PRINTED: 11/01/2018 FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495243 B. WING 10/25/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ENVOY OF STAUNTON, LLC 612 HOUSTON STREET** STAUNTON, VA 24402 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LS( | IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Initial Comments F 000 F 000 An unannounced biennial State Licensure Inspection survey was conducted 10/23/18 through 10/25/18. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey. The census in this 170 bed facility was 165 at the time of the survey. The survey sample consisted of 33 current Resident reviews and 3 closed record reviews. F 001 Non Compliance F 001 The facility was out of compliance with the following state licensure requirements: 12VAC 5-371-250- (G) Cross Referenced to F-Tag 655 This RULE: is not met as evidenced by: Allegation of Compliance: 11/27/2018 The facility was not in compliance with the following Virginia Regulations for the Licensure of 12VAC 5-371-250 (F) Nursing Facilities. Cross Referenced to F-Tag 657 12VAC 5-371-250- (G) Allegation of Compliance: 11/27/2018 Cross Reference to F-Tag 655 12VAC 5-371-370 (A) Cross Referenced to F-Tag 700 12 VAC 5-371-250 (F) Allegation of Compliance: 11/27/2018 Cross Reference to F-Tag 657 12VAC 5-371-250 (G) 12 VAC 5-371-370 (A) Cross Referenced to F-Tag 744 Cross Reference to F-Tag 700 Allegation of Compliance: 11/27/2018 12VAC 5-371-300 (H) 12 VAC 5-371-250 (G) Cross Reference to F-Tag 744 Cross Referenced to F-Tag 758

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

12 VAC 5-371-300 (H) Cross Reference to F-Tag 758

12 VAC 5-371-300 (B)

Cross Reference to F-Tag 761

Executive Disser

12 VAC 5-371-300 (B)

Allegation of Compliance: 11/27/2018

Allegation of Compliance: 11/27/2018

Cross Referenced to F-Tag 761

(X6) DATE

**FORM APPROVED** State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 495243 B. WING 10/25/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **512 HOUSTON STREET ENVOY OF STAUNTON, LLC** STAUNTON, VA 24402 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 001 Continued From Page 1 F 001 12 VAC 5-371-180 (A) 12VAC 5-371-180 (A) Cross Reference to F-Tag 880 Cross Referenced to F-Tag 880 Allegation of Compliance: 11/27/2018 12 VAC 5-371-370 (A) 12VAC 5-371-370 (A) Cross Reference to F-Tag 909 Cross Referenced to F-Tag 909 Allegation of Compliance: 11/27/2018

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2018 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495243	B. WING		C 10/25/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS. CITY, STATE, ZIP CODE 512 HOUSTON STREET STAUNTON, VA 24402	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
E 000	Initial Comments		E 00	0	
F 000	survey was conduct 10/25/18. The facil compliance with 42 Requirement for Lo INITIAL COMMENT An unannounced Insurvey was conduct 10/25/18. Correctic compliance with 42 Term Care requirer	Medicare/Medicaid standard steed 10/23/18 through one are required for CFR Part 483 Federal Longments. The Life Safety Code collow. One complaint was	F 00	0	
F 550 SS=D	165 at the time of the consisted of 33 curl closed record reviews Resident Rights/Ex	ercise of Rights	F 55	<sup>iO</sup> F550	
	self-determination, access to persons outside the facility, this section.  §483.10(a)(1) A fa with respect and diresident in a mann promotes mainten her quality of life, it	a right to a dignified existence, and communication with and and services inside and including those specified in cility must treat each resident lignity and care for each ler and in an environment that ance or enhancement of his or recognizing each resident's acility must protect and		1. Education has been provided documented staff members responsible for resident #14 with meals in appropriate assistance/in promoting a dignified dimexperience therefore maintaining/enhancing quife. This has been observed appropriate staff interactions.	r and staff assisting teraction ing uality of ed with
LADOBATORY	The control of the co	ER/SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	Resident #14 during mea	(X6) DATE

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

Facility ID: VA0175

PRINTED: 10/31/2018 FORM APPROVED OMB NO 0936-0391

CENTERS FOR MEDIC	ARE & MEDICAID SERVICES			OWR NO 0838-038
PATENCIAL DE DEFIG ENCIES LOS PLANIOS CORRECTION	INTERPRETATION NUMBER	A BULLDAR	OLE CONSTRUCTION	C C
	495243	B MAD		10/25/2018
IAME OF PREIVINGS OR SHPP	। इन्हें 		STRAGT ADDRESS, CUTS BY SELECT OF CO	9€
ENVOY OF STAUNTON, L	LC		512 HOUSTON STREET STAUNTON, VA 24402	
CONTRACT CACCED	IMARY STATEMENT OF DEFICIENCES EFICIENCY MUST BE PRECEDED BY FULL FORY OR USE IDENTIFY NO INFURNATIONS	PY SPEAD TAG	CTO MALE CREEN ORD TWO ASMITCHERS HE COME OF THE COME OF THE COME OF THE CREEN ORD	ON SHOULD THE COMPLET OF THE APPROPRIATE CATE
F 550 ; Continued Fr	om page 2	F (	650	3
	aphasia, Non-Alzheimer's			
Dementia, no	m-traumatic intracerebral	8		
hemorrhage.	abnormal posture, dysphagia,			
cognitive con	nmunication deficit, generalized			
muscle weak	ness, chronic atnet fibrillation			
chronic kidne	y disease, and vascular dementia al disturbance. According to the		i d	*** ***
with behavio	Minimum Data Set a Quaderly		8	
Positre with	an Assessment Reference Date of			
7/25/18 the	resident was assessed under		₩	
Section C (C	ognitive Patterns) as being severely		经	
cognitively in out of 15	npaired with a Summary Score of 01	\$55 \$55		36 36 86
<sup>1</sup> G0110(H) - I	on G (Functional Status), at Item Eating, the resident was assessed as dependent with one person physical ting.			
Resident #	4's care plan, revised on 10/24/18,			- E
included the	following problem, "Mrs. (name of	Tr.		e .
resident) ha	s potential for imbalanced nutrition r/t			
(related to)	self-care deficit dementia and altered	13		8
nutrient utili	zation, requires mechanically altered			
diet and thic	kened liquids AEB (as evidenced by) upon staff for provision of all nutrients	ŀ		
gependent	ignosis of poor dentition." The goal	L.		
for the prob	form was "Mrs (name of resident) will			
maintein ac	ceptable nutritional parameters as			
evidenced i	by tabs at base line or improved with		100	i
no S/S (sig	ns and symptoms) of mainutrition or			20
dehydration	through next review."			70
F. F	is to the stated problem included,			
tuterseuro.	foeding as needed; Up in wo			
Assat William i	to dining room for all mouls and led			97
by staff				N
AL 86	55			
A: 8 00 a n	on 10/24/18 during observation of	4		again parameter and a second s

DEPARTMENT OF HEALTH AND HUMAN SERVICES SOUTHDREAD MEDICADE & MEDICAM SERVICES

PRINTED: 10/21/2018 FORMAPPROVED GMB NO. 0938-0391

	CERTICIENDIES	(KI) FRONGER-SUPPLER CUTY HENTICICATION NUMBER	(X2) MULTIFUE CONSTRUCT OF	(X3) DATE SURVEY COMPLETED
orporate and	S. S	A THE STATE OF THE DELETES AND	A SOLDING	C
		495243	5 WHS .	10/25/2018
N-W OFFR	CODER OR SIZER	<u>l</u>	STREET ASDRESS CITY, BIRTE, 28' CODE	
	OTHERTON ILC		512 HOUS ON STREET	
ENVOYOR	STAUNTON, LLC		STAUNTON, VA 24402	
OPER X	-E≠CH DEFICIE	etatement of Decretances Not must be predeced by ( UC) Ne Leg Identify (ID) ( NEC) ( NEC)	PROPOSE HER SHOP COR PREES EACH CORRECTIVE ACTIONS EACH CORRECTION CORRECTION OF THE A TAG OF CORRECTION OF THE ACTION OF T	SHOULD BE I FORFILTED
F 584	Continued From pa	eg <b>e</b> 4	F 584	
1004.5		antelike environment, including	2. Quality review of units	ONS ONW
	but not britted to re	eceiving treatment surf	3NS, and 3NW during	
	supports for daily l	iving safely	S. Contract of the Contract of	· ·
	The facility must p	rovide-	lunch, and dinner to e	1
	8483.10(0(1) A sa	fe, clean, comfortable, and	residents residing on t	
	nomelike environm	nent, allowing the resident to	provided a safe, clean	
		sonal polongings to the extent	and homelike environ	ment. Follow
	possible.  In This includes et	nsuring that the resident car.	up based on findings.	
	receive care and s	services safely and that the	1	Dr. 100000 Area
	physical layout of	the facility maximizes resident	3. Nursing staff re-educa	ited by the
	indopendence and	di does not pase a safety risk all exercise reasonable care for	Staff Development	
	the protection of I	he resident's property from loss	Coordinator/designed	
	or theft		residents with a safe,	
	2102 100 VO Hau	sekeeping and maintenance	comfortable, and hon environment. During	
	services necessa	ry to maintain a socitary orderly	staff are to ask reside	
	and comfortsble (	nterior	preference for setting	
	S SUMMER AND INC. CO.	b. i was been langer that are	meals, meals are not	
	n good condition	an bed and bath linens that are	meal items are to be	
			tray and set up accor	
The state of the s	§483 10(i)(4) Priv	rate closet space in each	preference, glasses a	nd straws are to
	resident room, as	s specified in §483 90 (e)(2)(iv)	be provided on tray f	for each
1	8483 10(n)(5) Ade	equate and comfortable lighting	individual drink resid	
ovels in all areas:		The second second section of the second seco	covers are not to be	stacked up near
	B		residents while eatin	g,
]	* §483 10(i)(6) Co	infortable and safe temperature initially certified after October 1.	d d	
	1990 must maint	tain a temperature range of 71 to	,	
	81°F, and			
	&483 10()(7) Fo	the memberance of comfortable		
]	sound lavels			
F	21 12 = (3) 11251	ASSESSED OF MALES AVOIDAGE OF CLICK		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES. CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 10/31/2016 FORM APPROVED OMBINO 0938-0591

