PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495140	B. WING	-Philosophore the resolvhelship gay type approximate part by myllow discounted to resolve frequency against gappings	01	C / <b>17/2019</b>	
ļ	PROVIDER OR SUPPLIER	1AB		STREET ADDRESS, CITY, STATE, ZIP CO 110 CHALMERS COURT BERRYVILLE, VA 22611		71172013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC 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	
€ 000	Initial Comments		EO	00			
F 000	survey was conducted on 1/17/19. The facilic compliance with 42 Requirement for Lo INITIAL COMMENTAL COMMENTAL COMPLETED An unannounced Naurvey was conducted complaints were in Corrections are required CFR Part 483 Fede	ng-Term Care Facilities.	F 0	00			
	107 at the time of the consisted of 39 cur closed record review. Resident Rights/Exc CFR(s): 483.10(a) (1) §483.10(a) Resident The resident has a self-determination, a access to persons a	ercise of Rights )(2)(b)(1)(2)	F 55	Preparation, submission and impleme plan of correction does not constitute or agreement with the facts and concl on this survey report. Our Plan of cor and executed as a means to continuo quality of care and to comply with app state and federal rights.	an admission of usions set forth rection prepared usly improve	-	
	with respect and dig resident in a manne promotes maintenar	lity must treat each resident nity and care for each r and in an environment that nce or enhancement of his or			<b>CEIVED</b> 3 0 6 2019		
		cognizing each resident's cility must protect and f the resident.		1	H/OLC		
ABORATORY	DIRECTOR'S ON PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(XB) DATE	

ny deficiency statement ending with an asterick (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days flowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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

Event ID: C2ZF11

Facility ID: VA0210

If continuation sheet Page 1 of 164

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	OF CORRECTION	IDENTIFICATION NUMBER:	1	IG		TE SURVEY MPLETED
		495140	B. WING _		01	C / <b>17/2019</b>
	PROVIDER OR SUPPLIER	НАВ		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	1 01	7772013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	access to quality caseverity of condition must establish and practices regarding provision of service residents regardles §483.10(b) Exercise The resident has the rights as a resident or resident of the U §483.10(b)(1) The fresident can exercise interference, coercifrom the facility.  §483.10(b)(2) The resident can exercise interference, coercifrom the facility.  §483.10(b)(2) The resident from the facility.  Sample, Resident #4  The facility failed to 1/15/19 at the same lunch. Resident #4	facility must provide equal are regardless of diagnosis, in, or payment source. A facility maintain identical policies and transfer, discharge, and the is under the State plan for all is of payment source.  The of Rights is eright to exercise his or her of the facility and as a citizen inited States.  The discrimination is a citizen in the senis or her rights without on, discrimination, or reprisal in the senis or her right to be a coercion, discrimination, and cility in exercising his or her in the ser rights as required under this in the ser rights as required under this in the ser rights as required under this in the ser resident interview, staff cument review and clinical is determined that the facility is dignity was provided during the dignity was provided the dignity was provided during the dignity was provided the dignity was provided the dig	F 55	1. Resident #4 did not receive lusame time as his roommate. Direct care Dietary staff reeducated on Residents Reserving lunch at the same time at one tato leave no one waiting and watching so eat.  2. The facility has determined the residents that reside here have the ability affected by this deficient practice.  3. Current employees will be residents sitting at a table or in their rooms ame time. New employees receive education will be upon discovery of non-compliance.  4. The DON/Dietary Manager/Deconduct a random audit on 5 residents part weeks to ensure the facility is practicing. Results of audits will be discussed at momeetings with Care Keepers, monthly/quelity Assurance Performance Improve Committee for trends analysis and ensure compliance has been maintained.  5. Correction to be complete by 2.	e staff and ights and ble or room meone else at the y to be educated by rving mat the location on a provided esignee will er week for g correctly. Eming larterly ement (QAPI re substantia	
ORM GMS-250	37(02-99) Previous Versions	Obsolete Event ID: C2ZF11		actity (D: VA0210 If continu	ration sheat	Page 2 of 164

RECEIVED FEB 0 6 2019

If continuation sheet Page 2 of 164

			AND HUMAN SERVICES  MEDICAID SERVICES				FORM	: 01/29/2019 APPROVEI : 0938-039
	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DAT	E SURVEY
			495140	B. WING			l l	C <b>17/2019</b>
_	NAME OF	PROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
	ROSE H	LL HEALTH AND REI	HAB	i		0 CHALMERS COURT ERRYVILLE, VA 22611		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
	F 550	Continued From pa	ge 2	F 5	550			
		11/21/12. Resident were not limited to restroke and high bloomost recent MDS (reassessment with an date) of 10/22/18, cas moderately imparately imparately entry as required to the pool of 1/22/13, failed	dmitted to the facility on #4's diagnoses included but major depressive disorder, od pressure. Resident #4's minimum data set), a quarterly ARD (assessment reference coded the resident's cognition aired. Section G coded uiring supervision with setup g. Resident #4's care pland to document information d dining experience.					
		observed sitting up resident's roommate bed and eating lunc had not received his	I p.m., Resident #4 was in bed with no lunch tray. The e was observed sitting up in th. Resident #4 confirmed he is lunch tray. On 1/15/19 at ertified nursing assistant) #1					

was observed entering Resident #4's room and speaking to the resident's roommate. CNA #1 exited the room, walked down the hall and returned to the room with artificial sweetener for Resident #4's roommate. On 1/15/19 at 12:26 p.m., CNA #2 provided Resident #4 his lunch tray.

