STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 000	INITIAL COMMENTS An unannounced Medicare/Medicaid complaint survey was conducted 11/06/18 through 11/08/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints were investigated during the survey.	F 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of the federal and state laws require it.	
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and resident interview, facility documentation review and clinical record review, the facility staff failed to follow the professional standards of nursing practice regarding administration of medications for one resident (Resident # 4) in a survey sample of 4 residents. For Resident # 4, the facility staff failed to administer medications as ordered by the physician on multiple occasions. Findings included: Resident # 4, was admitted to the facility on 4/3/2018 and readmitted on 7/11/2018. Diagnoses included but were not limited to: hypertension, depression, respiratory failure, Gastroesophageal reflux disease, pain and muscle spasms.	F 658	F 658 Services Provided Meet Professional Standards 1.Resident #4 experienced no adverse reactions from not receiving antihypertensive, supplement, antiviral, pain medication, and muscle relaxer as ordered by MD. MD and RP aware	

RECEIVED
DEC 07 2018
VDH/OLC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 12/6/2018

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 658	Continued From page 1 Resident # 4's most recent MDS (minimum data set) with an ARD (assessment reference date) of 10/17/18 was coded as a Quarterly assessment. Resident # 4 was coded as having a BIMS (brief interview of mental status) score of "15" out of a possible 15, indicating no cognitive impairment. Resident 4 was also coded as requiring total assistance of one staff person to perform activities of daily living, such as bed mobility, transferring, eating, locomotion, and toileting. Review of the clinical record was conducted on 11/6/2018 and 11/7/2018. Review of Resident #4's clinical record revealed no evidence the following medications were administered on the days and times indicated: 1. Valcyclovir 500 milligrams one tablet by mouth every day at 9 AM : missing on 10/12/18 at 9 AM. 2. Ferrous Sulfate 325 milligrams one tablet by mouth three times daily at 9 AM, 1 PM and 5 PM: missing on 10/5/18 at 1 PM 3. Gabapentin 600 milligrams one tablet by mouth three times daily for pain at 9 AM, 1 PM, 5 PM: missing on 10/5/18 1 PM, 10/11/18 at 5 PM 4. Baclofen 20 milligrams one and a half tablets by mouth three times daily for muscle spasms at 9 AM, 1 PM and 5 PM: missing on 10/16/18 at 5 PM. Review of the November 2018 MAR revealed missing documentation of administration of : 5. Isentress 400 milligrams one tablet by mouth every 12 hours for HIV (Human	F 658	2. DON/designee conducted a Quality review all resident medication administration records to ensure there were no omissions indicating medications are administered per MD order, as all residents have the potential to be affected. Follow up will be performed based on findings. 3. DON/designee provided re-education to all licensed nursing staff on the rights of medication administration with documentation to ensure medications are administered according to the MD orders. 4. DON/designee to complete Quality Improvement monitoring of Medication Administration Records to ensure medications are administered as ordered. Quality monitoring will be conducted weekly for 4 weeks, then quarterly. Finding will be reported to the QAPI Committee monthly and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of compliance: 12/10/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 658	Continued From page 2 Immunodeficiency Virus): missing on 11/4/18 at 9 PM 6. Metoprolol 25 milligrams a half tablet by mouth every 12 hours for hypertension- hold for systolic blood pressure less than 110 or heart rate less than 60 at 9 AM and 9 PM: missing on 11/4/18 at 9 PM Valid physician's orders were evident for the medications in question. A thorough review of Resident # 4's clinical record, including nursing progress notes, revealed no evidence Resident # 4 was away from the facility, nor refused the medications in question. Review of the facility's policy entitled, "Medications-Oral Administration Of"effective date 11/30/2014 and Revision date of 9/22/17 revealed that all medications were to be given according to the prescriber's order and "chart on Medication Administration Record (MAR) according immediately following when medication is given and before proceeding to the next resident." The ADON and DON cited Lippincott as the resource used for professional nursing standards. Guidance was given from "Fundamentals of Nursing, by Lippincott", stated "The physician is responsible for directing medical treatment. Nurses follow physicians' orders unless they believe the orders are in error or harm clients." Guidance given from Lippincott Solutions, "Safe Medication Administration Practices, General" 10/02/2015. "Document all medications administered in the patient's MAR or EMAR (Electronic Medication Administration Record). If	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 658	Continued From page 3 a medication wasn't administered, document the reason why, any interventions taken, practitioner notification, and the patient's response to interventions." Additional Guidance from Lippincott's Nursing Center.com (www.nursingcenter.com) Rights of Medication Administration 1. Right patient " Check the name on the order and the patient. " Use 2 identifiers. " Ask patient to identify himself/herself. " When available, use technology (for example, bar-code system). 