PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

G 9830	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N 10 15 19 0		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				D. WING			С	
	No.	495327	B. WING	100		11/0	08/2018	
1000	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 03 FOREST HILL AVENUE			
ENVOY O	F WESTOVER HILLS			RI	CHMOND, VA 23225			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 000	survey was conducte Corrections are requi CFR Part 483 Federa requirements. Two	edicare/Medicaid complaint d 11/06/18 through 11/08/18. red for compliance with 42	F	000	Preparation and/or execution of t plan of correction does not constit admission or agreement by provider of the truth of the fa alleged or conclusions set forth in statement of deficiencies. The plan correction is prepared and/or execu-	the acts the of of other		
F 658 SS=E		eet Professional Standards (i)	F	658	solely because the provision of federal and state laws require it.	tne		
	as outlined by the comust- (i) Meet professional This REQUIREMENth by: Based on observation resident interview, far and clinical record reto follow the professi practice regarding action one resident (Residents administer medication physician on multiple Findings included:  Resident #4, was a 4/3/2018 and readminited by the profession, depression, depressional decidents and the company of the	d or arranged by the facility, mprehensive care plan, standards of quality. It is not met as evidenced on, staff interview and cility documentation review eview, the facility staff failed onal standards of nursing diministration of medications sident # 4) in a survey s.  The facility staff failed to the sacordered by the evocasions.			F 658 Services Provided Merofessional Standards  1.Resident #4 experienced no adversactions from not receivantihypertensive, supplement, antivipain medication, and muscle relaxed ordered by MD. MD and RP aware RECEIVER	ving viral, er as		
LABORATORY	DIRECTOR'S OR PROVIDE	/ SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u> E		TITLE		(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 deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 11/19/2018 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	30 50	LE CONSTRUCTION	1010000	(X3) DATE SURVEY COMPLETED	
		495327	B. WING	·		C	
NAME OF P	ROVIDER OR SUPPLIER	<del></del>		STREET ADDRESS, CITY, STATE, ZIP CODE		11/08/2018	
ENVOY O	F WESTOVER HILLS			4403 FOREST HILL AVENUE			
				RICHMOND, VA 23225			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	DI.	PROVIDER'S PLAN OF CORE	RECTION	(X5)	
TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)		COMPLETION	
F 658	Continued From page	÷ 1	F 65	8	-		
	Resident # 4's most r	ecent MDS (minimum data		9990	d a ()	124	
	set) with an ARD (ass	sessment reference date) of	S	2. DON/designee conducted	1000	18	
	10/17/18 was coded a	as a Quarterly assessment.		A STATE OF THE STA	medicat		
	Resident # 4 was cod	led as having a BIMS (brief		administration records to e		10000000 AS	
		atus) score of "15" out of a	1	were no omissions	indicat	1 T	
	Possible 15, indicating	g no cognitive impairment.		medications are administer	ed per l	MD	
	assistance of one sta	coded as requiring total		order, as all residents	have	the	
		g, such as bed mobility,		potential to be affected. For	llow up v	will	
	transferring, eating, lo	ecomotion, and toileting.		be performed based on find	100	2	
		~			100000000 10000	re-	
	Review of the clinical	record was conducted on	Ì	education to all licensed n		37	
11/6/2018 and 11/7/2018.			5 S- 85 87 M265	medicat	1		
		10 1000 12 Neer 1000 W		administration with docum		Property State	
		4's clinical record revealed		ensure medications are a			
	no evidence the follow	ays and times indicated:	<u> </u>	<ul> <li>Application of the second control of the second contr</li></ul>		reu	
8.5	Commission of the d	ays and times indicated.		according to the MD orders		1.	
	1. Valcyclovir 500 mil	ligrams one tablet by mouth	1	4. DON/designee to comp		E com	
	every day at 9 AM: m	issing on 10/12/18 at 9 AM.	İ	Improvement monitor	_	of	
			-	Medication Administration		1090	
		milligrams one tablet by	l	ensure medications are adm	ninistere	d as	
	mouth three times dai	ly at 9 AM, 1 PM and 5 PM:		ordered. Quality monitor	ing will	be	
j	missing on 10/5/18 at	1 PM		conducted weekly for 4	weeks, t	then	
į	3. Gahanentin 600 mi	lligrams one tablet by mouth		quarterly. Finding will be	reporte	d to	
	three times daily for n	ain at 9 AM, 1 PM, 5 PM:	İ	the QAPI Committee m	onthly	and	
	missing on 10/5/18 1			updated as indicated.	Qua		
į	\$50			monitoring schedule modifi	50000	-	
1	4. Baclofen 20 milligra	ims one and a half tablets		findings.	ica case.	. 0	
		daily for muscle spasms at		5. Date of compliance: 12/1	I N / 1 R		
1	9 AM, 1 PM and 5 PM PM.	: missing on 10/16/18 at 5		3. Date of compnance. 12/1	10/10		
i	V-1 (4-10-43 1-10-43) V-2						
:    - 	Review of the Novembrissing documentation	oer 2018 MAR revealed n of administration of :					
i i	5. Isentress 400 millig every 12 hours for HIV	rams one tablet by mouth / (Human		DC0-			
ORM CMS-256	7(02-99) Previous Versions Obsc		211 F	BECEIVEE	),, ,,,,,,,	ation sheet P 2 : ( )	
		######################################	essecti Si	DEC 0 7 2018	n whent	aucii sileet Page 2 01 16	
				DEC 0 / 2018			
				Morris			

PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	101 101	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495327	B. WING			С	
	ROVIDER OR SUPPLIER F WESTOVER HILLS	450321		STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE RICHMOND, VA 23225		1/08/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 658	Immunodeficiency Vi PM  6. Metoprolol 25 mill every 12 hours for hy blood pressure less than 60 at 9 AM and 9 PM  Valid physician's orderedications in quest Resident # 4's clinical progress notes, reversed 4 was away from the medications in quest Review of the facility "Medications-Oral Actionations of the president according to the president according immediate is given and before president."  The ADON and DON resource used for proguidance was given Nursing, by Lippinco responsible for direct Nurses follow physic believe the orders are Guidance given from Medication Administration 10/02/2015. "Docum administered in the progression of the progression of the president."	igrams a half tablet by mouth pertension- hold for systolic han 110 or heart rate less 9 PM: missing on 11/4/18 at ers were evident for the ion. A thorough review of al record, including nursing aled no evidence Resident # facility, nor refused the ion.  Is policy entitled, eministration Of effective Revision date of 9/22/17 lications were to be given scriber's order and "chart on ration Record (MAR) ally following when medication proceeding to the next of essional nursing standards, from "Fundamentals of ott", stated "The physician is ting medical treatment, ians' orders unless they e in error or harm clients."	F 658				

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

Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 3 of 16

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PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER.  A. BUILDING	
i i	C
495327 B. WING	11/08/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
4403 FOREST HILL AVENUE	
ENVOY OF WESTOVER HILLS RICHMOND, VA 23225	34
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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. " 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	

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Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 4 of 16

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#### PRINTED: 11/19/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 495327 B. WING 11/08/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE **ENVOY OF WESTOVER HILLS** RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 658 Continued From page 4 F 658 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

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administration.

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

documentation. The ADON stated the facility's

On 11/8/2018 during the end of day debriefing, the facility Administrator, DON and ADON were

medication administration and proper

expectation was for staff to administer medications and treatments per physician's orders and to document them as having been