On 1/16/19 at 2:08 p.m., an interview as conducted with Resident #4. Resident #4 was made aware of the above observation and asked how he felt about receiving his lunch tray several minutes after his roommate. Resident #4 stated this made him feel, "Lousy."

On 1/16/19 at 2:23 p.m., an interview was conducted with CNA #1. CNA #1 was asked if both residents in a room are supposed to be served their meal trays at the same time. CNA #1 stated, "Yes." When asked why, CNA #1 stated,

		AND HUMAN SERVICES			RINTED: 01/29/2019 FORM APPROVED
STATEMENT	RS FOR MEDICARE  OF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	MB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		495140	B. WING _		C 01/17/2019
	PROVIDER OR SUPPLIER	НАВ		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	0111112010
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 578	"Because you don't the other resident why they don't get to asked how she woo least 12 minutes to roommate had bee would be pretty upstiting down with me the only one not ear the only one of the only one of the only one of the only one o	t want one resident looking at while they eat and wondering to eat right away." When uld feel if she had to wait, at be served a meal after her in served, CNA #1 stated, "I set. That would be like if I was y family at a restaurant and I'm ting."  p.m., ASM (administrative the executive director), ASM nursing) and ASM #3 (the clinical services) were made concern.  Ided, "Order of Tray Service" ICIES: Meals will be efficiently ents. PURPOSE: To assure oution to residents.  The Dining Services Director the nursing staff on the rays and dining room service. It is will be arranged so they are ne location in the facility for For residents eating in their I be placed on the carts in on was presented prior to exit. In the continue Trimnt; Formlite Adv Director the nursing staff or the rays and the carts in the carts in the placed on the carts in the placed on the carts in the placed or the carts in the continue Trimnt; Formlite Adv Director the Adv Dir	F 578		of this
SS=D	CFR(s): 483.10(c)(6		, 576	Preparation, submission and implementation plan of correction does not constitute an adm	

§483.10(c)(6) The right to request, refuse, and/or

discontinue treatment, to participate in or refuse

to participate in experimental research, and to

formulate an advance directive.

state and federal rights.

or agreement with the facts and conclusions set forth

on this survey report. Our Plan of correction prepared

and executed as a means to continuously improve

quality of care and to comply with applicable

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			Р		: 01/29/2019   APPROVEC
		& MEDICAID SERVICES			0		. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	200		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495140	B. WING			C 01/17/2019	
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	1172010
ROSE HILL HEALTH AND REHAB					110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 578	§483.10(c)(8) Nothiconstrued as the righte provision of meservices deemed minappropriate.  §483.10(g)(12) The requirements specification in the requirements specification in the requirements of the residents concerning medical or surgical resident's option, for (ii) This includes a vigical resident's policies to it and applicable State (iii) Facilities are pentities to furnish the legally responsible for the requirements of this (iv) If an adult indivitime of admission a information or articular executed an admay give advance of individual's resident with State Law.  (v) The facility is not provide this information to the appropriate time.	ing in this paragraph should be ght of the resident to receive dical treatment or medical redically unnecessary or a facility must comply with the fied in 42 CFR part 489, Directives). The include provisions to written information to all adult of the right to accept or refuse treatment and, at the rmulate an advance directive, written description of the implement advance directives are law.  In this paragraph should be received in the implement advance directives are law.  In this paragraph should be received in the implement advance directives are law.	F	578			

Based on staff interview and clinical record review, it was determined that the facility staff failed to ensure accurate physician's orders for

by:

		I AND HUMAN SERVICES			FORM A	01/29/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	556	PLE CONSTRUCTION G ,	(X3) DATE COMP	SURVEY LETED
		495140	B. WING		O 1/4	7/2019
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>  01/1</u>	7/2019
ROSE HI	LL HEALTH AND REI	HAB		110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTIES OF THE A	BE	(X5) COMPLETION DATE
F 578	code status (wheth event of cardiac are the survey sample, Resident #49's acticontained a physici resuscitate) and a pstatus (to resuscitate) and a pstatus (to resuscitate) discontinue the phy Resident #49 when change his code state and difficulty swallo recent MDS (minimassessment with ardate) of 12/10/18, cognitively intact.  Review of Resident an active physician' documented a physici	er or not to resuscitate in the rest) for one of 42 residents in Resident #49.  ve physician's order sheet an's order for dnr (do not obysicians' order for full code te). The facility staff failed to sician's order for dnr for the resident elected to atus to full code.  e:  admitted to the facility on #49's diagnoses included but colon cancer, anxiety disorder wing. Resident #49's most um data set), a quarterly a ARD (assessment reference oded the resident as being	F 57	1. Resident #49 facility failed to ensi accurate physician orders for code status (vor not to resuscitate in the event of cardiac: Facility staff failed to discontinue the physician order for dnr when the resident elected to cloode status to full code.  2. The facility has determined that reside in this facility with Advance Direct have the ability to be affected by the deficience 3. Admission/Social Services will be educated by DON/Designee on Advance Direct and auditing the chart as well as talking with resident/POA for accuracy of Advance Direct 4. The Admission/Social Services we conduct a random audit of charts on 5 resid week for 4 weeks to ensure the facility is precorrectly. Results of audits will be discussed morning meetings with Care Keepers, monthly/quarterly Quality Assurance Perford Improvement (QAPI) Committee for trends a and ensure substantial compliance has been maintained.  5. Correction will be complete by 2/16	whether carrest) an's nange esidents ctive nt practice. re- rective the ctives. III ents per acticing I at mance analysis	