STATEMENT OF BUDGEMORS STOPPARTY CORRECTION	OF THE PROVIDER OF THE PROVIDE	Sental fire co		CAMBING, 0938-0391 (X0) DATE SURVEY COMPLETED
				C
	495243	5 2010	Section in the second section in the section in the second section in the section in the second section in the section in the second section in the sec	10/25/2018
NAME OF THEOLOGY OF SOFFEES ENVOY OF STAUNTON, LLC		512	EFFALUROSS SITA STAIR, 74P COOK HOUSTON STREET UNTON, VA. 24402	
PICTURE (FACH DEFICIE	CATATEMENT OF BETWEENINGS CHOMMUST BE PRECEDED BY FULL CALLSC (DENTIFYING INFORMACION)	T PREFIX TAIL	FROMDERS DIAN OF CORRECTION (CACH COARECTIVE ACTION SHOULD B CHOSS REFERENCED TO THE APPROPE (COROS)	
trays left under the in the drining room any of the Certified the residents if the Two CNA's were is observation. CNA leave the trays unifood warm. CNA worked there for a trays under the Resistant have always.  3. At 8.00 a,m on on Unit 2NW was seated at four table area. All five race of the staff were the residents would like tray. One resident cartons of 4. On 10/25/18 at on Unit 2NS was an the dining area in the dining area	donts were served lunch with properties. Two surveyors were at the time and did not hear it Nursing Assistants (CNA) askly wanted their tray removed interviewed separately after the 1# 3 verbalized the reason to der the plates was to keep the 1# 4 verbalized that she had almost 4 years and leaving the isident's food is the way they is done it.  10/24/18, the breakfast meal observed. Five residents were es in the unit Day Room/Dining fived their meals on trays. None eard to ask if any of the 1 was observed drinking two milk directly from the carton.  7:40 a.m., the breakfast meal observed. The seven residents were sorved their meal with the ing on their individual trays erving the residents were of the residents if they would like the fine residents were left in the residents don't like the	F 584		
The meal observa meeting at 3.00 p. the Administrator, survey team	tions were discussed during a milion 10/25/18, that included the Director of Nursing, and the ots Before Transfer Discharge	F 523		

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 10/31/2018 FORM APPROVED OMB NO: 0938-0391

GENTER	O LOW MCDICAKE &	MEDICAID SERVICES			א סואכי	O. 0330-0381
S (ATEMS AT DE DEFICIENCIES MOLESPARO E CORRECTION		(X1) PROVICER-SUPPLIER-CLA DENTIFICATION NUMBER		ale construction		E SURVEY IPLETED
		495243	B ANNETT		4	C 0/25/2018
NAME OF 2	MOVIDER OR SUPPLIER	<u></u>	· <del>··</del>	STREET ADDRESS, CITY, STA	TE ZIP CODE	
ENVOY O	F STAUNTON, LLC			512 HOUSTON STREET STAUNTON, VA 24402		
(x4.10 Prefix Pag	(LACH DEFICIEN	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL O'SCIUENTIFYING INFORMATION,	QI PREFIX OAT	HEACH CORNED CROSS REFEREN	PEAN OF CORRECTION TIME ACTION SHOULD BE CED TO THE APPROPAGATE EFICIENCY)	COUPLETION CAPU
F 623	Continued From pag	ge 8	, . F6	23		
			conduct quali written notifi responsible p following a tr to the hospita weeks, 3x we weekly and P Findings to be committee m indicated. Qu	ervices/designee to ity monitoring of cation to residents arty and Ombudsmer ansfer and/or discharal, 5 times weekly x 2 ekly x 4 weeks the 2x RN as indicated. The reported to QAPI conthly and updated a uality monitoring diffied based on finding Compliance:	ge	
	codified at 42 U.S. (vir) For nursing factorized for related email address and agency responsible advocacy of individual control contr	cot of 2000 (Pub. L. 106-402, C. 15001 et seq.); and clitty residents with a mental disabilities, the mailing and telephone number of the e for the protection and luals with a mental disorder the Protection and Advocacy viduals Act.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
1						

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES. CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 10/31/2016 FORM APPROVED OMB NO 0938-0391

OTAL TRADITION DEFICIENCES AUDIT FARCH CORRECTOR		(A D FRENDERBURKURUM LA IDENDIROATETA NUMBER		echese ponsi	(7.5) DATE SURVEY COMPUR (EU	
		495243		G		C
	ZUMER OR SULFILLER STAUNTON, ELC		<u>-</u>	512 HOU	MORRES, CITY STATE 2% CODE STON STREET ION, VA 24402	10/25/2018
DA) * PSEDX Jale	FACH DEFICIEN	(ATEMENT OF DEPICIENCE) OY MUST BE PROJECTION EVENUL 1,80 (ESMEEY NO NECHMARISM)	**15	( (	PROVIDENCE AT DECORREC EACH CORRECTIVE ACTION SHO CHOSS WHITHHEIDED TO THE MAN DEFICE MOY	ULO DE CAUTATAN
F 623	Continued From pag	ge 10	i.	F 523		9
	658	n, Resident #35's MDS ented that Resident #55 tylon 6:27/18				2.
	(DON) and administ regards to notifying Ombudaman office discharge. The DON	AM the director of nursing rator were interviewed in the responsible party the inwing regarding the land administrator, both notify RP or ambudsman.		87 6 7		The second secon
(E 1)	No other information conference on 19/2	n was presented prior to exit 4/18.				
	the facility on 9/17/1 (minimum data set) with an ARD (asses 10/1718 Diagnoses (Jean failure, diabet breast cancer, Res	as most recently admitted to 8. The most current MDS was a quarterly assessment sment reference date) of the Resident #127 included es, failure to thrive, and ident #127 was assessed as int-term memory problems e impairment.		F R		
	10/24/18. A copy of that Resident #127 on 8/10/18 for intestite hospital on 9/12	dical record was reviewed on finospital records documented was admitted to the hospital linal bleed and resumited to f18 for congestive heart 27 continues to reside in the	* * * * * * * * * * * * * * * * * * *	e e e		
	(DON) and administ regards to notifying Ombudsman office discharge. The DOI	AM the director of narsing trator were interviewed in the responsible party the in writing regarding the N and administrator, both notify RP or embudishan tesses.	, may supply, some given the	i i		continual or sheet Plane 11 or 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTURS FOR MEDICARE & MEDICAID SERVICES PRINTED 10/31/2016 FORM APPROVED OMB NO. 0938-0391

ARATEMENT OF CODICE AMOREM NO CORRECT		(XI) PROVERNISTANCE C. A PENTIFICATION NUMBER	ABUNDING		(83) DATE SUBJEY COMPLETED
		1		P) C 1-14-respondent the series of the graph of	c
		495243	P Vano		10/25/2018
AAVE OF CHOVIDER	OR SUPPLIER		J'E	PETAM RESS CON STOP ZO CODE	1 10/23/2018
*********	TARAN MUSIC		512	HOUSTON STREET	
ENVOY OF STAU	NTON, LLG		STA	UNTON, VA 24402	
244°C	SUTVARES	fatewert on the office		PROJECT SPLATOR CORRECTS	N ist
Historia Num		A MUST BE APPLIETE A UN FOLL 180 IDENT FYMO MIC PMAT (IN)	Ti-Te.y Tie.y	PACH CONTECTIVE ASSIGN SHOULD C - 95 REV HERCED TO THE APPROP DEPONENCY)	BE SAMMLE FOR
	nued From pag	e 12 n'is transfer to the hospital	L 653		
		of think that's done for	×	<u>F 655</u>	
anyon	e I know we	always try to get in touch with	3.	# Affect that are self-are as	
the R	by talephone	If someone goes cut to the		1. A copy of Resident #149's Ba	isalima
hespit	at, but nothing	written is given."			•
100 mg	range soon areasons conserved		€1 	Care Plan has been provided	
eumin	estrator and D	were discussed with the ON during a meeting with	) · · · · · · · · · · · · · · · · · · ·	resident's responsible party.	*
: aciiit)	/ stan 10/25/17	beginning at 2:55 pm		2. Quality review of Current re	sidents
No fee	ther informatio	on was provided prior to the	39 39	admitted in the last 30 days	to
	onference	7. 1123 D. 57.303 (1. 6) 15 T. 1.		ensure Baseline Care Plan is	
	ine Care Plan		F 555	completed by nurse and	M.
	s): 483.21(a)(1	<b>)</b> -(3)		resident/responsible party is	
A CONTRACT CONTRACTOR	one and an analysis of the second of the sec	P2004 • P200099			
§483.	21 Compleber	isive Person-Centered Care	E S	provided with a copy. Basel	
Plann	-		18 -	Plan is completed with nurse	and
# N E	21(a) Raseline			resident/responsible party	(# 15
		acility must develop and	1	signatures/dates. Follow up	based
		e care p'an for each resident	į į	on findings.	20
		truptions naeded to provide i-centered care of the resident			
		nal standards of quality care	<u>12</u>	3. Licensed nurses re-educated	by the
	asel ne care p	The time-states Montestations for high in the State in Statements		Staff Development	
	•	hin 48 hours of a residents	8	Coordinator/designee relate	d to
admis		12 A12		Baseline Care Plans, BCP is t	
{ (ii) tini	clude the minir	num healthcare information	袋		
	December of the same of the sa	ly care for a resident	i i	developed within 48 hours of	
	ling, but not lin			resident's admission. BCP n	
P	_ 10	ed on admission orders		developed and implemented	l for
C1 1 SEAR 1 SEAR	hysician orden	5	81	each resident that includes	
	ietary orders. heraty service	F	***	instructions needed to prov	de
~7723*** 32	ne any services acta! services	÷		effective and person-center	ad care I
		mendation flapplicable		of the resident that meet	
u i.e.	and and the Veryll.	TO THE PARTY OF TH	1.	professional standards of qu	alih.
5483	21(a)(2) The f	acidly may develop a			
		e plan in place of the base in-		care. BCP is to be signed an	
				ov resident/responsible par	У.

