It, and clinical record review, It of ensure an accurate It was completed for two It was completed	F 641 F 641	 Resident #72 and #16 cognitive patterns were evaluated and any identified changes were evaluated and plan of care reviewed and revised accordingly. MDS Coordinator/Designee reviewed current resident assessments for the last 30 days, if any resident assessments were identified with dashes in Section C, resident's cognitive patterns were evaluated and any identified changes were addressed as indicated. Regional MDS Coordinator/designee will provide education to the interdisciplinary team on the timing requirement for the completion of Section C of the MDS in accordance with the RAI guidelines. MDS interviews for section C that are not completed on or before the Assessment Reference Date will be coded with dash indicating that the interview was not completed during the lookback period in accordance with RAI guidelines. The Quarterly assessment requirement will be fulfilled by completing interview during the 14 day 	d

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	Į«:	3) DATE SURVEY COMPLETED C
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F 641	make every day life of was not coded. Dash areas of Section C 10 Mental Status" throug Daily Decision Making coded as needing sugstaff member to perfoliving. Resident # 72 hear, speak, understated Review of the clinical 3/28/2018 at 2:30 PM Review of the MDS recognitive Section. On 3/28/2018 at 3:15 conducted with LPN (who stated Resident cognitive impairment. On 3/28/2018 at 4:00 was asked if she knew BIMS score was. The Resident # 72 probate of 15 because she had On 3/29/2018 at 9:20 conducted with Regist Coordinator (Admin Ethe MDS (Minimum Dout complete the interwas told that certain sthe Social Worker bestated the Social Worker bestated the Social Worker social worker "for a property of the social worker" "for a property of the social worker "for a property of the social worker" "for a property of the social worker "for a property of the social worker" "for a property of the social worker "for a property of the social worker "for a property of the social worker" "for a property of the social worker "for a property of the social worker" "for a property of the social worker "for a property of the social worker "for a property of the social worker" "for a property of the social worker "for a property of the social worker" "for a property of the social worker "for a property of the social worker" of the social worker "for a property of the social worker" of the social worker "for a property of the social worker" of the social worker "for a property of the social w	itive status (her ability to ecisions and memory ability) hes were entered in the 00 "Should Brief Interview for the 1000" Cognitive Skill for g." Resident # 72 was pervision assistance of one rm her activities of daily was coded as being able to and, and be understood.	F	completion period documenting reside responses in the PointClickCare User Assessment. 4.) MDS Coordinator/o will review complet resident assessmen C for 30 days and the 10/week for 60 day results will be broug QAPI.	ent r Defined designee ted ats Section nen	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		ATE SURVEY OMPLETED
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F 641	Continued From pag	ge 97	F 64	1		
		ARD." Admin E stated the rked as a team to get d.				
	K) was in the room v interviewed. Admin instructed us to not of the ARD." Admin K s dashes in several sit K stated they would	le MDS Coordinator (Admin while Admin E was being K stated "the RAI manual conduct any interviews after stated they were told to use uations. Admin E and Admin research the manual and al information obtained.				
		ded in "Long Term Care essment User's Manual 3, p. C-3				
	understood verbally of understood, skip to C Assessment of Menta 2. Review Language the resident needs of	esident is rarely/never for in writing. If rarely/never 20700 - C1000, Staff al Status. item (A1100), to determine if r wants an interpreter. needs or wants an interpreter,				
	attempted with the re Code 0, no: if the inte attempted because the rarely/never understoor in writing, or an interest available. Skip to Commental Status. Code 1, yes: if the attempted because the code 1.	erview should not be				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION MI IMPED		TPLE CC	(X3) DATE SURVEY COMPLETED		
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F 641	F 641 Continued From page 98		F	641			
	Proceed to C0200, F CMS 's RAI Version Items [C] May 2013 Page C-2	eded, one is available. Repetition of Three Words. 3.0 Manual CH 3: MDS					
	C0100: Should Brief Interview for Mental Status Be Conducted? (cont.) Coding Tips If the resident needs an interpreter, every effort should be made to have an interpreter present for the BIMS. If it is not possible for a needed interpreter to participate on the day of the interview, code C0100 = 0 to indicate interview not attempted and complete C0700-C1000, Staff Assessment of Mental Status, instead of						
	C0200-C0500, Brief Includes reside Language (ASL)	Interview for Mental Status. ents who use American Sign Interview for Mental Status					
	Also, same reference	e p. 3-4:				The second secon	
	"Almost all MDS 3.0 items allow a dash (-) value to be entered and submitted to the MDS QIES ASAP system. - A dash value indicates that an item was not assessed. This most often occurs when a resident is discharged before the item could be assessed. - Dash values allow a partial assessment to be submitted when an assessment is required for payment purposes. - There are four date items (A2400C, O0400A6, O0400B6, and O0400C6) that use a dash-filled value to indicate that the event has not yet occurred. For example, if there is an ongoing						
				f			

		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY		
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F	11 CC C	of Assessment (Item Al A0800)] and ICD-9 diag All items for which a da value can be found on Technical Information which in the Information which in the Instruments (Instruments (Instrume	e end date for that C) has not occurred, uld be dash-filled. o not allow dash values ems in Section A [e.g., nt (Item A0500), e Date (Item A2300), Type 0310), and Gender (Item gnosis codes (Item I8000). Ish is not an acceptable the CMS MDS 3.0 I/eb page at the following dicare/Quality-Initiatives-P ImeQualityInits/NHQIMDS Intml" M, Admin E stated she stood about the ted the MDS should be se done prior to the ARD ted that the interviews es should not be used in (director of nursing), and ere informed of the failure Section C 100-C 1000 If MDS with the ARD of It of day debriefing on	F 6	41					
	C	. For Resident # 16, the omplete Section C: Cog uarterly assessment da	nitive Patterns in an		And the state of t					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI		NSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 641	Continued From page	e 100	F	341				
	facility 3/9/2015. Her were not limited to Pr Infection, Hyperlipide							
	Accident, Dementia and Seizure Disorder. Resident # 16's most recent MDS with an ARD of 2/15/2018 was coded as a quarterly assessment. Resident # 16's cognitive status (her ability to make every day life decisions and memory ability) was not coded. Dashes were entered in the areas of Section C 100 "Should Brief Interview for Mental Status" through C 1000" Cognitive Skill for Daily Decision Making." Resident # 16 was							
	staff member to perfo living. Resident # 16	pervision assistance of one rm her activities of daily was coded as being able to and, and be understood.						
	Review of the clinical 3/20/2018 at 2:30 PM	record was conducted on .	,					
	Review of the MDS refor Cognitive Patterns	evealed dashes in Section C						
		ed in "Long Term Care essment User's Manual 3, p. C-3						
	"Steps for Assessment 1. Determine if the resident is rarely/never understood verbally or in writing. If rarely/never understood, skip to C0700 - C1000, Staff Assessment of Mental Status. 2. Review Language item (A1100), to determine if the resident needs or wants an interpreter. If the resident needs or wants an interpreter, complete the interview with an interpreter.							

	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T		0	OMB NO. 0938-039		
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	: : : : : : : : : : :	attempted with the resistance of the interval attempted because the rarely/never understood or in writing, or an interpavailable. Skip to C0701 Mental Status. Code 1, yes: if the attempted because the sometimes understood if an interpreter is needed proceed to C0200, Reproceed to C020	gnitive interview should be dent. riew should not be resident is d, cannot respond verbally preter is needed but not 0. Staff Assessment of e interview should be resident is at least verbally or in writing, and ed, one is available. etition of Three Words. Manual CH 3: MDS	F 6	41				
	e e p n n inn n A C C . La C (B	offort should be made to be resent for the BIMS. If it eeded interpreter to parterview, code C0100 = 100 ot attempted and completes assessment of Mental State 0200-C0500, Brief Interpresent O200-C0500, Brief Interpresent	is not possible for a ticipate on the day of the 0 to indicate interview ete C0700-C1000, Staff atus, instead of view for Mental Status. who use American Sign view for Mental Status						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		riple cons	(X3) DATE SURVEY COMPLETED		
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F 641	ASAP system. - A dash value indicated assessed. This most resident is discharged assessed. - Dash values allow a submitted when an ast required for payment. - There are four date to 0040066, and 00400 value to indicate that recocurred. For example Medicare stay, then the	es that an item was not often occurs when a defore the item could be partial assessment to be assessment is purposes. Items (A2400C, O0400A6, IC6) that use a dash-filled the event has not yet a, if there is an ongoing the end date for that	F	541			
	Medicare stay (A2400C) has not occurred, therefore, this item would be dash-filled. - The few items that do not allow dash values include identification items in Section A [e.g., Legal Name of Resident (Item A0500), Assessment Reference Date (Item A2300), Type of Assessment (Item A0310), and Gender (Item A0800)] and ICD-9 diagnosis codes (Item I8000). All items for which a dash is not an acceptable value can be found on the CMS MDS 3.0 Technical Information web page at the following link: http://www.cms.gov/Medicare/Quality-Initiatives-P atient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS 30TechnicalInformation.html" On 3/29/2018 at 3:00 PM, Admin E stated she was sorry but misunderstood about the interviews. Admin E stated the MDS should be complete with interviews done prior to the ARD and timely. Admin E stated that the interviews must be done and dashes should not be used in the Cognitive section.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				IPLE CO	(X3) DATE SURVEY COMPLETED		
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F 641	Continued From page	F	641				
	The Administrator, I corporate consultan of the staff to compl	DON (director of nursing), and ats were informed of the failure lete Section C100-C1000 arterly MDS during the end of					
	No further information was provided.		71.64.64		F 657		
F 657			F 6	57	1.) Resident #9s care plan was		
SS=E					reviewed and revised to reflect		
00-2		,,,,			methods to prevent future hot liqui	a	
	§483.21(b) Compre	hensive Care Plans			burns on 3/20/2018 and	u	
	§483.21(b)(2) A con	nprehensive care plan must			3/21/2018. Resident #42s care plan		
	be-				was reviewed and revised to prever		
		7 days after completion of			further hoarding of medications.	IL	
	the comprehensive				Resident #92s care plan was reviewe	od	
		nterdisciplinary team, that			and revised to include interventions		
	includes but is not li				for depression and past suicidal		
	(A) The attending pl				ideations. Resident #101 care plan w	.rac	
		se with responsibility for the			reviewed and revised to reflect	vas	
	resident.	h responsibility for the			anticoagulant status.		
	resident.	in responsibility for the					
		od and nutrition services staff.			DON/Designee will review		
		acticable, the participation of		and the second	Incident/Accidents, Progress Notes,		
		resident's representative(s).			and Behavior Notes for the past 30		
	An explanation mus	t be included in a resident's			days to ensure care plan reviews and		
	I .	e participation of the resident			revisions were completed as indicate	d.	
		epresentative is determined			Command Barth and a		
		ne development of the			Current Residents receiving		
	resident's care plan				Anticoagulants will be audited to		Localitation
		te staff or professionals in			ensure care plan review and revisions	S	
	or as requested by	mined by the resident's needs			have been completed as indicated.		
		evised by the interdisciplinary			3.) Regional Clinical Director will		
		essment, including both the	***************************************		educate Interdisciplinary Team and		
	comprehensive and				Licensed Nurses on the requirements		
	assessments.	•			for review and revisions of the care		
		IT is not met as evidenced			plan.		
	The state of the s				•		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 657	interview, clinical recordocumentation review complaint investigation the facility staff failed #9, Resident #42, Resident #42, Resident #9, the survey sample and revise the care plant prevention, after a but 2. For Resident #42, revise the care plant medications after musual found in her room. 3. Resident #92's cast include suicidal ideats with the facility of the facility of the facility diagnoses included Eabove the Knee, Majhemiplegia and Hem Unspecified Cerebrot Left Non-Dominant Shypertension, Chrond Disease, Arteriosclerist was a simple facility of the facilit	on, resident interview, staff ord review, facility v, and in the course of a on, for 4 residents (Resident sident #92, Resident #101) of 32 residents to review lan. The facility staff failed to one include burn injury irrn injury from hot liquid. The facility staff failed to one prevent further hoarding of litiple medications were The plan was not updated to interest on and depression. The facility Staff failed to inside person-centered care the resident's anticoagulation in the resident's anticoagulation in the resident failed to include burn injury irrn injury from hot liquid.	F	DON/Designee will revinotes, Order Recap, Oce Reports, and New Admensure care plan review are completed as indicated. 4.) ADON/Designee will Weekly audits x 12 weer resident care plan to er compliance with review care plans. Results of Albrought to QAPI	currence issions daily to v and revisions ated. I complete eks of 10 nsure v and revision o		

i		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUIT	TIPLE CONSTRUCTION		OMB NO. 0938-039		
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		Generalized Muscle W. Infarction Due to Unsp Stenosis of Unspecified Resident #9 was cogni Interview of Mental Stano cognitive impairment Range of Motion Limita Cardiovascular Accider Chronic Obstructive Pucardiac problems defici Weakness, Poor Endurand Motor Control secon Amputation. On 3/20/18, a review was #9's clinical record. On a given a cup of hot coffer on it. He put cream into accidentally hit the cup wonto his abdomen and sabdomen. Resident #9's care plan nutrition/hydration imbal. Mental Illness, diuretic unchronic Heart Failure, M. Disorder, and Chronic On Disorder. Provide assistanceded." On 3/20/18 at 1:00 P.M. conducted with Resident received the burn injury,	deakness, and Cerebral ecified Occlusion or d Cerebral Artery. tively intact with a Brief tus score of 15, indicating at, Mobility Impairment, ations, History of the with left Hemiplegia, Ilmonary Disease, multiple to related to Generalized ance, Impaired Balance andary to Above the Knee as conducted of Resident 3/7/18, Resident #9 was at in his room without a lid the coffee, then with his elbow, spilling it sustaining a burn on his aread, "Increased risk for ance related to history of se, Hypertension, lajor Depressive bstructive Pulmonary ance as meals as an interview was #9. When asked how he he stated, "I was drinking the coffee. I was getting the coffee. I hit the	F 6					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		C C
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 657	Abdomen 4 cm L x 1. open area. Exudate to Infection: no. Current area with normal Sali (dressing) with Alocal shift until healed. Pail associated with non proceed with non proceed with associated with non proceed with a proceeding	sment, "3/2/18. new rst observed 3/2/18. Site 5 cm open area. Burn. Color ype: none. Odor: no. It reatment orders: clean and apply nonstick drsg ne and border drsg every n Assessment: Pain pressure wound - yes." I record contained an Initial eatment. It read, "3/13/18 men Size 0.8 x 1.1 x Not face area 0.88 CM. Dried dditional information: mostly ent: Skin prep apply 1 x daily oply 1x daily x 30 days." Physician's Orders read, ergency Burn Max Str. Gel en topically three times a day with normal saline then apply Burn Gel with non stick drsg lealed. 3/8/18. Daily wound stomach. Document level	F6	557		

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	NAME OF P	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE		03/29/2018			
	BATTLEF	IELD PARK HEALTHCARI	E CENTER			LANK ROAD					
ŀ	(X4) ID	SI MAADY CTA	TEMENT OF DEFICIENCIES		PETE	RSBURG, VA 23805					
	PREFIX TAG	(EACH DEFICIENCY	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E TE	(X5) COMPLETIC DATE	N		
		care plan had not been injury prevention even 3/20/18 and the plan of	e survey on 3/29/18, the revised to include burn	F6	57						
	in the extended the at as an	1. Identified residents Nurse Manager for abili liquids. The plan of care indicated. Residents ha in place. 2. Current residents we to ensure safety and abili Plan of care will be revie indicated. Residents ide not liquids will be evaluated afternative interventions. Identified by the same within facility to ensure in social Service Department of issues with hot liquids atterviewable residents to of issues with hot liquids and Facility nursing will effort of liquids upon admission hange of condition. All findicated prior to working valuating resident's safe of liquids, and the prope of liquids. Dietary will co juid temperatures before the hot liquids are not ser- point of service with log-	thave been evaluated by the total safety handle hot will be revised as we current treatment plans will be evaluated by nursing fility to handle hot liquids. Evwed and revised as antified at risk for handling the total determine need for a The facility has removed establity. Nursing will ents on all residents to other burns noted. Evaluate ability to handle on, quarterly, and with acility staff will be a on the process for the								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		495252	B. WING			C 03/29/2018	
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, Z 250 FLANK ROAD PETERSBURG, VA 23805	ZIP CODE	03/23/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCED)			
F 657	temperature logs one bring results found to 5. Corrective Actio pm on March 20, 2018 to (Administration A) are (Administration B) we The facility subseque Assessment of Reside the was At Risk for he "Contractures - Finge shoulder of non-dom Weakness, paresis, Intervention: resident on cup, resident to be resident to be educated for him." In addition, were submitted for all staff received inservity following: "No resident until properly assessment as complunder 135 degrees we covered with a lid." 2. For Resident #42, revise the care plan to medications after must found in her room. Resident #42 was an admitted to the facility diagnoses included Evascular Disease, No.	ignee will audit hot liquid be daily x 4 weeks and will of QAPI. In will be completed by 11:59 18." The facility Administrator and Director of Nursing ere notified of the findings. Ently submitted a Hot Liquid dent #9, which indicated that andling hot liquids due to his ers, hand wrist, elbow, inant side, Strength - paralysis of upper extremity. It to drink hot liquids with lid e evaluated by therapy, ted by staff preparing coffee Hot Liquid Assessments are not given hot liquid until leted. All hot liquids must be with log signed off and the facility staff failed to on prevent further hoarding of litiple medications were	F	357			

STATEMENT OF DEFICI		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE C	CONSTRUCTION		NO. 0938-0 ATE SURVEY	391
AND PLAN OF CORREC	TION	IDENTIFICATION NUMBER:	A. BUILD				MPLETED	
		495252	B. WING		10.000	,	C 3/29/2018	
NAME OF PROVIDER	OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		1312312016	
BATTLEFIELD PAR	RK HEALTHCAI	RE CENTER			FLANK ROAD FERSBURG, VA 23805			
(X4) ID PREFIX TAG F	EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETIC DATE	ON
Phase, Repeate Disease Vitamin Weakne The Min Assessr of 3/2/17 understa On 3/26/ Resident complair removed combativ Practition for reside Resident not upda medicatio On 3/26/1 documen Administr Remain v swallower On 3/26/1 small whit on top of Regional outside of identify the	ed Falls, Gast e, Hypertensic B 12 Deficient ess - Generali imum Data Soment with an A 7, coded Resi and and be un A18 a review v t#42's clinical y Nursing Prog t noted hoardi ns of taking to from resident we with staff, un er calledNo ents (RP) repr #42's care pl ted to include ons. 18 a review w tation, reveali ration Policy. I with resident u d. Do not leav 18 at 1:45 P.M te oval tablet i Resident #42' Nurse (Admin the resident's e pill, she look ents in Hyper I in the resident's e pill, she look	mmunication Deficit, ro-Esophageal Reflux on, Pain in Unspecified Joint, roy Anemia, and Muscle zed. et, which was a Quarterly assessment Reference Date dent #42 as being able to derstood by others. vas conducted on record, revealing the gress Note, "3/9/18. on her medications, on many pills. Excess pills ts possession, she became nable to redirect. Nurse onew orders. Message left	F	657			STOC STOCK	38

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495252	B. WNG				C	
	PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, 2 250 FLANK ROAD PETERSBURG, VA 23805	ŽIP CODE	<u> </u>	/29/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		ACTION SHOULD BE TO THE APPROPRIAT		(X5) COMPLETION DATE	
	stated, "I have given hast few days. She always she pours the pills into her time. She then puts the drinks water." On 03/26/18 at 3:25 Phe conducted with the Restone to describe the Losarta resident's room, she stated to describe the followed when a read. It does not appead doesn't look like it has When asked to describe the followed when a reshould identify the pills betermine what narcott this case, the resident ordered narcotics. Also there. You interview stated to notify the MD. When administering the should confirm that they on 3/26/18 at approximate Administrator (Administration (Administration (Administration findings. The DON stated administer Resident #42 "slower schedule". The facility did not provide in regarding the hoarding of the state of the st	M., an interview was gional Nurse. When asked an 25 MG. pill found in the lated, "It's dry, the number of the number 25 is on the number 25 is on the number are easily at to be touched by liquid. It any coating on it." The the process that should sident is found to be conal Nurse stated, "We are figure out what occurred ics if any were involved. In did not have any physician if, etc. We need to curs what happened. We change plan of care. The pills, the nurse maybe of swallowed the pills." The tately 4:00 P.M. the facility ration A), and Director of B) were notified of the ed that the nurses should be service training for nurses of medications.	F	657				
	 Resident #92's care include suicidal ideation 	plan was not updated to and depression.						

PRINTED: 04/12/2018

	ESTOT ON MEDICARE 8	MEDICAID SERVICES			FO	2M ADDDO
SIMICMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	Tan		OMB	RM APPRO\ IO. 0938-0:
- · N/1/1	O. SOURCHON	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
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F 657	Continued From page	111		JET IOLENOT)		
			F 657			
	Resident #92, a 67 year	ar old, was admitted to the				
	1	2000ccc included to				
ļ		MSSION dicordo-				
	i iyperiipidemia, reflux i	pain, skin cancer, and			Visida	
	convulsions.	•				
	The most recent Main					
	Was a quarterly account	um Data Set assessment			110	
	reference date of 1/18/1	nent with an assessment				
	coded with a Brief Interv	6. Resident #92 was				
:	score of 15 indicating no	Cognitive impairment			***************************************	
1 -	re requiring assistance	with activition of daily				
1	iving.	with activities of daily				
					(Aug	
P	In interview was conduc	ted with Resident #92 on				
, -		Iring the intent				
	Was leading	He stated the t			TO SAME	
	CACI ROOM IO DE A DELEVI	n who original at a con-				
,		TO be ensured to the second				
	Servin Controllions. He was	e acked if he had			1	
,	"YOU WILL THE SOCIAL WORK	(Or about his face				- 1
,	TOUR TOUR PRINCIPLE ASKE	dithouse into the				- 1
sta	lking with the social worl	Ker, Kesident #92	The state of the s			- 1
Re	esident #92's clinical reco	Ord was reviewed The				1
foll	lowing notes were docur	mented:				- 1
1		1				
lvin	19/17, 5:00 a.m., Behav	ior Note. "Resident				1
.,,,,,,	א מו מסוווטטט ושושו שייי צי	14/ 01/02				
1 •	-, ''' WU Dalli Di Discom	Itort voiced At .	the may record			
voic	fused & verbal. Upon a	ssessment, resident				- 1
WOL	ed he had taken a certa	in amount of pills that				
feel	alld set him on fire, but, we sangry that he's still alived	men ne woke up he				
	-o about the ma racia	Ont ototo di ili.	V. Marine (Marine)			1
	CO TO VIII HILLISELL DECOLO	So bio sista	-			
take	him home. Resident do	Pen't have and				
F07/00 ==		result have any items				1

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 495252 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) IDENTIFICATION NUMBER: (X3) DATE SURVE COMPLETED STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED (X3) DATE SURVE COMPLETED (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED (X3) DATE SURVE COMPLETED (X4) DATE SURVE COMPLETED (X5) DATE SURVE COMPLETED (X6) DATE SURVE COMPLETED (X7) DATE SURVE COMPLETED (X7) DATE SURVE COMPLETED (X7) DATE SURVE COMPLETED (X6) DATE SURVE COMPLETED (X7) DATE SURVE COMPLETED (X8) DATE SURVE COMPLETED (X9) DATE SURVE COMPLETED (X9		STATEMENT	OF DEFICIENCIES	(V1) PROVIDED OLIVOUS			OMB	NO. 0938-039
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER C.Q.41D (EACH DEPAIRM STATEMENT OF DEFICIENCIES (EACH DEPAIRM ROAD PETERBURG, VA 2880) FREETY TAG. F. 657 Continued From page 112 (COMPANTON) Within reach that could harm him & frequent monitoring was accessed." 10/28/17, 8.55 a.m., eMAR note. "While in residents room to administer meds, resident stated, Don't tell no body but if mithevel don't warna live anymore. Resident refused meds at first. With redirection took medication." At the end of day meeting on 3/26/18, the Director of Nursing (DON) and Administrator were notified that it did not appear that Resident #92's behavioral health needs. It was reviewed that it did not appear that Resident #92's depression and hopelessness were care planned. 4. For Resident #101, facility Staff failed to develop a comprehensive person-centered care plan that addressed the resident's anticoagulation status. Resident #101's most recent Minimum Data Set (MDS) Assessment Reference Date (ARD) of 2/4/2018. The Brief Interview for Mental Status (BIMS) gave a score of 15, indicating no mental impairment. Resident #101's diagnoses included: Quadrilegia, contracture, HIV, major depressive disorder. Non-ST-Elevated Myocardial Infarction, insomina, hyperlipidemia, gastro-esophageal reflux disease, hepatitie, hypertension, and opioid dependence. Resident #101 required extensive assistance of one staff member with activities of daily living of hygiene, dressing and for transfer, required total assistance of one staff person for bething.		AND PLAN (OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DA	ATE SURVEY
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SUMMARY STATEMENT OF DEFICIENCIES (REACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) F657 Continued From page 112 within reach that could harm him & frequent monitoring was accessed." 10/28/17, 8:56 a.m., eMAR note. "While in residents room to administer meds, resident stated, Don't tell no body but I'm threw I don't warna live anymore. Resident refused meds at first. With redirection took medication." At the end of day meeting on 3/26/18, the Director of Nursing (DON) and Administrator were notified that it did not appear the facility staff were providing for Resident #92's behavioral health needs. It was reviewed that it did not appear that Resident #92's depression and hopelessness were care planned. 4. For Resident #101, facility Staff failed to develop a comprehensive person-centered care plan that addressed the residents anticoagulation status. Resident #101's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 2/4/2018. The Brief Interview for Mental Status (BIMS) gave a score of 15, indicating no mental impairment. Resident #101's diagnoses included: Quadriplegia, contracture, HIV, major depressive disorder, Non-ST-Elevated Myocardial Infarction, insomnia, hyperlipidenia, gastro-ecophageal reflux diseases, hepatitis-c, hypertension, and opioid dependence. Resident #101 required extensive assistance of one staff member with activities of daily living of hygiene, dressing and for transfer, required total assistance of one staff person for bathing.				E CENTER		250 FLANK ROAD	ZIP CODE	03/29/2018
FREEN REGULATORY OR LSC IDEMTEVING INFORMATION) F 657 Continued From page 112 within reach that could harm him & frequent monitoring was accessed." 10/28/17, 8:56 a.m., eMAR note. "While in residents room to administer meds, resident stated, Don't tell no body but I'm threw I don't wanna live anymore. Resident refused meds at first. With redirection took medication." At the end of day meeting on 3/26/18, the Director of Nursing (DON) and Administrator were notified that it did not appear the facility staff were providing for Resident #92's depression and hopelessness were care planned. 4. For Resident #101, facility Staff failed to develop a comprehensive person-centered care plan that addressed the resident's anticoagulation status. Resident #101's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 2/4/2018. The Brief Interview for Mental Status (BIMS) gave a score of 15, indicating no mental impairment. Resident #101's diagnoses included: Quadriplegia, contracture, HIV, major depressive disorder, Non-ST-Elevated Myocardial Infarction, insomnia, hyperipledmia, gastro-esophageal reflux diseases, hepatitis-c, hypertension, and opioid dependence. Resident #101 required extensive assistance of one staff member with activities of daily living of hyglene, dressing and for transfer, required total assistance of one staff member with activities of daily living of hyglene, dressing and for transfer, required total assistance of one staff member with activities of daily living of hyglene, dressing and for transfer, required total assistance of one staff member with activities of daily living of hyglene, dressing and for transfer, required total assistance of one staff member with activities of daily living of hyglene, dressing and for transfer, required total	ľ	W40.16	CLIMMANU OTA		L	FETENSBURG, VA 23805		
within reach that could harm him & frequent monitoring was accessed." 10/28/17, 8:56 a.m., eMAR note. "While in residents room to administer meds, resident stated, Don't tell no body but I'm threw I don't wanna live anymore. Resident refused meds at first. With redirection took medication." At the end of day meeting on 3/28/18, the Director of Nursing (DON) and Administrator were notified that it did not appear the facility staff were providing for Resident #92's behavioral health needs. It was reviewed that it did not appear that Resident #92's depression and hopelessness were care planned. 4. For Resident #101, facility Staff failed to develop a comprehensive person-centered care plan that addressed the resident's anticoagulation status. Resident #101's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 2/4/2018. The Brief Interview for Mental Status (BIMS) gave a score of 15, indicating no mental impairment. Resident #101's diagnoses included: Quadriplegia, contracture, HIV, major depressive disorder, Non-ST-Elevated Myocardial Infarction, insomnia, hyperlipidemia, gastro-esophageal reflux disease, hepatitis-c, hypertension, and opioid dependence. Resident #101 required extensive assistance of one staff member with activities of daily living of hygiene, dressing and for transfer, required total assistance of one staff person for bathing.		PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
required limited assistance of one staff wants		FF () v 22 () irr o o hy as	within reach that could monitoring was access 10/28/17, 8:56 a.m., eM residents room to admit stated, Don't tell no bod wanna live anymore. Refirst. With redirection to At the end of day meeting Director of Nursing (DO notified that it did not approviding for Resident #needs. It was reviewed Resident #92's depressivere care planned. 4. For Resident #101, fadevelop a comprehensive plan that addressed the status. Resident #101's most resident #108) Assessment was with an Assessment Reference and Pale Market #101. The BIMS) gave a score of 1 mpairment. Resident #10 Quadriplegia, contracture alisorder, Non-ST-Elevate ansomnia, hyperlipidemia, efflux disease, hepatitis-capioid dependence. Resident #101 required experience staff member with active giene, dressing and for sesistance of one staff peints.	harm him & frequent led." MAR note. "While in nister meds, resident dy but I'm threw I don't desident refused meds at book medication." Ing on 3/26/18, the N) and Administrator were opear the facility staff were 192's behavioral health that it did not appear that ion and hopelessness decility Staff failed to re person-centered care resident's anticoagulation cent Minimum Data Set a Quarterly Assessment erence Date (ARD) of view for Mental Status 5, indicating no mental 201's diagnoses included: 19, HIV, major depressive and Myocardial Infarction, 19, gastro-esophageal 19, hypertension, and 19, hypertension, and 19, hypertension, and 19, hypertension for bathing.	F 6			

STATEME AND PLAI	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	F PROVIDER OR SUPPLIER EFIELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	03/29/2018
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F 658 SS=E	for eating, and extensi members for bed mobic coded as frequently in bladder. On 3/27/2018, a review was started. In the cou was noted that Resider hospitalized for a Noninfarction, a type of heastents placed. Resident orders included two meclotting: Plavix, a tablet Lovenox, an injection to A copy of Resident #10 reviewed on 3/27/2018. addressing the resident bleeding or other anticowere found. The finding: Administrator and DON on 3/27/2018. The DON anticoagulation status staddressed, and that the would be immediately reDON informed surveyors care plan had been updatanticoagulation treatment Services Provided Meet	ve assistance of two staff lity. Resident #101 was continent of bowel and of of Resident #101's record record review, it at #101 had been ST Elevated Myocardial and attack, and had artery at #101's hospital discharge dications to reduce to be taken daily, and a be given every 12 hours. I's Care Plan was No goals or interventions as increased risk for agulation related needs as were discussed with the eat the end of day meeting stated that the resident's mould have been resident's care plan vised. On 3/29/2018 the attack that Resident #101's atted to address the t. Professional Standards Insive Care Plans arranged by the facility, whensive care plan, dards of quality.	F 658	1.) Resident #32, #72 Physician was	4 identified D and ive nts.
				noted for this resident.	

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			OMB NO. 09	938-03
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURV COMPLETE	VEY
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3 a a a a a a a a a a a a a a a a a a a	Based on observation record review and fact the facility staff failed standards of quality for 72, 164, and 364) in a residents. 1. For Resident # 32, the administer medications physician. 2. For Resident # 72, the ensure medications we administration as order to consult physician for to be given when prescuravailable and failed to medications that were on the fact of the f	n, staff interview, clinical ility documentation review to follow professional or 4 residents (Resident #32, survey sample of 38 the facility staff failed to se as ordered by the season of an alternative medication ribed medication was colarify orders for suestioned by the resident exility staff failed to clarify orders for suestioned by the resident exility staff failed to clarify PICC line and ABT were seafter being ordered. Peripherally Inserted ICC line) and for 14 hrs. facility staff failed to sordered by the example of the seafter being ordered. Peripherally Inserted ICC line) and for 14 hrs.	F 68		d addressed ection. EMAR pe reviewed, d to caining eddressed as ew orders for ord for ure timely n, identified ndicated. ed on delines, g, Medication decap d on the essing new ning IV ew EMAR v daily to rified as ble as e will ysician/NP	

STATEMENT OF DEFICIENCIES		(XI) PROMPERIOUS INTERIOR			OMB N	IO. 0938-039
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		495252	B. WING			С
NAME OF PROVIDER OR SUPP BATTLEFIELD PARK HEA		E CENTER		STREET ADDRESS, CITY, STATE, ZIP COD	 03 E	3/29/2018
PREFIX (EACH D	EFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PETERSBURG, VA 23805 PROVIDER'S PLAN OF COME (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ACTION DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
extremities with Amputation of Chronic Viral It. Resident #32's (MDS) was a control of Assessment R. The MDS code Interview for M of 15 indicating Resident # 32 one to two staff living except resperson for bath bowel and Resident with a control of the Company of the Company of the P documentation Administration It. Review of the P documentation Administration It. Which stated Me milligrams give to related to Esser HR <60 (heart reform pharmacy.) Further review of the P documentation of the P docu	theroscle th Gange toes, Hy Hepatitis s most r quarterly deference ed Resid dental St g severe required to hing and sident # ary cathe did and sident # ary cathe linical re 30 PM. Progress of an elv Note) on etoprolol 2 tablet I htial Hyp hate less of the Pro ation of r histration his per ac	erosis of native arteries of the Bilateral Legs, prothyroidism, Glaucoma, paraplegia, and Dementia elecent Minimum Data Set assessment with an elecent (ARD) of 1/30/2018. The second of	F 6	Medication orders are cland medications are delication ordered and timely or armedication is obtained if needed. DON/Designee with order recap that IV orders have been process results will be reported to	eek to ensure larified as neede ivered and giver n alternative f will validate dai and Antibiotic sed timely Audi	ed, n as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		495252	B. WING_			C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	1 0.	3/29/2018
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() () () () () () () () () ()	in both eyes two times specified Glaucoma: " On 11/4/2017 at 4:30 Medication Administra 0.5 % Instill one drop i related to other specifiavailable." On 11/4/2017 at 10:10 Medication Administrat Reconstituted 3.375 grintravenously every 12 (Methicillin Resistant Swound for 14 days. "Mon 11/5/2017 at 7:45 A Medication Administration D5W Solution 500 milligate hours for MRSA in wavaiting on pharm"	PM eMar (electronic ation Note) Dorzolamide Solution 2 % instill one drop is a day related to other Med not available" PM eMar (electronic tion Note) Timoptic Solution in right eye one time a day ed Glaucoma. "Med not PM eMar (electronic tion Note) Zosyn Solution ams Use 3.375 milligrams hours for MRSA taphylococcus Aureus) in ted has not been delivered" M eMar (electronic on Note) LevoFloxacin in grams intravenously every yound for 14 days	F 6			
CONTRACTOR OF THE STATE OF THE	who stated the staff show then medications are not also an algorithms. The Direction of the Pharmacy should have administration as per irector of Nursing also also when the Pharmacy should have administration as per irector of Nursing also also when the Pharmacy should have a description and the Pharmacy should be provided in the	censed Practical Nurse) Build notify the Pharmacy of available. an interview was ctor of Nursing who stated ave medications available. Physicians Orders. The stated the facility staff Dose" medications to see				

AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MIII	TIDLE	F(OMB	DRM APPROVI NO. 0938-03:
		IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) D	ATE SURVEY
NAME OF F	PROVIDER OR SUPPLIER	495252	B. WING			С
	TELD PARK HEALTHCA	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD	0	3/29/2018
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PETERSBURG, VA 23805		
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F 658	Continued From page	117	F 65	58		
Lens adrato to t	Name-Metoprolol Tartravailable to the staff. During the end of day of the Facility Administration of the Director of Nursing the Director of Nursing the Director of Nursing thould ensure medication as ordered the STAT First Dose of the STAT first Dose	ed by the physician and ed medications available sox. as provided. as				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WING			C
	PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		3/29/2018
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	SHOULD BE COMPL	
	areas of Section C 100 Mental Status" through Daily Decision Making coded as needing superstaff member to perform living. Resident # 72 whear, speak, understarn Review of the clinical residence of the clinical residence of the residence of the Progress documentation that sevavailable from the Phare 2017 to March 2018. On 2/12/2018 at 3:42 P (Extended Release) 24 "Medication not available medication will be sent a Awaiting arrival." On 2/11/2018 at 1:20 P Extended Release 24 hone tablet by mouth one spasms. Med not available on 2/10/2018 at 9:03 AMExtended Release 24 hone tablet by mouth one Spasms. Med not available on 1/8/2018 at 3:46 PM: 50000 Unit give one capeday every Monday related Awaiting arrival from Phare on 1/8/2018 at 3:49 PM: 501 1/8/2018 at 3:49	D "Should Brief Interview for a C 1000" Cognitive Skill for a C 1000" Resident # 72 was ervision assistance of one and her activities of daily was coded as being able to ad, and be understood. Brook a C 1000 C	F 658			

	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(20) 100 07		OMB N	IO. 0938-039
	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION		TE SURVEY MPLETED
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H	(X4) ID	CHAMADYON			PETERSBURG, VA 23805		
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	F 658	- similada i form page		F 65	58		
		time a day for Constipa pharmacy."	ition "Awaiting arrival from				
		send."	e one tablet by mouth one tion "Pharm notified to				
		give 134 milligrams by r related to Multiple Scleri	osis "Not available."				
	9	On 12/2/2017 at 11:53 A give 134 milligrams by m related to Multiple Sclero	M: Fenofibrate Capsule nouth one time a day osis "Not available."				
	T.	On 11/23/2017 at 7:00 A ablet 30 milligrams give every 6 hours for Pain "N	one tablet by mouth				
	ιε	On 11/16/2017 at 12:40 A ablet 30 milligrams give very 6 hours for Pain "M	one tablet by mouth				
	ta	in 11/15/2017 at 1:08 PM blet 30 milligrams give very 6 hours for Pain "M	one tablet by mouth	Total Control			
	tin	n 11/12/2017 at 6:44 PM 5 milligrams give one ta nes a day related to Anx railable."	iblet by mouth two				
	tim	n 11/12/2017 at 8:57 AM 5 milligrams give one ta nes a day related to Anxi ailable."	blet by mouth two				
	On	11/1/2017 at 12:40 PM:	Metformin HCL tablet				

STATEMENT	OF DEFICIENCIES	Taxo Page 17 - 1			OMB NO. 0938-039
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495252	B. WING		C 03/29/2018
	PROVIDER OR SUPPLIER	E CENTER	250	REET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD TERSBURG, VA 23805	1 03/23/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
	1000 milligrams give of times a day for Elevatiavailable." Review of the Stat Boofrom the current Pharm 500 milligrams in the sadministration. Further review of the Flocumentation of proborders and administration orders and administration orders and administration and significant for elevated glucos. On 2/13/2018 at 4:59 Flocumentation Note: Migive one tablet by moute elevated glucose "Resitake this medication and 2/14/2018 at 12:25." Resident returned from (4:45 PM). She had a must be significant to voice mail" On 2/14/2018 at 12:39 / residents allergy to Azitifications.	one tablet by mouth two ed Glucose "Med not od Glucose "Med formin supply available for od Glucose od Gluco	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495252	B. WING		C	
	NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER			REET ADDRESS, CITY, STATE, ZIP CODE PELANK ROAD TERSBURG, VA 23805	10:	3/29/2018
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		ULD BE COMPLETE	
F A A A A A A A A A A A A A A A A A A A	On 2/14/2018 at 12:34 Administration Note: Magive one tablet by more elevated glucose "resingly of the Allergies Summary Report inclustry Azithromycin, Erythrom Bactrim. Other allergies Fish Oil, Ibuprofen, Ioo Morphine, Pantoprazol Fentanyl and Related, mercury, Latex. Review of Physicians Owith order status: active revealed no documental revealed no documental revealed method more defused Metformin 1000 imes during the month. Scheduled to be administrated by facility anoth. There was no do Metformin 1000 milligram and being discontinued. There was no noted doctaff notifying the doctor efusing to take Metformin take Metform	delectronic Medication Metformin 1000 milligrams ath two times a day for dent refused." Is listed on the Orders ded several antibiotics: nycin, Penicillin, Keflex and s included: Belladonna, line, Lansoprazole, le, Phenobarbital, Reglan, Peanut, ammoniated Orders Summary Sheet le, completed, discontinued ation of Metformin. Ola Medication revealed Resident # 72 o milligrams by mouth 18 The medication was stered at 9 AM and 5 PM on was documented as staff 36 times during the ocumentation of ms by mouth two times a sumentation of the facility that Resident # 72 was in until 3/9/2018.	F 658	JET IOLENCITY		
P	he Nurses Note dated : M) stated "Dr in esidents refusal to take	3/9/2018 at 18:59 (6:59 facility Informed him of medication Metformin.				