CODE."

event of a cardiac and/or respiratory arrest,

On 1/16/19 at 2:50 p.m., an interview was

initiate CPR." Resident #49's comprehensive care plan dated 4/2/18 documented, "Patient has an advance Directive as evidenced by: FULL

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING		TE SURVEY
		495140	B. WING		01	C I <b>/17/2019</b>
	PROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 578	conducted with LPN LPN #1 was asked status is documented doctor's orders. We they fill out, if they a golden rod dnr form identify a resident's "Look at the doctor' identification." Whe have a physician's order fo I was just sitting her just recently change asked what should changes his code so old order should be be put in (the compipaced in the chart." Resident #49's confasked if the orders areflect the resident's LPN #1 stated, "I die go out but I very we and thought I had dop.m., LPN #1 stated section of the orders dnr order) but he hawas another order, whould have scrolled all dnr orders were confidented in the director of many control of the director of many control of the above of the above	I (licensed practical nurse) #1. where a resident's code ed. LPN #1 stated, "In the ed also have a dnr sheet that are a dnr, and we have the attention." When asked how nurses code status, LPN #1 stated, sorders. That is my only true en asked if a resident should order for full code and a rdnr, LPN #1 stated, "No and re thinking he (Resident #49) ed his status." LPN #1 was be done when a resident tatus. LPN #1 stated, "The removed and the new order uter system), printed out and LPN #1 was shown licting code status orders and should have been updated to be current decision for full code. If discontinue that and it didn't limay have been called away one that." On 1/16/19 at 4:39, "I looked in the discontinued is and I did discontinue it (a d two orders for dnr. There which was not discontinued. I down to check to make sure discontinued."  D.m., ASM (administrative ne executive director), ASM cursing) and ASM #3 (the clinical services) were made concern.	F 5	78		

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A BUILDING

(X3) DATE SURVEY COMPLETED

С

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT			
1100211		BERRYVILLE, VA 22611				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETION DATE			
F 578	Continued From page 7 requested via a list given to ASM #1.  On 1/17/19 at 3:15 p.m., ASM #1 provided a blank copy of the "DNR/CPR [cardiopulmonary resuscitation] Status Order Form."	F 57	78			
F 580 SS=D	1 1	F 58	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION 3		E SURVEY PLETED	
		495140	B. WING		1	C 01/17/2019	
ROSE H	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		1112013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE	
F 580	(A) A change in roo as specified in §483 (B) A change in res State law or regulat (e)(10) of this sectic (iv) The facility musupdate the address phone number of the representative(s).  §483.10(g)(15) Admission to a comthat is a composite §483.5) must disclosite physical configurations that compart, and must specific possible need to alto residents in the sum The facility staff failed possible need to alto residents in the sum The facility staff failed when Vitamin B-12 not available for addressident #48 was a 9/10/18. Resident #48 was a 9/10/18.	om or roommate assignment 3.10(e)(6); or ident rights under Federal or tions as specified in paragraph on. It record and periodically (mailing and email) and he resident  apposite distinct part. A facility distinct part (as defined in paragraph on its admission agreement ration, including the various prise the composite distinct cify the policies that apply to preen its different locations.  In its not met as evidenced arview, facility document review review, it was determined that and to notify the physician of a per treatment for one of 42 are treatment	F 580	Nurse failed to notify the physician when vitamin B-12 and vitamin D3 were not avail administration to resident #42  I. Nurse notified central supply of the that were not available and the vitamins were restocked in the medication carts.  II. Residents that reside in this facilitake vitamin B-12 or vitamin D3 have the probe affected by the deficient practice.  III. Nurses to be Re-educated by DC designee regarding notifying the physician on the medications/vitamins that are not avadminister. Unit manager to audit medication weekly to assure medication/vitamins are a administration.  IV. Meeting/education minutes/signabe turned in to HR to assure Nursing staff in educated on notification of changes. Result will be brought to monthly/quarterly Quality Performance Improvement (QAPI) Committend and analysis and review. Recommentinglemented as indicated. The plan of combe monitored until substantial consistent contast been met.  V. Correction to be completed by 2/1	ne vitamins ire  ity that otential to  DN/ promptly allable to on carts vailable for itures will is Re- its of audit Assurance tee for dations ection to impliance		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		495140	B. WING	•	0.1	C
•	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 110 CHALMERS COURT BERRYVILLE, VA 22611		/17/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE 'HE APPROPRIATE	(X5) COMPLETION DATE
F 580	quarterly assessment reference date) of a cognitive skills for a severely impaired. #48 as requiring exmore staff with bed being totally dependenced by LP 100 mcg (midday for supplement one tablet once a direction administered to Resident by LPN (licenticated by LPN #2 ovitamin B-12 and Vitamin B-13 and V	ent with an ARD (assessment 12/6/18, coded the resident's laily decision-making as Section G coded Resident tensive assistance of two or mobility/transfers and as dent on one staff with eating.  #48's clinical record revealed dated 9/10/18 for Vitamin crograms), one tablet once a and Vitamin D3- 1,000 units,	FS	580		