2. Right medication " Check the medication label. " Check the order. 3. Right dose " Check the order. " Confirm appropriateness of the dose using a current drug reference. " If necessary, calculate the dose and have another nurse calculate the dose as well. 4. Right route " Again, check the order and appropriateness of the route ordered. " Confirm that the patient can take or receive the medication by the ordered route. 5. Right time " Check the frequency of the ordered medication. " Double-check that you are giving the ordered dose at the correct time. " Confirm when the last dose was given. 6. Right documentation " Document administration AFTER giving the ordered medication. " Chart the time, route, and any other specific information as necessary. For example, the site	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 658	Continued From page 4 of an injection or any laboratory value or vital sign that needed to be checked before giving the drug. 7. Right reason " Confirm the rationale for the ordered medication. What is the patient's history? Why is he/she taking this medication? " Revisit the reasons for long-term medication use. 8. Right response " Make sure that the drug led to the desired effect. If an antihypertensive was given, has his/her blood pressure improved? Does the patient verbalize improvement in depression while on an antidepressant? " Be sure to document your monitoring of the patient and any other nursing interventions that are applicable. Reference: Nursing 2012 Drug Handbook. (2012). Lippincott Williams & Wilkins: Philadelphia, Pennsylvania. www.nursingcenter.com Accessed online 11/8/2018. When interviewed on 11/8/2018 at 8:30 AM, the ADON stated that she had been working with the staff to ensure medications and treatments were documented as being administered. The ADON stated the facility often employed agency nurses and frequently repeated inservice education on medication administration and proper documentation. The ADON stated the facility's expectation was for staff to administer medications and treatments per physician's orders and to document them as having been administered, immediately following administration. On 11/8/2018 during the end of day debriefing, the facility Administrator, DON and ADON were	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 658	Continued From page 5 informed of the failure of the staff to ensure medications were administered and documented. No further information was provided by the facility.	F 658	F 697 Pain Management 1. Resident #4 exhibited no signs of distress as a result of not receiving pain medication as ordered by MD. 2. DON/designee conducted a Quality Review of all residents' medication administration records to ensure medications are administered as ordered per MD order, as all residents have the potential to be affected. Follow up will be conducted based on the findings. 3. DON/designee provided re-education to all licensed nursing staff on the rules of medication administration as ordered, documenting the reasons for a medication not administered. 4. DON/designee to complete Quality Improvement monitoring on all medication administration records to ensure medications are administered per MD order. Quality monitoring will be conducted weekly for 4 weeks, then quarterly. Finding will be reported to the QAPI Committee monthly and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of compliance: 12/10/18	
F 697 SS=E	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility documentation review, clinical record review, the facility staff failed to provide pain management for one resident (Resident # 4) in a survey sample of 4 residents. For Resident # 4, the facility staff failed to provide pain medicine as ordered on multiple occasions. Findings included: Resident # 4, was admitted to the facility on 4/3/2018 and readmitted on 7/11/2018. Diagnoses included but were not limited to: hypertension, depression, respiratory failure, Gastroesophageal reflux disease, pain and muscle spasms. Resident # 4's most recent MDS (minimum data set) with an ARD (assessment reference date) of 10/17/18 was coded as a Quarterly assessment. Resident # 4 was coded as having a BIMS (brief			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 697	Continued From page 6	F 697		

interview of mental status) score of "15" out of a possible 15, indicating no cognitive impairment. Resident 4 was also coded as requiring total assistance of one staff person to perform activities of daily living, such as bed mobility, transferring, eating, locomotion, and toileting.