administered, immediately following

Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 5 of 16

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DEC 0 7 2018

PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	W 2017/2015 KACI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495327	B. WING	50	C
NAME OF PE	ROVIDER OR SUPPLIER	and the state of t	, several control of the control of	STREET ADDRESS, CITY, STATE, ZIP CODE	11/08/2018
FWOYO	- WESTS 130 1 6			4403 FOREST HILL AVENUE	
ENVOTO	F WESTOVER HILLS			RICHMOND, VA 23225	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE COMPLETION
F 658	Continued From page	<b>3</b> 5	-	658	
	10 NOTE NO. 10	e of the staff to ensure		030	
		ministered and documented.			
	medications were aci	ministered and documented.		F 697 Pain Management	
		n was provided by the		R	İ
	facility.			1. Resident #4 exhibited no sig	ns of
	Pain Management		F	697 distress as a result of not receiving	g pain
SS=E	CFR(s): 483.25(k)			medication as ordered by MD.	T .
	\$492 25/k) Doin Man	000		2. DON/designee conducted a Q	uality
	§483.25(k) Pain Man	agement. ure that pain management is		Review of all residents' medi	
		who require such services,	1		nsure
		ssional standards of practice,		medications are administered	
		erson-centered care plan,		THE CARESTON OF THE PROPERTY OF THE STATE OF	S 0.04294
	and the residents' go			ordered per MD order, as all res	i i
	This REQUIREMENT	is not met as evidenced		have the potential to be aff	
	by:			Follow up will be conducted bas	ed on
9.		terview, staff interview,	9	the findings.	
		review, clinical record	-	<ol><li>DON/designee provided</li></ol>	re-
		iff failed to provide pain resident (Resident # 4) in a		education to all licensed nursing	staff
	survey sample of 4 re		İ	on the rules of med	cation
	Survey Sample of 4 re	531461113.	İ	administration as or	dered,
	For Resident # 4, the	facility staff failed to provide	i	87 FC 505 119 SWARROW BOOK BOOK BOOK BOOK BOOK BOOK BOOK BO	or a
,		ered on multiple occasions.	İ	medication not administered.	o. u
				7. 100	hiality
	Findings included:			4. DON/designee to complete (	
	# <u></u>	SERBOL SE SELL SHIP SHOW		Improvement monitoring or	1
		mitted to the facility on		medication administration reco	
	4/3/2018 and readmit			ensure medications are admin	
	ON A ROUND BY A CONTROL TO CHARLES MARKET AND THE SHALL WITH THE SHALL WAS A S	out were not limited to:		per MD order. Quality monitori	47E
		sion, respiratory failure, flux disease, pain and	1	be conducted weekly for 4 week	s, then
	muscle spasms.	man discusse, paint and		quarterly. Finding will be repo	rted to
			ţ	the QAPI Committee monthl	
	Resident # 4's most r	ecent MDS (minimum data	i	W W W	Quality
		sessment reference date) of		monitoring schedule modified be	3 31
		as a Quarterly assessment	v U	194 Sept. Se	
	Resident # 4 was coo	led as having a BIMS (brief	1	findings.	
			1	5. Date of compliance: 12/10/18	

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Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 6 of 16

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DEC 0 7 2018

PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Manage and a second control of the second		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		CRAFT 2 A FRENCH WHICH				С	
		495327	B. WNG			11/0	8/2018
	ROVIDER OR SUPPLIER  F WESTOVER HILLS				EET ADDRESS, CITY, STATE, ZIP CODE 3 FOREST HILL AVENUE		
LINVOTO	WESTOVERTILES			RIC	HMOND, VA 23225	77	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE	(X5) COMPLETION DATE
F 697	possible 15, indicatin Resident 4 was also assistance of one state activities of daily living transferring, eating, I During the initial tour at 1:30 PM, Resident bed. Resident # 4 stated is medication on time at long for her pain medication at 8 until 9."  Review of the clinical 11/6/2018 and 11/7/2 Review of the Nover Administration Recontimes for the Tramace and 9 PM.  Review of the Narcontimes for the July 2 Administration Recontimes for the July 2 Administration Reconscipled times for 6 AM, 12 noon and Review of the Septe November MARs resident station is review of the Septe November MARs resident station is review of the Septe November MARs resident station is review of the Septe November MARs resident station is review of the Septe November MARs resident station is resident.	tatus) score of "15" out of a g no cognitive impairment. coded as requiring total aff person to perform 19, such as bed mobility, occomotion, and toileting.  Tof the facility on 11/6/2018 at 4 was observed lying in tated she did not get her pain and that she had to wait so dication, Tramadol, at night. She was supposed to get her B PM but they make me wait at record was conducted on 2018.  The mber MAR (Medication 19 or 19	F	697			
	Review of the Phys	icians Orders revealed an					<u> </u>

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

Event ID: D71E11

Facility ID: VA00B5

If continuation sheet Page 7 of 16

DEC 0 7 2018

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PRINTED: 11/19/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING\_ 495327 B. WING 11/08/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE **ENVOY OF WESTOVER HILLS** RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 697 Continued From page 7 F 697 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