1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		N	(X3) DAT	E SURVEY PLETED
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	ROVIDER OR SUPPLIER IELD PARK HEALTHCAR	E CENTER		STREET ADDRESS 250 FLANK ROAI PETERSBURG,			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE TAG CROSS-REFERENCED		ROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	NO (New Order) recei RP (Responsible Party order). "The new ord Nurses Note. Further review of the N Resident # 72 refused at 9 AM and two times Documentation reveale administered 7 times a PM after 3/9/2018. On 3/17/2018 at 5 PM, MAR listed a code of "S Nurses Note. The Nurs at 5:19 PM stated Metf mouth two times a day "Medication has been of did not reflect that the N discontinued. Resident the Metformin at times medication at other time the month. Review of the Facility p Administration effective 12/14/2017 on Page 1 of	ved. Resident is her own y) made aware of NO (new er was not written in the Nurses Notes revealed to take Metformin 11 times at 5 PM after 3/9/2018. ed Metformin was at 9 AM and 16 times at 5 the documentation on the ell instructing to see the ses Note dated 3/17/2018 formin 1000 milligrams by for elevated glucose discontinued." The MAR Metformin had been at #72 continued to refuse but was administered the es throughout the rest of olicy on Medication 8/3/2010 and Revised of 7 stated "Administer escribed by the provider" sten: which sof in giving each	F	358	DEFIGIENCY)		
ŗ	preparation of medication		ATT COLORS OF THE COLORS OF TH				

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA (X2) MI II TI	OMB NO.			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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NAME OF I	PROVIDER OR SUPPLIER			CTRETION	0	3/29/2018
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		ECENIER		250 FLANK ROAD		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PETERSBURG, VA 23805		
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F 658	Continued From page	123				
	and reducing errors."		F6	58		
f f g w tt tc c m lii aa 1. 2. 3. 4. 5. 6. Or coo me by que nur adr	refusing to take Metforr she was no longer on the non-documentation the fadoctor that scheduled dunavailable and to required an action. There was the doctor was notified to bladder spasms was not consecutive days and to the facility cited Lippincot for professional nursing spiven from Lippincott, Further six rights of medication on sistently every time your dications. Many medinaked, in some way, to an other ingold these the right medication. The right medication the right dose the right patient.	loses of Oxycodone were est an alternative no documentation that that Mirabegron used for travailable for three or request an alternative. Ott as the resource used standards. Guidance was undamentals of Nursing, a medication errors, follow on administration ou administration ou administer cation errors can be no inconsistency in ion" an interview was or of Nursing who stated ministered as ordered ed if there were Nursing stated the registration of medication errors.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X	(X3) DATE SURVEY COMPLETED	
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		495252	B. WING			03/29/2018
	ROVIDER OR SUPPLIER IELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805	DDE	
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F 658	Continued From page	124	F	658		
	No further information	was provided.	o de la companya de l			
	3. For Resident #164, an order for Trazodon	facility staff failed to clarify e.				
	(MDS) Assessment with Solid part of the Market	of 3/23/2018. Resident for Mental Status (BIMS) ving (ADL) assessments this assessment. Resident aded: Major Depressive llitus Type-II, er, Undifferentiated epertension. 164's clinical inducted beginning on the resident's Medication was noted to contain the done HCL tablet 50 MG				
	needed for sleep relate DEPRESSIVE DISORI UNSPECIFIED, (F32.9 Resident #164's Physic 2018 was requested ar the Physician Orders of the MAR.	ed to MAJOR DER, SINGLE EPISODE,) at bedtime." A copy of cian Orders dated Mar. 22 and obtained. Upon review, contained text identical to				
1	with the Director of Nur day meeting on 3/23/20 isn't written correctly" a should have clarified the The DON stated that Li facility's nursing referen					

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0.00		OWR	NO. 0938-039
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
		495252	B. WING			С
	PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	10)3/29/2018
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- COLUMN TO THE PROPERTY OF TH	5 article "Clarifying a n Nurse's responsibility to order to protect both the No further documents." 4. For Resident #364 a not started until 14 hour Facility failed to provide Central Catheter Line (Central Catheter Line (Centr	nedication order", it is the to clarify unclear orders in the patient and themselves. were provided. a PICC line and ABT were are after being ordered. be Peripherally Inserted PICC line) for 14 hrs. mitted to the facility on to include but not limited trachea, traumatic brain icle Accident pressure ulcer stage II and sion was too recent for a S) assessment (an and verbal stimuli Dependence assist of 2+ and positioning as well as the physician ordered administered through a too be administered an order pneumonia through	F 65			
(F	Peripherally Inserted CPICC line)					
В	y 4.00 p.m. that same d	ay, the antibiotic had not				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		91
495252		495252	B. WING			C		
	ROVIDER OR SUPPLIER IELD PARK HEALTHCAR	E CENTER		250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD TERSBURG, VA 23805		03/29/2018	-
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		J
	During an interview wi managers (RN A) at 4: orders received that m taken off, meaning tha acted on the order. When RN A was asked that the order had not be responded "no". RN A stated she was be doing treatments, and I nursing assistants) give and that they had no exand there just wasn't eneverything. RN A went on to say she which inserts PICC line could be administered, not insert the line. RN A stated she would 4:00 p.m. RN A admitted have been notified, and have been instituted important the line.	th the unit 2 nursing 00 p.m., she stated the orning had not yet been to the nursing staff had not with the doctor was aware been acted upon, RN A susy passing medications, helping the CNA's (certified to care to the Residents, that staff to take off orders, arough staff to take care of with the doctor should that the doctor should that the orders should that the orders should mediately. On company that inserts the cord states, PICC line 00 pm on 3/26/18, and R the first dose of until Midnight 3/27/18. In was notified of the	F	558				
								i

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG		E SURVEY MPLETED
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	PROVIDER OR SUPPLIER	<u> </u>	D. WING	STREET ADDRESS, CITY, STATE, ZIP C 250 FLANK ROAD PETERSBURG, VA 23805		3/29/2018
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	Discharge Summary CFR(s): 483.21(c)(2)(2)(2)(2)(3)(483.21(c)(2)(2)(2)(3)(483.21(c)(2)(2)(2)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	ge Summary ipates discharge, a resident e summary that includes, e following: he resident's stay that ited to, diagnoses, course therapy, and pertinent lab, ation results. the resident's status to raph (b)(1) of §483.20, at ge that is available for persons and agencies, with dent or resident's I pre-discharge esident's post-discharge cribed and an of care that is ticipation of the resident consent, the resident h will assist the resident to i living environment. The care must indicate where eside, any arrangements or the resident's follow up harge medical and s not met as evidenced d review and staff alied to document a mmary for one resident, h ple of 38 residents.	Fe		tcomes related summary. lesignee complete discharged in the following of t	eted an the last ere etor will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WNG_			C 02/20/2049	
	PROVIDER OR SUPPLIER	E CENTER		STREET ADDRES 250 FLANK ROA PETERSBURG		03/29/2018	
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F 661	physician discharge si The findings included: Resident #165's most assessment (MDS) wa with an assessment re 11/27/2018. Resident: Mental Status (BIMS) indicating no cognitive #165's diagnoses incluhemiplegia, hemipares gastrostomy, dysarthrihernia, hyperlipidemia reflux disease. On 3/23/2018, a review record was conducted physician discharge su the record provided by day on 3/23/2018, the missing discharge sum assist with locating it. I should be in the closed would see what she cool of 3/27/2018, the DOM discharge summary for	recent Minimum Data Set as a Discharge assessment eference date (ARD) of #165's Brief Interview for assessed a score of 15, impairment. Resident uded: Ataxia, dysphagia, sis, cerebral infarct, a, hypertension, inguinal, and gastro-esophageal ov of Resident #165's closed. It was noted that no immary could be found in the facility. At the end of DON was informed of the imary, and was asked to The DON stated that it it record, but stated she had been ed "no", and that she did	F6	61 F684			
F 684 SS=G	No further documents of Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fund applies to all treatment	e damental principle that	F 68	1.	Resident #72 was evaluated by social services and no current psychosocial distress noted. Medication review completed by Physician and new orders received and noted.		

STATEMENT OF DEF	ICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				<u>OMR NO. 0938</u>	-039
AND PLAN OF CORR	RECTION	IDENTIFICATION NUMBER:	A. BUILDII	TIPLE CONSTRU	JCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDE	EP OP CURPUTE	495252	B. WING_			C 03/29/2018	5
	ARK HEALTHCAR			250 FLANK	DRESS, CITY, STATE, ZIP CODE ROAD JRG, VA 23805	03/23/2016)
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facility assess that re accord practic care p This R by: Based intervie course resider #87, R resider well-be Reside 1. For F ensure accordii psychos medicat The resi 2. For R administ the phys 3. For Re provide r The med aerosol f Glaucom	esidents receive to dance with profesoce, the comprehence, the comprehence, the comprehence, and the resident and complaint, and clinical resident #32) of the first of a complaint, the same of the same	d on the comprehensive ent, the facility must ensure treatment and care in ssional standards of ensive person-centered dents' choices. is not met as evidenced resident interview, staff ecord review, and in the he facility staff failed, for desident #72, Resident es survey sample of 32 en highest practicable sychosocial harm for the efacility staff failed to see were received orders resulting in ed to anxiety about by distracted nurses. was "afraid." Facility staff failed to redered by the physician. cluded antibiotics, eye drops for medication unavailable.	F 68	2.	Physician and DON met with resident and reviewed current medications, plan of care for medication administration, and resident's personal preferences related to medication administration. Identified concerns were addressed as indicated and plan of care reviewed and revised as indicated. Plan of care reviewed and revised as indicated. Resident #87's Physician notified of missed doses of IV antibiotics and no noted adverse outcomes noted. Resident #32's Physician was notified of missed medications. No noted negative outcomes. Current residents will be audited to ensure Physician ordered medications are available. Current residents with a BIMs of Greater than 9 will be interviewed regarding Licensed Nurses Medication Administration practices.		
The findir	ngs include:						
1. For Re	sident # 72, the f	acility staff failed to				management of the state of the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			•			
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F 684	Resident # 72, a fema facility 11/2/2015. He were not limited to Divlarge intestines with prinsomnia, neuropathy Disorder, Major Depres Sclerosis, Hypertensian Resident # 72's most 2/21/2018 was coded Resident # 72's cognimake every day life downs not coded. Dash areas of Section C 10 Mental Status" throug Daily Decision Making coded as needing supstaff member to perfoliving. Resident # 72 hear, speak, understation 3/28/2018 at 1:47 requested to talk with	ces were received as orders resulting in lated to anxiety about en by distracted nurses. he was "afraid." ale, was admitted to the r diagnoses included but verticulitis of both small and erforation and abscess, Gastroparesis, Anxiety essive Disorder, Multiple on and weakness. recent MDS with an ARD of as a quarterly assessment. tive status (her ability to ecisions and memory ability) es were entered in the 0 "Should Brief Interview for h C 1000" Cognitive Skill for g." Resident # 72 was bervision assistance of one rm her activities of daily was coded as being able to and, and be understood.	F	684	Medication Administration		
	the conference room of Resident # 72 stated of the advocate for other was happy to see this the facility since new of the second	PM, Resident # 72 came to with all of the surveyors. she had deemed herself as rs. Resident # 72 stated she gs beginning to improve at management was in place of ths. However, she was			clarified as indicated, medications are available as ordered, and new orders for ATB and PICC lines are processed and implemented timely.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	495252	B. WING_		C 03/20/2048
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	03/29/2018 DE
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BATTLEFIELD PARK HEALTHCA	ARE CENTER		PETERSBURG, VA 23805	
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often had to be interesidents who wand Resident # 72 state medicine several timinterrupted so often often inquired about her because she was given by the nurses also stated she often medication because paperwork. She state of focus on their jobs stated the nurses of could be assigned to that" Unit Secretarie which would allow the medications when resident # 72 stated was the high turnove Assistants). Resident come in, get overwomore work for the nuwas upset that she high turnove available. Resident with specialists often schedule and it was appointments due to Resident # 72 stated Administrator and Dimaking positive charwould get better with	nurses passing medications rrupted to take care of ler or need other assistance. It is a she was "afraid" to take her nees because the nurses were as Resident # 72 stated she at the medications presented to as unsure if what was being was correct. Resident # 72 in had to wait for pain at the nurses were busy doing ted the nurses should be able as and the residents. She ten have too much to do that to someone else. She stated as should do more paperwork the nurses to give pain requested by residents and do residents." If a big problem at the facility for of CNAs (Certified Nursing to # 72 stated new CNAs and missed six appointments are of no transportation was the almost a year to supsetting to have to cancel transportation. The shought the current rector of Nursing were ages in the facility and things time.	F6	Charge Nurse/Designer validate that new ords from Physician/NP are reviewed and address timely. Licensed Nurs complete 24 hour chatchecks and order recapereiew. 4. DON/Designee will recorder recape and EMA daily 5 x week to ensemble daily 5 x week to ensemble daily endication orders and clarified as needed, at medications are delivated alternative medication obtained if needed. DON/Designee will varied daily with order recape and Antibiotic orders been processed timel results will be reported QAPI.	ers e eed ees will rt p eview AR notes sure re and vered I or an on is alidate p that IV have ly. Audit

AND PLAN OF CORRECTION ASSULTINE CONSTRUCTION B, WING		STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Taxa		OMB	NO. 0938-0	<u>)39</u>
MANE OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER O(4) ID PREFIX PARK HEALTHCARE CENTER PROJECTION (PARK HEALTHCARE CENTER) IF 684 COntinued From page 132 Review of the Progress Notes revealed documentation of problems with medication orders and administration. On 2/12/2018 at 12-44 eMAR (electronic Medication Administration Note: Metformin 1000 milligrams give one tablet by mouth two times a day for elevated glucose "resident refused." On 2/14/2018 at 12-25 AM Nurses Note: "Resident states she does not take this medication anymore." On 2/14/2018 at 12-25 AM Nurses Note: "Resident returned from the dentist around 1645 (4.45 PM). She had a new order for Zithromax 250 milligrams by mouth but resident is allergic to medication. Attempted to contact MD/NP (Medical Doctor/Nurse Practitioner) but phone went to voice mail" On 2/14/2018 at 12-39 AM-doctor "notified residents allergy to Azithromycin. New order from Annoxicillin 500 milligrams" by mouth three times a day for 7 days per Dr	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	===
BATTLEFIELD PARK HEALTHCARE CENTER 280 FLANK ROAD PETERSBURG, VA 23806	I			495252	B. WING				
BATTLEFIELD PARK HEALTHCARE CENTER 220 FLANK ROAD PETERSBURG, VA 23805 SUMMARY STATEMENT OF DEFICIENCIES GEOCHOSTICINES OF RECEDED BY FULL RECOLLATION OF LISC GENTRYMIC INFORMATION) F 684 Continued From page 132 Review of the Progress Notes revealed documentation of problems with medication orders and administration. On 2/12/2018 at 12-44 eMAR (electronic Medication Administration Note: Metformin 1000 milligrams give one tablet by mouth two times a day for elevated glucose "resident refused." On 2/13/2018 at 4-59 PM electronic Medication Administration Note: Metformin 1000 milligrams give one tablet by mouth two times a day for elevated glucose "Resident states she does not take this medication anymore." On 2/14/2018 at 12-25 AM Nurses Note: "Resident returned from the dentist around 1845 (4-45 PM). She had a new order for Zithromax 250 milligrams by mouth but resident is allergic to medication. Attempted to contact MD/NP (Medical Doctor/Nurse Practitioner) but phone went to voice mail" On 2/14/2018 at 12-39 AM-doctor "notified residents allergy to Azithromycin. New order from Amoxicillin 500 milligrams by mouth three times a day for 7 days per Dr On 2/14/2018 at 12-34 electronic Medication Administration Note: Metformin 1000 milligrams give one tablet by mouth two times aday for elevated glucose "resident refused."	ı	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u></u>	03/29/2018	
F684 Continued From page 132 Review of the Progress Notes revealed documentation of problems with medication orders and administration. On 2/12/2018 at 12:44 eMAR (electronic Medication Administration Note): Metformin 1000 milligrams give one tablet by mouth two times a day for elevated glucose "Resident states she does not take this medication anymore." On 2/14/2018 at 12:25 AM Nurses Note: "Resident refured for medication anymore." On 2/14/2018 at 12:25 AM Nurses Note: "Resident refured from the dentist around 1645 (4.4.5 PM). She had a new order for Zithromax 250 milligrams by mouth by to times a day for elevated glucose "Resident refused is allergic to medication. Attempted to contact MD/MP (Medical Doctor/Nurse Practitioner) but phone went to voice mail" On 2/14/2018 at 12:39 AM- doctor "notified residents allergy to Azithromycin. New order from Amoxicillin 500 milligrams by mouth three times a day for 7 days per Dr On 2/14/2018 at 12:34 electronic Medication Administration Note: Metformin 1000 milligrams give one tablet by mouth two times at ay for elevated glucose "resident residents allergy to Azithromycin. New order from Amoxicillin 500 milligrams" by mouth three times a day for elevated glucose "resident refused."		BATTLE	FIELD PARK HEALTHCAR	E CENTER	:	250 FLANK ROAD			
Review of the Progress Notes revealed documentation of problems with medication orders and administration. On 2/12/2018 at 12:44 eMAR (electronic Medication Administration Note): Metformin 1000 milligrams give one tablet by mouth two times a day for elevated glucose "resident refused." On 2/13/2018 at 4:59 PM electronic Medication Administration Note: Metformin 1000 milligrams give one tablet by mouth two times a day for elevated glucose "Resident states she does not take this medication anymore." On 2/14/2018 at 12:25 AM Nurses Note: "Resident returned from the dentist around 1645 (4:45 PM). She had a new order for Zithromax 250 milligrams by mouth but resident is allergic to medication. Attempted to contact MD/NP (Medical Doctor/Nurse Practitioner) but phone went to voice mail" On 2/14/2018 at 12:39 AM- doctor "notified residents allergy to Azithromycin. New order from Amoxicillin 500 milligrams" by mouth three times a day for 7 days per Dr		PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	3E	(X5) COMPLETION DATE	ON
Review of the Allergies listed on the Orders			Review of the Progress documentation of proborders and administration of 2/12/2018 at 12:44 Medication Administratimilligrams give one tab day for elevated glucos On 2/13/2018 at 4:59 P Administration Note: Megive one tablet by mout elevated glucose "Resident and take this medication any On 2/14/2018 at 12:25 A "Resident returned from (4:45 PM). She had a ne 250 milligrams by mouth medication. Attempted to (Medical Doctor/Nurse P went to voice mail" On 2/14/2018 at 12:39 A residents allergy to Azith Amoxicillin 500 milligram a day for 7 days per Dr_On 2/14/2018 at 8:03 AM from the doctor "for antibifrom amoxicillin to clindar to penicillin. On 2/14/2018 at 12:34 election of the doctor with the decident of the deciden	eMAR (electronic fon Note): Metformin 1000 let by mouth two times a e "resident refused." M electronic Medication efformin 1000 milligrams in two times a day for dent states she does not remove." AM Nurses Note: the dentist around 1645 ew order for Zithromax in but resident is allergic to to contact MD/NP tractitioner) but phone M- doctor "notified romycin. New order from s" by mouth three times I orders were received doctors to be changed mycin d/t (due to) allergy ectronic Medication formin 1000 milligrams two times a day for it refused."	F 684				

Management of the Parket of th	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	(X3) [(X3) DATE SURVEY COMPLETED	
-			495252	B. WING_			C	
		PROVIDER OR SUPPLIER IELD PARK HEALTHCAR	E CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		03/29/2018	
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION		(X5) COMPLETION DATE	
		Summary Report inclu Azithromycin, Erythror Bactrim. Other allergie Fish Oil, Ibuprofen, Ioo Morphine, Pantoprazo and Related, Peanut, a Latex. Review of Physicians (with order status: active revealed no documenta Review of the March 20 Administration Record refused Metformin 1000 times during the month scheduled to be admini each day. The medicati administered by facility month. There was no de Metformin 1000 milligra day being discontinued. There was no noted doc staff notifying the doctor refusing to take Metform The Nurses Note dated PM) stated "Drin Residents refusal to take NO (New Order) receive RP (Responsible Party) order)." The new order was Note.	ded several antibiotics: nycin, Penicillin, Keflex and s included: Belladonna, line, Lansoprazole, le, Phenobarbital,, Fentanyl ammoniated mercury, Orders Summary Sheet le, completed, discontinued lation of Metformin orders. Ola Medication revealed Resident # 72 of milligrams by mouth 18 of the medication was listered at 9 AM and 5 PM on was documented as listered at 9 AM and 5 PM on was document	F 68				
	a D	Further review of the Nu Resident # 72 refused to t 9 AM and two times a locumentation revealed dministered 7 times at 9	take Metformin 11 times It 5 PM after 3/9/2018. Metformin was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY OMPLETED	
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		PROVIDER OR SUPPLIER	ARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805				
	(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN PREFIX (EACH CORRECTIVE TAG CROSS-REFERENCED		N OF CORRECTION E ACTION SHOULD BE CO TO THE APPROPRIATE DIENCY)		
	j. pr	MAR listed a code of Nurses Note. The Nat 5:19 PM stated Milliago and the Medication has been did not reflect that the discontinued. Reside the Metformin at time medication at other time month. Review of the Order \$3/29/2018 at 9:19 AM Completed, Disconting 2/28/2017-3/28/2018 documentation of anyon the list of medication at the list of medication and page 2 of 7 was will for the right residen ii. the right residen ii. the right time iii. the right medication: i. the right medication the right route Full attention should reparation of medications is important and reducing errors."	M, the documentation on the f "9" instructing to see the furses Note dated 3/17/2018 efformin 1000 milligrams by ay for elevated glucose in discontinued." The MAR is Metformin had been ent # 72 continued to refuse its but was administered the mes throughout the rest of Summary Report Printed on I for "Order Status: Active, used Order date range in revealed no orders for Metformin listed ins. policy on Medication is 8/3/2010 and Revised of 7 stated "Administer rescribed by the provider" ritten: gifts of in giving each it in the given during the given during in	F 68	4			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X3) MIII	TIPLE CONCERNIA	OMB NO.	0938-03
CONRECTION	IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	URVEY
NAME OF PROVIDER OR SUPPLIER	495252	B. WING		C	
BATTLEFIELD PARK HEALTHCA			STREET ADDRESS, CITY, STATE, ZIP 250 FLANK ROAD PETERSBURG, VA 23805	03/29 CODE	/2018
PREFIX (EACH DEFICIENCE	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF	TION SHOULD BE THE APPROPRIATE	(X5) OMPLETION DATE
which reads: "To prev the six rights of medic consistently every time medications. Many m linked, in some way, to adhering to these right 1. The right medicati 2. The right dose 3. The right patient 4. The right route 5. The right documen 6. The right documen 6. The right documen 6. The right documen 6. The physician and clausestions. The Director nurses should be aby the physician and clausestions. The Director nurses should follow the administration at all time medication is being given Nursing stated the nurse interrupted repeatedly will they can focus. The Director the residents should feel receiving the correct medication is provided the receiving the correct medication in the residents should feel receiving the correct medication in the physician. Resident # 87 was admitted.	Fundamentals of Nursing, ent medication errors, follow ation administration er you administer edication errors can be of an inconsistency in sector of Nursing who stated administered as ordered arified if there were of Nursing stated the five rights of medication is and verify the correct in. The Director of should not be not expected in the five rights of medications so exter of Nursing stated confident that they are dications and should not be not expected in the five rights of medications in the provided. Facility staff failed to the facility on the facility of th	F6	84		
12/132017 and readmitted S-2567(02-99) Previous Versions Obsolete	on 2/16/2018 with Event ID: BXH211				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WING				C 03/29/2018	
	ROVIDER OR SUPPLIER	RE CENTER		250 FLANK R	RESS, CITY, STATE, ZIP CODE ROAD IRG, VA 23805		S12912010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO ROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 684	convulsions, Major I Congestive Heart Fa Gastrostomy, Metab weakness, Chronic Consease (COPD), Consease (COP	Ilimited to: Hypertension, Depressive Disorder, Sailure (CHF), Dysphagia, Holic Encephalopathy, muscle Obstructive Pulmonary Utaneous Abscess of Buttock, Sativa. It recent Minimum Data Set Priy assessment with an Ince Date (ARD) of 1/30/2018. Sident # 87 with a Brief Status (BIMS) score not # 87 required extensive two staff members with Ingrand always incontinent of Interest of the hospital on Interest of the hospital on Interest of	F	884				

STATEMEN	T OF DEFICIENCIES	Tarrio SERVICES				OMB NO. 0938-039	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		ATE SURVEY MPLETED	
		495252	B. WING			C	
NAME OF	PROVIDER OR SUPPLIER		T I	STREET ADDRESS, CITY, STATE, ZIP CODE		3/29/2018	
RATTIE	FIELD PARK HEALTHCAI	DE CENTED		250 FLANK ROAD	•		
571,720,		RECENTER		PETERSBURG, VA 23805			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF COR	DECTION		
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 684	Continued From page	∍ 137	F 68	4			
	documentation eight	missing doses of	. 55	-			
	intravenous antibiotic	s. Missing doses were					
	3/2/2018 at 2 PM and	I 10 PM, 3/3/2018 at 6 AM					
	and 2 PM, 3/5/2018 a	at 10 PM, 3/9/2018 at 10				****	
	PM, 3/10/2018 at 6 AM and 2 PM.						
	Review of the Nurses Notes revealed						
	documentation:						
	3/2/2018 at 5:43 PM o		Total Control of the				
	grams per 50 milliliters	m in Dex Solution 3-0.375					
	intravenously every 8	hours for ABSCESS for 6					
	weeks. Notified Pharr	nacy. Stated they will send					
	ABT (Antibiotic) to fac	cility on next run. Notified					
	MD (medical doctor).	Stated to hold until arrival of					
	medication.						
	3/3/2018 at 2:28 PM n	urses note stated the IV					
	(intravenous) antibiotic	s remain on hold.					
	3/5/2018 5:10 PM-Awa	aiting Pharmacy to send					
	resident's IV ABT Tx. I	Notified provider stated to					
	hold medication until a	rrive from pharmacy.					
	3/5/2018 at 5:16 PM et	MAR (electronic medication					
MARKA CALLANDA	administration record)	Medication Administration					
1	Note: "Piperacillin-Tazo	bactam in Dex Solution					
	3-0.375 grams per 50 n	nilliliters give 3.375 grams					
	intravenously every 8 h	ours for ABSCESS for 6					
	weeks. Awaiting arriva	I from pharmacy. See					
	nurse note."						
and the same of th	3/5/2018 7:28 PM IV Ar	atibiotic on hold					
	doctor	mbiode on note per			VOI III III III III III III III III III	1	

:	3/9/2018 10:07 PM eMAR (electronic medication						
	administration record) I	Medication Administration	- Control of the Cont				
	Note: "Piperacillin-Tazol	bactam in Dex Solution					
	3-0.375 grams per 50 m	nilliliters give 3.375 grams	TTO AMANAGE				

	STATEMENT	STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1000	(X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-039	
	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:		TPLE CONSTRUCTI		(X3) D/	ATE SURVEY OMPLETED	
			495252	B. WING_				С	
l	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRES	SS, CITY, STATE, ZIP CODE		03/29/2018	
l	BATTLEF	TELD PARK HEALTHCAR	E CENTED		250 FLANK ROA				
L			ECENIER		PETERSBURG				
ı	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID					
	PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EA	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD I SS-REFERENCED TO THE APPROPRI DEFICIENCY)	RE	(X5) COMPLETIO DATE	N
	F 684	Continued From page	130						
			hours for ABSCESS for 6	F 68	34				
		weeks. Awaiting refill	from pharmacy. Coming						
		on run"	nom pharmacy. Coming	THE ACAD					
		3/9/2018 10:16 PM Nui	rse Note						
			re of 2200 (10 PM) dose of						
		ABT not available.	(10 1 11) 4000 01						
		3/10/2018 7:01 AM eM	IAR (electronic medication						
		Administration record)	Medication Administration						
		Note: "Piperacillin-Tazol	pactam in Dex Solution hilliliters give 3.375 grams						
		intravenously every 8 h	Ours for ABSCESS for 6		To proceed the second				-
	,	weeks. Awaiting on ord	er from pharmacy "						-
			·						1
	;	3/10/2018 3:04 PM eM/	AR (electronic medication						1
	6	administration record) N	Medication Administration				in the second		
		Note: "Piperacillin-Tazob	pactam in Dex Solution						
	i i	o-0.375 grams per 50 m	illiliters give 3.375 grams						
	v	ntravenously every 8 ho veeks. Awaiting arrival	from pharmage II				1000000		
		roone. Awaiting arrivar	non pharmacy."				of the same of the		
	3	3/10/2018 4:05 PM "Res	ident remains on IV ABT		***************************************				
	r/	/t (related to)abscess to	buttocks. Resident						l
	C	urrently out of ABT Tx (t	treatment). Awaiting						
	a	rrival from pharmacy. M	D aware. Will resume						
	^	BT when they arrive from	m pharmacy."						l
	3/	/10/2018 10:43 PM Nurs	ses Note: Call was						ĺ
	pl	laced to Pharmacy to ch	eck status of delivery of						l
	Į IV	ABT Zosyn. Pharmacy	tech stated that Zosyn						
	W	as delivered by Pharma	cy to the wrong Facility					j	
	ar	nd that it should be arrivi	ing shortly. Zosyn has				and the same of th		
	no	ot arrived as of 1045 (8:4	45 PM). MD is aware"					[
	Fi	urther review of the Nurs	eas Notan rayanted						
	Re	esident # 87 was medica	ated daily with Trampdal	and the same of th					
	50	milligrams by mouth for	r sacral pain and/or						
	pa	in to buttocks. The pain) Was rated between					İ	
	6-7	7 out of ten on a pain sc	ale of 10 being the						
-				1			1		

	STATEMEN	T OF DEFICIENCIES	(X1) PROMPERIOUS AND AND AND AND AND AND AND AND AND AND			<u> </u>	OMB NO. 0938-039	
	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(3) DATE SURVEY COMPLETED	
I			495252	B. WNG			C	
		PROVIDER OR SUPPLIER FIELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, S 250 FLANK ROAD PETERSBURG, VA 238		03/29/2018	
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER (EACH CORRE	C'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	F tt	worst pain and with the rated between 0 and 2 3/12/2018. On 3/12/2018 at 10:39 administered Tramadol out of 10. On 3/12/201 was rated a 7 out of 10 On 3/23/2018 at 2:40 P conducted with the Dire who stated the facility h with a previous Pharma changed to a different F stated the new pharmac Maryland and made the facility each day. The E expectation was that me available for administratiphysician. The DON state antibiotics should be adminterruption. No further information with the provide medications as control of the medications which in the provide medications which is the provide medication which is t	AM, Resident # 87 was 50 milligrams for pain of 9 8 at 11:57 AM, the pain	F 6	84			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WNG			C	
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805		03/29/2018	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF (X (EACH CORRECTIVE ACTIVE ACTI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
	Kidney Disease, Dys native arteries of ext Bilateral Legs, Ampu Hypothyroidism, Glai Hepatitis, Paraplegia Resident #32's most (MDS) was a quarter Assessment Referen The MDS coded Res Interview for Mental S of 15 indicating sever Resident # 32 required one to two staff mem living except required person for bathing and bowel and Resident indwelling urinary cat Hospice. Review of the clinical 3/21/2018 at 2:30 PM Review of the Progres documentation of an Administration Note) which stated Metopro milligrams give 2 tables related to Essential Hyma <60 (heart rate less from pharmacy." Further review of the Pother documentation of from the pharmacy. On 11/4/2017 at 4:27 (Medication Administration Administ	sphagia, Atherosclerosis of remities with Gangrene tation of toes, ucoma, Chronic Viral, and Dementia recent Minimum Data Set ly assessment with an ce Date (ARD) of 1/30/2018. ident # 32 with a Brief Status (BIMS) score of 6 out re cognitive impairment. ed extensive assistance of bers with activities of daily total assistance of one staff d always incontinent of # 32 was coded to have an heter. Resident currently on record was conducted on ses Notes revealed eMar (electronic Medication on 3/10/2018 at 3:25 PM lol Tartrate tablet 25 et by mouth every 12 hours ypertension (110) hold for is than 60) "Awaiting arrival Progress Notes revealed of medications not available	F	584			

