_		AND HUMAN SERVICES		Same?	RINTED: 05/10/2016 FORM APPROVED
STATEMENT	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	MB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		495283	B. WING		C <b>04/28/2016</b>
	PROVIDER OR SUPPLIER  CARE HEALTH SERVI	CES-IMPERIAL	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 242	survey was conducted Corrections are requirements. The survey/report will for the census in this 115 at the time of the consisted of 20 cur (Residents 1 through reviews (Residents	Medicare/Medicaid standard ted 4/26/16 through 4/28/16. uired for compliance with 42 tral Long Term Care Life Safety Code llow.  128 certified bed facility was ne survey. The survey sample trent Resident reviews ph 20) and 8 closed record	F 000	Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein Our Allegation of Compliance Date is June 23, 2016.  RECE	n".
	schedules, and heather interests, assessinteract with membrinside and outside to about aspects of his are significant to the This REQUIREMENT by:  Based on resident facility document receiving it was determined to accommod two of 28 residents. Resident # 15 and for the same series and series are sident # 15 and for the same series.	IT is not met as evidenced interview, staff interview, view and clinical record mined that the facility staff late a roommate request for in the survey sample,		Corrective Action:  On 4/29/16, residents #15 and #16 were given a status update regards their request to share a room.  On 5/19/16, a room change was completed to accommodate the roommate request for resident #15 and #16. In addition, both residents were notified of the room change and shown the new room prior to the move with approval not the state of the room and the state of the room prior to the move with approval not the state of the room and the state of the room prior to the move with approval not the state of the room and the state of the room prior to the move with approval not the room and the state of the room and the state of the room prior to the move with approval not the room and th	ts m oted.
		#15 to share a room with		MD and R/P's were notified of the	; 5

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: VA0154

room changes as well.

TITLE

(X6) DATE

another resident in the facility.

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

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2.		age 1 failed to act upon a request #16 to share a room with	F	Other Potential Resid Affected:	lents 6/12/1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	THE PERSON OF TO THE	N SHOULD BE COMPLÉTION E APPROPRIATE DATE	
NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES-IMPERIAL				STREET ADDRESS, CITY, STATE, ZIP ( 1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE	
		495283	B. WING	3	04/28/2016	
TATEMENT OF DEFICIENCIES () ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
	EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA				FORM APPROVED OMB NO. 0938-0391	
		<b>\</b>		<b>\</b>	PRINTED: 05/10/2016	

The findings include:

another resident in the facility.

1. Resident #15 was admitted to the facility on 6/6/15, with a readmission date of 7/5/15, with diagnoses that included but were not limited to: Cervical spine quadriplegia (paralysis), dysphagia (difficulty with swallowing), and hypertension (elevated blood pressure).

Resident #15's most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 3/16/16. Resident #15 was coded as a 14 out of a possible 15 on the Brief Interview for Mental Status (BIMS), indicating that the resident was cognitively intact.

During the group interview held on 4/27/16 at 10:30 a.m. Resident #15 stated that he was not allowed to enter a female's room. Resident #15 further stated that he had been told (by administration) that if he wanted to spend time with a "lady friend" he would have to go to one of the day rooms available in the facility. Resident #15 was asked whether he was in a relationship with a female who lived in the facility. Resident #15 stated that he was in a relationship with (name of Resident #16). Resident #15 stated that together they had asked "them" (administration) to allow them (Resident #15 and Resident #16) to share a room together and that their POAs (power of attorneys) had been notified and were agreeable to them (Resident #15 and Resident #16) living in the same room in the facility. Resident #15 was asked whether or not

12/16

Other residents requesting to share a room together had the potential to be affected.

Systemic Changes:

6/12/16

4/28/16 was the last day of employment at Manor Care Imperial for OSM #2, the Social Worker.

Beginning 4/29/16, audits were completed for residents requesting to share a room.

Beginning 4/29/16, interdisciplinary team members as well as administrative staff were re-educated by the Administrator and/or her designee regarding the importance of accommodating roommate request from residents, providing updates to the residents regarding the status of the request and documenting the efforts to complete such within the patient record.

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES				OMB NO	). 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G		TE SURVEY MPLETED
		495283	B. WING	7		1	C
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NAME OF I	PROVIDER OR SUFFLIEN		1	1			
MANOR	CARE HEALTH SERVI	ICES-IMPERIAL		1	1719 BELLEVUE AVENUE		
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			<del></del>	**********	1	Janifer	PhotPhot Schiller Michigan School Sch
F 242	Continued From pa	ige 2	F 2	242	2		
	POAs had agreed.	de any arrangements since the Resident #15 stated "they" ad not told him anything, he			Monitoring System:		6/12/16
	was still waiting but	t he felt like he was in prison.			Beginning 5/2/16, a weekly au	dit	8
:		d: "They (administration) do			of residents requesting to share		,
,		one in a room where we are			room will be completed by the		
		d. I feel like someone is	•		of Social Services and/or her de		
:		s." Resident #15 was asked ad made the request, Resident			for compliance with facility pro		
1		s been a while now, just	i .		State and/or Federal regulation		
;	•	ng and we really want to do	:		State diluyor rederar regulación	.5.	
:	this."	g and violouny manner			Andita will be conducted for for		
1		!	!		Audits will be conducted for for		<u>:</u>
***************************************		nt #15's clinical record,			weeks and then monthly for tw	0	1
de		rker notes, did not reveal any			months thereafter.		!
,		ted to Resident #15's request	-				* : :
	to cohort with a fem	ale resident.		í	Identified discrepancies will be		:
	On 4/28/16 at 2:10	p.m. an interview was			addressed accordingly and as		i
		M (other staff member) #9, the			appropriate.	:	1
		ator. OSM #9 was asked to			:		
;	describe her proces	ss regarding a room change			Such will be forwarded to the	ĺ	· !
	request. OSM #9 re	esponded, "I go and talk to the 🤚		:	QA&A Committee for further	:	; ;
		and fill out the paperwork to			review and/or possible revision	s i	· }
	•	hange request. We usually			to facility protocol.	į	1
		SM #9 was asked about a			- Constitution of the control of the	:	
		est for a male and female who phort. OSM #9 responded,					,
		male and female to room		š	3	:	· -
		ver received a request for a					
		room together." OSM #9 was				:	•
		ed any IDT (interdisciplinary				•	
		SM #9 responded that she did					
	not.	•				:	
:					•	į	
	On 4/28/16 at 2:20 r	p.m. an interview was				1	

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conducted with OSM #8, the admissions director. OSM #8 was asked whether or not he had received any room requests for a male and

Event ID: 93D611

Facility ID: VA0154

If continuation sheet Page 3 of 65

# 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

				C
	495283	B. WING		04/28/2016
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

MANORCARE HEALTH SERVICES-IMPERIAL

1719 BELLEVUE AVENUE
RICHMOND, VA 23227

(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION)

TAG CROSS-REFERENCED TO THE APPROPRIATE DATE

DEFICIENCY)

#### F 242 Continued From page 3

female resident who wished to cohort. OSM #8 responded, "I know that there was mention of a room change but no particular requests to accommodate a room change." When asked about room availability OSM #8 responded, "I guess we could make a room available, I do know that their (residents involved) POAs are okay with them cohorting, but we have to get permission from other residents involved in making a room available." OSM #8 was asked if anything had been done, OSM #8 responded that from an admissions standpoint they had not done anything.

On 4/28/16 at approximately 2:30 p.m. an interview was conducted with OSM #2, the social worker. OSM #2 was asked if residents in the facility requested to be roomed together, specifically a male and a female, what was the process. OSM #2 stated, "This is under resident rights, I would go to the IDT meeting and discuss the situation." OSM #2 was asked whether or not there was a policy specific to cohorting in the facility. OSM #2 was unable to state whether or not there was a policy. OSM #2 stated, "We have to be mindful of resident rights. We would involve the POAs, whoever is making the decisions for the residents and then figure out the actions to take." OSM #2 was asked to describe her next steps following a discussion with the POAs. OSM #2 stated that she would discuss it with the rest of the team in the IDT meeting. OSM #2 was asked whether or not she would document the situation in the resident's clinical record. OSM #2 responded that she would usually write a note about the request and the steps taken. OSM #2 was asked specifically about Resident #15 and if he had come to her to request to cohort with a

female resident in the facility. OSM #2 stated that

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Event ID:93D611

Facility ID: VA0154

If continuation sheet Page 4 of 65

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		E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	TyzyMU	TIDLE	CONSTRUCTION		O. 0938-039° ATE SURVEY
	IT OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTION		OMPLETED C
		495283	B. WING			0,	4/28/2016
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			1		9 BELLEVUE AVENUE		
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	1		<u> </u>	1			
F 242	Continued From pa	- <del>-</del>	F 24	.42			
		rith the request and had taken		,			
		IDT meeting and also had					
		OAs for both parties and they	-				
		the situation. OSM #2 was		:			
		ime had expired since the					ı
		idents involved had been made	-				
		agreed. OSM #2 was unable e had been working on this.		;			
		d where her documentation	;				
		d where her documentation fing this situation. OSM #2		;			
		documented in the record, "I	:				•
		nal notes and I can look back	:	;			1
		e, but I have destroyed most	1	;			,
		is my last day and I have been	Posts	:			
í		in the burn box." OSM #2 was	*	4			
		w taking the lead on the		*			1
		ne residents. OSM #2 stated					
,	that the IDT was aw		,				
				٠			\$
,		oximately 2:40 p.m. an	:				1
:		lucted with ASM (administrative		:			
		the administrator. ASM #1 was	1	÷			<b>;</b>
,		ware of two residents in the	İ				:
:		a female, who had requested	•				!
:		responded that she was	i	;			
		situation had been discussed	\$ 1.	:			
		e IDT meetings. ASM #1 was		<u> </u>			
:		ocumentation was that ion, ASM #1 responded, "The		:			; ; )
:		ion, ASM #1 responded, The [	:	1			1
:		#1 was made aware that there	6	:			
		e clinical record. ASM #1	* :				
		knew that it had been	<u> </u>	*			
:		they were "still working on it."	* -				
		sted regarding room change	:				:
i	requests and cohort		1				•
٠			i				:
	No further document the end of survey.	ntation was provided prior to	:				:

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OMB NO.	0938-0391

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		(X3) DA	(X3) DATE SURVEY COMPLETED		
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		495283	B. WING	;			4/28/2016	
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				l	19 BELLEVUE AVENUE			
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(X4) ID		TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORREC		(X5)	
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F 242	Continued From p	page 5	F	242				
	: 2 Resident #16 v	was admitted to the facility on					:	
		gnoses that included but were						
		PD (chronic obstructive		;				
	pulmonary diseas	`					•	
		mia (high levels of cholesterol	i	į				
	in the blood), anxi	ety, hypertension (elevated					:	
		lementia and dysphagia	:	:			f	
	(difficult swallowin	g).		1			<u>:</u>	
				:			:	
		ost recent MDS (minimum data		į			1	
		ly assessment with an ARD	1	i			4	
		rence date) of 3/18/16.	•	*				
		coded as a 13 out of a possible	1				d dominate of	
		erview for Mental Status		4			Ť	
	cognitively intact.	that the resident was	i				1	
;	cogritively intact.		:	*			4	
į	During the group i	nterview held on 4/27/16 at	:	ŧ			1	
:		ent #16 stated that she was not	1	1				
i	allowed to have a	male friend in her room.		!			4	
:	Resident #16 furth	er stated that she had been	:	7				
:	told (by administra	ition) that if she wanted to	:	1			*	
		"male friend" she would have to	ţ				5 5	
	•	ay rooms available in the					į	
,		#16 was asked whether she		i			1	
:		ip with a male who lived in the	:	f .			i	
i		#16 stated that she was in a		,				
:		name of Resident #15).	į					
		ed that together they had asked		:			1	
		tion) to allow them (Resident	:				-	
;		#16) to share a room together s (power of attorneys) had						
\$		were agreeable to them		:				
\$ *		Resident #16) living in the		1				
*		facility. Resident #16 was	•	Trans.			:	
#		not the facility had made any		:			:	
1		e the POAs had agreed.		1			:	
:		d "they" (administration) had		4			,	
·		a and (warring and a real					:	

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Event ID: 93D611

Facility ID: VA0154

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	A BUILDING  495283  B WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227  B ID  SUMMARY STATEMENT OF DEFICIENCIES  EFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  242 Continued From page 6  not told her anything, she was still waiting.		ATE SURVEY OMPLETED					
		495283	B. WINC	à		04	C 4/28/2016	
				171	19 BELLEVUE AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE	
F 242	Continued From pa	age 6	F:	242				
	not told her anything Resident #16 was a	ng, she was still waiting. asked how long ago she had	:				!	
	don't remember but nothin really want to do this."  A review of Resident #16's	Resident #16 responded, "I t nothing is happening and we is."		7V 41			·	
:	A review of Resident #16's clinical record, including social worker notes, did not reveal any			: :			;	
;		ited to Resident #16's request	:	To the second se			:	
Tree of the state	3/29/16 did not reve	nt #16's care plan dated eal any information regarding uest to cohort with a male ity.			·			
į	On 4/28/16 at 2:10 p	p.m. an interview was M (other staff member) #9, the	:					
	admissions coordina describe her proces request. OSM #9 re	ator. OSM #9 was asked to ss regarding a room change esponded, "I go and talk to the	i :	*				
· · · · · · · · · · · · · · · · · · ·	process the room ch grant their wish." Of	and fill out the paperwork to hange request. We usually OSM #9 was asked about a set for a male and female who		2 2 2 2			:	
4	had requested to col "We do not allow a r	phort. OSM #9 responded, male and female to room ver received a request for a		- Carron			÷	
	male and female to a asked if she attende	room together." OSM #9 was led any IDT (interdisciplinary SM #9 responded that she did					. , , , , , , , , , , , , , , , , , , ,	
	not.	711 110 100p011200 0		İ			•	
4 .	conducted with OSM OSM #8 was asked	p.m. an interview was M #8, the admissions director. whether or not he had requests for a male and		:				
. 1	female resident who	wished to cohort. OSM #8 that there was mention of a		:		,		

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/10/2016

CENTERS FOR MEDICARE	E & MEDICAID SERVICES					O. 0938-039
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE	CONSTRUCTION	(X3) DA	ATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	4G _		"	OMPLETED
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NAME OF PROVIDER OR SUPPLIER					4	
MANORCARE HEALTH SERVI	ICES-IMPERIAL			19 BELLEVUE AVENUE		
			KIL	CHMOND, VA 23227	~	
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F 242 Continued From pa	age 7	F 24	12			
•	o particular requests to	• •	<del></del>			
	om change." When asked					
	pility OSM #8 responded, "I					
	ake a room available, I do		:			
	sidents involved) POAs are	1				
	norting, but we have to get	•				
	her residents involved in	÷	:			i
	ailable." OSM #8 was asked if					!
anything had been o	done, OSM #8 responded that	t i	,			:
	s standpoint they had not done		:			i
anything.	•	•	:			•
		:				1
	oximately 2:30 p.m. an		•		•	;
interview was condu	ucted with OSM #2, the social					
worker. OSM #2 wa	as asked if residents in the	† }	:			<u> </u>
	be roomed together,	•	;			i i
specifically a male a	and a female, what was the	ì	*			•
process. OSM #2 s	stated, "This is under resident	*				!
	the IDT meeting and discuss		2			ē .
	#2 was asked whether or not					•
	specific to cohorting in the					!
	as unable to state whether or		3			1
,	icy. OSM #2 stated, "We have		è			1
	ident rights. We would involve	ř .	:			:
	is making the decisions for	ř				*
	nen figure out the actions to		-			-
	s asked to describe her next		i			Ť
· · · · ·	scussion with the POAs. OSM	1	i			Ē
•	vould discuss it with the rest of					ì
	meeting. OSM #2 was asked		:			1
	would document the situation	:	•			
	nical record. OSM #2					1
	would usually write a note	:	:			
•	nd the steps taken. OSM #2	!				ŧ
	ally about Resident #16 and if		į			1
	er to request to cohort with a	1				
	facility. OSM #2 stated that	:	2			
she was tamiliar witr	h the request and had taken	•				J

the request to the IDT meeting and also had

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	į			***			4
F 242	Continued From pa	age 8	F 24	42			
		DAs for both parties and they	:	i			
		the situation. OSM #2 was		1			
		ime had expired since the					
		dents involved had been made	8	ì			
				:			
		agreed. OSM #2 was unable	:				
		e had been working on this.	ŧ	1			•
		d where her documentation	:	-			
	-	ling this situation. OSM #2		,			i.
		documented in the record, "I	÷	1			
		al notes and I can look back	1				
		e, but I have destroyed most	ł				
		is my last day and I have been		*			6 •
!		n the burn box." OSM #2 was	į	i			*
	asked who was now	w taking the lead on the	i				
		ne residents. OSM #2 stated		:			!
	that the IDT was aw						š.
	i i i i i i i i i i i i i i i i i i i		·				1
	On 4/28/16 at appro	oximately 2:40 p.m. an	i				
-		ucted with ASM (administrative					*
		he administrator. ASM #1 was	:	1			
:		ware of two residents in the		į			1
:		1		:			:
		a female, who had requested		5 3			•
		responded that she was		:			3
:		situation had been discussed		i .			1
=	•	IDT meetings. ASM #1 was					:
į		ocumentation was that		:			<b>‡</b>
ŧ		on, ASM #1 responded, "The		•			•
*		(in the clinical record) should					\$ 2
:		#1 was made aware that there		:			
i	were no notes in the	e clinical record. ASM #1		BF - 20			
-	responded that she	knew that it had been		11.00			ì
		they were "still working on it."		,			; ;
		sted regarding room change		-			1
	requests and cohorti	• •		÷			
:							
:	No further documen	ntation was provided prior to		:			
	the end of survey.			-			
		TO NOTICE BEFORE	F 247	7		,	1
	-100.10(0)(-, 1	10 Italiam per arte		* :			Į.