PRINTED 19/31/2018 FORM APPROVED OMB NO 0938-0391

LOW WEDLOWY	E BIMEDIONID SEKARGES			OMB NO 0938-039
PERFORMANCES PRIMED HOH	(X1) PROVIDENSUPPLIERCULA IDENTIFICATION MINNES	A HOLDING		(X3) DATE SURVEY COMPLETED C
JOSE OR SCEPULE	Contraction of the State Section 1999		STHEET ADDRESS, COM STATE, ZIP CO 512 HOUSTON STREET STAUNTON, VA 24402	10/25/2018 UE
(CACH DEFIC	CENCY MUST BE PARCEDED BY FULL	146 Руг Да	o no mela efectadam ditoa battobrakicalah ak di geombababakogt dalakalah	CAPPED SHAPE COMPLETE IN
	PENDLUCES PRINCHON  JOSE ON SUPPLIES  TAUNTON ELC  SUMMON  (EACH DEFIC	DRIVER THE STATE OF THE STATE O	DEFICIENCY MUST BE PRECEDED BY FULL PROPERTY.	DEPROCEDES ON PROVIDERS OF PROVIDERS OF PROVIDERS OF STATE OF STAT

F 655 | Continued From page 14 in daily decision makings skills

Observed during clinical record review was the resident's basoline care plan completed on 10/09/18 (seven days after admission). The basoline care plan also had an area that documented, "". below are completion signatures and dates of those participating in the initial baseline care plan development summary..." A space was provided for the nurse's signature, along with dete (dated 10/09/18) and a space for the representative's signature and date, which was blank. The nursing notes were reviewed for this resident, no documentation was found to evidence the resident's representative was provided a copy.

The unit manger was interviewed on 10/24/18 at approximately 10.00 a.m. regarding the baseline care plan and was asked what the nurse's signature represented. The unit manger stated that was the date of completion and stated that the resident's representative should also sign

At approximately 10.45 a.m., the DON (director of nursing) stated that the baseline care plan for Resident #149 was completed on 10/02/18 (the date of admission), but the nurse that completed the baseline care plan did not sign it, so when the unit manager noticed that it was not signed, the unit manager signed it and did not back cate it to the original date. The DON was asked if the residents's representative was given a copy the DON stated that she would find out.

On 10/25/18 at approximately 11/90 a.m. the DON stated that she could not find where the resident's representative was given a copy. The DON further stated that the baseline care plan.

F 655

- 3. Licensed nurses re-educated by the Staff Development Coordinator/designee related to Baseline Care Plans, BCP is to be developed within 48 hours of a resident's admission. BCP must be developed and implemented for each resident that includes instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. BCP is to be signed and dated by resident/responsible party.
- 4. DON/UM/designee to conduct quality monitoring of Baseline Care Plans, 5 times weekly x 2 weeks, 3x weekly x 4 weeks, then 2 x weekly and PRN as indicated. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.
- 5. Allegation of Compliance: 11/27/2018

#### GEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2016 FORM APPROVED OMBINO: 0938-0391

STANBAUMT S AND PLANCE	COPRECTION	INTO PROVIDER SUPPLIERO. A IDENTIFICATION HUMBER	axa-Rubi Windeline	8 (8 00) \$18,0 (10) (0	(7%) DATE BURVEY C UMPLETED
		495243	0 WHO.	The second secon	C 10/25/2018
	CV CER OR SUPPLIER			STREET ACCESS, OTHER TALK AR COSS 512 HOUSTON STREET STAUNTON, VA 24402	Addition of the second
(84) (Q 85 ( 5 - X ) 75 ( 5	IEACH PERIORNO	ATEMENT OF DEELD ELICIES  VINUALISE MADUEDED ELICIES  LISCIDENT EYNIG MADUENTICAL	(D ) PREF ()	FROMDER'S PLAN OF DOR ( EACH CORRECTIVE ACTION) CROSS REFERENCED TO THE M OBERG EVOY)	SHOULD BE SHOWFLETKIN
F -557	record review, the farovise the comprehenes dente in the survive sealed a special dente of a special dente o	on, staff interview and chincal cility staff failed to review and risive care plan for two of 36 ey sample.  The plan was not revised to palized "Broda" chair replan was not revised with injury prevention.  The plan was not revised with injury prevention with behaviors.  The plan was not revised to a plan was a specialized "Broda" chair in the resident was observed to 150 p.m. in her room chair (a special positioning of care (revised 10/10/18) the resident a use of a Broda in tisted the resident was at sentuation, poor sprehension, poor sprehension, poor sprehension, poor sprehension programmed to the plan was at sentuation.		4. DON/UM/designee to c quality monitoring of Comprehensive care pl weekly x 2 weeks, 3x w weeks, then 2 x weekly indicated. Findings to be reported committee monthly an indicated. Quality mon schedule modified base 5. Allegation of Compliant 11/27/2018  12 VAC 5-371-250  1. Resident #14's compre plan has been reviewe Interdisciplinary team include use of a special chair. Resident #15's care plan has been reviewed Interdisciplinary team included person center individualized interver fall/injury prevention.	eekly x 4 and PRN as I to QAPI d updated as itoring ed on findings. ce:  chensive care d by the and revised to alized "Broda" comprehensive viewed by the and revised to red ntions for
	awareness and psyconomic and control of the control	prehension, poor safety meastive diug use. Care or njury prevention referenced heelchair and did not include.		fall/injury prevention.	2

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED 10/31/2016 FORM APPROVED OMB NO. 0938-0391

		KID PROVIDERBURGIERROIM ROURDERMANNERBURGE	A SUITON S		(AT: DATE SURVEY COMPLETED)	
: Provide Patrio (1904)			A SA - Car	A No. 100 CONTROL OF T	c	
		495243	5: W HG		10/25/2018	
05142 02 100	NATURE OR SUPPLIER		- i T - 5'R	ELLACOPESS, C.D. STATE APPOADE	10.20.20.0	
	ence a lact period second		29 029	HOUSTON STREET		
NVOY OF STAUNTON, LLC		28000256	UNTON, VA 24402			
<del></del>	(1) 14 had 5 ft./	BISCIEMENT OF DELICH GOES	)D	PROVIDER'S PEAN OF CORRECTION	N (145	
(5-4-1)5 (5年)5(で 14-5	FACH DEFICIE!	NOY MUST BE PRECEDED BY FULL RUSS (DENT TURNS BEFORMATION)	PREFIX TAG	TEACH CONTROCTUS ACTION SHOULD GROSS REFERENCED TO THE APPROPOSE OFFICER.	BE COMPLETED	
F 657 (	Continued From pa	ge 18	F 657			
		ent as naving short and long				
		iment with severe impairment				
		aking skills. The resident was	6			
		equiring extensive assistance	3			
į	from staff for most	all ADL's (activities of daily				
1	living). The resider	nt was also coded as having				
1	one fall without inju	iry.				
- 3	The regident's cini	cal record was reviewed and in	×			
	summary, the resid				8	
		nit of the facility. The resident	1		1	
		dependently and had a fall with			į	
		in early July 2018 On July 09.	3		i.	
		complained of pain and was	22		r	
		urse and lound to have an			8	
		tont. The resident was sent to			25	
		agnosed with a fracture of the			į	
	right femur (unkno	wn origin). The resident's			Ţ	
		red, the resident was placed on	8		į	
	non weight bearing	g status and returned to the				
		ent was seen by OT				
		apy) upon return to the facility				
		om OT on 08/01/18 The OT				
		ry documented fail lisk.				
	nonweightoearing	nght lower leg hip				
	fracture, patient a	nd caregiver training - provided ask completion and functional			\$1	
	esciptopped per	ram specifically in order to				
		ram appeareday in o ser to ad reduce the risk of further				
		ions that may result from				
		ition and enhance functional				
	performance in the	e presence of reduced cognitive	8			
	abilities dischard	e recommendations caregive:			ij	
	support, equipme	ns recommended upon			2	
	discharge wheeld	thair and hospital	1		1	
	hed discharge for	inctional status libed mobility =	1			
	supervision		ii ii			
	70 N					
	The residents nu	Und Devision in the series of		P.C.	satanuan rit sheer Paga 11	

