PRINTED: 09/14/2018 FORM APPROVED OMB NO. 0938-0391

ND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURV
	495244	B. WING		C 08/30/201
NAME OF PROVIDER OR SUPPLIANTED FOR MADIS		N	TREET ADDRESS, CITY, STATE, ZIP CODE LUMBER ONE AUTUMN COURT IADISON, VA 22727	1 08/30/201
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DRE COMPL
F 000 INITIAL COMME	NTS	F 000	580 Notification of Cha	nges
survey was cond Ten complaints w survey. Significan compliance with Term Care requir  The census in thi at the time of the consisted of 18 c (Residents #1 thr and four closed re through #13).  Notify of Changes CFR(s): 483.10(g)  §483.10(g)(14) No (i) A facility must i consult with the re consistent with his representative(s) (A) An accident in results in injury an physician interven (B) A significant cl mental, or psycho- deterioration in he status in either life clinical complicatio (C) A need to alter a need to discontir treatment due to a commence a new (D) A decision to tr	s 92 certified bed facility was 80 survey. The survey sample urrent resident reviews ough #9 and #14 through #22) ecord reviews (Residents #10 s (Injury/Decline/Room, etc.) (14)(i)-(iv)(15)  otification of Changes. In the resident; esident's physician; and notify, s or her authority, the resident when there isvolving the resident which d has the potential for requiring tion; nange in the resident's physical, social status (that is, a alth, mental, or psychosocial -threatening conditions or	F 580	<ol> <li>Residents # 7 and # 11, and currently residents of the building.</li> <li>Any resident receiving medications has the potento be effected by this deficient practice. The Director of Nursing (DON)/ Designee with the licensed nurses on medication administration Records for past 30 days to ensure not residents were affected by deficient practice.</li> <li>The DON/Designee will edut the licensed nurses on medication administration medication availability inclination in the licensed nurses on medication availability inclination.</li> <li>The DON/Designee will audit residents' Medication Administration Records five times a week for four (4) with then weekly for 12 weeks for medication not administered and MD notification. Result audits will be taken to QAPI</li> </ol>	atial cient will rether ducate and duding as lit e (5) eeks, or ed ts of

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

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

Event ID: VXYI11

Facility ID: VA0012

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG			TE SURVEY MPLETED
		495244	B. WING			08	C 3/30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS NUMBER ONE A MADISON, VA		, ,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOUL EFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
	(14)(i) of this section all pertinent informa is available and proviphysician. (iii) The facility must resident and the section (iv) A change in resident (e)(10) of this section (iv) The facility must update the addression phone number of the representative(s).  §483.10(g)(15) Admission to a computation is a composite of \$483.5) must disclosite physical configurations that comprometriate and must specific room changes between the section of the section of the section of the physician of the course of was determined that notify the physician of the sample, Residents #  1. The facility staff faphysician when thiam	n, the facility must ensure that tion specified in §483.15(c)(2) vided upon request to the also promptly notify the ident representative, if any, or roommate assignment .10(e)(6); or dent rights under Federal or ons as specified in paragraph n. record and periodically (mailing and email) and eresident  posite distinct part. A facility distinct part (as defined in see in its admission agreement ation, including the various ise the composite distinct fy the policies that apply to be its different locations.  This not met as evidenced view, clinical record review complaint investigation, it the facility staff failed to of a possible need to alter 22 residents in the survey	F 56	30			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		TE SURVEY MPLETED
		495244	B. WING			ns.	C /30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			N	TREET ADDRESS, CITY, STATE, ZIP CODE RUMBER ONE AUTUMN COURT IADISON, VA 22727		700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	2. The facility staff for physician when multiply administered to the The findings included 1. The facility staff for physician when thiar administered to the 8/17/18.  Resident #7 was administered to the 8/17/18.  Resident #7 was administered on 8/18/18/18/19/19/19/19/19/19/19/19/19/19/19/19/19/	ailed to notify Resident #11's tiple medications were not resident on 5/30/18.  : ailed to notify Resident #7's mine (vitamin B1) (1) was not resident on 8/16/18 and mitted to the facility on 8/3/18 /14/18. Resident #7's put were not limited to swallowing and quadriplegia limbs). Resident #7's most m data set), an admission ARD (assessment reference ed the resident as being #7's clinical record revealed a led 8/15/18 for thiamine 50 mg (milligrams) via PEG scopic gastrostomy) (2) two in #7's August 2018 MAR stration record) documented lated 8/15/18 for thiamine EG two times a day in and 4:00 p.m. On 8/16/18 at documented the code, e Notes." On 8/17/18 at documented the code, "19=	F 5	80	DETICIENCY		
á	Other/See Nurse Not a.m., the nurse docur 16=Hold/See Nurse A nurse's note dated	Notes."					

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPL	E CONSTRUCTION		TE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		495244	B. WING	_		00	C /30/2018
	PROVIDER OR SUPPLIER			N	TREET ADDRESS, CITY, STATE, ZIP CODE UMBER ONE AUTUMN COURT IADISON, VA 22727	1 00	730/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOSE DEFICIENCY)	BE	(X5) COMPLETION DATE
	note dated 8/17/18 at thiamine was on ord 8/21/18 at 7:57 a.m. administration was pand the physician ar aware.  On 8/29/18 at 3:35 pconducted with LPN (the nurse who documents at the facility process for available for administency and 8/17/18 nurses the facility process for available for administency a certain amount of stated she calls the phase not arrived in a finotifies the physician and documents at the physician and documents are thought she document at the physician community of the physician co	ne was on order. A nurse's at 12:22 p.m. documented ler. A nurse's note dated documented thiamine pending pharmacy clarification and responsible party was on.m., an interview was (licensed practical nurse) #3 mented the above 8/16/18 notes). LPN #3 was asked or ensuring medications are stration. LPN #3 stated she at to the pharmacy whenever medication remains. LPN #3 charmacy if the medication ew days. When asked if she at when a medication is not ated she notifies the ments the notification. LPN do not administer thiamine to (18 or 8/17/18 because the reder from the pharmacy and en asked if she notified the ated she was not positive but umented this information in unication book. Review of unication book failed to reveal the physician was notified of	F5	580			
		ecific policy regarding					

NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF MADISON  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 580  Continued From page 4 physician notification.  No further information was presented prior to exit.  ((1) "Thiamine is a vitamin used by the body to break down sugars in the diet. The medication helps correct nerve and heart problems that occur when a person's diet does not contain enough thiamine." This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682586.h tml  (2) "PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
AUTUMN CARE OF MADISON    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)    F 580   Continued From page 4 physician notification.			495244	B. WING				
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  F 580  Continued From page 4 physician notification.  No further information was presented prior to exit.  (1) "Thiamine is a vitamin used by the body to break down sugars in the diet. The medication helps correct nerve and heart problems that occur when a person's diet does not contain enough thiamine." This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682586.h tml  (2) "PEG stands for percutaneous endoscopic gastrostormy, a procedure in which a flexible feeding tube is placed through the abdominal wall					NUMBER ONE AUTUMN COURT		00/30/2018	
physician notification.  No further information was presented prior to exit.  (1) "Thiamine is a vitamin used by the body to break down sugars in the diet. The medication helps correct nerve and heart problems that occur when a person's diet does not contain enough thiamine." This information was obtained from the website:  https://medlineplus.gov/druginfo/meds/a682586.h tml  (2) "PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION	
and/or medications to be put directly into the stornach, bypassing the mouth and esophagus."  This information was obtained from the website: https://www.asge.org/home/for-patients/patient-information/understanding-peg  2. The facility staff failed to notify Resident #11's physician when multiple medications were not administered to the resident on 5/30/18.  Resident #11 was admitted to the facility on 5/23/18. Resident #11's diagnoses included but were not limited to diabetes, chronic kidney disease, status post kidney transplant and high blood pressure. Resident #11's most recent MDS (minimum data set), a 30 day Medicare assessment with an ARD (assessment reference date) of 6/20/18, coded the resident as being cognitively intact.  On 7/25/18, the Office of Licensure and Certification received a complaint that		physician notification No further information (1) "Thiamine is a vibreak down sugars in helps correct nerve occur when a person enough thiamine." If from the website: https://medlineplus.gtml (2) "PEG stands for gastrostomy, a proof feeding tube is place and into the stomach and/or medications to stomach, bypassing This information was https://www.asge.orgormation/understand. 2. The facility staff fa physician when multipadministered to the reference to the reference to the reference to disease, status post blood pressure. Resident #11 was ad 5/23/18. Resident #1 were not limited to didisease, status post blood pressure. Resident with an addate) of 6/20/18, codicognitively intact. On 7/25/18, the Office	tamin used by the body to in the diet. The medication and heart problems that n's diet does not contain This information was obtained gov/druginfo/meds/a682586.h percutaneous endoscopic edure in which a flexible ed through the abdominal wall n. PEG allows nutrition, fluids to be put directly into the the mouth and esophagus." sobtained from the website: g/home/for-patients/patient-infling-peg  iiled to notify Resident #11's iple medications were not esident on 5/30/18.  Imitted to the facility on 11's diagnoses included but abetes, chronic kidney kidney transplant and high ident #11's most recent MDS a 30 day Medicare ARD (assessment reference ed the resident as being	F 5	680			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(3) DATE SURVEY COMPLETED	
		495244	B. WING	i	na	C 3/30/2018	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		730/2016	
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	documented Resider given at various time. Review of Resident physician's orders the limited to: 5/24/18- clopidogrel (milligrams) by mout 5/23/18- Lantus (2) the evening. 5/30/18- potassium of (milliequivalents) - of afternoon. 5/24/18- santyl (4) of apply to right lower levening. 5/25/18 tacrolimus (5/25/18 tacrolimus (5/25	ent #11's medications were not es.  #11's clinical record revealed nat included but were not bisulfate (1) 75 mg th in the evening. 18 units subcutaneously in chloride (3) 20 meq ne tablet by mouth in the intment 250 units per grameg wound topically in the so 1 mg- two capsules by so.  #11's May 2018 MAR tration record) failed to reveal Lantus, potassium chloride, e.m. dose of tacrolimus was dent #11 on 5/30/18 (as a space on the MAR with no so initials). Review of nurses failed to reveal the ministered. Further review nical record (including the 5/30/18 nurses' notes) failed 1's physician was notified ications were not esident on 5/30/18.  Dian dated initiated on "Focus: CARDIAC: symptoms r/t (related to): disease), PVD (peripheral	F 5	80			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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495244 B. WING		08/30/2018	
AUTUMN CARE OF MADISON	STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 580  Continued From page 6 [medication]Interventions: Medication as ordered"Focus: DIABETES: Resident is at risk for hypo/hyperglycemia (low or high blood sugar) episodes R/T (related to): IDDM (insulin dependent diabetes mellitus)Interventions: medication as orderedFocus: KIDNEY TRANSPLANT: At risk for complications r/t (related to): kidney transplantInterventions: Meds (Medications) as orderedFocus: SKIN INTEGRITY/PRESSURE ULCERResident admitted w/ (with) multiple ulcers: R (Right) lower leg ulcerInterventions: Administer treatments as ordered"  An attempt to contact the nurse responsible for administering the above medications to Resident #11 on 5/30/18 was made and the nurse was not available for interview.  On 8/29/18 at 3:22 p.m., an interview was conducted with LPN (licensed practical nurse) #7. LPN #7 was asked how nurses evidence medication administration. LPN #7 stated, "By signing off on the MAR." When asked what is meant if the MAR is not signed off, LPN #7 stated, "You assume it wasn't given." When asked if there was any other way to evidence medication administration, LPN #7 stated, "If not on the MAR, you can call the nurse." LPN #7 was shown Resident #11's May 2018 MAR and asked how one would know if the resident's medications were given on 5/30/18. LPN #7 stated, "You can't tell. It wasn't signed."  On 8/30/18 at 9:06 a.m., an interview was conducted with RN (registered nurse) #1. RN #1 was asked if the physician should be notified when a resident misses a dose of a medication. RN #1 stated, "Yes." When asked why, RN #1			

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C NUMBER ONE AUTUMN COURT MADISON, VA 22727	<b>08</b> .	/30/2018
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t t t t t t t t t t t t t t t t t t t	stated, "Because if the wants us to do a tests], give something tests], give something tests], give something the director of nursing above concern.  No further information was prevent serious or life the heart and blood whad a stroke, heart at This information was https://medlineplus.gottml  (2) "Insulin glargine (It also the distribution of sugar in the test people with type which the body does in the reat people with type which the body does in the blood) who need it disabetes." This information was hold the website:  "It blood) who need it disabetes." This information was hold the blood who need it disabetes. This information was hold the blood who need it disabetes. This information website:  "It blood who need it disabetes." This information website:  "It blood who need it disabetes." This information website:  "It blood who need it disabetes." This information website:  "It blood who need it disabetes." This information website:  "It blood with the body does it he website:  "It blood with the body with the body is potential." Potassium is one which are minerals the when dissolved in bod whost of the body's potentials. Potassium is need the website:  "It blood with the body with the body is potentials." Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials. Potassium is need the was a strong with the body is potentials.	here is any kind of reaction or anything: get labs [laboratory g else."  a.m., ASM (administrative e administrator) and ASM #2 ng) were made aware of the mass presented prior to exit.  ed alone or with aspirin to e-threatening problems with essels in people who have tack, or severe chest pain." obtained from the website: ov/druginfo/meds/a601040.h  antus) is used to treat type in which the body does not herefore cannot control the eblood). It is also used to 2 diabetes (condition in not use insulin normally and, trol the amount of sugar in	F 58	80		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		E SURVEY MPLETED
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		
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F 584 SS=D	information was obtahttps://www.merckmand-metabolic-disorview-of-potassium-s  (4) "SANTYL Ointmeprescription medicinfrom wounds so they information was obtahttps://www.santyl.co.  (5) "Tacrolimus is us medications to prevetansplanted organ bepreson receiving the received kidney, liverinformation was obtahttps://medlineplus.gml  Safe/Clean/ComfortaCFR(s): 483.10(i)(1)-\$483.10(i) Safe Envir The resident has a riccomfortable and hombut not limited to recesuports for daily living The facility must prove \$483.10(i)(1) A safe, shomelike environmenuse his or her person possible.  (i) This includes ensureceive care and serve ohysical layout of the ndependence and do	ained from the website: nanuals.com/home/hormonal- ders/electrolyte-balance/over -role-in-the-body  ent is an FDA-approved e that removes dead tissue y can start to heal." This ained from the website: om/  ed along with other ent rejection (attack of a y the immune system of a organ) in people who have y or heart transplants." This ined from the website: ov/druginfo/meds/a601117.ht able/Homelike Environment (7)  conment. ght to a safe, clean, elike environment, including eiving treatment and ag safely.	F 584			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3)	DATE SURVEY COMPLETED
		495244	B. WING	9		C <b>08/30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY NUMBER ONE AUTUM MADISON, VA 2272	IN COURT	00/30/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTED CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	the protection of the or theft.  §483.10(i)(2) House services necessary and comfortable interpretations in good condition;  §483.10(i)(3) Clean in good condition;  §483.10(i)(4) Private resident room, as sponsor some services in all areas;  §483.10(i)(5) Adequatevels in all areas;  §483.10(i)(6) Comfort levels. Facilities initiated and services in all areas;  §483.10(i)(7) For the sound levels. This REQUIREMENT by:  Based on observation record review and in a sinvestigation, it was destaff failed to maintain the survey sample, Reshower rooms, the sound in the survey sample, Reshower rooms, the survey sample reshower rooms reshower rooms reshower	keeping and maintenance to maintain a sanitary, orderly, prior; bed and bath linens that are closet space in each ecified in §483.90 (e)(2)(iv); ate and comfortable lighting table and safe temperature lly certified after October 1, a temperature range of 71 to maintenance of comfortable is not met as evidenced in, staff interview, clinical the course of complaint etermined that the facility in a clean, comfortable, it for one of 22 residents in esident #20, and one of two buth unit shower room.	F 58	the effer defice show audit facility and a correct of the facility and a correct of the facility and a correct of the facility and and a correct of the facility and and show a correct of the facility and a correct	ousekeeping visor/designee dit shower rooms owers within nt rooms to cleanliness 5 week for 4 then weekly for ths. Findings will light the QAPI for and revisions as X 3 months.	

1	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DA	TE SURVEY MPLETED
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	observed in two showshower room.  The findings include  1. Black and brown observed on the bot shower/bathtub in R  Resident #20 was at 8/10/18. Resident # were not limited to u weakness and difficu #20's most recent M admission assessmereference date) of 8/being cognitively inta Resident #20 as requassistance with bath  On 8/28/18 at 10:30 a.m., observation of Resident #20's room brown debris (resem the bottom floor of the On 8/29/18 at 1:39 p. conducted with CNA #2 (the CNA caring for stated she had used Resident #20 one da When asked who was the shower/bathtubs stated she immediate but the housekeeping for the routine cleanir  On 8/29/18 at 2:03 p.	debris (resembling dirt) was tom floor of the esident #20's room.  dmitted to the facility on 20's diagnoses included but rinary tract infection, muscle ulty swallowing. Resident IDS (minimum data set), an ent with an ARD (assessment 20/18, coded the resident as act. Section G coded uiring one-person physical ing.  a.m. and 8/29/18 at 8:32 the shower/bathtub in was conducted. Black and bling dirt) was observed on the bathtub.  c.m., an interview was (certified nursing assistant) or Resident #20). CNA #2 the shower/bathtub to bathe y within the past week. It is responsible for cleaning in resident rooms, CNA #2 and the post week. It is responsible to responsible department is responsible side department is responsible.	F 58	34		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP COD NUMBER ONE AUTUMN COURT MADISON, VA 22727		,00,2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE  X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	housekeeping supe showers/bathtubs in daily. OSM #6 was Resident #20's room shower/bathtub showould in-service her On 8/29/18 at 6:56 pstaff member) #1 (the director of nursiabove concern.  On 8/30/18 at 2:50 pfacility did not have sclean, comfortable, I cleaning of showers. No further information 2. Pink substances we chair and pink, greer observed in two shower room.  On 8/28/18 at 3:35 pobservation of the sconducted. The follogated. The plastic/vinyl trimshower stall on the slocated. Black, gree observed on the bott the wheels.  The plastic/vinyl trimsecond shower stall on wall observed on the wall	rvisor). OSM #6 stated the resident rooms are cleaned shown the shower/bathtub in n. OSM #6 confirmed the uld be cleaned and stated she staff.  o.m., ASM (administrative ne administrator) and ASM #2 ing) were made aware of the o.m., ASM #1 stated the specific policies regarding a homelike environment or the bathtubs.  on was presented prior to exit.  were observed on a shower of and black substances were wer stalls in the south unit,  o.m. and 8/29/18 at 8:28 a.m., buth unit shower room was owing was observed:  on was removed from the first ide where the faucet was on and pink substances were om of the shower chair near of the side where the faucet and pink substances were and pink substances were on the side where the faucet was not the side where the faucet and pink substances were	F 5	84		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495244	B. WING					C
	PROVIDER OR SUPPLIER			N	TREET ADDRESS, CITY, STATE, ZIP CODE UMBER ONE AUTUMN COURT IADISON, VA 22727		08/	/30/2018
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F 584	conducted with CNA #2. When asked what cleaning shower roof immediately cleans housekeeping depart routine cleaning.	A (certified nursing assistant) no was responsible for rms, CNA #2 stated she any bodily fluids but the rtment is responsible for the	F 5	584				
	conducted with OSM housekeeping super housekeeping staff of shower rooms around OSM #6 stated she to responsible for clear #6 was shown the shower room and as green substances we black substance look require bleach. OSM substance was soap	ning the shower chairs. OSM nower stalls in the south unit ked what the black, pink and ere. OSM #6 stated the ted like mold and would						
	was responsible for c CNA #3 stated the nig	#3. CNA #3 was asked who leaning the shower chairs. ght shift CNAs cleaned was not sure if they cleaned, f the housekeeping					21	
	staff member) #1 (the	m., ASM (administrative administrator) and ASM #2 g) were made aware of the						
	facility did not have sp	m., ASM #1 stated the pecific policies regarding a smelike environment or the poms.						

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		ATE SURVEY OMPLETED
		495244	B. WING		0.	C 8/30/2018
	PROVIDER OR SUPPLIER N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP COD NUMBER ONE AUTUMN COURT MADISON, VA 22727	<u> </u>	0/30/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOOLS) CROSS-REFERENCED TO THE APP DEFICIENCY)	OUI D BE	(X5) COMPLETION DATE
F 584		ge 13	F 58	34		
	S483.12(b)(1) S483.12(b)(1) S483.12(b)(1) The facility implement written possible implement in sappropriation of results in the same sample implement in the same sample, Residents #2 to reast on 10/2/17.	Abuse/Neglect Policies 0-(3)  ty must develop and dicies and procedures that: it and prevent abuse, tion of residents and esident property, sh policies and procedures ch allegations, and e training as required at is not met as evidenced iew, facility document review view, it was determined that to implement the facility of 22 residents in the survey 11, and Resident #19. ed to implement the abuse d investigating an allegation buched Resident #21's ed to implement the abuse of sexual contact between	F 60	Pevelop, implement report, and investigated abuse  1. Since the time of the original incidents, Residents #21, #19, ar #1 have had incidents reported and investigated. Resider #21, #19, and #1 had signs or symptoms of abuse.  2. Current residents have the potential to be affected by this deficient practice. The Administrator/Designer will review the grievances for the last three months to ensur all possible abuse	e e e e e e e e e e e e e e e e e e e	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	493244	D. WING		DRESS, CITY, STATE, ZIP CODE	08/	30/2018
AUTUM	N CARE OF MADISON			NUMBER O	NE AUTUMN COURT , VA 22727		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	iD PREFI TAG	X (EA	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD SS-REFERENCED TO THE APPROPR DEFICIENCY)	RE	(X5) COMPLETION DATE
	1. The facility staff far policy for reporting at that a male resident breast on 10/2/17.  Resident #21 was at 10/27/11. Resident is were not limited to sepain and low blood promost recent MDS (massessment with an adate) of 6/9/18, code skills for daily decision impaired. Section Grequiring extensive a bed mobility and extered with dressing, eating.  Review of Resident #a nurse's note dated. "Was reported to this whom is alert and orion whom is unable to specified in (sic) breast (Nurse Practitioner) Creview of Resident #21 the resident was assert implemented to failed to reveal an investment of the state agency notified.  Review of a FRI (faciliated to the state revealed documentation of the state revealed documentation of the state revealed documentation of the state agency notified.	diled to implement the abuse and investigating an allegation touched Resident #21's  dmitted to the facility on #21's diagnoses included but evere intellectual disabilities, pressure. Resident #21's minimum data set), an annual ARD (assessment reference and the resident's cognitive con-making as severely coded Resident #21 as ssistance of two staff with ensive assistance of one staff and personal hygiene.  #21's clinical record revealed 10/2/17 that documented, writer by another resident eak for self was being st by a male resident. N/P called and notified." Further 21's clinical record revealed essed and interventions protect the resident but estigation or documentation and other officials were  ity reported incident) agency on 10/24/17 on that a male resident 's breast on that same day incident from 10/2/17). The	F 6	4.	situations were reviewed, reported and investigated. Any possible abuse issues found will be reviewed, reported and investigated.  Administrator/designee will educate the staff on the policy on abuse prevention to include reporting expectations and investigation protocol.  The Administrator/designee will audit 24 hour report, concern logs, incident/accidents for potential abuse and neglect concerns five times a week for four weeks then 3 times a week for two months. Findings will be brought to QAPI for three months for review and revision as needed to ensure compliance.  DOC: 9/30/18		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
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, ,,	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	,	
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	conducted with LPN and LPN #2. LPN # about the facility progresident-to-resident stated she removes and notifies LPN #1 somebody in manage what occurs after shinterventions are puroccurrences and eit the weekend on-call agency. When asked investigated, LPN # investigated, LPN # investigation should nurses' notes would would be interviewed who reported the incomplete the incomple	5 p.m., an interview was I (licensed practical nurse) #1 #1 and LPN #2 were asked	F 6	07		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		,00,2010	
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	interviewed, interviethe allegation, and isee if anything has was made aware the involving Resident is concerns but there that occurred on 10 reported to the state to provide any evide was investigated and On 8/30/18 at 2:06 no further information. The facility policy tit Policy" documented All allegations of Ab Seclusion, Injuries of Misappropriation of reported immediated Director of Nursing State Agency. If the allegation involves a serious bodily injury DOH (Department of later than 2 hours af Regional Director of and the Regional Viewill be notified of the Administrator or DO Administrator and D investigation must be working days from the Investigation protocothe incident should get the serious bodily injury.	resident is able to be sew the resident who reported interview other residents to happened to them. ASM #1 is FRI concerning the incident #21 on 10/24/17 yielded no was concern that the incident /2/17 was not investigated or agency. ASM #1 was asked ence that the 10/2/17 incident id/or reported.  D.m., ASM #1 stated she had on.  Sed, "Virginia Resident Abuse, "6. Initial Reports a. Timing. use, Neglect, Involuntary of Unknown Source, and resident property must be y* to the Administrator, (DON) and to the applicable event that caused the in allegation of Abuse or, it should be reported to the f Health) immediately, but not ter the allegation is made. b. Clinical Services (RDCS) ce President of Operations allegation, by the N7. Investigate-Once the	F 6	07			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP O NUMBER ONE AUTUMN COURT MADISON, VA 22727		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE	
	anyone who: witness came in close contathe incident (including members); and empwith the accused envictim the day of the direct witnesses, the expanded. For examon the unit, or, as any Obtain written statest possible, the accused Obtain all medical rephysicians and/or hot the resident's recordinvestigation should Reports- Final report applicable State age completed, but no last from the alleged (siden No further information 2. The facility staff far policy for an allegation Resident #1 and Resident #1 was add 5/25/18 and readmitthat included but we pressure, irregular hosteres disorder and vecent MDS (minimulation of 6/having scored a 15 conterview for mental swas cognitively impathe resident was cognitively impathe resident was cognitively impathe included to the company of 6/having scored a 15 conterview for mental swas cognitively impathe resident was cognitively impathe included to the company of 6/having scored a 15 conterview for mental swas cognitively impathe resident was cognitively impathe included to the company of 6/having scored a 15 conterview for mental swas cognitively impathe resident was cognitively impathe resident was cognitively impathe included to the content of the	Witnesses generally include sed or heard the incident; act with the resident the day of any other residents, family ployees who worked closely apployee(s) and/or alleged incident. ii. If there are no en the interviews may be appropriate, the shiftiii. ments from the resident, if ad, and each witness. iv. apports and statements from applicable. Review alsc. Evidence of the be documented9. Final at will be submitted to ency, after the investigation is atter than five (5) working days by the alleged occurrence"	F6	07			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CONTINUMBER ONE AUTUMN COURT MADISON, VA 22727		3/30/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
	eating which the resindependently.  Resident #19 was a 3/8/18 with diagnost limited to: stroke, depressure and high of MDS, a quarterly as 6/16/17 coded the roout of 15 indicating impaired cognitively being independent it except for showering assistance of staff.  An interview was coa.m. with Resident #19) car knocked on the door couldn't come in her Review of the facility include a report regardationship between Review of the nurse documented that the spoken to the Reside friends with other residence and of the social worker and Of When asked about the allegations of sexual OSM #11 stated, "Weight asked about the state of the social worker and Of the social work	admitted to the facility on es that included but were not expression, high blood cholesterol. The most recent esessment, with an ARD of esident as having a BIMS of 3 the resident was severely. The resident was coded as a all activities of daily living g which required the enducted on 8/29/18 at 8:35 ft. Resident #1 stated, "They ag sex with another resident. For and apologized. He (name the by this morning and a rand the staff told him he e. We're just friends."  It reported incidents did not arding the alleged sexual as the residents.  It is note dated 8/6/18 and the regarding being	Fé	507			