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Event ID: 93D611

Facility ID: VA0154

If continuation sheet Page 9 of 65 RECEIVED

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	PROVIDER OR SUPPLIER		L	Τ.	STREET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIER				1719 BELLEVUE AVENUE		
MANOR	CARE HEALTH SERV	ICES-IMPERIAL		1	RICHMOND, VA 23227		
	SUMMARY STA	TEMENT OF DEFICIENCIES	i ID		PROVIDER'S PLAN OF CORRECT	ION	(X5)
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		_	:	O 4 =	• :		
	Continued From pa		. F	247			:
SS=D	ROOM/ROOMMAT	E CHANGE	1		F 247		
	A resident has the	right to receive notice before			;		ı
	the resident's room changed.	or roommate in the facility is			Corrective Action:		6/12/16
	on.og				Due to the room change		th dammad.
	1		į		occurring on 11/24/15, staff		:
	This REQUIREMEN	NT is not met as evidenced			met with Resident #4 on		
	by:	and the second	2		5/19/16 and determined he		
		rview and clinical record	-		was adjusting well to the roo	າກາ	
	review, it was deter	mined that the facility staff sident prior to a room change	:			7111	
	for one of 28 reside	ents in the survey sample,	1		change and his roommate		
	Resident #4.	into in the outroy outriple;	3		without any difficulty.		;
	The facility social w	orker failed to provide	:				6/12/16
	evidence that Resid	dent #4 was notified of the	·		Other Potential Residents	<b>;</b>	0, ==, ==
	room change, shov	vn his new room or introduced	i		Affected:		:
	to his new roomma	te prior to a move on 11/24/15.					
	: The findings includ	e:			Other residents who had a		:
					room change within the		:
	Resident #4 was ad	dmitted to the facility on	;		facility and were not		
	5/16/15 with diagno	ses including, but not limited	\$ 2		notified of the room change		;
	to: dementia with t	ehaviors, high blood pressure,			_		:
	benign prostate enl	argement, and anemia. On	į.		shown the room or introduc		1
	the most recent ML	OS (minimum data set), a	1		to the roommate prior to th		
	quarterly assessme	ent with ARD (assessment 3/16, Resident #4 was coded	:		move had the potential to b	e	:
	as having moderate	e cognitive impairment for			affected.		<u> </u>
	making daily decisi	ons, having scored six out of					!
	15 on the BIMS (br	ief interview for mental status).			1		:
	A review of the pro-	gress notes for Resident #4			•		
	revealed the follow	ing note dated 11/24/15:	1		:		;
	"Room change noti	fication from [location of			:		
	original room] to [lo	cation of current room]."	\$ 2 :		;		-
		ealed the following social					
	runner review reve	aled the following social	:				Page 10 of 65

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NAME OF PROVIDER OR SUPPLIER

#### MANORCARE HEALTH SERVICES-IMPERIAL

1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE

#### F 247 Continued From page 10

services note dated 11/25/15: "Late Entry: Patient was moved yesterday due to roommate compatibility. Patient's RP (responsible party) was contacted about the room change and agreeable."

Further review revealed another social services note written by OSM (other staff member) #2, a social worker, and dated 11/25/15: "SS (social services) visited resident in his new room. He stated that he is pleased with room change and voiced no concerns."

A review of Resident #4's comprehensive care plan revealed, in part, the following: "Cognitive loss as evidenced by confusion...Allow adequate time to respond. Do not rush or supply words...Approach/speak in a calm, positive/reassuring manner. Attempt to provide consistent routines/caregivers. Explain each activity/care procedure prior to beginning it."

On 4/28/16 at 1:40 p.m., an attempt was made to interview OSM #2 regarding this room change for Resident #4. When asked the procedure which she followed prior to a resident's room change, she stated: "I would like to get back to you on that." When asked about what kinds of actions by the social worker would be important for a resident prior to a room change, she stated: "I will have to get back to you on that." At this time, OSM #2 was asked to review Resident #4's record regarding the room change on 11/24/15 and to provide any evidence that Resident #4 and the responsible party had been notified prior to the room change and Resident #4 had been given the opportunity to view the new room and meet his new roommate, prior to the move.

#### F 247

#### **Systemic Changes:**

STREET ADDRESS, CITY, STATE, ZIP CODE

6/12/16

Beginning 4/29/16 an audit of resident room changes within the facility was completed to determine if they were notified of the room change, shown the room or introduced to the roommate prior to the move.

Beginning 4/29/16, interdisciplinary team members as well as administrative staff were re-educated by the Administrator and/or her designee regarding the importance of accommodating roommate request from residents, providing updates to the residents regarding the status of the request and documenting the efforts to complete such within the patient record.

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Event ID: 93D611

Facility ID: VA0154

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PRINTED: 05/10/2016 FORM APPROVED OMB NO. 0938-0391

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#### MANORCARE HEALTH SERVICES-IMPERIAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1719 BELLEVUE AVENUE

RICHMOND, VA 23227

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F 250

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE

F 247 | Continued From page 11

On 4/28/16 at 2:10 p.m., OSM #2 returned to the surveyor and presented her with the three notes outlined above. She stated: "I don't have anything else to add."

SUMMARY STATEMENT OF DEFICIENCIES

On 4/28/16 at 2:20 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the corporate consultant, were informed of these concerns. They were also informed that the social worker had refused to complete an interview with the surveyor. When asked whose job it was to facilitate internal resident moves and to introduce residents to the new roommates, ASM #1 stated: "The social worker." Policies regarding room changes were requested.

No further information was provided prior to exit. F 250 483.15(g)(1) PROVISION OF MEDICALLY SS=D RELATED SOCIAL SERVICE

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:

Based on resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide medically related social services for two of 28 residents in the survey sample, Residents #19 and #4.

1. The social worker failed to invite Resident #19

**Monitoring System:** 

6/12/16

Beginning 5/2/16, a weekly audit of resident room changes within the facility will be completed by the Director of Social Services or her designee for compliance with facility protocol/state and/or Federal regulations.

Audits will be conducted for Four weeks and then monthly for two months thereafter.

Identified discrepancies will Be addressed accordingly and As appropriate.

Such will be forwarded to the QA&A Committee for further review and/or possible revisions to facility protocol.

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Facility ID: VA0154

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	#4/his responsible	er failed to show Resident party the new room and failed o the new roommate prior to a		Corrective Action:		6/12/16
	to introduce them to the new roommate prior to a move on 11/24/15.			On 5/19/16, resident #19 was educated regarding		:
	The findings includ	e:		right to be invited to care plan meetings. In additio	e	
	The social worker failed to invite Resident #19 to care plan meetings.			her current plan of care v		· •
emprese di dei . In di America	Resident #19 was admitted to the facility or 9/19/11 and readmitted to the facility or Resident #19's diagnoses included but limited to: high blood pressure and maj	itted to the facility on 7/30/14. gnoses included but were not of pressure and major		Due to the room change occurring on 11/24/15, staff met with Resident # on 5/19/16 and determine		
er er e e e e e e e e e e e e e e e e e	MDS (minimum dat with an ARD (asses 4/11/16, coded the	r. Resident #19's most recent a set), a quarterly assessment ssment reference date) of resident as being cognitively		he was adjusting well to the room change and his roommate without any		
Activities of the control of the con	intact, scoring a 15 out of a possible 15 on the brief interview for mental status interview.  Resident #19's comprehensive care plan revised on 4/26/16 failed to document information regarding the resident's participation in care plan meetings.			difficulty.  Other Potential Reside  Affected:	nts	6/12/16
. The second sec	On 4/28/16 at 2:45 conducted with Res asked if she participulans her activities and she that the conducted her daughter meetings and she the conducted her feeting after the conducted her resident and she the conducted her showever, Resident and she the conducted her showever, Resident and she conducted her showever, Resident and she conducted her showever, Resident and she conducted her showever.	p.m., an interview was ident #19. The resident was pates in meetings where staff and daily medication and plan meetings). Resident #19 probably attends the hought her daughter went to be resident had a mastectomy; #19 stated she (Resident #19)		Other residents who were not invited to Care Plan meetings and/or had a room change within the facility and was not notified of the room chan shown the new room or		
1	#19 was asked if sh	ted to the meetings. Resident e e would like to attend her The resident stated, "I		introduced to the new roommate had the poten to be affected.	tial	

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE FATEMENT OF DEFICIENCIES JD PLAN OF CORRECTION		1 ' '		CONSTRUCTION	FOF OMB N (X3) E	ED: 05/10/2016 RM APPROVED IO. 0938-0391 DATE SURVEY COMPLETED
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I'm so quiet."  On 4/28/16 at 3:17 conducted with OSN social worker). OSI residents to care plathe activities depart to invite them to the  On 4/28/16 at 4:13 conducted with OSN director). OSM #6 sinvited residents to On 4/28/16 at 4:17 conducted with OSN assistant). OSM #8 family members to a appointments but do On 4/28/16 at 4:19 staff member) #1 (the director of nurs above findings. ASI was responsible for meetings.	p.m., an interview was of (other staff member) #2 (the M #2 stated she didn't invite an meetings. OSM #2 stated ment sends residents letters meetings.  o.m., an interview was of M #6 (the interim activities stated she didn't know who		250	4/28/16 was the last day of employment at Manor Care Imperial for OSM #2, the Socia Worker.  Beginning 4/29/16, audits were completed for residents either requesting to share a room and experiencing a room change with facility.  Beginning 4/29/16, interdisciplinary team members as well as administrative staff we re-educated by the Administra and/or her designee regarding importance of accommodating roommate request from reside providing updates to the reside regarding the status of the request documenting the efforts to complete such within the patie record.	e d/or within ere stor sthe ents, ents juest	6/12/16
documented in part, Coordinate a proces responsible party to	"Social Service Role: ss to invite the patient or care conferences"					

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2. The social worker failed to show Resident #4/his responsible party the new room and failed

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PRINTED: 05/10/2016 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF	DEFICIENCIES
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NAME OF PROVIDER OR SUPPLIER

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(X2) MULTIPLE CONSTRUCTION A. BUILDING

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STREET ADDRESS, CITY, STATE, ZIP CODE

**1719 BELLEVUE AVENUE** 

RICHMOND, VA 23227

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6/12/16

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F 250 Continued From page 14

MANORCARE HEALTH SERVICES-IMPERIAL

to introduce them to the new roommate prior to a move on 11/24/15.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

Resident #4 was admitted to the facility on 5/16/15 with diagnoses including, but not limited to: dementia with behaviors, high blood pressure, benign prostate enlargement, and anemia.

The most recent MDS (minimum data set), a quarterly assessment with ARD (assessment reference date) of 5/13/15, coded Resident #4 as having moderate cognitive impairment for making daily decisions, having scored six out of 15 on the BIMS (brief interview for mental status).

A review of the progress notes for Resident #4 revealed the following note dated 11/24/15: "Room change notification from [location of original room] to [location of current room]."

Further review revealed the following social services note dated 11/25/15: "Late Entry: Patient was moved yesterday due to roommate compatibility. Patient's RP (responsible party) was contacted about the room change and agreeable."

Further review revealed another social services note written by OSM (other staff member) #2, a social worker, and dated 11/25/15: "SS (social services) visited resident in his new room. He stated that he is pleased with room change and voiced no concerns."

A review of Resident #4's comprehensive care plan revealed, in part, the following: "Cognitive loss as evidenced by confusion...Allow adequate time to respond. Do not rush or supply words...Approach/speak in a calm,

**Monitoring System:** 

Beginning 5/2/16, a weekly random audit of 10% the documentation for residents room changes/requests will be conducted by the Director of Social Services and/or her designee for compliance.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

Audits will be conducted for four weeks and then monthly for two months thereafter.

Identified discrepancies will be addressed accordingly and/or as appropriate.

Such will be forwarded to the QA&A Committee for further review and/or possible revisions to facility protocol.

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positive/reassuring consistent routines	manner. Attempt to provide //caregivers. Explain each dure prior to beginning it."			Corrective Action:	6/12/16
interview OSM #2 r Resident #4. When she followed prior to she stated: "I would that." When asked by the social worke resident prior to a r will have to get back OSM #2 was asked record regarding the and to provide any the responsible parthe room change and given the opportunity meet his new room On 4/28/15 at 2:10 surveyor and prese outlined above. She anything else to add On 4/28/15 at 2:20 staff member) #1, to director of nursing, consultant, were infoliated to com- surveyor. When as	p.m., an attempt was made to regarding this room change for a sked the procedure which to a resident's room change, and like to get back to you on about what kinds of actions are would be important for a soom change, she stated: "I sk to you on that." At this time, and to review Resident #4's are room change on 11/24/15 evidence that Resident #4 and the ty had been notified prior to and Resident #4 had been and the ty to view the new room and mate, prior to the move.  p.m., OSM #2 returned to the ented her with the three notes are stated: "I don't have d."  p.m., ASM (administrative he administrator, ASM #2, the and ASM #3, the corporate formed of these concerns. Formed that the social worker uplete an interview with the sked whose job it was to sident moves and to introduce	:		On 5/19/16, an activity interview was completed for resident #5. A significant correction for this assessment was not completed as 2 subsequent assessments were completed which accurately reflects the residents status.  On 4/29/16, a modification to a prior assessment for section H for resident #3 was completed to accurately reflect the resident's urinary incontinence status.  For resident #6, a correction to a prior assessment was not completed as a regularly scheduled subsequent assessment was completed on 5/12/16, which accurately reflects the residents pressure ulcer status.	

No further information was provided prior to exit.

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	The assessment m resident's status.	ust accurately reflect the		: :	
				Other residents who requir	
	A registered nurse	must conduct or coordinate		Section F of an MDS assessi	nent
	each assessment v			to be completed had the	<u>;</u>
	participation of heal	itti professioriais.		potential to be affected.	i
	A registered nurse	must sign and certify that the	:		
	assessment is com		•	Other residents who requir	
			:	Section H of an MDS assess	ment
		completes a portion of the		to be completed had the po	otential
;	assessment must s that portion of the a	ign and certify the accuracy of ssessment.		to be affected.	
	ttoday Madisana aa	A Madianid an individual who		Other residents who require	e ,
		d Medicaid, an individual who gly certifies a material and	· - !	Section M of an MDS assess	
		resident assessment is		to be completed had the po	tential
		oney penalty of not more than		to be affected.	,
	\$1,000 for each ass	sessment; or an individual who		10 00 011001	
	willfully and knowing	gly causes another individual 📑			
:		and false statement in a		Systematic Changes:	6/12/16
	resident assessmer	nt is subject to a civil money		•	<b>-,,</b> - :
		than \$5,000 for each	•	Beginning 5/19/16, an aud	it
i	assessment.	i		of Section F was completed	<b>!</b>
	Clinical disagreeme	ent does not constitute a		for Activity Interview codin	g
	material and false s			& Activity Preference, Secti	on H -

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate MDS (minimum data set) assessment for three of 28 residents in the survey sample, Residents # 5, 3, and 6.