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED
STATEMENT	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		LE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED  C 01/17/2019	
		495140	B. WING				
	PROVIDER OR SUPPLIER ILL HEALTH AND REH	IAB		1	STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
(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
F 580	they are kept onsite stated he would che the medication room B-12 and Vitamin D #3 stated he would permission to hold to not available. When should be notified if available, LPN #3 sometified." When as "Because it's medicordered and the downwasn't given and who wasn't given and the documentation. If the record provided documentation. If the would be would be with a would be	I by the pharmacy because in bulk quantities. LPN #3 eck other medication carts and ins if he did not have Vitamin 3 in his medication cart. LPN contact the physician and ask the medications if they were in asked if the physician the medications are not tated, "The doctor should be ked why, LPN #3 stated, ation that the doctor has ctor needs to be notified if it may it wasn't given."  p.m., ASM (administrative ne executive director), ASM ursing) and ASM #3 (the clinical services) were made concern.  led, "Medication neeral Guidelines" documented, larly scheduled medication is r given at other than the example, the resident is not center at scheduled dose se of antibiotic is needed), the he front of the MAR for that on is initialed and circled. An entered on the reverse side of for PRN (as needed) we consecutive doses of a withheld or refused, the	F	580			

No further information was provided prior to exit.

(1) "Vitamin B12 is a nutrient that helps keep the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

C

495140

B. WING \_

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT **BERRYVILLE, VA 22611** 

		_	SERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 583 SS=D	Continued From page 11 body's nerve and blood cells healthy and helps make DNA, the genetic material in all cells." This information was obtained from the website: https://ods.od.nih.gov/factsheets/VitaminB12-Con sumer/  (2) "Vitamins are substances that your body needs to grow and develop normally. Vitamin D helps your body absorb calcium. Calcium is one of the main building blocks of bone. A lack of vitamin D can lead to bone diseases such as osteoporosis or rickets. Vitamin D also has a role in your nerve, muscle, and immune systems." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v/%3Asources= medlineplus-bundle&query=vitamin+d3&_ga=2.1 99577710.1336833414.1548171654-139120270. 1477942321 Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken),	F 583	Preparation, submission and implementation of this plan of correction does not constitute an admission or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepare and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		E SURVEY IPLETED
		495140	B. WING	,		C
NAME OF	PROVIDER OR SUPPLIER	493140	B. 11110	STREET ADDRESS, CITY, STATE, ZIP CO		17/2019
	ILL HEALTH AND RE	HAB		110 CHALMERS COURT BERRYVILLE, VA 22611	<b>JDL</b>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 583	the right to send ar mail and other letter materials delivered including those delithan a postal service §483.10(h)(3) The and confidential pe (i) The resident has of personal and maprovided at §483.70 federal or state law (ii) The facility must Office of the State to examine a reside administrative recolaw.  This REQUIREMED by:  Based on observated document review at was determined that provide privacy during residents in the sur The facility staff fail blinds/curtains while wound care on 1/17. The findings included Resident #84 was a 3/2/11.	and promptly receive unopened by, packages and other to the facility for the resident, wered through a means other se.  The resident has a right to secure resonal and medical records. The right to refuse the release edical records except as D(i)(2) or other applicable s.  The allow representatives of the Long-Term Care Ombudsman ent's medical, social, and reds in accordance with State of the long, staff interview, facility and clinical record review, it at the facility staff failed to ling wound care for one of 42 evey sample, Resident #84.  The record review is the facility staff failed to ling wound care for one of 42 evey sample, Resident #84.	F	Nursing staff failed to close the wind while providing Resident #84 wound I. Unable to correct incident due to completion of resident's care completed.  II. Residents that reside in the potential to be affected by the destruction of the potential to be affected by the destruction of the potential to be affected by the destruction of the potential to be affected by the destruction of the potential to be affected by the destruction of the potential to be affected by the destruction of a dignificant the right to personal privacy. A conducted on residents receiving we general care for privacy provided. Decompleted by the unit managers/desensure resident's privacy is being privacy is provided and discuss restaftermoon stand down meeting x 4 v. IV. Results of audit will be broughterly Quality Assurance Perform Improvement (QAPI) Committee for analysis and review. Recommendat as indicated. The plan of correction until substantial consistent compliar V. Correction to be completed.	d care t that occurred had been his facility have eficient practice. Icated by rights. ed existence, In audit will be ound care or oaily rounds to be signee to rovided. The care it to ensure that fults during weeks. ought to monthly/ mance trend and tions implemented to be monitored ince has been met.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING COMPI			
		495140	B. WING	W-	C 01/17/2019	
	PROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		1772010
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 583	impaired. Section of requiring extensive staff with bed mobil comprehensive care document information wound care.  On 1/17/19 at 10:15 nurse) #4 was observed the was observed area (including a side entrance) could be stractor-trailer for a few indow during wour on 1/17/19 at 10:24 conducted with LPN should be done during privacy. LPN #4 stablind." When asked anyone would walk close. I was really round to a feelily document to a dignified exister right to personal privates.	assistance of two or more ity. Resident #84's e plan dated 12/16/14 failed to on regarding privacy during a.m., LPN (licensed practical rived providing wound care on om. The window on the pulled and the outside de road to the facility back seen. An individual driving a cod company drove by the nd care.  4. A.M., an interview was a.m., an inte	F 58			
	No further information Transfer and Dischar CFR(s): 483.15(c)(1		F 62	2		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495140	B. WING			1	C 17/2010
NAME OF	PROVIDER OR SUPPLIER		[		STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	17/2019
ROSE H	LL HEALTH AND REF	IAB		1	10 CHALMERS COURT BERRYVILLE, VA 22611		
(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 I	(X5) COMPLETION DATE
F 622	§483.15(c) Transfer §483.15(c)(1) Facility (i) The facility must remain in the facility discharge the reside (A) The transfer or resident's welfare a cannot be met in the (B) The transfer or obecause the resider sufficiently so the reservices provided by (C) The safety of invendangered due to status of the resider (D) The health of involverse be endand (E) The resident has appropriate notice, ander Medicare or Monpayment applies submit the necessary payment or after the Medicare or	r and discharge- ty requirements- permit each resident to r, and not transfer or ent from the facility unless- discharge is necessary for the nd the resident's needs e facility; discharge is appropriate nt's health has improved esident no longer needs the ty the facility; dividuals in the facility is the clinical or behavioral nt; dividuals in the facility would gered; s failed, after reasonable and to pay for (or to have paid Medicaid) a stay at the facility. Is if the resident does not ry paperwork for third party third party, including id, denies the claim and the pay for his or her stay. For a les eligible for Medicaid after ty, the facility may charge a ble charges under Medicaid;	F6	522	Preparation, submission and implemental plan of correction does not constitute and or agreement with the facts and conclusion this survey report. Our Plan of correct and executed as a means to continuously quality of care and to comply with applical state and federal rights.	admission ons set for ion prepar improve	of h