	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	E OF PROVIDER OR SUPPLIER		D. WINC	STREET ADDRESS, CITY, ST NUMBER ONE AUTUMN ( MADISON, VA 22727		08/	/30/2018
PR	FIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PL X (EACH CORRECTI' CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD I ED TO THE APPROPR ICIENCY)	BE	(X5) COMPLETION DATE
F	about an allegation sexual contact with stated, "The concer DON (director of nu had said they had or relationship." When was OSM #11 state He is not cognitively physician do a cogriphysician determine those decisions. We responsible party an have a sexual relation when asked if there regarding the reside consummating their stated, "I don't know An interview was coa.m. with RN (regist supervisor who spol When asked about #1 and Resident #15 relationship, RN #1 told me there was so consummating their Resident #1 and res When asked if staff stated they had not. documented, RN #1 have to write anythin happened." When as been put into place, were not allowed to the door closed.  An interview was consummationed.	regarding Resident #1 having another resident, OSM #11 m was brought to me by the arsing). She said the residents onsummated their asked who the other resident d, "(Name of Resident #19). In intact so we had the aftive assessment on him. The ed he was not able to make estalled the resident's and she did not want him to conship with (Resident#1)." It had been an investigation ents' statements of relationship, OSM #11 m."  Inducted on 8/29/18 at 11:55 ered nurse) #1, the nursing see with Resident #1 on 8/6/18. The allegation that Resident #1 had consummated their stated, "I do know a nurse omething about elationship. We talked to ident #19 and they denied it." thad been interviewed, RN #1 When asked if this had been stated, "I was told I didn't	F	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495244	B. WING	i	00	C /20/0010	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727		/30/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
	the director of nursi was notified about the between Resident # stated, "Our adminiadministrator referrefacility.] When asked they had consumma #2 stated it was on investigation of the #2 stated it was on was reported to any "After we investigate true we did not reported to any "After we investigated true we did not reported to any "After we investigated true we did not reported to any "After we investigated true we did not reported to any "After we investigated true we did not reported to any "After we investigated was madministrator. On 8/p.m., ASM #2 stated documented.  An interview was copp.m. with CNA (certifunction was aware of the true was corp.m. with LPN (licensing the true was corp.m.) with LPN (licensing the true was corp.m. with LPN (licensing the true was corp.m.) with LPN (licensing the true was corp.m. with LPN (licensing the true was corp.m.) with LPN (licensing the true was corp.m.) with LPN (licensing the true was corp.m.)	ng. ASM #2 was asked who he alleged sexual relationship and Resident #19. ASM #2 strator." [Note: the ed to was no longer at the d when the residents said ated their relationship, ASM 8/5/18. When asked when the allegation was started, ASM 8/6/18. When asked if this agency, ASM #2 stated, ed it and found out it was not rit it."  D.m., a request for the ade of ASM #1, the 29/18 at approximately 3:00 if there was no investigation and there was no investigation included on 8/29/18 at 1:05 fied nursing assistant) #4. The incident, CNA #4 stated, "I be day after. When I came in called the DON (director of right was told and told her to it." When asked if the he situation at that time, CNA ot. I talked to Resident #19 had had sexual relations with	Fe	507			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	U8	/30/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFI TAG		LD BE	(X5) COMPLETION DATE
	was worried because and he needs to be she did then, LPN # report. And we did 1 sure they weren't too process staff follow stated, "Well you shoor whoever was on or reported this to Resistated, "No. I told the An interview was corp.m. with LPN #1, th #19. LPN # 1 was as the relationship betw. Resident #19. LPN (staff) were saying the don't know if it's true When asked what she didn't do anything the Monday. They didn't going to tell (ASM #1 (ASM #2, the directo knew. We're suppose On 8/29/18 at 7:00 p administrator and AS were made aware of On 8/30/18 at 12:45 p conducted with LPN and LPN #2. LPN #1 facility process regards sexual altercation. Lithe resident from the (the unit manager) or LPN #1 was asked w	ur relationship last night.' I se (Resident #19) had a stroke protected" When asked what 6 stated, "I passed it on in 5 minute checks to make gether." When asked the in these situations, LPN #6 ould report it to the supervisor call." When asked if she had dent #1's nurse, LPN #6 e supervisor."  Inducted on 8/29/18 at 4:20 e unit manager for Resident sked what she knew about yeen Resident #1 and #1 stated, "Different ones here's a relationship starting. I because I never saw it." he did then, LPN #1 stated, "I en because I didn't know until tell me to do anything. I was , the administrator) and r of nursing) but they already ed to keep them separated."  I.m. ASM #1, the sim #2, the director of nursing	F6	507		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495244	B. WING		08	C / <b>30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727		700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	place to prevent future director of nursing of notifies the state againcident should be in "Yes. It would be in describe an investig notes would be revisionates would be revisionates would be revisionates would be revisionated. When reported the incident #1 stated, "Yeah. To On 8/30/18 at 1:00 pconducted with ASM member) #1. ASM #1 process regarding a altercation. ASM #1 sure the resident is report the incident to stated administration and reports the incident and reports the incident one to two hours if harm has asked to describe whinclude. ASM #1 staresident named in the interviewable, intervisionate allegation, and in see if anything has have resident Abuse Policis the facility's policy suspicions and incide involuntary seclusion misappropriated of resident and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident facility suspicions and incide involuntary seclusion misappropriated of resident	ure occurrences and either the or the weekend on-call nurse ency. When asked if the nvestigated, LPN #1 stated, vestigated." When asked to lation, LPN #1 stated nurses ewed and the nurse would be asked if a resident who it would be interviewed, LPN alk to that resident."  o.m., an interview was all (administrative staff end was asked the facility resident to resident sexual stated staff should make safe, assess the resident and administration. ASM #1 in investigates the incident lent to the state. When dent should be reported, ASM and the investigation should atted she would interview the resident who reported atterview other residents to lappened to them.  "Is policy titled, "Virginia cy" documented, "POLICY: It to investigate all allegations, ents of abuse, neglect, in, exploitation or residents, esident property and injuries	F 6	07		
	misappropriated of re of unknown source.	esident property and injuries				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	F PROVIDER OR SUPPLIER IN CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00/0	7072010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	(X5) COMPLETION DATE
F 609 SS=D	Administrator/Abuse Administrator/Abuse begin an investigation local and state agen procedures in this pollinvestigate. Once the (department of healt investigation of the aconducted."  No further information  (1) Wilson disease	Coordinator. The Coordinator will immediately on and notify the applicable cies in accordance with the olicy. PROCEDURE: 7) e Administrator and DOH h) are notified, an illegation or suspicion will be on was provided prior to exit.  Wilson disease is a genetic to the body from removing dy needs a small amount of the stay healthy; however, too onous. Normally, the liver and releases it into bile. Bile is over that carries toxins and by through the In Wilson disease, the liver correctly and copper builds eyes, and other organs. For levels can cause damage. This information cgov/health-information/liver- se#sec1  Violations 4)  The to allegations of abuse, or mistreatment, the facility  that all alleged violations ect, exploitation or	F 609	F 609  Develop, implement, report, and investigate abuse  1. Since the time of the original incidents, Residents		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	08/30/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTIC X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	N
	source and misappr are reported immed hours after the alleg that cause the allegs serious bodily injury, the events that cause abuse and do not rethe administrator of officials (including to adult protective serve for jurisdiction in long accordance with Starprocedures.  §483.12(c)(4) Report investigations to the designated represent accordance with Starprocedures.  §483.12(c)(4) Report investigations to the designated represent accordance with Starprocedures.  §483.12(c)(4) Report investigations to the designated represent accordance with Starprocedures.  §483.12(c)(4) Report investigations to the all appropriate correctives.  §483.12(c)(4) Report investigations to the all appropriate correctives.	opriation of resident property, iately, but not later than 2 ation is made, if the events ation involve abuse or result in or not later than 24 hours if e the allegation do not involve sult in serious bodily injury, to the facility and to other the State Survey Agency and ices where state law provides geterm care facilities) in the law through established the results of all administrator or his or her tative and to other officials in the law, including to the State in 5 working days of the leged violation is verified a action must be taken.  This is not met as evidenced item, facility document review view, it was determined that to report an allegation of residents in the survey 21, #19 and #1.  Ited to notify the state agency accordance with state law allegedly touched Resident	F 6	2. Current residents have the potential to be affected by this deficient practice. The Administrator/Designee will review the grievances for the last three months to ensure all possible abuse situations were reviewed, reported and investigated. Any possible abuse issues found will be reviewed, reported and investigated.  3. Administrator/designee will educate the staff on the policy on abuse prevention to include reporting expectations and investigation protocol.  4. The Administrator/designee will audit 24 hour report, concern logs,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
	·	495244	B. WING	à	0.5	C	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP ON NUMBER ONE AUTUMN COURT MADISON, VA 22727		3/30/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
	1. The facility staff fand other officials in when a male reside #21's breast on 10/2 Resident #21 was a 10/27/11. Resident were not limited to spain and low blood pmost recent MDS (massessment with an date) of 6/9/18, code skills for daily decisic impaired. Section Grequiring extensive a bed mobility and extensive with dressing, eating Review of Resident and or whom is alert and or whom is alert and or whom is unable to spation of Resident #2 touched in (sic) breast (Nurse Practitioner) (review of Resident #2 touched to the state agency and other state agency and other resident was assigned to the state agency and other revealed documentate touched Resident #2 (10/24/17 [a separate	ailed to notify the state agency accordance with state law not allegedly touched Resident 2/17.  dmitted to the facility on #21's diagnoses included but evere intellectual disabilities, pressure. Resident #21's minimum data set), an annual ARD (assessment reference at the resident's cognitive con-making as severely coded Resident #21 as assistance of two staff with ensive assistance of one staff and personal hygiene.  #21's clinical record revealed 10/2/17 that documented, writer by another resident ented that this resident ented that this resident ented that this resident beak for self was being st by a male resident. N/P Called and notified." Further 21's clinical record revealed essed and interventions protect the resident but cident was reported to the er officials.  lity reported incident) agency on 10/24/17 ion that a male resident the state incident from 10/2/17). The sereported to the state	F 6	incident/accident potential abuse a neglect concerns times a week for weeks then 3 times week for two more findings will be a to QAPI for three months for review revision as needed ensure compliants. DOC: 9/30/18	and s five four nes a onths. brought e w and ed to		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495244	B. WING			C <b>8/30/2018</b>	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP ON NUMBER ONE AUTUMN COURT MADISON, VA 22727		0/30/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
	On 8/30/18 at 12:45 conducted with LPN and LPN #2. LPN # about the facility proresident-to-resident stated she removes and notifies LPN #1 somebody in manage what occurs after shinterventions are puroccurrences and eit the weekend on-call agency.  On 8/30/18 at 1:00 proconducted with ASM member) #1 (the addemployed at the faci asked about the faci asked about the faci asked about the faci asked about the faci asked at a staff should massess the resident administration. ASM investigates the incite to the state. When a should be reported, a should be reported wharm has occurred a has not occurred. As FRI concerning the in #21 on 10/24/17 yield was concern that the 10/2/17 was not reported what the 10/2/17 incident with 10/2/17 incident with the 10/2/17 incident with 10/2/17 incident with the 10/2/17 incident with 1	in p.m., an interview was a land LPN #2 were asked ocess regarding a sexual altercation. LPN #2 the resident from the area (the unit manager) or gement. LPN #1 was asked the is notified. LPN #1 stated to prevent future the director of nursing or nurse notifies the state.  i.m., an interview was a land (administrative staff ministrator who was not lity on 10/2/17). ASM #1 was lity process regarding a sexual altercation. ASM #1 take sure the resident is safe, and report the incident to a land reports the incident within one to two hours if and within 24 hours in harm SM #1 was made aware the incident involving Resident ded no concerns but there incident that occurred on orted to the state agency. The provide any evidence that was reported.  i.m., ASM #1 stated she had	F 6	09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		495244	B. WING	-		08/	/30/2018	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			NU	REET ADDRESS, CITY, STATE, ZIP CODE IMBER ONE AUTUMN COURT ADISON, VA 22727		00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	(X5) COMPLETION DATE	
	The facility policy tit Policy" documented All allegations of Ab Seclusion, Injuries of Misappropriation of reported immediate Director of Nursing State Agency. If the allegation involves a serious bodily injury DOH (Department of later than 2 hours at Final Reports- Final applicable State age completed, but no lafrom the alleged (sic No further informatic 2. The facility staff fasexual contact to the agencies for Reside Resident #1 was add 5/25/18 and readmit that included but we pressure, irregular his stress disorder and vecent MDS (minimuchange assessment reference date) of 6/having a 15 out of 18 for mental status) indicognitively impaired resident was coded a staff for activities of 6 which the resident complete was coded a staff for activities of 6 which the resident complete contact the resident contact to the staff for activities of 6 which the staff for activities of 6 which the staf	led, "Virginia Resident Abuse I, "6. Initial Reports a. Timing. use, Neglect, Involuntary of Unknown Source, and resident property must be Iy* to the Administrator, (DON) and to the applicable event that caused the an allegation of Abuse or, it should be reported to the of Health) immediately, but not iter the allegation is made9. report will be submitted to ency, after the investigation is ater than five (5) working days e) the alleged occurrence"  On was presented prior to exit. alled to report an allegation of appropriate reporting and #19.  mitted to the facility on ted on 8/3/18 with diagnoses are not limited to high blood eartbeat, post-traumatic Wilson disease (1). The most are data set), a significant with an ARD (assessment 22/18 coded the resident as 5 on the BIMS (brief interview dicating the resident was to make daily decisions. The as requiring assistance from daily living except for eating ould perform independently.	Fe	i09				

		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495244	B. WING		O.S.	C / <b>30/2018</b>	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP ON NUMBER ONE AUTUMN COURT MADISON, VA 22727		730/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE	
	3/8/18 with diagnose limited to: stroke, depressure and high of MDS, a quarterly as 6/16/17 coded the rout of 15 indicating impaired cognitively being independent if except for showering assistance of staff.  An interview was coal. An interview was coal. Mitterview was coal. Mitterview was coal. Mitterview was coalled to the couldn't come in her couldn't come in h	es that included but were not epression, high blood holesterol. The most recent sessment, with an ARD of esident as having a BIMS of 3 the resident was severely. The resident was coded as n all activities of daily living which required the nducted on 8/29/18 at 8:35 the resident #1 stated, "They ag sex with another resident. For and apologized. He (name me by this morning and reand the staff told him he e. We're just friends."  Inducted on 8/29/18 at 11:35 the staff member) #10, the SM #11, the social worker. The process staff follow for relations between residents, e have a weekly meeting, we not we discuss those daily as the standup." When asked egarding Resident #1 having another resident, OSM #11 was brought to me by the sing). She said the residents insummated their asked who the other resident for the was not able to make	F6	09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495244	B. WING	à	00	C /30/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727		730/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
	have a sexual relati When asked if there regarding the reside consummating their stated, "I don't know An interview was co a.m. with RN (regist supervisor who spot When asked about #1 and Resident #11 relationship, RN #1 told me there was so consummating the relationship, RN #1 told me there was so consummating the relationship the relationship the relationship the relationship the relationship to the resident #1 and resident #1 have to write anythir happened." When a been put into place, were not allowed to the door closed. Review of the facility include a report regarelationship between Review of the nurse documented that the spoken to the Reside friends with other reside An interview was cor a.m. with ASM (admit the director of nursin was notified about th between Resident #1 stated, "Our administ	onship with (Resident#1)." he had been an investigation ents' statements of relationship, OSM #11 v."  Inducted on 8/29/18 at 11:55 fered nurse) #1, the nursing ke with Resident #1 on 8/6/18. The allegation that Resident 9 had consummated their stated, "I do know a nurse omething about felationship. We talked to fident #19 and they denied it." had been interviewed, RN #1 When asked if this had been stated, "I was told I didn't hig because nothing sked if any interventions had RN #1 stated the residents be together in their room with reported incidents did not arding the alleged sexual in the residents.  Is note dated 8/6/18 In nursing supervisor had ent #1 regarding being	F6	609			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	,	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
	When asked when the #2 stated it was on a was reported to any "After we investigate true we did not report on 8/29/18 at 1:00 producted with ASM were made aware of the wasted administrator and ASI were made aware of the wasted administration and reports the incident one to two hours if has asked to describe whinclude. ASM #1 stated to describe whinclude.	2 stated it was on 8/5/18. The investigation started, ASM 8/6/18. When asked if this agency, ASM #2 stated, ed it and found out it was not rt it."  2.m., a request for the ade of ASM #1, the 29/18 at approximately 3:00 at there was no investigation  3.m. ASM #1, the 3.m., an interview was (administrative staff 1 was asked the facility resident to resident sexual stated staff should make safe, assess the resident and administration. ASM #1 investigates the incident ent to the state. When stend to the state. When should be reported, ASM to the should be reported within arm has occurred and within not occurred. ASM #1 was not the investigation should ted she would interview the eallegation if the resident is ew the resident who reported terview other residents to	F6	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727		70072010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
	is the facility's policy suspicions and incic involuntary seclusio misappropriated of of unknown source. immediately report a Administrator/Abuse begin an investigation local and state agen procedures in this portion of unknown source, and to the Administrator, and to the applicable that caused the alleg of Abuse or serious reported to the DOH immediately, but not allegation is made."  No further information (1) Wilson disease disease that prevent extra copper from food to much copper is poise filters extra copper a fluid made by the li wastes out of the bogastrointestinal tract. does not filter copper up in the liver, brain, Over time, high copp	to investigate all allegations, dents of abuse, neglect, n, exploitation or residents, resident property and injuries Facility staff must all such allegations to the Coordinator. The Coordinator will immediately on and notify the applicable cies in accordance with the olicy. PROCEDURE: 6) Initial all allegations of Abuse, Seclusion, Injuries of and Misappropriation of ast be reported immediately* Director of Nursing (DON) a State Agency. If the event pation involves an allegation podily injury, it should be (department of health) later than 2 hours after the set was provided prior to exit.  Wilson disease is a genetic of the body from removing addy needs a small amount of stay healthy; however, too onous. Normally, the liver and releases it into bile. Bile is over that carries toxins and day through the In Wilson disease, the liver of correctly and copper builds eyes, and other organs.	F6	609			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		ATE SURVEY OMPLETED
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	https://www.niddk.nidisease/wilson-disease/lnvestigate/Prevent/CFR(s): 483.12(c)(2) §483.12(c) (1) In respondent to the second t	h.gov/health-information/liver- ase#sec1 Correct Alleged Violation )-(4)  nse to allegations of abuse, or mistreatment, the facility  evidence that all alleged ghly investigated.  nt further potential abuse, or mistreatment while the ogress.  the results of all administrator or his or her tative and to other officials in e law, including to the State of 5 working days of the eged violation is verified e action must be taken. The is not met as evidenced  iew, facility document review view, it was determined that to investigate an allegation	F 60	Develop, implement, report, and investigate abuse  1. Since the time of the original incidents, Residents #21, #19, and #1 have had incidents reported and investigated. Residents #21, #19, and #1 had no signs or symptoms of abuse.  2. Current residents have the potential to be affected by this deficient practice. The Administrator/Designee will review the		
: : :	sample, Residents #2  1. The facility staff fail allegation that a male #21's breast on 10/2/  2. The facility staff fail	ed to investigate an resident touched Resident 17.		grievances for the last three months to ensure all possible abuse situations were reviewed, reported and investigated. Any possible abuse issues found will be reviewed,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 08/	/30/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	(X5) COMPLETION DATE
	The findings included 1. The facility staff of allegation that a manufacture was an 10/27/11. Resident were not limited to spain and low blood promost recent MDS (not assessment with an date) of 6/9/18, codes skills for daily decision impaired. Section Grequiring extensive a bed mobility and extensive and the decision of the date of the section of the	ailed to investigate an le resident touched Resident 2/17.  dmitted to the facility on #21's diagnoses included but evere intellectual disabilities, pressure. Resident #21's minimum data set), an annual ARD (assessment reference ed the resident's cognitive con-making as severely a coded Resident #21 as assistance of two staff with ensive assistance of one staff and personal hygiene.  #21's clinical record revealed 10/2/17 that documented, as writer by another resident iented that this resident beak for self was being st by a male resident. N/P Called and notified." Further 21's clinical record revealed essed and interventions a protect the resident but vestigation.  lity reported incident) e agency on 10/24/17 tion that a male resident 1's breast on that same day incident from 10/2/17). The	F 61	reported and investigated.  3.  Administrator/ designee will educate the staff on the policy on abuse prevention to include reporting expectations and investigation protocol.  4. The Administrator/designee will audit 24 hour report, concern logs, incident/accidents for potential abuse and neglect concerns five times a week for four weeks then 3 times a week for two months. Findings will be brought to QAPI for three months for review and revision as needed to ensure compliance.  5. DOC: 9/30/18		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495244	B. WING			C <b>/30/2018</b>	
	PROVIDER OR SUPPLIER  N CARE OF MADISON	•		STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	00/2010	
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	On 8/30/18 at 12:45 conducted with LPN and LPN #2. LPN # about the facility progresident-to-resident stated she removes and notifies LPN #1 somebody in manage what occurs after shinterventions are puroccurrences and eit the weekend on-call agency. When aske investigated, LPN # investigated, LPN # investigation should nurses' notes would would be interviewed who reported the inclumental LPN #1 stated, "Year On 8/30/18 at 1:00 proconducted with ASM member) #1 (the additional massess the facional asked about the facional resident-to-resident stated staff should massess the resident administration. ASM investigates the incident to the state. ASM # the investigation if the resident and interview the resident and interview other resident and interview other resident and happened to the	5 p.m., an interview was I (licensed practical nurse) #1 #1 and LPN #2 were asked	F 6				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			NU	TREET ADDRESS, CITY, STATE, ZIP CODE UMBER ONE AUTUMN COURT ADISON, VA 22727		/30/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	100	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOSE DEFICIENCY)	BF	(X5) COMPLETION DATE
	Resident #21 on 10/but there was conce occurred on 10/2/17 #1 was asked to pro 10/2/17 incident was On 8/30/18 at 2:06 pro further information. The facility policy title Policy" documented, Administrator and Deinvestigation of the aconducted. a. Time investigation must be working days from the Investigation protocothe incident should gractions: i. Interview the and all witnesses. We anyone who: witness came in close contact the incident (including members); and employed with the accused emportant the day of the direct witnesses, there expanded. For example, the accused obtain written statem possible, the accused obtain all medical repolysicians and/or host he resident's records investigation should be accused on the unit, or, as appossible, the accused obtain all medical repolysicians and/or host he resident's records investigation should be accused on the unit, or, as appossible, the accused obtain all medical repolysicians and/or host he resident's records investigation should be accused to the resident to the	224/17 yielded no concerns arn that the incident that was not investigated. ASM ovide any evidence that the sinvestigated.  2.m., ASM #1 stated she had on.  3.m., ASM #1 stated she had on.  4.m., AS	F	310			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			N	STREET ADDRESS, CITY, STATE, ZIP CODE  IUMBER ONE AUTUMN COURT  IADISON, VA 22727	1 08/	/30/2018
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	2. The facility staff fa allegation of sexual and Resident #19.  Resident #1 was ad 5/25/18 and readmit that included but we pressure, irregular has tress disorder and recent MDS (minimuchange assessment reference date) of 6/having a 15 out of 18 for mental status) incognitively impaired resident was coded a staff for activities of which the resident complete with the resident complete with the diagnose limited to: stroke, depressure and high change and high change independent in except for showering assistance of staff.  An interview was cona.m. with Resident #19.	mitted to the facility on ted on 8/3/18 with diagnoses re not limited to: high blood eartbeat, post-traumatic Wilson disease (1). The most um data set), a significant, with an ARD (assessment /22/18 coded the resident as 5 on the BIMS (brief interview dicating the resident was to make daily decisions. The as requiring assistance from daily living except for eating buld perform independently.  Idmitted to the facility on sthat included but were not pression, high blood holesterol. The most recent resident as having a BIMS of 3 he resident was coded as all activities of daily living	F6	310	JEPICIENCY)		
,	They came back later of Resident #19) cam	r and apologized. He (name ne by this morning and and the staff told him he					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 610	Review of the faciliti include a report reg relationship betwee Review of the nurse documented that the spoken to the Reside friends with other read an interview was coal. The social worker and O When asked the proallegations of sexual OSM #11 stated, "We discuss behaviors, awell in the 9:00 o'clo about an allegation sexual contact with a stated, "The concert DON (director of nurse that said they had correlationship." When was OSM #11 stated He is not cognitively physician do a cogniphysician determined those decisions. We responsible party an have a sexual relation When asked if there regarding the resider consummating their stated, "I don't know. An interview was coral.m. with RN (register supervisor who spokes in the regarding the supervisor who spokes with the supervisor who spokes in the residence of the supervisor who spokes in the residence of the supervisor who spokes in the supervisor who spok	y reported incidents did not arding the alleged sexual in the residents.  Is note dated 8/6/18 an ursing supervisor had lent #1 regarding being sidents.  Inducted on 8/29/18 at 11:35 ar staff member) #10, the SM #11, the social worker. In relations between residents, we have a weekly meeting, we have a weekly meeting h	F6	610			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495244	B. WING	B		C
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		/30/2018
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	#1 and Resident #11 relationship, RN #1 told me there was so consummating their Resident #1 and resident #1 have to write anythinhappened." When as been put into place, were not allowed to limit with the door closed. An interview was cora.m., with ASM (admitted director of nursining was notified about the between Resident #1 stated, "Our administ the residents said the relationship, ASM #2 When asked when the #2 stated it was on 8 was reported to any a "After we investigated true we did not report on 8/29/18 at 1:00 p. investigation was material administrator. On 8/2 p.m., ASM #2 stated documented.  An interview was conp.m. with CNA (certification out about it the found out about it the found out about it the	9 had consummated their stated, "I do know a nurse omething about elationship. We talked to ident #19 and they denied it." had been interviewed, RN #1 When asked if this had been stated, "I was told I didn't ag because nothing sked if any interventions had RN #1 stated the residents be in together in their room and action of the consummated their stated it was on 8/5/18. The investigation started, ASM #2 stated, and found out it was not tit."	Fé	510		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		70072010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	nursing) and told he I would be looking in DON was aware of #4 stated she was rand asked him if he Resident #1, he said An interview was cop.m. with LPN (licen nurse familiar with Fabout the allegation stated, "(Resident #19) likes Did you know he is gwe consummated on When asked what slipassed it on in report staff follow in these signal whoever was on call reported this to Resistated, "No. I told the An interview was corp.m. with LPN #1, th #19, regarding what relationship between #19. LPN #1 stated, saying there's a relatifit's true because I maything then because They didn't tell me to tell (ASM #1, the addirector of nursing) b supposed to keep the On 8/29/18 at 7:00 p.	r what I was told and told her noto it." When asked if the the situation at that time, CNA not. I talked to Resident #19 had had sexual relations with d, 'no, no, no."  Inducted on 8/29/18 at 2:30 sed practical nurse) #6, a Resident #1. When asked of sexual conduct, LPN #6 ) said, 'Guess what?  The needs a friend now. gay? I went to his room and cur relationship last night."  The did then, LPN #6 stated, "I t." When asked the process situations, LPN #6 stated, ort it to the supervisor or ." When asked if she had dent #1's nurse, LPN #6 expervisor."  The ducted on 8/29/18 at 4:20 to not it to the supervisor or ." When asked if she had dent #1's nurse, LPN #6 expervisor."  The ducted on 8/29/18 at 4:20 to not it manager for Resident she knew about the Resident #1 and Resident "Different ones (staff) were ionship starting. I don't know never saw it." When asked PN #1 stated, "I didn't do se I didn't know until Monday. do anything. I was going to ninistrator) and (ASM #2, the ut they already knew. We're the separated."	F 6				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	were made aware of On 8/30/18 at 1:00 proconducted with ASM member) #1. ASM # process regarding a altercation. ASM #1 sure the resident is report the incident to stated administration and reports the incident asked when the incidence to two hours if harm has asked to describe which allegation, and in the allegation, and in see if anything has have if anything has have a legal to the facility's policy suspicions and incidence involuntary seclusion misappropriated of refundamental to the facility report and Administrator/Abuse Administrator/Abuse begin an investigation local and state agency procedures in this policy suspigate. Once the	f the findings.  c.m., an interview was a (administrative staff of was asked the facility resident to resident sexual stated staff should make safe, assess the resident and administration. ASM #1 in investigates the incident dent should be reported, ASM into the state. When dent should be reported within arm has occurred and within arm has occurred and within arm has occurred. ASM #1 was that the investigation should atted she would interview the resident who reported atterview other residents to appened to them.  Is policy titled, "Virginia by documented, "POLICY: It to investigate all allegations, and abuse, neglect, and perfect and injuries facility staff must all such allegations to the Coordinator. The Coordinator. The Coordinator will immediately and notify the applicable bies in accordance with the allegation of the allegation of the allegation of the allegation of the allegation.	F	610				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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F 610	No further information	on was provided prior to exit.	F 61	10		
SS=D	disease that prevent extra copper. The becopper from food to much copper is pois filters extra copper a a fluid made by the I wastes out of the bogastrointestinal tract does not filter coppe up in the liver, brain, Over time, high copplife-threatening organ was obtained from: https://www.niddk.nihdisease/wilson-diseat Develop/Implement (CFR(s): 483.21(b)(1) The faimplement a compresident rights set for §483.21(b)(1) The faimplement are identifiassessment. The condescribe the following (i) The services that a cor maintain the resident required under §483.2 (ii) Any services that a corporation of the services of the services that a corporation of the services of the se	In Wilson disease, the liver r correctly and copper builds eyes, and other organs. For levels can cause in damage. This information in gov/health-information/liver-se#sec1 Comprehensive Care Plans cility must develop and hensive person-centered sident, consistent with the that §483.10(c)(2) and cludes measurable ames to meet a resident's I mental and psychosocial ied in the comprehensive in mental must	F 65	F 656 Develop and Implement Care Plans  1. The facility will administer doxycycline for Resident #1 separately from other medications. Resident #16's CP was reviewed and revised to accurately reflect oxygen administration. Resident #11 is no longer a resident of the facility.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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	provided due to the under §483.10, inclutreatment under §48 (iii) Any specialized sendabilitative service provide as a result of recommendations. If findings of the PASA rationale in the resident's representationale in the resident's representational einthe resident's representational einthe resident's profuture discharge. Fact whether the resident's profuture discharge. Fact whether the resident's community was asselucal contact agencie entities, for this purpor (C) Discharge plans in plan, as appropriate, requirements set fort section.  This REQUIREMENT by:  Based on observation document review clin course of a complaint determined that the fairnplement the comprof 22 residents in the #1, Resident #16 and 1. The facility staff fair comprehensive care pohysician's order to accomplication of the profuse of the polysician's order to accomplication of the profuse of	resident's exercise of rights ding the right to refuse 3.10(c)(6). Services or specialized is the nursing facility will of PASARR is a facility disagrees with the RR, it must indicate its ent's medical record. It the resident and the ative(s)-bals for admission and reference and potential for cilities must document is desire to return to the assed and any referrals to and/or other appropriate ose. In the comprehensive care in accordance with the in paragraph (c) of this is not met as evidenced in, staff interview, facility ical record review, and in the atinvestigation, it was accility staff failed to ehensive care plan for three survey sample, Resident #11.	F 65	2. Current residents in the potential to be affected by this deficient practice.  MDS  Coordinator/Design will review the care plans that were developed in the ladays to ensure care plans were developed and implemented for residents throughout the facility.  3. The Director of Nursing/Designee we ducate the IDT on generating  Comprehensive Care Plans. The Director Nursing/designee we ducate the licensed nurses on implementing the caplan.  4. The DON/designee waddit 5 comprehens care plans weekly present the possible of the plans weekly present the possible of the poss	The nee st 30 ed or ut vill e of ill d are will		