Facility ID: VA0154

Foley Catheters and Section M -

Skin accuracy for current

residents who require MDS assessments with discrepancies

noted and/or corrected as

RAI guidelines.

spplicable and appropriate per

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES <u>C</u>

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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,
MANOR	CARE HEALTH SERV	ICES-IMPERIAL		1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(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 CROSS-REFERENCED TO THE APPROPRICED TO THE APPR	D BE COMPLÉTION
F 278	Resident # 5's annumith an ARD (assess 12/14/15 to demonst Daily and Activity Poattempted.  2. The facility staff Resident #3's urina	failed to accurately code ual MDS (minimum data set) esment reference date) of estrate that the Interview for references had been failed to accurately code ry continence in her quarterly	F 27	who complete MDS assessment were re-educated by the Region Case Mix Specialist regarding the importance of completing Section F, Section H and M accurately and per RAI guidelines.	onal
5	ARD (assessment r 3. The facility staff Resident #6's press	a set) assessment with an reference date) of 10/27/15.  failed to accurately code ourse ulcer on her quarterly		Monitoring System:  Beginning 5/24/16, a weekly random audit of 10 MDS assessments will be reviewed	6/12/16
; ; ;	The findings include			for accuracy validation by the Administrator and/or her designee for compliance per	
	Resident #5's annua with an ARD (asses 12/14/15 to demons Daily and Activity Prattempted.  Resident #5 was ad with diagnoses that to diabetes, periphe hypertension, glauco Resident #5's most set) assessment, a cassessment referenceded the resident as	mitted to the facility on 5/2/11 included but were not limited ral vascular disease,		the RAI guidelines.  Audits will be conducted for four weeks and then monthly for two months thereafter.  Identified discrepancies will be addressed accordingly and, as appropriate.  Such will be forwarded to the QA&A Committee for further review and/or possible revisio to facility protocol.	

term memory deficits. In Section B "Hearing, Speech, and Vision" under B0700 "Makes Self Understood" a "2" was entered indicating that

#### PRINTED: 05/10/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING C B. WING 495283 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 278: Continued From page 18 F 278 Resident #5 was "Sometimes understood." Under "B0800: Ability to Understand Others" a "2" was entered indicating that Resident #5 "Sometimes understands." Review of the annual MDS with an ARD of 12/14/15 documented that there was no change in the Resident's cognitive functioning, short term or long term memory and no change in whether the Resident could understand or be understood. Review of the annual MDS assessment revealed that under Section F: Preferences for Customary Routine and Activities, under F0300. Should Interview for Daily Activity Preferences be Conducted? A "0" was entered. This indicated that the interview with the Resident was not completed. The instruction documents that the Resident interview should be attempted unless the Resident is rarely/never understood. During an interview on 4/28/16 at 9:45 a.m. with LPN (licensed practical nurse) #5, one of the MDS coordinators, LPN #5 stated that at times the MDS staff does the activity interviews. LPN #5 reviewed the annual MDS and stated that she would check on why the interview was not done with the resident and who should have done it. LPN #5 was then asked what source is used as a reference when filling out the MDS. LPN #5 stated that the RAI (resident assessment instrument) is the reference that is used. During an interview on 4/28/16 at 11:25 a.m. with LPN #5 and RN (registered nurse) # 5, another MDS coordinator, RN #5 stated that the employee that did the activities interview is no longer at the facility. When asked if the interview

with the resident should have been attempted, RN # 5 stated, "Yes, she (resident) should have

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING			C 04/28/2016	
NAME OF	PROVIDER OR SUPPLIEF	₹	<del>'</del>	STR	REET ADDRESS, CITY, STATE, ZIP CODE		
				171	9 BELLEVUE AVENUE		
MANOR	CARE HEALTH SER	VICES-IMPERIAL		RIC	CHMOND, VA 23227		
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F 278	Continued From p	age 10	F 2	70			
1 210	,	•	1 2	70			
	been interviewed f	or the activities."					
	ASM (Administration	w on 4/28/16 at 2:45 p.m. with ve staff member) #1, the ASM #2, the director of nurses, evealed.	:	:			
	Nie frakten informe	tion was musuided agents avit					
	No turtner intorma	tion was provided prior to exit.					
	: : "CMS's BALMDS 1	3.0 Manual CH 3: MDS Items		:			
	[F] May 2011 Page			į		\$	
	i I may zorr r ago	, ; 1				¥	
	SECTION F: PREF	FERENCES FOR					
	•	UTINE AND ACTIVITIES					
				:			
	Intent: The intent o	f items in this section is to				•	
;	obtain information	regarding the resident's		:		!	
	preferences for his	or her daily routine and				4	
	activities. This is be	est accomplished when the		į			
1		ined directly from the resident		ŧ			
		r significant other, or staff					
		sident cannot report		4			
í		nformation obtained during this		:		,	
	• •	ortion of the assessment.					
		ould use this as a guide to		:		•	
		lized plan based on the		ŧ		Ţ	
1		ces, and is not meant to be				•	
Time and the	all-inclusive.	rview for Daily and Activity		i		÷	
£ .	Preferences Be Co			:		:	
*	Item Rationale	riducted :				1	
!	Health-related Qua	lity of Life		:		İ	
tamet : a		apable of communicating can		:		· 2	
1 2		about what they like.		•	•	•	
1		ation about preferences					
i		sident, sometimes called				3	
		nt's voice," is the most reliable		i			
		of identifying preferences.					
		ot communicate, then family		i	المنطقة المنصد المنصد		
						1 1 1 1 1	

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Event ID: 93D611

Facility ID: VA0154

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		ATE SURVEY DMPLETED	,
		495283	B. WING	·		0.	C <b>4/28/2016</b>	i
	MANORCARE HEALTH SERVICES-IMPERIAL  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			STRI 1719 RIC		0-112012010		
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F 278	Continued From pa	nge 20	F :	278			:	
	•	who knows the resident well	_					
		vide useful information about	t.					
	preferences.		•	•				
	Planning for Care			;				
	Quality of life can be greatly enhanced when			•				
	care respects the resident's choice regarding							
	anything that is important to the resident.			•	#			
	: Interviews allow the resident's voice to be			:	•		1	
	reflected in the care plan.			:				
	Information about preferences that comes			;				
		sident provides specific		•			i e	
		idualized daily care and	1	İ				
	activity planning.	redunized daily care and					:	
	activity planning.			:				
;	Steps for Assessme	ont						
				t 5			:	
1		er or not resident is	1					
,		tood and if family/significant	:	:	•			
		resident is rarely/never					:	- 1
1		nily is not available, skip to						i
;	•	ssessment of Daily and	i	Í				
	<b>Activity Preferences</b>		1				4 5	
i	2. Review Language	e item (A1100) to determine	1	:			*	
1	whether or not the r	esident needs or wants an						- 1
	interpreter.		1	;			i	- 1
		eds or wants an interpreter,	) 5					
:		ew with an interpreter.		;				
:		view should be conducted if					;	
-			:	•			\$	ı
;	the resident can res	pona.		:				
	· Verbally,		:				*	- 1
		r answers on the cue card,		į			i	
!	OR			3			1	ļ
**	<ul> <li>by writing out their</li> </ul>	answers.	1	!			\$	
í				-			•	
		Manual CH 3: MDS Items					1	
1	[F] May 2011 Page f	<b>2</b>					•	
		view for Daily and Activity						
	Preferences Be Con						•	
	Coding Instructions	rangan an araba tan s		,				
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Event ID: 93D611

Facility ID: VA0154

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		& MEDICAID SERVICES	T			1	<u>). 0938-039</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		CONSTRUCTION		TE SURVEY
		495283	B. WING			0.4	C 1/28/2016
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			1719	BELLEVUE AVENUE			
MANOR	IANORCARE HEALTH SERVICES-IMPERIAL			RIC	HMOND, VA 23227		
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E 278	Continued From po	on 21	: E 0-	70			:
F 210	Continued From pa	-	F 27	0			
	should be attempte						
		interview should not be	:				•
:	•	resident. This option should be					•
		its who are rarely/never					
ā		eed an interpreter but one was who do not have a family					
-		ant other available for	:	1			•
		0800, (Staff Assessment of	•	1			4
	Daily and Activity Pr	· •	:	:			\$
1		e resident interview should be		:			
1		ion should be selected for		ž.			
į	•	ble to be understood, for	:	•			
:		r is not needed or is present,		*			•
į		y member or significant other		į			
;		ew. Continue to F0400		1			1
		Preferences) and F0500		*			1
	(Interview for Activity			i e			
:	Coding Tips and Sp	ecial Populations		1			·
	· If the resident nee	eds an interpreter, every effort		1			1
:	should be made to h	have an interpreter present for					Į.
;		erview. If it is not possible for		1			\$ -
		r to be present on the day of 🣑		ì			İ
		family member or significant		ì			Ī
		e for interview, code F0300 =		į			1
		w not attempted, and					1
		ssessment of Daily and		3			
		(F0800) instead of the					1
		sident (F0400 and F0500)."					8
		terview should not be		1			:
		esident. This option should be		* *			1
		ts who are rarely/never					
	•	ed an interpreter but one was		:			
		ho do not have a family nt other available for					•

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interview. Skip to F0800, (Staff Assessment of

Code 1, yes: if the resident interview should be

Daily and Activity Preferences).

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NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION	
A. BUILDING	

(X3) DATE SURVEY COMPLETED

C

04/28/2016

495283

B WING

STREET ADDRESS, CITY, STATE, ZIP CODE

1719 BELLEVUE AVENUE

RICHMOND, VA 23227

MANORCARE HEALTH SERVICES-IMPERIAL

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

ID **PREFIX** TAG

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

(X5) COMPLETION DATE

F 278 Continued From page 22

attempted. This option should be selected for residents who are able to be understood, for whom an interpreter is not needed or is present, or who have a family member or significant other available for interview. Continue to F0400 (Interview for Daily Preferences) and F0500 (Interview for Activity Preferences)..."

2. The facility staff failed to accurately code Resident #3's urinary continence in her quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 10/27/15.

Resident #3 was admitted to the facility on 1/17/15 with diagnoses that included, but were not limited to: pressure ulcer, obstructive and reflux uropathy (a condition in which the flow of urine is blocked\*), anxiety, insomnia (difficulty falling asleep), muscle weakness, anemia, atrial fibrillation (an abnormal heart rhythm), hypertension (elevated blood pressure) and Hepatitis A (a disease causing inflammation of the liver\*\*).

Resident # 3's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 1/24/16, coded Resident #3 as scoring a 15 out of a possible 15 on the Brief Interview for Mental Status in Section C, Cognitive Patterns, indicating that Resident #3 was cognitively intact.

Section H. Bladder and Bowel, for Resident #3's MDS quarterly assessment with an ARD of 10/27/15 coded Resident #3 in sub-section

H0100, Appliances, as having an indwelling catheter. In sub-section H0300, Urinary continence, Resident #3 was coded as "3. Always

incontinent".

F 278

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Facility ID: VA0154

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		AND HUMAN SERVICES		•	FORM	1 APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	<u>. 0938-039</u>
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	LE CONSTRUCTION		TE SURVEY MPLETED
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3		
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		495283	B. WING		<del></del>	/28/2016
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F 278	Continued From pa	ge 23	F 278			:
				1		i
		ssessment instrument)				
		ontinence as; "the involuntary	=	3 1		
		de 3 in sub-section H0300	•			
	indicates that the re	sident is "always incontinent."		1		3
	Δ review of Residen	t #3's care plan dated 1/17/15	•			•
		e following documentation:	:	1		
		velling urinary catheter	·	•		*
		nd healing, urinary retention."	3 i			į
	LAn interview was co	nducted on 4/28/16 at 9:40	: :	1 4 4		i I
		ised practical nurse) #5, the	70.4	) :	•	1
		PN #5 was asked to describe				1
		pleting the MDS for each				
		sponded, "I follow the RAI		:		i
		sments on residents. I also				:
		assess, ask nursing staff and		•		ı
		ords." LPN #5 was shown the ion H for Resident #3 and				
:		or not it was coded correctly.	:			:
:		vould get back with this		1		<u>:</u> :
	surveyor about the c	· · · · · · · · · · · · · · · · · · ·		•		!
		ma1/ 2/4		•		
		o.m. RN (registered nurse) #3		!		
:		veyor and stated, "The coding		,	:	:
4		ame of Resident #3's) section H0300) should have				! !
,		not-rated." because the				
:	NOUNT OCCUPANT OF THE	,,5,,,4,04, 2004400 1110				

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that she used the RAI manual.

resident (Resident #3) did have an indwelling catheter at the time the MDS was completed. I have already corrected this and submitted the correction." RN #3 was asked what she used as a reference to complete the MDS, RN #3 stated

On 4/28/16 at approximately 4:30 p.m. ASM (administrative staff member) #1, the

administrator, was made aware of the above

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		I AND HUMAN SERVICES					)RM APPROVE NO. 0938-039
		& MEDICAID SERVICES	1		CONSTRUCTION		
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MD LIVIA	IND PEAR OF CONNECTION		A. BUILDING				_
		405303	B. WING				C
		495283	B. WING		THE ADDRESS OF THE TIP COR		04/28/2016
NAME OF PROVIDER OR SUPPLIER		-		EET ADDRESS, CITY, STATE, ZIP CODE	<u></u>		
MANOR	CARE HEALTH SERV	ICES-IMPERIAL			9 BELLEVUE AVENUE		
1017-17-17-1	<b>7</b> , <b>2</b>		L	RIC	HMOND, VA 23227		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH		(X5) COMPLETION
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	: PREFIX	•	CROSS-REFERENCED TO THE APP		D. 175
TAG	1	,			DEFICIENCY)		*
			:	!			
F 278	Continued From pa	age 24	F 2	78			
,	4	r information was provided					
	prior to the end of t			:			
	prior to the one of t			-			
	•						
	*This information w	as obtained from the following					
	website:			1			
		n.gov/medlineplus/ency/article/		i			:
	000507.htm		•	•			
	·	was obtained from the	:	1			
	following website:	nih.gov/vivisimo/cgi-bin/query-					:
	moto2v%3aproject	=medlineplus&v%3asources=	:	i			İ
		e&query=hepatitis%20A&	:				
	meanneples bandle	addoly hopatito heart					
	•		•	\$			1
		failed to accurately code					
		sure ulcer on her quarterly					1
	MDS assessment v	vith an ARD of 2/11/16.		1			•
	: D	lesitted to the facility on					:
		Imitted to the facility on					:
	diagnoses that inclu	mission on 7/22/15 with uded, but not limited to: CVA		:			4
		accident - stroke), dysphagia		•			3
		g), muscle weakness,		:			÷
		ght hip, depressive disorder,	:	1			:
	diabetes, and heart						
				:			•
		t recent MDS (minimum data		1		1	
		y assessment with an ARD	l				
		nce date) of 2/11/16.		į			4
		ded as scoring an 8 out of a		1			i
		Brief Interview for Mental		÷			
		Cognitive Patterns; indicating as cognitively moderately		1			<b>!</b>
	∵tnat Resident #6 wa ≟impaired.	as cognitively inductately		*			
	impaireu.			Í			:
	Section M. Skin Co	ndition, on Resident #6's		;	•		
	,						

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quarterly MDS assessment with an ARD of

2/11/16 coded Resident #6 in sub-section M0300,

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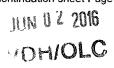
CENTERS FOR MEDICARE & MEDICAID SERVICES				(	OMB NO. 0938-		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		TE SURVEY MPLETED	
	495283	B. WING	è		04	C <b>//28/2016</b>	
NAME OF PROVIDER OR SUPPLIES		<del>-</del>	STI	REET ADDRESS, CITY, STATE, ZIP CODE		140140 IU	
		1		19 BELLEVUE AVENUE			
MANORCARE HEALTH SER	VICES-IMPERIAL		RIC	CHMOND, VA 23227			
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F 278 Continued From p	2000		070				
•	•	Γ 4	278			*	
	at the wound team notes		=				
	dent #6 as having a Stage III her right hip and not a Stage 2.						
	ner right hip and not a Stage 2.  At she used the description of	•					
	as documented by the IDT to					•	
	ge of the wound. LPN #5 was					•	
	discussed the wound with the	•	:			:	
i i	N #5 stated that she had, had	:	:				
	ns. LPN #5 was asked whether	\$				1	
or not she was abl	le to downgrade a wound, LPN					:	
	used the RAI manual for her	:	:				
instructions.			:			•	
1			*				
	30 a.m. an interview was	1	:			<b>.</b>	
	N (registered nurse) #2, the	1				i	
	#2 was asked who was	į	:			*	
	aging pressure ulcers in the		:			ř	
	ponded, "If a new admission					ì	
	al staging and make notes	:	1			i	
	wound looks but cannot	:				1	
	n say it's a healing stage	4	;				
	und." RN #2 was asked what	, M				i :	
	sident #6 had. RN #2 has a healing Stage III wound."		:			; ; }	
	whether or not the MDS	: 1			:		
	ed wound rounds, RN #2	:			:		
	not. RN #2 was asked	į	i				
	MDS coordinator was able to	*	ļ			:	
	ssure ulcer, RN #2 stated that	Ì	·		:		
she could not.	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*			i	
0.4/00/46 -1			:		!	i	
	roximately 12 noon, LPN #5		i				
	eyor with a copy of the section that she used to complete	1					
,	that she used to complete IDS. LPN #5 pointed out the	•	*		1		
:	age 2 Pressure Ulcer used in	3	1		í		
•	PN #5 was asked whether or		1				
	sed the wound, LPN #5 stated		ĭ		ŧ		
	#5 was asked how she could	:			A 65 A	. 5	
SHE HAU HOU LETTER	#3 Was asked flow site codic			grave	سند کا 🕽 -سب	. 3 4 .	