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 10/31/2018 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	IXTI PROVIDER/SUPPLIET/CLIA IDENTIFICATION NUMBER	DAZEMBLE A HUNETH	THE CONSTRUCTION		
			- nacin	• /		COMPLETED
		495243	B With		15 464 <u>00</u> 1	10/25/2018
nove of th	ROUTING OR SUPPLIED	A SECTION AND A SECTION AND ASSESSMENT	<del></del>	STREET ADDRESS /	TO STATE PIRCOGE	10/23/2016
ENVOY OF	STAUNTON, LLC			512 HOUSTON STRE	ET	
	S (MONTON, ELC	NAME OF THE PROPERTY OF THE PR		STAUNTON, VA 2	1402	
+/4) (D		STATEMENT OF DEFICIENCIES	IIC		DER'S PLAN OF CORRECTION	j jat
EBLÓX MG		KCY MUST 65 PHLCEDED BY FULL RYSC IDENTIFYING HE ORMATION:	PAESO TAG		ORITECTIVE ACTION 5-00LD II TERENCEU TO THE APPROAR. GEFICIENCY)	
F 657	Continued From pa	a <del>c</del> 20	r p	557		3
	32 30 62 A	clear path (6/14/18) staff to	2.18	151		
	1997 - 19	ting as she allows (8/7/18)				
	No new intervention	ns were implemented after the		1		
		om the hospital with the				
		die to right femuri. The				
,		inal fails after the right hip was ordered to be non weight		İ		
•	bearing, but no new	The second section is a second section of the second section of the second section sec				
,	the commence of the contract o	attempt to keep the resident				
3		to prevent the resident from				
	falling and/or ambu	lating without assistance		18		
		roximately 11:00 a.m. the		9		
	420	rsing) and administrator were cerns regarding Resident		@ ***		
	#15's continuous at		ì			跳
		Enued falls and that the	į	75		16
	resident did not hav	ve interventions in place for	į	793		
	supervision and sat	lety for the pattern of falls	6) 5)			
	CONTRACTOR OF THE PROPERTY OF SECURITION AND ADDRESS OF THE PROPERTY OF THE PR	00 p.m., the DON presented				
	(M)	stated "we did stuff I don't				
	Year and the result of the property of the pro	e didn't do anything ". The ded information regarding.				
	(E)	nd/or standard nursing care				
	SANGER CONTRACTOR STORE SERVICE AND AND ASSESSED.	as xrays and neurological		R		is
		iterventions were found to				9
	prevent additional f	alls in the resident's plan of				
	care			i	\$3.	
	1 EV 2 EV 2			į		
		on and/or documentation was		Ü		
	presenteu onor to t - 10/25/18	he exit conference on				
E 360	Bedrai's		i i	/ <b>0</b> 0		
	OFR(s) 483 25(n)(	1)-/4	No.			
	\$453 25(n) Bed Ra		¥			
	2.193 SOUT ORD WA					
(2)2 (3)4 (3)5 (3)5	Statistical a Version (	Practice Every District	1413	Propagativativa	II carur	Gat on sheet Page 10 of

CENTERS FOR MEDICARE & MEDICAID SERVICES 18E0-93E0 ON BMC STATEMENT OF REPORTERS #11 PROVINCES CHR. 40WHA NAMES OF TOWNSMAN SO IX3, DALL SURJEY CHUTCH CHARTETICS BENEFICIAREN NURZOER COMPLETED C. 495243 10/25/2018 NAME OF FREYING FOR DIFFERE STREET APPRIAS OUR PIME MA GOOS 512 HOUSTON STREET ENVOY OF STAUNTON, LLC STAUNTON, VA 24402 Bumpary Etailment of Deficienc Es 14:12 PROVIDER SPLAN OF CORRECTION BACH OFFICIENCY MUST BE PRECEDED BY FULL STEET'S EACH CORRECTIVE ACTION SHOULD BE . 17 E-14 COMPLETION RECHI ATORY OF USC DEMOTEVING ISCORNATION. CHAISS RELERENCED TO THE APPROPRIATE 1417 ... TAG DEFIC ENCY! 3. Nursing and Maintenance staff readucated by the Staff Development F 700 Continued From page 22 F 700 Coordinator/designee related to Fidney disease and dementia with hehaviors The minimum data set (MDS) dated 7/25/18 bedrails, facility must attempt to use assessed Resident #14 with severely impaired appropriate alternatives prior to cognitive skills. This MDS indicated Resident #14 installing a side or bed rail. If a bed was totally dependent upon staff for bad mobility. rail is used, the facility must ensure transfers, tiressing, eating and hygiene and had daily physical behaviors that included hitting, correct installation, use, and kicking, pushing and/or grabbing maintenance of bed rails. Assess the resident for risk of entrapment from On 10/23/18 at 12:03 p.m., Resident #14's bed rails prior to installation. Review reommate (Resident #266) was interviewed about the risks and benefits of bed rails ife in the facility. Resident #266 assessed by the facility as cognitively intact, stated that several with the resident/responsible party days ago she used her call bell to summon staff. and obtained informed consent prior regarding her roommate. Resident stated to installation. Ensure that he beds Resident #14 got her legs caucht in the side rails dimensions are appropriate for the on her bed during the night. Resident #260. resident's size and weight. Follow stated Resident #14 was frequently "restless" when in the bed. Resident #266 stated staff the manufacturer's responded promptly and repositioned the resident recommendations and specifications from the rail. Resident #266 stated the resident's for installing and maintaining bed legs were tangled in the raised bed rail positioned. rails. in the middle section of the bedside 4. DON/UM/designee to conduct. On 10/23/18 at 7/30 a.m. Resident #14 was quality monitoring of side rail. observed in bad. The resident's bed was against evaluations for completion, correct the wall on one side. A grab type rail was in thoinstallation, use, and maintenance of raised position on the wall side near the head of side rails, 5 times weekly x 2 weeks. the bed. A quarter length bed rail was raised on 3x weekly x 4 weeks, then 2 x weekly the room side of the bed along the middle portion of the bedside and PRN as indicated. Findings to be reported to OAPI committee On 10/23/18 at 7:35 a.m., accompanied by the monthly and updated as indicated. certified nurses' aide (CNA #1) caring for Quality monitoring schedule Repident 414, the resident was observed in bed-, with the bed rails in the up position. CNA #1 was modified based on findings interviewed at this time about the bed rails. CNA 5. Allegation of Compliance: #1 stated the bed rails were routinely used with 11/27/2018

PRINTED 10/31/2018

FORM APPROVED

Resident #14 to bed along with the fow bed

PRECIED 10:31/2018 FORM APPROVED

CENTERS FO	R MEDICARE 3	MEDICAID SERVICES			ON	IB NO. 0938-0391
C 1-100501 05 650 (GH00H3 AN 1-1-AU 05 7-24-1,01094		IXID PROTEGEROUPPLIEF CUA IDENTIFICATION RUMBER	(X2: \$700 (AP) + 3, oH3 (470, QX 3) 5. ↑ 300 (D41)		13.1	) DATE ÇÜR VÇY GÖMPTEJEÇ
		495243	troversis j	10 m v		C 10/25/2018
ENVOY OF STA				STATE CAMPAGES CITY STATE ZIP- 512 HOUSTON STREET STAUNTON, VA. 24402	74. TE	
(64,12 1 G 2 1,41	Sturiotis Established	CATEMICATION HER CLENT BS OF MUST BE PRESENDED BY FULL ISO ALTIME HAD MEDRIATION	16 2061 - 35-3	FROM BEAUTY TEACH COPPETING AC TEACHER SECTION OF TEACHER SECTION OF THE	NON SHOULD AF. THE APPROPRIETE	COWFLET ON
1 700 Cign	liqued From gac	je 74	¢ ;	700	menerali engene yan ngancif gandifa ga hikupa ya kabupa, wa	!

On 10/24/18 at 9.11 a.m., the licensed practical nurse (LPN#2) unit manager was interviewed. about Resident #14's bed rail use and assessment. LPN #2 stated she completed the quarterly nursing assessment dated 9/28/16 and indicated the resident used quarter length rails. when in bed. When asked about the reference to the additional side rail assessment, LPN #2 stated she did not not be the requirement for the additional assessment form 1 PN #2 stated she. did not complete the additional side rail assessment for Resident #14 LPN #2 stated the quarterly assessment form was new and she was not familiar with the additional side (a)! assessment. LPN #2 stated Resident #14 was not able to use the rails independently for repositioning or turning in ped

On 10/25/18 at 2.00 p.m., the director of nursing (DON) was interviewed about Resident #14's bed rariuse. The DON reviewed the record and stated there was no physician's order or informed. consent from the resident's family regarding bed rasi use.