AND PLAN OF CORRECTION I IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION  BUILDING		(X3) DATE SURVEY COMPLETED			
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i i i	2. The facility staff for comprehensive care administer continuous. The facility staff for administration on 5/3. The facility staff for administration on 5/3. The findings includes 1. Resident #1 was a 5/25/18 and readmit that included but we pressure, irregular hostress disorder and verecent MDS (minimulation of 6/4) and cange assessment reference date) of 6/4 having scored a 15 continuous for mental swas cognitively imparather resident was cognitively imparather resident was conform staff for activities eating which the resident independently.  Review of the resident intiated on 6/14/18 and documented, "Focus infection R/T (related Pyleonephritis (2). Interest and the formal staff for activities and course of the August documented, "Doxyog 100 MG (milligrams). The afternoon before dinterest afternoon before dinterest afternoon before dinterest afternoon before dinterest administration on the staff for activities and the factor of the formal staff for activities and the factor of the formal staff for activities and the factor of the formal staff for activities and the factor of the factor	ailed to implement the e plan and physician's order to us oxygen for Resident #16.  ailed to implement Resident e care plan for medication 30/18.  :  admitted to the facility on ted on 8/3/18 with diagnoses re not limited to: high blood eartbeat, post-traumatic Wilson disease (1). The most im data set), a significant with an ARD (assessment 22/18 coded the resident as but of 15 on the BIMS (brief status) indicating the resident ired to make daily decisions. ded as requiring assistance is of daily living except for dent could perform  at's comprehensive care plan and revised on 8/29/18  INFECTION: Resident has to) Obstructive rerventions	F 69	the MDS submission for 12 weeks to ensure completion and implementation Results will be brought to QAPI for three months for review and revision as needed to ensure compliance.  5. DOC: 9/30/18		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		130/2016	
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	Tablet 50 MG Give day."  Review of the Augus administration recor Hyclate (3) Capsule capsule by mouth in stones 1 caps (sic) is separate from other Metoprolol Tartrate (by mouth two times documented as beir p.m.  A medication adminiconducted on 8/28/1 (licensed practical network documented and met and took the medicaresident took the medic	at 2018 medication documented, "Doxycycline 100 MG (milligrams). Give 1 the afternoon for ureteral in afternoon before dinner and meds (medications).  (4) Tablet 50 MG Give 1 tablet a day." The medications were not given each day at 4:00 distration observation was 8 at 4:48 p.m. with LPN urse) #10. LPN #10 put the toprolol into a medicine cuption to Resident #1. The edications.  Aducted on 8/29/18 at 2:10 LPN #10 was asked to review metoprolol orders. When the medication together had. When asked if that was ted, "No. we should notify the them separate them out."  Aducted on 8/29/18 at 3:35 hen asked why residents #7 stated, "Make a goal, a "When asked who used the ated everyone did. When expected to follow the care	F6				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00/	00/2010	
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	asked who entered be given into the co "Whoever puts in th had administered m #3 stated she had. It the doxycycline and Resident #1. LPN #3 bottom part of that (doxycycline)." When metoprolol with the content of the	the time medications were to mputer, LPN #3 stated, e order." When asked if she edication to Resident #1, LPN LPN #3 was asked to review metoprolol orders for 3 stated, "I never saw the the instructions for the asked if she had given the doxycycline, LPN #3 stated are plans, LPN #3 stated, u the information concerning ked who used the care plan, ryone except the CNAs sistants). They have a d if staff were to follow the ated they were.  Im. ASM (administrative staff ministrator and ASM #2, the ere made aware of the cy: An interdisciplinary plan ished for every resident and ce with state and federal ints and on an as needed: D) All staff must be familiar Care Plan and all	F 65	56			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP COD NUMBER ONE AUTUMN COURT MADISON, VA 22727			
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	disease that prevenextra copper. The becopper from food to much copper is pois filters extra copper a fluid made by the wastes out of the begastrointestinal trace does not filter copper up in the liver, brain Over time, high copplife-threatening orgawas obtained from: https://www.niddk.nidisease/wilson-di	ots the body from removing ody needs a small amount of stay healthy; however, too sonous. Normally, the liver and releases it into bile. Bile is liver that carries toxins and ody through the t. In Wilson disease, the liver er correctly and copper builds, eyes, and other organs. per levels can cause in damage. This information h.gov/health-information/liverase#sec1  onephritis Because ohritis secondary to ureteral ascular coagulation (DIC), it is sease. This information was annih.gov/pubmed/26419073  ate To reduce the presistant bacteria and eness of doxycycline hyclate ets and other antibacterial syclate delayed-release ed only to treat or prevent oven or strongly suspected ceptible bacteria. This sined from: nih.gov/dailymed/drugInfo.cf 2619-4199-8a5d-83377b3274	F 6	56			
	beta-blocker that is v	videly used in the treatment					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	of hypertension and information was obt https://livertox.nih.g.  2. The facility staff for comprehensive care administer continuous Resident #16 was a 3/1/16 and readmitte that included but we irregular heartbeat, depression.  The most recent ME day assessment, with reference date) of 8/2 having scored a 15 do interview for mental was cognitively intact and the resident was conform staff for activities was coded as received Review of the resident companies of the resident received the conformation of the resident received and the received and t	angina pectoris. This ained from: ov/Metoprolol.htm  ailed to implement the eplan and physician's order to us oxygen for Resident #16.  dmitted to the facility on ed on 8/1/18 with diagnoses re not limited to: heart failure, dementia, diabetes and  OS (minimum data set), a five than ARD (assessment /8/18 coded the resident as out of 15 on the BIMS (brief status) indicating the resident et to make daily decisions. ded as requiring assistance es of daily living. The resident ing oxygen.  or RESPIRATORY/OXYGEN quires oxygen R/T (related to) art failure), COPD (chronic ry disease), chronic neumonia. Interventions is ordered."  t 2018 physician's orders are new graph of the status of	F 6	556			

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08/30/2018
(X5) COMPLETION DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			NUM	REET ADDRESS, CITY, STATE, ZIP CODE MBER ONE AUTUMN COURT IDISON, VA 22727	2.	
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	asked if staff were en plan, LPN #7 stated.  An interview was comp.m. with LPN #1, a why resident's had on "Basically it gives your their care." When as LPN #1 stated, "Every (certified nursing as kardex." When asked care plan, LPN #1 stated, "Every (certified nursing askardex." When asked care plan, LPN #1 stated, "Every (certified nursing askardex." When asked care plan, LPN #1 stated, "Every (certified nursing askardex." When asked care plan, LPN #1 stated, "Every (certified nursing askardex." When asked care plan, LPN #1 stated, "Every (certified nursing askardex." When asked in the asked care plan, LPN #1 stated, "Every (certified nursing askardex." When asked in the asked director or nursing with findings.  No further information washttps://medical-diction.  (1) Oxygen saturation hemoglobin molecul saturated with oxygen for oxygen. Normal stated with oxygen heat uration asked in the stated with a stated asked in the stated ask	expected to follow the care I they were.  Inducted on 8/29/18 at 4:20 iunit manager. When asked care plans, LPN #1 stated, but the information concerning sked who used the care plan, eryone except the CNAs sistants). They have a sed if staff were to follow the stated they were.  In ASM (administrative staff ministrator and ASM #2, the were made aware of the less in a blood sample that are sen at a given partial pressure attration is 95% to 100%. In a cobtained from:  In an analythefreedictionary.com/O comiled to implement Resident medication administration on the less, chronic kidney kidney transplant and high sident #11's most recent MDS	Fé	556			

			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
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		cognitively intact.  On 7/25/18, the Offic Certification received documented Reside given at various time.  Review of Resident aphysician's orders the limited to the followin 5/24/18- clopidogrel (milligrams) by moutl 5/23/18- Lantus (2) 1 the evening. 5/24/18- santyl (3) oin apply to right lower levening. 5/25/18 tacrolimus (4 mouth every 12 hours Review of Resident # (medication administration clopidogrel bisulfate, p.m. dose of tacrolimus Resident #11 on 5/30 blank space on the Mnurse's initials). Review of Resident # 11 or 5/30/18 failed to reveal administered.  Resident #11's care pos/23/18 documented, Resident has cardiac CAD (coronary artery vascular disease), RemedInterventions: Mordered"Focus: DIAI	ce of Licensure and d a complaint that nt #11's medications were not es.  #11's clinical record revealed at included but are not eg: bisulfate (1) 75 mg in the evening.  8 units subcutaneously in ntment 250 units per grameg wound topically in the eyen wo	F 656			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	v.	495244	B. WING		1	C	
	PROVIDER OR SUPPLIER	E		STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	08/	/30/2018	
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	dependent diabetes medication as order TRANSPLANT: At r (related to): kidney the Meds (Medications) INTEGRITY/PRESS admitted w/ (with) may be ulcerIntervention ordered"  An attempt to contact administering the ability and the matter of the MAR is restated, "You assume asked if there was an amedication administration record meant if the MAR is restated, "You assume asked if there was an amedication administration the MAR, you can shown Resident #11's how one would know were given on 5/30/1 tell. It wasn't signed. On 8/30/18 at 11:07 astaff member) #1 (the	mellitus)Interventions: edFocus: KIDNEY isk for complications r/t ransplantInterventions: as orderedFocus: SKIN is URE ULCERResident ultiple ulcers: R (Right) lower ons: Administer treatments as et the nurse responsible for ove medications to Resident made and the nurse was not w.  i.m., an interview was (licensed practical nurse) #7. in explain the purpose of a stated, "To make a goal and to be eific target plan of care." in ensures residents' care PN #7 stated, "They have I #7 was asked how nurses administration. LPN #7 if on the MAR (medication iii)." When asked what is not signed off, LPN #7 it wasn't given." When in yother way to evidence ation, LPN #7 stated, "If not call the nurse." LPN #7 was s May 2018 MAR and asked if the resident's medications 8. LPN #7 stated, "You-can't"  a.m., ASM (administrative e administrator) and ASM #2	F 6	556			
	staff member) #1 (the	a.m., ASM (administrative e administrator) and ASM #2 g) were made aware of the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	above concern.  No further information  (1) "Clopidogrel is up prevent serious or lithe heart and blood had a stroke, heart at This information was https://medlineplus.gtml  (2) "Insulin glargine 1 diabetes (condition produce insulin and amount of sugar in the treat people with typ which the body does therefore, cannot conthe blood) who need diabetes." This information where the website: https://medlineplus.gtml  (3) "SANTYL Ointmeters information was obtained in the prescription medicine from wounds so they information was obtained in the preson receiving the received kidney, liver information was obtained in the preson receiving the received kidney, liver information was obtained in the preserved kidney.	sed alone or with aspirin to fe-threatening problems with vessels in people who have attack, or severe chest pain." sobtained from the website: gov/druginfo/meds/a601040.h  (Lantus) is used to treat type in in which the body does not therefore cannot control the he blood). It is also used to e 2 diabetes (condition in a not use insulin normally and, introl the amount of sugar in a insulin to control their mation was obtained from gov/druginfo/meds/a600027.h  ent is an FDA-approved that removes dead tissue or can start to heal." This ained from the website:	F 65	56		

AND PLAN OF CORRECTION I IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 656 F 657 SS=E	COMPLAINT DEFIC	EIENCY d Revision	F 65	r 65/ Care Plan tin and revision		
ii	SS=E CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review and clinical record review, it was determined, that the facility			1. Resident #1's CP was revised to include interventions regard the allegation of sexiconduct. Resident #19's CP was revised included interventior regarding the allegation of sexual conduct. Resident #3's CP was reviewed and is current. Resident #7 no longer a resident a the facility. Resident #14's CP was revised and the Nicotine Patch was removed from the CP.  2. Current residents have the potential to be affected by this deficient practice. The DON/designee will review MD orders and Change of Condition for the past 30 days to	ing Jal to is on	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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	five of 22 residents in Residents #1, #19, #  1. The facility staff facomprehensive care of sexual conduct.  2. The facility staff facomprehensive care of sexual conduct for 3. The facility staff facomprehensive care medication to Reside 4. The facility staff facomprehensive care precautions that were precautions that were 5. The facility staff facomprehensive care precautions that were precautions that were precautions include:  1. Resident #1 was as 5/25/18 and readmitted that included but were pressure, irregular heaters disorder and Warecent MDS (minimum change assessment, reference date) of 6/2 naving a 15 out of 15 for mental status) indicognitively impaired to resident was coded as staff for activities of data of the staff for activities of data as taff for activities and activities as taff for activities of data as taff for activities as taff for activities and activities as taff for activities as taff for activities and activities as taff for activities and activities as taff for activities and activities and activities and activities and activities and activi	n the survey sample, #3, #7 and #14.  Alled to revise Resident #1's plan to address an allegation illed to revise the plan following an allegation Resident #19.  Alled to revise the plan to include offering pain	F6	657	ensure accuracy of the Care plan.  3. The DON/Designee will educate the IDT and licensed nurses on care plan policy to include review and revision for change of condition and new/discontinued orders.  4. The DON/designee will review 10 care plans a week for 12 weeks with MD orders and change of condition to ensure accuracy. Results will be taken to QAPI meeting for three months for review and revision as needed to ensure compliance.  5. DOC: 9/30/18		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	Review of the compevidence document allegation of sexual and another resider.  An interview was coa.m. with OSM (othe social worker and OWhen asked the proallegations of sexual OSM #11 stated, "Wediscuss behaviors, awell in the 9:00 o'clo about an allegation is sexual contact with a stated, "The concern DON (director of nur had said they had corelationship." When was OSM #11 stated Resident #19 is not of the physician do a corelationship. The concern make those decision responsible party and have a sexual relation when asked if Resident #19 is not of the physician determate those decision responsible party and have a sexual relation when asked if Resident #10 when asked who updated it stated, "Everybody of team) updates the castaff would be aware between Resident #11 stated, "The unit #11 stated, "The unit #11 stated, "The unit was compared to the castaff would be aware between Resident #14 #11 stated, "The unit was compared to the castaff would be aware between Resident #14 #11 stated, "The unit was compared to the castaff would be aware between Resident #14 #11 stated, "The unit was compared to the castaff would be aware between Resident #14 #11 stated, "The unit was compared to the compared to the castaff would be aware between Resident #14 #11 stated, "The unit was compared to the comp	prehensive care plan did not ation regarding an 8/5/18 conduct between Resident #1 bit.  Inducted on 8/29/18 at 11:35 ber staff member) #10, the SM #11, the social worker. Social worker. Social worker. Social worker were a weekly meeting, we and we discuss those daily as sock standup." When asked regarding Resident #1 having another resident, OSM #11 in was brought to me by the rising). She said the residents on summated their asked who the other resident di, "(Name of Resident #19). Cognitively intact so we had organitive assessment on him. In the was not able to see the sident was not able to see the sident was not able to so which was not able to see the sident was n	F6	357			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	how other staff wou did not have an ans An interview was cop.m. with LPN #1, the why residents had of "Basically it gives you their care." When as plan, LPN #1 stated when a care plan was "Any time there's a compart of the conduct, LPN #1 stated when a care plan was "Any time there's a compart of the conduct, LPN #1 stated when a care plan was "Any time there's a compart of the care plan was "Any time there's a cordinate of the conduct, LPN #1 stated when a care plan was "Any time there's a cordinate of the care plan was "Any time there's a cordinate of the care plan was absolutely."  On 8/29/18 at 7:00 pmember) #1, the addirector of nursing was findings.  Review of the facility documented, "POLIC of care will be establicated in accordant regulatory requirements as a property of the care will add in status to the exiting of the cordinator will add in status to the exiting of the care of the cordinator will add in status to the exiting of the care of th	Id be made aware, OSM #11 wer.  Inducted on 8/29/18 at 4:20 ne unit manager. When asked are plans, LPN #1 stated, ou information concerning sked what was put on the care , "everything." When asked as revised, LPN #1 stated, change." When asked if olan should have been e concern about sexual atted, "Yes, you should.  Inducted a ware of the  It's policy titled, "Care Plan" CY: An interdisciplinary plan ished for every resident and ce with state and federal ents an done on a as need E: V) The MDS Coordinator	F 6	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	much copper is pois filters extra copper a a fluid made by the wastes out of the bogastrointestinal tracidoes not filter coppeup in the liver, brain, Over time, high copplife-threatening orgawas obtained from: https://www.niddk.ni disease/wilson-disease.  2. The facility staff facomprehensive care of sexual contact for Resident #19 was ad 3/8/18 with diagnose limited to: stroke, depressure and high chmDS (minimum data assessment, with an date) of 6/16/17 code BIMS (brief interview 15 indicating the resicognitively. The resicindependent in all action showering which staff.  Review of the care please of the care ple	sonous. Normally, the liver and releases it into bile. Bile is liver that carries toxins and ody through the t. In Wilson disease, the liver or correctly and copper builds eyes, and other organs. For levels can cause in damage. This information the gov/health-information/liver-ase#sec1 alled to revise the plan following an allegation Resident #19.  Idmitted to the facility on the sthat included but were not pression, high blood holesterol. The most recent a set), a quarterly ARD (assessment reference the dethe resident as having a for mental status) of 3 out of dent was severely impaired the dent was coded as being tivities of daily living except required the assistance of	F6	i57		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 657	Continued From pay When asked the pro allegations of sexual OSM #11 stated, "Well in the 9:00 o'clo about an allegation having sexual conta #11 stated, "The cor the DON (director of residents had said the relationship." When was OSM #11 stated Resident #19 is not the physician do a cor The physician determake those decision responsible party an have a sexual relation When asked if the cor reflect this situation, asked why residents stated, "So we know their needs, their gos updated the care pla "Everybody on the ID updates the care pla would be aware of the between Resident #1	ge 58 ocess staff follow for all relations between residents, we have a weekly meeting, we and we discuss those daily as ock standup." When asked regarding Resident #19 ct with another resident, OSM ocern was brought to me by foursing). She said the ney had consummated their asked who the other resident dt, "(Name of Resident #1). cognitively intact so we had ognitive assessment on him. mined he was not able to as. We called the resident's d she did not want him to onship with (Resident#1)." are plan had been revised to OSM #11 stated, "No." When had care plans, OSM #11 what their problems are, als." When asked who n, OSM #11 stated, or (interdisciplinary team) or "When asked how staff e allegation and situation in and Resident #1, OSM	F 6	DEFICIENCY)	PROPRIATE	DATE	
	CNAs (certified nursi	manager relayed this to the ng assistants)." When asked be made aware, OSM #11 ver.					
1	p.m. with LPN #1, the why residents had ca "Basically it gives you their care." When asl	ducted on 8/29/18 at 4:20 e unit manager. When asked are plans, LPN #1 stated, a information concerning ked what was put on the care "everything." When asked					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	when a care plan wa "Any time there's a care Resident #19's care updated following th conduct, LPN #1 sta Absolutely."  On 8/29/18 at 7:00 p member) #1, the add director of nursing w findings.  No further information 3. The facility staff fat include offering pain upon waking.  Resident #3 was add 9/24/17 and readmitt diagnoses that include Parkinson's Disease high blood pressure at the most recent MD quarterly assessment reference date) of 71 having scored a 15 of interview for mental si was cognitively intact The resident was coc from staff for all active Review of the resider evidence documentat requesting pain media Review of the July 20	as revised, LPN #1 stated, change." When asked if plan should have been e concern about sexual sted, "Yes, you should.  b.m. ASM (administrative staff ministrator and ASM #2, the ere made aware of the ere plan to medication to Resident #3  mitted to the facility on ed on 6/30/18 with ed but were not limited to: (1), weakness, chronic pain, and irregular heartbeat.  S (minimum data set), a t, with an ARD (assessment 3/18 coded the resident as ut of 15 on the BIMS (brief status) indicating the resident to make daily decisions. Hed as requiring assistance ities of daily living.	F 6	557			

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NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF MADISON  STREET ADDRESS, CITY, STATE, ZIP CODE  NUMBER ONE AUTUMN COURT  MADISON, VA 22727	30/2018	
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Tablet 50 MG (milligrams) Give 2 tablet by mouth every 4 hours as needed for pain."  The medication administration record documented, "Tramadol HCL (2) Tablet 50 MG (milligrams) Give 2 tablet (sic) by mouth every 4 hours as needed for pain." On 8/2/18 at 6:02 a.m., 8/4/18 at 6:00 a.m., 8/6/18 at 5:31 a.m. and 8/24/18 at 6:30 a.m., 6/6/18 at 5:31 a.m. and 8/24/18 at 6:30 a.m. the medication had been administered to the resident. The resident's pain level was documented as being zero indicating the resident did not have pain when the medication was given.  On 8/30/18 at 4:15 p.m. ASM (administrative staff member), #1 and ASM #2, the director of nursing were made aware of the concern that the resident received pain medication when she did not have any pain.  A telephone interview was conducted on 8/30/18 at 4:25 p.m. with LPN (licensed practical nurse) #12, the nurse who administered the Tramadol. LPN #12 was asked about the process she follows when giving pain medication. LPN #12 stated, "I would ask them where they're hurting and how bad is the pain on a scale from one to ten." When asked if the pain level would be documented, LPN #12 stated, "Sea, I would put that in (name of software)." When asked when would she give an as needed pain medication to a resident who did not have pain, LPN #12 stated it to keep from having pain." When asked if she had a resident who she gave pain medication when they did not have pain, LPN #12 stated, if here's (name of Resident #3). They used to have it scheduled around the clock but they want her to decrease the amount of pain medication she takes so they changed it		