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

Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 8 of 16



PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495327	B. WING _			C 11/08/2018	
	ROVIDER OR SUPPLIER F WESTOVER HILLS			440	EET ADDRESS, CITY, STATE, ZIP CODE 3 FOREST HILL AVENUE HMOND, VA 23225		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 697	contents included tablets.  On 11/6/2018 at 2: conducted with RN stated the expecta should be given wi hour after the schell 11/6/2018 at 2:40 conducted with LP who stated Reside pain medication be stated the Tramad times a day and the PM. LPN A state medication an hour During the end of facility Administratinformed of the fin receive her schediordered by the phystated residents stated residents residents residents stated residents stated resid	T box contents revealed the Tramadol 50 milligrams 8  30 PM, an interview was (Registered Nurse) A who tion was that medications thin one hour before and one duled time.  PM, an interview was N (Licensed Practical Nurse) A nt # 4 often asked about her eing given on time. LPN A oil was ordered to be given four at one dose was scheduled at ed the nurses could give the r before and one hour after.  day debriefing on 11/8/18, the for, DON and ADON were dings that Resident # 4 did not alled pain medication as visician. The DON and ADON mould receive pain medications physician.	F	697			
F 755 SS=E	CFR(s): 483.45(a)	Procedures/Pharmacist/Records (b)(1)-(3)	F	755	F 755 Pharmacy Services/ Pro Pharmacist/Records		
	drugs and biologic them under an ag	y Services rovide routine and emergency cals to its residents, or obtain reement described in facility may permit unlicensed			Resident #4 suffered no harm not receiving pain me- antipsychotic medication, antiv muscle relaxer as ordered.	dication,	

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

Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 9 of 16



PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDE AND PLAN OF CORRECTION IDENTIFICE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495327	B WING	B. WING		С	
NAME OF PROVIDER OR SUPPLIER  ENVOY OF WESTOVER HILLS  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID.	STREET ADDRESS, CITY, STATE, ZIP CODE  4403 FOREST HILL AVENUE  RICHMOND, VA 23225  PROVIDER'S PLAN OF CORRE		/08/2018		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		OULD BE	(X5) COMPLETION DATE	
F 755	a licensed nurse.  §483.45(a) Procedure pharmaceutical service that assure the accur dispensing, and admi biologicals) to meet the same of	er drugs if State law er the general supervision of es. A facility must provide ces (including procedures ate acquiring, receiving, nistering of all drugs and ne needs of each resident.  onsultation. The facility in the services of a licensed es consultation on all on of pharmacy services in shes a system of records of in of all controlled drugs in able an accurate  sines that drug records are in ount of all controlled drugs riodically reconciled. The is not met as evidenced siew, clinical record review ation review, the facility staff cations were available for esident (Resident # 4) in the esidents.  facility staff failed to ensure	F	2. DON/designee conducted Review of all resident med ensure an adequate supply is as all the residents have the pe affected. Follow up will on findings.  3. DON/designee proveducation to all licensed nured on ensuring medication ordered/reordered timely medication to as needed, and consultineeded.  4. DON/designee to comple Improvement monitoring medications to ensure the adequate supply is medications will be conducted for 4 weeks, then quarterly will be reported to the Committee monthly and upindicated. Quality medicated. Some point of the compliance: 12/10.	ications to available, potential to available, potential to a based ided resisting staff ons are naintaining ing STAT and MD as the Quality of the control o		

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

Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 10 of 16

DEC 0.7 2018 VDH/OLC

PRINTED: 11/19/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING\_ COMPLETED C 495327 B. WING 11/08/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE **ENVOY OF WESTOVER HILLS** RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 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"

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on Pharmacy."

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

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

Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 11 of 16

DEC 0.7 2018 VDH/OLC

PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 4 66 63	(X2) MULTIPLE CONSTRUCTION A BUILDING		
		495327	B. WING	W - 1000 F	С
	NAME OF PROVIDER OR SUPPLIER  ENVOY OF WESTOVER HILLS			REET ADDRESS, CITY, STATE, ZIP CODE 13 FOREST HILL AVENUE CHMOND, VA 23225	11/08/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
F 755	9/16/18 9 AM-Abilify-Pharmacist-"will send Review of the Physici physicians orders for documented as unavalence of the STAT becontents included Tratablets) and Metoproke On 11/8/2018 at 8:15 conducted with the As (ADON) who stated the times a day usually 2-each shift. The ADON that medications should scheduled time for adorder. The ADON also "expected to notify the medication was not in should notify th	reason-Spoke with STAT"  ans Orders revealed valid the medications that were allable for administration.  ox contents revealed the madol 50 milligrams (8 of 25 milligrams (5 tablets.)  AM, an interview was sistant Director of Nursing the Pharmacy delivers three 3 hours before the end of a stated the expectation was lid be delivered by the next morning delivery after a be available at the ministration if an existing to stated the nurses were expharmacy and try to pull STAT box. If the the STAT box, the nurse cal doctor to obtain an cation or give other orders." In nurse should notify the the issue and any new stated medications should be add by the physician.  AM, an interview was rector of Nursing (DON) is should be available for	F 755		