The facility's policy titled Side Rail/Bed Rail (dated 4/19/18) documented. "The Center will attempt alternative interventions, and document in the medical record prior to the use of side rail/bed rail. Side rail/bed rail may include but not limited to. Side rails, bed rails, safety rails, grab bars and assist bars. Prior to installation of a side tail/bad rail complete the side rail/bad rail evaluation to evaluate the resident for risk of entrapment. Review the risk and benefits with the resident and/or resident representative. Obtain consent from the resident and/or resident representative. Cotain physician order for side rail-bed rail. Update the care plan3. Nursing and Maintenance staff reeducated by the Staff Development Coordinator/designee related to bedrails, facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed rail is used, the facility must ensure correct installation, use, and maintenance of bed rails. Assess the resident for risk of entrapment from bed rails prior to installation. Review the risks and benefits of bed rails with the resident/responsible party and obtained informed consent prior to installation. Ensure that he beds dimensions are appropriate for the resident's size and weight. Follow the manufacturer's recommendations and specifications for installing and maintaining bed rails.

Bernstown L

FRINTED 10/31/2015 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES		The state of the s	OMB NO 0938-039	
STATEMENT OF DEFICIENCIES WIND FLAG OF COMMODICH		IX I PROVINKASUPPLICACO - DENTFICATION NOMBAR	()	UT DOMSTALICHEN	COMPLETED	
					С	
		195243	is vitted		10/25/2018	
MADE DE M	ROUGER OR SUPPLIER			STREET ADDRESS CITY STATE THE CODE		
eulay de Arguran (1 a		1	B12 HOUSTON STREET			
ENVOY OF STAUNTON, LLC				STAUNTON, VA 24402		
7 (4) EC  P# \$114   (4)	(EACH DEPICIENT	TATEMENT OF DETICIENCIES DY MUST BE PRECEDED BY HIGH ESC (DENTHYING HE DRAWDEN)	ID PRECIX FAG	PROVIDER'S PLAY OF CORF (EACH CORRECTIVE ACTION S UPOSS REVERENCED TO THE AL OFFICIENCY)	HOULD BE CONFLETION	
F 2000	Continued From pag	a 26	j 70	# 10		
		nitations or resistant?	1 13	,0		
	No Safety (continui			8		
	The filter of tensors of the second contract t	t is non ambulatory thas a				
	history of falls, dem	to acceptational to part, approach	0	786		
	mobility poor trunk		20			
		uire safety precautions"	25			
	transperse and the first feet and the feet	ventions marked in this	į.	17		
		ted low bed to floor, provide		1		
		oring at night, periodic				
		visual and verbal reminders	i i	i i		
		There was a section for	i	<u> 5</u>		
	with the first transfer of the control of the contr	such as, left, right, bilateral,	1	1	20	
		Is, other, or that the side rails	Ì		:	
		ride safety, or not indicated	ő.			
	for this resident. No	ine of the area were marked	â			
	On 10/24/18 at appl	oximately 3.45 p.m., the unit				
	manage: was asked	t about the side rail				
	assessment for this	resident. The unit manager				
	was made aware th	at this assessment was not	i		#:	
	complete and did no	of provide information	1			
		int's ability to safety use the	1	3		
		manager stated that the	22			
		a side rall assessment, as				
	they are completed	quarterly and the last one				
		16. The unit manager stated				
		if the resident had any other				
	side rail assessmer					
	201555 St	ne de la companya de				
	The unit manager to	iter presented a quarterly data				
	collection assessme	ent dated 07/20/18, which				
	documented the res	sident was unaware of safety			9	
		ement-a and that the resident				
		safety awareness, had poor				
	; bed mobility, and to	ok medications that require				
	safety precautions	No interventions were listed	63			
	for low hed, frequer	nt monitoring, etc. The				
	recommendations (	vere marked for the resident				
	to have quader rail	s and that the side rails are	un renesario de la comp			

## DESWRIMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2016 FORMARPHOVEL OMBINO: 00/38-0391

AATEM NEUFOEFIC ENCIES OUT 1447/ CORRECTION		DENOMAL CONTROL CONTRO		NS MINISTER CONSTRUCTION C BASEDING		
		495243	3 7 °G		C	
of the s	ROMDER OR SUPPLIER			STREET FOORESS OF STATE SIR COUR	10/25/2018	
				512 HOUSTON STREET		
NVOY O	F STAUNTON, LLC		ł			
(7 tp 27)	CLAMAGA	STATEMENT OF DEPOCENCIES	L.	STAUNTON, VA 24402		
68009 148	(EACH DEDICIE)	NOY MUST BE PRECEDED BY FULL R LSC (DEN REYING (INCOMMANCIA)	PREFIX TAX	PPOWIER SPLAN DE CONTES (FACH GURRECON, ACTORI SHO SACRERERENCE) 10 THE ARPS (FUNCIONAL)	WID BE COVERS	
F 746	Dontinuec From pa	c= 26	11			
	diagnosed with den		F 74			
12	andriosed with ben	ont and services to attain or	200	F 744	1	
	maintain his or her	highest practicable physical,		<ol> <li>Resident #149's comprehe</li> </ol>	nsive care	
	inental, and psycho	ragnesi: predictions physical,		plan has been reviewed by		
	This REQUIREMEN	NT is not met as evidenced		Interdisciplinary team and	touing die	
	ny:	e section restriction with the transfer		reflect honordays team and	) #A1260 (Q )	
	Based on staff inte	rvlew and clinical record	W 20	reflect behaviors, triggers,	and	
	review, the facility s	itaff failed to implement	0.00	person centered individua	lized	
	individualized pers	on centered interventions for	1	interventions.		
		of 36 residents in the survey	1	<ol><li>Quality review of current r</li></ol>	esidents	
Ž.	sample, Resident#	149.		with the diagnosis of Dome	entia to	
8	AND RESPONDED TO THE PARTY OF THE PARTY.			ensure resident has approp	ariata	
3	Findings Included		1	behavior care plan to refle	onate -•	
70	Dunishant and IO	CARROLL TA OR DE SOIL		behavioral symptoms (s. 1	Lt	
	10/02/18 Diagnos	admitted to the facility on as for the resident included,		behavioral symptoms/trigg	ers, :	
	h J were not limited	i ta i dementia, major		psychotropic drug use, and	person ,	
19		r, anxiety discreer, and high	4	centered individualized	Š.	
9	blood pressure	g distally distalled a so a so a sign		interventions. Follow up b	ased on	
			3	findings.	×	
	The most current M	IDS (minimum data set) was		<ol><li>Licensed nurses and Interd</li></ol>	isciplinary :	
	an admission asses	ssment dated 10/09/13 Trus		team re-educated by the Si	aff	
	MDS assessed the	resident with a cognitive score		Development Coordinator/	doeless	
	of 6, indicating the i	resident was severely impaired	3	related to treatment and se	nealBuse	
	in daily decision ma	ikings skills. This resident	a de la composition della comp	foridante with Dear of a	rivices for	
	also triggered in the	e CAAS (care area ary) section of this MDS for	W M	residents with Dementia, R	esidents	
15		ential benavioral symptoms.	±Z	who display or is diagnosed	With	
22	and psychotropic di			dementia, receives the app	ropriate	
		- gove 410	e.	treatment and services to a	ttain or	
33	Resident #149 was	observed throughout the	2	maintain his or her highest		
		n 10/23/18 through 10/25/18		practicable physical, menta	l, and	
				psychosocial well-being.	8 3	
	500	roximately 10,30 a m light		Comprehensive care plan is		
	manifered a different and a second at	ved in the dining room and		reviewed and revised to ref	1	
		to call her caughter and have			IECE	
		esident up, she wanted to gri		resident's current status.		
		t was not angry ibut was and wanted to be home. A				

DEFARTMENT OF BEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED 10/51/2018 FORM APPROVED OMB NO 0938-0394