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			OMB N	<u>O. 0938-039</u>
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	(X3) DAT	E SURVEY PLETED
		495252	B. WING		1	С
	PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD	03	/29/2018
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PETERSBURG, VA 23805		
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	1018 D DE	(X5) COMPLETION DATE
F 684	Continued From page orally two times a day f	141 Or Bronchitis "Mod not	F 68	4		
Or coowh	On 11/4/2017 at 4:30 PMedication Administration HCL (Hydrochloride) So in both eyes two times a specified Glaucoma: "Medication Administration on 11/4/2017 at 4:30 PMMedication Administration on 11/4/2017 at 10:10 PMMedication Administration available." On 11/4/2017 at 10:10 PMMedication Administration Reconstituted 3:375 grammtravenously every 12 howethicillin Resistant Star	M eMar (electronic on Note) Dorzolamide plution 2 % instill one drop a day related to other ed not available" M eMar (electronic on Note) Timoptic Solution right eye one time a day I Glaucoma. "Med not M eMar (electronic on Note) Zosyn Solution on Note) Zosyn Solution on Suse 3.375 milligrams ours for MRSA onlylococcus Aureus) in has not been delivered" eMar (electronic Note) LevoFloxacin in ms intravenously every and for 14 days interview was used Practical Nurse) B notify the Pharmacy				
the for Dire	3/22/2018 at 2 PM, an inducted with the Director Pharmacy should have administration as per Phector of Nursing also statefuld check the "First Dose"	of Nursing who stated medications available ysicians Orders. The ted the facility staff				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l i	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
	495252	B. WING		C 03/30/3048	
NAME OF PROVIDER OR SUPPLIE BATTLEFIELD PARK HEALT			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	03/29/2018	
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE COMPLETION	
supply. Review of the Sirevealed the Me Name-Metoproke available to the sirevealed the Me Name-Metoproke available to the sirevealed the Facility Admit Corporate Nurse The Director of Nishould ensure madministration as No further inform Treatment/Svcs (CFR(s): 483.25(b) Skin §483.25(b) Skin §483.25(b) (1) Probased on the corresident, the facility A resident receptoressional stand pressure ulcers and ulcers unless the demonstrates that (ii) A resident with necessary treatm with professional promote healing, new ulcers from this REQUIREMIND by: Based on observing or the same and the side of the side	TAT box "First Dose" contents list dication, Lopressor (Generic of Tartrate) 25 milligrams was staff. of day debriefing on 3/23/2018, inistrator, Director of Nursing and exwere informed of the findings. Nursing stated the Pharmacy redications were available for sordered by the physician. Into Prevent/Heal Pressure Ulcer op(1)(i)(ii) Integrity ressure ulcers, reprehensive assessment of a lity must ensure that-reverse care, consistent with dards of practice, to prevent and does not develop pressure individual's clinical condition at they were unavoidable; and a pressure ulcers receives ent and services, consistent standards of practice, to prevent standards of practice, to prevent infection and prevent	F 686	F 686 1.) Resident #68 has had skin swe	nes Left al Sacral	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495252	B. WNG		С
NAME OF F	ROVIDER OR SUPPLIER	453252	D. WING	OTDETT ADDRESS OF STREET	03/29/2018
	IELD PARK HEALTHCA	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES FY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 686	F 686 Continued From page 143 facility staff failed, for 2 residents (Resident #68, Resident #70) of the survey sample of 38 residents, to prevent and identify pressure ulcers, resulting in harm. 1. For Resident #68, the facility staff failed to prevent the development of two stage three pressure ulcers, resulting in harm. 2. For Resident #70, the facility staff failed to prevent the development of an unstageable sacral pressure ulcers, resulting in harm. The Findings included:		F	3.) The ADON/designee will edin Nursing staff on the Skin/wound management program including identification and reporting of a in skin condition, prevention interventions, following plan of and physician's orders for skin/prevention and management. ADON/Designee will educate Notes and procedures to completing skin checks with dain and weekly skin checks. Nursing will complete skin evaluation competency.	d g changes care wound ursing for
- - - - - -	prevent the development pressure ulcers, result Resident #68 was an admitted to the facility diagnoses included, Le Pressure Ulcer Stage Pressure Ulcer Stage Contracture-Unspecific Phase, Sacral Pressur Gastronomy Status, Gobisease without Esopholisorder with Seizures Disorder, Muscle Weal Alzheimer's Disease-Ulfe Minimum Data Sei Assessment with an Asof 2/27/18, coded Resident Pressure	ing in harm. 35 year old who was on 2/15/17. Resident #68's eft Distal Medial Calf 3, Right Medial Knee 3, Hypertension, ed Joint, Dysphasia -Oral e Ulcer (Upon Admission), astro-Esophageal Reflux agitis, Conversion , Expressive Language kness, Generalized, inspecified. 4, which was an Admission is sessment Reference Date dent #68 as Rarely/never be understood by others. ded as requiring the		4.) The Unit Manager/Designee visually validate 5 weekly skin assessments per week x 4 weeklensure early detection of wound accuracy of skin evaluation. Nurmanagement team and or desig will conduct 100% skin sweep 1 weekly for 4 weeks. 50% of resid 1x weekly for 4 weeks, and 25% sweep 1 x weekly for 4 weeks wiresults brought to QAPI.	s to ds and rsing nees c dents skin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) D	(X3) DATE SURVEY COMPLETED	
		495252	B. WING			С	
	PROVIDER OR SUPPLIER	RE CENTER	STR 250	REET ADDRESS, CITY, STATE, ZIP OF FLANK ROAD TERSBURG, VA 23805	CODE	03/29/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	persons for bed mobil On 3/21/18 a review w #68's clinical record, r nurse's Skin Assessm Consultation: "Facility acquired pres observed 3/11/18. Hou 1. Skin Grid Pressure Pressure. Length 1.2 w 3 Distinct, outlined clea with wound base. Gra Pink wound bed. Exud Peri-wound appearance type. No tunneling pres "2. 3/11/18 House Acqu Pressure. length 1.3 w 3. Distinct, outlined clea with wound base. Appearance with wound base. Appearance pressure. length 1.3 w 3. Distinct, outlined clea with wound base. Appearance with wound base. Appearance in the second of t	vas conducted of Resident evealing the following ents, and Physician Wound sure ulcer Date area First use Acq. Left distal mid calf. Nidth 1.2 Depth 0.1 Stage arly visible, attached, even nulation tissue present. ate amount Moderate. See pink or normal for ethnic sent. No associated pain." uired. Right Medial Knee. Not the fidth 1.2 Depth 0.1 Stage arly visible, attached, even early visible	F 686				
	She stated that she had or 6 months, and that th	worked with this resident ne pillow that goes					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WING			1	C 5/ 29/2018	
	ROVIDER OR SUPPLIER	E CENTER		250 F	ET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD ERSBURG, VA 23805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 686	stated that the only pismall wedge pillow the back on her right side pillow as being blue waround from the back stated that the theraphow to use the pillow that she had also bee about 3:30 P.M., and use by the resident, a On 03/22/18 at 9:11 A made of Resident #68 not have a pillow betwedge pillow on her uwaist. The Charge Now She stated that there are Resident #68's legs. "her legs to prevent skishe's contracted and I pillow keeps her bony together. I supervise to what the physician's order legs and knees at all to Resident #68's signed "6/2/17 MA65 Mattress mattress check for pla 9/15/17 Turn and report pressure relief 3/16/18 float pillow bettimes 3/23/18 float heels qs. On 3/31/18 a review was documentation, reveal	s legs was missing. She llow she found was the at goes on the resident's so the described the missing with 2 white straps that wrap of her legs to the front. She by department trained her on that is missing. She stated in in the resident's room at that the pillow was not in ind not in her room. a.M., an observation was a in bed. Resident #68 did ween her legs. She had a pper left side above her curse (LPN F) was present was no pillow between the pillow goes between the pillow goes between in breakdown because has limited mobility. The prominences from rubbing the CNA's. When asked order read, " she stated, says float pillow between times." Physician Orders read, so -Pressure reduction cement and functionality sistion Q 2 hours for tween legs and knees at all was conducted of facility	F	686				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILL		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495252	B. WING _		С		
l	PROVIDER OR SUPPLIER FIELD PARK HEALTHCA	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 250 FLANK ROAD PETERSBURG, VA 23805	03/29/2018 E	В	
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COL	SHOULD RE COMPLE	TION	
2	facility acquired press medial knee stage 3 3/11/18 left distal calf Resident #68's bathin indicating that prior to 3 pressure ulcers, on bathed since 3/9/18. Resident #60's care p "Impaired skin integrit mobility, incontinence Receives tube feeding all aspects of mobility right hip and left buttod to left medial leg and r kneeNutritional and I pillow between legs and Provide pressure reduction provide thorough skin episodes and apply bath mattress. Treatments at 03/26/18 02:11 PM Into Nursing (Administration to state her expectation development of a press discovered by staff. Shoredness is noted before On 3/22/18 at approximation Administrator (Administration findings. No further information findings. No further informatical pressure reduction of the pressu	stage 3. In grecord was reviewed, It he discovery of both stage 3/11/18, she hadn't been It he discovery of both stage 3/11/18, she hadn't been It read, It wounds It in the service at all times. It can after incontinent It receam. Specialty It receams are stage at all times It receams asked It read, It re	F 68	36			
p	prevent the development sacral pressure ulcers,	t of an unstageable					

STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	(X2) MULTIPLE CONSTRUCTION			
		OSTION NOWDER;	A. BUILDING			TE SURVEY MPLETED	
NAME OF I	PROVIDER OR SUPPLIER	495252	B. WNG			C	
	FIELD PARK HEALTHCAI	RE CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	1 03	3/29/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOI II D PE	(X5) COMPLETION DATE	
1	G). The Regional Nurshave been identifying the co morbidity. When a new wound is we let the wound doctochecks the next Tuesd do skin assessment up wound report contains wounds. She further strassessments every other was unable to state who pressure ulcer was first become unstageable. On 3/27/18 a review was fro's clinical record, review which identified a	M., an Interview was egional Nurse of the wound nurse (LPN se stated, "I feel like they the wounds. We consider reported I look at it, also or know about it so that she ay". She stated that they con admission and that the all of the identified ated that LPN G does er weekend, and that LPN riday. The Regional Nurse of Resident #70's sacral identified after it had se conducted of Resident realing a Skin Grid dated in new unstageable crum. Measurements: 1.9 ped- Necrotic.	F 686	, DETICIENCY)			
pl as be the pe "2/ to	ed. He was also coded on extensive physical as exple for bed mobility. T	ident #70's need for nd repositioning while in on the MDS as requiring sistance of at least two he care plan read, at to skin integrity related	,				

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STATEMENT	FOF DEFICIENCIES	(V4) PROVINCENSIAN INC.			OMB NO. 0938-039
AND PLAN (OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	j	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF	DEO./IDEO	495252	B. WNG		C 03/29/2018
NAME: OF	PROVIDER OR SUPPLIER		\$	TREET ADDRESS, CITY, STATE, ZIP CODE	, 00/20/2010
BATTLE	FIELD PARK HEALTHCAR	RECENTER	2!	50 FLANK ROAD	
			P	ETERSBURG, VA 23805	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	FROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETION
F 686	Continued From page	149	F 686		
	wound to top of R foo	t. left heel and sacral	1 300		
	Interventions: Bilatera	I heels are to be floated at			
	all times while in bed.	Placed a pillow folded in			
	half under the calf of e	each leg. Elevate legs while			
	in wheelchair, Multi po	odus poots (initiated on			
	3/9/18) applied at all ti	imes for pressure relief."	l		
	Prior to the developme	ent of the pressure ulcers,			
	Resident #70 had the	following interventions in			
	place: wheelchair cust	hion, regular mattress. In			
	Brades District	nt #70 had not received a			
	Braden Risk Assessme	ent prior to the			97000
	Tissue Injury, or Diabe	cral Pressure Ulcer, Deep			
	rissue injury, or Diabe	etic vyoung.			
	On 3/22/18 at approxim	nately 4:00 P.M. the facility			
	Administrator (Adminis	tration A) and Director of			
	Nursing (Administration	n B) were notified of the	9090		
	findings. No further info	ormation was received.			
F 689	Free of Accident Hazar	rds/Supervision/Devices	F 689		
SS=J	CFR(s): 483.25(d)(1)(2	⁽)			100
	§483.25(d) Accidents.		9 B S S S S S S S S S S S S S S S S S S	F 68 9	**************************************
ALA .	The facility must ensure	e that -			
Assembly may	9483.25(d)(1) The resid	dent environment remains		1.) Resident #9s care plan has be	en
	as tree of accident haz	ards as is possible; and		updated to prevent resident from	
ļ	8483 25/d\/2\Enab:	deal recuires and	7000	having further incidents with hot	
	supervision and assista	dent receives adequate		liquids. Resident #59s care plan h	
	accidents.	ince devices to prevent		been reviewed to ensure residen	
1		s not met as evidenced		is receiving proper ADL care.	
	by:	o not met as evidenced	101		
		resident interview, staff		Resident #13s care plan has been	
	interview, facility docum	entation review, clinical	900	updated to prevent resident from	
	record review, and in th	e course of a complaint		having further incidents with hot	
	investigation, the facility	staff failed, for 3		liquids. No identified residents	
	residents (Resident #9,	Resident #59 and		effected by med cart being	į
	Resident #13) of the sur	vey sample of 38	Year and the second	unlocked.	
	•	· · · · · · · · · · · · · · · · · · ·			

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

Event ID: BXH211

Facility ID: VA0021

If continuation sheet Page 150 of 276



PRINTED: 04/12/2018 FORM APPROVED

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) IAUETIO		OMB NO. 0938-039
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY
			A. BOILDING		COMPLETED
		495252	B. WNG		C
NAME OF F	PROVIDER OR SUPPLIER			CID	03/29/2018
				STREET ADDRESS, CITY, STATE, ZIP CODE	
BAIILEF	IELD PARK HEALTHCAI	RE CENTER	i i	250 FLANK ROAD	
(X4) ID	SUBJECT OF			PETERSBURG, VA 23805	
PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO	N (X5)
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	PC COURT COURT
				DEFICIENCY)	RIATE DATE
F 000					
F 689	- Tom page		F 689		
	residents, to provide	adequate supervision to	, 500	2.) Nurse management has	
	prevent accidents. O	n 3/20/18 at 6:13 P M		conducted an assessment on all	
III III III II II II II II II II II II	Immediate Jeopardy	was called due to residents		current residents to assess ability	v
1	peing burned by hot c	offee. Prior to the survey		to handle hot liquids with	•
1	there was no Hot Liqu	ild Assessments done for		interventions noted on care plan	
	residents. There were	e no interventions put in		the dietary department is also	'
	biace to brevent prim	injury from hot liquids.		monitoring the temperature coff	86
	1 For Pacidon #0 1h	a facilità de presentativa		is being served to ensure it is	
	1. For Resident #9, the	e racility start falled to ervision to prevent a burn	j	served at 135 degrees and below	
1	injury from hot liquid, r	esulting in harm		and coffee has been removed fro	
))	odding in nam.		the nurses stations. DON/Designe	
	2. For Resident #59, th	ne facility staff failed to			xe
	ensure that 2 persons	provided extensive		completed facility medication	
	physical assistance du	ring a transfer, resulting in		storage review, and identified	
•	a spiral fracture of her	lower leg, resulting in		concerns were addressed as	ALL MANAGEMENT AND AND AND AND AND AND AND AND AND AND
] 1	harm.			indicated.	
	Desident Han		l		
	illad blisters on his with	ined multiple large fluid		2 \ The ADON/designeds have	
Ċ	on himself, resulting in	gh after spilling hot coffee	77.0	3.) The ADON/designees have educated all staff on the proper	
		nann.	77000		-
4	. The facility staff faile	d to ensure that an	N 000 1	temperature for coffee to be	
L	inattended medication	cart was locked		served along with ensuring when	
		The state of the s	1	coffee is served the residents	
1	he Findings included:			interventions from the Kardex ar	1
				in place. The ADON and designee	s
1	. For Resident #9, the	facility staff failed to		also educated clinical staff on	
p	rovide adequate super	vision to prevent a burn		properly transferring residents	
ın	ijury from hot liquid.			with returned competencies, and	
R	esident #0 was a 70 w	mme and such a summer of the state of		how to properly read the Kardex.	
to	the facility on 11/19/1	ear old who was admitted			
di	agnoses included Bila	teral Lea Amoutations			
al	pove the Knee, Major [Depressive Disorder			
Н	emiplegia and Hemipa	resis following			
U	nspecified Cerebrovas	cular Disease Affecting	The state of the s		
Le	eft Non-Dominant Side	, Hyperlipidemia.			a socia in p o
Hy	ypertension, Chronic O	bstructive Pulmonary			

PRINTED: 04/12/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
		495252	B. WING_			С	
	PROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		3/29/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	LIDEE	(X5) COMPLETION DATE	
I I I I I I I I I I I I I I I I I I I	Disease, Arterioscler Myocardial Infarction Generalized Muscle Infarction Due to Uns Stenosis of Unspecific Resident #9 was cog Interview of Mental Sino cognitive impairms Range of Motion Limit Cardiovascular Accide Chronic Obstructive Ficardiac problems defit Weakness, Poor Endiand Motor Control section Amputation. On 3/20/18, a review with the section of the put cream intraccidentally hit the cuponto his abdomen and abdomen. Resident #9's care plantification/hydration imbounded Illiness, diuretic Chronic Heart Failure, Disorder, and Chronic Disorder. Provide assistent #9's clinical recollowing Skin Assessment Pressure area. first property in the pressure area.	otic Heart Disease, Old , Heart Failure Unspecified, Weakness, and Cerebral pecified Occlusion or ed Cerebral Artery. Initively intact with a Brief tatus score of 15, indicating ent, Mobility Impairment, tations, History of ent with left Hemiplegia, fulmonary Disease, multiple cit related to Generalized urance, Impaired Balance condary to Above the Knee was conducted of Resident in 3/7/18, Resident #9 was see in his room without a lid to the coffee, then to with his elbow, spilling it sustaining a burn on his In read, "Increased risk for alance related to history of use, Hypertension, Major Depressive Obstructive Pulmonary stance as meals as Pecord contained the lent, "3/2/18, new observed 3/2/18, Site com open area, Burn, Color e: none, Odor: no.	F 68		e ults or er		

FORM CMS-2587(02-89) Previous Versions Obsolete

Event ID: BXH211

Facility ID: VA0021

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APR 24 2018



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) D	(X3) DATE SURVEY COMPLETED	
			495252	B. WING			С	
ŀ	NAME OF P	ROVIDER OR SUPPLIER	480202	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE		03/29/2018	
	BATTLEF	IELD PARK HEALTHCAR	E CENTER		250 FLANK ROAD PETERSBURG, VA 23805			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
		area with normal Salin (dressing) with Alocanshift until healed. Pain associated with non properties of pain associated with non properties of pain associated with non properties of pain associated with non properties of pain associated with non properties of pain at wound on abdom Measurable MC. Surfa Fibrinous exudate (scamostly heated burn. The x daily for 30 days. Foodays." Resident #9's signed P "3/2/18. Alocane Emergancy Burner of pain. Clean area with Alocane Emergency Burner of pain at wound site." A Medication Administration assessment burns to stabnormalities in progress of pain at wound site." A Medication Administration as administered from 3/3/8/18 at 8:00 A.M. After Resident #9 sustain 3/2/18, his care plan had not under interventions to part of the Lywas called, "Evaluation" recommendation of the survey on 3/29/18, the control of the survey, there assessment done either assessment done eit	e and apply nonstick drsg e and border drsg every Assessment: Pain essure wound - yes." ecord contained an Initial atment. It read, "3/13/18 en Size 0.8 x 1.1 x Not ce area 0.88 CM. Dried b). Additional information: eatment: Skin prep apply 1 am apply 1x daily x 30 hysician's Orders read, gency Burn Max Str. Gel topically three times a day the normal saline then apply arm Gel with non stick drsg laled. 3/8/18. Daily wound omach. Document ess notes. Document level according to the on record, the treatment 3/2/18 at 5:00 P.M. until and a burn injury on a dinot been updated to prevent further burns. The Hot Liquids ed using lids on hot is of the last day of the are plan had not been injury prevention.	F 68				
		Here was no intervention	n put in place to prevent	1		J	i	

PRINTED: 04/12/2018 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
		495252	B. WING	······································		0:	C 3/29/2018
	ROVIDER OR SUPPLIER IELD PARK HEALTHCAF	RE CENTER		250	REET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD TERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689	observed on a tray at were available on the On 3/20/18 at 4:58 P. observed on a tray at were available on the Nurse D on Unit 2 sta had been delivered. carafe at the nursing and needed to be pick On 3/20/18, at 5:15 P made of the dinner mput into the sample ar #24 was holding a cup was no top on the cup rising from the cup. He	M, a coffee carafe was both units. Cups and lids tray. M., a coffee carafe was both units. Cups and lids tray. Licensed Practical ted that the dinner carafe She stated that the other station was the lunch carafe	F	689			
	diagnoses included Direct Phase, Urinary Tract I Difficulty Walking, Pail Unspecified Abnormal On 3/26/18 at 10:40 A observed ambulating i wheelchair. Resident soo. They took away mhe used to go to get his P.M. Interviewed Regi "He is used to get his or the sound of the sound o	on 5/31/12. Resident #24's ementia, Dysphasia Oral nfection, Weakness in Unspecified Joint and ities of Gait and Mobility. M. Resident # 24 was					

coffee."

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	<u> </u>	T OLIVIOLO				OMR	NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495252	B. WING		***************************************	,	C 03/29/2018
	PROVIDER OR SUPPLIER	E CENTER		250 1	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD 'ERSBURG, VA 23805		7012312010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From page	154	F	689			
	sent in an Curtis Airpo for 8 hours. We put it a cups and a stack of lid coffee should put lids a needs one." The Dieta state which residents in measure. On 3/20/18 a review with documentation. According submitted by the Dieta and Hot Tea were service breakfast, lunch, and different manufacturer's instruct temperature was factor The coffee is brewed different which are delivered to the nurse's stations, and arresidents. On 3/20/18 at 5:53 P.M. there were large carafe both nurses' stations. To any resident who wald drink coffee. Upon requipietary Manager obtain.	etary Manager. She ervice process. "Coffee is it, it holds the temperature on a tray along with empty ls. Whoever serves the on the cups, if the resident iry Manager was unable to needed lids as a safety as conducted of facility ding to the monthly menus ry Manager, Hot Coffee ed at every meal, including inner. The Dietary copy of the Manufacturer's our Curtis D500 ewer. According to the ions for the brew ry pre-set to 200 degrees. irectly into the Airpot, the dining room and re accessible by staff and on Unit 1, and Unit 2, s of hot coffee on top of the coffee was accessible ked by, or who wanted to est by the surveyor, the ed a measurement of the					
	the temperature was 16						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		******************	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER IELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CIT 250 FLANK ROAD PETERSBURG, VA			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CO	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	that the facility did no Assessment tool. She a decline in their ability could be assessed by Nursing stated that the Hot Liquid Assessment tool. She a decline in their ability could be assessed by Nursing stated that the Hot Liquid Assessment on 3/20/18 at 6:13 P. called. The facility Ada A), and Director of Nurwere informed immed Jeopardy was abated The facility submitted Plan: "Battlefield Park Plan Findings: Facility did resolved the facility submitted Plan: "Battlefield Park Plan Findings: Facility did resolved to the facility submitted Plan: "Battlefield Park Plan Findings: Facility did resolved to the facility submitted Plan: "Current residents to ensure safety and a Plan of care will be revindicated. Residents in hot liquids will be evalualternative intervention potential hot liquid accomplete skin assessment in facility to ensure Social Service Departresses."	M., an interview was egional Nurse. She stated to have a Hot Liquid a stated that if a resident had by to feed themselves they of therapy. The Director of efacility had not done any not son any of the residents. M. Immediate Jeopardy was ministrator (Administration rising (Administration B) iately. The Immediate on 3/20/18 at 9:09 P.M. the following Abatement of Correction not prevent recurrence of the shave been evaluated by illity to safely handle hot re will be revised as ave current treatment plans will be evaluated by nursing bility to handle hot liquids. Viewed and revised as dentified at risk for handling uated to determine need for its. The facility has removed essibility. Nursing will ments on all residents in other burns noted.	F	889			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805	DE	03/29/2018	
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	hot liquids upon admi change of condition. A educated prior to work evaluating resident's shot liquids, and the print of liquids. Dietary will liquid temperatures be the hot liquids are not at point of service with 4. Director of Nursin residents per week to assessments have be and 5 residents per we found brought to QAPI Administrator or design temperature logs once bring results found to 05. Corrective Action pm on March 20, 2018 the (Administration A) and (Administration B) were the facility subsequent Assessment of Resident was At Risk for hand 'Contractures - Fingers shoulder of non-dominary Weakness, paresis, pantervention: resident to be eatled to cup, resident to be eatled to contracture to be eatled to contract to the contract to the contrac	will evaluate ability to handle ssion, quarterly, and with All facility staff will be king on the process for safety and ability to handle oper temperature to serve II continue to monitor hot efore each meal to ensure served above 135 degrees in log sign off. Ig or designee will audit 10 ensure hot liquid safety en completed x 4 weeks, eek x 3 weeks, with results I (Quality Committee). In the will audit hot liquid a daily x 4 weeks and will QAPI. It is facility Administrator Director of Nursing enotified of the findings. It is submitted a Hot Liquid in t#9, which indicated that ddling hot liquids due to his so, hand wrist, elbow, ant side, Strength ralysis of upper extremity. In a drink hot liquids with lid	F6	889			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	499202	D. WING	STREET ADDRESS, CITY,	STATE, ZIP CODE	03/29/2018
BATTLEF	IELD PARK HEALTHCAR	E CENTER		250 FLANK ROAD PETERSBURG, VA 23	3805	
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	In addition, Hot Liquid submitted for all other received inservice traifollowing: "No residen until properly assesse new admission they a assessment is comple under 135 degrees wit covered with a lid." On 3/23/18 at 9:25 A.I. conducted with Licens When asked if she had regarding hot liquids, so residents need to be a annually, quarterly, and condition. The tempers should not exceed 135 on 3/23/18 at 9:20 A.I. conducted with Certified When asked if she had regarding hot liquids, so has been assessed. Exponsible to their cups. Coffee is 135 degrees." On 3/23/18 at 9:30 A.I. Assistant C (CNA C) wasked if she had received service of hot liquids, coasked what she was in that coffee could not be and coffee cups needed. On 3/23/18 at 9:31 A.I. F (LPN F) was interview.	Assessments were residents. The facility staff ining that covered the t can have any hot liquid d by a nurse. If they are a re not given hot liquids until eted. All hot liquids must be the log signed off and M., an interview was sed Practical Nurse E. d received training she stated, "Yes. The assessed upon admission, d after a change in ature of any hot liquids degrees." M., an interview was sed Nursing Assistant I. d received training she stated, "Yes. Everybody verybody has to have a lid is served not hotter than M., Certified Nursing was interviewed. When wed training regarding the CNA C stated yes. When istructed to do, she stated e served over 135 degrees and to have lids on them. M. Licensed Practical Nurse wed. When asked if she about hot liquids, LPN F	F	689		

PRINTED: 04/12/2018 FORM APPROVED

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	000.000		OMB NO. 0938-03	<u> 39</u>
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495252	B. WING		C 03/29/2018	
	PROVIDER OR SUPPLIER	E CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 150 FLANK ROAD PETERSBURG, VA 23805	1 03/29/2018	
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F 689	assessed to see if the liquids. She stated the used when serving had needed to be below 13	were safe to handle hot at the white lids were to be liquids and hot liquids 5 degrees.	F 689			
	For Resident #59, the provide adequate superimproper transfer, result the lower left leg and resident.	rvision to prevent an Iting in a spiral fracture of				
	diagnoses included Fra Tibia, Generalized Mus Following Cerebral Infa Cerebral Infa Cerebral Infaction, Cer Unspecified Occlusion Cerebral Artery, Difficult Renal Disease, Breast Without Complications, Coordination, Age-Rela Epilepsy, Anxiety Disord Hypertension, Glaucom Hyperlipidemia.	on 7/10/17. Resident #59's acture of Lower End Of Left cle Weakness, Dysphasia rction, Aphasia Following ebral Infarction Due to or Stenosis of Unspecified by Walking, End Stage Cancer, Type 2 Diabetes Unspecified Lack of ted Physical Debility, der, Convulsions, a, Arteriosclerosis, and				
	Assessment with an Ass of 11/3/17, coded Reside	essment Reference Date ent # 59 as having a Brief us Score of 15, indicating and as requiring the				
And the control of th	On 3/21/18 a review was #59's clinical record, reveinitiated on 7/11/17. The address the residents' re Assessment on 11/3/17 f	ealing a care plan care plan did not				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA. IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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,	assistance of at least to until 1/21/18, which we spiral fracture injury. It falls r/t (related to) gai Plateau Fracture of LL fracture of right ankle. mobility and transfers, pain control. Intervention with hoyer lift 2 person. On 3/21/18 at 4:45 P.N. conducted of Resident was elevated, and she while wearing headphowas "ok", and denied hwas wearing a nightgown on 3/22/18 at 10:15 A.I. was made of Resident: Nurse C (LPN C) was pand assistive rails on be heels were not floated. on her bed. LPN C was physician's order was. L computer and read the computer and read the computer and edema to from her heels. She has underside of her left call that Resident #59's heel reading the physician's condition of the second of the call that Resident #59's heel reading the physician's condition of the second of the call that Resident #59's heel reading the physician's condition of the second of the call that Resident #59's heel reading the physician's condition of the second of the	two persons for transfers, as the month following her read, "1/21/18. Risk for it/balance problems. Tibial E (left lower extremity) and Requires assistance with medication side effects, ons. Resident transfers assist." If an observation was #59. The head of her bed was watching television, ones. She stated that she having any concerns. She with the stated, "She billow under her left leg of	F6			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	documentation. The a left leg fracture we The facility reported had been complaint indication that reside was a result of an ir. The x-ray performed resident had a spiral and a chest x-ray. The spiral fracture would force used and not to the face of the spiral fracture would admission date of 77 Unspecified Fracture admission to the face of the the spiral fracture would admission to the face of the spiral fracture would admission to the face of the spiral fracture would admission to the face of the spiral fracture would admission to the face of the spiral fracture would be spiral fracture would be spiral fracture best visualized examination. The fracture would be spiral fracture would b	w was conducted of facility he facility sent the resident for hich was discovered by x-ray. If to the hospital that resident hing of pain; there was no hent had fallen or the fracture highly. If at the hospital indicated the highly fracture of the distal tibia he reporter indicated that a highly mean that there was some her result of a fall." If was conducted of Resident her result of a fall." If was conducted of Resident her revealing that on her original her of Upper End of Left Tibia her home prior to her hillity. Iso contained two Radiology her. Results: There is an acute haced oblique fracture of the highly fracture of the highly fracture of the highly fracture of the highly fracture of the highly fracture of the distal Iso the facture of the distal There is a hairline hely oriented distal tibial shaft	F 689				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG	4	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805				
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	date 12/29/17. (Resider female with: 1. End-stage renal dis 2. Acute ischemia of the focus right occipital loartery territory. Expres 3. Hypertension with the chronic Atrial fibrilla 5. Left eye blindness 6. Diabetes mellitus 7. Spiral fracture of the semalitus 7. Spiral fracture of the semalitus 7. Spiral fracture of the semalitus 9. CVA (Cardio Vascundon, History of breast of the semalitus organism. Medications (antibiotic) Per Pharma (duration) 30 Days, Hy (pain medication) 5 mg (duration) 5 mg (duration) 5 mg (duration) 4 hours), oral daily." Resident #59's clinical re-admission progress physician at the facility (patient) Readmitted fradmitted/discharge dialeft frontal lobe small femall vessel ischemic Hypertension, A-Fib (A	nent/Plan read: "Admission ent #59) is a 74 year -old sease on hemodialysis he right frontal lobe, small be in right Middle cerebral sive aphasia. hypertensive heart disease ation e distal left tibial Diaphysis egia lar Accident) ancer g. Pneumonia, Unspecified s: Vancomycin hey Protocol 1 EA, Q ydrocodone-acetaminophen g-325 mg Tab 1 tab record contained a note signed by her y. It read, "1/19/18. Pt. form Hospital. Patient agnoses. Acute ischemic form related to history of disease. Hx. (history) strial fibrillation) L eye	F 6	89				
		s) Infection, History of						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP (250 FLANK ROAD PETERSBURG, VA 23805	CODE		20,2010
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	or Vancomycin, Zosy infectious disease. F pain no shortness of well, vital signs are sygood air entry, abdot extremities no edem current medication. If hospital record review A review of facility do Corrective Action Re "(Certified Nursing Accounseling step: Writ Standards. Description performed an imprope (Resident #59) result a gait belt." The facility Administrative written Investigation of "12/11/17 evening shorturn to bed from who resident. CNA interviet transfer does not revoccurred during the text the resident by herse discomfort when CNA on pillows. CNA G reputation of the control of the co	n stable condition on MRSA, yn. Patient was seen by latient doing well. No chest breath, eating and drinking stable, heart irregular, lungs men soft non tender, a. Assessment - Continue Medication reviewed and wed." cumentation revealed a port dated 1/5/18. It read, esistant - CNA G) Current sten. Violation of Safety on of incident: CNA G er transfer on a resident ing in an injury by not using ator submitted the following imeline: ift - Resident requested to reelchair. CNA G transferred ew and re-enactment of eat that anything unusual transfer. CNA G transferred ff. Patient complained of a G was positioning her feet corted this discomfort to the corted this discomfort to the corted the bed, she felt as as twisted behind her and ssessing her foot, it was as swollen and warm to the	F	589			