-	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495140	B. WING		C <b>01/17/2019</b>
	PROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	01/1//2019
(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)	BE COMPLETION
F 622	facility. The facility that failure to transf §483.15(c)(2) Docu When the facility traresident under any in paragraphs (c)(1) section, the facility or discharge is documedical record and communicated to thinstitution or provide (i) Documentation in must include:  (A) The basis for the (i) of this section.  (B) In the case of pasection, the specific be met, facility atterneeds, and the servifacility to meet the rii) The documentati (2)(i) of this section (A) The resident's pedischarge is necess (A) or (B) of this section (A) The resident's pedischarge is necess (B) A physician whenecessary under pathis section.  (iii) Information proving the contact information (C) Advance Directives.	must document the danger er or discharge would pose.  mentation.  ansfers or discharges a of the circumstances specified b(i)(A) through (F) of this must ensure that the transfer umented in the resident's appropriate information is the receiving health care er.  In the resident's medical record the transfer per paragraph (c)(1)  aragraph (c)(1)(i)(A) of this resident need(s) that cannot inpts to meet the resident rice available at the receiving need(s).  ion required by paragraph (c) must be made byhysician when transfer or ary under paragraph (c) (1) etion; and in transfer or discharge is ragraph (c)(1)(i)(C) or (D) of rided to the receiving provider mum of the following: tion of the practitioner care of the resident. entative information including we information including over the process of the receiving provider of the resident.	F 6	1. Resident #99, #23, #93, #66, #52, #80 the facility staff failed to provide required information (including physician contact inform resident representative contact information, sy instructions, adv directives, etc when the resident reside to the hospital.  2. The facility has determined that reside in this facility have the ability to be by the deficient practice when discharging from 3. Admission/Social Services/Designere-educated by DON on required information facility will provide upon discharge from facility New employees will be educated on the requinformation that is need to discharge resident community.  4. The Admission/Social Services will a weekly audits of residents who are sent to thospital to assure they have received the requinaterials upon discharge and will perform this audit for 4 weeks to ensure the facility is practicorrectly. Results of audits will be discussed a morning meetings with Care Keepers, monthly quarterly Quality Assurance Performance Improvement (QAPI) Committee for trends analysis and ensure substantial compliance heen maintained.  5. Correction will be complete by 2/15.	nation, pecial dent was idents affected m facility. ee will be that yy. ired to the I conduct he uired s type of ticing at y/

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 01/29/2019 APPROVED : 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		E CONSTRUCTION		E SURVEY MPLETED
		495140	B. WING		ANT SAN FAMILIA SAN SAN SAN SAN SAN SAN SAN SAN SAN SA	- 1	C <b>/17/2019</b>
	PROVIDER OR SUPPLIER  LL HEALTH AND REF	<b>HAB</b>		1	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLO BE	(X5) COMPLETION DATE
F 622	(E) Comprehensive (F) All other neces copy of the residen consistent with §48 any other documen a safe and effective This REQUIREMEN by:  Based on staff inte and clinical record in the facility staff failed documentation to the required documents.	care plan goals; sary information, including a t's discharge summary, 3.21(c)(2) as applicable, and tation, as applicable, to ensure		622			

in the survey sample, Residents #99, #23, #66,

#93, #52, #91 and #80.