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

Event ID: 93D611

Facility ID: VA0154

If conlinuation sheet Page 27 of 65



#### PRINTED: 05/10/2016 DEPARTMENT 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 IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING C B WING 495283 04/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 278: Continued From page 27 F 278 determine the stage of Resident #6's pressure

The following instructions for coding a pressure ulcer are provided in the RAI manual:

a lower stage."

description provided by the wound nurse as to the color and status of the wound to determine it was

ulcer without an assessment, and when the wound round notes documented the wound as a Stage III. LPN #5 responded, "I used the

"Steps for completing M0300A-G Step 1: Determine Deepest Anatomical Stage For each pressure ulcer, determine the deepest anatomical stage. Do not reverse or back stage. Consider current and historical levels of tissue involvement.

1. Observe and palpate the base of any identified

pressure ulcers present to determine the anatomic depth of soft tissue damage involved.

2. Ulcer staging should be based on the ulcer's deepest anatomic soft tissue damage that is visible or palpable. If a pressure ulcer's tissues are obscured such that the depth of soft tissue damage cannot be observed, it is considered to be unstageable (see Step 2 below). Review the history of each pressure ulcer in the medical record. If the pressure ulcer has ever been classified at a higher numerical stage than what is observed now, it should continue to be classified at the higher numerical stage. Nursing homes that carefully document and track pressure ulcers will be able to more accurately code this item."

On 4/28/16 at approximately 4:00 p.m. ASM (administrative staff member) #1, the administrator, was made aware of these findings. No further information was provided prior to the end of the survey.

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Event ID: 93D611

Facility ID: VA0154

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PRINTED: 05/10/2016 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495283	B. WING				C <b>28/2016</b>
	PROVIDER OR SUPPLIER			1719 BE	ADDRESS, CITY, STATE, ZIP CODE ELLEVUE AVENUE IOND, VA 23227		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 278	Continued From pa	age 28	F?	278			
SS=D	Copyright 2007. Na Advisory Panel. 8/3 obtained from the website: <a href="http://www.02">http://www.02</a> ) This information website: <a href="http://www.onal-and-clinical-res-stagescategories/">http://www.onal-and-clinical-res-stagescategories/</a> . 483.20(d)(3), 483.1 PARTICIPATE PLAITHE PLAI	ne right, unless adjudged lerwise found to be the laws of the State, to ling care and treatment or	F 2	280	Corrective Action:  On 5/19/16, resident #19 was educated regarding her right to be invited to care plan meetings. In addition, the current plan of care was reviewed with her.  On 5/19/16, the care plans For residents #18 and #19 Were updated to reflect evidence of a resident altercation with another resident. In addition, interventions to protect the residents from further altercations with other residents were included as well.		6/12/16

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(X4) ID

PRÉFIX

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

X2) MULTIPLE CONSTRUCTION	
A RUILDING	

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TAG

(X3) DATE SURVEY COMPLETED

C

B. WING 495283

04/28/2016

NAME OF PROVIDER OR SUPPLIER

#### MANORCARE HEALTH SERVICES-IMPERIAL

1719 BELLEVUE AVENUE RICHMOND, VA 23227

PROVIDER'S PLAN OF CORRECTION {X5} (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLÉTION

#### F 280 Continued From page 29

Based on resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to invite one of 28 residents (Resident #19) to participate in care plan meetings and failed to review and revise the care plan for two of 28 residents, Residents #18 and #19.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

- 1. The facility staff failed to invite Resident #19 to care plan meetings.
- 2. The facility staff failed to update Resident #18's care plan after an altercation with another resident on 4/15/16.
- 3. The facility staff failed to update Resident #19's care plan after an altercation with another resident on 4/15/16.

. The findings include:

1. The facility staff failed to invite Resident #19 to care plan meetings.

Resident #19 was admitted to the facility on 9/19/11 and readmitted to the facility on 7/30/14. Resident #19's diagnoses included but were not limited to: high blood pressure and major depressive disorder. Resident #19's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 4/11/16, coded the resident as being cognitively intact, scoring 15 out of a possible 15 on the brief interview for mental status interview. Resident #19's comprehensive care plan revised on 4/26/16 failed to document information regarding the resident's participation in care plan meetings.

On 4/28/16 at 2:45 p.m., an interview was

#### **Other Potential Residents** F 280 Affected:

STREET ADDRESS, CITY, STATE, ZIP CODE

6/12/16

Other residents that were not invited to care plan meetings and/or the care plan was not updated to reflect an incidence of resident to resident altercation had the potential to be affected.

#### Systemic Change:

6/12/16

Beginning 5/19/16, audits were completed to determine compliance with inviting residents to participate in the care planning process.

In addition, audits were completed for updates to the care plan to accurately reflect incidence of resident to resident altercations.

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Event ID: 93D611

Facility ID: VA0154

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IIIN 0 2 2016 VDH/OLC

PRINTED: 05/10/2016 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	O. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							С
		495283	B. WING				4/28/2016
NAME OF	NAME OF PROVIDER OR SUPPLIER		j		REET ADDRESS, CITY, STATE, ZIP CODE		
MANOR	CARE HEALTH SERV	ICES-IMPERIAL	1		9 BELLEVUE AVENUE		
				RIC	CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	Χ .	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICE)	D BE	(X5) COMPLETION DATE
					Beginning 5/19/16, inter-		
F 280	Continued From pa	ge 30	F 2	80	disciplinary team members		
	conducted with Res	sident #19. The resident was		i	were re-educated by the		
		pates in meetings where staff		;	Administrator and/or her		
	: ·	and daily medication and		1	designee regarding the		
		plan meetings). Resident #19		:	importance of inviting		
		probably attends the hought her daughter went to		:	residents to participate in		•
		ne resident had a mastectomy;		ļ	care plan meetings,		1
		#19 stated she (Resident #19)			updating the care plan		ŧ
	had never been invi			to accurately reflect		:	
		ne would like to attend her		1	patient status such as		:
		The resident stated, "I			resident to resident		*
	guess. They proba- I'm so quiet."	bly forgot I am here because		1	altercations and the proper		
	Till So quiet.			1	documentation of such per		:
	On 4/28/16 at 3:17	p.m., an interview was		:	•		
		M (other staff member) #2 (the			RAI guidelines.		
	residents to care pla	M #2 stated she didn't invite an meetings. OSM #2 stated ment sends residents letters		-	Monitoring System:		6/12/16
	, to invite them to the			•	Beginning 5/24/16, a weekly		
	to mino anomito ano	moomings.			Random audit of 10% of the		
	On 4/28/16 at 4:13 p	o.m., an interview was			Care plans will be reviewed		
1		#6 (the interim activities		:	by the Director of Social Service	<u>:</u> S	i
	•	stated she didn't know who		:	and/or her designee for evidence		
	invited residents to	care plan meetings.			of residents being invited and/o		
	On 4/29/16 at 4:17	o.m., an interview was			participating in the care planning		i
1		#8 (the administrative		÷	process and compliance per	ь	· }
:		stated she calls residents'		•	the RAI guidelines.		•
		rrange care plan meeting		;	are not gainerines.		Í
a de de de de de de de de de de de de de	appointments but do	es not talk to residents.		-			!
‡	On 4/28/16 at 4·19 r	o.m., ASM (administrative		-			j
1		ne administrator) and ASM #2		:			
		ng) were made aware of the		:			-
		M#1 stated the social worker		:			
	was responsible for meetings.	inviting residents to care plan		:			

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Facility ID: VA0154

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		LAND LUMAN PEDIACEC		P	RINTED: 05/10/2016
		AND HUMAN SERVICES			FORM APPROVED MB NO. 0938-0391
TATEMEN	RS FOR MEDICARE IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495283	B. WING		C 04/28/2016
NAME OF	PROVIDER OR SUPPLIER		s s	TREET ADDRESS, CITY, STATE, ZIP CODE	
	CARE HEALTH SERVI			719 BELLEVUE AVENUE RICHMOND, VA 23227	. <u></u>
(X4) ID PREFIX TAG	: (EACH DEFICIENCY	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 APPROPI DEFICIENCY)	DBE COMPLÉTION
F 280	documented in part Coordinate a proce responsible party to	age 31 facility social service manual of, "Social Service Role: ess to invite the patient or o care conferences"	F 280	audit of 10% of the care plans for residents involved in reside to resident altercations will be reviewed by the ADNS and/or her designee for evidence of the care plan being update to accurately reflect such and	ent e r
		failed to update Resident er an altercation with another 3.		compliance per the RAI guidelines.	*  *  *  *  *  *  *  *  *  *  *  *  *
	3/28/14 with diagno to: peripheral vascu reflux, high blood probehaviors. The mo set) assessment, a ARD (assessment r Resident #18 as ha impairment for mak	admitted to the facility on oses including, but not limited cular disease, esophageal oressure and dementia with ost recent MDS (minimum data quarterly assessment with reference date) 3/8/16, coded aving mild cognitive king daily decisions, having to on the BIMS (brief interview			
	revealed, in part, the at 4:25 p.m.: "Male female resident sitti in altercation. Pain c/o (complaints of)	se's notes for Resident #18 ne following note dated 4/15/16 re resident approach (sic) ring in hallway. Was involved assessment was done. No pain or discomfort voiced. ne. Negative except for ot."			to a space of the state of the
	incident) investigation the facility thorough	lity's FRI (facility reported ion for this date revealed that all investigated this incident, le resident, and followed up		·	

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with her responsible party and physician.

Event ID: 93D611

Facility ID: VA0154

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CENTE	<u>RS FOR MEDICARI</u>	E & MEDICAID SERVICES	.,		OMB IA	<u>U. 0938-039 I</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495283			(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		B. WING_		04/28/2016			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP			
MANORCARE HEALTH SERVICES-IMPERIAL				1719 BELLEVUE AVENUE RICHMOND, VA 23227			
	TO WOMEN	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	OPPECTION	(VE)	
(X4) ID PREFIX TAG			PREFIX TAG	• • • • • • • • • • • • • • • • • • • •	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 280	Continued From page 32		F 28	30		•	
				:			
**************************************	A review of the comprehensive care plan for Resident #18 dated 3/17/15 and updated 2/23/16						
	revealed no evidence of this incident or of interventions to protect Resident #18 from further			<b>1</b>			
	altercations with ot		ŧ				
		1101 70010011101	:	•		:	
	On 4/28/16 at 1:40 p.m., OSM (other staff						
	member) #2, the so	ocial worker, was interviewed		:		:	
	regarding care plan updates after		t :				
	resident-to-resident altercations which did not					i	
	result in injury. She stated that she is notified by			İ		•	
	nursing, and that together, they discuss and			· · · · · · · · · · · · · · · · · · ·		•	
	evaluate what needs to be done. She stated: "We talk about what happened and where to go			; :		*	
		ated that the staff would need		f F		Ě	
		pecial needs a resident might	:				
:		d where those needs would be	, 5 ,	:			
		tated: "If I felt it was needed, I	:	₹ -		,	
	would have nursing document it." When asked if			; ;			
	Resident #18's care plan should have been						
	updated following the	his incident, she did not		i			
:	answer.			:		\$	
	0 4/00/40 4000	ACNA (a al salar) atan tiran		•		1	
the common terms of the co		p.m., ASM (administrative					
		he administrator, ASM #2, the and ASM #3, the corporate		:		:	
		formed of these concerns.				* :	
		/e updated [the male				:	
		n. That should have taken		• •			
	care of it."						
						i	
	No further informati	ion was provided prior to exit.				\$	
:	Basic Nursing, Esse	entials for Practice, 6th edition,		· ·		; ;	
		2007, pages 119-127), was a				<u> </u>	
E 2 2 2		olans. "A nursing care plan is				:	
		or coordinating nursing care,		1			
	promoting continuity	y of care and listing outcome				`	

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Event ID: 93D611

Facility ID: VA0154

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING			С		
NAME OF PROVIDER OR SUPPLIER						04/28/2016		
NAME OF PROVIDER OR SUPPLIER			-		REET ADDRESS, CITY, STATE, ZIP CODE			
MANORCARE HEALTH SERVICES-IMPERIAL				1719 BELLEVUE AVENUE RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	<b>(</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	CTION SHOULD BE COM THE APPROPRIATE		
F 280	Continued From p	page 33	F 2	80			:	
	Y .	in the evaluation of nursing		00				
		care plan communicates		-				
		ities to other health care					•	
		e care plan also identifies and		;			8	
		rces used to deliver nursing					·	
		ormulated care plan makes it		ì			1	
		are from one nurse to another.	:	;			•	
		tus has changed and the		:			1	
	nursing diagnosis	and related interventions are		1				
		ate, modify the nursing care	:	:			•	
		te or incorrect care plan						
	compromises the	quality of nursing care. "					1	
	•						i	
i				i			. 1880.	
	: - 3 - The facility staff	f failed to update Resident						
		er an altercation with another		i				
	resident on 4/15/16			:			•	
í		<b>5</b> .		i			:	
;	Resident #19 was	admitted to the facility on					i	
ì		oses including but not limited					į.	
į		on, history of a stroke and high					Ì	
:		n the most recent MDS		1			į	
	(minimum data set	), a quarterly assessment						
	dated 4/11/16, Res	ident #19 was coded as having						
		ment, having scored 15 out of		1			:	
1	15 on the BIMS (br	rief interview for mental status). †		}			:	
1				ì				
		se's notes for Resident #19	•	ł	•			
ļ		ne following note dated 4/15/16		;			1	
# 9		e resident approached female		•				
		was in her room. Was ion. Pain assessment was		ĺ			:	
!		laints of pain or discomfort		i				
		sment attempted but was to		:			1	
		e to resident's refusal of full		:			-	
1	body assessment.						1	
1	body dosessinent.	Trad Hogativo.						
		<u> </u>			· · · · · · · · · · · · · · · · · · ·		<u>:</u> _	