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	so she would have to medication." She are give her a pain pill we doesn't get pain." We should be added to stated, "I'm kinda ned don't really know how the company of the care." When as plan, LPN #1 stated, to have everything." plan was revised, LF there's a change."  No further information (1) Parkinson's diseasorder affects sever especially an area can be considered in the controls balance information was obtained in the control of	to ask for her pain and I have an agreement that I when she wakes up so she then asked if this request the care plan, LPN #12 ew so yeah it should be. I we to do it."  Inducted on 8/29/18 at 4:20 the unit manager. When asked are plans, LPN #1 stated, us information concerning sked what was put on the care "Basically everything. Have When asked when a care PN #1 stated, "Any time was provided prior to exit. The eral regions of the brain, alled the substantia nigra. The eral regions of the brain, alled the er	F6	557			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	Resident #7 was ad and readmitted on 8 diagnoses included pneumonia, difficulty (paralysis of all four recent MDS (minima assessment with an date) of 8/22/18, coccognitively intact.  Review of Resident hospital progress not documented, "Sputu (1), but likely repress hospital general mediated 8/14/18 docum (vancomycin-resista surveillance swab podocument information precautions.  Review of Resident #8/14/18 to 8/28/18 fa of isolation precaution initiated on 8/13/18 fa information regarding.  On 8/28/18 at 11:10 gowns, gloves and mon Resident #7's docassistant) was obserpushing an over bed CNA was wearing gloon 8/28/18 at 11:11 and Resident #7's room wear and mon	Imitted to the facility on 8/3/18 8/14/18. Resident #7's but were not limited to y swallowing and quadriplegia limbs). Resident #7's most um data set), an admission ARD (assessment reference ded the resident as being #7's clinical record revealed a sted dated 8/13/18 that impositive for Pseudomonas ents colonization" A dicine discharge summary mented, "VRE nt enterococci) (2) on regarding isolation #7's physician orders from alled to reveal documentation ons. Resident #7's care plan alled to document g isolation precautions.  a.m., a yellow bag containing masks was observed hanging or. A CNA (certified nursing yed in the resident's room table next to the bed. The oves but no gown or mask.  a.m., a housekeeper entered with a mop and began he housekeeper was not	F	657			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	On 8/29/18 at 9:35 a conducted with RN asked if Resident #7 stated, "Yes." Where "We are on the phore asked what type of its be followed in Reside the resident was on mask and gloves should the resident's room. It is facility process for classification or classification or classification. RN #1 state and is some colonized. RN #1 was supposed to know with the staff is unsure of isolation. RN #1 state and aware this sun Resident #7's room a equipment should be mask, gown and glow. On 8/29/18 at 9:55 a. conducted with Reside was lying in bed. The know why he was on staff always wears a ghim or touching items stated they did not.  On 8/29/18 at 10:06 a called the infectious of hospital and the staff Resident #7 was on is staff at the hospital sa Resident #7 had a position in the staff at the hospital sa Resident #7 had a position in the staff at the hospital as Resident #7 had a position in the staff at the hospital	a.m., an interview was (registered nurse) #1. When was on isolation, RN #1 asked why, RN #1 stated, he trying to clarify." When solation precautions should ent #7's room, RN #1 stated contact precautions, a gown, ould be worn by staff when in When asked about the arifying isolation precautions, rese receive a report from resident is admitted and the he physician to review all in #1 stated the physician ation if the infection is as asked how staff is hat precautions to follow if why the resident is on ed, "Correct." RN #1 was veyor wanted to go into and asked what protective worn. RN #1 stated a ves should be worn.	F 68	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	infection so this is pon isolation. RN #1 manager was supported to the support of	os were needed to clear the robably why Resident #7 was stated the hospital case osed to call her back.  a.m., an interview was M (other staff member) #7 (the DSM #7 was asked why isolation and what protective e worn in the resident's room. did not know why the resident she wears a gown, gloves he goes into the resident's  o.m., an interview was M #6 (the housekeeping was asked how the smade aware of residents precautions. OSM #6 stated morning meetings and expellow bags containing hasks hanging on the doors. The exercise every time they go in an M #6 was made aware a poserved without a gown or 7's room. OSM #6 stated in sand in-serviced the  a.m., an interview was (certified nursing assistant) and interview was (certified nursing assistant) and the was made aware continued how she is ma	F 6	57		

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NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF MADISON				STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00.	00/2010
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	conducted with LPN and LPN #5 (both Ma resident is discharater is anticipated original care plan is added when the resmade aware Resided document informatic precautions. LPN # physician's order for isolation precautions #7's care plan. LPN precautions should plan if staff are experegardless of there is LPN #4 stated she can order, she adds to plan. When asked to order then she does precautions, LPN #4 stated, "We bring it that there is no order isolation precautions care plan. LPN #4 stated, "We bring it that there is no order isolation precautions care plan. LPN #4 stated that there is no order isolation. LPN #4 stated that there is no order isolation. LPN #4 stated that there is no order isolation. LPN #4 stated that there is no order isolation. LPN #4 stated that there is no order isolation. LPN #4 stated that there is no order isolation. LPN #4 stated that there is no order isolation. LPN #4 stated that there is no order isolation is that there is no order isolation. LPN #4 stated that there is no order isolation is that there is no order isolation. LPN #4 stated that there is no order isolation is that the isolation isolation is that the isolation is not isolation is not isolation is not isolat	I (licensed practical nurse) #4 IDS nurses). LPN #4 stated if reged to the hospital and their within 30 days, then the re-opened and updates are ident returns. LPN #4 was ant #7's care plan failed to on regarding isolation 4 stated there was never a risolation precautions so a were not added to Resident #4 was asked if isolation be documented on the care acted to follow them, not being a physician's order. The checks orders and if there is the precautions to the care oclarify that if there is not an not care plan isolation stated, "Yes." LPN #5 the attention of the nurse r." LPN #4 was asked if should be on a resident's tated the staff has to dent really should be on attention and never received. When asked how staff itent was supposed to be on ted there was a yellow bag	F 6	57		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495244	B. WING				C /30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATI NUMBER ONE AUTUMN COU MADISON, VA 22727		00,	30/2010
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	note signed by an in the hospital and dat documented, "Lab I Specimen: Perirecta Resistant Enterococ Isolation/Precaution Standard Precaution Private room, gown, colonization has beet this document was rewhen Resident #7 we document provided stated she made Resident VRE peri-rectal swaday. When asked we placed on isolation if why isolation was neadmissions departm about isolation precate facility nurses to and the hospital nurse facility staff during the action to be taken if suspected of needing #1 stated, the facility organism the resider clarification of what pequipment should be staff member) #1 (the director of nursing above concern.  On 8/30/18 at 10:26 conducted with LPN	offection prevention nurse at red 8/6/18. The note Data: Date: 4/17/18. al. Organism: Vancomycin ocus (VRE).  Required (in addition to ns): Contact Precautionsgloves. A follow up test for en ordered" RN #1 stated not provided to facility staff was admitted but there was a that mentioned VRE. RN #1 stident #7's physician aware #7's physician ordered a b to be obtained on the next why Resident #7 was initially for the nurses were unaware seeded, RN #1 stated, "the nurses were unaware seede	F6	557			
DIA CMC OFC	7(02-00) Provious Versions O	beolete Event ID: VVVI11		Enailiby ID: MADD10			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	,03,2010	
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	of having an infection #1 stated usually the call and inform facilishould be on discharasked what information clarified, LPN #1 statistication for? MRSA Treatment? Precautif isolation precaution a resident's care plan Ma'am."  No further information (1) "What is a Pseudomonas infect bacteria found widely most common type of is called Pseudomor of infections does Pseudomor of infections does Pseudomonas infect bacteria found widely most common type of is called Pseudomor of infections does Pseudomor of infections does Pseudomor in people in the weakened immune should preumonia, a surgery can lead to sthese people." This infrom the website: https://www.cdc.gov/.html  (2) "Vancomycin-resi specific types of antire that are resistant to wused to treat infection Enteroccocci are bacopresent in the human genital tract and are denvironment. These	on that requires isolation. LPN is nurse from the hospital will the staff and the information arge instructions. When a sted, "What are they on a (3)? VRE? Where at? Itions to follow? When asked as should be documented on any LPN #1 stated, "Yes on was presented prior to exit. It domonas infection? It is caused by strains of any in the environment; the causing infections in humans as aeruginosa. What types is eudomonas infections usually the hospital and/or with any infections of the and infections following it is evere illness and death in an information was obtained thai/organisms/pseudomonas infections in the information was obtained thai/organisms/pseudomonas infections in the female intestines and in the female	F 6	57			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		<b>495244</b> B. WING		80	C 3/30/2018	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		
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	[Vancomycin-resistate VRE]What is the towith colonized VRE have no symptoms of treatment. Most VR with antibiotics other Laboratory testing of which antibiotics will VRE infections in the catheters, removal colonger needed can a infection. How is VR passed from person contaminated hands onto a caregiver's hawith other people with contaminated surface directly to people after are contaminated with through the air by coinformation was obtain hit by the CDC (Centers for documented, "Multid (MDROs), infection of Type of Precautions: (MDROs judged by the based on local, state recommended in set ongoing transmission increased risk for transmission for management of Multid In Healthcare Setting	Ins occur in hospitals. Int Enterococci is also called reatment for VRE? People (bacteria are present, but of an infection) do not need E infections can be treated r than vancomycin. If the VRE can determine work. For people who get eir bladder and have urinary of the catheter when it is no also help get rid of the RE spread? VRE is often to person by the of caregivers. VRE can get ands after they have contact the VRE or after contact with es. VRE can also be spread er they touch surfaces that the VRE. VRE is not spread ughing or sneezing." This sined from the website: (HAI/organisms/vre/vre.html or Disease Control) further rug-resistant organisms or colonization (e.g., VRE) Contact + Standard the infection control program, regional, or national to be of clinical and cance. Contact Precautions tings with evidence of the acute care settings with ensmission or wounds that by dressings. See management options in indrug-Resistant Organisms	F6	57		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED			
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PREFIX (EACH DEF	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
health depart emerging MD from the webshttps://www.c s/isolation-gu  (3) "MRSA is aureus, a type to several ant MRSA most of some cases, if and other issuinfections can a life-threaten the body." The the website: https://www.co.  5. The facility comprehensive patches for Resident #14 10/18/17 with not limited: per abnormal conditabetes, high knee amputating pulmonary disconting to chronic, nonreal combination bronchitis) (2).  The most receassessment, a assessment resident in the second	ed Mament in RO." site: dc.gov deline e of sta biotica ing rea is info dc.gov staff fa e care esiden was a diagnor ipher il vess blood on, ar eversib of em  nt MD quart ferene	by 2016) [870]. Contact state for guidance regarding new or This information was obtained //infectioncontrol/pdf/guideline	Fe	157			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	700/2010
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	resident was cognitic decisions. The resident was sistance members for all of hexcept eating in which after set up assistant. The comprehensive and revised on 4/20/ "Focus: Smoking: Refamily/friend visits of smoker and resident to: safety, with scheen station. 3/18 (2018) Patch." The "Intervel "3/3/18 - Nicotine patch." The building #14 was documented. The review of the curangust 2018, failed to the physician order for Review of the August 2018, failed to the physician order for Review of the August administration record evidence documental Nicotine patch.  A physician order dat "Nicotine Patch 24 14 24 hours) transdermated medicine or drug threfor nicotine depender	status) score, indicating the vely intact to make daily lent was coded as requiring e of one or more staff er activities of daily living ch she required supervision are was provided.  care plan dated, 12/29/17 (18, documented in part, esident smokes during utside of facility. Resident is a is a supervised smoker due duled times in room, @ (at) New order for Nicotine nations" documented in part, that as directed.  conference, on 8/28/18 at a.m., a list of the current ng was requested. Resident das being a current smoker.  crent physician orders for the Nicotine patch.  the 2018 MAR (medication of the Nicotine patch) for Resident #14, failed to the order for the days. Discontinue les to go outside to smoke	F 68	57		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	730/2010
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F 657	Continued From page The March 2018 MA order. The Nicotine being applied on 3/5 order was discontinued. An interview was continued asked the purpose of stated, "To make a git's the specific plan recover quicker." Will care plan, LPN #7 st LPN # 4) and we do An interview was continued as 152 p.m. When ask plans, LPN #4 stated supposed to. The cawas reviewed with Licare plan have been there was a quarterly of 6/29/18, complete were discontinued, L	ge 71 AR documented the above patch was documented as i/18, 3/6/18 and 3/7/18. The ued on 3/7/18. Inducted with LPN (licensed on 8/29/18 at 3:25 p.m. When of the care plan, LPN #7 goal for the resident to meet, of care so the resident can nen asked who updates the cated, "(Name of MDS nurse -	F 6	DEFICIENCY)	HATE	DATE
	7:00 p.m.  No further information  (1) Barron's Dictional  Non-Medical Reader,  Chapman, page 447.  (2) Barron's Dictional	n was provided prior to exit.  ry of Medical Terms for the , 5th edition, Rothenberg and ry of Medical Terms for the , 5th edition, Rothenberg and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	Services Provided MCFR(s): 483.21(b)(3) §483.21(b)(3) Comp The services provide as outlined by the comust- (i) Meet professional This REQUIREMEN by: Based on observation interview, facility doc review, and in the convestigation, it was of failed to follow profes for three of 22 reside Residents #6, #7, and 1. a. The facility staff orders with the physic 1. b. The facility staff another resident to ac 2. The facility staff fai Resident #7 was on is what type of precaution to follow. 3. The facility staff fai	Meet Professional Standards (i) (i) (i) (ii) (iii) (iiiiiiiiiiiiii	F 6:	F 658 Professional Standards			
	<ol> <li>a. The facility staff to orders with the physic</li> </ol>	failed to clarify medication ian for Resident #6.		ensure medications are given per specific times.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	400244	D. WINC		DRESS, CITY, STATE, ZIP CODE	08	3/30/2018
AUTUM	N CARE OF MADISON			NUMBER C	DNE AUTUMN COURT I, VA 22727		
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	Resident #6 was ad 8/23/18 with diagnoral limited to: high blood disease in which a causes the acid and blood and joints, cau joints) (1) and stroke A MDS (minimum dayet been completed "Admission Evaluated documented in part, able to make needs (person, place and tidocumented the resi of the assessment.  The physician orders "Acetaminophen Tabfever and minor ache by mouth every 4 hourelated to GOUT." The Acetaminophen documented to the distribution orders "Melatonin Tablet; Gibedtime related to oth There was no dose of the August 2018 MAI record) documented to orders. The Acetaminal administered. The Meadministered on 8/23/8/26/18 and 8/27/18.  The nurse's note date documented in part, "In the part," In the nurse's note date documented in part,"	mitted to the facility on ses that included but were not dipressure, diabetes, gout (a defect in uric acid metabolism its salts to accumulate in the using pain and swelling of the example.  Ata set) assessment had not at the time of survey. The on" dated, 8/23/18  "Resident is alert and verbal, known. Oriented X (times) 3 me)." The "Pain Evaluation" dent had no pain at the time  dated, 8/23/18 documented, let (Tylenol) (used to treat as and pain) (2); Give 2 tablet are as needed for pain here was no dose of mented.  dated, 8/23/18 documented, we 1 tablet by mouth at her symbolic dysfunction." If Melatonin documented.  R (medication administration he above medication ophen had not been	Fé	558	DON/designee will educate the nurses on medication administration policy to include timing of medication, documentation of med administration and not borrowing medications. DON/designee will educate the licensed nurses and admissions team to ensure reason for isolation is known by facility staffDON/designee will audit admissions and new MD orders 5 times a week for any new documentation of need for isolation and reason. DON/designee will audit 2 nurses a week during medication pass to ensure no deficient practice. Findings will be brought to QAPI for three months for review and revision as needed to ensure compliance. DOC: 9/30/18		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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ļ	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD NUMBER ONE AUTUMN COURT MADISON, VA 22727	08	3/30/2018	
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	pharmacy."  The nurse practition 12:59 p.m. documen (established) - no ac (continue) melatonin.  The physician's note documented in part, complaints; cont me monitor."  The care plan dated part, "Focus: The restrict (related to) HTN (diabetes type two), dated, 8/24/18, documented part, "Focus: The restrict (related to) HTN (diabetes type two), dated, 8/24/18, documented pain per routing Assess/ record/repocomplaints of pain on treatment."  The stock medication 3 mg (milligrams) - per tablets."  An interview was compractical nurse) #7 of #7 was documented Melatonin on 8/8/27/obtained the melator #7 pulled the medical who was also receiving When asked what downs to receive, LPN dose is 3 mg." When included in the physical peeds to be clarified.	per's note dated, 8/24/18 at inted in part, "Insomnia, estableute complaints; cont in as ordered and will monitor." and dated, 8/28/18 at 2:16 p.m. "Insomnia, estab- no acute latonin as ordered and will in sident has potential for pain high blood pressure), DMII Gout." The "Interventions" imented in part, "Assess and ne and prn (as needed). In the order in the contract of the con	F 6	558			

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	supply of over the ostated, "Yes, they a LPN #7 and this will room. A bottle of M the shelf.  The Acetaminophe LPN #7. When ask the resident complet would need to know 1000 mg. Clarification."  The facility policy, "Medication Adminis "Facility staff should name and dose are According to Lipping Nursing, 5th edition following statement prescriber any mediseems in appropriate The administrator, Amember) #1, and Aswere made aware of at 7:00 p.m. When a facility used, ASM # facility policies and properties and properties and properties are made aware of the facility policies and properties and properties and properties are made aware of the facility policies and properties and properties are made aware of the facility policies and properties are made aware of the facility policies and properties are properties and properties are properties and properties are properties and properties and properties are properties are properties and properties are properties are properties and properties are properties and properties are properties and properties are properties are properties and properties are properties and properties are properties are properties and properties are properties and properties are properties are properties and properties are properties are properties and properties are properties and properties are properties and properties are properties are properties and properties are properties are properties and properties are properties and properties are properties are properties are properties and properties are properti	counter medications, LPN #7 are in the medication room." iter went to the medication elatonin 3 mg was located on  n order was reviewed with ed what dose she would give if ained of pain, LPN #7 stated, "I what dose; either 650 mg or on is needed for that order  General Dose Preparation and tration" documented in part, I verify that the medication correct."  cott's "Fundamentals of page 553 documents the "Always clarify with the cation order that is unclear or ite."  ASM (administrative staff SM #2, the director of nursing f the above finding on 8/29/18 asked what standard the 2 stated Lippincott or the procedures.  on was provided prior to exit.  ary of Medical Terms for the r, 5th edition, Rothenberg and	F 6	58		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2).MUL A. BUILD	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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	gXsl.cfm?setid=162 0ecfb7.  1. b. The facility staf another resident to a Resident #6's physic documented, "Melat mouth at bedtime re dysfunction." There documented in the c An interview was cor practical nurse) #7 c #7 was documented Melatonin on 8/8/27/ obtained the melator #7 pulled the medica who was also receiv. When asked if she is medications from an stated, "I didn't want medication."  The facility policy, "G Medication Administr "The facility staff sho medication, at the co rate, at the correct tir resident."  The phrase, "Neither originated from Shak Hamlet (1603), during this advice to his son school. Because our	f borrowed medication from administer to Resident #6.  cian orders dated, 8/23/18 onin Tablet; Give 1 tablet by lated to other symbolic was no dose of Melatonin order.  Inducted with LPN (licensed on 8/28/18 at 4:30 p.m. LPN as having administered the 18. When asked where she nin she gave on 8/27/18, LPN ation card for another residenting the same medication. It is supposed to borrow other resident, LPN #7 him to go without his  Internal Dose Preparation and ation documented in part, uld: Verify each time a stered that it is the correct rect dose, at the correct rect dose, at the correct a borrower nor a lender be, espeare's famous play, g which Lord Polonius gives who is heading back to world is different today, you ce is outdated and irrelevant.	F6	558		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZI NUMBER ONE AUTUMN COURT MADISON, VA 22727	IP CODE	5/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	Shakespeare's advishould never be bore. His advice is simple practitioners can be medication" (a dose available) or the first from another patient patient's unused me care unit. Borrowing workaround to speed administering medic excessive wait times pharmacy dispensing of an error.(1)  The administrator are made aware of the are 7:00 p.m.  No further information of following website: http://www.ismp.org/target-dont-be-borrow 2. The facility staff fa Resident #7 was on in what type of precautifollowed.  On 7/25/18, the Office Certification received resident who no long during the survey. The facility staff failed and failed to wear isonal to the survey. The facility staff failed and failed to wear isonal to the survey. The facility staff failed and failed to wear isonal to the survey. The facility staff failed and failed to wear isonal to the survey.	ce is timeless; medications rowed from or lent to others.  enough to follow, but tempted to borrow a "missing that should have been dose of a new medication is cassette, a discharged dications, or another patient medications as a dothe process of ations due to inherent or associated with the grocess increases the risk and director of nursing were bove finding on 8/29/18 at a mass obtained from the resources/shakespeare-waswer-or-lender illed to clarify the reason solation precautions and ons were required to be e of Licensure and a complaint regarding a ter resided at the facility ne complaint documented to practice infection control	F 6	558		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 08/	/30/2018
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	and readmitted on 8 diagnoses included pneumonia, difficulty (paralysis of all four recent MDS (minimulassessment with an date) of 8/22/18, cocognitively intact.  Review of Resident hospital progress not documented, "Sputu (1), but likely represe hospital general mediated 8/14/18 docum (vancomycin-resistal surveillance swab podocument information precautions.  Review of Resident 18/14/18 to 8/28/18 fa of isolation precaution initiated on 8/13/18 fa information regarding.  On 8/28/18 at 11:10 a gowns, gloves and mon Resident #7's docassistant) was obserpushing an over bed CNA was wearing gloon 8/28/18 at 11:11 a Resident #7's room with the survey of the	but were not limited to y swallowing and quadriplegia limbs). Resident #7's most um data set), an admission ARD (assessment reference ded the resident as being #7's clinical record revealed a sted dated 8/13/18 that um positive for Pseudomonas ents colonization" A dicine discharge summary nented, "VRE nt enterococci) (2) positive" but failed to in regarding isolation #7's physician orders from iled to reveal documentation ins. Resident #7's care plan ailed to document g isolation precautions.  a.m., a yellow bag containing pasks was observed hanging or. A CNA (certified nursing yed in the resident's room table next to the bed. The oves but no gown or mask.  a.m., a housekeeper entered with a mop and began he housekeeper was not es or a mask.	F 6	558		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C NUMBER ONE AUTUMN COURT MADISON, VA 22727		08/30/2018	
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	conducted with RN asked if Resident # stated, "Yes." Whe "We are on the pho asked what type of be followed in Resident was on mask and gloves ship the resident's room. facility process for the resident staff when a nurses have to call the admission orders. It may discontinue is colonized. RN #1 we supposed to know withe staff is unsure of isolation. RN #1 stated aware this sure Resident #7's room equipment should be mask, gown and gloud on the staff always wears a him or touching item stated they did not.  On 8/29/18 at 10:06 called the infectious hospital and the staff Resident #7 was on staff at the hospital shesident #7 had a postal sesident #7 had a postal sesident #7 had a postal series in the resident #7 had a postal serie	(registered nurse) #1. When 7 was on isolation, RN #1 in asked why, RN #1 stated, ne trying to clarify." When isolation precautions should dent #7's room, RN #1 stated contact precautions, a gown, hould be worn by staff when in When asked about the clarifying isolation precautions, arses receive a report from a resident is admitted and the the physician to review all RN #1 stated the physician lation if the infection is as asked how staff is what precautions to follow if f why the resident is on ted, "Correct." RN #1 was reyor wanted to go into and asked what protective er worn. RN #1 stated a	F6	558			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	infection so this is pon isolation. RN #1 manager was supported to the support of	robably why Resident #7 was stated the hospital case seed to call her back.  a.m., an interview was asked why isolation and what protective worn in the resident's room. did not know why the resident she wears a gown, gloves be goes into the resident's out.  a.m., an interview was a gown, gloves be goes into the resident's out.  a.m., an interview was a gown, gloves be goes into the resident's out.  a.m., an interview was a gown, gloves be goes into the resident's out.  a.m., an interview was a gown of the good of the	F 6	658			
		t people at the hospital. RN					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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	#1 stated Resident 4/17/18. RN #1 stated Resident #7 would he colonized but a third have been done. Resident #2 and dated documented, "Lab Expecimen: Perirectar Resistant Enterocool Isolation/Precaution Standard Precaution Private room, gown, colonization has been this document was rewhen Resident #7 we document provided the stated she made Resident VRE peri-rectal swall day. When asked we placed on isolation if why isolation was neadmissions departmated about isolation precaute facility staff during the action to be taken if a suspected of needing #1 stated, the facility organism the resident clarification of what pequipment should be	#7 tested positive for VRE on ted the case manager stated have probably been deemed VRE test was supposed to N #1 presented a progress fection prevention nurse at ted 8/6/18. The note pata: Date: 4/17/18.  Il. Organism: Vancomycin cus (VRE). Required (in addition to as): Contact Precautionsgloves. A follow up test for an ordered" RN #1 stated not provided to facility staff as admitted but there was a that mentioned VRE. RN #1 sident #7's physician aware #7's physician ordered a to be obtained on the next thy Resident #7 was initially the nurses were unaware eded, RN #1 stated, "the ent asks the hospital staff autions and would have told follow isolation precautions, are is supposed to inform the ephone report." When professional standard for an admitted resident is gisolation precautions, RN staff should find out what at its infected with and obtain arecautions and protective	F 6			
	staff member) #1 (the	e administrator) and ASM #2 ng) were made aware of the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	above concern.  On 8/30/18 at 10:26 conducted with LPN facility process for a of having an infectio #1 stated usually the call and inform facility should be on discha asked what informat clarified, LPN #1 statisolation for? MRSA Treatment? Precauthow she would obtain not provided by hosp going to call the hosp and if it's not in the irrit." When asked what followed for a reside "Contact. Gown, gloprobably goggles." Wobtains a physician's precautions, LPN #1 If there is not an order unless I saw the item When asked if it is a clarify a resident's is admission, LPN #1 statisty a resident's is admission, LPN #1 statisty a resident's is a clarify a resident is a resident in the residen	a.m., an interview was #1. LPN #1 was asked the dmitting a resident suspected in that requires isolation. LPN e nurse from the hospital will ty staff and the information rge instructions. When ion should be obtained and ted, "What are they on (3)? VRE? Where at? tions to follow? When asked in this information if it were oital staff, LPN #1 stated, "I'm pital as soon as they get here information, ask them to fax at precautions should be int with VRE, LPN #1 stated, lives, probably a mask and when asked if the facility staff order for isolation stated, "We obtain an order. er then I wouldn't know ins hanging on the door." professional standard to oblation status upon	F6	558			