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG			SURVEY
		495252	B. WING	***************************************		l	C 29/2018
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	MD was notified and for a 2 view x-ray of dialysis until x-ray is On 12/12/17 at 1017 reported that the x-ro or dislocation to the information was call noted and filed in the 12/12/17 at 1020 AM of) pain in left lower given and was effect 12/12/17 at 1020 AM lower extremity 5/10 and shown to be effect 12/13/17 - 12/28/17 and no pain medicat 12/28/17. 12/28/17 While phant Assistant Director of were looking at resid noted that there was 12/12/17 at 0849 the fracture non-displace tibia shaft on lower lenotified. New order was 12/2917 Resident was with a diagnoses of for 3/22/18 at approximations.	te to lift or move her left foot. If a new order was received the left foot, and to delay completed. If LPN (incorrectly reported) ay report revealed no fracture left lower extremity, this ed to the MD and report was e chart. If Resident c/o (complained extremity 5/10 Tylenol 325 tive. If Resident c/o pain in left and the transport of the mack that the transport of the transport of the transport of the transport of the transport of the eft extremity. MD was was received to send resident.	F	589			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	E CENTER	250	REET ADDRESS, CITY, STATE, ZIP CODE D FLANK ROAD TERSBURG, VA 23805		3/29/2018
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F 689	· · · · · · · · · · · · · · · · · ·	164 formation was received.	F 689			
		nined multiple large fluid gh after spilling hot coffee n harm.				
	facility on 11/29/16. Didepression disorder, his hypertension, convulsing disease, diabetes, glaumost recent Minimum I a quarterly assessment reference date of 12/28 coded with a Brief Interscore of 15 indicating in the required extensive adaily living and was code	ons, peripheral vascular accoma, and reflux. The Data Set assessment was twith an assessment 8/17. Resident #13 was view of Mental Status to cognitive impairment, assistance with activities of ded as 2/2 (limited				
	have sustained burns frinvestigation report was occurred on 12/31/17. read "Resident alert & cbed), sitting in his w/c (whe spilled a cup of hot ceating his breakfast & n sensation. 2/person as: back to bed, upon assetlarge fluid filled intact bithigh distal to groin. Su	tified by the survey team to from hot coffee. The serequested. The burn The "Incident Description" oriented was OOB (out of wheel chair). Stated that coffee on himself while ow feeling a burring sist transferred resident essment observed multiple disters on his right upper pervisor on duty DON und nurse, wound doctor etcr) were notified of the Silvadene, to apply to er c/o (complaint of)				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	bell within reach. Sta hot coffee on himself now feeling burring set. A "Skin Grid Non-Pres 12/31/17. The wound the front of the right the blisters with periodic part of the root of the right the blisters with periodic part of the root of the right the blisters with periodic part of the root of the right the blisters with periodic part of the root of the right the blisters with periodic part of the root of the right the blisters with periodic part of the root ted that he spilled a cup of while eating his breakfast & ensation." ssure" was initiated on a list described as a burn to high with large fluid filled pain. In the property was initiated a mobility and seizures were eactors." The wound was a to the groin with pain essed by the wound care burn on the upper thigh centimeters, with heavy necrotic tissue and 50% are wound was described as an with blister roof ruptured emoved sharply." In did measurements were 8. The wound measured derate serosanguineous reviewed on 3/28/18. When we hot coffee, he stated yes pened, Resident #13 apull the overbed table but neal tray. He stated that e coffee spilled onto his	F	689				
	3/23/18 at 11:15 a.m.						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	, ,	DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP C 250 FLANK ROAD PETERSBURG, VA 23805	ODE	00/20/2010
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F 689	asked if a hot liquid a completed for Reside Administrator stated of the Hot Liquid Eval for Resident #13 as a findings. The assess concluded Resident # manage." When asked what the to the service of hot be #13 was burned, the instructed the dietary for the coffee cups. On 3/23/18 at 9:10 a. (DM) was interviewed aware that a resident on 12/31/17, the DM aware. When asked second person (Residuction of the Coffee, the DM stated second person. Whe instructed to change a service of hot coffee, asked to send lids to coffee pot. The DM sheen sending lids prioresident. When asked what the coffee served from the stated that she tried to 145–150 degrees Fah was higher than that in the coffee pots. It was reviewed with the coffee pots.	ssessment had been that #13 prior to the burn, the tho. She did provide a copy luation that was completed to result of the survey ment dated 3/20/18 #13 was "unsafe- unable to the facility changed with regard the everages after Resident Administrator stated that she and nursing staff to use lids m., the Dietary Manager the When asked if she was was burned by hot coffee stated that she was not if she was aware that a thent #9) was burned by hot I that she was aware of the	F	889		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTIO)N		ATE SURVEY OMPLETED
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F 689	result. The DM was a changed with the coff 3/20/18. The DM state 135 degrees or bethe units for service. At the end of day med Administrator and DC concerns regarding Refurther information was 4. A medication cart unattended during medication carts. She administering medication carts. She administering medication cart where the door. The medication pour and conducted with LPN C administered medicated locked her cart on both the room. On 3/22/18 at 11:00 at the hall waiting to ask was in a resident roor and she was behind the vision. The cart was present the cart was p	sidents were burned as a asked if anything had fee temperatures since ted that coffee now needs to slow before it is sent out to seting on 3/22/18, the DN were notified of the tesident #13's burn. No as provided. was observed unlocked and edication pass. m., Licensed Practical is working one of the e was in a resident room tions to a resident in the bed hedication cart was pulled in the with the drawer side facing as unlocked.	F6	89			

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NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BY COMPLETED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BY COMPLETED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BY COMPLETED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BY COMPLETED BY FULL PREFIX (EACH CORRECTIVE BY COMPLETED BY FULL PREFIX (EACH CORRECTIVE BY COMPLETED BY FULL PREFIX (EACH CORRECTIVE BY COMPLETED BY FULL PREFIX (EACH CORRECTIV				D MANG			_
BATTLEFIELD PARK HEALTHCARE CENTER 250 FLANK ROAD PETERSBURG, VA 23805 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION SHOULD BE COMPLETED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BY EACH CORRECTIVE			495252	B. WING_	OTDET ADDRESS SITY STATE 71D CODE	1 0:	3/29/2018
(X4) ID SOMMARY STATEMENT OF CHICAGO STATEMENT OF CHICAGO STATEMENT OF CHICAGO STATEMENT OF CHICAGO STATEMENT OF CHICAGO STATEMENT OF COMPLETE COMPLET			RE CENTER		250 FLANK ROAD	`	
DEFICIENCY)		(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETION DATE
At this time, there were two residents in wheelchairs within arms reach of the cart. There was a visitor standing next to the cart waiting to speak with LPN C. In addition, the housekeeping staff pulled one end of the cart about two feet from the door frame towards the hallway so that she could go in and out of the room. At the end of day meeting on 3/23/18, the Administrator and Director of Nursing were notified that the medication cart had been unlocked on two occasions. The facility policy titled "Medication Administration" was reviewed. The Procedure section read "K. Do not leave medication cart unlocked." F690 Browel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) \$483.25(e) (Incontinence. \$483.25(e) (Incontinence. \$483.25(e) (Incontinence is not possible to maintain. \$483.25(e) (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility without an indwelling catheter is not catheterization was necessary; (i) A resident who enters the facility with an indwelling catheter or subsequently receives one	F 690	At this time, there we wheelchairs within an was a visitor standing speak with LPN C. In staff pulled one end of from the door frame to she could go in and of the could go in an and of the could go in an	re two residents in ms reach of the cart. There is next to the cart waiting to a addition, the housekeeping of the cart about two feet owards the hallway so that out of the room. eting on 3/23/18, the rector of Nursing were cation cart had been asions. In "Medication eviewed. The Procedure of leave medication cart tinence, Catheter, UTI—(3) Ince. cility must ensure that thent of bladder and bowel on ervices and assistance to unless his or her clinical res such that continence is ain. Resident with urinary on the resident's resment, the facility must ensure that rest the facility without an not catheterized unless the dition demonstrates that recessary; ters the facility with an		F690 1.) Resident #32 had his urina drainage bag lifted off the floor was given a cover to ensure possible 2.) The central supply manage completed an audit of resider indwelling catheters to ensure bags were covered and that do bag was lifted off the floor. 3.) The ADON/designee educt Nursing staff on how to propurinary catheter bags to previnfection and keeping the uring drainage bag covered for prividignity. 4.) Unit Manager/designee worm to be good to some the complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure bag is off floor and complete an audit daily x 12 residents with a urinary drain ensure and the complete an audit daily x 12 residents with a urinary drain ensure and the complete an audit	or and crivacy. er this with e drainage drainage ated erly store vent nary vacy and will weeks of nage bag to overed x 12	APA 20 208

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		DATE SURVEY COMPLETED
		495252	B. WING			C 03/29/2018
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805)DE	03/23/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
	as possible unless the demonstrates that call and (iii) A resident who is receives appropriate prevent urinary tract it continence to the extractional continence, based of comprehensive assessensure that a resident receives appropriate restore as much norm possible. This REQUIREMENT by: Based on observation documentation review the facility staff failed catheter drainage bag maintained in a manninfection for one reside survey sample of 38 m. 1. For Resident # 32, ensure the urinary cathot touching the floor privacy cover for the uninitial tour of the facility observed to be lying in drainage bag and tubic with no privacy urinary.	val of the catheter as soon e resident's clinical condition theterization is necessary; incontinent of bladder treatment and services to infections and to restore ent possible. esident with fecal on the resident's esment, the facility must t who is incontinent of bowel treatment and services to hal bowel function as is not met as evidenced in, staff interview, facility and clinical record review, to ensure that a urinary and tubing were er to prevent the spread of ent (Resident # 32) in a esidents. the facility staff failed to heter bag and tubing were and failed to provide a arrinary bag. During the y, Resident # 32 was he bed with his urinary ing touching the floor and y bag cover.	F	590		

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE 250 FLANK ROAD		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X:	3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER (A) 10 SUMMARY STATEMENT OF DEPOCENCIES (EACH DEPICIONY USES OF REPECTED BY FILL REQUISITION OF PETERSBURG, VA 23905 PETERSBURG, VA 23905 PETERSBURG, VA 23905 PROVIDERS PLAN OF CONTECTION SHOULD BE RECOULD FOR HEAL RECOULATORY OR LSC IDENTIFYING INFORMATION) F 690 Continued From page 170 3/9/2018 with the diagnoses of, but not limited to, Peripheral Vascular Disease, Neuromuscular Dysfunction of the bladder, Gastroescophageal Reflux Disease, Chronic Kidney Disease, Dysphagia, Atherosclerosis of native arteries of extremiles with Gangrene Bilateral Legs, Amputation of toes, Hypothyroidism, Glaucoma, Chronic Viral Hepstatis, Peraplegia, BPH (Benign Prostatic Hypertrophy) and Dementia Resident #32's most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/30/2018. The MDS coded Resident #32 with a Brief Interview for Mental Status (BIMS) score of 6 out of 15 indicating severe cognitive impairment. Resident #32 required extensive assistance of one to two staff members with activities of daily living except required total assistance of one staff person for bathing and always incontinent of bowel and Resident #32 was coded to have an indwelling urinary catheter. During the initial tour of the facility on 3/20/2018 at 11:30 AM, Resident #32 was observed lying on his back in bed with an uncovered urinary catheter bag which was visible from the doorway. The bag and tubing were observed to be touching the floor. On 3/20/2018 at 1:25 PM, Resident #32 was observed still lying in bed. The urinary drainage bag and tubing were no longer touching on the floor and was covered with a privacy bag.							С
BATTLEFIELD PARK HEALTHCARE CENTER (X4) ID PRETIX TAG F 690 Continued From page 170 3/9/2018 with the diagnoses of, but not limited to, Peripheral Vascular Disease, Neuromuscular Dysfunction of the bladder, Gastroselostics of extremities with Gangrene Bilateral Legs, Amputation of toes, Hyperthyrioly and Dementia Resident #32's most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/30/2018. The MDS coded resident 4:32 was coded to have an indwelling urinary catheter bag which was visible from the doorway. The bag and tubing were no longer touching on the floor and was covered with a privacy bag.			495252	B. WING			03/29/2018
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 690 COntinued From page 170 3/6/2018 with the diagnoses of, but not limited to, Peripheral Vascular Disease, Neuromuscular Dysfunction of the bladder, Gastroesophageal Reflux Disease, Chronic Kidney Disease, Othoric Kidney Disease, Purphagia, Atheroselerosis of native arteries of extremities with Gangrene Bilateral Legs, Amputation of toes, Hypothyroidism, Glaucoma, Chronic Viral Hepatitis, Paraplegia, BPH (Benign Prostatic Hypertrophy) and Dementia Resident #32's most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/30/2018. The MDS coded Resident # 32 with a Brief Interview for Mental Status (BIMS) score of 6 out of 15 indicating severe cognitive impairment. Resident # 32 required extensive assistance of one to two staff members with activities of daily living except required total assistance of one stome to wo staff members with activities of daily living except required total assistance of one to howel and Resident # 32 was coded to have an indwelling urinary catheter. During the initial tour of the facility on 3/20/2018 at 11:30 AM, Resident # 32 was observed lying on his back in bed with an uncovered urinary catheter bag which was visible from the doorway. The bag and tubing were observed to be touching the floor. On 3/20/2018 at 1:25 PM, Resident # 32 was observed still lying in bed. The urinary drainage bag and tubing were no longer touching on the floor and was covered with a privacy bag.			E CENTER		250 FLANK ROAD	DDE	
3/9/2018 with the diagnoses of, but not limited to, Peripheral Vascular Disease, Neuromuscular Dysfunction of the bladder, Gastroesophageal Reflux Disease, Chronic Kidney Disease, Dysphagia, Atherosclerosis of native arteries of extremities with Gangrene Bilateral Legs, Amputation of toes, Hypothyroidism, Glaucoma, Chronic Viral Hepatitis, Paraplegia, BPH (Benign Prostatic Hypertrophy) and Dementia Resident #32's most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/30/2018. The MDS coded Resident #32 with a Brief Interview for Mental Status (BIMS) score of 6 out of 15 indicating severe cognitive impairment. Resident # 32 required extensive assistance of one to two staff members with activities of daily living except required total assistance of one to the staff person for bathing and always incontinent of bowel and Resident # 32 was coded to have an indwelling urinary catheter. During the initial tour of the facility on 3/20/2018 at 11:30 AM. Resident # 32 was observed fying on his back in bed with an uncovered urinary catheter bag which was visible from the doorway. The bag and tubing were observed to be touching the floor. On 3/20/2018 at 1:25 PM, Resident # 32 was observed still lying in bed. The urinary drainage bag and tubing were no longer touching on the floor and was covered with a privacy bag.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETION
On 3/20/2018 at 3:20 PM, an interview was conducted with Employee A who stated he placed a cover over the catheter bag for Resident # 32. Employee A stated he lifted the bag off the floor.		3/9/2018 with the diag to, Peripheral Vascular Dysfunction of the bla Reflux Disease, Chron Dysphagia, Atheroscle extremities with Gang Amputation of toes, H Chronic Viral Hepatitis Prostatic Hypertrophy. Resident #32's most is (MDS) was a quarterly Assessment Reference The MDS coded Resident #32 required to 15 indicating severe Resident #32 required to 15 indicating severe Resident #32 required to 15 indicating severe Resident #32 required to 15 indicating severe Resident #32 required to 15 indicating severe Resident #32 required to 15 indicating severe Resident #32 required to 15 indicating severe to 15 indicating severe to 15 indicating severe to 15 indicating severe to 15 indicating severe to 16 indicating well individually with the bag and tubing were not 16 indicating were not 17 indicating were not 18 indica	gnoses of, but not limited r Disease, Neuromuscular dder, Gastroesophageal nic Kidney Disease, erosis of native arteries of rene Bilateral Legs, ypothyroidism, Glaucoma, s, Paraplegia, BPH (Benign and Dementia) and Dementia recent Minimum Data Set assessment with an erote (ARD) of 1/30/2018. Hent # 32 with a Brief ratus (BIMS) score of 6 out accognitive impairment. If extensive assistance of ers with activities of daily otal assistance of one staff always incontinent of 32 was coded to have an efter. If the facility on 3/20/2018 # 32 was observed lying an uncovered urinary an uncovered urinary is visible from the doorway, re observed to be touching with a privacy bag. M, Resident # 32 was ed. The urinary drainage of longer touching on the with a privacy bag. M, an interview was ee A who stated he placed er bag for Resident # 32.	F	390		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		TE SURVEY
						С
		495252	B. WING		0:	3/29/2018
	PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	1	LD BE	(X5) COMPLETION DATE
F 690	Employee A stated he and corrected the profithe bag on the floor with problem" and the lack bag was a "Privacy" pine worked in Central Swhenever he could. Review of the clinical in 3/21/2018 at 3:30 PM. Review of the Physicial written on 2/8/2018 in catheter for BPH (Benicatheter for BPH (Benicatheter for BPH (Benicatheter-related traumatevision 3/12/2018/ tail. A copy of the facility porequested. During the end of day of 1:15 PM, the administrated Corporate Consultinformed of the findings	saw the bag on the floor olem. Employee A stated as "an Infection Control of a cover for the urinary roblem. Employee A stated Supply but helped out record was conducted an's Orders revealed orders cluded orders for a "Foley gn Prostatic Hypertrophy)" and atte initiated 11/13/2017 has indwelling catheter": Will be/remain free from a through review date. rget date: 5/16/2018 belicy on Catheters was debriefing on 3/23/2018 at attor, Director of Nursing ant (Admin C) were so The DON and Corporate agreed that the urinary bag ouch the floor and the	F	590 SELICITY		
F 692 SS=D	Director of Nursing stat Lippincott for Profession No further information v Nutrition/Hydration Stat CFR(s): 483.25(g)(1)-(3	nal Nursing Guidance. vas provided. us Maintenance	F 69	92		

		(XI) TROUBLE CONTAINED TO		X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY COMPLETED
		495252	B. WING				03/29/2018
	ROVIDER OR SUPPLIER	RE CENTER		250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD ERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 692	§483.25(g) Assisted (Includes naso-gastr both percutaneous endos enteral fluids). Base comprehensive asse ensure that a resider §483.25(g)(1) Mainta of nutritional status, desirable body weight balance, unless that the preferences indicate §483.25(g)(2) Is offer maintain proper hydrogen and the status of nutritional provider orders at the preferences indicate status of the status of the status of nutritional provider orders a the status of the st	nutrition and hydration. ic and gastrostomy tubes, ndoscopic gastrostomy and copic jejunostomy, and d on a resident's ssment, the facility must int- ains acceptable parameters such as usual body weight or int range and electrolyte resident's clinical condition is is not possible or resident otherwise; red sufficient fluid intake to ration and health; red a therapeutic diet when problem and the health care erapeutic diet. T is not met as evidenced on, resident interview, staff I record review the facility dent (Resident #52) of 38 ey sample to maintain enced a weight loss of 5% in reight loss of 12.4% in 3 re weight loss of 14.1% in 6 interventions were put into o the weight loss. d:	F	692	1.) A nutritional assessment was completed for resident #52 on Apr 2018, with recommendations. 2.) A review of weights of current residents in the facility was conduct to ensure significant weight chang have been addressed and dietary specific recommendations implemented. 3.) The facility RD will be educated the Regional Dietician/ designee or review of residents with significant weight changes, including appropriecommendations and documentain the medical record. 4.) Regional Dietician or designee review 3 charts weekly for a perioweeks to ensure that significant we changes have been addressed, with appropriate recommendations implemented. RD recommendations implemented. RD recommendations will be reviewed weekly by DON of designee to ensure compliance x 8 weeks with results brought to QAI.	ted es by n t riate etion will d x12 reight th ons or	
	Resident # 52, a 76 facility on 3/2/15.	year old, was admitted to the	444				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO	D. 0938-0391	
STATEMENT OF DE AND PLAN OF COF	EFICIENCIES RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							С
		495252	B. WING			03/	/29/2018
NAME OF PROVI	DER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
				28	50 FLANK ROAD		
BATTLEFIELD	PARK HEALTHCAR	E CENTER		P	ETERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
hyydep and reconstruction sccs Short of Construction for for Redox 8/1 9/6 9/1 10/1 11/1 1/2 1/3 1/1 1/1 1/2 1/3 2/5 2/1 3/5 The bet (14) The occonstruction	d peripheral vascul cent Minimum Data arterly assessment erence date of 2/15 ded with a Brief Inte ore of 14 indicating e required extensiv daily living, to inclu- eating. sident #52's weigh cumented as follow 9/17- 157 s/17- 149 1/17- 143 /4/17- 142.2 /14/17- 135 /12/17- 137.4 /8/17- 135 /12/17- 137.9 s/18- 138.1 0/18- 136.8 6/18- 134.2 s/1/18- 134.2 s/1/18- 134.2 s/1/18- 134.8 d/18- 135.8 e weight loss of 5% tween 8/10/17 (157 s/19#) e severe weight los curred between 8/1 s/17- 4#) e severe weight los curred between 8/1 s/17- 4#) e severe weight los curred between 8/1 s/17- 4#) e severe weight los curred between 8/1 s/17- 4#) e severe weight los curred between 8/1 s/17- 4#) e severe weight los	tia, reflux, anxiety, bowel syndrome, insomnia, lar disease. The most Set assessment was a with an assessment #52 was erview of Mental Status no cognitive impairment. We assistance with activities de set up and supervision	F	692			

STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	i i	TIPLE CONS		SURVEY PLETED
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILD	ING	was a second and the	C
		495252	B. WING			/29/2018
	A95252 E OF PROVIDER OR SUPPLIER TLEFIELD PARK HEALTHCARE CENTER 4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)	ARE CENTER		250 FLA	ADDRESS, CITY, STATE, ZIP CODE NK ROAD SBURG, VA 23805	
(X4) ID PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREF TAG	l l	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
F 692	Resident #52's "Nureviewed. The form documented Residu Usual Body Weight The "weight 6 mon 144 pounds. The "meaning an 8% we "Comments" box rediscontinued in Magain". The next "Nutritional 11/16/17. Weight wounds. Usual Bodocumented as 12 months ago" was documented for the "% change" boweight loss had occurrent Poc (plan). The 13% weight losconsidered a sever the Nutrition Review into place to slow of the	atritional Review" forms were in completed on 8/14/17 ent #52's weight as 157.0 and it (UBW) as 140-145 pounds. It is ago" was documented as 16% change" box read "+8", eight gain had occurred. The lead "Remeron was y to prevent further wt (weight) all Review" was completed on was documented as 137.4 day Weight (UBW) was 15-135 pounds. The "weight 3 documented as 157 pounds. Ox read "-13", meaning an 13% courred. The Comments and 1" section read "(Resident #52) at this time. Wt (weight) is ar her usual body wt (weight) (discontinue). Will continue of care).	F	692		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION		SURVEY PLETED
		495252	B. WING			l	С
	ROVIDER OR SUPPLIER		D. WING	STREE	ET ADDRESS, CITY, STATE, ZIP CODE LANK ROAD ERSBURG, VA 23805	03	/29/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	50-75%. Able to feed needed. Significant whowever wt (weight) or restarted d/t (due to) g Skin intact. Will contilicare)." According to the Nutri interventions were put the weight loss. Remeron is an antipsy treat major depression medication is weight g Resident #52 had orde (antidepressant) in the as follows: 9/20/15- 10/21/15 10/1/16- 5/12/17 1/24/18- 2/8/18 2/8/18- current The most current orde 7.5 mg (milligram) by r Depression with decree Resident #52's diet ord Employee B, Dietary Mp.m. Resident #52 wa Mechanical Soft diet. dietary interventions in supplements, snacks b foods, that would be in with weight loss or weitwo occasions. The fir	self w/(with) supervision if of (weight) loss x 6 months, currently stable. Remeron gradual wt (weight) loss. The current POC (plan of tion Review, no dietary to into place to slow or stop which continue current POC (plan of tion Review, no dietary to into place to slow or stop which continue current POC (plan of tion Review, no dietary to into place to slow or stop which continue current POC (plan of tion Review, no dietary to into place of the grain. The state of the grain to the plan of th	F	692			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495252	B. WING			l	C 29/2018	
	ROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805	DE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BI E APPROPRIA		(X5) COMPLETION DATE	
F 692	the hall outside Resid the breakfast tray to be Resident #52 was ask stated she was a little to eat. Staff delivered bed so Resident #52 and arranged the over within Resident #52's herself. On 3/28/18 at 1:15 p.r observed in her room, at an approximately 10 overbed table was in plunch tray was open, feeding herself with he see into the bowls or portion to the hall clearing lurn asked to observe the positioned as such. We stated yes. Employee resident's choice to lay reviewed with Employed dementia and weight be positioned improperly that she didn't know the observe the resident. That Resident #52 was	ent #52's room waiting for e delivered. While waiting, sed if she was hungry. She hungry and she was ready the tray. Staff adjusted the was in an upright position bed table over the bed reach. Resident #52 fed m., Resident #52 was The bed was almost flat, degree angle. The blace over the bed. The Resident #52 was lying flat er hands. She could not blate. At this time, a Nurse (Employee D) was not trays. Employee D was position of Resident #52 in bloyee D was asked if it was as lying almost flat in the bloyee D stated that she dent if she wanted to be flat and eat. It was the of flat and eat. It was to eat. Employee D stated the eresident. The Licensed Practical Nurse hall. LPN D was asked to When asked if it was ok reclined almost flat while o-she should be placed	F	692				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495252	B. WING			С
NAME OF E	PROVIDER OR SUPPLIER	433232				03/29/2018
TO UNIC OT T	NOTICE ON BUT LIEN			STREET ADDRESS, CITY, STATE, ZIP	CODE	
BATTLEF	IELD PARK HEALTHCAR	E CENTER		250 FLANK ROAD		
***************************************	T			PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 692	Continued From page	177	F 6	592		
	Resident #52's care p	lan was reviewed. The	Type and the same			
	Focus "(Resident) has					
		sm, Gout, COPD (chronic				
	obstructive pulmonary					
		ig, dressing, grooming and				
	hygiene deficit related		-			
		e." "Eating assistance if)v	
	needed" is listed as an		***************************************			
	Focus revised on 2/8/1	18 read "(Resident) has the				
	potential for nutrition/h	ydration imbalance r/t				
		HTN (hypertension), MDD				
	(major depression disc					
	(irritable bowel syndror	me) w/ (with) diarrhea,	700			
	cardiomyopathy, COPI					
		nd a mechanically altered				
	texture diet." The inter					
	beverages will be serve					
	Monitor/record/report to					
	needed) s/sx (signs and					
	malnutrition: Emaciatio		-			
		ght loss: 3 lbs(pounds) in				
	1 week, >5% in 1 mont		1000			
	>10% in 6 months, Pro					
	ordered. Monitor intake					
	meal, RD (registered di	-				
	make diet change recor					
	needed), Weights per fa	acility protocol.				
4	The Academy of Nutrition	on and Dietetics (AND)				
	document "Unintended		000000000000000000000000000000000000000			
		(2009)" was accessed at				
	https://www.andeal.org/					
	4/3/18 at 10:28 a.m. The					
	pertains to the use of ap					į
	•	nutrition therapy (MNT)				
		dults have not resulted in				
	improved nutrient intake					
1	weight, the Registered [
	collaborate with other he	ealthcare professionals to				

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BATTLEFIELD PARK HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Continued From page 178 consider appetite stimulants. There is no research on the effectiveness of appetite stimulants for older adults that meets the American Dietetic Association criteria for evidence analysis." The Registered Dietitian (RD) was interviewed on 3/27/18 at 9:20 a.m. The RD stated that she had only worked at the facility about 2 months. The RD was asked why no dietary interventions such as supplements, snacks or forified foods had been provided to Resident #52 to help slow or stop the weight loss. It was reviewed that only Remeron, an antipsychotic medication being used for the purposes of an appetite stimulant, was ordered. The RD stated that she was new at the time when the doctor ordered the Remeron. The RD stated that the medication had worked in the past. It was reviewed with the RD that when the Remeron was used in the past, Resident #52 gained in excess of 20 pounds above her Usual Body Weight and as a result, the facility allowed Resident #52 to lose weight at a rate in which the loss was considered severe. To correct the loss, the facility has now put the resident back on the Remeron. At no time were dietary interventions put into place before the decision was made to put Resident #52 back on Remeron to be used as an appetite stimulant. The RD provided a copy of her "Medical Nutritional Therapy Assessment Recommendations" form. There was an entry for Resident #52. The recommendations read "No RD recommendation. Remeron restarted 1/24 per MD (doctor)." At the end of day meeting on 3/29/18, Resident #52's weight loss, lack of dietary intervention and	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ' '		CONSTRUCTION		E SURVEY IPLETED
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F 692	Continued From pag	e 179	Fé	592			
		in appetite stimulant was					
	l .	ministrator and Director of					
		information was provided.	_				
F 693	_		F 6	893	F693		
SS=D							
55=D	Of 14(3). 400.20(9)(4)	((3)			 Resident #364s tube feeding were 		
	§483.25(g)(4)-(5) En	teral Nutrition			clarified and corrected to correct rate		-
		ic and gastrostomy tubes,			Resident #74s recommendation from		
		ndoscopic gastrostomy and			the Dietician were clarified and put ir		
	percutaneous endos	copic jejunostomy, and			place. Resident #32s tube feeding wa	S	
	enteral fluids). Based				changed out with new and dated for		
	comprehensive assessment, the facility must				the correct date.		
	ensure that a resider	nt-					
					2.) The Unit Manager/designee		
	§483.25(g)(4) A resid	dent who has been able to			completed an order clarification of		
		with assistance is not fed by			tube feeding rates to ensure resident		
		ess the resident's clinical		-	receiving tube feeding were receiving	5	
		es that enteral feeding was			the correct amount. The ADON/		
	1	nd consented to by the			designees reviewed tube feeding		
	resident; and				recommendations from last 60 days t	:0	
	\$493.25(a)(5) A regio	dent who is fed by enteral			ensure dietician recommendations		
		appropriate treatment and			were put into place for those residen	ts	
	1	possible, oral eating skills			receiving tube feeding. The Unit		
		lications of enteral feeding			Mangers/ designees evaluated currer	nt	
		ted to aspiration pneumonia,			resident receiving tube feeding to		
		ehydration, metabolic		***************************************	ensure labeling was within correct da	te	
		asal-pharyngeal ulcers.			range.		
	This REQUIREMENT	Γ is not met as evidenced					
	by:				3.) The ADON/designee educated		
		on, staff interview, facility			licensed nurses on properly	_	
		w, and clinical record review,			administering tube feeding to include		l
		to ensure Enteral feedings			the right rate and the correct dating		
		er physician order for 3			the tube feeding. The Regional Direct		
		#364, #74 and #32) in a			of Clinical operation educated the DC)N,	
	survey sample of 38	residents.	-		ADON, and Unit Managers on the		
	1 For Docident # 36	4, the facility staff failed to	***************************************		system for processing Dietary		
	I. FUI RESIDEIIL# 304	, the facility stall falled to	and the state of t	-	Recommendation.		

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE C	ONSTRUCTION	(X3) DATE	
STATEMENT OF	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	Į.				
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				202			
F 693			F	593	4.) The Unit Managers/designee wil		
	administer correct tu	be feeding.			conduct weekly audits x 12 weeks or residents who receive tube feeding		
	o = Decident #74	tubo feeding	and the same of th		ensure accurate rates and dating of		
	2. For Resident #74,	ade by the dietitian were not			tube feeding with all results brough		
	implemented for a m	onth.			QAPI to ensure compliance. The		
					DON/designees will conduct weekly	,	
	3. For Resident # 32	, the tube feeding bottle was			audits x 12 weeks of all RD		
	dated 2/21/2018, a n	nonth prior to survey.			recommendations to ensure		
					recommendations have been acted		
	Findings included:				upon with results brought to QAPI		
	For Resident # 36 administer correct tu	4, the facility staff failed to be feeding.		The state of the s			
	3/15/18 with diagnost to Bronchitis related injury due to Motor	admitted to the facility on ses to include but not limited to trachea, traumatic brain /ehicle Accident ral pressure ulcer stage II and					
	Resident # 364's ad Minimum Data Set (assessment tool.)	mission was too recent for a MDS) assessment (an	***************************************				
	03/15/2018 coded F Unresponsive to ph was documented th Total assist of 2+ pe	ident Evaluation dated Resident # 364 as ysical and verbal stimuli It at Resident #364 required ersons of for turning and as Activities of Daily living.					
	resident #364 had	5 pm on initial tour observed Jevity 1.5 (tube feeding 5 75/milliliters per hour (ml/hr.) ith no water flush bag hanging.					
	Discharge order from Tube Feeding Jevit	m hospital dated 3/15/18 read y 1.5 @ 55 ml/hr.			li and	inuation sheet	Page 181 of 27
L		Front ID: BYH		E-	acility ID: VA0021 If CONT		

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONS	STRUCTION	(X3) DATE SURVEY COMPLETED	
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	Continued From page Handwritten docume Therapy Assessment provided by the RD. New TF order Jevity (On at 12 PM) to pro and 1950 Kcal per da water every 4 hours. March's Medication a resident receiving 65 until 3/21/18. On Nutritional Asses continuous tube feed Cyclic, however und 1.5 @ 65 ml/hr. X 20 every 4 hrs. No further information 2. For Resident #74 recommendations m implemented for a m Resident #74, an 82 facility on 11/19/15. major depression, h dysphagia, diabetes disease. The most recent Mir was an annual assereference date of 1/2	nt titled Medical Nutritional t Recommendations was An entry dated 3/14/18 read 1.5 @ 65 ml/hr. X 20 hrs. vide 1300 ml tube feeding ay. New flush order 200 ml of " administration record shows ml/hr. beginning 3/15/18 sment the box is checked for d instead of Intermittent or er comments it read Jevity o hrs. Flush with 200 ml water on was provided t, tube feeding lade by the dietitian were not nonth. Tyear old, was admitted to the Diagnoses included stroke, ypertension, glaucoma, mand peripheral vascular himum Data Set assessment assment with an assessment ssment with an assessment		693	DEFICIENCY)		
	score of 15 indicating	nterview of Mental Status ng no cognitive impairment. sive assistance with activities					

DEIMIN	O FOR MEDICADE 9	MEDICAID SERVICES				OMB N	<u> </u>
STATEMENT C	S FOR MEDICARE & OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ONSTRUCTION		E SURVEY PLETED C
		495252	B. WNG			03	/29/2018
	ROVIDER OR SUPPLIER			250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD TERSBURG, VA 23805		
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F 693	12:15 p.m. A tube for There was no feeding tray with soup was be according to the Manadaministration Recording to the Manadaministration Recording to the Manadaministration Recording Manadaministration Recording Manadaministration Recording Manadaministration Recording Manadaministration Manadaministration Manadaministration (milliliters)/ HR (18 am) to provide 990 feed)/ 1188 kcal per A 2/22/18 Dietary Production Provide 100 feed)/ 1188 kcal per Continuous EN (enter Jevity 1.2 @ 55 ml was also receives a regular provide 102 ml was also receives a regular (milliliter) was also receives a regular (milliliter) was acceptant recommend changing improved acceptant recommend bolus 20 QID (four times per (milliliter) water QID provide 1000 ml TF pro (protein), and 10 estimated nutritional (tube feed) tolerand protocol."	bserved in bed on 3/20/18 at beeding pole was by the bed and hung at the time. A lunch brought in by staff. The 2018 Medication and (MAR), as of 3/20/18, been receiving the following "Enteral Feed Order every a Jevity 1.2 continuous @ 55 hour) x 18 hours (on 2 pm, off of ml (milliliter) total TF (tube 24 hrs." The argument of the following of (milliliter) (hour) x 18 hrs after Q (every) 4 hr (hour). She alter Q (every) 4 hr (hour). She alter Q (every) 4 hr (hour). She will a diet for pleasure feedings BW (current body weight) is the CBW (current body hin normal limits). Would and to bolus feeds for possible the of nutrition. Would 250 ml (milliliters) Jevity 1.2 day) and flush 200 ml of (four times per day) to (tube feed), 1200 kcal, 56 g 607 ml free water to meet at needs. Will monitor TF the eand f/u (follow up) per	F	693			
	change new TF (tul	ogress Note read "Update: Will be feed) order to: bolus 237 ml QID (four times per day) and er) water QID (four times per					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	IPLE CONS	TRUCTION	C (X3) DATE SURVEY		
		495252	B. WING			03/	29/2018	
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F 693	day) to provide 948 m feed), 1422 kcal, 60 g 1520 ml (milliliter) free nutrition) plus PO (by meet estimated nutrition) plus PO (by meet estimated nutrition) plus PO (by meet estimated nutrition) precommendation may and implemented. On 3/26/18 at 8:55 a Resident #74's bolusticensed Practical None can of Jevity 1.5 asked if Resident #76 feeds. LPN D stated continuous until recent asked if Resident #76 feeds. LPN D stated continuous until recent asked if Resident #77 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resident #78 feeds. LPN D stated continuous until recent asked if Resi	In (milliliter) total TF (tube g (gram) pro (protein), and he water daily. EN (enteral y mouth) pleasure feedings to tional needs." I.m., the tube feeding de on 3/1/18 was ordered I.m., the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the administration of a feed was observed. I.m. the feeding was ordered I.m. the feeding was order	F	593				

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STATEMENT C	S FOR MEDICARE & DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 693	issues with getting himplemented. A copy of the dietary provided. There we recommendations for the commendations for the commendations for the commendations for the commendation of the	ebruary she began to have er recommendations recommendation sheet was re no tube feeding or Resident #74 on the sheet. Ind of day meeting, the ON were notified that feeding changes had not after recommendations for a twice by the RD. No further wided. In the facility staff eeding that was dated as a month prior to survey. In 75 year old male admitted to enough with the diagnoses of, but heral Vascular Disease, function of the bladder, Reflux Disease, Chronic sphagia, Atherosclerosis of tremities with Gangrene utation of toes, aucoma, Chronic Viral ia, BPH (Benign Prostatic	F	693			