POBRICHINES CORRECTION	(X1) PROVIDENS JOPPERICUA IDENTIFICATION NUMBER	A BUT DING	ON DATE SURVEY COMPLETED	
	495243	B 75'86		C 10/25/2010
DVIDEROR SUPPLER	and the second control of the second	E77	CETAOPRESS, CITY, STAVE, 749 UND :	10/23/2010
STAUNTON, LLC		P and		
(EACH CEFCIENC PEGLI ATORY OR	CY MOST BE PRECEDED BY FULL LSD ICENTIFYMO IN ORMYTICKY	143	itaff FATE /designee ————	
DON and administrator were made aware in a maeting with the survey team, of the above observations of Resident #149'ws desire to go home. The DON was made aware that this information was not identified anywhere on the resident's CCP and there were no specific individualized interventions for an attempt to decrease and/or manage this behavior for Resident #149. The facility staff would at times attempt to distract the resident, but the concern was not identified or documented, did not include the development of interventions to address an individualized pren with person centered approaches for this resident with dementia. The DON and administrator agreed.			residents with Dementia, I who display or is diagnose dementia, receives the ap treatment and services to maintain his or her highes practicable physical, ment psychosocial well-being. Comprehensive care plan reviewed and revised to re resident's current status.	Residents Id with propriate attain or t al, and is effect aduct avior care weeks, 3x x weekly
CFR(s) 483.45(c)(3 §483.45(c)(3) §483.45(c)(3) A psyloaffects brain activities processes and behabut are not limited to categories (i) Anti-apsychotic, (ii) Anti-apsychotic (iii) Anti-apsychotic (iii) Anti-apsychotic (iii) Eased on a comprehensident, the facility §483.45(a)(1) Residenty openions of the sychotropic drugs.	opic Drugs, chetropic drug is any drug that is associated with mental information. These drugs include, a drugs in the following that the following the following the following that the following the following that the following the follo	<b>1</b>	11/27/2018  758  Resident #149 is no longer prescribed Haldol. Resident a Physician order dated 10 to Discontinue PRN Ativan days.  Quality review of current receiving PRN psychotropic medications for necessary	ndicated. ule gs.  nt #88 has l/30/2018 in 14 esidents c use.
STATE SERVICE STATE OF THE PROPERTY OF THE PRO	STAUNTON, LLC  SCACH CEFFORM PEGLENTORY OR  Continued From pag DON and administra mosting with the sur observations of Resi home. The DON wa information was not resident's CCP and It individualized interval decrease and/or ma attempt to distract the was not identified or the development of I individualized plan is approaches for this is DON and administra No further informatio presented prior to the Free from Unnec Ps CFR(s) 483,45(c)(3) §483,45(c)(3) A psy affects brain activities processes and beha but are not limited to categories (i) Anti-depressant. (iii) Anti-depressant. (iv) Hydnotic Based on a compre- resident the facility §483,45(s)(1) Resid psychotropic drugs	STAUNTON, LLC  SCHMANY STATEMENT OF DEFICIENCIES FEACH CER CIENCY MUST BE PRECEDED BY FULL PECLENTORY OPLSC IDENTIFYING HE ONLY TION.  Continued From page 30  DON and administrator were made aware in a moeting with the survey team, of the above observations of Resident #149'ws desire to go frome. The DON was made aware that this information was not identified anywhere on the resident's CCP and there were no specific individualized interventions for an attempt to decrease and/or manage this behavior for Resident #149. The facility staff would at times attempt to distract the resident, but the concern was not identified or documented, did not include the development of interventions to address an individualized pien with person centered approaches for this resident with dementia. The DON and administrator agreed  No further information and/or documentation was presented prior to the exit conference. Free from Unnec Psychotropic Meds/PRN Use CFR(s) 483.45(c)(3)(e)(1)-(5)  §483.45(c)(3) A psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to drugs in the following categories (i) Anti-epsychotic, (ii) Anti-epsychotic, (iii) Anti-epsychotic, (iii) Anti-epsychotic, (iii) Anti-epsychotic, (iii) Anti-epsychotic, (iii) Anti-epsychotic, (iii) Anti-epsychotic, (iiii) Anti-epsychotic, (iii) Anti-epsychotic and (iiii) Apsychotic and (iii) Anti-epsychotic and (iiii) Anti-epsychotic and (	A BOTONS  495243  A BOTONS  STAUNTON, LLC  SUMMANY STATEMENT OF DEPOSENCIES  FRACH PER DEPON MOST BE PRECEDED BY NULL  SUMMANY STATEMENT OF DEPOSENCIES  FRACH PER DEPON MOST BE PRECEDED BY NULL  FRACH PER DEPON MOST BE PRECEDED BY NULL  BEGUNTON OPLISO CERTIFYAND IN COMPTION,  Continued From page 30  DON and administrator were made aware in a mosting with the survey team, of the above observations of Resident #149 Wis desire to go home. The DON was made aware that this information was not identified anywhere on the resident's COP and there were no specific individualized interventions for an attempt to decrease and/or manage fins behavior for Resident #149. The facility staff would at times attempt to distract the resident, but the concern was not identified or documented, did not include the development of interventions to address an individualized plant with person centered approaches for this resident with domentia. The DON and administrator agreed  No further information and/or documentation was presented prior to the exit conference.  Free from Unince Psychotropic Meds/PRN Use  CER(s) 483.45(c)(3) A psychotropic drug is any drug time affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to drugs in the following categories (i) Anti-accety and (iv) Hydnotic  Based on a comprehensive assessment of a resident the facility must ensure that  9483.45(e)(1) Residents who have not used assychotropic drugs are not given these crugs	### Additional Payment of Delimeration suppressed in Additional pair with the exit conference and pair and additional prior to the exit conference and pair and additional prior to the exit conference and pair and additional prior to the exit conference and pair and additional prior to the exit conference and pair and approached for this resident with domential prior to the exit conference.  **Resident with a comprehensive assessment of a passed on a comprehensive assessment of a sygnetroe and yellow pair and synthesis and comprehensive assessment of a passed on a comprehensive assessment of a sygnetroe and yellow pair and synthesis and conference.  **Resident with a conference assessment of a passed on a comprehensive assessment of a sygnetroe and yellow pair with payment of the following categories.  **Resident with a conference assessment of a passed on a comprehensive assessment of a sygnetroe additional payment of the following categories.  **Resident with a conference assessment of a passed on a comprehensive assessme

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

FRANTED: 10/31/2013 FORM APPROVED

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		495243	a wwo_	THE REPORT OF STREET	C 4019512040
	ROYDER OR SUPPLIER OF STAUNTON, LLC	The state of the s		STRUCT AND NESS, ONLY STATE 200 COORSTAND STREET STAUNTON, VA 24402	1 10/25/2018
1.640.111	SURMADO 31	ATOMENT OF DEFICIENCES			
PREFIX Tais	I GACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSG IDENTIFTING INFORMATIL N	D PARTY	PROVIDEND CHAP CHOOSE PARCON REPORT CHAPTER ACTION AS THE PROVIDENCE OF THE PROVIDENCE P	ICCCORE CONCERNO
1. The facility staff administered a PRN dose of Haldol to Resident #149 on two separate occasions without a diagnosed specific condition without clear indications for use and without documentation in the resident sclandal record.  2. The facility staff failed to ensure Resident #85 was not prescribed PRN (as needed) Lorazepam (Ativan) for greater than 14 days.  Findings included:  1. Resident #149 was admitted to the facility on 10/02/18. Diagnoses for the resident included but were not limited to idementia, major depressive disorder, anxiety disorder, and high.		F. 7!	4. DON/UM/designee to co quality monitoring use of psychotropic medication weekly x 2 weeks, 3x wee weeks, then 2 x weekly a indicated. Findings to be QAPI committee monthly updated as indicated. Quantonitoring schedule mon on findings 5. Allegation of Compliance 11/27/2018	s, 5 times ekly x 4 nd PRN as reported to y and eality diffed based	
	an admission assess MDS assessed the re- of 8, indicating the re- in daily decision mak- also triggared in the C assessment summary cognitive loss/dement and psychotropic drug During clinical record the resident was adm on 10/02/18 and the p mediation Haldof 2 mg rection every 4 noun agitation.  On 10/06/18 the phys mg by mouth or inject nueded for 2 weeks	r) section of this MOS for its, transvioral symptoms, gluse review I was observed that itted to the facility originally thysician ordered the gl(mithgrams) by mouth or slas needed for five days for		<ol> <li>Resident #149 is no long prescribed Haldol. Resident Physician order dated to Discontinue PRN Atividays.</li> <li>Quality review of current receiving PRN psychotromedications for necessariols Follow up based on find</li> </ol>	dent #88 has 10/30/2018 an in 14 at residents opic ary use

PRINTED. 10/31/2018 FORM APPROVED

CENTER	IS FOR MEDICARE &	MEDICAID SERVICES	- <del></del>	er anner en men er er en	OMB NO. 0938-039
NET HE AN OF CORRECTION STATEMENT OF CORRECTION		OTE PROVIDER SUPPLEARING DENTIFICATION NITTING		PHECONSTRUCTION	(X3) DARE SURVEY COMPLETED
		495243	B was_	· · · · · · · · · · · · · · · · · · ·	C 10/25/2018
SAME OF F	RUVIDER OR SUPPLIER	Assa		STREET ANDRESS OUT STATE ZIP COD	
envoy o	F STAUNTON, LLC			512 HOUSTON STREET STAUNTON, VA 24402	
(#4) (# 1761 ) % 1865	REACH DEFICIENC	ATEMENT OF DEFICIÈNCIES IMMUST BE PRECEDED BY FULL USC IDENTEMNIS INFORMATION	IU PRET : TAG		I SHOULD HE COVPLET OF
F 756	Continued From pag	€ 34	F	, 758°	*
	ir creased agitation		B	4. DON/UM/designee to	conduct
On 10/25/18 at approximately 11:00 a m, the DON and administrator were made aware of the above information and that the resident was prescribed an antipsycholic without indications for itse and ite documentation regarding an assessment to support the use of this medication. The DON was also made aware that the resident was administered the medication on two separate occasions without any documentation, other than "increased agitation." The DON was made aware of concerns of lack of assessment documentation regarding the administration of this drug. The DON stated that a note should have been written.  No further information and/or documentation was presented prior to the exit conference.  2. Resident #88 was originally admitted to the facility on 07/02/18 with a readmission on 06/29/18. Diagnoses for Resident #88 included anxiety disorder, hypertension, congostive heart failure, coronary artery disease, chronic obstructive pulmonary disease (COPO), hypoxia, and status post left hip fracture surgery. The			quality monitoring us psychotropic medicat weekly x 2 weeks, 3x weeks, then 2 x week indicated. Findings to QAPI committee mon updated as indicated monitoring schedule on findings.  5. Allegation of Complia 11/27/2018	ions, 5 times weekly x 4 ly and PRN as be reported to thly and Quality modified based	
	assessed Resident impaired thaving lo	MDS) dated 09/06/18 #88 as severely cognitive ng-term and shorf-term	26		
	10/24/18 at 10:15 a physician's orders s 09/15/18 for Loraze	cal record was reviewed on milectuded in this resident's theet was an order dated spam (Atryan) 0.5 mg 1 tablet by mouth every 4 rianxiely	1	# E	
	. A review of the Mer	dication Reginian Review form lowing "DC (discontinue)		:	