LAND PLAN OF CORRECTION I IDENTIFICATION NUMBER: I		1	X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 08/	/30/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RF	(X5) COMPLETION DATE
	Precautions- intended infectious agents which indirect contact with environment. Contact where the presence drainage, urine or fed discharges from the potential for environments of transmission. Equipment recommendations in close prox Gowns- whenever an have direct contact where the contaminated environe equipment in close prox Appendix A documer (multidrug-resistant of judged by the infection local, state, regional, recommendations, to epidemiologic signification recommended in settion ongoing transmission increased risk for transcannot be contained.  No further information (1) "What is a Pseudomonas infections does Pseudomonas of infections does Pseudomonas of infections does Pseudomonas of infections does Pseudomonas	and to prevent transmission of hich are spread by direct or the patient or the patient's act precautions also apply of excessive wound cal incontinence, or other body suggest an increased mental contamination and Personal Protective ended: a. Gloves- whenever it's intact skin or surfaces and imity to the resident. b. inticipating that clothing will with the patient or potentially inmental surfaces or proximity to the resident" Inted, "MDROs organisms) (including VRE) on control program, based on or national about the care settings with evidence of an acute care settings with insmission or wounds that by dressings"  In was presented prior to exit.  In was presented prior to exit.	F6	58		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	surgery can lead to these people." This from the website: https://www.cdc.govhtml  (2) "Vancomycin-res specific types of ant that are resistant to used to treat infection. Enteroccocci are bapresent in the human genital tract and are environment. These cause infections. Mc Enteroccocci infections. What is the twith colonized VRE have no symptoms of treatment. Most VR with antibiotics other Laboratory testing of which antibiotics will VRE infections in the catheters, removal olonger needed can a infection. How is VR passed from person contaminated hands onto a caregiver's hawith other people with contaminated surface directly to people after are contaminated withough the air by coinformation was obta https://www.cdc.gov/	severe illness and death in information was obtained  //hai/organisms/pseudomonas sistant Enterococci are imicrobial-resistant bacteria vancomycin, the drug often ons caused by enterococci. In the strines and in the female often found in the enterococci in the strines and in the female often found in the enterococci is also called reatment for VRE? People (bacteria are present, but of an infection) do not need infections can be treated than vancomycin. The VRE can determine work. For people who get in bladder and have urinary for the catheter when it is no lso help get rid of the infection of t	F	958			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  V CARE OF MADISON	*		STREET ADDRESS, CITY, STATE, ZI NUMBER ONE AUTUMN COURT MADISON, VA 22727	<sup>2</sup> CODE	00/	30/2016
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	documented, "Multin (MDROs), infection Type of Precaution: MDROs judged by the based on local, state recommendations, the epidemiologic signification recommended in secongoing transmission increased risk for tracannot be contained recommendations for Management of Multin Healthcare Settin (https://www.cdc.gom/dro/accessed Management of Management of Management of Multin Healthcare Settin (https://www.cdc.gom/dro/accessed Management of Management of Multin Healthcare Settin (https://www.cdc.gom/dro/accessed Management of Mult	drug-resistant organisms or colonization (e.g., VRE) Contact + Standard he infection control program, e, regional, or national to be of clinical and icance. Contact Precautions attings with evidence of on, acute care settings with ansmission or wounds that if by dressings. See or management options in tidrug-Resistant Organisms gs, 2006 w/infectioncontrol/guidelines/y 2016) [870]. Contact state or guidance regarding new or This information was obtained winfectioncontrol/pdf/guidelines.pdf illin-resistant Staphylococcus ph bacteria that is resistant or in the general community, suses skin infections. In the general community, suses skin infections. In the severe and cause sepsis action to severe infection in mation was obtained from in the second of the second	F 6	58			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TPLE CONSTRUCTION NG		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	Resident #1 was ad 5/25/18 and readmit that included but we pressure, irregular hat stress disorder (PTS The most recent ME significant change a (assessment referenthe resident as having (brief interview for marked the resident was cognitive decisions.  An interview was considered in the resident was cognitive decisions.  An interview was considered in the resident was cognitive decisions.  An interview was considered in the resident was cognitive decisions.  An interview was considered in the resident was considered in the resident was decisions.  An interview of the August documented, "Miniprof (milligrams) Give 2 composed bedtime."  Review of the August administration guide Capsule 5 MG (millig by mouth at bedtime documented as being the resident was composed in the resident was considered in the resident was consider	mitted to the facility on ted on 8/3/18 with diagnoses re not limited to: high blood leartbeat, post-traumatic ED) and Wilson disease (1). DS (minimum data set), a ssessment, with an ARD noce date) of 6/22/18 codeding a 15 out of 15 on the BIMS lental status) indicating the wely impaired to make daily anducted on 8/29/18 at 8:35 1. Resident #1 stated, "They ght and said 'We're out of that happen? I need that ith my PTSD they don't don't get to sleep until 5:30 this set 2018 physician's orders less Capsule 5 MG apsule (sic) by mouth at 2018 medication documented, "Minipress learns) Give 2 capsule (sic) "The medication was	F 65			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
	she gave the Minipr wasn't here before was to give it." Whe medication administ LPN #10 stated, "Thit." When asked if a important, LPN #10.  An interview was cop.m. with LPN #11, was asked to show Minipress. The mediobserved to contain been opened. LPN # (p.m.) to 7:00 (a.m.) night. She didn't give off."  On 8/29/18 at 7:00 pmember) #1, the addirector of nursing with director of nursing with director of nursing with director of nursing with director. Williams of Nursing, 2007, An "Nurses carry a greamaking sure that patthe right time, in the routesthis includes and explanation"  (1) Wilson disease—disease that prevent extra copper. The becopper from food to smuch copper is poison.	ess, LPN #10 stated, "No. It went home. The night nurse in asked to review the tration guide for the Minipress, nat was a mistake, I didn't give occurate document was	F 6	358			

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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F 677 SS=D	a fluid made by the wastes out of the bogastrointestinal tract does not filter coppeup in the liver, brain, Over time, high copplife-threatening orgal was obtained from: https://www.niddk.nildisease/wilson-disease/www.ncbi.nlm.96131/ADL Care Provided for CFR(s): 483.24(a)(2) A resideate and oral hygon the course of daily I services to maintain gersonal and oral hygon the course of course diseased on resident interesting in the course of course determined that the course two of 22 residents #8, and #10	iver that carries toxins and dy through the . In Wilson disease, the liver r correctly and copper builds eyes, and other organs. Der levels can cause in damage. This information in gov/health-information/liverse#sec1  Ints with post-traumatic D) are frequently being on medications by the US Food and Drug SD. There is evidence to at prazosin is effective for inis information was obtained in init.gov/pmc/articles/PMC38 for Dependent Residents  The provident Residents is not met as evidenced erview, staff interview, ew, clinical record review complaint investigation, it the facility staff failed to lents in the survey sample, D, were provided the maintain good nutrition,	F 67	F 677 ADL Care  1. Facility staff offered and documented oral	

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING		ATE SURVEY DMPLETED
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	extensive assistance hygiene, was not profacility staff on multip through August 2018  2. Resident #10, whe extensive assistance hygiene on, was not by facility staff on 12  The findings include:  1. Resident #8, who extensive assistance hygiene, was not profacility staff on multip through August 2018  Resident #8 was adm 11/21/16. Resident #8 were not limited to did difficulty swallowing.  MDS (minimum data with an ARD (assess 7/7/18, coded the resident. Section G code extensive assistance mygiene.  Review of Resident # and August 2018 ADL	was coded as requiring e of one staff with personal ovided adequate oral care by ole occasions from June 3.  To was coded as requiring of one staff with personal provided adequate oral care /29/17 and 12/31/17.  Was coded as requiring of one staff with personal vided adequate oral care by ole occasions from June of one staff with personal vided adequate oral care by ole occasions from June of one staff with personal vided adequate oral care by ole occasions from June of one staff with personal reference date) of ident as being cognitively old Resident #8 as requiring of one staff with personal or one staff w	F 67	<ol> <li>The DON/designee will educate the CNAs regarding appropriate ADL care for the residents and documentation.</li> <li>The Social Service Director/Designee will interview 5 residents a week for 12 weeks to ensure residents are receiving appropriate ADL care. The DON/designee will audit 5 residents' charts a week for 12 weeks to ensure documentation of ADL care is provided. Findings will be brought to QAPI for review and revision as needed to ensure compliance.</li> <li>DOC: 9/30/18</li> </ol>	y	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		TE SURVEY
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	failed to reveal any fregarding oral care (above dates. Resid 3/30/18 documented resident has potential problems r/t (related extracted. Requires staff with oral/dental care per routine and assistance from staff. On 8/28/18 at 3:25 pconducted with Residuals assist her with character with a staff assist her with character with character staff assist her with character with character staff assist her with character as the staff document of a care is documented in asked how a CNA conducted with character is documented in asked how a CNA conducted with conducted with conducted with character is documented in asked how a CNA conducted with conducte	otes for the above dates urther documentation (including refusal) on the ent #8's care plan initiated on It, "DENTAL NEEDS: The all for continued oral health to) having several teeth extensive assistance from careInterventions: oral prn with extensive f"  .m., an interview was dent #8. When asked if the oral care each day, Resident to not.  .m., an interview was (certified nursing assistant) re. CNA #2 stated the CNAs roviding oral care in the tright. CNA #2 stated oral in the ADL system. When rould evidence oral care was sumented in the ADL system, re responsibility of the CNAs asked how this surveyor re was provided if it was not DL system, CNA #2 stated,	F 67	7		

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			NUI	REET ADDRESS, CITY, STATE, ZIP CODE MBER ONE AUTUMN COURT DISON, VA 22727	<u>  08</u>	/30/2018
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	conducted with LPN regarding oral care. responsible for proveresident has special On 8/29/18 at 6:56 pstaff member) #1 (the director of nursi above concern.  The facility policy title documented, "Nursing oral hygiene in order lessen the occurrence of the work of the mouth and mouth odors and infermation of the mouth odors and infermation of the mouth odors and infermation of the mouth of the tongue. Others of the tongue. Others of the mouth and on the mouth of the mouth and on the mouth." This information of the mouth of the mouth of the mouth of the mouth of the mouth. This information of the mouth of the mouth of the mouth of the mouth. This information of the mouth of the mouth of the mouth of the mouth of the mouth. This information of the mouth of the mouth of the mouth of the mouth of the mouth. This information of the mouth of the mouth of the mouth of the mouth. This information of the mouth o	(licensed practical nurse) #7 LPN #7 stated CNAs are iding oral care unless a protocols.  D.m., ASM (administrative administrator) and ASM #2 ng) were made aware of the ed, "Oral Hygiene" ag staff personnel will provide to cleanse the mouth and se of mouth infections."  In was presented prior to exit.  In care) does the following: at teeth clean. Prevents ections. Increases comfort. Increases comfort. Increases comfort. Increases and some pad taste in the mouth. They coating in the mouth and on ause redness and swelling the tongue. Dry mouth is an associated from: Increased fluid ome drugs cause dry ion was obtained from: Increase and swelling Assistants 3rd digorek, page 205.  Indicator of the composition	F 6	77			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION ING		TE SURVEY
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP C NUMBER ONE AUTUMN COURT MADISON, VA 22727		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BF	(X5) COMPLETION DATE
	edition, Sorrentino a  2. Resident #10, wil extensive assistance hygiene on, was not by facility staff on 12  Resident #10 was a 12/28/17. Resident were not limited to p difficulty swallowing Resident #10's most set), a five day Medi ARD (assessment re coded as being cogre coded Resident #10 assistance of one sta Resident #10 discha 1/1/18.  Review of Resident # (activities of daily livi resident received ora mouth care) only one 12/31/17. Further re clinical record (includ speech therapy note documentation regar refusal) on 12/29/17 #10's care plan date "PERSONAL HYGIE resident requires 1 si with personal hygiene  On 8/29/18 at 1:39 p. conducted with CNA #2 regarding oral car	for Nursing Assistants 3rd and Gorek, page 205.  The was coded as requiring the of one staff with personal approvided adequate oral care 2/29/17 and 12/31/17.  In dmitted to the facility on the facility of	F 67			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495244	B. WING	·	0.8	C 3/30/2018	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727	DDE	73072010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BF	(X5) COMPLETION DATE	
F 684	morning and again a care is documented asked how a CNA condone if it was not do CNA #2 stated it is to document. When would know if oral care documented in the A "You don't."  On 8/29/18 at 3:22 pronducted with LPN regarding oral care. responsible for provincesident has special. On 8/29/18 at 6:56 province	at night. CNA #2 stated oral in the ADL system. When ould evidence oral care was cumented in the ADL system, he responsibility of the CNAs asked how this surveyor are was provided if it was not ADL system, CNA #2 stated, DL system, and Interview was protocols.  In ASM (administrative endministrator) and ASM #2 and ware of the made aware of the mass presented prior to exit. If Association Mouth Healthy, "Brushing and flossing your though it may have been and a cavity, your risk of the age. One of the reasons is a side effect of many ons. Brush your teeth twice othpaste" This information	F 68				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION DING		ATE SURVEY DMPLETED
		495244	B. WING	i		C
	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ORRECTION ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
t t	§ 483.25 Quality of a Quality of care is a fapplies to all treatmer facility residents. Bata assessment of a restrict that residents receives accordance with propractice, the compression of a restrict that residents receives accordance with propractice, the compression of a compression of a composition of a com	care undamental principle that ent and care provided to sed on the comprehensive ident, the facility must ensure e treatment and care in fessional standards of hensive person-centered esidents' choices. T is not met as evidenced on, staff interview, facility nical record review, and in plaint investigation, it was by staff failed to provide in accordance with ds of practice and the on-centered care plan for in the survey sample, in #3, Resident #11. Ited to administer the end by the physician for led to administer end to administer	F 6		dent as cility adol as ent # 11 sident as have be e. nee will nsed ving rs. vill ses on res for to	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING		TE SURVEY
		495244	B. WING		1	C <b>/30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00/	30/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE.	(X5) COMPLETION DATE
	stress disorder and recent MDS (minimulations) (minimulations) of 6/having scored a 15 cinterview for mental was cognitively impa. The resident was cofrom staff for activitie eating which the resident was considered to a civitie eating which the resident was considered to a civitie eating which the resident independently.  Review of the resident initiated on 6/14/18 and documented, "Focus infection R/T (related Pyleonephritis (2). Interest in the August documented, "Doxycy 100 MG (milligrams). The afternoon before dinned afternoon before dinned (medications). Tablet 50 MG Give 1 day."  Review of the August administration record Hyclate (3) Capsule 1 capsule by mouth in the stones 1 caps (sic) in separate from other myletoprolol Tartrate (4) by mouth two times a	Wilson disease (1). The most am data set), a significant with an ARD (assessment 22/18 coded the resident as put of 15 on the BIMS (brief status) indicating the resident ired to make daily decisions. ded as requiring assistance as of daily living except for dent could perform  In this comprehensive care plan and revised on 8/29/18 INFECTION: Resident has to) Obstructive terventions as ordered.  2018 physician's orders yoline Hyclate (3) Capsule Give 1 capsule by mouth in the eral stones 1 caps (sic) in the erand separate from other Metoprolol Tartrate (4) thablet by mouth two times a compared to the erand separate from other Metoprolol Tartrate (4) thablet by mouth two times a compared to mouth the erand separate from other Metoprolol Tartrate (4) thablet by mouth two times a compared to mouth the erand separate from other Metoprolol Tartrate (4) thablet by mouth two times a compared to mouth two times a compared to mouth two times and compared to mouth two times a compared to mouth two times a compared to mouth two times and compared to mouth two times a compared to mouth two times a compared to mouth two times and compared to mouth two times a compared to mouth two times and compared to mouth two times a compared to mouth two times and compared to mouth tw	F 6	4. The DON/Designee will audit 5 residents a week for 12 weeks to ensure physician's orders are being followed.  DON/designee will audit 2 nurses a week during medication pass to ensure no deficient practice. Findings will be brought to QAPI for 3 months for review and revision as needed to monitor compliance.  5. DOC: 9/30/18		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		495244	B. WING		90	C 3/30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP COD NUMBER ONE AUTUMN COURT MADISON, VA 22727		70078010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
	conducted on 8/28/1 (licensed practical n doxycycline and met and took the medica resident took the medica p.m. with LPN #10. It the doxycycline and have When asked if she horder, LPN #10 states where the properties of the comp.m. with LPN #3, the asked who entered the given into the comp.m. with LPN #3, the administered medical medical properties and resident #1. LPN #3 bottom part of that (It doxycycline)." When metoprolol with the deshe had. When asked physician's order, LPN CON 8/29/18 at 7:00 p. member) #1, the admidirector or nursing we findings.  Review of the facility's resident #1.	istration observation was 8 at 4:48 p.m. with LPN urse) #10. LPN #10 put the toprolol into a medicine cuption to Resident #1. The edications.  Inducted on 8/29/18 at 2:10 LPN #10 was asked to review metoprolol orders. When en the medications together, had. When asked if that was ted, "No, we should notify the them separate them out." ad followed the physician's ed, "No."  Inducted on 8/29/18 at 3:58 or resident's nurse. When the time medications were to enouter, LPN #3 stated, order." When asked if she edication to Resident #1, LPN PN #3 was asked to review metoprolol orders for stated, "I never saw the ne instructions for the asked if she had given the poxycycline, LPN #3 stated if she had followed the N #3 stated she had not.  Inducted on 8/29/18 at 3:58 or resident's nurse. When he time medications were to enough the properties of the instruction of the asked if she had given the poxycycline, LPN #3 stated if she had followed the N #3 stated she had not.  Inducted on 8/29/18 at 3:58 or resident's nurse. When he time medications were to enough the properties of the instructions for the asked if she had given the poxycycline, LPN #3 stated if she had not.  Inducted on 8/29/18 at 2:10 or review metoprolol orders for stated, "I never saw the new instructions for the asked if she had followed the N #3 stated she had not.  Inducted on 8/29/18 at 2:10 or review metoprolol orders for stated, "I never saw the new instructions for the asked if she had followed the N #3 stated she had not.	F 6	\$84		
	Orders" did not evide	nce documentation				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495244	B. WING				C <b>/30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP NUMBER ONE AUTUMN COURT MADISON, VA 22727	CODE		00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 684	regarding following.  No further information of Patricia A. Potter an Inc; Page 419. "The directing medical tresobligated to follow pubelieve the orders a clients."  (1) Wilson disease disease that prevent extra copper. The bocopper from food to much copper is pois filters extra copper a fluid made by the I wastes out of the bogastrointestinal tract does not filter coppe up in the liver, brain, Over time, high copplife-threatening organ was obtained from: https://www.niddk.nildisease/wilson-disease/wilson-disease/wilson-disease/some can easily can disseminated intrava a potentially lethal disobtained from: https://www.ncbi.nlm  (3) Doxycycline Hycla	a physician's order.  In was obtained prior to exit.  If Nursing" 6th edition, 2005; d Anne Griffin Perry, Mosby, e physician is responsible for eatment. Nurses are hysician's orders unless they re in error or would harm  - Wilson disease is a genetic sthe body from removing ody needs a small amount of stay healthy; however, too onous. Normally, the liver and releases it into bile. Bile is iver that carries toxins and dy through the . In Wilson disease, the liver or correctly and copper builds eyes, and other organs. For levels can cause of damage. This information on gov/health-information/liverse#sec1  In physician's orders while a genetic series and concomitant series. Because the hitis secondary to ureteral use sepsis and concomitant scular coagulation (DIC), it is sease. This information was unit.gov/pubmed/26419073	F 6	884			

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING		TE SURVEY MPLETED
		495244	B. WING		30	C 3/30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	70072010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTI  X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
	maintain the effective delayed-release tabe drugs, Doxycycline is tablets should be use infections that are perfections that are perfec	veness of doxycycline hyclate lets and other antibacterial hyclate delayed-release led only to treat or prevent roven or strongly suspected ceptible bacteria. This lained from:nih.gov/dailymed/druglnfo.cf 9619-4199-8a5d-83377b3274  toprolol is a cardioselective widely used in the treatment angina pectoris. This lained from: by/Metoprolol.htm  tiled to administer the diby the physician for  mitted to the facility on led on 6/30/18 with led but were not limited to: (1), weakness, chronic pain, and irregular heartbeat.  S (minimum data set), a let, with an ARD (assessment 13/18, coded the resident as leut of 15 on the BIMS (brief letatus) indicating the resident at to make daily decisions.  Int's care plan initiated on 17/16/18 documented, lations Administer	F 6			

11	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP ON NUMBER ONE AUTUMN COURT MADISON, VA 22727		100,2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLÉTION DATE
	Review of the July 2 documented, "Tram (milligrams) Give 2 as needed for pain."  The August 2018 marecord documented, MG (milligrams) Give every 4 hours as needed for pain. Severy 4 hours as needed 2 a.m., 8/4/18 at and 8/24/18 at 6:30 administered to the level was documented the resident did not be medication was give On 8/30/18 at 4:15 pmember), #1 and AS were made aware of received pain medication and pain.  A telephone interview at 4:25 p.m. with LPI #12, the nurse who at 4:25 p.m. with LPI #12, the nurse who at 4:25 p.m. with LPI #12 was asked follows when giving pstated, "I would ask than and how bad is the pten." When asked if documented, LPN #1 that in (name of softwould she give an as a resident who did no "Well, some people to pain." When asked if gave pain medication pain, LPN #12 stated	2018 physician's orders adol HCL (2) Tablet 50 MG tablet by mouth every 4 hours edication administration "Tramadol HCL Tablet 50 to 2 tablet (sic) by mouth eded for pain." On 8/2/18 at 6:00 a.m., 8/6/18 at 5:31 a.m. a.m. the medication had been resident. The resident's pain ed as being zero indicating have pain when the	F6	684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495244	B. WING _		08	C <b>/30/2018</b>	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	clock but they want of pain medications so she would have to medication." She are give her a pain pill with doesn't get pain." We appropriate to give pushed did not have part who further information (1) Parkinson's diserprogressive disorder affects seven especially an area of controls balance and was obtained from: https://ghr.nlm.nih.gree  (2) Tramadol Tramused for the therapy This information was https://pubchem.ncbmadol#section=Top 3. The facility staff famedications (availab [immediate] box) to famedications (availab [immediate] box) to famedicate the didisease, status post blood pressure. Reseminimum data set), assessment with an assessment with	her to decrease the amount she takes so they changed it to ask for her pain and I have an agreement that I when she wakes up so she then asked if it was pain medication to a resident in, LPN #12 stated, "Well no." and followed the physician's ed, "No."  On was provided prior to exit.  ase Parkinson disease is a rof the nervous system. The eral regions of the brain, alled the substantia nigra that dimovement. This information by/condition/parkinson-disease and of mild-to-moderate pain. Sobtained from: i.nlm.nih.gov/compound/Tra  ailed to administer le in the facility STAT Resident #11 on 5/30/18.  Imitted to the facility on and the substantial and high ident #11's most recent MDS	F 68	4			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTI ING	ION		ATE SURVEY OMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON				SS, CITY, STATE, ZIP CODE AUTUMN COURT 22727		0.00.2010	_
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH C	VIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOUI EFFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
	Review of Resident physician's orders the limited to: 5/24/18- clopidogrel (milligrams) by mout 5/30/18- potassium of (milliequivalents) - or afternoon.  Review of Resident of (medication administed to Residenced by a blank check mark or nurse notes dated 5/30/18 medications were addicated to): CAD (conferipheral vascular of (related to): CAD (conferipheral vascular of medications)In ordered"  Review of the facility box containing various accessed to obtain more revealed five tablets of and five tablets of potwere available.	ce of Licensure and d a complaint that nt #11's medications were not es.  #11's clinical record revealed at included but were not bisulfate (1) 75 mg h in the evening. Chloride (2) 20 meq ne tablet by mouth in the ration record) failed to reveal and potassium chloride was dent #11 on 5/30/18 (as a space on the MAR with no 's initials). Review of nurses'	F 6	84				