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Event ID: 93D611

Facility ID: VA0154

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	EARENT OF LIFALT!	AND LUBAN CEDVICES					D: 05/10/2016
		AND HUMAN SERVICES					M APPROVED ). 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES  FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495283	B. WING	·		04	C I/28/2016
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STR	EET ADDRESS, CITY, STATE, ZIP CODE		
MANOR	CARE HEALTH SERV	CES-IMPERIAL		1	BELLEVUE AVENUE HMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 280	Continued From pa	ge 34	F	280			
7 200		ity's FRI (facility reported	•				;
	incident) investigati	on for this date revealed that					
	assessed the fema	lly investigated this incident, le resident, and followed up e party and physician.					
	: : On 4/28/16 at annr	oximately 1:48 p.m., Resident		1			
	#19 was asked abo	ut this incident. She stated	,				•
	that she was not ha	rmed, and that the facility staff	:	•			:
	had re-assessed he occasions since the	er for concerns on several e incident occurred.	!	4			
	Resident #19 dated	prehensive care plan for 9/30/11 and updated 4/21/15	:				*
		ce of this incident or of tect Resident #19 from further		3			:
	altercations with oth						
	On 4/20/16 of 1:40	p.m., OSM (other staff	r L	•			:
		cial worker, was interviewed		:			*
	regarding care plan			:			4 (1997)
		altercations which did not	:	:			;
		stated that she is notified by		:			
:		gether, they discuss and some sto be done. She stated:	:				
		t happened and where to go	3				100
	from here." She sta	ated that the staff would need	• •				-
•		ecial needs a resident might		i			
		where those needs would be tated: "If I felt it was needed, I	: !	*			
	would have nursing	document it." When asked if	-				
	Resident #19's care	plan should have been					
:	-	nis incident, she did not					
•	answer.		:	:			
;	On 4/28/16 at 2:20	p.m., ASM (administrative	!	:			·
<u>;</u>	staff member) #1, tl	ne administrator, ASM #2, the		:			;
	director of nursing,	and ASM #3, the corporate	•				
	consultant, were inf	ormed of these concerns.		:		~ <del></del>	; ************************************

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Event ID: 93D611

Facility ID: VA0154

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	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	495283	B. WING	<del> </del>	C 04/28/2016	
NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES-II			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREF TAG		OULD BE COMPLETIO	NC
F 280 Continued From page 35    ASM #2 stated: "We upd resident]'s care plan. The care of it."  No further information wa 483.20(k)(3)(i) SERVICES SED PROFESSIONAL STAND The services provided or must meet professional states and the services provided or must meet professional states are view, it was determined failed to follow professional for two of 28 residents in the Resident #10 and 7.  1. The facility staff failed the plan for pressure ulcer present the services are view.  2. The facility staff signed compression stockings* as staff had actually not applit Resident #7.  The findings include:  1. The facility staff failed the plan for pressure ulcer present the services are ulcer present the services	s provided prior to exit. S PROVIDED MEET ARDS arranged by the facility tandards of quality.  not met as evidenced ew, staff interview, and clinical record that the facility staff al standards of practice he survey sample,  to develop an initial care evention for Resident  off a treatment for s being done, when the ed the stockings to	:	F 281  Corrective Action:  On 4/25/16, the care plan for resident #10 was updated to reflect at risk status and presulcer prevention intervention.  On 4/27/16, the Licensed Pranurse assigned to resident #7 immediately relieved of her cand placed on suspension perfurther investigation.  R/P and MD were notified of the compression stockings for resident #7 not being applied per physician orders. No new orders were given.	ssure ssure actical 7 was duties ending f	16

Event ID: 93D611

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Facility ID: VA0154

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DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			PR	INTED: 05/10/2016 FORM APPROVED
		E & MEDICAID SERVICES			. ON	<u> 18 NO. 0938-0391</u>
TATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495283	B. WING	)		C <b>04/28/2016</b>
NAME OF	PROVIDER OR SUPPLIER		.1	ST	REET ADDRESS, CITY, STATE, ZIP CODE	
MANOR	CARE HEALTH SERV	ICES-IMPERIAL			19 BELLEVUE AVENUE ICHMOND, VA 23227	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
	Continued From pa	age 36 oses including, but not limited behaviors, peripheral vascular	F2	281	Other Potential Residents Affected:	6/12/16
	disease and high be nursing assessme Resident #10 as he impairment for mascored six out of 1 for mental status). dependent on facil was assessed as review of the adresses.	olood pressure. The admission of dated 4/22/16, assessed aving moderate cognitive king daily decisions, having 5 on the BIMS (brief interview She was assessed to be ity staff for bed mobility. She not having any pressure ulcers.		#	Other residents not care planned for pressure ulcer prevention, not having compression stockings applied and/or documented per physician orders and at the time of service had the potential to be affected.	
	scored 13 out of 23	esident #10 dated 4/22/16 revealed that she cored 13 out of 23, indicating a moderate risk of eveloping a pressure ulcer.		Company - *** - ***	Systemic Changes:	6/12/16
	written on 4/25/16 nurse) #2, the wou documented, in pa stage II (two) prese 2.0 X 5.0 X 0 cm (obeefy red in color, (rough), no drainage and covered with E changed q 2 days physician] in facility (responsible party)	ses' notes revealed a note 5:33 p.m. by RN (registered nd nurse. The note rt: "Resident noted to have ent to sacrum. Area measuring centimeters). Wound bed surrounding skin macerated ge, no odor, cleaned with saline Duoderm thin^, dressing to be (every two days). [Name of y and is aware of area, RP in facility and made aware."		The second secon	On 4/27/16, a comparison audit of patients scoring at risk (using the Braden scale) for developing a pressure ulce and pressure ulcer prevention interventions on the care plar was completed with no discrepancies noted.	15
	following order writ physician on 4/25/	visician's orders revealed the liten and signed by the life. "Cleanse sacrum with dry, cover with Duoderm thin quidays)."	Market and the second of the s	1		77000
	she provided woun Resident #10's sad	p.m., RN #2 was observed as ad care to Resident #10. cral wound measured 3.5 X 6.4				-

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TATEMENT O	F DEF	ICIENCIES
ND PLAN OF	CORR	ECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

С

495283

B. WING

04/28/2016

NAME OF PROVIDER OR SUPPLIER

(X4) ID

PRÉFIX

TAG

### MANORCARE HEALTH SERVICES-IMPERIAL

STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

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

(X5) COMPLETION DATE

F 281: Continued From page 37

there was no odor or drainage from the wound. There were no concerns related to the wound care/treatment of the pressure ulcer.

On 4/27/16 at 3:00 p.m., RN #2 was interviewed regarding the admission nursing assessment for Resident #10's pressure ulcer risk. She stated that she had completed Resident #10's admission skin assessment, but had not done the pressure ulcer risk scale. She stated that another facility nurse had completed the risk scale (this nurse was not available for interview prior to exit). She stated that Resident #10 did not have any pressure areas when she was admitted on 4/22/16. When asked about Resident #10's pressure ulcer risk as identified on the admission nursing assessment, she stated: "She scored a 13 on the Braden (a scale used to identify residents' risk for developing a pressure ulcer). She was definitely at risk." When asked if a care plan and interventions should have been put into place on 4/22/16 to prevent a pressure ulcer from developing, she stated: "Absolutely." When asked what kinds of interventions should have been put into place, she stated: "Specialty mattress, wheelchair cushions, maybe even supplements."

A review of the initial care plan for Resident #10, revealed nothing regarding pressure ulcer prevention.

On 4/27/16 at 5:40 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the corporate consultant, were informed of these concerns. A policy regarding the development of care plans was requested.

F 281

Beginning 4/27/16, the wound nurse as well as licensed nursing staff were re-educated by the ADNS and/or her designee Regarding the importance of completing a care plan that reflects a patients current at risk status for developing a pressure ulcer and interventions for prevention.

On 5/3/16, the LPN in question Received was returned from Suspension and received a final written warning disciplinary action for failure to comply with a physician's order and document administration/application of those efforts at the time of service only.

In addition, the LPN was reeducated by the ADNS regarding the importance of adhering to physician orders and documenting administration/application at the time of service only.

Beginning 4/27/16, a compliance audit inspection of patients with orders for compression stockings to be applied was completed with no discrepancies noted.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		C	MB NC	0.0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		495283	B. WING _		i	C / <b>28/2016</b>
NAME OF	PROVIDER OR SUPPLIER		L	STREET ADDRESS, CITY, STATE, ZIP CODE	1 04	12012010
				1719 BELLEVUE AVENUE		
MANOR	CARE HEALTH SERVI	CES-IMPERIAL	İ	RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
		:		Beginning 4/27/16, licensed nursin	6	
F 281	Continued From pa	ge 38	F 28	1 staff were re-educated by the ADN		•
	A review of the facil	ity policy entitled "Skin		and/or her designee regarding the	<i>J</i>	,
		ealed, in part, the following:				
		aluation: If the patient does		importance of adhering to a physic		
		ration, but has risk factors that		order and documenting administra		
		k for skin breakdown, an		application of those efforts at the t	ime	2
:		initiated. The initial plan of		of service only.		1
;		ying patient specific risk				
		opment of pressure ulcers				
ļ		evaluating risk factors that modified upon admission. "		Monitoring System:		:
	can be removed or i	nodilied apon admission.		,		
:	No further information	on was provided prior to exit.		Beginning, 5/2/16, a weekly	;	
		1		random comparison audit of	i	
	*The NPUAP define	s a pressure ulcer as a		10% of patients scoring at risk	į	
	"localized injury to	the skin and/or underlying				
		bony prominence, as a		(using the Braden scale) for		
:		r pressure in combination		developing a pressure ulcer	:	
r		ction." Pressure Ulcer		and pressure ulcer prevention		İ
		NPUAP. Copyright 2007.		interventions on the care plan		
	National Pressure U	mation is taken from the		will be completed by the ADNS	?	
:		nation is taken from the npuap.org.pr2.htm>.		•	,	
1	Menaire Zirrhii Maaa	puap.org.prz.nitii>.		and/or her designee for	÷	
:	#Stage 2 Pressure in	njury: Partial-thickness skin		compliance.	:	
		ermis Partial-thickness loss of				
	•	ermis. The wound bed is		Beginning 5/2/16, a weekly	,	
		oist, and may also present		random audit of 10% of residents	;	
İ	as an intact or ruptur	ed serum-filled blister.		with orders for the application	;	
	Adipose (fat) is not v	isible and deeper tissues are		of compression stockings will be		
		on tissue, slough and eschar 📔				
		se injuries commonly result		completed by the ADNS and/or	1	
		limate and shear in the skin		her designee for compliance with		
		hear in the heel. This stage		physician orders and documentat	ion	
	should not be used to			at the time at the time of service	:	
		age (MASD) including		only.	ŀ	
	incontinence associa	ted dermatitis (IAD), itis (ITD), medical adhesive		i e	;	
		ARSI), or traumatic wounds		•	1	
		rasions). This information is				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING	;		04	C // <b>28/2016</b>
	PROVIDER OR SUPPLIER			51 17	TREET ADDRESS, CITY, STATE, ZIP CODE 719 BELLEVUE AVENUE RICHMOND, VA 23227	1 0~	/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
	-clinical-resources/r > ^DuoDERM Extra T dressing indicated f exuding wounds. It hydrocolloid formula other hydrocolloid d vapor-permeable ou occlusive moist env taken from the distri	Thin dressing is a hydrocolloid for the management of lightly combines a unique ConvaTectation that distinguishes it from dressings and a uter film to provide an vironment. This information is		281	Audits will be conducted for four weeks and then monthly for two months thereafter.  Identified discrepancies will be addressed accordingly and as appropriate.		
:	compression stockir	signed off a treatment for ngs* as being done, when the of applied the stockings to		:			
THE PROPERTY AND COMMENT COMMENTS OF MANY AND ADDRESS OF THE PROPERTY OF THE P	6/18/15 with diagnostic: infection of the band arthritis. The modata set) assessment with ARD (assessment) (a	Imitted to the facility on ses including, but not limited cone, depression, dementia ost recent MDS (minimum nt, a quarterly assessment ent reference date) 3/13/16, as having moderate cognitive ing daily decisions, having 15 on the BIMS (brief status). She was coded as ependent on facility staff for hall hygiene, and bathing. She ring the extensive assistance from bed to chair, dressing				:	

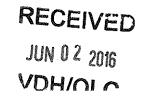
RM CMS-2567(02-99) Previous Versions Obsolete

On 4/27/16 at 8:15 a.m., 11:05 a.m., 1:05 p.m.,

Event ID: 93D611

Facility ID: VA0154

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION			TE SURVEY MPLETED
		405000	B. WING		· · · · · · · · · · · · · · · · · · ·		1	C
	PROVIDER OR SUPPLIER		B. WING	STF 171	REET ADDRESS, CITY, STATE, ZIP COI 19 BELLEVUE AVENUE CHMOND, VA 23227	DE I	04)	/28/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	K :	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
F 281	Continued From pa	age 40	F 2	81				
	her bed with the he did not have comp	sident #7 was observed lying in ead of her bed elevated. She ressions stockings applied to of these observations.		:				
	the following order, recently signed on	nt #7's clinical record revealed written 8/4/15 and most 4/8/16: "Compression gh: Size 3X. Apply at 9am n."						
:	administration reco	il 2016 TAR (treatment rd) revealed LPN (licensed s initials in the block for ı.						
	this surveyor to Reshowed the surveyor now had compress was asked when th LPN #7 did not repl had applied the sto LPN #7 shook her had asked if she had stockings as being stated that she had them on. I don't reajust didn't get to it to should have signed off as being applied	p.m., LPN #7 accompanied sident #7's bedside. LPN #7 or Resident #7's legs, which ion stockings applied. LPN #7 e stockings had been applied. y. LPN #7 was asked if she ckings in the last 30 minutes. head affirmatively. LPN #7 ad signed off the compression applied at 9:00 a.m., and she . She stated: "I usually put ally leave it to anyone else. I oday." When asked if she the compression stockings when they had not been ent, she stated: "No. I etter than that."		Property of the control of the contr				
: : : :	Resident #7 dated 6	prehensive care plan for 6/26/15 and updated 4/18/16 e following: "Compression d."					:	

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Event ID:93D611

Facility ID: VA0154

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		ATE SURVEY IMPLETED
		495283	B. WING			) <sub>0</sub> ,	C \$/ <b>28/2016</b>
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STRE	EET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	9/ ZO/ ZO 10
TO THE CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				BELLEVUE AVENUE		
MANOR	CARE HEALTH SERV	ICES-IMPERIAL			HMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<b>(</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 281	Continued From pa	age 41	F 2	81			
	staff member) #1, director of nursing, consultant, were in ASM #2 was asked of practice the facil documentation of the facility followed the professional standard and Treatment Admirevealed, in part, the treatments administ immediately following specific standards. No further informat *"TED hose are convear compression flow in your legs. Consqueeze your legs to this helps prevent extent, blood clots." from the website http://www.nlm.nih.gstructions/000597.htm.	lity policy entitled "Medication ninistration Guidelines" are following: "Medication and tered are documented and administration or per state ion was provided prior to exit.  Impression stockings. You stockings to improve blood ompression stockings gently to move blood up your legs. leg swelling and, to a lesser 'This information was taken gov/medlineplus/ency/patientin		e evente des une des mentres productes de mandre company de des metres de matrices de la company de la company			
	Fundamentals of Ne alter a client's recor Never add informati indicating that you canything that you di	ursing 2007 page 53, "Don't d, this is a criminal offense. ion at a later date without lid so. Never document d not do."	F 30	9:			
;		: :		1			

PRINTED: 05/10/2016 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495283	B. WING			C <b>4/28/2016</b>
NAME OF	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP (		*/ZU/ZU 1U
MANOR	CARE HEALTH SER	VICES-IMPERIAL		1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(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	(X5) COMPLETION DATE
F 309	   Continued From p	page 42	F 30	la la la la la la la la la la la la la l		-
, ,	Each resident mu provide the neces or maintain the hig mental, and psych accordance with the	st receive and the facility must sary care and services to attain ghest practicable physical, nosocial well-being, in the comprehensive assessment		F 309  Corrective Action:		6/12/10
:	by: Based on observa document review a	NT is not met as evidenced ation, staff interview, facility and clinical record review, it		On 4/27/16, the Licens Nurse assigned to reside immediately relieved on and placed on suspens further investigation.	dent #7 was of her duties ion pending	
	provide care and s	eat the facility staff failed to services to promote the highest for one of 28 residents in the esident #7.		Both R/P and MD were of the compression sto resident #7 not being a per physician orders. I	ockings for applied	
		iled to apply compression red by the physician for		orders were given.		
e grotie e e e e e e e e e e e e e e e e e e	The findings include	0.55di		Other Potential Reside Affected:	ents	6/12/16
The second of th	6/18/15 with diagnostic infection of the and arthritis. The number data set) assessministry assessministry assessministry assessment assored Resident #7 impairment for male scored seven out of interview for mental being completely dispersion was coded as required.	dmitted to the facility on oses including, but not limited bone, depression, dementia nost recent MDS (minimum ent, a quarterly assessment nent reference date) 3/13/16, as having moderate cognitive king daily decisions, having of 15 on the BIMS (brief all status). She was coded as ependent on facility staff for nal hygiene, and bathing. She iring the extensive assistance is from bed to chair, dressing		Other residents who desired have compression storm applied and document physician orders and a time of service only has potential to be affected.	ckings ted per at the ad the	