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 SHAPLING OF DEPLOYING ES OCH PROVIDER/SUPPLIER LEA OF A MUST PLU DOMETRUE NOW OCS DATE SURVEY AND MARKOT CORRECTION DUNIE CATH HIS HUMBER COMPLETED A BUILDING 0 495243 10/25/2018 FITTHER OF PROJECTION OR SUPPLIES STREET ADDRESS, CITY, CTATE ZP COCE 512 HOUSTON STREET ENVOY OF STAUNTON, LLC STAUNTON, VA 24402 SCHAMAS Y STATEMENT OF DEFICIENCIES FROMINGRY PLAN OF CORRECTION e disse PROSE iO EACH DEFICIENCY MUST BE PREUSIDED BY FULL PREED ATH CORRECTIVE ACTION SHOELD BE SAMPLETIC . 1. .. REGULATORY OR USC DENTIFYING INFORMATIONS 749 CAOSS REFERENCED TO THE ADDRESS OF F761 1. The Tuberculin multi-dose vial has F 758 Continued From page 36 F 758 been discarded. The bottle of over the counter Aspirin and Natural On 19/25/18 at 9 10 a.m., the pharmacist was Fiber powder has also been interviewed by telephone. The pharmacist stated discarded. she was aware of the 14 day PRN rule for asychotropic medications and she just 2. Quality review of facility medication documented that the medication had not been rooms, medication refrigerators. used in 30 days because she has had some medication and treatment carts, and challenges with some facility physicians not wanted to discontinue PRN medications Central Supply to ensure no especially if a resident is on hospice. She medications are expired and all continued and said she has discussed with the necessary items are labeled and facilities that the Lorazepam is located in the dated appropriately when opened. STAT box, therefore if a resident should need a one-time dose it is readily available rather than Follow up based on findings. having a PRN order. The DON was asked if the 3. Licensed nurses-educated by the Lerazepam was included in the facility's STAT box Staff Development and she said yes it was. The DON stated it would Coordinator/designee related to be best practice to discontinue the PRN Lorazepam order and have a continuous order labeling and storage of drugs and based on the resident's needs biologicals. Drugs and biologicals used in the facility must be labeled He other information was received prior to the exit in accordance with currently conference on 10/25/18 at 4:30 p.m. 1-761 Label/Store Drugs and Biologicals F :51 accepted professional principles, and garn : CFR(s): 483.45(g)(h)(1)(2) include the appropriate accessory and cautionary instructions, and the §483.48(g) Labeling of Drugs and Stelogicals expiration date when applicable. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted Drugs and biologicals are to be professional principles, and include the discard prior to or at the time of appropriate accessory and cautionary expiration. Central Supply Managerinstructions, and the expiration date when educated by the Staff Development applicable Coordinator/designee related to the §483.45(n) Storage of Crugs and Biologicals storage of drugs and biologicals. Drugs and biologicals are to be §483 45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and discard prior to or at the time of expiration. .

## CIEFAR FMENT OF REALTH AND HUMAN SERVICES

STORAGE DEPARTMENT FORM APPROVED CENTERS FOR MEDICARE 3 MEDICAID SERVICES OMB NO. 0938-0391 TAI WITH NO OF DEPICIENCIES OUT, PROVESTA SUPPLIENCES WARRENT CONSTRUCTION CARLES MEST COMPROTION NIS DATE SHAVEY DENTIFICATION N. MULA A 205 10 (4) COMPLETED 0 495243 B. 75715 10/25/2018 WATER OF FRENCHER OF SEPTICION STREET ATCRESS CITY, STATE LIF COOF ENVOY OF STAUNTON, LLC \$12 HOUSTON STREET STAUNTON, VA 24402 SUMMARY STATEMENT OF DECIDERRIES ati Paging CREEK (EACH DEHICIENCY MUST BE PRECEDED BY FULL 3. Licensed nurses-educated by the ออฟอ์เสียงๆ กลัก 14:5 REGULATORY OR LECIDENTIFY NO INFORMATION. 144 Staff Development Coordinator/designee related to F 751 - Continued From page 38 labeling and storage of drugs and F 751 biologicals. Drugs and biologicals On 10/24/18 at 9/31 AM, LPN #3 was interviewed used in the facility must be labeled regarding the opened container and verbalized in accordance with currently Tuberbulin multi-use wal should be labeled when accepted professional principles, and opened and is good for 30 days after being opened. LPN #3 verbalized that hight shift were include the appropriate accessory supposed to go through to check for expired and cautionary instructions, and the medication's and correct abeling expiration date when applicable. Drugs and biologicals are to be Review of a policy titled "Storage and Expiration of Medications, Biological's, Syringes and discard prior to or at the time of Needles" documented "Facility staff should recent expiration. Central Supply Managerthe date opened on the medication container educated by the Staff Development when the medication has a shortened expiration Coordinator/designee related to the date once opened." storage of drugs and biologicals. The above finding was brought to the attention of Drugs and biologicals are to be the director of nursing and the administrator on discard prior to or at the time of 10/25/18 at 3.30 PM expiration. 4. DON/UM/designee to conduct No other information was provided prior to exit conference on 10/25/18 quality monitoring of facility 2. On 10/24/18 at 2:45 p.m. an inspection of the medication rooms, medication main distribution center (central supply) for OTC refrigerators, medication and cover the counter/medications was conducted treatment carts, and Central Supply with the manager of the central supply. A bottle of Gericare Aspirin 325 mg (milligranis), 100 to ensure no medications are tablets was observed with an expiration date of expired and all necessary items are 07/18 (July 2018). A bottle of 10 bz (cunces). labeled and dated appropriately Natural Fiber Fowder was observed with an when opened., 5 times weekly x 2 exerration date of August 2018. The manager was observed placing the 2 bottles of expired weeks, 3x weekly x 4 weeks, then 2 x medications is box to discard them. The weekly and PRN as indicated. manager of central supply was asked about how Findings to be reported to QAPI offen she checked expiration dates. She stated she normally checks their on the lifteenth of each committee monthly and updated as month and then again when new stock comes inindicated. Quality monitoring See stated she rotates the medications using the schedule modified based on findings. first dufirst out rule. She was asked if there was

- 5. Allegation of Compliance:

11/27/2018

OFPARTMENT OF BEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTLD: 16/31/2018
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STATEMENT OF DEFICIENCIES SHEET ALL OF LOTTER DOWN	(X1) PROMDER/SUPPLIER/OLIA OPA HEIGATION NUMBER	WZCMMATRUE CONSTRUCTION  A BURGERS	(XS) CATE SURVEY CONSILETED
		W 91 21	C
	495243	6. 4944	10/25/2018
NAME OF SHOUDER OR SUPPLIER ENVOY OF SHAUNTON, LLC		STREET ADDRESS CLY STATE 512 HOUSTON STREET STAUNTON, VA 24402	MP CODE
PREED, I GACH DEPIC	ON FRO IDENTEAND INVOUNT UNI EACH MART BE LIBECTOUD BY EATH A BIVITHENT OF DEBLACHORS	PRESIX : SACH CORRECTIV TAG CROSS-REFERENCE	/MICHICORPEDIGN 04. /EIAGRICHIS-IOULO BE COVALETIN: DITCHI-ME APPROPRIATE 74.6 ICIEROTI
and communicable staff, volunteers, providing services arrangement basis conducted accordance providing services arrangement basis conducted accordance for the but are not limited (i) A system of suppossible communifications before the persons in the factions before the persons in the faction with the communicable distributed, (iii) Standard and to be followed to provide the persons in the faction with the faction of the followed to provide and the followed to provide and depending upon the faction of the facti	pating and controlling infections the diseases for all trasidents visitors, and other individuals and upon the facility assessment ling to §483.70(e) and following a standards:  If the standards policies, and a program, which must include, it to, reciliance designed to identify idable diseases or infections should be transmission-based prepautions prevent spread of infections, it isolation should be used for a	2. Quality review o handwashing co Staff Developme Follow up based  3. Licensed nurses Staff Developme Coordinator/deshand hygiene as using either han with soap and whand wash, or a (i.e. alcohol-basifoam or gel) to rigerms in the health Hand Hygiene she before initiating before and after contact with ina (including medicing medicing medicing medicing medicing quality monitoring hygiene, 5 times 3x weekly x 4 w	f current nurse's mpetency skills by ent Coordinator. on findings.  re-educated by the ent signee related to cleaning hands by dwashing (washing rater), antiseptic ntiseptic hand rubs ed sanitizer including reduce spread of althcare setting. nould be performed a clean procedure, r resident care, after nimate objects cal equipment) in the ient vicinity, after  nee to conduct ing of proper hand s weekly x 2 weeks, eeks, then 2 x weekly cated. Findings to be
by staff involved in §483,80(a)(4) A si identified under th	and procedures to be followed in direct resident contact.  ystem for recording incidents a facility's IPCP and the	Quality monitor modified based 5. Allegation of Co 11/27/2018	on findings. mpliance:
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9.4 (1) 1-20, 10 1.4 (c)	(EAGH DEFIJIEN)	Y MUSICAL PRINCIPED BY FULL	D PROFE TAG	Firm dens him of correc (each corrective action end oppositioned to the appl deficiency.	olpec comments.
	Summary streaming of the reservoires and process of the reservoires and reservoires are reservoires and reservoires and reservoires and reservoires and reservo		4.	Licensed nurses re-educated Staff Development Coordinator/designee rehand hygiene as cleaning using either handwashing with soap and water), and hand wash, or antiseptic (i.e. alcohol-based sanitistic foam or gel) to reduce sperms in the healthcare of Hand Hygiene should be before initiating a clean performed and after resident contact with inanimate of (including medical equip immediate resident vicing glove removal.  DON/UM/designee to conquality monitoring of prochygiene, 5 times weekly 3x weekly x 4 weeks, the and PRN as indicated. Fireported to QAPI commitmentally and updated as Quality monitoring schemodified based on findir Allegation of Compliance 11/27/2018	lated to g hands by g (washing hiseptic hand rubs hand rubs hard of hand rubs hard of
	□ Influenza and Pheur □ OFR(s): 453 80(d)(1		3F3		