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	LTIPLE CONSTRUCTION DING		ATE SURVEY OMPLETED
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	PROVIDER OR SUPPLIER	<u>.</u>		STREET ADDRESS, CITY, STATE, ZIP COD NUMBER ONE AUTUMN COURT MADISON, VA 22727	)E	8/30/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
	administering clopid chloride to Resident and the nurse was roon 8/29/18 at 3:22 producted with LPN LPN #7 was asked if medication administ signing off on the Mark is stated, "You assume asked if there was a medication administ on the MAR, you car shown Resident #11 how one would know were given on 5/30/1 tell. It wasn't signed On 8/29/18 at 6:56 production administration the MAR, you car shown Resident #11 how one would know were given on 5/30/1 tell. It wasn't signed On 8/29/18 at 6:56 production for a facility pharmacy Dose Preparation and above concern.  The facility pharmacy Dose Preparation and adocumented, "Proceed comply with facility postate Operations Mark medications6. After facility staff should the facility policy and approved imited to the following medications are when medications are when medications are stated to the following medications are when medications are stated to the following medications are when medications are stated to the following medications are when medications are stated to the following medi	logrel bisulfate and potassium #11 on 5/30/18 was made not available for interview.  D.m., an interview was (licensed practical nurse) #7. now nurses evidence ration. LPN #7 stated, "By AR." When asked what is not signed off, LPN #7 it wasn't given." When ny other way to evidence ration, LPN #7 stated, "If not n call the nurse." LPN #7 was 's May 2018 MAR and asked wif the resident's medications 18. LPN #7 stated, "You can't."  D.m., ASM (administrative e administrator) and ASM #2 ng) were made aware of the policy titled, "6.0 General d Medication Administration" dure: 1. Facility staff should colicy, applicable law and the nual when administering redication administration, ke all measures required by colicable law, including, but owing: 6.1 Document n administration/treatment on medications are opened,	F 6	584		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STREET ADDRESS, CITY, STATE, ZIP CODE	08/	30/2018
AUTUM	N CARE OF MADISON			NUMBER ONE AUTUMN COURT MADISON, VA 22727		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE .	(X5) COMPLETION DATE
	(1) "Clopidogrel is up prevent serious or litthe heart and blood had a stroke, heart a This information was https://medlineplus.gtml  (2) "Potassium is on which are minerals the when dissolved in both Most of the body's pocells. Potassium is not functioning of cells, reinformation was obtain https://www.merckmand-metabolic-disordview-of-potassium-s-COMPLAINT DEFICIT Treatment/Svcs to Prevent and serious or little to the province of the body's pocells. Potassium is not functioning of cells, reinformation was obtain the province of the body's pocells. Potassium is not functioning of cells, reinformation was obtain the province of the body's pocells. Potassium is not functioning of cells, reinformation was obtained by the province of the body's pocells. Potassium is not functioning of cells. The province of the body's pocella in the body's pocella i	sed alone or with aspirin to re-threatening problems with vessels in people who have attack, or severe chest pain." sobtained from the website: pov/druginfo/meds/a601040.h e of the body's electrolytes, nat carry an electric charge roly fluids such as blood. Otassium is located inside the eccessary for the normal perves, and muscles." This ined from the website: anuals.com/home/hormonal-ters/electrolyte-balance/over role-in-the-body  ENCY revent/Heal Pressure Ulcer	F 686	F686-Pressure Ulcer		
SS=G	CFR(s): 483.25(b)(1) §483.25(b) Skin Integ §483.25(b)(1) Pressu Based on the compre resident, the facility m (i) A resident receives professional standard pressure ulcers and of ulcers unless the individemonstrates that the (ii) A resident with pre necessary treatment a with professional stan promote healing, prev new ulcers from devel	rity re ulcers. hensive assessment of a nust ensure that- care, consistent with s of practice, to prevent loes not develop pressure vidual's clinical condition by were unavoidable; and ssure ulcers receives and services, consistent dards of practice, to ent infection and prevent	F 600	<ol> <li>Resident #18's pressure ulcer was found on 8/27/18 with treatment was ordered.</li> <li>Current residents have the potential to be affected by this deficient practice. The DON/Designee completed a skin sweep on current residents to ensure no other pressure ulcer were in the facility.</li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495244	B. WING	ì		C	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		3/30/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(	DRE	(X5) COMPLETION DATE	
- I S I I I I I I I I I I I I I I I I I	by: Based on observati document review, ar complaint investigati facility staff failed to the prevention and the for one of 22 resider Resident #18.  The facility staff faile on Resident #18's fo advanced stage. The one 8/26/18, and was staff on 8/27/18, as a 1.0 (centimeters) by depth of 0.2 cm., with bed and a scant amoresulting in harm. Thensure complete skir measurements, described and the stage of the findings include:  Resident #18's fourth identifying the stage of the findings include:  Resident #18 was add 3/7/18 with diagnoses imited to: schizophremental disorders chardistortions of reality, wanguage, perception 1)) (1), anxiety disordisordisordisordisconding depression the most recent MDS assessment, an admissessment references	on, staff interview, facility and in the course of a son, it was determined the provide care and services for reatment of a pressure injury ats in the survey sample,  d to identify a pressure injury urth left toe until it was at an e pressure sore was found assessed and staged by a Stage III wound, measuring 0.8 cm (centimeters) with a nyellow tissue in the wound ount of purulent drainage, are facility staff also failed to a assessments including riptions of the area on a left toe, prior to the staff III Pressure sore.  mitted to the facility on that included but were not nia (Any of a group of racterized by gross withdrawal of thought, and emotional response ler, atrial fibrillation (2) high y of a heart attack, and dementia.	F6	3. The DON/Designee will educate the nursing staff on wound management to include reporting skin issues and documenting on Shower sheets and biweekly skin checks.  4. The DON/Designee will audit 10 resident's weekly skin checks a week for 12 weeks to ensure proper documentation has occurred. The DON/Designee will observe 10 resident's skin to ensure all skin is properly reviewed and treatments are in place as necessary. Findings will be brought to QAPI for three months for review and revision as needed to ensure compliance.  5. DOC: 9/30/18	е		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP ON NUMBER ONE AUTUMN COURT MADISON, VA 22727	CODE	08/30/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION TE DATE
	interview for mental was capable of mak decisions. The resid limited to extensive activities of daily living required supervision Conditions, the residents for developing phaving any current undersidents with press from the administrat member- ASM #1). I having a pressure in on 8/26/18. The pressure injury pressure injury.  A pressure injury is lead underlying soft tiprominence or related device. The injury can open ulcer and may as a result of intense or pressure in combit tolerance of soft tissumay also be affected perfusion, co-morbid tissue. (3).  Stage 3 Pressure Injury is lead to the combit tolerance of soft tissumay also be affected perfusion, co-morbid tissue. (3).	status) score, indicating she cing her own daily cognitive lent was coded as requiring assistance for most of her ng except eating as she only n. In Section M - Skin dent was coded as being at pressure ulcers but as not unhealed ulcers.	Fe	686		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT: ( (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	wounds. Undermin Fascia, muscle, ten and/or bone are not obscures the extent Unstageable Press. The Admission Eval documented in part, A total score of 12 or developing pressure above indicates a lo injuries. (5)  The "Bi-Weekly Skir documented in part, current Skin Issues." Yes." The "Descript cellulitis."  The nurse's note dat documented in part, assessment noted refoot fourth toe there red and warm to tour new order received." written in the clinical The nurse's note dat documented in part, antibiotic therapy. C (antibiotic) cellulitis to no adverse effects from The nurse practitions p.m. documented in part, documented in part, and documented	ing and tunneling may occur. don, ligament, cartilage exposed. If slough or eschar of tissue loss this is an ure Injury. (4)  uation dated, 8/7/18, "Braden Score - 21."  I less indicates a high risk for einjuries. A score of 19 or w risk of developing pressure  In Check" sheet dated 8/7/18, "Does the resident have "A mark was made next to ion" documented, "left 4th toe  ated, 8/7/18 at 2:20 p.m. "While doing skin esident to have on her left was a sore that was swollen ch doctor here on rounds of (Sic. Sentence typed as is record).  ated, 8/8/18 at 12:06 a.m. "Resident is currently on urrently taking Doxycycline of 4th toe. Resident is having om antibiotic."  ar note dated, 8/8/18 at 4:10 part, "Skin: warm, in: 8. Cellulitis, acute -	F 68	36		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			NU	REET ADDRESS, CITY, STATE, ZIP CODE JMBER ONE AUTUMN COURT ADISON, VA 22727			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	The nurse's note dadocumented in part, antibiotic therapy. C Doxycycline (antibio Resident is having mantibiotic."  The nurse's note dadocumented in part, antibiotic therapy. C Doxycycline (antibiotic Resident is having mantibiotic."  The nurse's note dadocumented in part, receive Doxycycline symptoms) adverse  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline symptoms) adverse  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline symptoms) adverse  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline symptoms) adverse  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline symptoms) adverse  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline symptoms) adverse  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline symptoms) adverse  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline symptoms) adverse  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline (antibiotic.")  The "Bi-Weekly Skin 8:06 p.m. documented in part, receive Doxycycline (antibiotic.")	ted, 8/9/18 at 12:06 a.m. "Resident is currently on urrently (Sic.) taking tic) cellulitis to 4th toe. To adverse effects from ted, 8/10/18 at 12:06 a.m. "Resident is currently on urrently (Sic.) taking tic) cellulitis to 4th toe. To adverse effects from ted, 8/10/18 at 12:06 p.m. "Resident continues to for cellulitis. No s/s (signs or reactions noted."  Check" dated, 8/10/18 at ted in part, "Does the resident sues." A mark was made next ption" documented, "L (left) "X (antibiotic treatment)  th/ Bed Bath Sheet" A (certified nursing 0/18, documented the shower, wanted to get m." The form documented ashes, bruises, or redness ct.  Check" dated, 8/13/18 at and in part, "Does the resident ues." A mark was made next totion" documented, "4th toe	F 6	86				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 686	The "Shower/Tub ba	ath/ Bed Bath Sheet"	F 68	36		
	resident had no rash	13/18, documented the nes or bruises. The resident having redness on her 4th				
	The physician note of documented in part, dryAssessment/Pladoxycycline as order	an: Cellulitis, acute -				
	8:06 p.m. document have current Skin Iss	n Check" dated, 8/16/18 at ed in part, "Does the resident sues." A mark was made next iption" documented, "4th toe."				
-	resident had no rash was intact. The resid	IA (certified nursing 7/18, documented the es or bruises and the skin lent was documented as nothing was documented as			*	
	8:06 p.m. documente have current Skin Iss	Check" dated, 8/19/18 at ed in part, "Does the resident sues." A mark was made next ption" documented, "fourth				
	The "Bi-Weekly Skin	Check" dated, 8/22/18 at				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	have current Skin Is to "No."  The "Shower/Tub be completed by the Cl assistant), dated, 8/2 resident had no rash skin was intact.  The nurse practition p.m. failed to eviden the resident's left four the resident's left four the resident's left four the resident's left four the "Shower/Tub ba completed by the CN assistant), dated, 8/2 resident refused her documentation related the CNA.  The "Weekly Wound documented, "Wound documented, "Wound documented, "Wound Wound location: left (centimeters). Width Depth - 0.2 cm. Local acquired: In house. El 8/26/18. Drainage - Fiscant. Wound bed approne. Periwound approved the "Bi-Weekly Skin" The "Bi-Weekly Skin"	ath/ Bed Bath Sheet" NA (certified nursing 24/18 documented the res, bruises, redness and the rese, bruises, redness and the res, redness and the redness and th	F 6	86			
		d in part, "Does the resident					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	00	730/2016
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	have current Skin Is to "Yes." The "Description of the resident had no and the skin was into the resident had no and the skin was into the comprehensive documented, "Focus INTEGRITY/PRESS resident has potential development r/t (reladepression, osteoart assistance from staff positioning." The revidocumented, "Stage "Interventions" document/report to Inceded) changes in resident/family/ and/of skin breakdown as status. Serve diet as record." On 8/27/18, include, "Pressure re Supplement therapy heals. TX (treatment of the skin on 8/30/18 at 9:06 a (licensed practical number of the skin on esident's foot was old deformities in bone sident's foot was old	ath/ Bed Bath Sheet" NA (certified nursing 10/18, documented the shower, wanted to get om." The form documented rashes, bruises, or redness act.  care plan dated, 8/7/18 st SKIN ULCER RISK: The alter for pressure ulcer ated to) dementia, thritis, anxiety and requires for remind and assist with rision on 8/27/18, 3 t left foot 4th digit." The mented, "8/7/18 - Assess. MD (medical doctor) PRN (as skin status. Inform the or caregivers of any new area is needed. Monitor nutritional ordered, monitor intake and the care plan was revised to educing mattress to bed. for wound, no shoe till (Sic.)	F 68			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CON NUMBER ONE AUTUMN COURT MADISON, VA 22727		730/2018	
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	length 1.2 cm, depth asked about the sta stated it was a stage middle of the wound observed. The edge #2 further stated, "Son her toe. The toe treated it for cellulities shoes she wore."  An interview was copractitioner, adminis #3, on 8/30/18 at 9:5 knowledge of the readmission, ASM #3 ASM #3 stated the readmission, ASM en the stated that it did not doesn't have, it (ope it's a no. ASM #3 stated the woassessment of the odd not take the residence of the second visit (8/24/18 resident.  An interview was commanager, on 8/30/18 to describe Resident admission, LPN #1 sthe toe, it was red and looked like it had a selection of the describe Resident admission, LPN #1 sthe toe, it was red and looked like it had a selection of the describe Resident admission, LPN #1 sthe toe, it was red and looked like it had a selection of the describe Resident admission, LPN #1 sthe toe, it was red and looked like it had a selection of the selection of the toe.	n 0.2 cm." When LPN #2 was ge of the wound, LPN #2 e 2 pressure injury. In the d, yellow slough was as appeared macerated. LPN when came in with a black scab was warm to touch. They is. This was caused by the inducted with the nurse attrative staff member (ASM) is a.m. When asked her is ident's cellulitis on stated that it had resolved. It is manager had notified ressure ulcer on the same is the had observed the if upon admission the area of an open area on it, ASM #3. ASM #3 stated if she in wound) documented then it it wasn't a pressure it was a cellulitis, (LPN # 1) hoes." When asked if she ound since her first cellulitis, ASM #3 stated she dent's shoes off for her is see note above) with the inducted with LPN #1, the unit at 10:12 a.m. When asked	F 6	86			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495244	B. WING		08	C 3/30/2018
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	had him look at it. Hasked the next time after the doxycycline "The CNAs (certified the resident during thow often a nurse of stated, twice a week sheets were reviewed stated, "They don't the asked how she was to be seen, LPN #1 sevening supervisor fassess it [pressure of assess it is important to do a area, LPN #1 stated, assessment so we concern to assess of the word of the word of the word of a description of a descriptio	the 4th toe was observed was finished, LPN #1 stated, dinursing assistants) look at heir showers." When asked hecks the skin, LPN #1 stated, dinursing assistants) look at heir showers." When asked hecks the skin, LPN #1 stated, dinursing assistants look at heir showers." When asked hecks the skin, LPN #1 stated, "I was told by the motified the resident needed stated, "I was told by the rom the weekend. I went in to sore on the 4th left toe] on ed what the facility policy and the Bi-Weekly skin sed, "They should have a math toe. They failed to do a essment." When asked why a thorough assessment of the "It has to be a complete an evaluate the wound." was certified in wound care, was not a trained wound motion it for many years of sed closely with several en asked why there would be dent #18's wound, LPN #1 low our policies and have not her wound prior to finding er, ASM #3, returned on and stated the wound was area with yellow slough a crescent moon, from the he 7 o'clock position. There the rest of the wound bed ated, "She is at high risk for	F 6	B6		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	deformities of her fee On 8/30/18 at 10:50 the director of nursing member - ASM) #2, concern for harm. We do a full assessment of the area, for a skild director of nursing stabout the process states identified, ASM #2 states goes in the next day She contacts the dogets orders to treat. Important to docume on the wound assess assessments, ASM assure we are treating.  An interview was considered as the second of the wound assessments, LPN # assessments, LPN # assessment) pops upoften on the computer body. If there are old When asked if she wishe document, "left for "We should describe today that I should be before today."  The facility policy, "We documented in part, (Name of Corporation comprehensive assefacility must ensure the consistent with professions."	a.m. the administrator and ng, (administrative staff were made aware of the When asked if the staff should at and include a full description in concern, ASM #2, the tated, "Yes." When asked taff follows for new skin areas tated, "The unit manager and assesses the wound. ctor or nurse practitioner and When asked why it is ent a description of the area sments and skin #2 stated, "It's so we can ng it properly."  Inducted with LPN #3 on a when asked about the for completing skin #3 stated, "It (skin p weekly or sometimes more er. I look at the whole entire a sisues I answer a yes."  I look at the whole entire as describing an area would courth toe," LPN #3 stated, what we see. I was told at I wasn't doing it that was  Yound Management"  "Policy: It is the policy of an based on the ssment of a resident; the hat a resident receives care,	F 68	36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	develop pressure ul clinical condition dei unavoidable; and a receives necessary consistent with profe practice, to promote and prevent new ulcMonitoring - 3. Two days, the nursing as resident's skin and pthe shower sheet. The report any reddened the licensed nurse. A complete a head to the as well. This head to as well as location, Cartype (s), wound bed wound edges, sinust tunneling, exudate, in presence/absence of epithelialization." Pastates, "Re-evaluate of care, and the individoes not show progreweeks (or as expected overall condition and deterioration should be this information was Pressure Ulcer Advis Prevention and Treat Guideline. Washington	cers unless the individual's monstrates that they were resident with pressure ulcers treatment and services, essional standards of healing, prevent infection ers from developing rice weekly, on bath/shower sistant will look at the place the identified area on the nursing assistant will and/or areas of concern to the licensed nurse will one body review twice a week to toe body review twice a week to toe body review is inning assistant's skin review."  Treatment Quick Reference these on page 8 concerning is sment, "Assess and it physical characteristics the gory/Stage, size, tissue and periwound condition, tracts, undermining,	F 6	86		

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
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AUTUMI	N CARE OF MADISON			NUMBER ONE AUTUMN COURT			
				MADISON, VA 22727			
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170	1120021107110711	DENTIL TING IN CHIMATION	TAG	CROSS-REFERENCED TO TI		IATE	DATE
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F 686	Continued From page	go 115	г.	100			III
1 000		ge 115	F 6	986			
	2014.						
	No further informati	an usaa muusidad asiissats seit					
	No lutther miormatic	on was provided prior to exit.					
	(1) Barron's Dictions	ary of Medical Terms for the					
		r, 5th edition, Rothenberg and					
	Chapman, page 522						
	onapman, pago ozz						
	(2) Atrial fibrillation is	s a condition characterized by					
	rapid and random co	ontraction of the atria of the					
		lar beats of the ventricles and					
		ed heart output and frequently					
	clot formation in the	atria. This information was					
		on's Dictionary of Medical					
		Medical Reader, 5th edition,					
	Rothenberg and Cha	apman, page 55.					
	(O) This is former than			1			
		was obtained from the				1	
	following website:	g/resources/educational-and-					
		puap-pressure-injury-stages/					
	ciiriicai-resources/np	dap-pressure-injury-stages/					
1	(4) This information	was obtained from the					
	following website:	was obtained from the					
		g/resources/educational-and-					
		uap-pressure-injury-stages/					
	·						
		was obtained from the					
	following website:						
		dh/files/Braden_Scale.pdf					
		stomy Care and Suctioning	F 69	95			- 1
SS=D	CFR(s): 483.25(i)						1
	0.400.05(0.5						
	§ 483.25(i) Respirato						
		nd tracheal suctioning.					
	The facility must ensi	ure that a resident who					
	needs respiratory car	re, including tracheostomy					
	care and trachear Suc	ctioning, is provided such					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION BUILDING		
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1 1 1 1 ti co in	care, consistent with practice, the compre care plan, the reside and 483.65 of this stand 483.65 of the survey, facility door record review, it was staff failed to provide respiratory services of the survey sample. From From From From From From From From	in professional standards of ehensive person-centered ents' goals and preferences, abpart.  T is not met as evidenced on, resident interview, staff ument review and clinical determined that the facility care and treatment for for three of 22 residents in Resident #5, Resident #9 and Resident #5.  Iled to store the continuous ure (CPAP) mask in a Resident #5.  Iled to store the continuous ure mask in a sanitary #9.  Iled to administer oxygen per for Resident #16.  Idmitted to the facility on the don 8/7/18 with diagnoses and limited to: morbid (1), depression, diabetes, arthritis and kidney disease.	F 69	2.	Resident's # 9 tubing was changed and Residents # 5 and 16 CPAP masks were cleaned and bagged. Residents receiving oxygen and CPAP treatments have the potential to be affected by this deficient practice. The DON/Designee will audit residents that have respiratory services to ensure proper storage and cleaning of tubing. The DON/designee will educate the nursing staff on proper storage of respiratory equipment.		
ro h fo	eference date) of 6/8 aving a 14 out of 15 or mental status) indi	with an ARD (assessment /18 coded the resident as on the BIMS (brief interview cating the resident was ake daily decisions. The					

	OF CORRECTION	IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		ATE SURVEY DMPLETED
		495244	B. WING		0(	C 8/30/2018
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	resident was coded staff for all activities eating which the resindependently.  Review of the compron 8/7/18 documente CARDIAC/RESPIRA Interventions Cleans ordered."  Review of the August documented, "CPAP shift."  Review of the August administration record every evening shift."  An observation was marked and the bedside stand. An observation was marked the wheelchair. The CPA on the bedside stand. An observation was marked the wheelchair. The down on the bedside stand. An interview was concommented, "They're supported the stated, "They're supported in need to go get prine." When asked we was to be stored the saked with the sake	as requiring assistance from of daily living except for ident could perform  rehensive care plan initiated ed, "Focus TORY: USE OF C-PAP e mask after use as  1 2018 physician orders (2) at bedtime every evening 1 2018 treatment documented, "cpap bedtime The CPAP was documented by day except for 8/29/18 used it.  Inade on 8/28/18 at 10:45 The resident was sitting up P mask was lying face down  Inade on 8/29/18 at 10:30 The resident was sitting up The CPAP mask was lying face	F 6	4. The unit manager/designe audit 5 residents week for 12 week ensure respiratory equipment is clear and stored appropriately. Resof audits will be talto QAPI committee monthly for 3 monfor review and reviews needed to ensure compliance.  5. DOC: 9/30/18	per s to ned sults ken ths	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495244	B. WING		0.0	C 8/30/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	1/30/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG		I D BE	(X5) COMPLETION DATE
	they were stored in "To keep the germs"  On 8/29/18 at 7:00 pmember) #1 and AS were made aware of Review of the facility Support Policy" did nwas to be stored when In "Fundamentals of Patricia A. Potter and Inc; Page 648. "Box of Health Care-Asson Respiratory Tract (therapy equipment."  (1) Lymphedema is the swelling. It happens body's soft tissues. Lewhite blood cells that can build up when the or blocked. It usually This information was https://medlineplus.g.  (2) CPAP It involve that includes a mask your nose or your no position the mask, a to the machine's mot air into the tube. CPA sleep-related breathing apnea. This informat https://www.nhlbi.nih.	plastic bags, LPN #9 stated, and dust off."  D.m. ASM (administrative staff of the findings.  It's policy titled, "CPAP/BIPAP not document how the mask en not in use.  Nursing" 7th edition, 2009: It Anne Griffin Perry: Mosby, 34-2 Sites for and Causes ciated Infections under Contaminated respiratory  The name of a type of when lymph builds up in your lymph is a fluid that contains the lymph system is damaged thappens in the arms or legs. To obtained from:  The overlappens in the arms or legs. To obtained from:  The using a CPAP machine or other device that fits over see and mouth, straps to tube that connects the mask or, and a motor that blows	F 6	95		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495244	B. WING	3		C 08/30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP NUMBER ONE AUTUMN COURT MADISON, VA 22727	CODE	00/30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	manner for Resident Resident #9 was ad 3/23/17 and readmit that included but we respiratory failure, dinfections.  The most recent ME annual assessment, reference date) of 8/having a 15 out of 19 fro mental status) incognitively intact to resident was coded a staff for activities of which the resident complete which the resident complete with	mitted to the facility on ted on 8/1/17 with diagnoses re not limited to: dementia, epression and urinary tract  OS (minimum data set), an with an ARD (assessment 1/4/18 coded the resident as 5 on the BIMS (brief interview dicating the resident was make daily decisions. The as requiring assistance from daily living except for eating, ould perform independently.  Int's comprehensive care plantand revised on 5/14/18  OXYGEN USE: Resident (related to) COPD (chronic ry disease); use of C-PAP at There were no interventions and storage.  It 2017 physician's orders on at bedtime."  It 2017 medication documented, "CPAP on at umented as being on every made on 8/28/18 at 10:30 The resident was up in the P mask was lying face down	F 6	695		

*	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	TIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		495244	B. WING		30	C 3/30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP COE NUMBER ONE AUTUMN COURT MADISON, VA 22727		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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	An observation was of Resident #9. The chair. The CPAP mathe bedside table.  An observation was a.m. of Resident #9 in a wheelchair. The down on the bedside table.  An interview was cop.m. with LPN (licen resident's nurse. When ask was to be storstated, "They're supland I need to go get mine." When asked LPN #9 named Resithey were stored in proceeding were stored in proceeding to the physician's of the physician's of Resident #16 was ac 3/1/16 and readmitte that included but were	made on 8/29/18 at 8:25 a.m. resident was sitting up in a ask was lying face down on made on 8/29/18 at 10:55. The resident was sitting up a CPAP mask was lying face table.  Inducted on 8/19/18 at 2:00 sed practical nurse) #9, the nen asked how the CPAP red when not in use, LPN #9 posed to be in a plastic bag plastic bags for all three of which residents were hers, dent #9. When asked why plastic bags, LPN #9 stated, and dust off."  Ind. ASM (administrative staff M #2 the director of nursing	F 6	95		
	day assessment, with reference date) of 8/8	S (minimum data set), a five n an ARD (assessment 8/18 coded the resident as 5 on the BIMS (brief interview				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495244	B. WING		ns ns	C /30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CONUMBER ONE AUTUMN COURT MADISON, VA 22727		70012010
(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 COR (EACH CORRECTIVE ACTION OF CORRECTIVE ACTION OF CROSS-REFERENCED TO THE APPLICATION OF CROSS-REFERENCED TO THE APPLICATION OF CROSS-REFERENCE)	SHOULD BE	(X5) COMPLETION DATE
	from mental status cognitively intact to resident was coded staff for activities of coded as receiving.  Review of the resid "Focus RESPIRATO Resident requires of (congestive heart far obstructive pulmonarespiratory failure: padminister oxygen administer oxygen administer oxygen fit into the nose to describe the Augustal administration record 2 LPM (liters per minute) VIA NASAL fit into the nose to describe the Augustal administration record 2 LPM (liters per minute) every shift. It documented as being the compact of the wheelch wearing the nasal case mpty as evidenced in the red zone with the red zone with the red zone. The resident #16 dining room.	indicating the resident was make daily decisions. The das requiring assistance from fadily living. The resident was oxygen.  ent's care plan documented, DRY/OXYGEN NEEDS oxygen R/T (related to) CHFailure), COPD (chronic ary disease), chronic oneumonia. Interventions as ordered."  st 2018 physician's orders GEN @ (at) 2 LPM (liters per CANNULA (soft prongs that deliver oxygen) every shift"  st 2018 treatment ord documented, "OXYGEN @ nute) VIA NASAL CANNULA into the nose to deliver" The oxygen was ng administered every day.  made on 8/28/18 at 5:00 6. The resident was in the was an oxygen tank on the air and the resident was by the control arrow pointing the notation of "empty".  made on 8/29/18 at 11:55 6. The resident was in the sident was wearing the nasal nnected to the oxygen tank.	F 69	95		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE C IND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		LTIPLE CONSTRUCTION DING			TE SURVEY MPLETED	
		495244	B. WING			ı	C /30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, NUMBER ONE AUTUMN COUR MADISON, VA 22727		1 00	30/2016
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	On 8/29/18 at 1:25 pmade of Resident # resident's nurse. LP the resident's oxyge supposed to be at twasked to obtain an oresident. The oxygel LPN #11 then turned asked if the physicia followed, LPN #11 si Review of the Augus summary sheet doctoxygen saturation letw.  On 8/29/18 at 7:00 pmember) #1, the adridirector or nursing wfindings.  No further information (1) Oxygen saturation hemoglobin molecule saturated with oxyge	o.m., an observation was 16 with LPN #11, the N #11 was asked to check in tank, LPN #11 stated, "It's wo (liters)." LPN #11 was exygen saturation on the in saturation (1) was 90%. If on the oxygen tank, When in's orders were being sated they were not.  It 2018 oxygen saturation amented the resident's wels ranged from 95 % to 97  I.m. ASM (administrative staff ininistrator and ASM #2, the ere made aware of the in was provided prior to exit.  In 1 the fraction of the es in a blood sample that are in at a given partial pressure	F 6				
F 697 SS=D	This information was https://medical-dictionxygen+saturation Pain Management CFR(s): 483.25(k) §483.25(k) Pain Man The facility must ensuprovided to residents	nary.thefreedictionary.com/O	F 69	)7			
	·						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONST	RUCTION		TE SURVEY
		495244	B. WING			08	C 3/30/2018
AUTUMI	PROVIDER OR SUPPLIER  N CARE OF MADISON			NUMBER (	DRESS, CITY, STATE, ZIP CODE ONE AUTUMN COURT I, VA 22727		700/2010
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	the comprehensive and the residents' grand the residents' grand the residents' grand the resident if acility document review, it was determabled to offer non-physical price to administering 22 residents in the substitution of the facility staff failed non-pharmacological administering the national process. The findings include:  Resident #3.  The findings include:  Resident #3 was administering the national process that include the findings include:  Resident #3 was administering the national process. The most recent MDS with an ARD of 7/13/having scored 15 out the resident was cognitive to the resi	person-centered care plan, cals and preferences. IT is not met as evidenced interview, staff interview, view and clinical record nined that the facility staff narmacological interventions grain medication for one of urvey sample, Resident #3. If the original interventions prior to recotic pain medication to the facility on the ded but were not limited to: (1), weakness, chronic pain, and irregular heart beat.  So a quarterly assessment, as coded the resident as of 15 on the BIMS indicating intively intact to make daily into the make daily into the decomposition of the decomposition of the decomposition of the decomposition of the decomposition assess/document for the pain episode.	F 69	2.	F 697 Pain Management  Resident # 3 care plan was reviewed to ensure nonpharmacological interventions were in place. Current residents receiving pain medications have the potential to be affected by this deficient practice. The DON/Designee will audit care plans of residents with PRN pain management to ensure non pharmacological interventions are in place. The DON/Designee will educate licensed nurses on using non pharmacological interventions before giving pain medication as part of pain management.		