CENTERS FOR MEDICARE & MEDICARD SERVICES		(X2) MULTIPLE CONSTRUCTION			(X3) DATE	SURVEY	
	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION	C	
		495252	B. WNG			03	/29/2018
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		A DE DESCRIPTION OF THE PROPERTY OF THE PROPER	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 693	Continued From page one to two staff mem living except required person for bathing and bowel and Resident indwelling urinary cat Hospice. Review of the clinical 3/21/2018 at 2:30 PM Review of the Physic order written 3/21/20 every shift Jevity 1.5 for 20 hours on at 12 of tube feeding and page day. On 3/23/2018 at 9:05 feeding was hanging side of Resident # 32 bottle was 2/21/2018 3/23/18. Resident # 3 feeding was not infus observation. The Director of Nursi to the room and observation the tubing for the DON stated the and the tubing for the DON stated she did not the bottle was a meeding set up needed.	bers with activities of daily I total assistance of one staff ad always incontinent of 32 was coded to have an theter and currently on record was conducted on I. ians Orders revealed an 18 for Enteral Feed Order Cal at 75 milliliters per hour PM to infuse 1500 milliliters perovide 2250 kilocalories per AM, observed the tube on a pump stand on the left Is bed. The date on the and the tubing was dated 32 was lying in bed. The tube sing at the time of and (DON) immediately came erved the bottle and tubing. bottle was dated in February at current day 3/23/2018. The not understand why the date nonth old and that the entire id to be discarded. The DON in was that tube feedings	F	693	DEFICIENCY)		
	hours. She also state should be dated the	ately and discarded after 24 and the bottle and tubing same date. y debriefing on 3/23/2018,					

S FOR MEDICARE & DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	495252	B. WING		03/29/2018	
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SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(FACH CORRECTIVE ACTION SHOUL	D BE COMPLETION	
Continued From page the Facility Administr Corporate Regional of the findings. The DO feedings should be dimmediately upon ophours. No further information Respiratory/Tracheo CFR(s): 483.25(i) § 483.25(i) Respirate tracheostomy care at tracheostomy care at tracheostomy care at tracheostomy care and tracheal sucare, consistent with practice, the compressive plan, the reside and 483.65 of this significant that the facility staff faile of an empty oxygen (Residents # 16 and the oxygen tubing we (Residents.)	e 186 ator, Director of Nursing and Consultant were informed of DN again stated that tube ated and administered ening and discarded after 24 In was provided. Stomy Care and Suctioning and tracheal suctioning. Sure that a resident who are, including tracheostomy actioning, is provided such a professional standards of enensive person-centered ents' goals and preferences, subpart. It is not met as evidenced on, staff interview, facility ew and clinical record review, do to ensure the safe storage cylinder for two residents at 14) and failed to ensure was dated for one resident as survey sample of 38		F695 1.) The empty oxygen tank in Reside #16 and resident #14's room was removed immediately and put into proper storage place. Resident #364s oxygen tubing was immediately replaced with new tub that was dated accurately. 2.) The Unit Manager/designee completed a facility audit to ensure there were no additional oxygen tarout of place and that oxygen tubing was labeled and dated accurately. 3.) The ADON/designee educated son how to properly store oxygen taron the process for labeling and dating of oxygen tubing.	nks taff inks.	
An oxygen canister wall in the room wh	was found leaning against a ich Residents # 16 and # 14		will conduct audits 5 x per week fo week to ensure all oxygen tanks ar	er 12 e	
	Continued From page the Facility Administration Corporate Regional (the findings. The DC feedings should be dimmediately upon ophours. No further information Respiratory/Tracheo CFR(s): 483.25(i) § 483.25(i) Respirate tracheostomy care at tracheostomy care at The facility must ensineeds respiratory care and tracheal succare, consistent with practice, the comprecare plan, the reside and 483.65 of this signal that the facility staff faile of an empty oxygen (Residents # 16 and the oxygen tubing with Residents # 364) in residents. 1. For Residents # failed to safely store An oxygen canister wall in the room which shared. There was	the Facility Administrator, Director of Nursing and Corporate Regional Consultant were informed of the findings. The DON again stated that tube feedings should be dated and administered immediately upon opening and discarded after 24 hours. No further information was provided. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review and clinical record review, the facility staff failed to ensure the safe storage of an empty oxygen cylinder for two residents (Residents # 16 and # 14) and failed to ensure the oxygen tubing was dated for one resident (Resident # 364) in as survey sample of 38 residents. 1. For Residents # 16 and # 14, the facility staff failed to safely store an empty oxygen canister. An oxygen canister was found leaning against a wall in the room which Residents # 16 and # 14 shared. There was a used nasal cannula	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 186 the Facility Administrator, Director of Nursing and Corporate Regional Consultant were informed of the findings. The DON again stated that tube feedings should be dated and administered immediately upon opening and discarded after 24 hours. No further information was provided. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review and clinical record review, the facility staff failed to ensure the safe storage of an empty oxygen cylinder for two residents (Residents # 16 and # 14) and failed to ensure the oxygen tubing was dated for one resident (Resident # 364) in as survey sample of 38 residents. 1. For Residents # 16 and # 14, the facility staff failed to safely store an empty oxygen canister. An oxygen canister was found leaning against a wall in the room which Residents # 16 and # 14 shared. There was a used nasal cannula	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 186 the Facility Administrator, Director of Nursing and Corporate Regional Consultant were informed of the findings. The DON again stated that tube feedings should be dated and administered immediately upon opening and discarded after 24 hours. No further information was provided. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review and clinical record review, the facility staff failed to ensure the safe storage of an empty oxygen cylinder for two residents (Residents # 16 and # 14) and failed to ensure the oxygen tubing was dated for one resident (Residents # 16 and # 14) and failed to ensure the oxygen tubing was dated for one resident (Residents # 16 and # 14, the facility staff failed to safely store an empty oxygen canister. An oxygen canister was found leaning against a wall in the room which Residents # 16 and # 14, the facility staff failed to safely store an empty oxygen canister was found leaning against a wall in the room which Residents # 16 and # 14, the facility staff failed to safely store an empty oxygen canister was found leaning against a wall in the room which Residents # 16 and # 14, the facility store oxygen tubing. 1. For Residents # 16 and # 14, the facility staff failed to safely store an empty oxygen canister. An oxygen canister was found leaning against a wall in the room which Residents # 16 and # 14 shared. There was a used nasal cannula	

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STATEMENT C	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		(X3) DATE SURVEY COMPLETED		
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F 695	Continued From pag 2. For Resident #36 date the oxygen tubi physicians order for Findings included: 1. For Residents #1 failed to safely store An oxygen canister wall in the room white shared. There was a attached. Resident # 16, a fen facility 3/9/2015. He were not limited to Funfection, Hyperlipid	e 187 4 the facility staff failed to ng and failed to clarify	F	695	The Unit Managers/designee will complete weekly audit x 12 wee residents on oxygen to ensure residents tubing is properly date	ks of all	
	2/15/2018 was code Resident # 16's cog make every day life was not coded. Da areas of Section C Mental Status" thro Daily Decision Mak coded as needing s staff member to per living. Resident # 1 hear, speak, unders During the initial too at 12:45 PM, an ox leaning against a w first wardrobe close the sink and to the	st recent MDS with an ARD of ed as a quarterly assessment. Initive status (her ability to decisions and memory ability) shes were entered in the 100 "Should Brief Interview for ugh C 1000" Cognitive Skill for ing." Resident # 16 was supervision assistance of one form her activities of daily 16 was coded as being able to stand, and be understood. The facility on 3/20/2018 to the facility on					

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					. 0938-039 I
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		NSTRUCTION	(X3) DATE SURVI COMPLETED	
		495252	B. WING			03/29/2018	
	ROVIDER OR SUPPLIER	RE CENTER		250 F	ET ADDRESS, CITY, STATE, ZIP CODE LANK ROAD ERSBURG, VA 23805		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETION DATE
F 695	was no Oxygen sign On 3/20/2018 at 12:5 near that room LPN was interviewed. LP that room had an ord she did not know wh that room. LPN B al how long the oxygen room. On 3/20/2018 at 1:0 the oxygen canister oxygen should be st safety. LPN B also should not be taken once discontinued d concerns. On 3/20/2018 at 1:2 sign in/out sheet was Supply Coordinator in/Out form revealed being signed out to from December 15, Review of the clinic 3/20/2018 at 2:30 P Review of the clinic (Residents # 16 and documentation of P On 3/20/2018 at 3:0 (DON) was informe found in the room to shared. The DON resident had used of	posed on the door. 55 PM, the nurse working (Licensed Practical Nurse) B N B stated neither resident in der for oxygen. LPN B stated o put the oxygen canister in so stated she did not know a canister had been in that 5 PM, LPN B determined that was empty. LPN B stated ored properly because of stated oxygen canisters into other resident's room ue to infection control 5 PM, a copy of the "Oxygen s requested from the Central Review of the Oxygen Sign d no documentation of oxygen either resident in that room 2017 - March 20, 2018. al record was conducted on	F	695			Page 189 of 2

NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER PRETIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) FREST (EACH OF THE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST are PROCEDED BY FULL PRESULATION ON USE IDENTIFYING INFORMATION) FRESULATION ON USE IDENTIFYING INFORMATION) FRESULATION ON USE IDENTIFYING INFORMATION (EACH CORPECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE APPROPRIATE OF THE APPROPRIATE DATE OF THE APPROPRIATE DATE OF THE APPROPRIATE O	STATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
STREET ADDRESS. CITY. STATE, ZIP CODE 250 FLAMK ROAD PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PETERSBURG, VA 23905 PREFIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COntinued From page 189 Securely and an infection control issue for used oxygen equipment to be transported to another resident's room. No further information was provided. 2. For Resident #364 the facility staff failed to date the oxygen tubing and failed to clarify physicians order for oxygen. Resident #364 was admitted to the facility ori 3/15/18 with diagnoses to include but not limited to Bronchitis related to trachea, traumatic brain injury due to Motor Vehicle Accident Hydrocephalus, sacral pressure ulcer stage II and Peg tube. Resident # 364's admission was too recent for a Minimum Data Set (MDS) assessment (an assessment tool.) The Admission Resident Evaluation dated 03/15/2018 coded Resident as Unresponsive to physical and verbal stimuli. Resident required Total Dependence assist of 2+ persons of for turning and positioning as well as Activities of Daily living. On 3/20/18 at 12:05 tubing was observed not dated and concentrator was set at 6 L/m (liters per minute)	AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			С	
BATTLEFIELD PARK HEALTHCARE CENTER SUMMAY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL) REGULATORY OR LSC IDEMIFYING INFORMATION) F 695 Continued From page 189 securely and an infection control issue for used oxygen equipment to be transported to another resident's room. No further information was provided. 2. For Resident #364 the facility staff failed to date the oxygen tubing and failed to clarify physicians order for oxygen. Resident #364 was admitted to the facility on 3/15/18 with cliagnoses to include but not limited to Bronchitis related to trachea, traumatic brain injury due to Motor Vehicle Accident Hydrocephalus, secral pressure ulcer stage II and Peg tube. Resident # 364's admission was too recent for a Minimum Data Set (MDS) assessment (an assessment tool.) The Admission Resident Evaluation dated O3/15/2018 coded Resident as Unresponsive to physical and verbal stimuli. Resident required Total Dependence assist of 2+ persons of for turning and positioning as well as Activities of Daily living. On 3/20/18 at 12:05 tubing was observed not dated and concentrator was set at 6 L/m (liters per minute) The Unit manager (RN A) was notified of the issue with the tubing she immediately left the room and came back and placed a date sticker on the existing tubing. She did not change the			495252				03/29/2018	
PREFIX TAG F 695 Continued From page 189 securely and an infection control issue for used oxygen equipment to be transported to another resident's room. No further information was provided. 2. For Resident #364 the facility staff failed to date the oxygen ubling and failed to clarify physicians order for oxygen. Resident #364 was admitted to the facility on 3/15/318 with diagnoses to include but not limited to Bronchitis related to trachea, traumatic brain injury due to Motor Vehicle Accident Hydrocephalus, sacral pressure ulcer stage II and Peg tube. Resident #364's admission was too recent for a Minimum Data Set (MDS) assessment (an assessment tool.) The Admission Resident Evaluation dated 03/15/2018 coded Resident as Unresponsive to physical and verbal stimuli. Resident required Total Dependence assist of 2+ persons of for turning and positioning as well as Activities of Daily living. On 3/20/18 at 12:05 tubing was observed not dated and concentrator was set at 6 L/m (liters per minute) The Unit manager (RNA) was notified of the issue with the tubing she immediately left the room and came back and placed a date sticker on the existing tubing. She did not change the			RE CENTER	:	50 FLANK ROAD			
securely and an infection control issue for used oxygen equipment to be transported to another resident's room. No further information was provided. 2. For Resident #364 the facility staff failed to date the oxygen tubing and failed to clarify physicians order for oxygen. Resident #364 was admitted to the facility on 3/15/18 with diagnoses to include but not limited to Bronchitis related to trachea, traumatic brain injury due to Motor Vehicle Accident Hydrocephalus, sacral pressure ulcer stage II and Peg tube. Resident #364's admission was too recent for a Minimum Data Set (MDS) assessment (an assessment tool.) The Admission Resident Evaluation dated 03/15/2018 coded Resident as Unresponsive to physical and verbal stimuli. Resident required Total Dependence assist of 2+ persons of for turning and positioning as well as Activities of Daily living. On 3/20/18 at 12:05 tubing was observed not dated and concentrator was set at 6 L/m (liters per minute) The Unit manager (RN A) was notified of the issue with the tubing she immediately left the room and came back and placed a date sticker on the existing tubing. She did not change the	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION	
tubing first. The Unit manager stated that oxygen tubing is	F 695	securely and an inferoxygen equipment to resident's room. No further information 2. For Resident #36 date the oxygen tubin physicians order for Resident #364 was a 3/15/18 with diagnost to Bronchitis related injury due to Motor Negrous Hydrocephalus, sacred Peg tube. Resident #364's adminimum Data Set (assessment tool.) The Admission Resident work and the system of the system of the system of the tubing room and came bacon the existing tubin tubing first.	ction control issue for used to be transported to another on was provided. At the facility staff failed to fing and failed to clarify oxygen. Admitted to the facility on ses to include but not limited to trachea, traumatic brain //ehicle Accident ral pressure ulcer stage II and mission was too recent for a MDS) assessment (an addent Evaluation dated Resident as Unresponsive to stimuli. Resident required resists of 2+ persons of for fing as well as Activities of a tubing was observed not fator was set at 6 L/m (liters). RN A) was notified of the geshe immediately left the cat and placed a date sticker reg. She did not change the	F 695				

CENTERS	FOR MEDICARE &	MEDICAID SERVICES	T 0/03 111 11 7	TIDI E	CONSTRUCTION	(X3) DATE SURVEY	
STATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı		CONSTRUCTION	COMPLETED	
ND PLAN OF C	CORRECTION	IDEITH 107 W.C.	A. BOILDI			С	
		495252	B. WING_			03/29/2018	
	OVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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BATTLEFIE	LD PARK HEALTHCAR	RE CENTER		P	ETERSBURG, VA 23805		
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A COMPANY	stated that concentra	ues 11-7 shift. She also tor should be on 10 L/m.	F	695			
	She then changed the Physician order date humidity. It did not g	d read Oxygen at 28%					
	documented;	ent record the following was					
to the second se	L/M of O2 with 28%						
	Nurse's note dated 3 notes read O2 @ 10	3/25/18 and 3/26/18 nurse's L/m via trach.					
	oxygen order and nu	ing was made aware of the urses documentation she ator should be at 5-6 L/M.					
	Regional nurse (adn present and agreed L/m.	ninistrator C) was also the setting should be 5-6					
F 740 SS=D		ervices	F	740	F 740 1.) Resident #92 was assessed by the SSD with a note to have the facility psych physician evaluate. residents		
	provide the necessary services to attain or practicable physical	receive and the facility must ary behavioral health care and maintain the highest , mental, and psychosocial			Kardex was also updated to match emotional needs. 2.) The UMS and or designees have reviewed progress notes/behavior	2	
	well-being, in accordance assessment and platencompasses a resemble.	dance with the comprehensive an of care. Behavioral health ident's whole emotional and which includes, but is not ention and treatment of mental			notes on current residents for past days to ensure all mental health not have been assessed or intervention put into place.	t 14 eeds	
		Event ID: BX	1044		Facility ID: VA0021 If contin	nuation sheet Page 191 of	

DEPARTIN	EOD MEDICARE &	MEDICAID SERVICES					NO. 0936-03
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL		(X3) DATE SURVEY COMPLETED		
D PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	ING		С	
			B. WING				03/29/2018
		495252	B. WING		REET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PE	ROVIDER OR SUPPLIER			l	FLANK ROAD		
	ELD PARK HEALTHCA	RE CENTER			TERSBURG, VA 23805		
BATTLEFI	ELD PARK REALITION				PROVIDER'S PLAN OF CORRECT	TION	(X5)
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					3.) The ADON and or designees ha	ave	
= 7.40	Continued From pa	ge 191	F	740	educated facility staff to notify nu		
F 740					when a resident shows signs or		
	and substance use	NT is not met as evidenced			depression or suicidal ideations to		
		VI IS HOT MET AS OTHER MET			ensure patient can be assessed for		
	by:	tion, resident interview, staff			potential interventions.		
	interview clinical re	ecord review the facility staff			F		
	failed for 1 resident	(Resident #92) of 38			4.) The DON/designees will review		
	residents in the sur	vey sample to provide			residents progress/behavior note	S	
	behavioral health s	ervices.			weekly x 12 weeks to ensure all		
					residents with mental health nee		
	Resident 92's clinic	cal record documented that			being addressed appropriately wi	th	Bacon management of the state o
	suicidal ideations v	vere verbalized. A continued			results brought to QAPI.		
	assessment of Res	sident #92 behavioral health					
	needs was not per	formed by facility staff.					
	The findings includ	led:					
	facility on 10/12/17	7 year old, was admitted to the 7. Diagnoses included stroke, depression disorder, flux, pain, skin cancer, and					
	was a quarterly as	Minimum Data Set assessment assessment with an assessment 1/18/18. Resident #92 was					
	coded with a Brief	Interview of Mental Status					
	score of 15 indicat	ting no cognitive impairment					and the second s
	and requiring assi	stance with activities of daily					
	living.						
	An interview was	conducted with Resident #92 on					
	3/20/18 at 12:00 t	o.m. During the interview,					
	Decident #92 Was	s tearful. He stated that he					
	never used to be	a person who cried. He stated					
	that he no longer	wanted to be around due to his					
	health conditions.	He was asked if he had ever					
	talked with the so	ocial worker about his feelings. hen asked if he was interested in					
	He stated no. VVI	ocial worker, Resident #92					

TATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	· '	PLE CONSTRUCTION		TE SURVEY MPLETED
ND PLAN OF	CORRECTION	DENTIFICATION TOWNS		5	,	C 3/29/2018
		495252	B. WING	STREET ADDRESS, CITY, STATE, ZI		O/ZO/ZO 10
NAME OF PE	ROVIDER OR SUPPLIER				1 0052	
		DE CENTED	1	250 FLANK ROAD		
BATTLEFI	ELD PARK HEALTHCA	RE CENTER		PETERSBURG, VA 23805	or conduction	(X5)
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F 740	Continued From pag	ge 192	F 74	40		
	stated yes.					
	Resident #92's clinic following notes were	cal record was reviewed. The e documented:				,
	lying in a fetal positi NAD, no c/o pain or confused & verbal. voiced he had taket would set him on fir feels angry that he'resident about the f wanted to kill himse take him home. Re within reach that comonitoring was accomonitoring was accomonitoring was accomonited to the comonitoring was accomonited to the comonited t	, Behavior Note. "Resident ion in bed, w/ eyes opened. I'discomfort voiced. Alert, Upon assessment, resident in a certain amount of pills that ive, but, when he woke up he is still alive. Writer questioned fire, resident stated that he elf because his sister won't esident doesn't have any items ould harm him & frequent ivessed." In., Nurses Note. "Today inting to hurt himself. States, I did not mean that' Talked to in know we have to take it say that, states 'I know, I did ontinue to monitor resident for				
	safety." 10/19/17, 11:46 a.r	m., Nurses Note. "Spoke with atrist concerning resident. She resident on next visit."				
	"Completed 5 day/ resident today 10- (assessment refer- sections A-1500, C (minimum data set the three words so	n. Social Services Note. ADMS assessment with 19-17 to reflect ARD ence date) 10-19-17 to include C, D, E, and Q of MDS t). Resident was able to repeat ock, blue, and bed and was able without cueing after a five esident was able to state the				

PRINTED: 04/12/2018

NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER DENTIFICATION NOMED. A. BUILDING C 03/29/2018 STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	STATEMENT O	FDEIFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED		
NAME OF PROMIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER SUMMARY STATEMENT OF DEPLICATIONS OF THE PRESENT OF THE PRES	AND PLAN OF	CORFECTION	IDENTIFICATION NOWIDER.				С		
BATTLEFIELD PARK HEALTHCARE CENTER SIMAMANY STATEMENT OF DESICIENCIES SIMAMANY STATEMENT OF DESICIENCIES SIMAMANY STATEMENT OF DESICIENCIES SIMAMANY STATEMENT OF DESICIENCIES SIMAMANY STATEMENT OF DESICIENCIES SECULATORY OR LSC IDENTIFYING INFORMATION) F 740 Continued From page 193 correct year, month, and day of the week. Resident does not feel down or depressed and earts and sleeps good daily. Resident did state that he feels tirtle some days. Per Rehab Manager resident has been refusing to participate in therapy sessions. Resident will continue to be encouraged. Sister is very supportive and visits often. Stay will continue to remain long term at this time. Social Services to remain available as needed." 10/19/17, 6:22 p.m., Nurses Note. "Resident is alert and responsive. No statements made about self harm." 10/28/17, 8:56 a.m., eMAR note. "While in residents room to administer meds, resident stated, Don't lell no body but I'm threw I don't wanna live anymore. Resident reduction." At the end of day meeting on 3/26/18, the Director of Nursing (DON) and Administrator were notified that it did not appear the facility staff were providing for Resident #92's behavioral health needs. It was reviewed that it did not appear that Resident #92's depression and hopelessness were care planned. The administrative staff were directed to review the Behavior Note written on 10/19/17. They were asked to provide all social services staff in place. It is unclear if the psychiatrist evaluated Resident #92 as documented on 10/19/17. If the visit was completed, the progress note was not provided. The acrid services staff in place. It is unclear if the psychiatrist evaluated Resident #92 as documented on 10/19/17. If the visit was completed, the progress note was not provided.			495252				3/29/2018		
SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MASS BE PRECEDED BY FILL PRECEDED AND ADDRESS EACH DEFICIENCY MASS BE PRECEDED BY FILL PRECEDED AND ADDRESS EACH DEFICIENCY MASS BE PRECEDED BY FILL PRECEDED AND ADDRESS EACH DEFICIENCY OR LOS DESTRUMENTON OR LOS DES				2	50 FLANK ROAD	DDE			
F 740 Continued From page 193 correct year, month, and day of the week. Resident does not feel down or depressed and eats and sleeps good daily. Resident did state that he feels tired some days. Per Rehab Manager resident has been refusing to participate in therapy sessions. Resident will confinue to be encouraged. Sister is very supportive and visits often. Stay will continue to remain long term at this time. Social Services to remain long term at this time. Social Services to remain available as needed." 10/19/17, 6:22 p.m., Nurses Note. "Resident is alert and responsive. No statements made about self harm." 10/28/17, 8:56 a.m., eMAR note. "While in residents room to administer meds, resident stated, Don't tell no body but I'm threw I don't wanna live anymore. Resident refused meds at first. With redirection took medication." At the end of day meeting on 3/26/18, the Director of Nursing (DON) and Administrator were notified that it did not appear the facility staff were providing for Resident #92's behavioral health needs. It was reviewed that it did not appear that Resident #92's behavioral health needs. It was reviewed that it did not appear that Resident #92's behavioral health needs. It was reviewed that it did not appear that Resident #92's behavioral health severe care planned. The administrative staff were directed to review the Behavior Note written on 10/19/17. They were asked to provide the dates for which the facility did not have a social services notes. They were also asked to provide the dates for which the facility did not have a social services that it did not appear asked to provide the dates for which the facility of the visit was completed, the progress note was not provided. The seciel services note written 10/19/17 if the visit was completed, the progress note was not provided.	(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETION		
continued From page 193 correct year, month, and day of the week. Resident does not feel down or depressed and eats and sleeps good daily. Resident did state that the feels tired some days. Per Rehab Manager resident has been refusing to participate in therapy sessions. Resident will continue to be encouraged. Sister is very supportive and visits often. Stay will continue to remain long term at this time. Social Services to remain available as needed." 10/19/17, 6:22 p.m., Nurses Note. "Resident is alert and responsive. No statements made about self ham." 10/28/17, 8:56 a.m., eMAR note. "While in residents room to administer meds, resident stated, Don't tell no body but i'm threw I don't wanna live anymore. Resident refused meds at first. With redirection took medication." At the end of day meeting on 3/26/18, the Director of Nursing (DON) and Administrator were notified that it did not appear the facility staff were providing for Resident #92's behavioral health needs. It was reviewed that it did not appear that Resident #92's depression and hopelessness were care planned. The administrative staff were directed to review the Behavior Note written on 10/19/17. They were asked to provide the dates for which the facility did not have a social services notes. They were also asked to provide the dates for which the facility did not have a social services notes. They were also asked to provide the dates for which the facility did not have a social services notes. They were also asked to provide the dates for which the facility did not have a social services notes. They were also asked to provide the dates for which the facility did not have a social services note. They were also asked to provided. It is unclear if the psychiatrist evaluated Resident #92 as documented on 10/19/17. If the visit was completed, the progress note was not provided.	TAG	REGULATORT OR	LSO IDENTIFY THE STATE OF THE S		DEFICIENC				
the dates for which the facility did not have a social services staff in place. It is unclear if the psychiatrist evaluated Resident #92 as documented on 10/19/17. If the visit was completed, the progress note was not provided. The social services note written 10/19/17 did not	F 740	correct year, month, Resident does not feets and sleeps good that he feels tired so Manager resident had in therapy sessions, encouraged. Sister often. Stay will contitude this time. Social Seneeded." 10/19/17, 6:22 p.m., alert and responsive self harm." 10/28/17, 8:56 a.m. residents room to asstated, Don't tell no wanna live anymore first. With redirection At the end of day more providing for Resident #92's depwere care planned, directed to review to 10/19/17. They were care planned.	and day of the week. sel down or depressed and d daily. Resident did state me days. Per Rehab as been refusing to participate Resident will continue to be is very supportive and visits inue to remain long term at rvices to remain available as Nurses Note. "Resident is a. No statements made about body but I'm threw I don't be. Resident refused meds at on took medication." Reeting on 3/26/18, the (DON) and Administrator were of appear the facility staff were ent #92's behavioral health weed that it did not appear that aression and hopelessness The administrative staff were the Behavior Note written on are asked to provide all social	F 740					
The social services note written 10/19/17 did not		the dates for which social services staff. It is unclear if the p	the facility did not have a f in place. sychiatrist evaluated Resident d on 10/19/17. If the visit was						
		The social services	s note written 10/19/17 did not						

		MEDICAID SERVICES	(X2) MULT	IPLE	CONSTRUCTION	(X3) DATE	
STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			COMPI	ETED
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		495252	B. WING_			03/2	29/2018
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	Continued From para specifically address addressed during the social services the social worker of follow up or assess #92's behavioral he written on 10/19/17 According to the Adstaff left her position services position with a mew social services for a social services for a social services for any form on (Resident #92). Fair and he is having addressed that he	ge 194 s if the suicidal thoughts were ne assessment. According to notes provided by the facility, id not document any further ment regarding Resident ealth status after the note		740			
	they grow up. He out just waiting for walk again'. He the the interview and smy family. (name conversation with felt safe or had an then replied 'I wou hurt myself not to then stated 'I just family and he bec stated 'I just want have lost interest watching ty after I	a miracle to happen and I can en appeared to cry and during stated I just want to be around o continued to engage in (Resident #92) and asked if he y plans to harm himself. He eld hurt someone else before I say I want to hurt anybody'. He want to be at home with my ame very emotional again and freedom I once had because I in talking on the phone and had my stroke' He then					

STATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1	(X2) MULTIPLE CONSTRUCTION		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G	С	
		495252	B. WING		03/29/2018	
	ROVIDER OR SUPPLIER ELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
F 740	Continued From page		F 74	40		
F 741 SS=E	evaluation for depres detail, pt says I feel of no SI (suicidal ideation want to hurt any one, so active before come the time. No crying sepisode. A/P 1)Depre (milligram) Q (every) The Administrator and concern regarding Remeeting on 3/28/17. provided. Sufficient/Competent CFR(s): 483.40(a)(1) §483.40(a) The facility who provide direct seappropriate compete provide nursing and resident safety and a practicable physical, well-being of each remediagnoses of the facility and considering the diagnoses of the facility and considering the diagnoses of the facility and supervision for: §483.40(a)(1) Caring and psychosocial diagnoses of trausing and supervision for:	ad "Pt (patient) seen for sion, s/w (spoke with) pt in depressed, not sleeping well, on), or homicidal, does not little frustrated due to he as ing here now stay in room all spell, some time anger ession Add Trazodone 50 mg HS (evening)" d DON were notified of the esident #92 at the end of day No further information was staff-Behav Health Needs (2) ty must have sufficient staff ervices to residents with the noies and skills sets to related services to assure attain or maintain the highest mental and psychosocial sident, as determined by and individual plans of care number, acuity and lity's resident population in	F 74	F 741 1.) On 3/29/18 the facility Social Services Director conducted a psychosocial assessment on Res #92 which showed signs of depident to suicidal ideations. Residence was then seen by physician who prescribed the patient Trazodor depression. Resident #92 was reasonable to facility psych physician for assessment. 2.) Executive Director has coor Qualified Social Services for the The UMS/designee designees hereviewed progress notes/behanotes on all current residents for 14 days to ensure all mental here psychosocial needs have been evaluated and interventions proplace as indicated.	sident ression ent #92 o ne for eferred dinated e facility. nave vior from past ealth and	

CENTERS FOR MEDICARE & MEDICAID SERVICES		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
STATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		COMP	ETED
AND PLAN OF	CORRECTION		7. 50.25.11		(;
		495252	B. WNG			29/2018
	SUIDER OR CURRULER		- 9	STREET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PR	ROVIDER OR SUPPLIER		2	250 FLANK ROAD		
BATTLEFI	ELD PARK HEALTHCAI	RE CENTER		PETERSBURG, VA 23805		
		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5) COMPLETION
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	APPROPRIATE	DATE
				3.) Regional Director of Cli		
F 741	Continued From pag	e 196	F 741	Operations will codeate ex		
•	facility assessment of	conducted pursuant to	осположения по по по по по по по по по по по по по	Director, Director of Nursi		
	8483,70(e), and			the Interdisciplinary Team		
	las linked to history	of trauma and/or	00000	requirements for providing		
	post-traumatic stress	s disorder, will be	MAAA MAAAA MAA	residents with behavioral		
	implemented beginn	ing November 28, 2019		psychosocial health needs		
	(Phase 3)].			development of an approp	oriate plan of	
		tion and abormosological		care.		
	§483.40(a)(2) Imple	menting non-pharmacological			tad on	
	interventions.	IT is not met as evidenced		Facility staff will be educate		
		IT IS NOT MET AS STREET.		identifying, reports, and co	dilig ioi	
	by:	ion, resident interview, staff		residents with behaviors,		
	interview clinical re	cord review the facility staff		needs, and psychosocial n		
	failed for 1 resident	(Resident #92) of 38		Services/designee will rev		
	residents in the sun	vey sample to ensure		reported changes in beha		
	sufficient staff were	available to provide		health, and psychosocial h		
	behavioral health se	ervices.		ensure appropriate interv		A A A A A A A A A A A A A A A A A A A
				plan of care has been imp	nementea.	
	Resident 92's beha	vioral health needs were not		New hires will be educate	ed on	
	assessed by the so	cial services staff from		providing care and service		DAY-BASE I III
	10/19/17 until 3/26/	18. There was no social		with behavioral, mental h		
	services staff emplo	oyed at the facility from		psychosocial health need		
	1/22/17 until 3/19/1	o .		psychosocial		
	The findings include	ed.		DON/Designee will review		
				notes daily and identified	behavior,	
	Resident #92, a 67	year old, was admitted to the		mental health, and psych		
	facility on 10/12/17	Diagnoses included stroke,		changes will be referred t	to social	
	hemiplegia, major (depression disorder,		services for follow-up.		
	hyperlipidemia, refl	ux, pain, skin cancer, and		A. A. A. A. A. A. A. A. A. A. A. A. A. A		
	convulsions.					
		inimum Data Sat assessment				
	The most recent M	inimum Data Set assessment sessment with an assessment				
	was a quarterly as	/18/18. Resident #92 was				
	reference date of t	Interview of Mental Status	Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Sa			
	coded with a bile	ing no cognitive impairment				
	and requiring assis	stance with activities of daily				
	living.		4			

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES

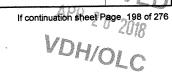
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		495252	B. WING		03/29/2018
	ROVIDER OR SUPPLIER ELD PARK HEALTHC	ARE CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 150 FLANK ROAD PETERSBURG, VA 23805	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
F 741	3/20/18 at 12:00 p. Resident #92 was never used to be a that he no longer whealth conditions. talked with the soc He stated no. What talking with the soc stated yes. Resident #92's clin following notes we 10/19/17, 5:00 a.m. lying in a fetal posi NAD, no c/o pain of confused & verball voiced he had take would set him on fifeels angry that he resident about the wanted to kill hims take him home. R within reach that of monitoring was ac 10/19/17, 11:42 alresident denies was had a bad dream, resident, letting him serious when you not mean it. Will disafety."	onducted with Resident #92 on m. During the interview, tearful. He stated that he person who cried. He stated vanted to be around due to his He was asked if he had ever ial worker about his feelings. It is a sked if he was interested in it is a worker, Resident #92 worker, Resident #92 worker, Resident #92 worker, Resident #92 worker, Resident #92 worker, Resident #92 worker, Resident #92 worker, Resident #92 worker, Resident #93 worker, Resident #94 worker, Resident #95 worker, Resident #96 worker, Resident #96 worker, Resident #97 worker, Resident #98 worker, Resident	F 741	4.) DON/Designee will complete a weekly review of residents with psychosocial, mental health, and behavior changes to ensure all appropriate reviews, referrals, and interventions have been complete Results will be reported to QAPI X months	d ed. 3
	(name) the psychi	m., Nurses Note. "Spoke with atrist concerning resident. She resident on next visit."			RECEIVED

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

Event ID: BXH211

Facility ID: VA0021

PRINTED: 04/12/2018



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1`′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
		495252	B. WNG_			03/29/2018
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIAT	DATE
F 741	Continued From pag	e 198	F 7	741		
	resident today 10-19 (assessment referen sections A-1500, C, (minimum data set). the three words sock to recall all three with minute period. Resident does not fe eats and sleeps good that he feels tired so Manager resident ha in therapy sessions. encouraged. Sister often. Stay will contit this time. Social Serneeded." 10/19/17, 6:22 p.m., alert and responsive self harm." 10/28/17, 8:56 a.m., residents room to ad stated, Don't tell no be	DMS assessment with -17 to reflect ARD ce date) 10-19-17 to include D, E, and Q of MDS Resident was able to repeat c, blue, and bed and was able nout cueing after a five dent was able to state the and day of the week. lel down or depressed and d daily. Resident did state me days. Per Rehab as been refusing to participate Resident will continue to be is very supportive and visits mue to remain long term at rvices to remain available as Nurses Note. "Resident is . No statements made about eMAR note. "While in liminister meds, resident body but I'm threw I don't . Resident refused meds at				
	At the end of day me Director of Nursing (notified that it did no providing for Reside needs. It was review Resident #92's depre- were care planned.	beeting on 3/26/18, the DON) and Administrator were t appear the facility staff were int #92's behavioral health wed that it did not appear that ession and hopelessness The administrative staff were e Behavior Note written on				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		THE PROPERTY OF THE PARTY OF TH		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
		495252	B. WNG_			03/29/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 741	services notes. They the dates for which the dates for which the social services staff in the psy #92 as documented completed, the program of the social services in specifically address addressed during the the social services in the social services in the social worker did follow up or assessin #92's behavioral heat written on 10/19/17. According to the Adr staff left her position was the new social services position was revices position was provided. Then new social services hourly rounds (name on (Resident #92), fair and he is having After his sister and cexpressed that he fe because he is unability grow up. He stout just waiting for a walk again'. He then the interview and stamy family. (name) of the social services and stamy family. (name) of the social services walk again'. He then the interview and stamy family. (name) of the social services walk again'. (name) of the social services walk again'. He then the interview and stamy family. (name) of the social services walk again'. (name) of the social services walk again'. He then the interview and stamy family. (name) of the social services walk again'.	e asked to provide all social y were also asked to provide he facility did not have a in place. ychiatrist evaluated Resident on 10/19/17. If the visit was ress note was not provided. note written 10/19/17 did not if the suicidal thoughts were assessment. According to otes provided by the facility, inot document any further nent regarding Resident alth status after the note ministrator, the social services on 1/22/18. The social servacant for two months. It is vacant for two months. The dated 3/26/18, 6:46 p.m. note was completed by the staff. The note read "During e) completed a welfare check the expressed that things are a difficult time sleeping.	F	741			