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		I AND HOMAN OFFICEO			FORM APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		OI	MB NO. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
		495283	B. WING		C <b>04/28/2016</b>
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	- 1/20/2010
na a ki∧æ	CADE UEALTU CEDV	ICEC ISADEDIA)	1719 BELLEVUE AVENUE		
MANOR	CARE HEALTH SERV	CES-IMPERIAL		RICHMOND, VA 23227	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 309	Continued From pa	ge 43	F 309	Systemic Changes:	
	and 2:10 p.m., Resider bed with the hed did not have compreher legs at any of the A review of Resider the following order, recently signed on 4 stockings: knee-hig and remove at 9pm.  A review of the April administration record	nt #7's clinical record revealed written 8/4/15 and most 4/8/16: "Compression ph: Size 3X. Apply at 9am		On 5/3/16, the LPN in question received a final written warning disciplinary action for failure to comply with a physician's order and document administration/application of those efforts at the time of service only.  In addition, the LPN was reeducated by the ADNS regarding the importance of adhering to physician orders and documenti administration/application at the time of service	g Ing
the same of the sa	On 4/27/16 at 2:35 pthis surveyor to Res showed the surveyor now had compression was asked when the LPN #7 did not reply had applied the stocking applied the stockings as being a stated that she had them on. I don't real just didn't get to it to should have signed to off as being applied to	o.m., LPN #7 accompanied ident #7's bedside. LPN #7 r Resident #7's legs, which on stockings applied. LPN #7 e stockings had been applied. LPN #7 was asked if she kings in the last 30 minutes. ead affirmatively. LPN #7 d signed off the compression applied at 9:00 a.m., and she She stated: "I usually put ly leave it to anyone else. I day." When asked if she the compression stockings when they had not been nt, she stated: "No. I tter than that."		Beginning 4/27/16, a compliance audit inspection of patients with orders for compression stockings to be applied was completed with no discrepancies noted.  Beginning 4/27/16, licensed nursing staff were re-educated by the ADNS and/or her designee regarding the importance of adhering to a physicial order and documenting administrat application of those efforts at the tilof service only.	an's

A review of the comprehensive care plan for Resident #7 dated 6/26/15 and updated 4/18/16

PRINTED: 05/10/2016

		& MEDICAID SERVICES			ONA	FORM APP IB NO. 093	ROVE
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING			C <b>04/28/2</b>	016
NAME OF	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		
MANOR	CARE HEALTH SERVI	CES-IMPERIAL			19 BELLEVUE AVENUE CHMOND, VA 23227		
(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 COM	(X5) IPLETION DATE
F 309	Continued From pa	-	F 30	)9	Monitoring System:	6/12	2/16
		e following: "Compression	:	1	9 - inning # /2 /16 - a weekly	•	•
	stockings as ordere	o.		1	Beginning 5/2/16, a weekly random audit of 10 residents		
	On 4/27/16 at 5:40 p	o.m., ASM (administrative		i	with orders for the application	ì	
		ne administrator, ASM #2, the		:	of compression stockings will be	٠	
		and ASM #3, the corporate		3 -	completed by the ADNS and/or	\$	
:	consultant, were into	ormed of these concerns.		1	her designee for compliance with		
:	A review of the facili	ty policy entitled			physician orders and documentati	on	
:	"Anti-Embolism Stoc	kings - Elastic Stockings"	•	;	at the time at the time of service	1	
8	revealed, in part, the				only.	;	
		kings are worn in bed and provide continuous therapy."			•		
,	during ambalation to	provide continuous therapy.			Audits will be conducted for four		
:	No further information	on was provided prior to exit.			weeks and then monthly for two		
•	J.11 Tags print from	,		1	months thereafter.	:	
\$		pression stockings. You tockings to improve blood				į	
*		mpression stockings gently			Identified discrepancies will be	7. MAN	
		move blood up your legs.		:	Addressed accordingly and as		
	This helps prevent le	g swelling and, to a lesser 🔝			Appropriate.		
		This information was taken		Former			
,	from the website	ov/medlineplus/ency/patientin		i	Such will be forwarded to the	:	
	structions/000597.htr				QA&A Committee for further		
					review and/or possible revisions		
		nentals of Nursing, 6th			to facility protocol.	1	
	edition, Perry and Po "Elastic stockings (sc	tter 2005, page 1451-1453, pmetimes called		•		;	

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circulatory assessment."

thromboembolic device hose) (TED) also aid in maintaining external pressure on the muscles of the lower extremities and thus may promote venous return....The skill of applying TED hose can be performed by assistive personnel. The nurse is responsible for assessing circulation to the lower extremities....Record date and time of stocking application and stocking length and size in nurse's notes....Record condition of skin and

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DEPAR'	TMENT OF HEALTH	AND HUMAN SERVICES			**************************************		APPROVEI
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		•			0.0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	COM	TE SURVEY MPLETED
		495283	B. WING			1	C /28/2016
	PROVIDER OR SUPPLIER  CARE HEALTH SERVI	CES-IMPERIAL		171	REET ADDRESS, CITY, STATE, ZIP CODE  9 BELLEVUE AVENUE  CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
	483.25(c) TREATM PREVENT/HEAL P		F3	14	F 314		<b>.</b>
	resident, the facility who enters the facility does not develop prindividual's clinical of they were unavoidal pressure sores received.	rehensive assessment of a must ensure that a resident ity without pressure sores essure sores unless the condition demonstrates that ble; and a resident having sives necessary treatment and healing, prevent infection and rom developing.		till to the control theoret was the common make page	Corrective Action:  On 4/25/16, the MD for resider #10 was notified with orders obtained for interventions to prevent and treat the developm of a pressure ulcer. The R/P was notified as well.	nent	6/12/16
THE SECTION OF THE PARTY OF THE	by: Based on observation record review and far determined that the and services in a madevelopment of a procession of the survive on admission to the #10 was identified as development of a prostaff failed to implement the development of a #10 was identified as ulcer# on 4/25/16.  The findings include: Resident #10 was additional factorial records a procession of the survive failed to implement the development of a #10 was identified as ulcer# on 4/25/16.	essure ulcer* for one of 28 ey sample, Resident #10.  facility on 4/22/16, Resident s being at risk for the essure ulcer. The facility nent interventions to prevent a pressure ulcer. Resident s having a Stage 2 pressure		ene mismirement sandan en esta e but tambires e que simbir man l'important espectador de man amme proprie	In addition, the care plan for was updated to reflect at risk status and interventions for pressure ulcer prevention.  Other Potential Residents Affected.  Other residents who did not have interventions implement to their plan of care for pressurulcer prevention had the potention be affected.	re	6/12/16
	Resident #10 was ac	. :		Winds District Communication	то ре аттестес.	: : :	

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to: dementia with behaviors, peripheral vascular disease and high blood pressure. The admission nursing assessment dated 4/22/16, assessed Resident #10 as having moderate cognitive impairment for making daily decisions, having

Event ID: 93D611

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### PRINTED: 05/10/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495283 B. WING 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) F 314 Continued From page 46 F 314 **Systemic Changes:** 6/12/16 scored six out of 15 on the BIMS (brief interview for mental status). She was assessed to be On 4/27/16, a comparison dependent on facility staff for bed mobility. She audit of patients scoring at was assessed as not having any pressure ulcers. risk (using the Braden scale) for developing a pressure ulcer A review of the admission nursing assessment for and pressure ulcer prevention Resident #10 dated 4/22/16 revealed that she scored a 13 out of 23, indicating a moderate risk interventions on the care plan of developing a pressure ulcer. was completed with no discrepancies noted. A review of the nurses' notes revealed a note written on 4/25/16 5:33 p.m. by RN (registered Beginning 4/27/16, the wound nurse) #2, the wound nurse. The note nurse as well as licensed nursing documented, in part: "Resident noted to have staff were re-educated by the stage II (two) present to sacrum. Area measuring 2.0 X 5.0 X 0 cm (centimeters). Wound bed ADNS and/or her designee beefy red in color, surrounding skin macerated Regarding the importance of (rough), no drainage, no odor, cleaned with saline : completing a care plan that and covered with Duoderm thin, dressing to be reflects a patients current at changed q 2 days (every two days). [Name of risk status for developing physician] in facility and is aware of area, RP a pressure ulcer and inter-(responsible party) in facility and made aware." ventions for prevention. A review of the physician's orders revealed the following order written and signed by the physician on 4/25/16: "Cleanse sacrum with normal saline; pat dry, cover with Duoderm thin q 2 days (every two days)." On 4/27/16 at 1:50 p.m., RN #2 was observed as she provided wound care to Resident #10. Resident #10's sacral wound measured 3.5 X 6.4

X 0 cms. The wound bed was beefy red, and there was no odor or drainage from the wound. There were no concerns related to the wound

On 4/27/16 at 3:00 p.m., RN #2 was interviewed regarding the admission nursing assessment for

care/treatment of the pressure ulcer.

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			Pr		/ APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	<b></b>		OI		0. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495283	B. WING			04	C /28/2016
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
MANOR	CARE HEALTH SERVI	CES-IMPERIAL	H++++		9 BELLEVUE AVENUE HMOND, VA 23227		
(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
-				!			
F 314	Continued From pa		F 31	14	Monitoring System:		6/12/16
	that she had comples kin assessment, but ulcer risk scale. She nurse had complete was not available for stated that Resident pressure areas whe 4/22/16. When ask pressure ulcer risk and nursing assessment 13 on the Braden (a residents' risk for described to developing, she stat asked what kinds of been put into place, mattress, wheelchai supplements."	essure ulcer risk. She stated eted Resident #10's admission ut had not done the pressure e stated that another facility ed the risk scale (this nurse or interview prior to exit). She to #10 did not have any en she was admitted on ed about Resident #10's as identified on the admission et, she stated: "She scored a scale used to identify eveloping a pressure ulcer). It risk." When asked if a care ens should have been put into prevent a pressure ulcer from ed: "Absolutely." When interventions should have she stated: "Specialty or cushions, maybe even the pressure ulcer from ed: "Care plan for Resident #10 parding pressure ulcer		to the second of	Beginning, 5/2/16, a weekly random comparison audit of 10% of patients scoring at ris (using the Braden scale) for developing a pressure ulcer and pressure ulcer prevention interventions on the care playwill be completed by the ADI and/or her designee for compliance.  Audits will be conducted for forweeks and then monthly for two months thereafter.  Identified discrepancies will be addressed accordingly and as appropriate.  Such will be forwarded to the	sk on an NS	
:	On 4/27/16 at 5:40 p	o.m., ASM (administrative		:	QA&A Committee for further	í	i

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staff member) #1, the administrator, ASM #2, the

director of nursing, and ASM #3, the corporate

consultant, were informed of these concerns.

A review of the facility policy entitled "Skin Practice Guide" revealed, in part, the following: "Admission Skin Evaluation: If the patient does not have a skin alteration, but has risk factors that put the patient at risk for skin breakdown, and initial plan of care is initiated. The initial plan of care includes identifying patient specific risk factors for the development of pressure ulcers

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review and/or possible revisions

to facility protocol.

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DEPAR	TMENT OF HEALTH	HAND HUMAN SERVICES			The state of the s		D: 05/10/2018 RM APPROVEI
CENTE	RS FOR MEDICARF	E & MEDICAID SERVICES	· <u></u>				O. 0938-039
STATEMENT	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		495283	B. WING	G		0	C 4/28/2016
NAME OF	PROVIDER OR SUPPLIER	<u></u>			REET ADDRESS, CITY, STATE, ZIP CODE	<u>  v-</u>	4/28/2016
	CARE HEALTH SERVI			171	19 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	D		PROVIDER'S PLAN OF CORRECTION	<u></u>	(VE)
PREFIX TAG	(EACH DEFICIENCY	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG	FIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 314	Continued From pa	aqe 48	F	314			<del></del>
	and identifying and	d evaluating risk factors that modified upon admission.	3				
no ex	No further informati	tion was provided prior to exit.	i	ì			•
:		es a pressure ulcer as a		:			
;	"localized injury to	o the skin and/or underlying		:			:
į	tissue usually over a	a bony prominence, as a	i i	•			
j	result of pressure, of	or pressure in combination	<b>3</b>	;			ę
į	with shear and/or fri	riction." Pressure Ulcer		:			:
į		NPUAP. Copyright 2007.	ž.				
:		Ulcer Advisory Panel.					
1	1	ormation is taken from the		:			*
W TO	website <nttp: td="" www<=""><td>w.npuap.org.pr2.htm&gt;.</td><td>:</td><td>1</td><td></td><td></td><td></td></nttp:>	w.npuap.org.pr2.htm>.	:	1			
> 4444	#Stage 2 Pressure	Injury: Partial-thickness skin	£ .	5			<b>*</b>
****		Injury: Partial-thickness skin dermis Partial-thickness loss of	The state of the s		•		*
		dermis. The wound bed is					
:		moist, and may also present	÷	;			
		ured serum-filled blister.		1			ŧ
	•	visible and deeper tissues are		•			f
	, ,	ition tissue, slough and eschar	i .				÷
		ese injuries commonly result	<u>.</u>	i			1 1 1 1
	from adverse micro	oclimate and shear in the skin 🦾		÷			
!	over the pelvis and s	shear in the heel. This stage		:			
i	should not be used t	to describe moisture	-	-			
	associated skin dam	mage (MASD) including		ļ			i
		iated dermatitis (IAD),	,	# :			1
		atitis (ITD), medical adhesive					
		MARSI), or traumatic wounds		:			•
		abrasions). This information is		:			;
the state of the s	taken from the webs			:			İ
		org/resources/educational-and in puap-pressure-injury-stages/		:		,	4
	-cimical-resources/n	puap-pressure-injury-stages/		i			
;				;		1	
1	^DuoDERM Extra T <sup>/</sup>	hin dressing is a hydrocolloid		ì			4
		or the management of lightly		1			
		combines a unique ConvaTec		₹ #			
				-			

		I AND HUMAN SERVICES E & MEDICAID SERVICES			PRINTED: 05/10/201
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		495283	B. WING		C
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (	04/28/2016 CODE
MANOR	CARE HEALTH SERVI	ICES-IMPERIAL		1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(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 COMPLETION
F 314	Continued From pa	ge 49	F 31	A	
	hydrocolloid formula other hydrocolloid d vapor-permeable ou occlusive moist env taken from the distr http://www.medline.	ation that distinguishes it from ressings and a uter film to provide an ironment. This information is	<b>.</b>		
F 356 SS=C	2109. 483.30(e) POSTED INFORMATION	NURSE STAFFING	F 35	6 F 356	:
	a daily basis:	st the following information on		Corrective Action:	6/12/1
	o Facility name.			On 4/28/16, the nursing	staff
	o The current date.	and the actual hours worked		posting report was upda	
ŧ	by the following cate unlicensed nursing s	gories of licensed and staff directly responsible for		include the actual staff h	
	resident care per shi			Other Potential Reside	ents 6/12/1
1		ses. cal nurses or licensed s defined under State law).		Affected:	0,12,1
	<ul> <li>Certified nurse</li> </ul>	aides.		Residents residing in the	facility
	o Resident census.	•		who could not review th	e nursing
	The facility must nee	t the gives a staffing data		staff posting report for a	ctual hours
;	specified above on a	It the nurse staffing data I daily basis at the beginning Inust be posted as follows:		had the potential to be a	iffected.
	o Clear and readable			Systemic Changes:	
		ce readily accessible to			6/12/16
	residents and visitors	э.		On 4/28/16, an audit of t	the ,
	The facility must, upo	on oral or written request,		nursing staff posting she	<u> </u>
:	make nurse staffing	data available to the public ot to exceed the community		for actual hours listed was completed.	as
:	The facility must main staffing data for a min	ntain the posted daily nurse inimum of 18 months, or as		· · · · · · · · · · · · · · · · · · ·	