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	FIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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·	PROVIDER OR SUPPLIER  N CARE OF MADISON	,		STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	100/	30/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RE.	(X5) COMPLETION DATE
	documented, "Trama Tablet 50 MG (millig every 4 hours as new record documented, MG (milligrams) Give every 4 hours as new medication was documented, MG (milligrams) Give every 4 hours as new medication was documented administered each diday.  Review of the August evidence that non-phhad been attempted Tramadol.  An interview was con a.m. with RN (registe about the process state complains of pain, RI them what their pain incheck to see what the been taught to use m (for patients to rate that there was anything elemented anything elemented anything of the common. When asked in RN #1 stated, "Yes it should be anything other when she had pain, Rot. Resident #3 statemented to let me sit at the would put it on me, and would put it on me, and the control of the contro	adol HCL (hydrochloride) (2) rams) Give 2 tablet by mouth eded for pain."  edication administration "Tramadol HCL Tablet 50 to 2 tablet (sic) by mouth eded for pain." The amented as being ay for one to four times each at 2018 nurse's notes did not armacological interventions prior to administering the ducted on 8/30/18 at 11:45 red nurse) #1. When asked aff follows when a resident N #1 stated, "They would ask evel is and they would ey have ordered. I've always ild, moderate and severe eir pain)." When asked if se, staff do, RN #1 stated, on them. Maybe laying that would be documented,	F 69	4. The DON/Designee will audit 5 residents a week for 12 weeks to ensure non pharmacological interventions are being used before administering pain medications. Findings will be brought to QAPI for 3 months for review and revisions as needed to ensure compliance.  5. DOC: 9/30/18	1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495244	B. WING		80	C <b>/30/2018</b>	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727			
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	if she went to the the department was onleday.  A telephone intervier at 4:55 p.m. with LP the process staff follocomplains of pain, Lethem where they're was from one to ten anything else, LPN #Resident #3 her pain and pulled the last periodication administ what that meant, LP resident had an agree the resident pain memorning. LPN #12 streported pain level as the resident though she had not a pain level was. When else, LPN #12 stated Review of the facility Management and Pa"POLICY: It is the poany resident that is a assessed for pain an order for the resident highest practicable lepsychosocial well-beit psychosocial well-beit psychosoc	of warm heat on her neck was erapy department and that the y open so many hours per www. Www. When asked about lows when a resident PN #12 stated, "I would ask nurting and how bad the pain." When asked if she did #12 stated that she gave in medication every morning ain level over into the ration record. When asked N #12 stated that she and the rement that she would give dication first thing in the rated she would use that pain is current pain level even asked the resident what her in asked if she did anything I no.  It's policy titled, "Pain in Protocol" documented, licy of this facility to ensure dmitted to the facility is d/or the potential for pain in to obtain or maintain his/her evel of physical, mental and ing in accordance with the ssment and plan of care. In-pharmacological tempted prior to the	F6	97			

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		TE SURVEY
		495244	B. WING		30	C 3/30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	70012010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D RE	(X5) COMPLETION DATE
SS=D	No further information  (1) Parkinson's disead progressive disorder affects sever especially an area can that controls balance information was obtained information was https://ghr.nlm.nih.goe  (2) Tramadol Tramused for the therapy This information was https://pubchem.ncbimadol#section=Top Provision of Medically CFR(s): 483.40(d)  §483.40(d) The facility medically-related soom aintain the highest pand psychosocial well This REQUIREMENT by:  Based on observation interview, facility docureview and in the country investigation, it was distaff failed to provide services for one of 22 sample, Resident #2.  The facility staff failed was admitted without	ase Parkinson disease is a rof the nervous system. The eral regions of the brain, alled the substantial nigra, and movement. This sined from: by/condition/parkinson-diseas and list an opioid analgesic of mild-to-moderate pain. obtained from: hnlm.nih.gov/compound/Tra y Related Social Service by must provide ial services to attain or practicable physical, mental disease of complaint etermined that the facility medically related social residents in the survey to ensure Resident #2, who any teeth, was assisted and is health care options,	F 69	F 745 Medically Related SS  1. Resident #2 was interviewed by Social Services and voiced		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	08	/30/2018
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i t	The findings include Resident #2 was add 1/13/15. Resident # were not limited to p swallowing and hear current payer source #2's most recent MD significant change in ARD (assessment re coded the resident's impaired. Section L no natural teeth. Rec care plan dated 6/27, NEEDS: The resident problems r/t (related without use of dentur  On 7/24/18, the Offic Certification received documented the facilicare.  Review of Resident # reveal any dental con On 8/28/18 at 3:35 p. conducted with Resid observed to have no the did not have dentur acility staff had talked services and/or obtain stated no one had. O another interview was #2. Resident #2 was n obtaining dentures. hought about it but co asked if any facility sta stated if any facility sta	mitted to the facility on 2's diagnoses included but neumonia, difficulty to failure. Resident #2's was Medicaid. Resident S (minimum data set), a status assessment with an eference date) of 6/29/18, cognition as moderately coded Resident #2 as having sident #2's comprehensive 1/18 documented, "DENTAL to has potential for oral health to) edentulous (no teeth) es"  The of Licensure and a complaint that ity failed to provide dental a complaint that ity failed to provide dental 2's clinical record failed to sults.  The resident was eeth. Resident #2 stated res. When asked if any	F 74	45 3. Administrator/desig will education IDT regarding offering education to residen to obtain dentures. 4. Social Services/designee will audit 5 residents a week for 12 weeks to ensure they are getting the services and items that they need. Findings will be brought to QAPI for 3 months to ensure compliance. 5. DOC: 9/30/18	ts I	

		T DELITATORS				NAID IAC	J. 0930-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495244	B. WING	i		ns	C 3/30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			N	STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	5/30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
	obtaining dentures, had.  On 8/29/18 at 5:23 pconducted with OSM director of social ser the facility provides of OSM #1 stated the flocal dentist who ace Medicaid. OSM #1 sis responsible for obtaining the dental consults and when asked about the assisting Medicaid redentures, OSM #1 stated the business dentures. When asked to explain the business dentures. When asked the explained to resident dentures, OSM #1 stated the business dentures. When asked to explain the pays the fact dentures, OSM #1 stated the resident dentures, OSM #1 stated the resident dentures, OSM #1 stated the resident dentures or nursing with any concerns an explain this process the concern is verbalized.  On 8/29/18 at 6:56 p. staff member) #1 (the director of nursing above concern.  On 8/30/18 at 7:30 a. conducted with LPN (Resident #2's unit mourse who routinely conserved.)	D.m., an interview was M (other staff member) #1 (the vices). OSM #1 was asked if dental services for residents. acility has a contract with a cepts residents who receive stated the nursing department taining physician orders for arranging appointments. The facility staff's role in esidents with obtaining tated the business office clete a map adjustment. Sain a map adjustment, OSM as office sends a form to the services and obtains the amount of money a cility to offset the cost for sed if this process is so who have no teeth and no sated no residents, family employees had come to her and she would not know to to someone unless a I to her.  Jam., ASM (administrative administrator) and ASM #2 and) were made aware of the	F7	745			

		IDENTIFICATION NUMBER:	A. BUILD	DING	(X	(X3) DATE SURVEY COMPLETED	
		495244	B. WING			C <b>08/30/2018</b>	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE NUMBER ONE AUTUMN COU MADISON, VA 22727		00/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIAT	(X5) COMPLETION FE DATE	
	Resident #2 or the redentures to be obtated she could are Resident #2 was into stated she would had for Resident #2 but teeth or dentures whemployed at the factor ago) so she did not she had initiated corn Resident #2 was into and/or dentures, LPLPN #1 stated, "I do We ask if they have then we look at them then we ask if they have then we look at them then we ask if they have dentures), nor interested." When a Resident #2 since hit LPN #2 stated she do obtaining dentures unember asks. LPN have had dentures in Resident #2 had prestated she did not know the facility policy titled documented, "1. Der meet the resident's in Nursing Services, his clinical staff member Social Services of a services. 10. Social designee will, if necethe resident/resident dental appointments	resident's family wanting ined for the resident. LPN #2 range for a dental consult if erested in dentures. LPN #2 are obtained a dental consult the resident did not have any nen she first became ility (approximately five years do anything. When asked if rested in dental services N #2 stated she had not. In think we normally ask. It teeth. If they have a few n and if they have no teeth nave dentures. If they don't mally we don't ask if they are asked if a dentist had seen as admission to the facility, lid not remember. LPN #2 not offer assistance with intil a resident or family #2 stated many residents in the past. When asked if viously had dentures, LPN #2 now.  The Director of so when designee, or any is responsible for notifying resident's need for dental Services personnel or ssary or requested, assist representative in making	F7				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495244	B. WING		08	C 3/30/2018	
	PROVIDER OR SUPPLIER  N CARE OF MADISON	•:		STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		700,2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	UID BE	(X5) COMPLETION DATE	
F 745		ge 130 on was presented prior to exit.	F 74	<b>4</b> 5			
	COMPLAINT DEFICE Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b)  §483.45 Pharmacy Signal The facility must produge and biologicals them under an agree §483.70(g). The facility must personnel to administ permits, but only under a licensed nurse.  §483.45(a) Procedure pharmaceutical servithat assure the accurdispensing, and admibiologicals) to meet the system of the provision of the pr	CIENCY ocedures/Pharmacist/Records (1)-(3)  Services vide routine and emergency is to its residents, or obtain ement described in ility may permit unlicensed atter drugs if State law ler the general supervision of es. A facility must provide ces (including procedures rate acquiring, receiving, inistering of all drugs and the needs of each resident.  Consultation. The facility in the services of a licensed es consultation on all on of pharmacy services in shes a system of records of a fall controlled drugs in	F 75	1. Resident's # 7 and 12 no longer a residents the facility. 2. Current residents receiving medications have the potential to affected by this deficient practice. The DON/designee will audit the MARs for the last 30 days to ensure meds were given and signed off on per physician's order. 3. The DON/designee will educate the licensed staff on documenting	of be		
4		ines that drug records are in ount of all controlled drugs iodically reconciled.		physician orders to include accuracy and o following MD orders to include medication administration.			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION  ING		ATE SURVEY OMPLETED
		495244	B. WING			C <b>8/30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON	•		STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 0	,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	DBE	(X5) COMPLETION DATE
	This REQUIREMENt by: Based on staff interview, clinical recomplaint investigate the facility staff failed services to meet the residents in the survital.  1. The facility staff failed services to meet the residents in the survital.  1. The facility staff failed services to meet the residents in the survital.  2. The facility staff failed services by the phosphology of the	IT is not met as evidenced rview, facility document rd review and in the course of ion, it was determined that doto provide pharmaceutical eneeds for two of 22 rey sample, Residents #7 and railed to ensure thiamine railable for administration as sysician, for Resident #7 on I 8/21/18.  Table to ensure multiple red by the physician for vailable for administration on illed to ensure thiamine realiable for administration on illed to ensure thiamine realiable for administration as sysician, for Resident #7 on	F 75	4. The DON/designee will audit 5 residents MARs a week for 12 weeks to ensure pain medications were given properly, the medications were given and signed off per physicians orders. The findings will be brought to QAPI for three months to ensure compliance.  5. DOC: 9/30/18		

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495244	B. WING	_		C 08/30/2018	
	PROVIDER OR SUPPLIER			N	STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	730/2016
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	ION SHOULD BE HE APPROPRIATE	
	(vitamin B1) powder (percutaneous endo times a day. Reside (medication adminis physician's order da powder-50 mg via P scheduled at 8:00 a. at 4:00 p.m., the nur "19= Other/See Nurse No a.m., the nurse Other/See Nurse No a.m., the nurse documented thiamin note dated 8/17/18 at thiamine was on ord 8/21/18 at 7:57 a.m. administration was pand the physician an aware.  Review of the facility medications revealed available but not thia On 8/29/18 at 3:35 p conducted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse who docu and 8/17/18 nurses' about the facility producted with LPN (the nurse	r- 50 mg (milligrams) via PEG oscopic gastrostomy) (2) two ent #7's August 2018 MAR stration record) documented a sted 8/15/18 for thiamine PEG two times a day .m. and 4:00 p.m. On 8/16/18 rese documented the code, se Notes." On 8/17/18 at a documented the code, se Notes." On 8/21/18 at 8:00 .m. ented the code, entered the code, enter	F 7	55			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BUI		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495244	B. WING		08/30/2018		
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727		700/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORE ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
	8/17/18 because the from the pharmacy asked if she called the Resident #7's thiam thought she talked the and asked them to so (immediately) but so hours to receive me LPN #3 stated she mabout the conversation pharmacy.  Resident #7's care put to document specification thiamine administration on 8/29/18 at 6:56 put staff member) #1 (the director of nursical above concern.  The facility pharmacy Dose Preparation and documented, "Proce comply with facility put State Operations Mamedications6. After facility staff should the facility policy and approbability policy	e medication was on order and had not arrived. When the pharmacy regarding ine, LPN #3 stated she o someone at the pharmacy send the thiamine STAT ometimes it takes several dications from the pharmacy, eally did not recall details ion with someone from the olan initiated on 8/13/18 failed conformation regarding ion.  b.m., ASM (administrative in administration) and ASM #2 ing) were made aware of the conformation Administration dure: 1. Facility staff should olicy, applicable law and the inual when administration, and when administration, and including, but owing: 6.1 Document in administration/treatment in medications are opened,	F 7	55			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495244	B. WING			. C	
	PROVIDER OR SUPPLIER			١	STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	08	/30/2018
(X4) ID PREFIX TAG			ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 755	occur when a perso enough thiamine." from the website: https://medlineplus.y tml  (2) "PEG stands for	on's diet does not contain This information was obtained gov/druginfo/meds/a682586.h percutaneous endoscopic	F 7	55			
	feeding tube is place and into the stomac and/or medications stomach, bypassing This information was	edure in which a flexible ed through the abdominal wall h. PEG allows nutrition, fluids to be put directly into the the mouth and esophagus." s obtained from the website: g/home/for-patients/patient-inf ding-peg					
	medications prescrib	ailed to ensure multiple bed by the physician for available for administration on		o	·		
	5/23/18. Resident # were not limited to disease, status post blood pressure. Res (minimum data set), assessment with an	dmitted to the facility on 11's diagnoses included but iabetes, chronic kidney kidney transplant, and high sident #11's most recent MDS a 30 day Medicare ARD (assessment reference led the resident as being					÷
	On 7/25/18, the Office Certification received documented Resider given at various time	d a complaint that nt #11's medications were not					
		#11's clinical record revealed at included but were not					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495244	B. WING			C 08/30/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP ON NUMBER ONE AUTUMN COURT MADISON, VA 22727		0/30/2010	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	X (EACH CORRECTIVE ACTION	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	limited to the followi - 5/23/18- Lantus (1) the evening 5/24/18- santyl (2) apply to right lower levening 5/25/18 tacrolimus mouth every 12 hou Review of Resident (medication adminis Lantus, santyl and tacrolimus was adm 5/30/18 (as evidence MAR with no check Review of nurses' no reveal the medication Resident #11's care documented, "Focus risk for hypo/hypergl sugar) episodes R/T dependent diabetes medication as ordere TRANSPLANT: At ri (related to): kidney to Meds (Medications) INTEGRITY/PRESS admitted w/ (with) mileg ulcerIntervention ordered"  Review of the facility medications for residuand tacrolimus were box.	ng: 1) 18 units subcutaneously in 1) 18 units subcutaneously in 1) ointment 250 units per gramdeg wound topically in the 2) (3) 1 mg- two capsules by rs.  #11's May 2018 MAR tration record) failed to reveal the 9:00 p.m. dose of inistered to Resident #11 on ed by a blank space on the mark or nurse's initials).  Otes dated 5/30/18 failed to ns were administered. plan initiated on 5/23/18 2) DIABETES: Resident is at ycemia (low or high blood (related to): IDDM (insulin mellitus)Interventions: 2) ed Focus: KIDNEY 2) sk for complications r/t ransplantInterventions: 2) as orderedFocus: SKIN URE ULCERResident ultiple ulcers: R (Right) lower ons: Administer treatments as	F 7	55			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED			
		495244	B. WING		08	C 08/30/2018	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	700/2010	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE		
	administering Lantu dose of tacrolimus t was made and the r interview.  On 8/29/18 at 3:22 p conducted with LPN LPN #7 was asked if medication administ signing off on the Mark meant if the MAR is stated, "You assume asked if there was a medication administ on the MAR, you can shown Resident #11 how one would know were given on 5/30/1 tell. It wasn't signed  On 8/29/18 at 6:56 p staff member) #1 (the director of nursing above concern.  No further information (1) "Insulin glargine (1) diabetes (condition produce insulin and the amount of sugar in the treat people with type which the body does therefore, cannot conthe blood) who need diabetes." This information the website:	s, santyl and the 9:00 p.m. o Resident #11 on 5/30/18 nurse was not available for p.m., an interview was (licensed practical nurse) #7. now nurses evidence ration. LPN #7 stated, "By AR." When asked what is not signed off, LPN #7 e it wasn't given." When ny other way to evidence ration, LPN #7 stated, "If not n call the nurse." LPN #7 was 's May 2018 MAR and asked wif the resident's medications 18. LPN #7 stated, "You can't	F 75	55			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		495244	B. WING			C	
	F PROVIDER OR SUPPLIER  IN CARE OF MADISON			08	3/30/2018		
(X4) IC PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE	(X5) COMPLETION DATE	
F 757 SS=D	(2) "SANTYL Ointm prescription medicin from wounds so the information was obta https://www.santyl.c  (3) "Tacrolimus is us medications to prevet transplanted organ be person receiving the received kidney, live information was obta https://medlineplus.gml  COMPLAINT DEFICE Drug Regimen is Free CFR(s): 483.45(d)(1)  §483.45(d) Unnecess Each resident's drug unnecessary drugs. drug when used- §483.45(d)(1) In exceeduplicate drug therap §483.45(d)(2) For exceeding the same services or §483.45(d)(5) In the present the same services or §483.45(d)(5) In the same services or §483.45(d)(5) In the present the same services or §483.45(d)(5) In the same services or §48	ent is an FDA-approved the that removes dead tissue by can start to heal." This ained from the website: com/  sed along with other tent rejection (attack of a torgan) in people who have the immune system of a torgan) in people who have the row the website: the from the website: the from Unnecessary Drugs the from Unnecessary Drugs the from Unnecessary Drugs the from An unnecessary drug is any the ssive dose (including the property of the dequate monitoring; or the adequate indications for its the presence of adverse indicate the dose should be	F 75	F 757 Unnecessary Drugs			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	495244	B. WING		C	
NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	08/30/2018	
PRÉFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ID PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
stated in paragraph section. This REQUIREMEN by: Based on resident facility document review, it was determined to ensure the resident in the surve (Resident #3) was find medications, as evic of Tramadol, an opic adequate indications. The facility staff failed order to administer pain, and administer Resident #3 when the of pain.  The findings include: Resident #3 was adred 9/24/17 and readmitted diagnoses that include Parkinson's Disease high blood pressure.  The most recent MD quarterly assessment reference date) of 7/1 having a 15 out of 15 resident was cognitive decisions. The resident was cognitive decisions. The resident was cognitive decisions.	combinations of the reasons as (d)(1) through (5) of this  NT is not met as evidenced interview, staff interview, view and clinical record mined that the facility staff medication regimen for one by sample of 22 residents, aree from unnecessary denced by the administration oid analgesic, without a for its use.  The dot of follow the physician's framadol for complaints of the medication to the resident had no complaints.	F 757	3. The DON/designee will educate the licensed staff on pain scale documentation.  4. The DON/designee will audit 5 residents MARs a week for 12 weeks to ensure pain medications were given properly and documented pain scale matches med given. The findings will be brought to QAPI for 3 months to ensure compliance.  5. DOC: 9/30/18		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU! A. BUILC		(X3) DATE SURVEY COMPLETED			
<b>495244</b> B. WING			C 08/30/2018				
	NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF MADISON			٨	STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
	7/4/18 and revised of "Focus PAIN Interver analgesic/medication." Review of the July 2 documented, "Tram Tablet 50 MG (milling every 4 hours as new The August 2018 marecord documented, MG (milligrams) Givevery 4 hours as new 6:02 a.m., 8/4/18 at a.m., and 8/24/18 at a.m., and 8/24/	ent's care plan initiated on on 7/16/18 documented, entions Administer ons per orders."  2018 physician's orders adol HCL (hydrochloride) (2) trams) Give 2 tablet by mouth eded for pain."  edication administration "Tramadol HCL Tablet 50 e 2 tablet (sic) by mouth eded for pain." On 8/2/18 at 6:00 a.m., 8/6/18 at 5:31 6:30 a.m. the medication red to the resident. The was documented as being esident did not have pain	F 7	757			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495244	B. WING		30	C 08/30/2018	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727		, 00, 2010	
(X4) ID PREFIX TAG			Y MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOL		HOULD BE	(X5) COMPLETION DATE	
	check to see what the been taught to use in (for patients to rate in when staff would give when they did not have would not.  On 8/30/18 at 4:15 pmember), #1 and AS were made aware of received pain medicany pain.  A telephone interview at 4:25 p.m. with LPI #12, the nurse who at LPN #12 was asked follows when giving pstated, "I would ask if and how bad is the pten." When asked if documented, LPN #1 documented, LPN #1 that in (name of softwould she give an as a resident who did no "Well, some people to pain." When asked if gave pain medication are resident who did no "Well, some people to pain." When asked if gave pain medication she would have to medication." She and give her a pain pill with doesn't get pain." Whappropriate to give pain.	pain level is and they would ney have ordered. I've always mild, moderate and severe their pain)." When asked we a resident pain medication ave pain, RN #1 stated they on. ASM (administrative staff SM #2, the director of nursing if the concern that the resident ation when she did not have on was conducted on 8/30/18 N (licensed practical nurse) administered the Tramadol. about the process she coain medication. LPN #12 them where they're hurting the pain level would be 1/2 stated, "Yeah, I would put ware)." When asked when a needed pain medication to bot have pain, LPN #12 stated, ake it to keep from having she had a resident who she in when they did not have l, "There's (name of Resident we it scheduled around the per to decrease the amount needed they are an agreement that I have an agreement that I have an agreement that I have she wakes up so she	F 75				