	S FOR MEDICARE & OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	ER/CLIA (X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG			
		495252	B. WING			03/	29/2018
	ROVIDER OR SUPPLIER	RE CENTER		250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD FERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE ATE	(X5) COMPLETION DATE
F 741	then replied 'I would hurt myself not to say then stated 'I just wa family and he becam stated 'I just want fre have lost interest in twatching tv after I have expressed that he just and that he is treated. The physician asses 3/26/18. The note revaluation for depresed detail, pt says I feel on SI (suicidal ideati want to hurt any one so active before complete time. No crying episode. A/P 1)Depression (milligram) Q (every).	plans to harm himself. He hurt someone else before I y I want to hurt anybody'. He nt to be at home with my e very emotional again and edom I once had because I alking on the phone and d my stroke' He then st wants to feel important d fair." sed Resident #92 on ead "Pt (patient) seen for ssion, s/w (spoke with) pt in depressed, not sleeping well, on), or homicidal, does not , little frustrated due to he as hing here now stay in room all spell, some time anger ression Add Trazodone 50 mg	F	741			
F 755 SS=E	meeting on 3/28/17. provided. Pharmacy Srvcs/Pro	No further information was ocedures/Pharmacist/Records	F	755	F 755		
	drugs and biological them under an agre §483.70(g). The factors of the personnel to admini	vide routine and emergency s to its residents, or obtain			 1.) Resident #72, #32, and #87's physician was notified of medication not given as ordered. 2.) Current residents will be reviewe to ensure Physician ordered medications are available, any identified concerns will be addressed indicated. 	d	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	COMPLETED	
		495252	B. WING		03/29/2018	
	ROVIDER OR SUPPLIER	RE CENTER	250	REET ADDRESS, CITY, STATE, ZIP CODE 0 FLANK ROAD ETERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
F 755	§483.45(a) Procedure pharmaceutical service that assure the accuration dispensing, and admit biologicals) to meet the §483.45(b) Service Comust employ or obtain pharmacist whospects of the provision the facility. §483.45(b)(1) Provide aspects of the provision the facility. §483.45(b)(2) Established in the facility of the employed and performed and that an accompany of the facility documentation review, the facility stamedications on multiputing for three reside and 72) in a survey service medications of the medications were unavailable.	es. A facility must provide ces (including procedures ate acquiring, receiving, inistering of all drugs and ne needs of each resident. Consultation. The facility in the services of a licensed es consultation on all on of pharmacy services in shes a system of records of in of all controlled drugs in able an accurate entire that drug records are in count of all controlled drugs in incount of all controlled drugs in incolled drugs incolled drugs in incolled drugs	F 755	3.) Licensed nurses will be educe Medication Administration Guid Medication Ordering Processes, Orders Management. Unit Manager/Designee will review Enotes and Order recap summary to ensure medications are available ordered 4.) DON/Designee will review 5 residents each unit per week x 1 weeks to ensure that Medications are available as prewith results brought to QAPI to compliance.	elines, and MAR daily able as 2 scribed	

	S FOR MEDICARE & DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		C		
		405050	B. WING		03/29/20	18	
	TO UNED OR CURRULER	495252		STREET ADDRESS, CITY, STATE, ZIP C	ODE		
	ROVIDER OR SUPPLIER			250 FLANK ROAD			
BATTLEF	IELD PARK HEALTHCAF	RE CENTER		PETERSBURG, VA 23805			
(X4) ID PREFIX TAG	/EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE COMP THE APPROPRIATE	(X5) PLETION DATE	
			F 75				
F 755	ensure medications of administration as ord Antibiotics were unavoccasions. 3. For Resident # 72 ensure medications of the state of th	were available for dered by the physician. vailable on several	F /5:				
	Findings included:						
	provide medications	 the facility staff failed to as ordered by the physician. re listed as medication 					
	the facility on 6/21/2 11/3/2017 and 3/9/2 not limited to, Periph Neuromuscular Dys Gastroesophageal F Kidney Disease, Dy native arteries of ex Bilateral Legs, Amp Hypothyroidism, Gla Hepatitis, Paraplegi Hypertrophy) and D	aucoma, Chronic Viral a, BPH (Benign Prostatic ementia.					
	(MDS) was a quarter Assessment Referer The MDS coded Research Interview for Mental of 15 indicating seven Resident # 32 requirements to two staff mental living except requirements.	st recent Minimum Data Set erly assessment with an ence Date (ARD) of 1/30/2018. esident # 32 with a Brief I Status (BIMS) score of 6 out ere cognitive impairment. ired extensive assistance of mbers with activities of daily ed total assistance of one staff and always incontinent of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WNG			C 03/29/2018		
NAME OF P	ROVIDER OR SUPPLIER			STREET AD	DRESS, CITY, STATE, ZIP CODE			
BATTLEF	ELD PARK HEALTHCAR	E CENTER		250 FLANK			•	
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION	
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F 755	Continued From page	e 203	F	755				
	bowel and Resident indwelling urinary cat Hospice.	# 32 was coded to have an heter and currently on						
	Review of the clinical 3/21/2018 at 2:30 PM	record was conducted on l.						
	Administration Note) which stated Metopro milligrams give 2 table related to Essential H	eMar (electronic Medication on 3/10/2018 at 3:25 PM						
		Progress Notes revealed of medications not available						
	200-5 micrograms pe	PM eMar (electronic ation Note) Dulera Aerosol r activation 2 puffs inhale r for Bronchitis. "Med not						
	HCL (Hydrochloride)	ation Note) Dorzolamide Solution 2 % instill one drop s a day related to other						
	0.5 % Instill one drop	PM eMar (electronic ation Note) Timoptic Solution in right eye one time a day fied Glaucoma. "Med not						
	On 11/4/2017 at 10:1	0 PM eMar (electronic						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
		495252	B. WING_			03/29/2018	
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 755	Reconstituted 3.375 intravenously every (Methicillin Resistan wound for 14 days. On 11/5/2017 at 7:48 Medication Administ D5W Solution 500 m 24 hours for MRSA i "awaiting on pharm" On 3/22/2018 at 9 A conducted with LPN who stated the staff when medications a On 3/22/2018 at 2 P conducted with the I the Pharmacy shoul for administration as Director of Nursing a should check the "Fif the missing medical supply. Review of the STAT revealed the Medical Name-Metoprolol Tale available to the staff During the end of dathe Facility Administ Corporate Nurse we The Director of Nurse we The Director of Nurse we Should ensure medical supply.	ration Note) Zosyn Solution grams Use 3.375 milligrams 12 hours for MRSA t Staphylococcus Aureus) in "Med has not been delivered" 5 AM eMar (electronic ration Note) LevoFloxacin in milligrams intravenously every in wound for 14 days M, an interview was (Licensed Practical Nurse) B should notify the Pharmacy re not available. M, an interview was Director of Nursing who stated d have medications available is per Physicians Orders. The also stated the facility staff irst Dose" medications to see ation is available in that 1 box "First Dose" contents list ation, Lopressor (Generic artrate) 25 milligrams was f. 1 ay debriefing on 3/23/2018, trator, Director of Nursing and the informed of the findings. Sing stated the Pharmacy ications were available for dered by the physician.	F	755			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		(X3) DATE SURVEY COMPLETED		
ALD I DING					·		С
		495252	B. WNG			03/	29/2018
	ROVIDER OR SUPPLIER ELD PARK HEALTHCAR	E CENTER		250	REET ADDRESS, CITY, STATE, ZIP CODE D FLANK ROAD TERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	- 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 755	Continued From page	∋ 205	F	755			
	ensure medications wadministration as ordered Antibiotics were unavoccasions. Resident # 87 was an 12/132017 and readministration and readministrations, Major Deconvulsions, Ma	dmitted to the facility on nitted on 2/16/2018 with limited to: Hypertension, epressive Disorder, lure (CHF), Dysphagia, blic Encephalopathy, muscle obstructive Pulmonary taneous Abscess of Buttock, tiva. Trecent Minimum Data Set by assessment with an ce Date (ARD) of 1/30/2018. Ident #87 with a Brief Status (BIMS) score not a 87 required extensive two staff members with g and always incontinent of a do to the hospital on arged on 2/16/2018. Review arge Summary revealed final decubitus ulcer, Urinary ension, COPD, CHF, history on and history of					
	Hidradenitis around the On Page 3 of 4 under documented "patier	he pelvis area sacral ulcer." r Hospital Course was nt have some pus drainage rom these decubitus ulcers			·		

DEPARTIV	COD MEDICAPE &	MEDICAID SERVICES					TE CLIDI/EV	
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
STATEMENT OF	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	ING			С	
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		495252	B. WING_				3/29/2018	
	a a maile			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
NAME OF PR	NOVIDER OR SUPPLIER			25	0 FLANK ROAD			
BATTLEFI	ELD PARK HEALTHCAF	RE CENTER		PI	ETERSBURG, VA 23805			
DATTE			ID		PROVIDER'S PLAN OF CORRE	CTION	(X5) COMPLETION	
(X4) ID PREFIX TAG	ALVOR DESIGNENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG)	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	PROPRIATE	DATE	
F 755	Continued From pag	e 206	F	755				
F 133		ient refused. Patient						
	debridement but par	nursing home on IV antibiotic.						
	discuss with the nati	ent and patient daughter this						
	morning and if in cas	se ulcer worse she will come						
	back to the hospital	for debridement. Also						
	discussed about pat	ient and going to sepsis with						
	worsening sacral wo	ound."						
		,			A CONTRACTOR OF THE CONTRACTOR			
	Review of the March	2018 Medication						
	Administration Reco	ord (MAR) revealed						
	documentation eight	t missing doses of						
	intravenous antibiot	ics. Missing doses were						
	3/2/2018 at 2 PM ar	nd 10 PM, 3/3/2018 at 6 AM					Value of the latest of the lat	
	and 2 PM, 3/5/2018	3 at 10 PM, 3/9/2018 at 10						
	PM, 3/10/2018 at 6	AM and 2 PM.						
	Review of the nurse	es notes revealed	Automate					
	documentation:	,5 110100 70 70 1011			The state of the s			
	3/2/2018 at 5:43 PM	/ of medication						
	Pineracillin-Tazoba	ctam in Dex Solution 3-0.375						
	grams per 50 millilit	ers give 3.375 grams						
	intravenously every	8 hours for ABSCESS for 6						
	weeks Notified Ph	armacy. Stated they will send						
	ART (Antibiotic) to	facility on next run. Notified						
	MD (medical docto	r). Stated to hold until arrival of						
	medication.							
		At numes note stated the IV						
	3/3/2018 at 2:28 PI	M nurses note stated the IV iotics remain on hold.						
	(Intravenous) antib	lutica fernam on more.						
	2/5/2018 5:10 PML	Awaiting Pharmacy to send						
	resident's IV ART	Tx. Notified provider stated to						
	hold medication un	til arrive from pharmacy.					and desirable state of the stat	
	3/5/2018 at 5:16 P	M eMAR (electronic medication						
	administration reco	ord) Medication Administration						
	Note: "Pineracillin-	Tazobactam in Dex Solution						
	2.0.375 grams per	50 milliliters give 3.375 grams						
	intravenously ever	y 8 hours for ABSCESS for 6			Facility ID: VA0021	f continuation el	neet Page 207 of 2	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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·		495252	B. WING			03	/29/2018	
	ROVIDER OR SUPPLIER	ARE CENTER		250 FL	T ADDRESS, CITY, STATE, ZIP CODE ANK ROAD RSBURG, VA 23805			
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F 755	weeks. Awaiting ar nurse note." 3/5/2018 7:28 PM I'doctor 3/9/2018 10:07 PM administration record Note: "Piperacillin-T3-0.375 grams per sintravenously every weeks. Awaiting recon run" 3/9/2018 10:16 PM Doctor a ABT not available. 3/10/2018 7:01 AM administration record Note: "Piperacillin-T3-0.375 grams per sintravenously every weeks. Awaiting on 3/10/2018 3:04 PM administration record Note: "Piperacillin-T3-0.375 grams per sintravenously every weeks. Awaiting arrowers.	rival from pharmacy. See V Antibiotic on hold per eMAR (electronic medication d) Medication Administration azobactam in Dex Solution 50 milliliters give 3.375 grams 8 hours for ABSCESS for 6 fill from pharmacy. Coming Nurse Note: ware of 2200 (10 PM) dose of eMAR (electronic medication d) Medication Administration azobactam in Dex Solution 50 milliliters give 3.375 grams 8 hours for ABSCESS for 6 order from pharmacy." eMAR (electronic medication d) Medication Administration azobactam in Dex Solution 0 milliliters give 3.375 grams 8 hours for ABSCESS for 6 ival from pharmacy." Resident remains on IV ABT is to buttocks. Resident Tx (treatment). Awaiting ity, MD aware. Will resume	F	755				
		Nurses Note: Call was to check status of delivery of				AAAA, aa aa aa aa aa aa aa aa aa aa aa aa aa		

SIA CINCIA O		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•	PLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION		A. BOILDIN			С		
		495252	B. WING _			3/29/2018		
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, Z 250 FLANK ROAD PETERSBURG, VA 23805	IP CODE			
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED	ACTION SHOULD BE	(X5) COMPLETION DATE		
F 755	was delivered by Pha and that it should be not arrived as of 104 On 3/23/2018 at 2:40 conducted with the D who stated the facilit with a previous Phar changed to a different stated the new phare Maryland and made facility each day. The expectation was that available for administ physician. The DON	macy tech stated that Zosyn armacy to the wrong Facility arriving shortly. Zosyn has 5 (8:45 PM). MD is aware" D PM, an interview was Director of Nursing (DON) by had experienced difficulty macy and had recently had provided in three regular runs to the	F 7	755				
	Administration effect 12/14/2017 on Page Medications only as Interview with the P pharmacy started w The Pharmacist star was to dispense and at one time. However, prohibitive or any poor if the course of the change, the Pharmacy 3 days. The for intravenous medifferently. Intraver be dispensed more medication was reconstructed.	ty policy on Medication tive 8/3/2010 and Revised a 1 of 7 stated "Administer prescribed by the provider" tharmacist who stated their ith the facility on 3/1/2018. Ited the process for antibiotics tibiotics for a short duration all iver, if the antibiotic was cost otential problem with payment perapy might be expected to acy would refill the antibiotic Pharmacist stated the process dications was handled a little mous medications needed to often because once the onstituted, it would need to be a shorter period of time. The for Intravenous medications						

	S FOR MEDICARE & I	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING				
		495252	B. WING		03/29/	/2018	
NAME OF PR	ROVIDER OR SUPPLIER	70000		STREET ADDRESS, CITY, STATE, ZIP CODE			
	ELD PARK HEALTHCAR	E CENTER		250 FLANK ROAD			
BATTLEFI				PETERSBURG, VA 23805 PROVIDER'S PLAN OF CORRE	CTION	(X5)	
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F 755	with a longer course were utilized and wou	of therapy, reorder sheets uld be automatically refilled of doses needed and as	F 75	5			
	ensure medications v	the facility staff failed to vere available for ered by the physician.					
	facility 11/2/2015. He were not limited to D large intestines with insomnia, neuropath	ale, was admitted to the er diagnoses included but iverticulitis of both small and perforation and abscess, y, Gastroparesis, Anxiety ressive Disorder, Multiple ion and weakness.					
	2/21/2018 was coded Resident # 72's cogn make every day life of was not coded. Das areas of Section C 1 Mental Status" throu Daily Decision Makin coded as needing su staff member to perfoliving. Resident # 72	t recent MDS with an ARD of d as a quarterly assessment. hitive status (her ability to decisions and memory ability) hes were entered in the 00 "Should Brief Interview for gh C 1000" Cognitive Skill for ng." Resident # 72 was approvision assistance of one form her activities of daily was coded as being able to tand, and be understood.					
	available from the Pl 2017 to March 2018 On 2/12/2018 at 3:4 (Extended Release)	several medications were not harmacy during November					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3		ATE SURVEY DMPLETED C
		495252	B. WING			03/29/2018
	ROVIDER OR SUPPLIER ELD PARK HEALTHCA	ARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
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F 755	medication will be so Awaiting arrival." On 2/11/2018 at 1:2 Extended Release one tablet by mouth spasms. Med not a On 2/10/2018 at 9:0 Extended Release one tablet by mouth Spasms. Med not a On 1/8/2018 at 3:4 50000 Unit give onday every Monday Awaiting arrival from On 1/8/2018 at 3:4 tablet 25 milligrams time a day for Conspharmacy." On 1/5/2018 at 8:3 tablet 25 milligrams time a day for Conspharmacy." On 1/5/2018 at 8:3 tablet 25 milligrams time a day for Consend." On 12/3/2017 at 10 give 134 milligrams related to Multiple On 12/2/2017 at 11 give 134 milligrams related to Multiple On 11/23/2017 at 11 give 134 milligrams related to Multiple On 11/23/2017 at 11 give 134 milligrams related to Multiple	sent out tonight 2/12/2018. 20 PM: Mirabegron ER tablet 24 hour 25 milligrams give n one time a day for Bladder vailable 23 AM: Mirabegron ER tablet 24 hour 25 milligrams give n one time a day for Bladder available 6 PM: Ergocalciferol Capsule e capsule by mouth one time a related to Multiple Sclerosis.	F 75	55		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		495252	B. WING			03	/29/2018	
	ROVIDER OR SUPPLIER ELD PARK HEALTHCAR	E CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 50 FLANK ROAD ETERSBURG, VA 23805			
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F 755	Continued From page	211	F.	755				
	tablet 30 milligrams g every 6 hours for Pair On 11/15/2017 at 1:0 tablet 30 milligrams g	B PM: Oxycodone HCL give one tablet by mouth		,				
	every 6 hours for Pair On 11/12/2017 at 6:4 0.5 milligrams give o times a day related to available."	4 PM: Clonazepam tablet ne tablet by mouth two						
	On 11/12/2017 at 8:5 0.5 milligrams give of times a day related to available."							
		O PM: Metformin HCL tablet one tablet by mouth two red Glucose "Med not						
		x "First Dose" contents list macy revealed Metformin supply available for						
	the Facility Administra Corporate Nurse were							
F 757	No further information Drug Regimen is Free	was provided. from Unnecessary Drugs	F	757				

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING		С	
		495252	B. WING			/2018
NAME OF PR	OVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODI	pen and	
	ELD PARK HEALTHCA	RE CENTER	1	250 FLANK ROAD PETERSBURG, VA 23805		
BATTLEFIL				PROVIDER'S PLAN OF CO	RRECTION	(X5)
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		- 242	F 75	F 757		
	Continued From pag			1. Resident #72 Physicia	n reviewed	
SS=E	CFR(s): 483.45(d)(1)-(6)		medications and new or		
	§483.45(d) Unneces	sary Drugs-General.		received and noted.		
	Fach resident's drug	regimen must be free from	and a constant of the constant			
	unnecessary drugs.	An unnecessary drug is any		2. Current residents ord		
	drug when used-		The state of the s	reviewed for the last 14	days to ensure	
		and an including	BADO PERFECTA	orders have been noted	Tallu processeu	
	§483.45(d)(1) In exc	cessive dose (including		appropriately.		
	duplicate drug thera	py), or		3. ADON/Designees will	educate staff	
	8483 45(d)(2) For ea	xcessive duration; or	Market Committee	on policies and procedu		
				orders management, in	cluding	
	§483.45(d)(3) Without	out adequate monitoring; or		discontinued medicatio	ns. Facility Will	
	- CONTRACTOR OF THE CONTRACTOR	and adaptions for its		implement a 24 hour C	hart Check	
		out adequate indications for its		system to ensure all ord	in to PCC	
	use; or				III to ree	
	8483,45(d)(5) In the	presence of adverse	Academic	properly.		
	consequences which	th indicate the dose should be		4. The Unit Manager/d		
	reduced or disconti	nued; or	Laterapore	conduct a weekly audit	of 10	
	0 (00 4F(4)/6) Any	combinations of the reasons		residents/week each u	nit for 12 weeks	
	\$483.45(0)(6) Ally t	s (d)(1) through (5) of this		utilizing order recap an	d chart check	
	section			process to ensure disco		
	This REQUIREMEN	NT is not met as evidenced		medications are proces appropriately and resu	It of audits will	
	by:	and the first time and the same		be brought to QAPI.	it of addits will	
	Based on resident	interview, staff interview,		be brought to conti		
	facility documentat	ion review and clinical record staff failed to ensure one				
	resident (Resident	# 72) in a survey sample of 38				
	residents did not re	eceive unnecessary				
	medications.					
		72 the facility staff failed to				
	1. For Resident # 7	72, the facility staff failed to ervices were received			al myrate, and a	
	according to physic	cians orders. Metformin was			and the second s	
	administered multi	ple times on multiple days aπer			TO THE PARTY OF TH	
	the physician disco	ontinued the medication.			The state of the s	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PI	ROVIDER OR SUPPLIER	430202		STREET ADDRESS, CITY, STATE, ZIF	CODE	1 00/2	.0/2010		
	ELD PARK HEALTHCAR	RE CENTER		250 FLANK ROAD PETERSBURG, VA 23805					
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F 757	facility 11/2/2015. He were not limited to Dilarge intestines with prinsomnia, neuropathy Disorder, Major Depresciences, Hypertensia Resident # 72's most 2/21/2018 was coded Resident # 72's cognimake every day life d was not coded. Dash areas of Section C 10 Mental Status" throug Daily Decision Making coded as needing supstaff member to perfoliving. Resident # 72 hear, speak, understated to talk with things she had "experior the past 3 years." On 3/28/2018 at 1:50 the conference room Resident # 72 stated to the advocate for other was happy to see thin the facility since new concerned that the nu often had to be interruresidents who wander	ale, was admitted to the or diagnoses included but verticulitis of both small and perforation and abscess, or Gastroparesis, Anxiety essive Disorder, Multiple on and weakness. Trecent MDS with an ARD of as a quarterly assessment, tive status (her ability to ecisions and memory ability) has were entered in the 10 "Should Brief Interview for the C 1000" Cognitive Skill for g." Resident # 72 was pervision assistance of one rm her activities of daily was coded as being able to and, and be understood. PM, Resident # 72 The surveyors about some rienced living at the facility PM, Resident # 72 came to with all of the surveyors. She had deemed herself as res. Resident # 72 stated she ags beginning to improve at management was in place anths. However, she was arses passing medications	F	757					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) P		(XI) FROVIDE OS		PLE CONSTRUCTION G	C 03/29/2018
	ROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 250 FLANK ROAD PETERSBURG, VA 23805	JE.
(X4) ID PREFIX TAG	/EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE COMPLETION E APPROPRIATE DATE
F 757	medicine several time interrupted so often. often inquired about her because she was given by the nurses also stated she ofter medication because paperwork. She state to focus on their jobs stated the nurses of could be assigned to that" Unit Secretaries which would allow to medications when rother things for the On 3/28/2018 at 2:2 record was conducted. Review of the Progressian documentation of proders and administration Administration Administration Note give one tablet by the elevated glucose "take this medication Note on 2/14/2018 at 12 Administration Note of the nurse of the nu	Resident # 72 stated she the medications presented to sunsure if what was being was correct. Resident # 72 n had to wait for pain the nurses were busy doing ated the nurses should be able s and the residents. She fiten have too much to do that to someone else. She stated es should do more paperwork he nurses to give pain requested by residents and do residents." 25 PM, Review of the clinical ted. ress Notes revealed roblems with medication tration. 2:44 eMAR (electronic estration Note): Metformin 1000 tablet by mouth two times a fucose "resident refused." 59 PM electronic Medication e: Metformin 1000 milligrams mouth two times a day for Resident states she does not in anymore." 2:34 electronic Medication e: Metformin 1000 milligrams mouth two times a day for Resident states she does not in anymore."	F7	57	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	1		STREET ADDRESS, C 250 FLANK ROAD PETERSBURG, VA	CITY, STATE, ZIP CODE		
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F 757	with order status: act revealed no document revealed no document revealed no document revealed no document refused Metformin 10 times during the monscheduled to be admeach day. The medic administered by facility month. There was no Metformin 1000 millig day being discontinuous there was no noted a staff notifying the documents refusal to the Nurses Note date PM) stated "Dr	corders Summary Sheet live, completed, discontinued intation of Metformin orders. 2018 Medication derevealed Resident # 72 on milligrams by mouth 18 th. The medication was inistered at 9 AM and 5 PM ation was documented as ty staff 36 times during the documentation of grams by mouth two times a led. documentation of the facility stor that Resident # 72 was formin until 3/9.2018. Led 3/9/2018 at 18:59 (6:59 in facility Informed him of lake medication Metformin. Silved. Resident is her own try) made aware of NO (new let was not written in the lives at 5 PM after 3/9/2018.	F	757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495252	B. WING			1	C 29/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 250 FLANK ROAD PETERSBURG, VA 23805	CODE	1 00,	2012010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BI O THE APPROPRIA		(X5) COMPLETION DATE	
F 757	the Metformin at time medication at other til the month. Review of the Order \$3/29/2018 at 9:19 AM Completed, Discontin 9/28/2017-3/28/2018" documentation of any in the list of medication. Review of the Facility Administration effective 12/14/2017 on Page 20 Medications only as pon page 2 of 7 was weard of the right resident ii. the right medication: i. the right resident iii. the right medication: i. the right medication ii. the right medication ii. the right medication iii. the right medication iii. The right medication iii. The right medication of medication of medication of medication of medication is importation of medications is importation of medications is importation of medications is importation."	Metformin had been int # 72 continued to refuse is but was administered the mes throughout the rest of Summary Report Printed on for "Order Status: Active, ued Order date range revealed no orders for Metformin listed ins. policy on Medication we 8/3/2010 and Revised of 7 stated "Administer rescribed by the provider" written: rights of in giving each int cine d be given during tions. i. Avoiding int for infection prevention meott as the resource used ing standards. Guidance was Fundamentals of Nursing, ent medication errors, follow ation administer edication errors can be of an inconsistency in	F	757				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805			
(X4) ID PREFIX TAG	(ÉACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 757	medications should be by the physician and of questions. The Direct nurses should follow to administration at all timedication is being ging Nursing stated the numerical repeatedly they can focus. The Experimental three from Uniterest of the receiving the correct of the residents should for the residents should for the residents should for the residents should for the receiving the correct of the from United Psycological Section (19) (19) (19) (19) (19) (19) (19) (19)	entation" AM, an interview was rector of Nursing who stated e administered as ordered clarified if there were or of Nursing stated the he five rights of medication mes and verify the correct ven. The Director of reses should not be while giving medications so Director of Nursing stated eel confident that they are nedications. was provided. chotropic Meds/PRN Use e)(1)-(5)	F 7	F 758 1. Resident #85's Physician's ordere Ativan was reviewed and new order were received and noted.			
	affects brain activities	associated with mental or. These drugs include,		 2.) Current residents with PRN Psychotropic Medications will be reviewed and referred to the MD as indicated per requirements. 3. Regional Director of Clinical Operations will educate DON, Licen Nurses, Attending Physician, and Ps Nurse Practitioner on the requirement 	sed ych		
	Based on a comprehe resident, the facility many			related to PRN psychotropic medications.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 758	psychotropic drugs at unless the medication specific condition as on the clinical record; §483.45(e)(2) Reside drugs receive gradual behavioral intervention contraindicated, in an drugs; §483.45(e)(3) Reside psychotropic drugs plunless that medication diagnosed specific coin the clinical record; §483.45(e)(4) PRN or are limited to 14 days §483.45(e)(5), if the appropriate for the Proposition of the properties of the properties of the duration of the gradual strength of the properties of the duration of the appropriateness of the appropriateness of this REQUIREMENT by: Based on clinical recordinal recordinal of the clinical recording the properties of the appropriateness of the	ents who have not used are not given these drugs in is necessary to treat a diagnosed and documented and who was entered and ones, unless clinically in effort to discontinue these are unsuant to a PRN order in is necessary to treat a condition that is documented and and are for psychotropic drugs in Except as provided in attending physician or the properties of the prop	F	758	The DON/designee will review residents on PRN psychotropic drugs weekly and refer to MD as indicated. Residents will be presented at P&T for discussion of GRD and/or discontinuation of medications. 4.) The Pharmacy Consultant will review prn psychotropic medications monthly x 12 weeks and results will be brought to QAPI.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	E CENTER	•	250 FLANK R	ESS, CITY, STATE, ZIP CODE DAD RG, VA 23805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BI DSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 758	Resident #85 had an Ativan PRN (as neede a psychotropic medica order every 14 days. The findings included: Resident #85, a 56 ye facility on 7/19/17. Di	order dated 2/9/18 for ed). This PRN medication is ation and requires a new ear old, was admitted to the agnoses included major	F 7	58				
	The most recent Minin was a quarterly asses reference date of 11/1 coded with a Brief Inte score of 9 indicating mimpairment and requir activities of daily living Resident #85's physic Included was the orde tablet, Give 1 mg by meeded for agitation two	natic brain injury, pain, and convulsions. num Data Set assessment sment with an assessment /17. Resident #85 was rview of Mental Status noderate cognitive ed limited assistance with ian orders were requested. r Ativan 1 milligram (mg) nouth every 8 hours as vice a day.		F760			,	
F 760 SS=D	basis must be re-order physician evaluates the Residents are Free of CFR(s): 483.45(f)(2) The facility must ensure §483.45(f)(2) Resident medication errors.	on a PRN (as needed) red every 14 days after the e resident. Significant Med Errors	F 76	1.)	Resident #87, and #32's Physician was notified of medications not given as ordered. Resident #37's Physician was notified that Keppra was crushed and administered inappropriately. New orders were received for Liquid form of medication.			

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			
					l l	C 20/2018
		495252	B. WING		03/	29/2018
NAME OF PE	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		
		- APAITED	1	250 FLANK ROAD		
BATTLEFI	ELD PARK HEALTHCAR	RECENTER		PETERSBURG, VA 23805		A/F)
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F 760	Continued From page by: Based on staff interverview, clinical record failed to ensure 3 results and #37) in a survey free of significant med. 1. For Resident #87 ensure medications administration as ord Antibiotics were una occasions. 2. For Resident # 32 provide medications what aerosol for Bronchiti Glaucoma were listed. 3. For Resident #37 Keppra, a medication Findings included: 1. For Resident #37 Keppra, a medication as ord Antibiotics were una occasions. Resident #87 was a 12/132017 and read diagnoses of but no convulsions, Major	riew, facility documentation de review, the facility staff sidents (Resident #87, #32 sample of 38 residents were edication errors. The Facility staff failed to were available for dered by the physician. It is a condered by the physician of the facility staff failed to as ordered by the physician. It is included antibiotics, and eye drops for a medication unavailable. The facility staff crushed on that should not be crushed. The Facility staff failed to were available for dered by the physician.	F 760	2.) EMAR notes will be review	d will l. g o g d	
	Gastrostomy, Metal	bolic Encephalopathy, muscle Obstructive Pulmonary Cutaneous Abscess of Buttock,				N Page 221 of 2

NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER DAY 10 (MA) ID (PRETENBURG, VA 23805) FROM CORRECTION SECURITY STATES, 2IP CODE 239 FLANK ROAD PETERSBURG, VA 23805 FROM CONTINUED (PRETENBURG) AND SECURITY SEC	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS. CITY. STATE, JP CODE 289 FLANK ROAD PETERSBURG, VA 23908 TO PETERSBURG, VA 23908 FROMDER'S RANK POOR PETERSBURG, VA 23908 FROMDER'S RANK			405252	ļ			i		
BATTLEFIELD PARK HEALTHCARE CENTER Main Dispersion Summary Statement or Deficiencies (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE CANCELLOR CROSS-REFERENCED T			499202			TET ADDDESS OFT STATE 710 CODE	03	12912018	
DATE PARK HEALTHCARE CENTER PETERSBURG, VA 23806	NAME OF P	ROVIDER OR SUPPLIER							
(A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 760 Continued From page 221 Resident # 87's most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/30/2018. The MDS coded Resident # 87' with a Brief Interview for Mental Status (BIMS) score not assessed. Resident # 87 required extensive assistance of one to two staff members with activities of daily living and always incontinent of bowel and bladder. Resident was admitted to the hospital on 2/14/2018 and discharged on 2/16/2018. Review of the Hospital Discharge Summary revealed final diagnosis of infected decubitus ulcer, Urinary tract infection, hypertension, COPD, CHF, history of seizures, depression and history of Hidradentits around the pelvis area searal ulcer." On Page 3 of 4 under Hospital Course was documented "nation these decubitus ulcers seen by the surgeon and plan to do the debridement but patient refused. Patient discharged back to nursing home on IV antibiotic discussed about patient and going to sepsis with worsening sacral wound." Review of the March 2018 Medication Administration Record (MAR) revealed documentation eight missing doses of intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics. Missing doses or intravenous antibiotics.	RATTI EFI	FI D PARK HEALTHCAR	RE CENTER						
F 760 Continued From page 221 Resident # 87's most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/30/2018. The MDS coded Resident # 87 with a Brief Interview for Mental Status (BIMS) score not assessed. Resident # 87 with a Brief Interview of the Interview of of daily living and always incontinent of bowel and bladder. Resident was admitted to the hospital on 2/14/2018 and discharged on 2/16/2018. Review of the Hospital Discharge Summary revealed final diagnosis of infected decubitus uicer, Urinary tract infection, hypertension, COPD, CHF, history of seizures, depression and history of Hidradentiis around the pelvis area sacral ulcer." On Page 3 of 4 under Hospital Course was documented."., patient have some pus drainage and blood drainage from these decubitus ulcers seen by the surgeon and plan to do the debridement but patient refused. Patient discharged back to nursing home on IV antibiotic, discuss with the patient and patient daughter this morning and if in case ulcer worse she will come back to the hospital for debridement. Also discussed about patient and going to sepsis with worsening sacral wound." Review of the March 2018 Medication Administration Record (MAR) revealed documentation, eight missing doses of intravenous antibiotics. Missing doses were 3/2/2018 at 1 PM and 10 PM, 3/3/22018 at 6 AM and 2 PM, 3/3/22018 at 1 PM, 3/3/22018 at 1 6 AM and 2 PM, 3/3/22018 at 1 PM, 3/3/22018 at 1 DM.	DATILLI	LLD I AIII IILALIIIOAII			PET	ERSBURG, VA 23805			
Resident # 87's most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/30/2018. The MDS coded Resident # 87 with a Brief Interview for Mental Status (BIMS) score not assessed. Resident # 87 required extensive assistance of one to two staff members with activities of daily living and always incontinent of bowel and bladder. Resident was admitted to the hospital on 2/14/2018 and discharged on 2/16/2018. Review of the Hospital Discharge Summary revealed final diagnosis of infected decubitus ulcer, Urinary tract infection, hypertension, COPD, CHF, history of seizures, depression and history of Hidradentits around the pelvis area sacral ulcer." On Page 3 of 4 under Hospital Course was documented "patient have some pus drainage and blood drainage from these decubitus ulcers seen by the surgeon and plan to do the debridement but patient refused. Patient discharged back to nursing home on IV antibiotic. discuss with the patient and patient daughter this morning and if in case ulcer worse she will come back to the hospital for debridement. Also discussed about patient and going to sepsis with worsening sacral wound." Review of the March 2018 Medication Administration Record (MAR) revealed documentation eight missing doses of intravenous antibiotics. Missing doses were 3/2/2018 at 10 PM, 3/3/2018 at 10 PM, 3/3/2018 at 10 PM, 3/3/2018 at 10 PM, 3/3/2018 at 10	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION	
Review of the nurses notes revealed	F 760	Resident # 87's most (MDS) was a quarterly Assessment Reference The MDS coded Resident resident for Mental Stassessed. Resident # assistance of one to the activities of daily living bowel and bladder. Resident was admitted 2/14/2018 and dischard of the Hospital Dischardiagnosis of infected that tract infection, hyperted for seizures, depression Hidradenitis around the On Page 3 of 4 under documented "patier and blood drainage frosen by the surgeon adebridement but patied discharged back to not discuss with the patied morning and if in case back to the hospital for discussed about patied worsening sacral would review of the March 2 Administration Record documentation eight reintravenous antibiotics 3/2/2018 at 2 PM and and 2 PM, 3/5/2018 at 6 All PM, 3/10/2018 at 6 Al	recent Minimum Data Set by assessment with an ce Date (ARD) of 1/30/2018. Ident # 87 with a Brief Status (BIMS) score not 8 87 required extensive wo staff members with g and always incontinent of Id to the hospital on larged on 2/16/2018. Review large Summary revealed final decubitus ulcer, Urinary lension, COPD, CHF, history on and history of the pelvis area sacral ulcer." Hospital Course was thave some pus drainage om these decubitus ulcers and plan to do the lent refused. Patient lursing home on IV antibiotic. Int and patient daughter this the ulcer worse she will come or debridement. Also ent and going to sepsis with land." 2018 Medication d (MAR) revealed missing doses of s. Missing doses were 10 PM, 3/3/2018 at 6 AM at 10 PM, 3/9/2018 at 10 M and 2 PM.	F	760	residents each unit per week x 12 weeks to ensure that Medications are available as prescribed. ADON/Designee will complete 3 medication administration observations for 3 Nurses per week for 12 weeks to ensure medication administration practices are compliant. Results will be			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	documentation: 3/2/2018 at 5:43 PM of Piperacillin-Tazobacta grams per 50 milliliter intravenously every 8 weeks. Notified Phana ABT (Antibiotic) to fact MD (medical doctor). medication. 3/3/2018 at 2:28 PM r (intravenous) antibiotic. 3/5/2018 5:10 PM-Aw resident's IV ABT Tx. hold medication until at administration record) Note: "Piperacillin-Taz 3-0.375 grams per 50 intravenously every 8 weeks. Awaiting arrivenously every 8 weeks. Awaiting arrivenously every 8 doctor 3/9/2018 10:07 PM eM administration record) Note: "Piperacillin-Taz 3-0.375 grams per 50 intravenously every 8 weeks. Awaiting refill on run" 3/9/2018 10:16 PM Nu	of medication am in Dex Solution 3-0.375 s give 3.375 grams hours for ABSCESS for 6 macy. Stated they will send cility on next run. Notified Stated to hold until arrival of furses note stated the IV cs remain on hold. aiting Pharmacy to send Notified provider stated to arrive from pharmacy. MAR (electronic medication Medication Administration obactam in Dex Solution milliliters give 3.375 grams hours for ABSCESS for 6 al from pharmacy. See Antibiotic on hold per MAR (electronic medication Medication Administration obactam in Dex Solution milliliters give 3.375 grams hours for ABSCESS for 6 from pharmacy. Coming	F.7	760			