During the initial tour of the facility on 11/6/2018 at 1:30 PM, Resident # 4 was observed lying in bed. Resident # 4 stated she did not get her pain medication on time and that she had to wait so long for her pain medication, Tramadol, at night. Resident # 4 stated she was supposed to get her "pain medication at 8 PM but they make me wait until 9."

Review of the clinical record was conducted on 11/6/2018 and 11/7/2018.

Review of the November MAR (Medication Administration Record) revealed the scheduled times for the Tramadol was 9 AM, 1 PM, 5 PM and 9 PM.

Review of the Narcotics log for Tramadol revealed documentation that the medication was administered nightly at 9 PM as scheduled.

Review of the July 2018, August 2018 Medication Administration Records (MARs) revealed the scheduled times for Tramadol were 12 midnight, 6 AM, 12 noon and 6 PM.

Review of the September, October and November MARs revealed the scheduled times for the Tramadol had been changed to 9 AM, 1 PM, 5 PM and 9 PM.

Review of the Physicians Orders revealed an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 697	Continued From page 7 order written 7/12/2018 for Tramadol 50 milligrams one tablet by mouth four times per day for pain. Review of the Facility documentation policy Medication Administration times revealed medications ordered four times a day were scheduled at 9 AM, 1 PM, 5 PM and 9 PM. The July 2018 - November MARs (Medication Administration Records) were reviewed. Review revealed documentation of pain medication not being administered as ordered by the physician. There were 6 instances of the scheduled pain medication, Tramadol 50 milligrams one tablet by mouth, not being given at the scheduled time due to the resident being "asleep" or "resting quietly." There was one instance of Tramadol not being available for administration on 8/11/2018 at 12 midnight. Review of the July 2018 Medication Administration Record (MAR) reveled: "7/18/18 at 12 AM-Tramadol 50 milligrams reason asleep, result- missed 7/22/18 at 12 AM-Tramadol reason: resting quietly, result-not given 7/31/18 at 12 AM-Tramadol reason: resting quietly, result-not given" Review of the August 2018 MAR revealed: "8/7/18 at 12 AM-Tramadol 50 milligrams reason asleep, result- given at 6 8/11/18 at 12 AM-Tramadol 50 milligrams reason: n/a (not available) -result- Pharmacy contacted 8/19/18 at 12 MN (midnight)-Tramadol -reason	F 697		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 697	Continued From page 8 asleep, result-not given Review of the STAT box contents revealed the contents included Tramadol 50 milligrams 8 tablets. On 11/6/2018 at 2:30 PM, an interview was conducted with RN (Registered Nurse) A who stated the expectation was that medications should be given within one hour before and one hour after the scheduled time. 11/6/2018 at 2:40 PM, an interview was conducted with LPN (Licensed Practical Nurse) A who stated Resident # 4 often asked about her pain medication being given on time. LPN A stated the Tramadol was ordered to be given four times a day and that one dose was scheduled at 9 PM. LPN A stated the nurses could give the medication an hour before and one hour after. During the end of day debriefing on 11/8/18, the facility Administrator, DON and ADON were informed of the findings that Resident # 4 did not receive her scheduled pain medication as ordered by the physician. The DON and ADON stated residents should receive pain medications as ordered by the physician. No further information was provided.	F 697		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed	F 755	F 755 Pharmacy Services/ Procedures/ Pharmacist/Records 1. Resident #4 suffered no harm due to not receiving pain medication, antipsychotic medication, antiviral, and muscle relaxer as ordered.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 755	Continued From page 9 personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility documentation review, the facility staff failed to ensure medications were available for administration for 1 resident (Resident # 4) in the survey sample of 4 residents. For Resident # 4, the facility staff failed to ensure multiple medications were available. Findings included:	F 755	2. DON/designee conducted a Quality Review of all resident medications to ensure an adequate supply is available, as all the residents have the potential to be affected. Follow up will be based on findings. 3. DON/designee provided re-education to all licensed nursing staff on ensuring medications are ordered/reordered timely maintaining consistent availability, utilizing STAT box as needed, and consulting MD as needed. 4. DON/designee to complete Quality Improvement monitoring on medications to ensure there is an adequate supply is maintained. Monitoring will be conducted weekly for 4 weeks, then quarterly. Finding will be reported to the QAPI Committee monthly and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of compliance: 12/10/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 755	Continued From page 10	F 755		