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Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 12 of 16

DEC 0 7 2018
VDH/OLC

PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

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 and Transcription of State of the Caphilan Director of Nursing and Assistant Director of Nursing and Assistant Director of Nursing and Transcription of State of the Caphilan Director of Nursing and Transcription of State of the Caphilan Director of Nursing and Assistant Director of Nursing and Assistant Director of Nursing	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		50	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			URVEY ETED	
### PROVOY OF WESTOVER HILLS    4403 FOREST HILL AVENUE RICHMOND, VA. 20223   F 755   Continued From page 12   PROVIDER'S End of the Facility Administrator. Director of Nursing and Assistant Director of Nursing			495327	B. WING _		N. C. C. C. C. C. C. C. C. C. C. C. C. C.	11/0	8/2018
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 and Transcription of State of the Caphilan Director of Nursing and Assistant Director of Nursing and Assistant Director of Nursing and Transcription of State of the Caphilan Director of Nursing and Transcription of State of the Caphilan Director of Nursing and Assistant Director of Nursing and Assistant Director of Nursing		en Zantania Processi di serien Zanta internativa in soni zinta i di disenta in soni Si			4403	3 FOREST HILL AVENUE		
During the end of day debriefing on 11/8/2018, the Facility Administrator, Director of Nursing and Assistant Director of Nursing and Assistant 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 757 Drug Regimen is Free Unnecessary Drugs  CFR(s): 483.45(d)(1)-(6)  S483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  S483.45(d)(1) In excessive dose (including duplicate drug therapy); or  S483.45(d)(2) For excessive duration; or  S483.45(d)(3) Without adequate monitoring; or  S483.45(d)(4) Without adequate monitoring: or  S483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or  S483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFO	ς	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETION DATE
Assistant Director of Nursing stated the Pharmacy should ensure medications are available for administration as ordered by the physician.  No further information was provided.  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)(6) 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	F 755	During the end of da the Facility Administr Assistant Director of	y debriefing on 11/8/2018, rator, Director of Nursing and Nursing were informed of	F	755			
No further information was provided. 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   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 resident medication assessments are performed per MD orders.  2. DON/designee conducted a quality review of all resident medication assessment orders to ensure assessments are performed per MD orders.  2. DON/designee conducted a quality review of all resident medication assessments are performed per MD order, as all resident medication 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 reduction 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.  5.483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this		Assistant Director of Pharmacy should en available for adminis	Nursing stated the sure medications are			Unnecessary Drugs  1. Resident #4 exhibited no sig	gns or	,
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  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 reducation 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.  §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this		Drug Regimen is Fre	ee from Unnecessary Drugs	F	757	assessment performed per MD for medication administration.  2. DON/designee conducted a co	order quality	
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  be based on findings.  3. DON/designee provided reducation 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		Each resident's drug unnecessary drugs.	regimen must be free from			assessment orders to assessments are performed per order, as all residents have	ensure r MD e the	
§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  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		duplicate drug thera	py); or			be based on findings. 3. DON/designee provided	re-	
§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  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		1		20 (10 mm m m m m m m m m m m m m m m m m m		performing assessments as order		
\$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  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		A TAMERON CONTRACTOR NOT THE PROPERTY AND THE PROPERTY AN	out adequate indications for its			4. DON/designee to complete ( Improvement monitoring	on	
stated in paragraphs (d)(1) through (5) of this Committee monthly and updated as		consequences which	ch indicate the dose should be			assessments requirements per orders. Monitoring will be cor	r MD iducted	
		stated in paragraph section.	ns (d)(1) through (5) of this			Committee monthly and upda	ated as	
This REQUIREMENT is not met as evidenced by:  Based on staff interview, facility documentation  Based on staff interview, facility documentation  Based on staff interview, facility documentation  This REQUIREMENT is not met as evidenced schedule modified based on findings.  5. Date of compliance: 12/10/18		by:				schedule modified based on find	lings.	