STATEMENT OF DEFICIENCIES (X1.) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	495244	B. WING _		C 08/30/2018	
PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		50/2010
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
When asked if she is order, LPN #12 state information was proved.  (1) Parkinson's disease progressive disorder affects sever especially an area can that controls balance information was obtained information was obtained.  (2) Tramadol Tramused for the therapy This information was https://pubchem.ncbimadol#section=Top Residents are Free CFR(s): 483.45(f)(2)  The facility must ensignated free from a significant complaint investigation the facility staff failed free from a significant 22 residents in the sutto Resident #11 on 5/physician.	nad followed the physician's ed, "No." No further vided prior to exit.  ase Parkinson disease is a rof the nervous system. The eral regions of the brain, alled the substantia nigra. and movement. This ained from: by/condition/parkinson-diseas and lis an opioid analgesic of mild-to-moderate pain. obtained from: inlm.nih.gov/compound/Tra of Significant Med Errors  are that its- nts are free of any significant is not met as evidenced from, it was determined that to ensure a resident was to medication error for one of tryey sample, Resident #11.		F 760-significant medication error		
rne mungs moude:			deficient practice.		
	PROVIDER OR SUPPLIER  N CARE OF MADISON  SUMMARY STA' (EACH DEFICIENCY REGULATORY OR LS)  Continued From pag When asked if she horder, LPN #12 state information was provided information was progressive disorder affects seven especially an area of that controls balance information was obtahttps://ghr.nlm.nih.goe  (2) Tramadol Tramused for the therapy This information was obtahttps://ghr.nlm.nih.goe  (2) Tramadol Tramused for the therapy This information was https://pubchem.ncbimadol#section=Top Residents are Free CCFR(s): 483.45(f)(2)  The facility must ensign \$483.45(f)(2) Residemedication errors. This REQUIREMENT by: Based on staff interview, clinical record complaint investigation the facility staff failed free from a significant 22 residents in the surface of Resident #11 on 5/	PROVIDER OR SUPPLIER  N CARE OF MADISON  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 141  When asked if she had followed the physician's order, LPN #12 stated, "No." No further information was provided prior to exit.  (1) Parkinson's disease Parkinson disease is a progressive disorder of the nervous system. The disorder affects several regions of the brain, especially an area called the substantia nigra. that controls balance and movement. This information was obtained from: https://ghr.nlm.nih.gov/condition/parkinson-disease  (2) Tramadol Tramadol is an opioid analgesic used for the therapy of mild-to-moderate pain. This information was obtained from: https://pubchem.ncbi.nlm.nih.gov/compound/Tramadol#section=Top Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its-§483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and in the course of complaint investigation, it was determined that the facility staff failed to ensure a resident was free from a significant medication error for one of 22 residents in the survey sample, Resident #11.  The facility staff failed to administer Lantus insulin to Resident #11 on 5/30/18, as prescribed by the physician.	PROVIDER OR SUPPLIER  N CARE OF MADISON  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 141  When asked if she had followed the physician's order, LPN #12 stated, "No." No further information was provided prior to exit.  (1) Parkinson's disease Parkinson disease is a progressive disorder of the nervous system. The disorder affects several regions of the brain, especially an area called the substantia nigra. that controls balance and movement. This information was obtained from: https://ghr.nlm.nih.gov/condition/parkinson-disease  (2) Tramadol Tramadol is an opioid analgesic used for the therapy of mild-to-moderate pain. This information was obtained from: https://pubchem.ncbi.nlm.nih.gov/compound/Tramadol#section=Top Residents are Free of Significant Med Errors  CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.  This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and in the course of complaint investigation, it was determined that the facility staff failed to ensure a resident was free from a significant medication error for one of 22 residents in the survey sample, Resident #11.  The facility staff failed to administer Lantus insulin to Resident #11 on 5/30/18, as prescribed by the physician.	A BUILDING  495244  PROVIDER OR SUPPLIER N CARE OF MADISON  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)  Continued From page 141  When asked if she had followed the physician's order, LPN #12 stated, "No." No further information was provided prior to exit.  (1) Parkinson's disease Parkinson disease is a progressive disorder of the nervous system. The disorder affects several regions of the brain, especially an area called the substantia nigra: that controls balance and movement. This information was obtained from: https://pubchem.ncbi.nlm.nih.gov/compound/Tra madol/section=Top Residents are Free of Significant Med Errors  CFR(s): 483.45(f)(2) Residents are free of any significant medication errors.  This REQUIREMENT is not met as evidenced by:  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727  PROVIDERS PLAN OF CORRECTIVE ACTOR  PREPAX TAG  PROVIDERS PLAN OF CORRECTIVE ACTOR  (EACH CORRECTIVE ACTOR  PREPAX TAG  PROVIDERS PLAN OF CORRECTIVE ACTOR  PREPAX T	A BUILDING  A STREET ADDRESS, CITY, STATE, ZIP CODE  NUMBER ONE AUTUMN COUNT  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 141  When asked if she had followed the physician's order, LPN #12 stated, "No." No further information was provided prior to exit.  (1) Parkinson's disease Parkinson disease is a progressive disorder of the nervous system. The disorder affects several regions of the brain, especially an area called the substantia nigra, that controls balance and movement. 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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4 ' '	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		495244	B. WING			C 08/30/2018		
	PROVIDER OR SUPPLIER  N CARE OF MADISON				SS, CITY, STATE, ZIP CODE AUTUMN COURT A 22727	1 00	1/30/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	Resident #11 was as 5/23/18. Resident # were not limited to disease, status post blood pressure. Res (minimum data set), assessment with an date) of 6/20/18, cook cognitively intact.  On 7/25/18, the Office Certification received documented Resider given at various times. Review of Resident # physician's orders the limited to 5/23/18- Lantus (1) 1 the evening (schedul Review of Resident # (medication administ Lantus was administed Lantus was administed 5/30/18 (as evidence MAR with no check in Review of nurses' no reveal the medication review of Resident #1 the resident was admilispro (2) insulin base blood sugar of 305 (3) Resident #11's care production provided in the resident #11's care provi	dmitted to the facility on 11's diagnoses included but iabetes, chronic kidney kidney transplant and high sident #11's most recent MDS a 30 day Medicare ARD (assessment reference led the resident as being see of Licensure and a complaint that at #11's medications were not s.	F 76	4.	The DON/designee will educate the licensed staff on medication administration and the 5 rights of med administration. The DON/designee will audit 5 residents MARs a week for 12 weeks to ensure the medications were given and signed off per physicians orders and residents are free of significant medication errors. Findings will be brough to QAPI for 3 months to ensure compliance. DOC: 9/30/18	t		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
	<b>495244</b> B. WING		i	C 08/30/2018			
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CO NUMBER ONE AUTUMN COURT MADISON, VA 22727		700,2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE	
8	medication as order  An attempt to contal administering Lantul was made and their interview.  On 8/29/18 at 3:22 pleased with LPN #7 was asked if medication administ signing off on the Mark meant if the MAR is stated, "You assume asked if there was a medication administ on the MAR, you can shown Resident #11 how one would know was given on 5/30/18 tell. It wasn't signed  On 8/29/18 at 6:56 pleased with elementary was conducted with elementary was conducted with elementary was conducted with elementary dependent on heresident is and many the resident is eating	ct the nurse responsible for s to Resident #11 on 5/30/18 nurse was not available for c.m., an interview was (licensed practical nurse) #7. now nurses evidence ration. LPN #7 stated, "By AR." When asked what is not signed off, LPN #7 et wasn't given." When ny other way to evidence ration, LPN #7 stated, "If not n call the nurse." LPN #7 was 's May 2018 MAR and asked wif the resident's medication B. LPN #7 stated, "You can't."  a.m., ASM (administrative e administrator) and ASM #2 ng) were made aware of the consequences were ow fragile of a diabetic the refactors including whether, whether the dose was and whether the resident	F 7	· · · · · · · · · · · · · · · · · · ·			
	The facility pharmacy	policy titled, "6.0 General					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495244	B. WING		O8	C <b>30/2018</b>	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	700/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		LD BE	(X5) COMPLETION DATE	
	Dose Preparation and documented, "Proce comply with facility patterns of the facility patterns of the facility staff should the facility staff should the facility policy and apport limited to the following necessary medication information (e.g., who when medications and anount of sugar in the treat people with type which the body does the blood) who need diabetesInsuling la (liquid) to inject subcomposition of the same directions on your proposition of the same directions on your proposition." This information website: https://medlineplus.gtml	and Medication Administration" edure: 1. Facility staff should policy, applicable law and the anual when administering er medication administration, ake all measures required by plicable law, including, but lowing: 6.1 Document on administration/treatment en medications are opened,	F 7	760			
	insulin and therefore	cannot control the amount of					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495244	B. WING			С
NAME OF	PROVIDER OR SUPPLIER	493244	b. Wild	STREET ADDRESS, CITY, STATE, ZIP CODE	08	/30/2018
	N CARE OF MADISON			NUMBER ONE AUTUMN COURT MADISON, VA 22727		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	sugar in the blood). with type 2 diabetes does not use insulin cannot control the a who need insulin to patients with type 1 always used with an is used in an extern with type 2 diabetes with another type of medication(s) for dia short-acting, manma Insulin lispro works normally produced b move sugar from the tissues where it is us the liver from produc information was obta https://medlineplus.g tml  (3) "What are target with diabetes? A tar for or try to reach. Y also use the term go have blood sugar tar different times of the oRight before your m oTwo hours after the 180." This informatio website: https://www.niddk.nil etes/overview/manag gar-numbers	It is also used to treat people (condition in which the body normally and therefore amount of sugar in the blood) control their diabetes. In diabetes, insulin lispro is nother type of insulin, unless it al insulin pump. In patients, insulin lispro may be used insulin or with oral abetes. Insulin lispro is a nade version of human insulin. By replacing the insulin that is not the body and by helping the blood into other body sed for energy. It also stops being more sugar. This named from the website: gov/druginfo/meds/a697021.h blood sugar levels for people get is something that you aim four health care team may neal. People with diabetes regets that they try to reach at a day. These targets are: neal: 80 to 130 estart of the meal: Below on was obtained from the n.gov/health-information/diab ging-diabetes/know-blood-su	F 70	50		
F 803	COMPLAINT DEFIC Menus Meet Resider CFR(s): 483.60(c)(1)	nt Nds/Prep in Adv/Followed	F 80	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00	130/2018
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	UUDBE	(X5) COMPLETIO DATE
Menus must- §483.60(c)(1) Meet residents in accorda guidelines.; §483.60(c)(2) Be properties of the reasonable efforts, the ethnic needs of the input received from groups; §483.60(c)(5) Be up §483.60(c)(6) Be revidentian or other clin	and nutritional adequacy.  the nutritional needs of ance with established national repared in advance;  llowed;  ct, based on a facility's the religious, cultural and resident population, as well as residents and resident	F 80	F 803 Menus meet the needs of residents and followed  1. No residents names to affected by the deficient practice. 2. Current I residents had the potential to be affected by the deficient practice. 3. The Certified Dietar Manager (CDM) will educate the dietar employees of appropriate substitutions, following the menu and following the menu and following substitutions.	o is design of the second of t	
§483.60(c)(7) Nothin construed to limit the personal dietary cho This REQUIREMEN' by: Based on observation interview, facility docreview, and in the convestigation, the factor menu for three of five to provide the correct value for all units and observed meals.	ing in this paragraph should be a resident's right to make ices.  T is not met as evidenced on, resident interview, staff ument review, clinical record urse of a complaint illity staff failed to follow the exposerved meals and failed to portion to maintain nutritive of the dining room during two illed to serve the registered		the stated portion size to maintain the residents' nutritions status.  4. The CDM will audi menus and an substitutions along with portion sizes 5 meals a week for 12 weeks to ensure compliance with stated menus. Finding will be brought to QAP for 3 months to ensure compliance.	t /	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		495244	B. WING		30	C 3 <b>/30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DÉFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION OF THE APPLICATI	ULD BE	(X5) COMPLETION DATE
	dietitian planned memeals.  2. The facility staff faportions as per the recommendations.  The findings include  1. The facility staff fadietitian planned memeals.  A complaint was recon 7/24/18 with the awere not being follow.  An observation was noon of the lunch trather esidents were sonodles, green bean the menu documenterice or noodles, dinn brownie.  On 8/28/2018, during at approximately 12: residents were asked meals they would stathem.  An observation was app.m. of the lunch serves residents were serve mashed potatoes, versidents were serve mashed potatoes, versidents. The menusers was applied to the menusers were serve mashed potatoes, versidents.	ailed to serve the correct food registered dietitian's  ailed to serve the registered and for three of five observed eived to the reporting agency allegation that the menus wed.  made on 8/28/18 at 12:00 by preparation in the kitchen. Served beef stroganoff over as and ice cream. Review of ed the meal was to consist of er roll or bread and a blonde of the lunch meal observation of the lunch me	F8	03		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	FIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
		495244	B. WING_		11.	C <b>/30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	, 33,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETION DATE
	An observation was of the dinner service residents were served beans, garlic sticks menu documented to baked penne pastar vegetable blend.  An interview was conducted at least supposed to be pre-printed menus. It is supposed to follow the they were but they frought food needed on hand asked why the resident lunch on 8/28/18, the head cook. I forgot trays." When asked to potatoes O'Brien at least lunch on 8/28/18, the head cook. I forgot trays. When asked to potatoes O'Brien at least lunch on 8/28/18, the head cook. I forgot trays. When asked to potatoes O'Brien at least lunch on 8/28/18, the head cook. I forgot trays. When asked to manager the person familiar with what to often the menu wash "A lot since we have asked how long they OSM #12 stated, "We She didn't order what so we would have to menu." When asked the menus, OSM #12 They're (the residents And if I have to pull here."	made on 8/29/18 at 5:02 p.m. in the dining room. The ed baked ziti, green and wax and citrus banana cup. The he meal was to consist of with cheese and California  Inducted on 8/30/18 at 9:05 or staff member) #12, the now they knew what the menu, OSM #12 stated they had when asked if they were he menus, OSM #12 stated equently did not have the did to follow the menu. When ents did not get a roll or bread OSM #12 stated, "I'm new as net to put the bread on the why the residents did not get unch on 8/29/18, OSM #12 have those so I had to make note we haven't had a dietary ordering the food wasn't order." When asked how o't followed, OSM #12 stated, not had a manager, when were without a manager, at been about two weeks. The had a manager when were without a manager, at been about two weeks. The had trouble with her too. The weeks were supposed to have pull something from another if it was important to follow the stated, "Yes ma'am. The significant is expecting that for that day, amburgers for a meal the right food, I won't have	F 80			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPL AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		TIPLE CONSTRUCTION ING	(X3)	) DATE SURVEY COMPLETED		
		495244	B. WING			C <b>08/30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP COI NUMBER ONE AUTUMN COURT MADISON, VA 22727	DE	00/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	On 8/30/18 at 4:15 pmember) #1, the addirector of nursing with findings.  Review of the facility SUBSTITUTION" do Federal Survey Guid substitutions should To provide a substitution situation (i.e., inventitemporarily made the on menu substitution discussion with the copossible. PROCEDL in consultation with the responsible for approchanges/substitution.  No further information.  COMPLAINT DEFIC 2. The facility staff fare portion as per the representation with the composed of the lunch tray of the lunch tray of the lunch tray of the strong of the lunch tray of the lunch	o.m. ASM (administrative staff ministrator and ASM #2, the were made aware of the vere vere very label. The dietary manager he dietitian should be oving menus."  IENCY  illed to serve the correct gistered dietitian's  made on 8/28/18 at 12:00 or staff member) #12, the very preparation in the kitchen. Ved filling a gray scoop with pouring 1/2 to 3/4 of the	F 86	03		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495244	B. WING		90	C / <b>30/2018</b>	
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP ON NUMBER ONE AUTUMN COURT MADISON, VA 22727		, 00, 2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE	
	OSM #13 was obse scoop to serve the pasked how many ou scoops were, OSM don't usually serve to the pasked how many ou scoops were, OSM don't usually serve to the pasked how many outserved using serve the pureed performed was to be sixportion was to be eigreceived anywhere for servings of the beef the pureed penne.  An interview was contain, with OSM #12, many ounces the blue stated she wasn't su water and then meast held two ounces. When white scoop was not sure. When show OSM #12 stated, "The ounces." When asked the gray ladle scoop handle and stated it whow staff knew which item, OSM #12 stated cooks told me." When observed only poured of beef stroganoff ovagreed that she had like to make sure the	rved using a blue handled bureed beef stroganoff. When unces the white and blue #13 stated, "I have no idea. I his meal."  made on 8/29/18 at 5:02 p.m. etary aide. OSM #14 was the dining room. OSM #14 a blue handled scoop to	F 8				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUC ING			TE SURVEY MPLETED
		495244	B. WING			1	C <b>/30/2018</b>
	N CARE OF MADISON				ESS, CITY, STATE, ZIP CODE E AUTUMN COURT (A. 22727		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTINUENT (STATE OF THE PROPERTY OF THE PROPE	ID PREFIX TAG	( (EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD -REFERENCED TO THE APPROPE DEFICIENCY)	RE	(X5) COMPLETION DATE
F 880 SS=D	sizes, OSM #12 stat right portion of food. had received the corlunch and dinner and #12 stated they had On 8/301/18 at 4:15 administrator and AS nursing were made at Review of the facility CONTROL" docume ensure nutritional adveceive the appropria planned on the menusizes are noted on state therapeutic diet spreasheets. 2. Portion corscoops, ladles, and safood preparation and serving spoons are noted on the menusizes are noted on the serving spoons are noted to provide a designed to provide a designed to provide a comfortable environment and transitional diseases and infection program.	ed, "So the resident gets the "When asked if the residents rect portions for the 8/28/18 d the 8/29/18 dinner, OSM not.  p.m. ASM #1, the SM #2, of the director of aware of the findings.  Is policy titled, "PORTION nted, "POLICY: In order to equacy, Residents will atte portions of food as a PROCEDURE: 1. Portion andardized recipes, adsheets, and production ntrol utensils such as poodles shall be used during service. Unmeasured of the used to portion  In was provided prior to exit.  Is Control (2)(4)(e)(f)  Introl control program safe, sanitary and ent and to help prevent the smission of communicable as.	F 86	1.	Resident #7 is no longer a resident of the facility. Current residents have the potential to be affected by this		

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONST	FRUCTION		TE SURVEY
		495244	B. WING			30	C 3/30/2018
AUTUMI		FEMENT OF DEFICIENCIES	ID	NUMBER MADISOI	ODRESS, CITY, STATE, ZIP CODE ONE AUTUMN COURT N, VA 22727 PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX TAG	( (I	EACH CORRECTIVE ACTION SHOULD OSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	COMPLETION DATE
	and control program a minimum, the followard of the followard of the providing services are arrangement based of conducted according accepted national states of the procedures for the procedures in the facility (ii) When and to who communicable disease reported; (iii) Standard and transported; (iiii) S	(IPCP) that must include, at wing elements:  em for preventing, identifying, ng, and controlling infections diseases for all residents, tors, and other individuals nder a contractual upon the facility assessment to §483.70(e) and following andards;  In standards, policies, and rogram, which must include, llance designed to identify ple diseases or a can spread to other;  If m possible incidents of the error infections should be assessible incidents of the infections; the policies agent or organism at not limited to:  Into of the isolation, infectious agent or organism that the isolation should be the ple for the resident under the se under which the facility the swith a communicable in lesions from direct or their food, if direct	F 8	4.	deficient practice. The DON/Designee will audit residents currently with isolation orders to ensure infection control policy is being followed. The DON/designee will educate the staff on infection control policy to include the use of appropriate PPE use for residents requiring isolation. The DON/designee will audit residents requiring isolation weekly for 12 weeks to ensure staff is following proper isolation procedures. Findings will be brought to QAPI for 3 months to ensure compliance. DOC:9/30/18		

		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			495244	B. WING		Us	C 3/30/2018
		PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		330/2010
PR	4) ID EFIX AG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC  X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F		§483.80(a)(4) A systidentified under the corrective actions ta \$483.80(e) Linens. Personnel must han transport linens so a infection.  §483.80(f) Annual rethe facility will condulate the This REQUIREMEN by:  Based on observation interview, facility docreview and in the coninvestigation, it was a staff failed to implem practices for one of 2 sample, Resident #7  The facility staff failed Resident #7 was on precautions were rectailed to consistently equipment.  The findings include:  On 7/25/18, the Offic Certification received resident who no long during the survey. The sations were received resident who no long during the survey.	direct resident contact.  tem for recording incidents facility's IPCP and the ken by the facility.  dle, store, process, and s to prevent the spread of store program, as necessary. T is not met as evidenced on, resident interview, staff ument review, clinical recordures of complaint determined that the facility ent infection control 22 residents in the survey.  d to clarify the reason solation precautions, what puired to be followed, and wear personal protective  e of Licensure and a complaint regarding a er resided at the facility ne complaint documented to practice infection control	F 88	880		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP NUMBER ONE AUTUMN COURT MADISON, VA 22727	CODE	730/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
	Resident #7 was ad and readmitted on 8 diagnoses included pneumonia, difficulty (paralysis of all four recent MDS (minima assessment with an date) of 8/22/18, cocognitively intact.  Review of Resident hospital progress not documented, "Sputu (1), but likely represe hospital general mediated 8/14/18 docum (vancomycin-resistal surveillance swab podocument information precautions.  Review of Resident is 8/14/18 to 8/28/18 far of isolation precaution initiated on 8/13/18 far information regarding.  On 8/28/18 at 11:10 agowns, gloves and mon Resident #7's docassistant) was obserpushing an over bed CNA was wearing gloon 8/28/18 at 11:11 ar Resident #7's room visitiated on 8/28/18 at 11:11 ar Resident #7's room visitia	mitted to the facility on 8/3/18 b/14/18. Resident #7's but were not limited to y swallowing and quadriplegia limbs). Resident #7's most um data set), an admission ARD (assessment reference ded the resident as being #7's clinical record revealed a ted dated 8/13/18 that im positive for Pseudomonas ents colonization" A dicine discharge summary mented, "VRE nt enterococci) (2) ositive" but failed to in regarding isolation #7's physician orders from iled to reveal documentation ins. Resident #7's care plan ailed to document g isolation precautions.  a.m., a yellow bag containing tasks was observed hanging or. A CNA (certified nursing the ved in the resident's room table next to the bed. The oves but no gown or mask.  a.m., a housekeeper entered with a mop and began the housekeeper was not	F8	380			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION PING		TE SURVEY MPLETED
		495244	B. WING		08	C 3/30/2018
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		730/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC  X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	On 8/29/18 at 9:35 a conducted with RN was asked if Reside stated, "Yes." Wher "We are on the phorasked what type of i be followed in Reside the resident was on gown, mask and glowhen in the resident facility process for considering the resident was on gown, mask and glowhen in the resident facility process for considering the resident was an urses have to call the admission orders. It is admission orders. It is admission orders. It is a made aware this surful was upposed to know when the staff is unsure of isolation. RN #1 statemate aware this surful Resident #7's room a equipment should be mask, gown and glow On 8/29/18 at 9:55 a conducted with Resident #7's room a staff always wears a him or touching items stated they did not.  On 8/29/18 at 10:06 a called the infectious of hospital and the staff Resident #7 was on is staff at the hospital staff at the hospital staff at the hospital staff at the sta	a.m., an interview was (registered nurse) #1. RN #1 ent #7 was on isolation and a asked why, RN #1 stated, ne trying to clarify." When solation precautions should lent #7's room, RN #1 stated contact precautions and a ves should be worn by staff is room. When asked the larifying isolation precautions, rses receive a report from a resident is admitted and the he physician to review all RN #1 stated the physician ation if the infection is as asked how staff is that precautions to follow if why the resident is on ted, "Correct." RN #1 was veyor wanted to go into and asked what protective worn. RN #1 stated a	F 8	80		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA !DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495244	B. WING			С	
NAME OF PROVIDER OR SUPPLIER		100217	D. WING	STREET ADDRESS, CITY, STATE, ZIP COD		/30/2018	
AUTUMN CARE OF MADISON			NUMBER ONE AUTUMN COURT MADISON, VA 22727				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF! TAG		OULD BE	(X5) COMPLETION DATE	
F 880	three negative swat infection so this is p on isolation. RN #1 manager was supported on 8/29/18 at 11:07 conducted with OSM activities director). Resident #7 was on equipment should bo OSM #7 stated she was on isolation but	ge 156 os were needed to clear the probably why Resident #7 was stated the hospital case osed to call her back.  a.m., an interview was of (other staff member) #7 (the DSM #7 was asked why isolation and what protective e worn in the resident's room. did not know why the resident she wears a gown, gloves the goes into the resident's	F8	380			
	conducted with OSM manager). OSM #6 housekeeping staff i who are on isolation she is notified in the isolation rooms have gowns, gloves and n OSM #6 stated hous wear a gown and glo isolation room. OSM housekeeper was obgloves in Resident #	o.m., an interview was M #6 (the housekeeping was asked how the s made aware of residents precautions. OSM #6 stated morning meetings and eyellow bags containing masks hanging on the doors. Sekeepers are supposed to eyes every time they go in an M #6 was made aware a eserved without a gown or 7's room. OSM #6 stated s and in-serviced the			· e	·	
	conducted with CNA #1. CNA #1 was ask of what type of prote wear in an isolation r usually asks the nurs	.m., an interview was (certified nursing assistant) ted how she is made aware ctive equipment she should com. CNA #1 stated she se.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495244	B. WING		1	C <b>/30/2018</b>
	PROVIDER OR SUPPLIER  N CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	1 00/	00/2010
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	talked to five differer #1 stated Resident 4/17/18. RN #1 stated Resident 4/17/18. RN #1 stated Resident #7 would be colonized but a thirth have been done. Resident #7 would be colonized but a thirth hospital and dated documented, "Lab Expecimen: Perirectar Resistant Enterocool Isolation/Precaution Standard Precaution Private room, gown, colonization has been this document was rewhen Resident #7 we document provided stated she made Resident VRE peri-rectal swaday. When asked we placed on isolation if why isolation was neadmissions departmated about isolation precate the facility staff during the to explain the professible taken if an admitted the professible taken if an admitted the professible taken if an admitted to explain the professible taken if an admitted the professible taken if an	Int people at the hospital. RN #7 tested positive for VRE on ted the case manager stated have probably been deemed If VRE test was supposed to N #1 presented a progress if ection prevention nurse at ed 8/6/18. The note Data: Date: 4/17/18.	F8	80		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		495244	B. WING		08	/30/2018	
NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727		.00,2010		
(X4) ID PREFIX TAG	( EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X5) COMPLETION DATE	
F 88	(the director of nurs above concern.  The facility policy tit TRANSMISSION B documented, "PRO categories of Trans Contact Precaution Airborne Precaution Type and duration of (sic) for Selected In Transmission based in addition to Standa Precautions- intendinfectious agents whindirect contact with environment. Contact where the presence drainage, urine or fedischarges from the potential for environ risk of transmission. Equipment recomment touching the resider articles in close productions and the potential for environ risk of transmission. Equipment recommended in contaminated environment in close productions and the potential for environ risk of transmission. Equipment in close productions articles in close productions and the potential for environment in close productions are direct contact to contaminated environment in close productions and the potential for environment in close productions are direct contact to contaminate environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions and the potential for environment in close productions are directions are directions.	sing) were made aware of the sled, "INFECTION CONTROL-ASED PRECAUTIONS" CEDURE: A) There are three mission-Based Precautions: s, Droplet Precautions, and is (Refer to Appendix A of Precautions Recommend fections and conditions'). d Precautions are always used and Precautions. 1. Contact ed to prevent transmission of nich are spread by direct or the patient or the patient's act precautions also apply of excessive wound ecal incontinence, or other body suggest an increased mental contamination and Personal Protective ended: a. Gloves- whenever it's intact skin or surfaces and cimity to the resident. b. nticipating that clothing will with the patient or potentially inmental surfaces or proximity to the resident" Inted, "MDROs organisms) (including VRE) on control program, based on or national or be of clinical and cance. Contact Precautions itings with evidence of in, acute care settings with insmission or wounds that	F 8	180			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495244	B. WING	<b>1</b>		C	
	ME OF PROVIDER OR SUPPLIER  JTUMN CARE OF MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE NUMBER ONE AUTUMN COURT MADISON, VA 22727	08	3/30/2018	
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	(1) "What is a Pseud Pseudomonas infect bacteria found widel most common type is called Pseudomor of infections does Pseudomor of infections Pseudomor of infections Pseudomor of infections Pseudomor of infections programment of the website: https://www.cdc.gov/.html  (2) "Vancomycin-resistant to vused to treat infections present in the human genital tract and are environment. These cause infections. Mo Enterococci infections. Mo Enterococci infections [Vancomycin-resistant VRE]What is the trewith colonized VRE (have no symptoms of treatment. Most VRE with antibiotics other Laboratory testing of which antibiotics will vRE infections in the	domonas infection? tion is caused by strains of y in the environment; the causing infections in humans has aeruginosa. What types seudomonas aeruginosa eudomonas infections usually the hospital and/or with systems. Infections of the and infections following severe illness and death in information was obtained  //hai/organisms/pseudomonas  istant Enterococci are microbial-resistant bacteria vancomycin, the drug often has caused by enterococci. Interia that are normally in intestines and in the female often found in the bacteria can sometimes st vancomycin-resistant is occur in hospitals. Int Enterococci is also called eatment for VRE? People bacteria are present, but f an infection) do not need infections can be treated	F 8	380			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	longer needed can a infection. How is VI passed from person contaminated hands onto a caregiver's hawith other people wi contaminated surface directly to people aft are contaminated withrough the air by coinformation was obtain the contaminated withrough the air by coinformation was obtain the contaminated withrough the air by coinformation was obtain the contaminated withrough the air by coinformation was obtain the contaminated withrough the cinformation was obtained. "Multion (MDROs), infection of the commendations, to epidemiologic signification of the contained recommendations for the contained recommendations." The contained recommendations for the contained recommendations.	also help get rid of the RE spread? VRE is often to person by the sof caregivers. VRE can get ands after they have contact th VRE or after contact with ces. VRE can also be spread they touch surfaces that ith VRE. VRE is not spread toughing or sneezing." This pained from the website: (HAI/organisms/vre/vre.html or Disease Control) further larg-resistant organisms or colonization (e.g., VRE) Contact + Standard the infection control program, as regional, or national to be of clinical and cance. Contact Precautions things with evidence of the acute care settings with nsmission or wounds that the by dressings. See or management options in idrug-Resistant Organisms ps, 2006 (Infectioncontrol/guidelines/v2016) [870]. Contact state or guidance regarding new or this information was obtained infectioncontrol/pdf/guideline	F 8	80		