Resident # 4, was admitted to the facility on 4/3/2018 and readmitted on 7/11/2018. Diagnoses included but were not limited to: hypertension, depression, respiratory failure, Gastroesophageal reflux disease, pain and muscle spasms.

Resident # 4's most recent MDS (minimum data set) with an ARD (assessment reference date) of 10/17/18 was coded as a Quarterly assessment. Resident # 4 was coded as having a BIMS (brief interview of mental status) score of "15" out of a possible 15, indicating no cognitive impairment. Resident 4 was also coded as requiring total assistance of one staff person to perform activities of daily living, such as bed mobility, transferring, eating, locomotion, and toileting.

Review of the clinical record was conducted on 11/6/2018 and 11/7/2018.

Review of the August 2018 Medication Administration Record revealed documentation of medications not available at scheduled time of administration including:

8/20/18 Lamivudine 150 milligrams two tablets by mouth every 12 hours for HIV at 9 AM and 9 PM: circled 8/20/18 at 9 PM and 8/21/18 at 9 PM. on the back of the MAR was written: Lamivudine 150 "call Pharm (Pharmacy)"

8/8/18 2000 (8 PM) Tramadol 50 milligrams "Arrived from Pharmacy-given upon arrival"

9/2/18 9 PM-Zanaflex n/a (not available) "waiting on Pharmacy."

9/9/18 9 AM Aripiprizole (Abilify) 1 milligram one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 755	Continued From page 11 tablet by mouth daily-N/A not available - result-order placed to pharmacy 9/16/18 9 AM-Abilify- reason-Spoke with Pharmacist-"will send STAT" Review of the Physicians Orders revealed valid physicians orders for the medications that were documented as unavailable for administration. Review of the STAT box contents revealed the contents included Tramadol 50 milligrams (8 tablets) and Metoprolol 25 milligrams (5 tablets.) On 11/8/2018 at 8:15 AM, an interview was conducted with the Assistant Director of Nursing (ADON) who stated the Pharmacy delivers three times a day usually 2-3 hours before the end of each shift. The ADON stated the expectation was that medications should be delivered by the pharmacy during the next morning delivery after a new order and should be available at the scheduled time for administration if an existing order. The ADON also stated the nurses were "expected to notify the pharmacy and try to pull medications from the STAT box. If the medication was not in the STAT box, the nurse should notify the medical doctor to obtain an order to hold the medication or give other orders." The ADON stated the nurse should notify the Responsible Party of the issue and any new orders. The ADON stated medications should be administered as ordered by the physician. On 11/8/2018 at 9:25 AM, an interview was conducted with the Director of Nursing (DON) who stated medications should be available for administration as ordered.	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 755	Continued From page 12 During the end of day debriefing on 11/8/2018, the Facility Administrator, Director of Nursing and Assistant Director of Nursing were informed of the findings. The Director of Nursing and Assistant Director of Nursing stated the Pharmacy should ensure medications are available for administration as ordered by the physician. No further information was provided.	F 755		
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation	F 757	F 757 Drug Regimen is Free Unnecessary Drugs 1. Resident #4 exhibited no signs or symptoms of distress from no having assessment performed per MD order for medication administration. 2. DON/designee conducted a quality review of all resident medication assessment orders to ensure assessments are performed per MD order, as all residents have the potential to be affected. Follow up will be based on findings. 3. DON/designee provided re-education to all licensed nurses on performing assessments as ordered per MD order. 4. DON/designee to complete Quality Improvement monitoring on medication assessment orders for assessments requirements per MD orders. Monitoring will be conducted weekly for 4 weeks, then quarterly. Finding will be reported to the QAPI Committee monthly and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of compliance: 12/10/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 757	Continued From page 13	F 757		

review, and clinical record review, the facility staff failed to ensure one resident (Resident # 4) in a survey sample of 4 residents was free from unnecessary medications.