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	3/10/2018 7:01 AM e administration record) Note: "Piperacillin-Taz 3-0.375 grams per 50 intravenously every 8 weeks. Awaiting on o 3/10/2018 3:04 PM el administration record) Note: "Piperacillin-Taz 3-0.375 grams per 50 intravenously every 8 weeks. Awaiting arriva 3/10/2018 4:05 PM Rer/t (related to)abscess currently out of ABT To arrival from pharmacy. ABT when they arrive 13/10/2018 10:43 PM N placed to Pharmacy to IV ABT Zosyn. Pharma was delivered by Pharmand that it should be arnot arrived as of 1045 on 3/23/2018 at 2:40 F conducted with the Direction of the surface of the surfac	MAR (electronic medication Medication Administration Medication Administration Medication Medication Medication Medication Medication Medication Administration Medication Absolution Medication Administration Medication Absolution Medication Administration Medication Absolution Medication Administration Medication Med	F	760				

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	interruption. Review of the Facility Administration effect 12/14/2017 on Page Medications only as Interview with the Personal Pharmacy started with the Pharmacy started with Pharmacist state was to dispense and at one time. However, prohibitive or any poor if the course of the change, the Pharmacy started for intravenous medication was recommedication was recommedication was recommedication was recommedication was recommedicated within a Pharmacist stated for with a longer course were utilized and wo based on the number long as the order was No further information. 2. For Resident # 32, provide medications which a longer course were utilized and wo based on the number long as the order was not provide medications. The medications which aerosol for Bronchitis Glaucoma were listed Resident # 32 was a the facility on 6/21/20	Ity policy on Medication Stive 8/3/2010 and Revised 1 of 7 stated "Administer 1 prescribed by the provider" Tharmacist who stated their 1 ith the facility on 3/1/2018. Ited the process for antibiotics 1 ibiotics for a short duration all 1 er, if the antibiotic was cost 1 ibiotics for a short duration all 1 er, if the antibiotic was cost 1 ibiotics for a short duration all 2 er, if the antibiotic was cost 2 ibiotics for a short duration all 3 er, if the antibiotic was cost 2 ibiotics for a short duration all 3 er, if the antibiotic was cost 3 ibiotics for a short duration all 4 er, if the antibiotic was cost 5 ibiotics for a short duration all 6 er, if the antibiotic was cost 6 ibiotics for a short duration all 6 ibiotics for a short duration all 6 ibiotics for a short duration all 6 ibiotics for a short duration all 6 ibiotics for a short duration all 6 ibiotics for a short duration all 6 ibiotics for a short duration all 6 ibiotics for a short duration all 6 ibiotics for a short duration all 6 ibiotics for a short duration 6 ibiotics for a short duration 6 ibiotics for a short duration 6 ibiotics for a short duration 7 ibiotics for a short duration 7 ibiotics for a short duration 7 ibiotics for a short duration all 7 ibiotics for a short duration all 7 ibiotics for a short duration all 7 ibiotics for a short duration all 7 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a short duration all 8 ibiotics for a	F 760				

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		Neuromuscular Dysfur Gastroesophageal Ref Kidney Disease, Dyspl native arteries of extree Bilateral Legs, Amputa Hypothyroidism, Glauc Hepatitis, Paraplegia, E Hypertrophy) and Dem Resident #32's most re (MDS) was a quarterly Assessment Reference The MDS coded Reside Interview for Mental State of 15 indicating severe Resident # 32 required one to two staff membe living except required to person for bathing and abowel and Resident # 35 by part of the person for bathing and abowel and Resident # 35 by part of the person for bathing and abowel and Resident # 35 by part of the person for bathing and abowel and Resident # 35 by part of the person for bathing and abowel and Resident # 35 by part of the person for bathing and abowel and Resident # 35 by part of the person for bathing and abowel and Resident # 35 by part of the person for bathing and abowel and Resident # 35 by part of the person for bathing and abowel and Resident # 35 by part of the person for bathing and above person for bath	nction of the bladder, flux Disease, Chronic hagia, Atherosclerosis of mities with Gangrene tion of toes, oma, Chronic Viral BPH (Benign Prostatic hentia) ecent Minimum Data Set assessment with an Date (ARD) of 1/30/2018. Ent # 32 with a Brief latus (BIMS) score of 6 out cognitive impairment. Extensive assistance of rs with activities of daily stal assistance of one staff always incontinent of B2 was coded to have an ter. Resident currently on cord was conducted on Notes revealed ar (electronic Medication 3/10/2018 at 3:25 PM Tartrate tablet 25 by mouth every 12 hours extension (110) hold for than 60) "Awaiting arrival gress Notes revealed	F 760				
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F 760	200-5 micrograms per orally two times a day available." On 11/4/2017 at 4:30 Medication Administr HCL (Hydrochloride) in both eyes two times specified Glaucoma: On 11/4/2017 at 4:30 Medication Administr 0.5 % Instill one drop related to other speciavailable." On 11/4/2017 at 10:1 Medication Administr Reconstituted 3.375 intravenously every 1 (Methicillin Resistant wound for 14 days. 'On 11/5/2017 at 7:45 Medication Administr D5W Solution 500 m 24 hours for MRSA ir "awaiting on pharm" On 3/22/2018 at 9 Al conducted with LPN who stated the staffs when medications ar On 3/22/2018 at 2 Pl conducted with the D	PM eMar (electronic ation Note) Dulera Aerosol or activation 2 puffs inhale of for Bronchitis. "Med not "PM eMar (electronic ation Note) Dorzolamide Solution 2 % instill one drop is a day related to other "Med not available" PM eMar (electronic ation Note) Timoptic Solution in right eye one time a day field Glaucoma. "Med not "Med not "Med not "Med not "Med not "Med not "Med not "As Staphylococcus Aureus) in "Med has not been delivered" AM eMar (electronic ation Note) LevoFloxacin in illigrams intravenously every in wound for 14 days M, an interview was (Licensed Practical Nurse) Bishould notify the Pharmacy enot available.	F7	760		

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	for administration as p Director of Nursing als should check the "First if the missing medicati supply. Review of the STAT borevealed the Medication Name-Metoprolol Tartra available to the staff. During the end of day of the Facility Administrator Corporate Nurse were The Director of Nursing should ensure medicati administration as ordered No further information w 3. For Resident #37, th Keppra, a medication th Resident #37, a 79 year facility on 7/14/15. Diag hyperlipidemia, hyperter disease, hemiplegia and The most recent Minimu was a quarterly assessm reference date of 1/18/16 coded with a Brief Interv score of 6 indicating seve He required extensive as daily living. A medication pour and pacenducted on 3/22/18 at	er Physicians Orders. The o stated the facility staff t Dose" medications to see on is available in that ox "First Dose" contents list in, Lopressor (Generic ate) 25 milligrams was debriefing on 3/23/2018, or, Director of Nursing and informed of the findings. I stated the Pharmacy ons were available for ed by the physician. ovas provided. e facility staff crushed at should not be crushed. or old, was admitted to the moses included insion, cerebrovascular if convulsions. om Data Set assessment ment with an assessment 8. Resident #37 was iew of Mental status ere cognitive impairment. Sesistance with activities of ass observation was 8:45 a.m. with Licensed	F 7	760		
	Practical Nurse C (LPN (C). LPN C prepared				700

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F 760	seven pills total. Inclumilligram tablet. LPN and administered ther applesauce. On 3/22/18 at 11:00 a she had a medication medication cart. She to medication informathrough the pharmacy was too busy to access the end of day mee administration was as medication information available to the nurses Documentation was process.	uded was a Keppra 500 C crushed all seven pills in to Resident #37 in I.m., LPN C was asked if reference book on the stated that she had access tion on the computer r link. She stated that she is the link at the time. Interpretation of the second titled in for Keppra that was is through the pharmacy link. Interpretation of titled Interpretati	F 70	60		
F 812 SS=E	crushed resulting in a Food Procurement, Sto CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety The facility must - §483.60(i)(1) - Procure approved or considere state or local authorities	tablet, give 1 tablet by y for convulsions. of day meeting, the ector of Nursing were #37's Keppra had been significant medication error. ore/Prepare/Serve-Sanitary) y requirements. e food from sources d satisfactory by federal,	F 81	F 812 1. No residents were identified for this concern. 2.) The air flow gap on the ice machine was fixed immediately by Maintenance Director cutting a 2 inch space on the pipe. The dietary staff was immediately educated on properly filling out the temperature logs for each meal by Regional Director of HCSG.	:	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION		E SURVEY	
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F 812	from local producers, and local laws or regu (ii) This provision doe facilities from using prograders, subject to consider growing and food (iii) This provision doe from consuming foods §483.60(i)(2) - Store, serve food in accordant standards for food ser This REQUIREMENT by: Based on observation documentation review prepare and serve food manner. The facility staff failed temperatures. And; The facility staff failed plumbing had an air goof contaminated water. The Findings included On 3/20/18 at approximitation was conducted were reviewed. No ten of the breakfast meal. An interview with the EB) was conducted. What temperatures had not in the breakfast temps at the conducted was conducted. What temperatures had not in the breakfast temps at the conducted was conducted. What temperatures had not in the breakfast temps at the conducted was conducted. What temperatures had not in the breakfast temps at the conducted was conducted. What temperatures had not in the breakfast temps at the conducted was conducted. What temperatures had not in the breakfast temps at the conducted was conducted. What temperatures had not in the breakfast temps at the conducted was conducted. What temperatures had not in the conducted was conducted was conducted. What temperatures had not in the conducted was conducted was conducted was conducted. What temperatures had not in the conducted was conduc	subject to applicable State ulations. Is not prohibit or prevent roduce grown in facility impliance with applicable dehandling practices. Is not preclude residents in not procured by the facility. In prepare, distribute and ince with professional vice safety. Is not met as evidenced in, staff Interview and facility in the facility staff failed to in a safe and sanitary. It o measure food It o ensure the ice machine ap to prevent the backflow in the temperature logs in the prevent in the temperature logs in the prevent in the prevent in the saked why the open obtained, she stated, are supposed to be on the for the lunch and dinner	F	812	3.) The District Director of HCSG / Designee has educated all staff on properly documenting temperatures food for each meal. The Regional Director of Operations educated the Maintenance Director, Administrator and Dietary Manager on the standar of having the air gap for sanitation purposes. 4.) Dietary Director / Designee to monitor food temperature logs for completion 2x per day 7 days per we for 6 weeks with results brought to QAPI to ensure compliance. The maintenance Director will conduct a weekly audit for 12 weeks to ensure a gap is properly working with results brought to QAPI x 3 months.	r, ds ek		Comment of the control of the contro

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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F 812	the appropriate temp You want to make su bacteria on it because catch illness that make morning we served e oatmeal, cold cereal, On 03/20/18 at 12:30 of the kitchen was co temperatures had been on 3/20/18 a review of documentation. According temperature Logs, but the temperature were more partial to the temperature were more than the temperature were more than the temperature were more than the temperature were more than the temperature were more than the temperature were more than the temperature were more than the temperature were more than the temperature were more than the temperature were more than the temperature were the temperature were than the temperature were t	ent to make sure food is at erature. The staff didn't do it. It re that food doesn't grow e bacteria can cause you to kes the resident sick. This ggs, bacon, grits, biscuits, apple juice, coffee, milk." P.M., a second observation inducted. The lunch en taken. Was conducted of facility riding to the Food oth breakfast and lunch issing for the following 2/22, 12/23, 12/25, 12/26, 1, 1/13, 1/14, 1/16, 1/19, 1/29 4, 2/16, 2/21, 2/23, 2/24, 4, 2/16, 3/17, 3/19 A.M., an observation of the as conducted. The ice do not have an air gap. The er on it. When the cover was extended 3 inches	F8	112		

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STATEME	NT OF DEFICIENCIES	(X1) PROVIDED (SUPPLIED OF A			OMB N	NO: 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 3		TE SURVEY MPLETED
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	FPROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		3/29/2018
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F 815	Continued From page On 3/23/18 at 10:00 A conducted with the Ma (Employee E). When a have an air gap, he stathe hole. I had to unblo plastic trap cover. The free flow. All I can do i 2 inch space between thole." On 3/23/18 at approxim Administrator (Administ the findings. She stated shortened to allow for a Administration	231 M., an interview was nager of Maintenance sked why the pipe did not ited, "Cups were falling into ick the hole a lot. I put on a purpose of an air gap is to secut the pipe and give it a she pipe and the drain that the pipe had been 2 inch air gap. istered in a manner that purces effectively and intain the highest intal, and psychosocial ent. not met as evidenced staff interview, resident entation review, and intain the highest of eused effectively and intain the highest intal, and psychosocial ent.		CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	RIATE	COMPLETION
'	well-being of each reside The facility failed to effect staff, supplies, and other provide for the needs of to	nt. tively use it's budget, services necessary, to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495252	B. WING	B. WNG			C 03/29/2018		
	ROVIDER OR SUPPLIER			250	EET ADDRESS, CITY, STATE, ZIP CODE FLANK ROAD TERSBURG, VA 23805				
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F 835	The findings included On 12-31-17 Resider liquids. On 3-7-18, R with hot liquids as we had not been updated prevent further burns conducted before sur lids on hot liquids. The completed, nor had the been updated with the prevent burns. This omissions lead to identification in the fareceiving burns. Since themselves knew of the conducted the hot liquical aware of the hazard, reoccurrence for this survey on 3-20-18, reducted in risk or QAP survey on 3-20-18, reducted the population of issues concerning information (PHI). Cli commingled and in ot PHI records remained entire survey, and we correct charts. The far	at #13 was burned with hot desident #9 had been burned will. Resident #9's care plan do to include interventions to an The hot liquid evaluation, every, recommended using his intervention had not been the care plan for Resident #9 the new interventions to a immediate jeopardy cility, with two residents the burn hazard, and the facility, to fail to have a plan of and failed to discuss the lime of sulting in Immediate.	F	335	3. Regional Director of Clinical Operations will educate Medical Director Executive Director, Director Nursing and IDT on the policy, procedures, and regulatory requirements related to QAPI, includi identifications of quality and safety concerns, tracking, investigation, roo cause analysis, monitoring adverse events, and referral to corporate risk management as indicated. 4. Regional Director of Clinical Operations will review QAPI report each month x3 months to ensure compliance with QAPI policies and procedures.	ing t			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i i	PLE CONSTRUCTION	(X	3) DATE SURVEY COMPLETED		
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BATTLEFIELD PARK I		E CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 250 FLANK ROAD PETERSBURG, VA 23805	ODE			
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F 835 Continued	From page	233	F 83	35				
surveyors education and DON seconducted frame at shoverlapped group came leave. Durn staff was reinformation from the ounext medica other respo The Administ education a and stated because I seasked when QAPI plans, staff education are of reside assistance. For educations care of reside assistance.	in the conference of the competitated that it by them duriff change it. The over the in to work ing this shift occurring that occur to the certain and she received the competition of the survival and she received the competition of the survival and call of the survival and the certain of the certain of th	DON were interviewed by prence room about staff tencies. The Administrator the education was being using the 30 minute time when each 8 hour shift tap occurred when one while another prepared to the change, the oncoming ort on important resident ared on the previous shift. Staff was also getting the und pass prepared, and there being prepared. DON stated that the not have been retained, and to have to change that, working." They were aff are educated about asponded that "general letted at our daily huddles, at staff still have to answer idents if needed at that eatly interrupted." Interception of the conference revors. Resident #72 to see things beginning to once new management ast few months. However, the nurses passing to be interrupted to take ander or need other residence the conference and the conference and the conference revors. Resident #72 to see things beginning to the conference are the nurses passing to be interrupted to take ander or need other resident was "afraid" regard times because the						

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONST	FRUCTION		TE SURVEY MPLETED	
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	n urses were interrupted stated she often inquired presented to her becaute was being given by the Resident # 72 also stated for pain medication beto busy doing paperwork. Should be able to focus residents. She stated that much to do that could be else. She stated that the pain medications were sidents and do other the Resident was asked group council meeting we stated that the staff new conducted, and when sident invited, that is when for help.	ed so often. Resident # 72 ed about the medications use she was unsure if what e nurses was correct. ted she often had to wait cause the nurses were She stated the nurses s on their jobs and the ne nurses often have too be assigned to someone Unit Secretaries should do would allow the nurses to when requested by things for the residents." d why she was not in the with surveyors, and she er told her one was being the found out that she was she sought out surveyors ministration for an lent (#364), was observed	F8	35				
; ; ; ;	provide needed care and staff. Resident #364, was bysician to be administed antibiotic for pneumonia peripherally inserted Ce 19:40 a.m., on 3-26-18.	d services was known by as ordered by the ered an Intravenous (IV) through a PICC ntral Line Catheter) at At 4:00 p.m. that same of been administered, and						
n d fc T	During observation, and increasing manager (RNA) liscovered that the order or Resident #364 had no this describes the act of a MAR (Medication Adminis	at 4:00 p.m., it was s received that morning t yet been "Taken off". applying the order to the						

I .	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	FIELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
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	document where nurse administer the medica medication is ordered administration. When RN A was asked that the order had not responded "no". RN A passing medications, of helping the CNA's (cergive care to the Reside extra staff to take off or enough staff to take carnough staff to take carnough staff to take carnough staff to take carnough be administered, not insert the line. This line may not be inserted would further impede the RN A stated she would 4:00 p.m. Per facility documentationsertion Record) PICC	es are instructed to tion, and further the from the pharmacy for diff the doctor was aware been acted upon, RN A stated she was busy loing treatments, and tified nursing assistants) ents, and that they had no reders, and there just wasn't are of everything. The had to call a company as so that the medication because the facility could be revealed that the PICC of for another day, and the antibiotic administration. Take care of the order at the care of the order at t	F 83	55		

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ST	ATEMEN	T OF DEFICIENCIES	(V4) PROMERRIAN INTERNAL	T		OMB	NO. 0938-039
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١	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		3/29/2018
E	BATTLE	FIELD PARK HEALTHCAR	E CENTER		250 FLANK ROAD PETERSBURG, VA 23805		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	t t fi s a a	Admin they asked "does sore?" Indicating they the Residents in their f with no wounds), had of facility, in less than 10 Since this is a quality in facility's QAPI program have been aware of all their treatments in the f The QAPI program, and medical director were readministration on 3-29-Administration stated farmanage the QAPI program and their treatments in the f The QAPI program, and medical director were readministration on 3-29-Administration stated farmanage the QAPI program and the CAPI program from the set) data bank at CMS (Medicaid Services). The goals and collects data in the corporate office for reperformance improvement removes the facility from improvement in their own a corporate office who is passis with this resident prontinue below how lack contributed to the deficient.	es he have a pressure were unaware that one of acility (who was admitted developed one in the days from admission. neasure standard for the , the administration should pressure wounds and facility. d responsibilities of the eviewed with 18 at 10:00 a.m The acility corporate offices ram for all of it's facilities. I topics and goals are e level by reviewing quality ne MDS (minimum data Centers for Medicare and e facility then receives the in the facility to send to oot cause analysis, and ent plan. This pattern in the actual quality in facility, and leaves it to not involved on a daily inpopulation. Examples of involvement int practice. es topics on which to s, which is not decided at prorate office did the and delivered it to the inistration there during e development of the the Administrator, "We Dotober 2017", and the	F 83			

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IDENTIFICATION MARKER: 495252 NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER DATE SUMMARY STATEMENT OF DETICIONIES (EACH DEFICIENCY MUST BE PRECEDED MY MULL REGULATORY OR LISCIDENTIFYING INFORMATION) FRESULATORY OR LISCIDENTIFYING INFORMATION, FROM THE facility ASSESSMENT TO SET CICHOLOGY OF THE APPROPRIATE OF CONTINUES (EACH DEFICIENCY MUST BE PRECEDED MY MULL REGULATORY OR LISCIDENTIFYING INFORMATION) FROM THE facility ASSESSMENT REGULATORY OR LISCIDENTIFYING INFORMATION, The facility assessment revealed 24 individuals from October 2016 to Sept 2017 had physical behaviors directed at others. This are as should have been actively planned as a hazard in the QAPI program, however, it was not, and an individual was found during survey to have continued to assault other residents without administration intervention. The facility assessment (occurrented under the heading TResident behavior insked injury to others' answer "No" which was also found during survey to be incorrect, as individual Resident MIDS information was found during survey to be incorrect, as they are not involved in the daily operations of the facility and do not know the asilon through the resident population. The facility assessment list of competencies required to provide competent care and services required to provide competent care and services required to provide competent care and services the Resident population of abuse and needled. Heritifytion		STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(2) 14111	TIDLE	OMB N	<u>10. 0938-039</u>
BATTLEFIELD PARK HEALTHCARE CENTER BATTLEFIELD PARK HEALTHCARE CENTER SIMMARY STATEMENT OF DEPICIENCES (EACH DEPICIENCES) (EACH DEPICIENCE STATE) (EACH DEPICIENCY MUST GET REPROCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 835 Continued From page 237 reviewed it within the monthly QAPI meeting held in the facility on December 2017. Quarterly QAPI meetings are held at a regional corporate level according to policy. The facility assessment revealed 24 individuals from October 2016 to Sept 2017 had physical behaviors directed at others. This area should have been actively planned as a hazard in the QAPI program, however, it was not, and an individual was found during survey to have continued to assault other residents without administration intervention. The facility assessment documented under the heading "Resident behavior risked injury to others" answer "No" which was found to be incorrect during survey, however, the corporate office did not know that, and the facility was not involved in the assessment. The facility - wide assessment numbers came from the MDS and quality indicators sent into CMS, which was also found during survey to be incorrect, as individual Resident MDS information was found during survey to be incorrect, as individual Resident MDS information was found during survey to be incorrect, as they are not involved in the daily operations of the facility and do not know the resident population. The facility sasessment list of competencies required to provide competent care and services required to provide competent care and services revealing that the facility staff should have known what types of care and services the Resident population of abuse and neglect, identificing the providence of the providence of the providence of the providence of the providence of the providence of the providence of the providence of the providence of the providence of the providence of the providence		AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:			(X3) DAT	TE SURVEY MPLETED
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F 835 Continued From page 237 reviewed it within the monthly QAPI meeting held in the facility on December 2017. Quarterly QAPI meetings are held at a regional corporate level according to policy. The facility assessment revealed 24 individuals from October 2016 behaviors directed at others. This area should have been actively planned as a hazard in the QAPI program, however, it was not, and an individual was found during survey to have continued to assault other residents without administration intervention. The facility assessment documented under the heading "Resident behavior insked injury to others" answer "No" which was found to be incorrect during survey, however, the corporate office did not know that, and the facility was not involved in the assessment. The facility - wide assessment numbers came from the MDS and quality indicators sent into CMS, which was also found during survey to be incorrect, as individual Resident MDS information was found during survey to be incorrect, as individual Resident MDS information was found during survey to be incorrect, as individual Resident MDS information was found during survey to the facility and do not know the resident population. The facility assessment list of competencies required for staff, lists the competencies required for staff, lists the competencies required for the facility staff should have known what types of care and services reveiling that the facility staff should have known what types of care and services the Resident population required, however, did not receive, as was evidenced in the deficient practices involving prevention of abuse and neglect (detertion).				E CENTER		250 FLANK ROAD	CODE	5/29/2018
reviewed it within the monthly QAPI meeting held in the facility on December 2017. Quarterly QAPI meetings are held at a regional corporate level according to policy. The facility assessment revealed 24 individuals from October 2016 to Sept 2017 had physical behaviors directed at others. This area should have been actively planned as a hazard in the QAPI program, however, it was not, and an individual was found during survey to have continued to assault other residents without administration intervention. The facility assessment documented under the heading "Resident behavior risked injury to others' answer "No" which was found to be incorrect during survey, however, the corporate office did not know that, and the facility was not involved in the assessment. The facility - wide assessment numbers came from the MDS and quality indicators sent into CMS, which was also found during survey to be incorrect, as individual Resident MDS information was found during survey to be inaccurate. The corporate body would not have known the MDS information was incorrect, as they are not involved in the daily operations of the facility and do not know the resident population. The facility assessment list of competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, lists the competencies required for staff, light of the receive, as was evidenced in the deficient practices involving prevention of abuse and nepolect, Identifying		PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY EUL	PREFIX	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	COMPLETION
pressure sores, and identifying hazards and risks		The contract of the top pop was pre-	reviewed it within the min the facility on Decemmeetings are held at a according to policy. The facility assessment from October 2016 to Special behaviors directed at other been actively plant QAPI program, however a dividual was found dustration interventions assessment documenter Resident behavior risker No" which was found to urvey, however, the contow that, and the facility assessment. The facility - wide assessment he MDS and quality MS, which was also found correct, as individual Resident behavior risker as found during survey are found in the daily operate body would not formation was incorrect, wolved in the daily operate how the resident per anot know the resident per facility assessment list quired for staff, lists the provide competent care at the facility staff should be of care and services outlation required, however the sevidenced in the deficit vention of abuse and necessity.	nonthly QAPI meeting held ober 2017. Quarterly QAPI regional corporate level at revealed 24 individuals sept 2017 had physical thers. This area should uned as a hazard in the r, it was not, and an ring survey to have er residents without on. The facility did under the heading and injury to others" answer to be incorrect during prorate office did not ry was not involved in the esident MDS information to be inaccurate. The shave known the MDS as they are not attons of the facility and population.	F 83			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	needs for care and surthe minimum direct care of the residents at any does not state number staff, stating residents reviewed to ensure ad qualitative or quantifiar. In the facility- wide- as it's subset areas, the innot measurable in goal practitioners' states; The medical staff meet weekly basis at "Risk Massessment) meeting residents needs are med DON were asked for any had been previously with identified during survey immediate Jeopardy to They stated there were A "QAPI plan" policy, and policy, were reviewed. They were not followed. Chan" policy, see below, through (h.); 1. (a.) "QAPI Plan" with	ssessment describes the resident populations pport, and residents receive are staff to meet the needs or given time. The document are of nursing or direct care needs and abilities are dequate staffing, no ble information is given. sessment, at area #3, and information was vague and if setting. Area 3.6 "Medical as with the facility staff on a fleeting" and "QA" (quality monthly to ensure all at." The Administrator and any plans of corrections that aritten for the areas of involving harm and the Resident population. The two policies revealed In regard to the "QAPI the following letters (a.), an initial "effective" date ent stated that QAPI data by and safety problems, ities for improvement,	F	835			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) E	DATE SURVEY COMPLETED
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() pp bb ttria an ho pl de	and sets goals to cha The program uses ev measure goals and do (c.) The QAPI commit performance improved weekly interdisciplinar QAPI monthly meeting (d.) A quarterly QAPI r regional corporate level training upon hire and concern to QAPI. (e.) The facility will trace adverse events that may ime they occur and acc mplemented to preven f.) The facility leadersh quality and safety concuperformance improvem leveloped by the QAPI (g.) "Development of a plan; before starting a ple e arrived at unless the horoughly explored. Mo re systematic and invo nd processes." First pen alysis, after identifying ow improvement will be an, study what you have ecide what to do next. "Charter teams (at the	eeds, identifies root causes, nge and eliminate problems. idence to define and evelop plans. Itee will identify QA and ment needs at; daily and y meetings, and at the g at the facility. Ineeting will be held at the el. All staff will receive annually on how to bring a like, investigate, and monitor just be investigated every tion plans will be at a recurrence. In will respond to identified erns by using a ent plan document, committee. In performance improvement plan, the solution cannot problem has been any identified problems live multiple departments erform a root cause go the problem, plan for expense measured, carry out the eve learned and then	F8	135		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP IDENTIFICATION NUMBER: A. BUILDING		FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	develop the plan, and initiation, they then coprogress and mainter achieved." Quality and safety coninvestigated, nor tracknor action plan was decorporate level for "Chinterventions were imprevent reoccurrence level pressure sores, I abuse. In regard to the "Medic below; 2. The second policy via job description, and "Final which had no effective no revision date. The that the medical direct direction for. The document reveale	deliver it to the facility for anduct ongoing review of nance after compliance is ancerns were not identified, and. No root cause analysis eveloped, or sent to the narter team" review. No oblemented in the facility to of; Development of harm ourn hazards, or Resident cal Director" policy see was for the Medical Director Roles/Responsibilities" date, no review date, and document listed 12 policies or had oversight, and d; occedure": al Director in the facility" QAPI committee, and st quarterly, assist the iewing and updating	F				
	care policies. The Med with the facility to coord care that may at times,	ementation of new resident dical Director shall work dinate safe and effective include facility staff." tion for facility policies will					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	include, but are not lin 1. Admission, transfer 2. Infection control, an 3. Physical and chemi 4. Physician privileges 5. Responsibilities of r workers 6. Accidents and incide 7. Ancillary services 8. Medication use 9. Use and release of o 10. Overall quality of c 11. Ensure appropriate through direct oversigh physician services, and to each resident. 12. The medical Direct peer-to-peer counseling physician's/providers w conflict arises. The Medical director all to review monthly repor data based on facility e need, involving each of These topics included t this survey at immediate levels. These areas wh captured and included i planning, tracking, invest were not, as evidenced practice. II. Oversight and review	s, and discharges d infection prevention cal restraint usage and practices con-physician health care ents clinical information are resident care provision at and supervision of the medical care provided or shall provide g for other within the facility when so was required by policy ts, which would contain experiences of resident the 9 topics below. hose cited as deficient on a Jeopardy, and harm ich should have been n QAPI meetings, stigation, and correction, above in citing deficient	F	335			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	or facility leadership. The QAPI documents revealed discussions each of the 3 months December 2017 the properties of the 3 months December 2017 the properties of the 3 months December 2017 the properties of the 3 months December 2017 the properties of the 3 months of the 4 months	ninutes nent oncerns sted by the QAPI committee were reviewed, and on the following topics for prior to survey.; roblem topics discussed for , shower schedule, ns, lab and x-ray tracking, assistant) Kardex neglect training, and CNA's condition leading to olem topics discussed for updating interventions, pression, adding more and aids, and ADL decline blem topics discussed for facial scale, weights with same device, new MAR/TAR (medication reatment administration orders, peri care, and hand	F 83	35			
	on 3-29-18 at 10:00 a.r	m. when general staff are			İ		

STATEME	NT OF DEFICIENCIES	(Y1) PROMPERIOUS			OMB	NO. 0938-039
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	educated about QAPI that "general staff educated about QAPI that "general staff education and the procession of the factor of th	plans, and she responded cation is completed at our hift change, but staff still lis and assist residents if it do so they are really of day debrief, the docrporate RN were re of administration to et, staff, supplies, and y, to provide for the No further information cility. Intifiable Information asse information that is e public. Information that is agent only in act under which the agent lose the information acility itself is permitted is. In a ce with accepted and practices, the facility cords on each resident it.	F 842	35	nt uire us wed and abeling cian's t as ningling	
8	483.70(i)(2) The facility m	nust keep confidential				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED	
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	regardless of the form records, except when (i) To the individual, or representative where (ii) Required by Law; (iii) For treatment, pay operations, as permitte with 45 CFR 164.506; (iv) For public health a neglect, or domestic viactivities, judicial and a law enforcement purpopurposes, research purpopurposes, resea	ed in the resident's records, or storage method of the release is- their resident permitted by applicable law; ment, or health care ed by and in compliance ctivities, reporting of abuse, iolence, health oversight administrative proceedings, poses, organ donation rposes, or to coroners, meral directors, and to avert lith or safety as permitted with 45 CFR 164.512. Ity must safeguard medical inst loss, destruction, or ecords must be retained equired by State law; or date of discharge when the in State law; or a after a resident reaches aw. It is cord must containate to identify the resident; lent's assessments; e plan of care and services oreadmission screening aluations and	F8	3.) The ADON/ designee eduracility staff on confidentiality privacy of residents' records requirements for labeling of in the record. 4.) The Administrator and or will audit 100% of resident's weekly for x12 weeks with rebrought to QAPI to ensure confidential to the provident of the provident	ey and and each page designees charts esults		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MUI IDENTIFICATION NUMBER: A. BUILE		PLE CONSTRUCTION G	1, ,	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCAR	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	1 03	3/29/2018	
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services reports as real This REQUIREMENT by: Based on observation record review and in the investigation the facilities (Resident #314, 32, 33 survey sample to ensuraccurate clinical record. 1. For Resident #314, include all wound related restorative nursing documents. 2. For Resident #32, the ensure a complete and. 3. For Resident #315, ensure a complete and. The findings included: 1. For Resident #314, include all wound related restorative nursing documents. Resident #314 was discussed and wound related restorative nursing documents. Resident #314 was discussed and wound request Resident #314 was discussed in the record from the record that was provided incomplete.	is, and other licensed is notes; and ogy and other diagnostic quired under §483.50. is not met as evidenced in, staff interview, clinical he course of a complaint by staff failed for 3 residents in the ure a complete and indiction or cumentation. The clinical record did not ed documentation or cumentation. The facility staff failed to accurate clinical record. The clinical record did not ed documentation or cumentation. The facility staff failed to accurate clinical record. The clinical record did not ed documentation or cumentation. The clinical record did not ed documentation or cumentation. The clinical record did not ed documentation or cumentation. The clinical record did not ed documentation or cumentation. The clinical record did not ed documentation. F 84	2				