				,	DDINITED.	05/10/2016
		AND HUMAN SERVICES		- WAAR #*	FORM A	APPROVED
CENTER	S FOR MEDICARE	& MEDICAID SERVICES	<del></del>			0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		E SURVEY PLETED
VD PLAN C.	CORRECTION	IDENTIFICATION HOMELIN	A. BUILDING	.G	l	
	ı	495283	B. WING		04/2	28/2016
MANE OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	07/2	20/2010
				1719 BELLEVUE AVENUE		
MANORC	ARE HEALTH SERVI	ICES-IMPERIAL		RICHMOND, VA 23227		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 256	2 Carried From no			0 A 100 14 C all a CA-15 mm		
	Continued From pa	· ·	F 356	, , , , , , , , , , , , , , , , , , , ,		
1	required by State ia	aw, whichever is greater.		Coordinator, ADNS, Administrat		
:				Business Office Manager/Payrol		
: •	This REQUIREMEN	NT is not met as evidenced		Coordinator and Director of Hun	nan	
*	by:			Resources were in-serviced		
!	Based on observati	tion, staff interview, and facility	;	by the Regional Nurse Consultar		
		he facility staff failed to ensure	•	regarding the federal requireme		
	accurate nurse staff of the survey proces	ffing was posted for two days		to update the nursing staff posti	-	
: •	of the survey proces	<b>5S</b> .	i	sheet daily and by shift to includ	ie i	
-	The findings include	<b>ə</b> :	•	actual staffing hours.	t de la company	4 .
! t	the "Staff Posting Re	ade on 4/27/16 at 4:20 p.m. of Report". This report was on a	:	Monitoring System:		6/12/16
t	table close to the fro	ont door of the facility. Review	i	Beginning, 5/2/16, a weekly		
		led no documentation of the ked for the 07:00 AM - 03:00	i	random audit of the nursing	1	
		00 PM - 11:00 PM shift. A copy		staff posting sheets for inclusion	ion	
,	of this report was re	equested of ASM		of actual hours will be comple		
(	(administrative Staff	f member) #2, the director of		by the Administrator and/or h	,	
,		e a copy of the facility policy		designee for compliance.	ei i	
	•	so, at this time a request was he staff responsible for filling		designee to comphance.	:	
	made to speak to the out this report.	e statt teshousing to mind		Audits will be conducted for four		
	Jut tino rope	!		weeks and then monthly for two	!	
		on 4/28/16 at approximately		months thereafter.	į	
		M (administrative staff		§ .	1	
		rector of nursing, ASM #2 to policy for staff posting. A		Identified discrepancies will be	•	
		no policy for staff posting. A pande to speak to the staffing		addressed accordingly and as	:	

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policy for staff posting.

coordinator.

During an interview on 4/28/16 at 12:45 p.m. with

visited. ASM #1 stated that there was no facility

During an interview on 4/28/16 at 4:03 p.m. with

ASM #1, the administrator, and ASM #2, the

director of nursing, this concern was again

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Facility ID: VA0154

appropriate.

to facility protocol.

Such will be forwarded to the

**QA&A** Committee for further

review and/or possible revisions

If continuation sheet Page 51 of 65

~ E ~ A D		AND HIMAN SERVICES					D: 05/10/2016 M APPROVED	
		AND HUMAN SERVICES  & MEDICAID SERVICES					O. 0938-0391	
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING			0	C <b>4/28/2016</b>	
NAME OF	PROVIDER OR SUPPLIER		1	STR	EET ADDRESS, CITY, STATE, ZIP COD			
	CARE HEALTH SERV	ICES-IMPERIAL			BELLEVUE AVENUE HMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 356	assistant and staffice reports for 4/27/16	ember) #1, business office ng coordinator, the staffing and 4/28/16 were reviewed.	, F3	356				
	worked was review anything with the acanything on this shocomputer, all the in the computer syste Deployment Sheet worked on it but I d time a copy of the 4/28/16 (posted nearequested. This sheaked any "Actual"	entation for "Actual Hours" ed. OSM #1 stated, "I don't do ctual hours. I don't do cet, but I put it into the formation for actual hours is in m. I have a "Daily and that has the actual hours o not post that sheet." At this Staff Posting Report" for ar the front door) was eet as the one for 4/27/16 also Hours" for the 07:00 AM - ne 03:00 PM - 11:00 PM shift.		to a comparation of the comparat				
	ASM #1, the admin she understood tha documented on the that the (name of the	on 4/28/16 at 4:07 p.m. with istrator, ASM #1 stated that the actual hours are not sheet. ASM #1 further stated he facility) was working on a this will be remedied.	Table of the Confedence of the		F 385  Corrective Action:		6/12/16	
F 385 SS=D	No further informat	ion was provided prior to exit. NTS' CARE SUPERVISED BY	F 3	J85	On 4/29/16, the MD was notified and an order was obtained to schedule a fol			
	recommendation th	ersonally approve in writing a at an individual be admitted to ident must remain under the	to the own the control of the contro	. A special section of the section o	appointment with the deri for resident #13.  A follow-up appointment			
	each resident is sup another physician s residents when the	sure that the medical care of pervised by a physician; and upervises the medical care of a ttending physician is	America of the control of the contro	*	For 5/31/16, was obtained for a dermatologist appoir for resident #13.	ntment	residence .	
	unavailable.		may room	· F	The R/P was notified as w	ell. 	:	
RM CMS-25	667(02-99) Previous Versions	Obsolete Event ID: 93D61	1	Facility	ID: VA0154 If cont	inuation shee	et Page 52 of 65	

						חמואודר	D. 0540004
		I AND HUMAN SERVICES  8 MEDICAID SERVICES			Name of the second of the seco	FOR	ED: 05/10/2016 RM APPROVED O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) D	ATE SURVEY OMPLETED
		495283	B. WING			0	C 4/28/2016
NAME OF	PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE		
MANOR	CARE HEALTH SERV	ICES-IMPERIAL			ELLEVUE AVENUE OND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 385	Continued From pa		F 38	U	ther Potential Residents ffected:		6/12/16
	This REQUIREMENty: Based on clinical related and review of facility staff failed to ensure by the physician for survey sample, (Res		ph ap	ther residents who did not l hysician orders for follow up opointments to the dermato and the potential to be affect	o ologist	· · · · · · · · · · · · · · · · · · ·	
	have a follow up app dermatologist in a pa The physician failed	1		On rep ret for	stemic Changes:  n 4/29/16, an audit of consulports/paperwork for patienturning from appointments of follow-up recommendation quests was completed with discrepancies noted.	ts n	
	1/20/15 with diagnost not limited to; CVA (distroke), atrial fibrillat the heart), demential swallowing) and high Resident #13's most (minimum data set) with an ARD (assess 1/27/16. Resident #10 of a possible 15 on the Status (BIMS), indicaseverely impaired with an area with the severely impaired with the severely im	recent comprehensive MDS was an annual assessment ment reference date) of 13 was coded as a six (6) out he Brief Interview for Mental ating that the resident was th cognition.		Sta the cor wh	ginning 4/29/16, licensed naff were re-educated regards importance of reviewing insultation reports/paperworen a patient returns from a pointment for follow-up commendation requests.	ling ork	
	A review of Resident	#13's clinical record		1			

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revealed, in part, a Physician's Progress Note dated 10/28/15 which documented, in part, the

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Facility ID: VA0154

If continuation sheet Pee 6 of 65

-		AND HUMAN SERVICES		The state of the s	PRINTED: 05/10/2016 FORM APPROVED
STATEMEN	:RS FOR MEDICARE IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION DING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		495283	B. WING		C <b>04/28/2016</b>
NAME OF	PROVIDER OR SUPPLIER	<u> </u>	.L	STREET ADDRESS, CITY, STATE, ZIP COI	
MANOR	CARE HEALTH SERV	ICES-IMPERIAL		1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR X (EACH CORRECTIVE ACTION S	HOULD BE COMPLETION
F 385	Continued From pa	ge 53	F 3	Monitoring System:	6/12/16
	following: "4. F/U (for with) (name of physical	ollow up) (abbreviation for ician) - Dermatology. (Name ancer surgeon (telephone		Beginning, 5/2/16, a wee random comparison audi 10% of the physician con-	t of
	order for a dermato	sician orders did not reveal an logy appointment.		reports/paperwork and s follow up appointments v completed by the ADNS a	will be and/or
	On 4/28/16 at 12:40 staff member) #2, the interviewed. ASM # there was any evide been scheduled for ASM #2 responded evidence that the ap ASM #2 was asked.	p.m. ASM (administrative ne director of nursing, was 2 was asked whether or not nce that Resident #13 had a dermatology appointment. that she could not find any pointment had been made. whether or not Resident #13 tologist since 10/28/15, ASM		Audits will be conducted fo weeks and then monthly fo months thereafter.  Identified discrepancies wil addressed accordingly and appropriate.  Such will be forwarded to the OA&A Committee for further	r four r two I be as
	Orders for Non-Cont policy did not provide physician orders for No further informatio	e facility policy titled "New crolled Substances." This information regarding consults.		review and/or possible revi to facility protocol.	
F 431 SS=D	end of the survey. 483.60(b), (d), (e) DF LABEL/STORE DRU	RUG RECORDS, IGS & BIOLOGICALS	F 43	F 431	
	a licensed pharmacis of records of receipt			Corrective Action:	6/12/16
	controlled drugs in su accurate reconciliation	ufficient detail to enable an property and determines that drug and that an account of all		On 4/28/16, the updated vial of Aplisol PPD was immediately discarded	

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immediately discarded.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495283	B. WING			C <b>4/28/2016</b>	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 1719 BELLEVUE AVENUE RICHMOND, VA 23227		*/20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 431	Continued From page 54 controlled drugs is maintained and periodically reconciled.			Other Potential Resi Affected:	dents	6/12/16	
	Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.			Residents residing with facility with physician of for an Aplisol injection be given had the poten affected.	orders to	: : : : : :	
				Systemic Changes:  On 4/28/16, an inspecti	·s	6/12/16	
The company of the co	permanently affixed controlled drugs lis Comprehensive Dr Control Act of 1976 abuse, except whe package drug distri	racility must provide separately locked, anently affixed compartments for storage of olled drugs listed in Schedule II of the prehensive Drug Abuse Prevention and rol Act of 1976 and other drugs subject to e, except when the facility uses single unit age drug distribution systems in which the lity stored is minimal and a missing dose can adily detected.		station medication roor was completed with no discrepancies noted.  Beginning 5/2/16, licens nursing staff were re-ed regarding the important labeling Aplisol PPD vial an open date when open	sed lucated ce of s with		
e de la companya de l	by: Based on observat document review, it facility staff failed to	NT is not met as evidenced ion, staff interview and facility was determined that the label medication in a safe to medication rooms, the unit m.					
i i	one vial of Aplisol P	ed to label an open date on PD (purified protein (a medication used in the			RECEI	VED	

					mentu.		
		AND HUMAN SERVICES			<b>(</b> )	•	: 05/10/2016
		& MEDICAID SERVICES			C		APPROVED . 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPL	E CONSTRUCTION		E SURVEY
ID PLAN O	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '			COM	MPLETED
							С
		495283	B. WING	'		04/	/28/2016
AME OF F	PROVIDER OR SUPPLIER		1	ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
	ART HEALTH CERVI	ICES INDEDIAL		l	719 BELLEVUE AVENUE		
//ANUKU	CARE HEALTH SERVI	UES-HALENIAL		R	ICHMOND, VA 23227		······································
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
E 421	Continued From pa		į. E.	431	Monitoring System:		6/12/16
F 431	Continued From pa	ulosis [lung infection]) (1) in		101	, , , , , , , , , , , , , , , , , , ,		Ol TEL TO
	the unit one medica		;	Beginning 5/2/16, a			
11.000		ructions, the medication must	1	,	weekly random inspection		
	e .	pe discarded 30 days after being opened.			audit of both unit nurses		
		·			station medication rooms		4
	The findings include	<b>э:</b>		İ	for unlabeled Aplisol PPD		
!	On 4/29/16 at 0:15	a.m., observation of the unit			vials will be conducted by		
!		m was conducted. One vial of	:	:	ADNS and/or her designee		
	PPD solution was o			1	for compliance.		
	approximately one t	third full in the medication	:	:			
	room refrigerator. I	No open date was		!	Audits will be conducted for f	four	
i		vial or the box that contained			weeks and then monthly for		
		facturer's box that contained d, "once entered, vial should	É		months thereafter.		:
:		30 days." At this time, an	;	į			
1 mm m m m m m m m m m m m m m m m m m	interview was condu	ucted with RN (registered		;	Identified discrepancies will b	ре	
3	nurse) #1 regarding	the labeling and storage of		:	addressed accordingly and as		
ļ		1 stated the vial should have	ŀ	:	appropriate.		
	been labeled with a	n open date once opened.			abb. ob		

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

#1 stated the vial would be discarded.

RN #1 confirmed no open date was documented on the vial or the box that contained the vial. RN

On 4/28/16 at 9:57 a.m., ASM (administrative staff member) #2 (the director of nursing) was made aware of the above finding.

On 4/28/16 at 2:15 p.m., ASM #1 (the administrator) was made aware of the above finding.

The facility document titled, "Medication and Treatment Administration Guidelines"

Event ID: 93D611

Such will be forwarded to the

QA&A Committee for further review and/or possible revisions

to facility protocol.

NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES-IMPERIAL  (20) D SUMMARY STATEMENT OF DEFICIENCIES PREFEX TAG  SECURITY MELICEVILE AVENUE RECULATORY OR LSC IDENTIFYING INFORMATION)  F 431 Continued From page 56 documented in part, "Medication Storage and Security, Medications are stored in accordance with standards of practice (i.e., separate internals from externals, stored at proper temperature, stored in medication only areas"  No further information was obtained from the website:  https://dailymed.nlm.nih.gov/dailymed/fida/fdaDrug/xsl.ctm/7setid=1e91a6/7c-1694-4523-9548-58f7a 8871134  F 514 483.75(()(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident, a record of the resident's assessments; the plan of care and services provided, the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by:  Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate record for two of 28 residents in the	STATEMENT OF DEFICIENCIES (X1) PRAND PLAN OF CORRECTION IDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	] ` '	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
MANORCARE HEALTH SERVICES-IMPERIAL    X14] D   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST EE PRECEDED BY PULL RESULATORY OR LSC IDENTIFYING IMPORMATION)   PRODUCERS FLAN OF CORRECTION (EACH ODERICITIVA OF ORBIGINATE DEFICIENCIES) (EACH ODERICITIVA OF ORBIGINATE DEFICIENCY)   PRODUCERS FLAN OF CORRECTION (EACH ODERICITIVA OF ORBIGINATE DEFICIENCY)   PRODUCERS FLAN OF CORRECTION (EACH ODERICITIVA OF ORBIGINATE DEFICIENCY)   PRODUCERS FLAN OF CORRECTION (EACH ODERICITIVA OF ORBIGINATE DEFICIENCY)   PRODUCERS FLAN OF CORRECTION (EACH ODERIC TIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   PRODUCERS FLAN OF CORRECTION (EACH ODERIC TIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   PRODUCERS FLAN OF COMPACT OF THE APPROPRIATE DEFICIENCY    F 431   Continued From page 56   Continued From the page and Security Medications are stored in account and security and immedication only areas"    No further information was obtained from the website: https://doi.org/10.1016/j.producers			495283	B. WING	5	0.4		
FREETY TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 431 Continued From page 56 documented in part, "Medication Storage and Security. Medications are stored in accordance with standards of practice (i.e., separate internals from externals; stored at proper temperature; stored in medication only areas"  No further information was obtained from the website: https://dailymed.inm.nih.gov/dailymed/ifda/ifdaDrugXsl.cfm?setid=1e91a67c-1694-4523-9548-58f7a 8871134  F 514, 483.75()(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate record for two of 28 residents in the					1719 BELLEVUE AVENUE		720/2010	
documented in part, "Medication Storage and Security: Medications are stored in accordance with standards of practice (i.e., separate internals from externals; stored at proper temperature; stored in medication only areas"  No further information was presented prior to exit.  (1) This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDru gXsl.cfm?setid=1e91a67c-1694-4523-9548-58f7a 8871134  F 514	PREFIX	EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	COMPLETION	
survey sample, Resident #15 and 16.	F 514	documented in part Security: Medication with standards of purification from externals; stored in medication in medication in medication in medication in medication in medication in medication in medication in medication in medication website: https://dailymed.nlr.gxsl.cfm?setid=1et 8871134 483.75(I)(1) RES RECORDS-COMPLE  The facility must mare resident in accordant standards and practical programments in medicated information to identify resident's assessment services provided; the preadmission screen and progress notes.  This REQUIREMENT by:  Based on staff internal internal clinical record in the facility staff faile accurate record for the facility staff faile accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate record fails accurate	t, "Medication Storage and ons are stored in accordance practice (i.e., separate internals are at proper temperature; in only areas"  ion was presented prior to exit. In was obtained from the manipulation of the proper temperature of the proper temperature; in only areas"  ion was presented prior to exit. In was obtained from the manipulation of the properties of		Corrective Action:  On4/28/16, a late en was entered in the So services section of th records for residents regarding their reque and the process take accommodate their roughly on 4/29/16, resident were updated by the	ne medical is #15 and #16 est to cohort in to request.  t #15 and #16 e Administrator of their request.	/ED	

### PRINTED: 05/10/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING С B. WING 495283 04/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Other Potential Residents F 514 F 514 Continued From page 57 6/12/16 Affected: 1. The facility staff failed to document a request made by Resident #15 to cohort with a female Other residents requesting to resident and to document the process taken to share a room together had the accommodate Resident #15's request. potential to be affected. 2. The facility staff failed to document a request made by Resident #16 to cohort with a male resident and to document the process taken to 6/12/16 Systemic Changes: accommodate Resident #16's request. The findings include: Beginning 4/29/16, audits were completed for residents requesting to share a room. 1. The facility staff failed to document a request made by Resident #15 to cohort with a female resident and to document the process taken to Beginning 4/29/16, interaccommodate Resident #15's request. disciplinary team members as well as administrative staff were Resident #15 was admitted to the facility on re-educated by the Administrator 6/6/15, with a readmission date of 7/5/15, with and/or her designee regarding the diagnoses that included but were not limited to: Cervical spine quadriplegia (paralysis), dysphagia importance of accommodating (difficulty with swallowing), and hypertension roommate request from residents, (elevated blood pressure). providing updates to the residents regarding the status of the request Resident #15's most recent MDS (minimum data and documenting the efforts to set) was a quarterly assessment with an ARD complete such within the patient (assessment reference date) of 3/16/16. Resident #15 was coded as a 14 out of a possible record. 15 on the Brief Interview for Mental Status

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cognitively intact.