For Resident # 4, the facility staff failed to take blood pressure and pulse prior to administration of antihypertensive medication, Metoprolol, as ordered by the physician on multiple occasions.

Findings included:

Resident # 4 was admitted to the facility on 4/3/2018 and readmitted on 7/11/2018. Diagnoses included but were not limited to: hypertension, depression, respiratory failure, Gastroesophageal reflux disease, pain and muscle spasms.

Resident # 4's most recent MDS (minimum data set) with an ARD (assessment reference date) of 10/17/18 was coded as a Quarterly assessment. Resident # 4 was coded as having a BIMS (brief interview of mental status) score of "15" out of a possible 15, indicating no cognitive impairment. Resident 4 was also coded as requiring total assistance of one staff person to perform activities of daily living, such as bed mobility, transferring, eating, locomotion, and toileting.

Review of the clinical record was conducted on 11/6/2018 and 11/7/2018.

Review of the November 2018 Medication Administration Record (MAR) revealed an order for Metoprolol 25 milligrams tablet by mouth every 12 hours for hypertension- hold for systolic blood pressure less than 110 or heart rate less than 60 at 9 AM and 9 PM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 757	Continued From page 14 There were no slots on the MARs for the documentation of the parameters for administration of Metoprolol 25 milligrams. There were no blood pressures or heart rates listed prior to the administration of the Metoprolol. Further review of the September 2018 and October 2018 Medication Administration Records revealed no blood pressures or pulses taken prior to administration of Metoprolol. On 11/8/2018 at 10:05 AM, an interview was conducted with LPN (Licensed Practical Nurse) B who stated she did not take Resident # 4's blood pressure or pulse prior to administering the medication Metoprolol. LPN B stated she should have taken the blood pressure and pulse prior to administering the medication as ordered by the physician. On 11/8/2018 at 10:50 AM, an interview was conducted with the ADON (Assistant Director of Nursing) who stated the nursing staff should follow physician's orders and take the blood pressure and pulse prior to the administration of the medication, Metoprolol, as ordered by the physician. The ADON reviewed the MAR for Resident # 4 and stated the nurses should have taken the blood pressure and pulse prior to administering Metoprolol as ordered and should have clarified with the physician if there was a question about the need to take vital signs prior to administration of the medication. It is the nurses responsibility to clarify orders. On 11/8/2018 at 11:30 AM during the end of day debriefing, the Administrator, Director of Nursing and ADON were informed of the failure of the staff to take blood pressure and pulse prior to	F 757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE RICHMOND, VA 23225

(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 757	Continued From page 15 administering the antihypertensive medication, Metoprolol as ordered. On 11/8/2018 at 12:50 PM, the ADON presented a copy of an educational inservice that was conducted 11/8/2018 at 12:20 PM with LPN B regarding following MD (medical doctor) orders and blood pressure parameters, checking vital signs and give medications per parameter ordered. Check BP (blood pressure) before administering meds." The ADON stated all nurses would be inserviced on following doctor's orders. The ADON stated upon review of Resident # 4's clinical record, she found there were vital signs taken sporadically during each month but no documentation that vital signs were taken prior to each administration of the medication Metoprolol twice a day as ordered. On 11/8/18 at 1 PM, the facility administrator and DON and ADON were informed of the failure of the staff to take the blood pressure and pulse on Resident # 4 prior to administering the antihypertensive medication, Metoprolol as ordered. No further information was provided.	F 757		