- 2. The facility staff failed to provide evidence that all required information (including physician contact information, resident representative contact information, special instructions for ongoing care, advance directives and comprehensive care plan goals) was provided to the hospital staff for Resident #23's facility initiated transfer to the hospital on 10/30/18.
- 3. The facility staff failed to evidence what if any documentation, including comprehensive care plan goals, was provided to the hospital when Resident #66 was transferred to the hospital on

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY		
		495140	B. WING		sacrément	ı	C <b>17/2019</b>	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S 110 CHALMERS COURT BERRYVILLE, VA 226			17/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD ED TO THE APPROP! FIGIENCY)	BE	(X5) COMPLETION DATE	
F 622	12/6/18.  4. The facility staff facility physician of regarding the reside failed to evidence including comprehyrovided to the hotransferred to the 12/21/18.  5. The facility staff comprehensive cathe receiving provinitiated hospital tr 11/21/18.  6. The facility staff comprehensive cathe receiving provinitiated hospital tr 11/21/18.  7. The facility staff hospital with the replan goals for Restransfer to the hospital with the replan goals for Restransfer to the hospital tr 1. The facility staff all required information contact information contact information contact information contact information and the hospital staff for initiated transfer to the hospital staff for initiated transfer	if failed to evidence that the ocumented information dent's hospitalizations and what if any documentation, nensive care plan goals, was spital, when Resident #93 was hospital on 11/18/18 and  If failed to evidence that the are plan goals were provided to ider for Resident #52's facility ransfers dated 10/5/18 and  If failed to evidence that the are plan goals were provided to ider for Resident #91's facility ransfer dated 12/19/18.  If ailed to provide the receiving resident #80's facility initiated pital on 10/8/18.	F	522				

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/29/2019 FORM APPROVED MB NO. 0938-0391

CENTERS FOR MEDICARI	E & MEDICAID SERVICES		OMB NO. 093		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED
					С
	495140	B. WING			01/17/2019
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		

**ROSE HILL HEALTH AND REHAB** 

110 CHALMERS COURT

HUSE III	OSE HILL HEALTH AND REHAB			BERRYVILLE, VA 22611				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
F 622	Continued From page 18	F6	622					
	9/1/18. Resident #99's diagnoses included but were not limited to difficulty breathing, muscle weakness and heart failure. Resident #99's most recent MDS (minimum data set), a 14 day Medicare assessment with an ARD (assessment reference date) of 1/8/19, coded the resident as being cognitively intact.			V 122				
The state of the s	Review of Resident #99's clinical record revealed a nurse's note dated 12/23/18 that documented Resident #99 was transferred to the hospital due to lying on the floor and a low blood sugar. Further review of Resident #99's clinical record (including nurses' notes) failed to reveal evidence that the facility staff provided the required information to hospital staff upon Resident #99's transfer to the hospital.							
	On 1/16/19 at 2:50 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 was asked what information is provided to hospital staff when a resident is transferred to the hospital. LPN #1 stated, "We send the doctor's order, a physician order sheet, code status, a doctor's progress note, and the most current. I send current labs (laboratory tests) and a MAR (medication administration record) to show what medicines they have had so far today." When asked if she provides residents' comprehensive care plan goals, LPN #1 stated she did not. When asked how she evidences the information she provides to hospital staff, LPN #1 stated, "There is an interact form, where you check off everything you send. We make a copy of that and put it in the chart."							
	Further review of Resident #99's clinical record failed to reveal an interact form for the resident's hospital transfer on 12/23/18.			ID. ID. VANDIA				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495140	B. WING			C 1/17/2019	
	PROVIDER OR SUPPLIER	HAB		STREET ADDRESS, CITY, STATE, ZIP COD 110 CHALMERS COURT BERRYVILLE, VA 22611		11112013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
F 622	Continued From particles of all required information, contact information, contact information, contact information, contact information, comprehensive care the hospital staff for initiated transfer to failure and bacterial most recent MDS (remember).	p.m., ASM (administrative the executive director), ASM nursing) and ASM #3 (the clinical services) were made concern.  Interpretation transfers and document information e transfer requirements.  Interpretation transfers and document information e transfer requirements.  Interpretation to exit.  Interpretation to exit.	F6	DEFICIENCY)			
	a nurse's note dated Resident #23 was to admitted for dehydra Resident #23's clinion notes) failed to reve	#23's clinical record revealed d 10/30/18 that documented ransferred to the hospital and ation. Further review of cal record (including nurses' eal evidence that the facility equired information to hospital					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		E SURVEY IPLETED
		495140	B. WING			1	C <b>17/2019</b>
	PROVIDER OR SUPPLIER	НАВ		11	TREET ADDRESS, CITY, STATE, ZIP CODE O CHALMERS COURT ERRYVILLE, VA 22611		1772010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 622	On 1/16/19 at 2:50 conducted with LPN LPN #1 was asked to hospital staff who the hospital staff who the hospital staff who the hospital. LPN # doctor's order, a ph status, a doctor's p current. I send current a MAR (medication show what medicin today." When asked comprehensive careshed did not. When information she prostated, "There is an check off everything of that and put it in Further review of R failed to reveal an in hospital transfer on On 1/16/19 at 5:39 staff member) #1 (t #2 (the director of aware of the above No further information.)  3. The facility staff documentation, incliplan goals, was pro	p.m., an interview was N (licensed practical nurse) #1. what information is provided en a resident is transferred to #1 stated, "We send the pysician order sheet, code rogress note, and the most rent labs (laboratory tests) and administration record) to es they have had so far ed if she provides residents' e plan goals, LPN #1 stated asked how she evidences the evides to hospital staff, LPN #1 interact form where you give send. We make a copy the chart."  esident #23's clinical record interact form for the resident's 12/23/18.  p.m., ASM (administrative he executive director), ASM jursing) and ASM #3 (the clinical services) were made	F	622			