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F 84	hypothyroidism, insom osteoporosis. Reside facility for rehabilitatio. The most recent Minin assessment was a 14 assessment reference #314 was coded to hat cognitive ability and re assistance with activitic wounds were coded as Tissue Injury" in sectio wounds coded as pres Wounds: While it was document open area, there was n area was staged. A "Wocompleted 2/23/17 doct that was pre-existing. It is not documented. A completed 2/23/17 doct that was pre-existing. It is not documented. There was no document that described the meas Resident #314's wound note dated 3/9/17 that docare specialist evaluate wounds. The wound can not provided as part of the Restorative Nursing Car Resident #314 participate from 2/10/17-3/2/17, Occ 2/8/17-2/21/17, and Phy 2/8/17-3/2/17.	ania, dementia, and ant #314 was admitted to the in after a left femur fracture. In after a left f	F 84	2		
	A Physician Progress No "New orders written toda	ote dated 3/8/17 read by to keep patient at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) D	(X3) DATE SURVEY COMPLETED	
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	current facility for long was effective 3/3/17." "Physician's Telephone patient to long term state effective 3/3/17." There was no docume that Resident #314 was services. On 3/28/18, notified that the survey restorative nursing note clinical record and were restorative nursing doc Administrator was asked owner to see if they had documentation. On 3/2 stated there was no fur documentation available. The Administrator and I notified of the incompletend of day meeting on 3 COMPLAINT DEFICIENTAINT DEFICIENT DEFICIENTAINT DEFICIENTAINT DEFICIENTAINT DEFICIENTAINT DEFICIENTAINT DEFICIENTAINT DEFICIENTAINT DEFICIENTAINT DEFICIENTAINT DEFICIENT DEFICIENT DEFICIENT DEFICIENT DEFICIENT DEFICIENT DEFIC	term restorative status that An order written on the corder Log" read "change atus with restorative Intation in the clinical record is provided restorative the Administrator was team was looking for tes in Resident #314's te unable to locate any tumentation. The ted to contact the previous diany additional telefaction of Nursing were the clinical record at the the restorative nursing the restorative nursing the facility staff failed to accurate clinical record. Wear old male admitted to and readmitted on with the diagnoses of, but Vascular Disease, tion of the bladder, x Disease, Chronic ties with Gangrene	F8				
	Hypothyroidism, Glaucor Hepatitis, Paraplegia, an	na, Chronic Viral d Dementia					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	Resident #32's most (MDS) was a quarterly Assessment Reference The MDS coded Resident For Mental Stof 15 indicating severe Resident # 32 required one to two staff membliving except required person for bathing and bowel and Resident # indwelling urinary cath Hospice. Review of the clinical resident 3/21/2018 at 2:30 PM. Review of Physicians I four sheets of progress were labeled with the refurther review of the couments from other # 32's record. Review of the Physician tele resident (Resident # 3 signed by a physician. The other resident was sample as Resident # 3 electronic medical records.	recent Minimum Data Set y assessment with an ee Date (ARD) of 1/30/2018. dent # 32 with a Brief tatus (BIMS) score of 6 out e cognitive impairment. d extensive assistance of ers with activities of daily total assistance of one staff d always incontinent of 32 was coded to have an eeter. Resident currently on ecord was conducted on Progress notes revealed s notes. None of the notes name of a resident. linical record revealed residents filed in Resident as orders revealed 4 ephone orders for another as placed in the survey 315. Review of the ord revealed Resident # ord revealed Resident # ord revealed Resident # ord revealed Resident # ord revealed Resident # ord revealed Resident # ord revealed Resident # ord revealed Resident # ord revealed Resident # ord Resident # 315 that	F	342			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		SURVEY PLETED
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	Continue skilled ST set to aid in tolerance /saft to aid in tolerance /saft No date listed when or 10/11/17: Diet Modifica mechanical soft diet ar to pureed solids with in Continue all dietary results. No date listed when or 10/11/17: Clarification for dysphagia 5 x/wk for diet safety. During the end of day of the Facility Administration and Directly of the Facility Administration of the Facility Administration of the Facility Administration of the Facility Administration of the Facility Administration of the Facility Administration of the facility Ad	Therapy) recertification: ervices 5 x/ week x 3 days ety of least restrictive diet. Idered but signed on ation: D/C (Discontinue) and thin liquids. Change diet ectar thick liquids. Estrictions. Idered but signed on order ST skilled services or 4 wks(weeks) to ensure Idebriefing on 3/23/2018, or and Corporate Regional of the findings. The ector of Nursing stated the e complete and accurate. In the facility staff failed to accurate clinical record. If year old male on 2/21/2018 with the anited to, Peripheral omuscular Dysfunction of erebrovascular disease, Glaucoma, Gout, Arrhythmia, Chronic lisions, Major Depressive	F	842		ECEIVE. OLC

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 842	Resident # 315 expire Resident # 315's clinic record. Review of the revealed none of the tobelow. The telephone orders were placed in the wro 32's chart) were: 10/23/17 downgrade to 11/21/17 ST (Speech Toontinue skilled ST set to aid in tolerance /safe No date listed when or 10/11/17: Diet Modificate mechanical soft diet art to pureed solids with no Continue all dietary resident safety. No date listed when or 10/11/17: Clarification of for dysphagia 5 x/wk for diet safety. During the end of day of the Facility Administrator and Direct clinical record should be No further information with the safety of the	cal record was a closed closed clinical record elephone orders listed for Resident # 315 that ong chart (in Resident # 20 honey thick liquids. Therapy) recertification: rvices 5 x/ week x 3 days ety of least restrictive diet. Idered but signed on atton: D/C (Discontinue) and thin liquids. Change diet ectar thick liquids. Strictions. Idered but signed on order ST skilled services ar 4 wks(weeks) to ensure debriefing on 3/23/2018, or and Corporate Regional of the findings. The ctor of Nursing stated the ecomplete and accurate.	F 86	F 865 1. Adverse Events for identified residents #13, #9, #72, #364 hav	1		
	CFR(s): 483.75(a)(2)(h)		, 50.	interventions and plan of care to prevent re-occurrence.	1		

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BATTLEF	ELD PARK HEALTHCAR	RECENTER		F	PETERSBURG, VA 23805		
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F 865	improvement (QAPI) §483.75(a)(2) Present Survey Agency no late promulgation of this results of the Secretary	surance and performance program. It its QAPI plan to the State er than 1 year after the egulation; It is of information is any may not require rds of such committee ch disclosure is related to the committee with the ection. If y the committee to identify ficiencies will not be used as is not met as evidenced in, staff interview, resident imentation review, and the facility staff failed to ain an effective Quality ss Improvement (QAPI)	F	865	2 OAPI committee will meet 4/18/	r of rral red. ons on	
	The findings included;						
	liquids. Before survey #9 had been burned w	t #13 was burned with hot r, and on 3-7-18, Resident r/ith hot liquids as well. In had not been updated to					

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Territor Of T	NOTIDEN ON OUT THE			25	50 FLANK ROAD		
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F 865	The hot liquid evaluated survey, recommended. This intervention had had the care plan for with the new interven. This omissions lead to identification in the fareceiving burns. Since themselves knew of the conducted the hot liquid aware of the hazard, reoccurrence for this. After two Residents with the facility continued accorrection instituted, a hazard in risk or QAP survey on 3-20-18, reducation in the Residents of issues concerning information (PHI). Clacommingled and in of PHI records remained entire survey, and we correct charts. The fathe deficient practice correct the issue. The Administrator and surveyors in the confeeducation and compeand DON stated that	to prevent further burns. tion, conducted before d using lids on hot liquids. not been completed, nor Resident #9 been updated tions to prevent burns. o immediate jeopardy cility, with two residents the burn hazard, and uids evaluation, they were and did nothing to prevent Resident or others. Were burned in the facility, to fail to have a plan of and failed to discuss the Il meetings, as of the time of sulting in Immediate ident population. and 3-28-18, the facility or of nursing (DON) and Registered Nurses were told resident protected health	F	865	Medical Director/designee will continue to attend QAPI meeting monthly and review Quality Measur Reports, Pharmacy Reviews, Infectic Control, Safety Committee Minutes Behavior Management, Restraint Reduction, Wound Concerns, Weigh Nutrition, and other requested by Committee and/or facility Leadersh 4. Regional Director of Clinical Operations will review QAPI reports each month to ensure compliance of QAPI policies and procedures.	on nt API ip	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	overlapped. The over group came in to work leave. During this shi staff was receiving reginformation, that occur from the outgoing staff next medication pour a other responsibilities was Administrator and DO appeared to not have "we are going to have see it is not working." general staff are educashe responded that "g completed at our daily change, but staff still hand assist residents if they are really interrup. An interview was cond PM with Resident # 72 cognitively intact and croom with all of the sur stated she was happy improve at the facility swas in place over the pashe was concerned the medications often had care of residents who wassistance. Resident # to take her medicine seenurses were interrupted stated she often inquire presented to her becauwas being given by the	when each 8 hour shift lap occurred when one to while another prepared to fit change, the oncoming bort on important resident red on the previous shift, f. Staff was also getting the and pass prepared, and were being prepared. The N stated that the education been retained, and stated to change that, because I They were asked when ated about QAPI plans, and eneral staff education is huddles, during shift ave to answer call bells needed at that time, and so ted." ucted on 3/28/2018 at 1:50 The Resident was ame to the conference veyors. Resident # 72 to see things beginning to since new management that few months. However, at the nurses passing to be interrupted to take wander or need other 72 stated she was "afraid" everal times because the disco often. Resident # 72 and about the medications see she was unsure if what nurses was correct. ed she often had to wait eause the nurses were	F	365			

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E n dd ac m ac	much to do that could I else. She stated that" I more paperwork which give pain medications or residents and do other. The Resident was asked group council meeting of stated that the staff new conducted, and when so not invited, that is when for help. Delayed medication administration involving Resident was asked that the staff new conducted, and when so not invited, that is when for help. Delayed medication administration involving Resident was also staff. Resident #364, was only sician to be administratibiotic for pneumonial peripherally inserted Ceresian, and aursing manager (RNA) iscovered that the order or Resident #364 had not his describes the act of IAR (Medication Administration and when the medication is ordered from the RNA was asked if the nRNA was asked if the resident RNA was asked if the nRNA was asked if the nRNA was asked if the name of the name of the nRNA was asked if the name of the	s on their jobs and the the nurses often have too be assigned to someone Unit Secretaries should do would allow the nurses to when requested by things for the residents." The with surveyors, and she were told her one was being the found out that she was a she sought out surveyors the sought of the sought of the sought of the sought of the surveyor the sought of the surveyor the sought of the surveyor	F	865			
th	at the order had not bee	en acted upon, RNA					

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	give care to the Resid extra staff to take off of enough staff to take off of enough staff to take off of enough staff to take off of enough staff to take off of enough staff to take off of enough staff to take off of enough staff to the line. This line may not be inserted would further impede to RN A stated she would 4:00 p.m. Per facility documental Insertion Record) PICO Resident #364 until 8:0 after the order was reconsidered the first dose of antibiothours after the IV accellation Midnight on 3-27-18, . During the second weet through 3-29-18, lists five through 3-29-18, lists five ended the sore. The each time is resident with wound with pressure sores. The each time is Resident #3 lists. When this was reach time is Residents in their fawith no wounds), had diffacility, in less than 10 of since this is a quality middle of the resident in the staff of the resident is a quality middle of the resident in the staff of the resident in the staff of the residents in the staff of th	A stated she was busy doing treatments, and ritified nursing assistants) ents, and that they had no orders, and there just wasn't are of everything. The had to call a company es so that the medication because the facility could so revealed that the PICC end for another day, and the antibiotic administration. If take care of the order at the entity of the entity o	F	365		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		1	(X3) DATE SURVEY COMPLETED	
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		495252	B. WING		1	03/29/2018	
	IDER OR SUPPLIER PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 FLANK ROAD PETERSBURG, VA 23805	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIATI	(X5) COMPLETION DATE	
The add made and the add made and the add made and the add made and the add th	eir treatments in the e QAPI program, are edical director were ministration on 3-29 ministration stated it anage the QAPI program, are edical director were ministration stated it anage the QAPI program is revealed that QAI cided at the corporate assure reports from color and collects data are corporate office for an and collects data are corporate office who corporate office who corporate office who is with this resident attinue below how lad attributed to the deficite Corporate office give QAPI improvement facility level. The collity-wide assessment as stated to all newly hired since all newly hired since all newly hired since the facility on December in the facility on December in the facility on December in the facility assessment as facility assessment as facility assessment as facility assessment and facility assessment as facility a	Il pressure wounds and facility. Ind responsibilities of the reviewed with 1-18 at 10:00 a.m The facility corporate offices gram for all of it's facilities. Pl topics and goals are te level by reviewing quality the MDS (minimum data (Centers for Medicare and the facility then receives the a in the facility to send to root cause analysis, and ment plan. This pattern in the actual quality win facility, and leaves it to is not involved on a daily population. Examples ck of involvement	F	865			

	STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DA	NO. 0938-039 TE SURVEY
				A. BUILDING	J	CO	MPLETED C
l	NAME OF F	200V/DED OD OUDDUITE	495252	B. WING		1 0	3/29/2018
		PROVIDER OR SUPPLIER IELD PARK HEALTHCAR			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		0/20/20 10
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3F	(X5) COMPLETION DATE
	To the transfer of the transfe	behaviors directed at of have been actively pla QAPI program, however individual was found discontinued to assault of administration interven assessment documents. "Resident behavior risk answer "No" which was during survey, however not know that, and the street the assessment. The facility - wide assessment the MDS and qualification was also for incorrect, as individual flaws found during survey corporate body would not information was incorrect involved in the daily open do not know the resident the facility assessment at the facility staff should present the facility staff	others. This area should need as a hazard in the er, it was not, and an uring survey to have her residents without tion. The facility ed under the heading ted injury to others" is found to be incorrect or, the corporate office did facility was not involved in essment numbers came it indicators sent into bund during survey to be resident MDS information by to be inaccurate. The pot have known the MDS out, as they are not rations of the facility and the population. It is of competencies required the and services revealing the have known what the set he Resident ever, did not receive, as ficient practices involving neglect, Identifying tifying hazards and risks the resident populations out, and residents receive and residents received.	F 868			

STA	TEMENT PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3)	(X3) DATE SURVEY COMPLETED	
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l		ROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP (250 FLANK ROAD PETERSBURG, VA 23805	CODE	03/29/2018	
P	X4) ID REFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	f f f c a a c A c a a p s th n c A pot th pl th	staff, stating residents reviewed to ensure ad qualitative or quantifial In the facility- wide- as it's subset areas, the ir not measurable in goal practitioners" states; The medical staff meet weekly basis at "Risk Massessment) meeting meeting that residents needs are meeting that residents needs we weekly meeting was occorrector, the staff, and tracility should have been ound during survey, prior problem identification and process improvement and process improvement and meeting that it is sues found during the issues found	rs of nursing or direct care needs and abilities are equate staffing, no ole information is given. sessment, at area #3, and aformation was vague and setting. Area 3.6 "Medical setting. Area 3.6 "Medical setting." Area 3.6 "Medical setting." Area 3.6 "Medical setting." and "QA" (quality nonthly to ensure all et." Survey results indicate ere not met, and if a facility curring with the Medical set end may be a facility curring with the Medical set of the issues or to survey. At the time in aware of the issues or to survey. At the time is and director were aware end director were aware in grant and DON were corrections that had been areas identified during and immediate Jeopardy to They stated there were	F8	65			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SI COMPLE				
		495252	B. WING			C 03/29	9/2018
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F 865	is used to identify qua and to identify opports while setting priorities (b.) QAPI identifies not and sets goals to chain the program uses evin measure goals and defect the program uses evin measure goals and defect the program uses evin measure goals and defect the program uses evin measure goals and defect the program uses evin measure goals and defect the program and community meeting (d.) A quarterly QAPI regional corporate lever training upon hire and concern to QAPI. (e.) The facility will transport the program and safety concerns the program and safety concepts and safety concepts and safety concepts and safety concepts and safety concepts arrived at unless the thoroughly explored. Mare systematic and invand processes." First panalysis, after identifying the program and processes.	ment stated that QAPI data lity and safety problems, unities for improvement, for action. eeds, identifies root causes, age and eliminate problems. dence to define and evelop plans. tee will identify QA and ment needs at; daily and y meetings, and at the grat the facility. meeting will be held at the el. All staff will receive annually on how to bring a ck, investigate, and monitor just be investigated every stion plans will be at a recurrence. This will respond to identified teems by using a ment plan document, I committee. performance improvement plan, the solution cannot be problem has been many identified problems olve multiple departments beerform a root cause and the problem, plan for the measured, carry out the	F	865			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
!		495252	B. WING		C 03/20/2040	
	PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	03/29/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E (X5) ATE DATE	iN
i properties of the second sec	if resources exist or are develop the plan, and of initiation, they then con progress and maintenal achieved." Quality and safety condinvestigated, nor tracke nor action plan was develor corporate level for "Chainterventions were implessed prevent reoccurrence of level pressure sores, but abuse. In regard to the "Medical below; 2. The second policy was ob description, and "Roll which had no effective dialor revision date. The dothat the medical director lirection for. Of those 12 involved in deficient practive written in regard to the 12 policies are listed of all, references to the	the corporate level) , identify priorities, identify e available for the plan, deliver it to the facility for duct ongoing review of nce after compliance is erns were not identified, d. No root cause analysis reloped, or sent to the rter team" review. No emented in the facility to f; Development of harm rm hazards, or Resident I Director" policy see Is for the Medical Director es/Responsibilities" ate, no review date, and cument listed 12 policies had oversight, and c, most were found to be tice and federal citations them. I below including some, federal citations eas found to be involved document revealed; edure":	F 868			

STATEMEN	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(40) 1111			<u>0. 0938-039</u>
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE	SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	03/	29/2018
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(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID			
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F 865	Continued From page	261				
	Active member of the (F 86	5		
	attend meetings at leas	St quarterly assist the				
	QAPI committee in revi	ewing and undating	VI.			
	existing resident care p	olicies, and the			***	1
	development and imple	mentation of new resident				
	care policies. The Med	ical Director shall work	-			
	with the facility to coord	inate safe and effective				
	care that may at times,	include facility staff."				1
	II. "Oversight and direct	ion for for the				
	include, but are not limit	ion for facility policies will ed to:			***************************************	
	1 Adminsion to a					
	1. Admission, transfers,	and discharges				
	2. Infection control, and	Intection prevention				1
	 Physical and chemica Physician privileges at 	restraint usage				
5	5. Responsibilities of nor	no practices				1
V	vorkers	r-physician nealth care				
6	6. Accidents and incident	'	And the same of th		7	
7	. Ancillary services					
8	. Medication use					
9	. Use and release of clin	ical information				-
1	 Overall quality of care 		77044			
1.	Ensure appropriate re	sident care provision				
u	rrough direct oversight a	nd supervision of				
to	rysician services, and the each resident.	e medical care provided	And the same			l
		the Hard				-
pe	The medical Director seer-to-peer counseling for	snall provide				
ph	nysician's/providers within	n the facility when				
co	onflict arises.	The racility when				
Th	e Medical director also v	Vas required by policy	and an arrangement of the second			1
Į.	review intontinty reports.	Which would contain				
qa	ta based on facility expe	riences of resident				
nee	ed, involving each of the	9 topics below				
In	ese topics included those	e cited as deficient on	-			
this	s survey at immediate Je	opardy and harm				
levi	els. These areas which	should have been				

ĺ	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			OMB I	NO. 0938-039
	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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		PROVIDER OR SUPPLIER	E CENTER		STREET ADDRESS, CITY, STATE, 250 FLANK ROAD PETERSBURG, VA 23805	ZIP CODE	3/29/2018
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	T re e D Q un re re lde res	were not, as evidenced practices. III. Oversight and review a. The Medical Director reports on a monthly bath of the control	in QAPI meetings, estigation, and correction, of by citing the deficient w: If shall review the following usis; cator report (QMI) utes the deficient with the following usis; cator report (QMI) utes the cator report (QMI)	F 8	65		

STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0/0) 144 4		OMB NO. 0938-03
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/29/2018
BATTLE	FIELD PARK HEALTHCAR	E CENTER		250 FLANK ROAD PETERSBURG, VA 23805	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR	HOULD BE COMPLETION
F 865	February 2018 the pro QAPI were - pain with current and completed orders and signing the administration record/t	blem topics discussed for facial scale, weights with same device, new MAR/TAR (medication reatment administration orders, peri care, and hand of day debrief, the	F 86	35	
F 867 SS=F	made aware of the failu effectively implement a improvements process	re of administration to QAPI program, and necessary to provide for nts. No further information acility.	F 867	F 867 1. Adverse Events for identified residents #13, #9, #72, #364 ha	
	§483.75(g)(2) The quality assurance committee m (ii) Develop and implement action to correct identifies This REQUIREMENT is by: Based on observation, so interview, facility document and maintain and the second review, the implement and maintain and the second process I be or or or or or or or or or or or or or	cy assessment and ust: ent appropriate plans of d quality deficiencies; not met as evidenced staff interview, resident entation review, and e facility staff failed to an effective Quality mprovement (QAPI) rioritize quality and services for it's		been reviewed and facility has implemented interventions and of care to prevent re-occurrence. 2. QAPI committee will meet 4/18/2018 to review current fact quality and safety problems and set action priorities, define goals and develop plans. 3. Regional Director of Clinical Operations will educate Medical Director Executive Director, Director Executive Director, Director Executive Director, point of Nursing and IDT on the utilization of resources, policy, procedures, and regulatory requirements related QAPI, including identifications quality and safety concerns, tracking, investigation, root caus analysis, monitoring adverse eve and referral to corporate	d plan i.e. cility d will s, lector tion , ated s of

STATEMENT OF DEFICIENCIES	(X1) PROVIDED OF THE PROVIDED	- , , 		OMB NO. 0938-039
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CODE	03/29/2018
BATTLEFIELD PARK HEALTH	CARE CENTER		250 FLANK ROAD	
WATTER FARR NEALT	CARE CENTER	!	PETERSBURG, VA 23805	
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liquids. Before su #9 had been burne Resident #9's care include interventio The hot liquid eval survey, recommen This intervention h had the care plant with the new interv This omissions lead identification in the receiving burns. So themselves knew of conducted the hot I aware of the hazard reoccurrence for thi After two Residents the facility continued correction instituted hazard in risk or QA survey on 3-20-18, I Jeopardy for the Re On 3-26-18, 3-27-18 Administrator, Direct Corporate Regional of issues concerning information (PHI). Commingled and in of PHI records remained entire survey, and with	ded; dent #13 was burned with hot rey, and on 3-7-18, Resident and with hot liquids as well. plan had not been updated to the sto prevent further burns. Luation, conducted before ded using lids on hot liquids. The dead not been completed, nor for Resident #9 been updated antions to prevent burns. If to immediate jeopardy facility, with two residents noce the facility staff of the burn hazard, and quids evaluation, they were and did nothing to prevent as Resident or others. Were burned in the facility, and failed to discuss the PI meetings, as of the time of the esulting in Immediate sident population. If and 3-28-18, the facility or of nursing (DON) and Registered Nurses were told resident protected health	F 867	Regional Director of Clinical Operations will educate facility QAP committee on the development of a performance improvement plan and the policy requirements for identification of QA and performance improvement needs at daily and weekly interdisciplinary meetings. Facility QAPI coordinator will educate Facility Staff on how to bring a concern to QAPI committee. Medical Director/designee will continue to attend QAPI meeting monthly and review Quality Measure Reports, Pharmacy Reviews, Infection Control, Safety Committee Minutes, Behavior Management, Restraint Reduction, Wound Concerns, Weight Nutrition, and other requested by QAPI committee and/or facility Leadership 4. Regional Director of Clinical Operations will review QAPI reports each month to ensure compliance with QAPI policies and procedures.	a d

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI		DISTRUCTION		E SURVEY PLETED
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	surveyors in the confeeducation and competed and DON stated that the conducted by them duframe at shift changer overlapped. The overgroup came in to work leave. During this shift staff was receiving repinformation, that occur from the outgoing staff next medication pour a other responsibilities was are going to have see it is not working." general staff are educated she responded that "grompleted at our daily change, but staff still hand assist residents if they are really interrup. An interview was cond PM with Resident # 72 cognitively intact and croom with all of the sur stated she was happy improve at the facility swas in place over the pshe was concerned that medications often had care of residents who wassistance. Resident #	I DON were interviewed by perence room about staff tencies. The Administrator the education was being uring the 30 minute time when each 8 hour shift dap occurred when one to while another prepared to fit change, the oncoming port on important resident ared on the previous shift, for Staff was also getting the land pass prepared, and were being prepared. The N stated that the education been retained, and stated to change that, because I They were asked when lated about QAPI plans, and deneral staff education is huddles, during shift ave to answer call bells needed at that time, and so ted." Lucted on 3/28/2018 at 1:50 The Resident was same to the conference veyors. Resident # 72 to see things beginning to since new management wast few months. However, at the nurses passing to be interrupted to take wander or need other 72 stated she was "afraid"	F	367			
	to take her medicine se	everal times because the					

TATEMEN	TOF DEFICIENCIES	(X1) PROVIDER/SUBBLIED/OLIA	<u> </u>		OMR NO	0. 0938-0
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE	D. 0938-0 SURVEY PLETED
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	PROVIDER OR SUPPLIER FIELD PARK HEALTHCAR	E CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE	03/	29/2018
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PETERSBURG, VA 23805		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD DE	(X5) COMPLETIC DATE
g s c	presented to her becau was being given by the Resident # 72 also state for pain medication becaus y doing paperwork. Should be able to focus residents. She stated the much to do that could be else. She stated that" Ur more paperwork which y give pain medications where the residents and do other the Resident was asked group council meeting wistated that the staff never conducted, and when she conducted, and when she	d so often. Resident # 72 ed about the medications use she was unsure if what nurses was correct. ed she often had to wait ause the nurses were She stated the nurses on their jobs and the e nurses often have too e assigned to someone nit Secretaries should do would allow the nurses to hen requested by nings for the residents."	F 86	7		
pr st ph ar (po 09 da the	pelayed medication adminifection involving Residently surveyors where staff frovide needed care and staff. Resident #364, was anysician to be administernational to the eripherally inserted Center 240 a.m., on 3-26-18. At any, the antibiotic had not be PICC line had not been arring observation, and intersions as well-as a supplier as well-as a supplier as a supplier as well-as a supplier as	nt (#364), was observed failure to be able to services was known by ordered by the fed an Intravenous (IV) frough a PICC frail Line Catheter) at 4:00 p.m. that same been administered, and				

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	ER/SUPPLIER/CLIA			OMB NO. 0938-0		
		IDENTIFICATION NUMBER:	A. BUILDI	NG	(X3) DAT	E SURVEY PLETED		
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F 867	Continued From page	267						
document where nurses are instructed to administer the medication, and further the medication is ordered from the pharmacy for administration.		es are instructed to	F 86	7				
9.6	responded "no". RN A passing medications, d helping the CNA's (cert give care to the Reside extra staff to take off or enough staff to take car	loing treatments, and ifficial nursing assistants) nts, and that they had no ders, and there just wasn't e of everything.						
c n lii w R	ould be administered, but inserts PICC lines ould be administered, but insert the line. This in may not be inserted tould further impede the	e had to call a company so so that the medication because the facility could revealed that the PICC for another day, and e antibiotic administration. ake care of the order at						
Re aft fac the hoo	er facility documentation sertion Record) PICC linesident #364 until 8:00 per the order was received in the order was received in the order was received in the order was received in the order was received in the order was after the IV access the order of the order was after the IV access the order of the order order was after the IV access the order of the order o	ne was not inserted for pm on 3-27-18, 36 hours red, and according to administration record),						
wer all r with eac	ring the second week or ough 3-29-18, lists from re requested 3 times by residents with wounds, a pressure sores. The re th time. Resident #364 . When this was report	a the Administration If surveyors to indicate and then all residents result was the same was omitted from the						

STATEMEN	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			OMB N	O. 0938-039
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BATTLEF	FIELD PARK HEALTHCAR	E CENTER	l	250 FLANK ROAD		
***************************************				PETERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR	MIII D DE	(X5) COMPLETION DATE
on mess of the second surface surface second	with no wounds), had different facility, in less than 10 of Since this is a quality middle facility's QAPI program, have been aware of all put their treatments in the facility's QAPI program, and medical director were readministration on 3-29-1 Administration stated facing manage the QAPI program.	es he have a pressure were unaware that one of acility (who was admitted eveloped one in the days from admission. leasure standard for the the administration should pressure wounds and acility. responsibilities of the viewed with 8 at 10:00 a.m The cility corporate offices am for all of it's facilities. topics and goals are level by reviewing quality and MDS (minimum data centers for Medicare and facility then receives the the facility to send to ot cause analysis, and at plan. This pattern the actual quality facility, and leaves it to not involved on a daily pulation. Examples of involvement t practice. It opics on which to which is not decided at orate office did the and delivered it to the istration there during development of the the Administrator, "We ctober 2017" and the	F 86	DEFICIENCY)		

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T		OMB N	O. 0938-039
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DAT	E SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER			TOTET ADD	03	/29/2018
BATTLE	FIELD PARK HEALTHCAR	E CENTER		TREET ADDRESS, CITY, STATE, ZIP CODE		
				ETERSBURG, VA 23805		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	D DE	(X5) COMPLETION DATE
f Control of the tool of the t	meetings are held at a according to policy. The facility assessment from October 2016 to Sehaviors directed at of have been actively plant QAPI program, howeve individual was found du continued to assault oth administration interventification assessment documente "Resident behavior riske answer "No" which was during survey, however, not know that, and the fathe assessment. The facility - wide assessment the MDS and quality CMS, which was also four	nonthly QAPI meeting held ober 2017. Quarterly QAPI regional corporate level of revealed 24 individuals sept 2017 had physical thers. This area should uned as a hazard in the r, it was not, and an ring survey to have ser residents without ion. The facility did under the heading of injury to others found to be incorrect the corporate office did acility was not involved in sement numbers came a indicators sent into an during survey to be sesident MDS information to be inaccurate. The inhave known the MDS as they are not actions of the facility and population.	F 867	DEFICIENCY)		

	STATEMENT	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	NO. 10. 0		OMB N	10. 0938-039
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		PROVIDER OR SUPPLIER FIELD PARK HEALTHCARI	E CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 250 FLANK ROAD PETERSBURG, VA 23805	0 :	3/29/2018
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 EAPPROPRIATE	(X5) COMPLETION DATE
	F 867	Continued From page of for Residents. Part 3 of the facility assistaffing as; based on the needs for care and supthe minimum direct care of the residents at any good on the residents at any good on the residents at any good on the residents at any good on the residents at any good on the residents at any good on the residents at any good on the residents are reviewed to ensure adequalitative or quantifiable. In the facility- wide- asset it's subset areas, the inference of the residents at "Risk Meassessment" of the residents needs are met, that residents needs are met, that residents needs were weekly meeting was occupirector, the staff, and the acility should have been ound during survey, prior of problem identification, and process improvement evelop and enact plans	sessment describes se resident populations port, and residents receive e staff to meet the needs given time. The document of nursing or direct care seeds and abilities are quate staffing, no e information is given. sessment, at area #3, and formation was vague and setting. Area 3.6 "Medical with the facility staff on a setting" and "QA" (quality bothly to ensure all " Survey results indicate e not met, and if a facility surring with the Medical e Administration, the aware of the issues r to survey. At the time QAPI (quality assurance t) is mandated to of correction. If the	i	CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLETION
	or A ch as pr su th	dministration and Medical fithe issues found during dministrator and Medical hanges. The Administratisked for any plans of correviously written for the aurvey involving harm and a Resident population.	survey, The I director instituted no tor and DON were rections that had been treas identified during				
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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			OMB NO. 0938-039
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	PROVIDER OR SUPPLIER FIELD PARK HEALTHCAR	E CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805	03/29/2018
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() () () () () () () () () () () () () (policy, were reviewed. they were not followed plan" policy, see below through (h.); 1. (a.) "QAPI Plan" wit of 10-1-17. The docum is used to identify quali and to identify opportun while setting priorities f (b.) QAPI identifies need and sets goals to change The program uses evid measure goals and device.) The QAPI committee performance improvement weekly interdisciplinary QAPI monthly meeting and according upon hire and according upon hire and according to QAPI. (c.) The facility will track adverse events that must ime they occur and action plemented to prevent and set of the program of the prog	and a "Medical Director" The two policies revealed In regard to the "QAPI of the following letters (a.), the foll	F 867		CENED PR 2 0 2018
р	lan; before starting a pla	n, the solution cannot			

STATEMENT OF DEFICIENCIES	(X1) PROMPERIOR			FO	RM APPR	
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		OMB NO. 0938-	
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NAME OF PROVIDER OR SUPPLIER				0.	3/29/2018	
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	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)		(X5) COMPLET DATE	
are systematic and ir and processes." First analysis, after identify how improvement will plan, study what you I decide what to do nex (h.) "Charter teams (at analyze the root cause if resources exist or an develop the plan, and continitiation, they then comprogress and maintenant achieved." Quality and safety concontinvestigated, nor tracked nor action plan was deviced prevent reoccurrence of level pressure sores, bur abuse. In regard to the "Medical below; 2. The second policy was job description, and "Role which had no effective dat no revision date. The doc that the medical director had irection for. Of those 12	Many identified problems Many identified problems involve multiple departments is perform a root cause ving the problem, plan for I be measured, carry out the have learned and then it. It the corporate level) is, identify priorities, identify is available for the plan, deliver it to the facility for induct ongoing review of ince after compliance is serns were not identified, d. No root cause analysis eloped, or sent to the retre team" review. No emented in the facility to is Development of harm in hazards, or Resident Director" policy see for the Medical Director s/Responsibilities" ite, no review date, and sument listed 12 policies and oversight, and	F 867				
involved in deficient practic were written in regard to th The 12 policies are listed be S-2567(02-99) Previous Versions Obsolete	ce and federal citations em.					

TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0.00.00.00		OMB	NO. 0938-03
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(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	15	PETERSBURG, VA 23805		
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F 867	Continued From page	273				
	not all, references to the	he federal citations	F 867	7		
	associated with those	areas found to be involved				
	in deficient practice. T	he document revealed;		· ·		
	Under the heading "Pro	ocedure":				
	 "Duties of the Medical 	al Director in the facility"				
1						
4	Active member of the C	QAPI committee, and				
	aπend meetings at leas	it quarterly assist the				
1	AAPI committee in revi	ewing and undating				
	existing resident care p	olicies, and the				
	are policies. The Mark	mentation of new resident				
V	are policies. The Medi	ical Director shall work				
c	are that may at times,	inate safe and effective				
1						
II in	. "Oversight and directi clude, but are not limite	on for facility policies will ed to:				
1.	Admission, transfers,	and discharges				
2.	intection control, and i	infection prevention				
٥.	Priysical and chemical	restraint usage				
4.	Physician privileges ar	nd practices				
5.	Responsibilities of non	-physician health care				1
WC	rkers		and the same of th			
0.	Accidents and incident	s				
/.	Ancillary services					
0. a	Medication use					1
10	Use and release of clin Overall quality of care	ical information	ША		TO STREET, STATE OF THE STATE O	
11	Ensure appropriate res	sident ears - · ·				- 1
thro	ough direct oversight ar	od supprision				1
phy	sician services, and the	e medical care provided	and the same of th			
10 6	acii resident.					
12.	The medical Director s	hall provide			4	
	r-to-peer counseling for	- d				1
pee	had oddigellig in	r other	,			
pee	sician's/providers withir flict arises.	r other			Manager and the second	

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) 141 II TIDI 5		OMB N	IO. 0938-039
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	data based on facility of need, involving each of These topics included this survey at immedial levels. These areas who captured and included planning, tracking, investigations of the modern of the	also was required by policy orts, which would contain experiences of resident of the 9 topics below. The second of the 9 topics below. The second of the 9 topics below. The Jeopardy, and harm thich should have been in QAPI meetings, estigation, and correction, of by citing the deficient or shall review the following sis;	F 867			
E E E E E E E E E E E E E E E E E E E	the QAPI documents we evealed discussions on ach of the 3 months price ecember 2017 the probapt were - gait belts, show a label emedications, NA (certified nursing assembly abuse negonal porting changes in conclusions.	erns ad by the QAPI committee are reviewed, and the following topics for or to survey.; Idem topics discussed for allower schedule, Ilab and x-ray tracking, sistant) Kardex allect training, and CNA's				

STATEMEN"	T OF DEFICIENCIES	CAL PROVIDE SERVICES			OMP A	
AND PLAN (OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DAT	IO. 0938- E SURVEY APLETED
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F 867	Continued From page		F 86	67		
restorative program	identifying signs of dep	JPdating interventions, Pression, adding more				
	February 2018 the problem topics of QAPI were - pain with facial scale, we current and completed with same doorders and signing the MAR/TAR (not administration record/treatment administration and taking off orders periods)	elem topics discussed for			RECEIVE	
e r		with same device, new MAR/TAR (medication		1	APR 2 0 20 0	
washing. On 3-29-18 at the end of day Administrator, DON, and Cormade aware of the failure of a effectively implement a QAPI improvements process neces the needs of the residents. N was presented by the facility.	Corporate RN were of administration to API program, and ecessary to provide for s. No further information					