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### DILIPARTMENT OF HEALTH AND HUMAN SERVICES. CENTERS FOR MEDICARE & MEDICAID SERVICES

FEINTED: 10/31/2013 FORM APPROVED OUR NO. 5938-0101

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1/4/4/	SUMMARY 5	TAILMENT OF DEFICIONS ES				
THE PICE	(CACH DEFICIENT	CY MUST BE PRECEDED BY FULL	it Prefix	TROUBERS HIAN OF CORRECTION	And the same of th	
7 N/3	REGULATORY OR	LISCIDENTIFY NO INFORMATION,	TAG	CHACK COMPECTIVE ACTION SHOULD CHASS REFERENCED TO THE ZAPROPH	BE SEVELÇTAN BESE SETL	
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F 883	Continued From pag	ne 64	1		9	
			F 680	,	St.	
	, at the resident of the	ne resident's representative	E .	3. Ukungad awar		
	- es trie opportunity (	o refuse immunization, and	20	3 Licensed nurses re educated t	by the	
	v)The resident's me	Parasi record includes	01	Statt Development		
	gooding ontation that i	ndicates, at a minimum, the	16 21	Coordinator/designee related	to	
	following	- AZ - 60 - SNO(22) - 4352 - AF	i i	Pneumococcal immunizations	10	
	(A) That the resident	or resident's representative	1	Posision / Project in the Project in	95	
	was provided educat	tion regarding the henefts	:	Resident/responsible party re	ceives	
		fects of pneumococca:	į	education regarding the bene	fits and	
	immunization, and			potential side effects of the	12 4174	
	(8) That the resident	either received the	į	immunizations. Offer a	î	
	pheumococca: imme	nization or did not receive	į		1	
	the pneumococcal in	imunization que la medical	i	pneumococcal immunization,	unless	
	contraindication or re	elusal.	i,	the immunization is medically		
	This REQUIREMENT	T is not met as evidenced	2	contraindicated or the residen	e ka.	
	by		10	already beautiful (16 (63)06)	tinas	
	Based on clinical rec	cord review and staff	1	already been immunized.		
	interview, the faculty	staff failed to correctly		Resident/responsible party has	s the	
	assess and documer	nt the pneumococcal vaccine	75	opportunity to refuse immuniz	ation	
	status for one of 5 re	cords reviewed. Resident #		The medical record includes	ation.	
	85. Resident # 85 ha	ad a signed informed consent		desumentaria at a la l	Mines or	
	from signed that the	vaccine had been received	i i	documentation that indicates t	(hat	
	oritsico thu facrity	Award and page 1606/480	ii.	the resident/responsible party	was	
	o marana and maranay			provided education regarding t	the	
	Einstein mit ide.		28	benefits and potential and es	n:c	
	Findings includs:			benefits and potential side effe	icts of	
	j ! Danis - 1 4 05	V . V . V . V . V . V . V . V . V . V .		pneumococcal inimunization; a	ind	
	mesident 7 85 was at	dmitted to the facility 8/9/16	素	that the resident either receive	d the	
	win a feadmission da	ate of 10 22/18 Diagnoses		pneumococcal immunization of	r did	
3	: for Resident # 85 Incl	uded, but were not limited		not receive the annual	וטוט	
	to multiple fractures	high blood pressure, and	<b>1</b>	not receive the pneumococca!	Ĭ	
	GERD (gastroesophs	igeal reflux diswase). The		immunization due to medical	ĺ	
		nimum data setj was a	i.	<ul> <li>centraindication or refusal.</li> </ul>		
19	<ul> <li>quarterly review dated 9/6/18 and had the resident coded as cognitively intact with a total</li> </ul>				6 6	
				18		
	summary score of 14	out of 15.		<b>8</b>		
					10	
		aim during review of the		87	***	
	o impal record, it was	noted that Resident # 05 did				
	pot have documentat	ion of the prieum occopia		M		
DAY SON WYWAR STRONG AND WAS	.accine					
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CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO 0938-0391 STATEMENT OF DELICIENCIES IXI, PROVIDER/SUPPLIER/CLIA OX23 MULTIPLE COSTS RUCTION ATT PLAY DE CORRECTION CENTIFICATION NUMBER X3) DATE SUPVEY A BUILDING \_\_\_ COMPLETED 495243 MAKE OF PROVIDER OR SUPPLIER 10/25/2018 STREET ADDRESS, OHY, STATE, ZIT CODE 517 HOUSTON STREET ENVOY OF STAUNTON, LLC STAUNTON, VA 24402 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION FIGER CEACH OFFICIENCY MUST BE PRECEDED BY FULL PREFO CACH CORRECTIVE ACTION SHOULD BE COMPLETION 146 RESULTIONS OR USO DESTROYING PITORMATIONS TAG UNCES HEFERENCED TO THE APPROPRIATE F 909 1. Resident #14 had a new side rail 17 883 | Continued From page 46 F 883 evaluation completed on 10/24/2018; at facility staft 10/25/18 beginning at 2.55 p.m. that time the Interdisciplinary team No further information was provided prior to the reviewed side rail evaluation and exil conference determined side rails are no longer F 909 : Resident Bed appropriate, side rails removed at that F 900 SS=F CFR(s) 483.90(d)(3) time. Resident #15 had a new side rail evaluation completed on 10/24/2018; at §493 90(d)(3) Conduct Regular inspection of all that time the Interdisciplinary team bed frames, mattresses, and bed rails, if any, as reviewed side rail evaluation and part of a regular maintenance program to identify determined side rails are no longer ; areas of possible entrapment. When bed rails and mattresses are used and purchased appropriate, side rails removed at that separately from the bed frame, the facility must time. ensure that the bed rails, mattress, and bed 2. Quality review of facility beds to identify frame are compatible. areas of possible entrapment. Follow up This REQUIREMENT is not met as evidenced based on findings. by 3. Maintenance staff re-educated by the Based on observation, staff interview and facility Staff Development document review, the facility staff falled to implement routine inspections of all bed frames Coordinator/designee related to mattresses and bed rails to identify areas of bedrails. If a bed rail is used, the facility possible entrapment. There was no documented must ensure correct installation, use. inspection or maintenance program for resident and maintenance of bed rails. Ensure beds, mattresses and/or bed rails to identify and that the beds dimensions are minimize possible areas of entragment. appropriate for the resident's size and weight. Follow the manufacturer's The findings include: recommendations and specifications for Resident #14 and Resident #15 were observed installing and maintaining bed rails. during the current survey with bed rails in use Conduct regular inspections of bed without a prior assessment regarding possible frames, mattresses, and bed rails, if any, entrapment risks, an informed consent from the as part of a regular maintenance residents' representative or any attempted program to identify areas of possible sitematives to the bad rails. In addition, several entrapment. When bed rails and I types of bed rails were observed in use on resident beds including grab ratis. Italf bed langth mattresses are used and purchased rails and quarter length roits. separately from the bed frame, the facility must ensure that the bed rails. mattresses, and bed frame are 1889 1005 and 2002-29, Frey our Marken County-Lorent of Assessed compatible.

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These was not by dense of a mantestance magrain that include this peritie is of peak mattresses and ped tark for the rise, these and tent inproving tasks. It was unarea in the gare at rispections in Made were actually printering to a buck included mattresses, as there was it, documentation or tranking of these inspections is extending that was inspections is

These thickings were reviewed with the editor is tracer and over the of noising on inglationating on 10 25/18 of 3 20 pm.

f  $\overline{u} \in \mathbb{R}$ . Maintenance staff re-educated by the Staff Development Coordinator/designee related to begarails. If a bedicall is a sed, the facility must ensure correct installation, use, and maintenance of bed rails. Ensure that the beds dimensions are appropriate for the resident's size and weight. Follow the manufacturer's recommendations and specifications for installing and maintaining bed rails Conduct regular inspections of bed frames, mattresses, and bed rails, if any. as part of a regular maintenance. program to identify areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, the facility must ensure that the bed rails. mattresses, and bed frame are compatible.

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- 4. Maintenance/designee to conduct quality monitoring of resident beds, 5. times weekly x 2 weeks, 3x weekly x 4 weeks, then 2 x weekly and PRN as indicated. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.
- Allegation of Compliance, 11/27/2018.