CENTERS FOR MEDICARE		OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
	495140	B. WING		C 01/17/2010
NAME OF PROVIDER OR SUPPLIER	<u>L</u>		STREET ADDRESS, CITY, STATE, ZIP COD	01/17/2019 E
ROSE HILL HEALTH AND REI	HAB		110 CHALMERS COURT BERRYVILLE, VA 22611	

11001	EL LEVELL VID HENVE	BERRYVILLE, VA 22611					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET ON DATE			
F 622	Continued From page 21 Resident #66 was admitted to the facility on 9/9/13 with the diagnoses of but not limited to dementia, diabetes, depression, paranoid schizophrenia, high blood pressure and convulsions. The most recent MDS (Minimum Data Set) was a significant change assessment with an ARD (Assessment Reference Date) of 12/18/18. The resident was coded as severely cognitively impaired in ability to make daily life decisions.  A review of the clinical record revealed a physician's note dated 12/6/18 which documented, "Called by RN (Registered Nurse) to address sugar level of High - provided with 10 units and her blood sugar was then to 342 2 hours later. Reviewed nursing notes and BS (blood sugar) levels - she has been fluctuating from HI-72 - with last 72 on 12/2 - she has a hx (history) of hypoglycemia. STA (stat) labs were ordered and are back for reviewAssessmentShallow breathing noted tachypnic [Abnormally fast or deep respiration]Tachicardia [fast heart rate] (sic)Metabolic Acidosis: due to diabetesPt needs higher level of care will be sent out - POA is her sister - will notify"  Further review of the clinical record failed to reveal any evidence of what, if any, documentation was provided to the receiving hospital.	F 622					
	On 1/17/19 at 9:23 a.m., an interview was conducted with LPN #5 (Licensed Practical Nurse). Upon review of the clinical record for Resident #66, and when asked about what is sent to the hospital upon a residents transfer, she stated that "If they sent the transfer form to the						

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1''	NG		COMPLETED	
		495140	B. WING		01	C 1/17/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 110 CHALMERS COURT BERRYVILLE, VA 22611		17172010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRI ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 622	hospital and the ho would not have it." keeps a copy of wh LPN #5 stated, "We can think of is that the documentation. asked what informathe hospital. LPN # transfer form, copy Administration Rec (Do Not Resuscitates ending the compre #5 stated, "We do not the MAR. Even if we (transfer form) we sand give report of we there. I usually put something of that no record reflects what information was set hospital, LPN #5 stareflect that.  A review of the "Nut Transfer Form" doc some of the data the hospital: Resident Primary Care Clinical Information, Usual Functional Status, A Devices and Treatman Allergies, Risk Alert Time of Transfer, To Diet, Skin/Wound Crental Rehabilitation There General, Impairmer Continence, Additional Continence, Continence, Continence, Continence, Continence, Continence, Continence, Continence, C	age 22 spital did not send it back, we When asked if the facility nat was sent to the hospital, ell, we should. The only thing I they put the transfer sheet with. I don't have it." LPN #5 was ation is sent with residents' to 5 stated, "We send the of MAR (Medication ord), the face sheet, the DNR te orders)." When asked about ehensive care plan goals, LPN not send care plan. We send we don't send the form still need to call the hospital why we are sending them over in my notes "report called" or nature." When asked if the at documentation and nt to and provided to the ated the record does not  rsing Home to Hospital cumented the following as nat should be provided to the name, Contact Person, cian, Code Status, Key Clinical Mental Status, Usual Additional Clinical Information, ments. Isolation Precautions, its, Primary Goals of Care at reatments and Frequency, Care, Immunizations, Physical apy, ADLs, Impairments - ints - Musculoskeletal, onal Relevant Information"	The second secon	22		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495140	B. WING			1	С
NAME OF	PROVIDER OR SUPPLIER	495140	B. WING.		ET ADDRESS CITY STATE ZID CODE	01/	17/2019
			ļ		ET ADDRESS, CITY, STATE, ZIP CODE HALMERS COURT		
ROSE H	LL HEALTH AND REF	IAB			RYVILLE, VA 22611		
(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
F 622	or any of the inform provided to the hos transferred to the hos and Director of Nurs Staff Member) #1 a notified of the concewas provided by the	ation included within were pital when Resident #66 was ospital on 12/6/18.  p.m., the Executive Director sing (ASM (Administrative and #2 respectively) were ern. No further information e end of the survey.	F 6.	22			
	regarding the reside failed to evidence w including comprehe provided to the hosp	cumented information ent's hospitalizations and that if any documentation, nsive care plan goals, was oital, when Resident #93 was ospital on 11/18/18 and					
	10/3/18 with the dia Parkinson's disease blood pressure epis aphasia, and effusio most recent MDS (N significant change a (Assessment Refere	dmitted to the facility on gnoses of but not limited to a, dysphagia, high and low odes, paraplegia, stroke, on, of the right knee. The Minimum Data Set) was a assessment with an ARD ence Date) of 12/31/18. The as being severely impaired in life decisions.					
	dated 11/18/18, which (Certified Nursing Assand started out of re- resident unresponsing Upon entering room	cal record revealed a note ch documented, "CNA ssistant) changed resident com when she noticed ve. CNA called for this nurse, resident was unresponsive, (oxygen saturation) were in					