(BIMS), indicating that the resident was

further stated that he had been told (by

During the group interview held on 4/27/16 at 10:30 a.m. Resident #15 stated that he was not

allowed to enter a female's room. Resident #15

administration) that if he wanted to spend time

PRINTED: 05/10/2016 FORM APPROVED OMB NO. 0938-0391

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		DENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY COMPLETED
		495283	B. WING				C <b>04/28/2016</b>
NAME OF PRO	OVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
MANORCA	RE HEALTH SERVI	CES-IMPERIAL			BELLEVUE AVENUE IMOND, VA 23227		
(X4) ID .	***************************************	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREF	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	–	(X5) COMPLETION

TAG

F 514 Continued From page 58

TAG

with a "lady friend" he would have to go to one of the day rooms available in the facility. Resident #15 was asked whether he was in a relationship with a female who lived in the facility. Resident #15 stated that he was in a relationship with (name of Resident #16). Resident #15 stated that together they had asked "them" (administration) to allow them (Resident #15 and Resident #16) to share a room together and that their POAs (power of attorneys) had been notified and were agreeable to them (Resident #15 and Resident #16) living in the same room in the facility. Resident #15 was asked whether or not the facility had made any arrangements since the POAs had agreed. Resident #15 stated "they" (administration) had not told him anything, he was still waiting but he felt like he was in prison. Resident #15 stated: "They (administration) do not like us being alone in a room where we are not being monitored. I feel like someone is always watching us." Resident #15 was asked how long ago he had made the request, Resident #15 responded, "It's been a while now, just nothing is happening and we really want to do this."

REGULATORY OR LSC IDENTIFYING INFORMATION)

A review of Resident #15's clinical record, including social worker notes, did not reveal any documentation related to Resident #15's request to share a room with a female resident.

A review of Resident #15's care plan dated 7/5/15 did not reveal any information regarding Resident #15's request to cohort with a female resident in the facility.

On 4/28/16 at approximately 2:30 p.m. an interview was conducted with OSM #2, the social worker. OSM #2 was asked if residents in the

### F 514 Monitoring System:

6/12/16

DATE

Beginning 5/2/16, a weekly audit of residents requesting to share a room will be completed by the Director of Social Services and/or her designee for compliance with facility protocol/ State and/or Federal regulations.

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

Audits will be conducted for four weeks and then monthly for two months thereafter.

Identified discrepancies will be addressed accordingly and as appropriate.

Such will be forwarded to the QA&A Committee for further review and/or possible revisions to facility protocol.

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		AND HUMAN SERVICES				FORM	D: 05/10/2016 MAPPROVED D: 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495283	B. WING			04	C 9 <b>/28/2016</b>
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 07	720/2010
MANOR	CARE HEALTH SERVI	CES-IMPERIAL			19 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETION DATE
F 514	Continued From pa	ne 50	F 5	4.4			:
,	·		r t	14			
		be roomed together,		:			
		and a female, what was the stated, "This is under resident	i c	1			
		the IDT meeting and discuss	i				
		#2 was asked whether or not	:	1			:
		pecific to cohorting in the		:			:
		s unable to state whether or					à
		cy. OSM #2 stated, "We have		:			:
:		dent rights. We would involve		1			
	the POAs, whoever	is making the decisions for		:			
:	the residents and the	en figure out the actions to					
		asked to describe her next		1			:
* * * * * * * * * * * * * * * * * * * *		cussion with the POAs. OSM		1			
		ould discuss it with the rest of					ì
ş F		meeting. OSM #2 was asked		down or a manual			
*10.700		vould document the situation					
	in the resident's clini			•			.
		would usually write a note		[			
		d the steps taken. OSM #2		;		,	
		lly about Resident #15 and if		Ī			
	ne nad come to ner t	to request to cohort with a		1		î	
		e facility. OSM #2 stated that	-	:			
		the request and had taken T meeting and also had		-			
		is for both parties and they			· ·	;	
		e situation. OSM #2 was				1	
		e had expired since the		į		:	
		ents involved had been made		!		í	
		greed. OSM #2 was unable				i	1
		had been working on this.		i			
į (	OSM #2 was asked v	where her documentation		i		1	
		g this situation. OSM #2		:		!	
		ocumented in the record, "I		!			ĺ
	wrote in my personal	notes and I can look back				**	Wild Springer
		but I have destroyed most		3		1	
1	of my notes, today is	my last day and I have been				O CONTRACTOR OF THE CONTRACTOR	
		he burn box." OSM #2 was		•		•	
		taking the lead on the				:	
ŗ	equest made by the	residents. OSM #2 stated 🖐		;			

		TH AND HUMAN SERVICES			FORM AP	PROVE
		RE & MEDICAID SERVICES	<del></del>		OMB NO. 09	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	LTIPLE CONSTRUCTION DING	COMPLE	
-		495283	B. WING		O4/28/	/2016
AME OF	PROVIDER OR SUPPLIEF	R	1	STREET ADDRESS, C	CITY, STATE, ZIP CODE	
ANOR	CARE HEALTH SER	VICES-IMPERIAL		1719 BELLEVUE AV RICHMOND, VA 2	···	
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C 51/	Continued From	00				
F 014	Continued From p	_	F 5	14.		
	that the IDT was a	ware.		:	1	
:	On 4/28/16 at app	proximately 2:40 p.m. an	:	÷		
		ducted with ASM (administrative			•	
		the administrator. ASM #1 was	1	:	:	
146		aware of two residents in the		i		
ļ		d a female, who had requested 1 responded that she was		900		
		responded that she was e situation had been discussed			:	
		ne IDT meetings. ASM #1 was		i .	:	
		documentation was that		:		
:		tion, ASM #1 responded, "The	•			
!		n (in the clinical record) should	i	· · · · · · · · · · · · · · · · · · ·	;	
· ·		1 #1 was made aware that there			-	
2		he clinical record. ASM #1		1		
		e knew that it had been t they were "still working on it."				
		ested regarding documentation.		;	į	
!	On 4/28/16 at appr	roximately 4:00 p.m. ASM #1		₹		
		or with a facility manual titled				
\$	"Section 1. Docume	entation" which documented,		: 2		
		uidelines: Clinical records are		• • • • • • • • • • • • • • • • • • •	<u>!</u> :	
		h patient that are complete,		;		
		and systematically organized.	-	:	! •	
		record reports the actual ndividual and contains		•	*	
		on to validate patient status		1	i	
		are provided. Documentation			ļ :	
,	in the clinical record	d is expected to be timely and			į	
1	to accurately reflect	t each patient's condition. Any		1		
		vides care to the patient may			RECEIVE	n
	document care in th	ne record."				ן ע
; ; !	No further documer	ntation was provided prior to			JUN 0 2 2016	· [
	the end of survey.	itation was provided prior to		•		1
	.,,	4		;	VDH/OLC	<b>&gt;</b>

2. The facility staff failed to document a request

# DEPARTMENT OF HEALTH AND HUMA SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRU A. BUILDING

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING				COMPLETED		
		405383	B. WING				C
NAME OF I	PROVIDER OR SUPPLIE	495283	B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	04/28/2016
				1	1719 BELLEVUE AVENUE		
MANOR	CARE HEALTH SER	VICES-IMPERIAL		F	RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 514	Continued From p	age 61	F 5	514			
	resident and to do	t#16 to cohort with a male cument the process taken to sident #16's request.	· · · · · · · · · · · · · · · · · · ·				,
	12/14/14, with diagnot limited to: COF	admitted to the facility on gnoses that included but were PD (chronic obstructive	· :				
7	in the blood), anxi-	mia (high levels of cholesterol ety, hypertension (elevated ementia and dysphagia					
and the second s	set) was a quarter (assessment refer Resident #16 was 15 on the Brief Inte	ost recent MDS (minimum data ly assessment with an ARD ence date) of 3/18/16. coded as a 13 out of a possible erview for Mental Status that the resident was					
to commence of the commence of	10:30 a.m. Reside allowed to have a Resident #16 furth told (by administra	nterview held on 4/27/16 at nt #16 stated that she was not male friend in her room. er stated that she had been tion) that if she wanted to "male friend" she would have to					
The box of the box of	go to one of the da facility. Resident # was in a relationsh facility. Resident #	by rooms available in the state whether she ip with a male who lived in the stated that she was in a same of Resident #15).		WALL IN A PRINT OF THE PRINT OF			3
Annual (Annual ) : Applies department man	Resident #16 state "them" (administra #15 and Resident and that their POA	to the difference of the diffe		man chart which a collection of the			
	(Resident #15 and	Resident #16) living in the acility. Resident #16					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/10/2016 FORM APPROVED OMB NO. 0938-0391

> (X3) DATE SURVEY COMPLETED С 04/28/2016

CENTERS FOR MEDICARE	E & MEDICAID SERVICES				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	MULTIPLE CONSTRUCTION  JILDING		
	495283	B. WING	3		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (		
			1710 RELIEVIE AVENUE		

		433203	2. 77710	·		04/28/2016
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MANORCARE HEALTH SERVICES-IMPERIAL		ĺ	1	719 BELLEVUE AVENUE		
MANUK	UMRE NEMLIN SERVI	CES-HALERIAL		F	RICHMOND, VA 23227	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 514	Continued From pa	ge 62	F <i>5</i>	514	f :	•
	asked whether or narrangements since Resident #16 stated not told her anything Resident #16 was a made the request, I don't remember but really want to do this A review of Resident including social word documentation relat to share a room with A review of Residen	ot the facility had made any ethe POAs had agreed. d'they" (administration) had g, she was still waiting. asked how long ago she had Resident #16 responded, "I nothing is happening and we s."  at #16's clinical record, ker notes, did not reveal any sed to Resident #16's request		7		
	Resident #16's requiresident in the facility. On 4/28/16 at approinterview was conducted worker. OSM #2 was facility requested to specifically a male approcess. OSM #2 strights, I would go to the situation." OSM there was a policy specifically. OSM #2 was not there was a policy to be mindful of residents and the residents and the	est to cohort with a male		The second of th	RECE	<b>EIVED</b> 2 2016

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steps following a discussion with the POAs. OSM #2 stated that she would discuss it with the rest of

the team in the IDT meeting. OSM #2 was asked : whether or not she would document the situation

in the resident's clinical record. OSM #2

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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							C
		495283	B. WING	·		04	/28/2016
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		IOPO INIDEDIAL		1	719 BELLEVUE AVENUE		
MANUK	CARE HEALTH SERV	ICES-IMPERIAL		R	RICHMOND, VA 23227		
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TAG			TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
F 514	Continued From pa	age 63	. F	514			
,	•	•		) 1 T :			
		would usually write a note	•	:	:		
		and the steps taken. OSM #2	:		-		
,		ally about Resident #16 and if		:	•		:
,		er to request to cohort with a		,	· •		
:		e facility. OSM #2 stated that					
		th the request and had taken	1		:		!
		DT meeting and also had	:				1
	spoken with the POAs for both parties and they						1
		he situation. OSM #2 was	i				
Î	asked how much time had expired since the						;
	request by the residents involved had been made and the POAs had agreed. OSM #2 was unable		ŀ	:			•
							5
		had been working on this.		1			
		where her documentation					
		ing this situation. OSM #2		;			
;		documented in the record, "I			•		•
:		al notes and I can look back		:			***
:		e, but I have destroyed most		1			š
i		s my last day and I have been					5
3		n the burn box." OSM #2 was 🔋		i			
,	asked who was nov	v taking the lead on the		An and			
:	request made by the	e residents. OSM #2 stated		1			1
;	that the IDT was aw	are.					
:		· · ·					1
:	On 4/28/16 at appro	oximately 2:40 p.m. an		1			i
	interview was condu	ucted with ASM (administrative)					f .
		ne administrator. ASM #1 was		-			:
		vare of two residents in the		1			
	facility, a male and	a female, who had requested					To the same of the
		responded that she was		1			1
i		situation had been discussed					1
		IDT meetings. ASM #1 was		1			;
		cumentation was that		1			*
		on, ASM #1 responded, "The					
		(in the clinical record) should		1			
		#1 was made aware that there		į			* 
		e clinical record. ASM #1		į			· ·
responded that she ki		VIICA THAT IT HAD DECH					1

discussed and that they were "still working on it."

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING

., =		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		495283	B. WING				28/2016	
	PROVIDER OR SUPPLIE	R		171	REET ADDRESS, CITY, STATE, ZIP CODE  9 BELLEVUE AVENUE  CHMOND, VA 23227	1 0412	20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x :	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 514	On 4/28/16 at approvide this surve "Section 1. Docur in part; "General of maintained on eareadily accessible A complete clinical experience of the sufficient information and outcomes of in the clinical record to accurately refleindividual who prodocument care in	ested regarding documentation broximately 4:00 p.m. ASM #1 byor with a facility manual titled mentation" which documented, Guidelines: Clinical records are chipatient that are complete, and systematically organized. It record reports the actual individual and contains tion to validate patient status care provided. Documentation and is expected to be timely and contains to the patient may the record."	F	114 · · · · · · · · · · · · · · · · · ·				
The second secon	The following quo Perry's Fundamer (2005, p. 477): "E written or printed to proof for authorize within a client meanursing practice. accurate, comprel retrieve critical datrack client outcon standards of nursi client record provilevel of quality of composition of the proof following informaticare team, nurses	tation is found in Potter and ntals of Nursing 6th edition occumentation is anything that is relied on as record or ed persons. Documentation dical record is a vital aspect of Nursing documentation must be nensive, and flexible enough to ta, maintain continuity of care, nes, and reflect current ng practice. Information in the des a detailed account of the care delivered to the clients."  2005) also included the on: "As members of the health need to communicate clients accurately and in a		A CHAIN CHAIN CHAIN COMMAN AND CHAIN CHAIN CHAIN CHAIN CHAIN CHAIN CHAIN CHAIN CHAIN CHAIN CHAIN CHAIN CHAIN C	REC JUN VC	CEIVE v 0 2 20° OH/OL	:D 6 .C	