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Event ID: D71E11

Facility ID VA0085

If continuation sheet Page 13 of 16

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PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495327			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495327	B. WING	W	C 11/08/201	
	ROVIDER OR SUPPLIER F WESTOVER HILLS		4	TREET ADDRESS, CITY, STATE, ZIP CODE 403 FOREST HILL AVENUE RICHMOND, VA 23225		110012010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 757	failed to ensure one survey sample of 4 runnecessary medical For Resident # 4, the blood pressure and pot antihypertensive rordered by the physic Findings included:  Resident # 4 was ad 4/3/2018 and readm Diagnoses included hypertension, depregastroesophageal remuscle spasms.  Resident # 4's most set) with an ARD (as 10/17/18 was coded Resident # 4 was accounterview of mental spossible 15, indicating Resident 4 was also assistance of one stactivities of daily living transferring, eating,  Review of the clinical 11/6/2018 and 11/7/  Review of the Novel Administration Recofor Metoprolot 25 mile every 12 hours for here	ecord review, the facility staff resident (Resident # 4) in a esidents was free from ations.  e facility staff failed to take oulse prior to administration medication, Metoprolol, as ician on multiple occasions.  Imitted to the facility on itted on 7/11/2018.  but were not limited to: ssion, respiratory failure, eflux disease, pain and  recent MDS (minimum data issessment reference date) of as a Quarterly assessment, ided as having a BIMS (brief status) score of "15" out of a ring no cognitive impairment. It coded as requiring total aff person to performing, such as bed mobility, locomotion, and toileting.  all record was conducted on 2018.  The provided an order digrams tablet by mouth hypertension-hold for systolic than 110 or heart rate less	F 757			

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Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 14 of 16

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			**************************************			С	
NAME OF D	A95327 B. WING					11/08/2018	
	F WESTOVER HILLS			STREET ADDRESS, CITY, STATE, ZIP CO 4403 FOREST HILL AVENUE RICHMOND, VA 23225	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 757	were no blood pressito the administration review of the Septem Medication Administration of Medication Administration of Medication Administration of Medication Administration of Medication of Medication Medication Metoprokent of the Medication Metoprokent of the Medication Metoprokent of the Medication Metoprokent of the Medication Metoprokent of the Medication of the Medication, Metophysician.  On 11/8/2018 at 10:50 conducted with the A Nursing) who stated follow physician's orderessure and pulse publication, Metophysician. The ADO Resident # 4 and state taken the blood pressure administering Metophave clarified with the question about the nadministration of the responsibility to clarification, the Administration, the Administration, the Administration, the Administration of the responsibility to clarification, the Administration of the Administration, f the Administration, the Administration of the Administr	on the MARs for the parameters for oprolol 25 milligrams. There are or heart rates listed prior of the Metoprolol. Further aber 2018 and October 2018 ation Records revealed no alses taken prior to oprolol.  55 AM, an interview was (Licensed Practical Nurse) Bot take Resident # 4's blood or to administering the ol. LPN B stated she should a pressure and pulse prior to edication as ordered by the state of the nursing staff should ders and take the blood or to the administration of the prolol, as ordered by the N reviewed the MAR for ted the nurses should have sure and pulse prior to rolol as ordered and should e physician if there was a eed to take vital signs prior to medication. It is the nurses	F	757			
	Trepulling a fill the state of	ressure and pulse prior to					

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Event ID: D71E11

Facility ID: VA0085

If continuation sheet Page 15 of 16

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DEC 0 7 2018

PRINTED: 11/19/2018 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495327	B. WNG			C 11/08/2018	
NAME OF PROVIDER OR SUPPLIER  ENVOY OF WESTOVER HILLS				STREET ADDRESS, CITY, STATE, ZIP CODE  4403 FOREST HILL AVENUE  RICHMOND, VA 23225			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 757	Metoprolol as ordered On 11/8/2018 at 12:: a copy of an educatic conducted 11/8/2018 regarding following I and blood pressure signs and give mediordered. Check BP administering meds. nurses would be insorders.  The ADON stated up clinical record, she fitaken sporadically documentation that each administration twice a day as order On 11/8/18 at 1 PM, DON and ADON we the staff to take the Resident # 4 prior to	ntihypertensive medication, ed.  50 PM, the ADON presented onal inservice that was at 12:20 PM with LPN B MD (medical doctor) orders parameters, checking vital cations per parameter (blood pressure) before The ADON stated all erviced on following doctor's point review of Resident # 4's pound there were vital signs suring each month but no vital signs were taken prior to of the medication Metoprolol ed.  the facility administrator and re informed of the failure of blood pressure and pulse on administering the dication, Metoprolol as	F 78				

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Event ID: D71E11

Facility ID VA0085

If continuation sheet Page 16 of 16

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