PRINTED: 01/29/2019

		AND HUMAN SERVICES & MEDICAID SERVICES			(		APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495140	B, WING			01/17/2019	
NAME OF	PROVIDER OR SUPPLIER			ł	STREET ADDRESS, CITY, STATE, ZIP CODE		
ROSE HI	LL HEALTH AND REF	IAB			I10 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 622	the 50's. Pulse was sats remained in the 266. Temp (temper aroused a little and again. Non-rebreat (nurse practitioner) to (hospital) for eva obtain BP (blood prostated he was out of keep him updated."  Another subsequent 12/21/18. A nurse's documented, "resid diaphoretic and grabeing spoken to a fer Pulse 20. BP (blood Notified NP and PO requested send to (Nursing) notified."  Further review of the reveal any evidence regarding these hos what the facility did resident's condition, sent to a higher level hospital was able to not, to treat the residence any evidence further review of the reveal any evidence for	s faint. O2 put on resident and e 50's. BS (blood sugar) - rature) 100.0. Resident then went unresponsive her put on resident. NP called and order given to send (evaluation). Unable to essure). Son called and he f town until Tuesday but to thospitalization occurred on a note dated 12/21/18 ent unresponsive and y. Resident roused after ew times. Temp 99.1 oral. It depressure) unable to read. A (power if attorney). POA hospital). DON (Director of e clinical record failed to e of physician documentation epitalizations, documenting to attempt to improve the why the resident had to be elected of care, and what the provide, that the facility could dent.	F (	622			

On 1/17/19 at 9:23 a.m., an interview was conducted with LPN #5 (Licensed Practical Nurse). Upon review of the clinical record for Resident #66, and when asked about what is sent

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTR		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		

MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

C

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### ROSE HILL HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611

ROSE H	ILL HEALTH AND REHAB		BERRYVILLE, VA 22611			
(X4) ID PRÉFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 622	to the hospital upon transfer, LPN #5 stated, "If they sent the transfer form to the hospital and the hospital did not send it back, we would not have it." When asked if the facility keeps a copy of what was sent to the hospital with residents', LPN #5 stated, "Well, we should. The only thing I can think of is that they put the transfer sheet with the documentation. I don't have it." LPN #5 was asked what information is sent with residents' to the hospital. LPN #5 stated, "We send the transfer form, copy of MAR (Medication Administration Record), the face sheet, the DNR (Do Not Resuscitate orders)." When asked about sending the comprehensive care plan goals, LPN #5 stated, "We do not send care plan. We send the MAR. Even if we don't send the form (transfer form) we still need to call the hospital and give report of why we are sending them over there. I usually put in my notes "report called" or something of that nature." When asked if the record reflects what documentation and information was sent to and provided to the hospital, LPN #5 stated the record does not reflect that. LPN #5 was asked if the physician should be documenting why a resident was sent out to the hospital, what the facility did to attempt to improve the resident's condition. Why the resident had to be sent to a higher level of care, and what was the hospital able to provide the facility could not, to treat the resident. LPN #5 stated that they should be. She stated there were no physician's notes regarding these hospitalizations.	F 62	2			
	The facility was unable to evidence that this form or any of the information included within were provided to the hospital, or that the physician made any documentation regarding these  67(02-99) Previous Varsions Obsolete  Event ID: C22F11		acilliv ID: VA0210 If continuation sheet F			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	G	COMPLETED		
		495140	B. WING		•	C <b>/17/2019</b>
	PROVIDER OR SUPPLIER	НАВ		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		1112013
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 622	and Director of Nur Staff Member) #1 a notified of the cond was provided by the 5. The facility staff comprehensive can the receiving provide initiated hospital trainitiated hospital with a minimized hospital	p.m., the Executive Director raing (ASM (Administrative and #2 respectively) were ern. No further information e end of the survey.  failed to evidence that the re plan goals were provided to der for Resident #52's facility ansfers dated 10/5/18 and admitted to the facility on ost recent readmission date of es included but were not heart failure (1), reflux (2), high blood bstructive pulmonary disease	F 62	2		

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			O	MB NO.	<u>0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED  C 01/17/2019	
		495140	B. WING				
NAME OF E	PROVIDER OR SUPPLIER		l	S	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	17/2019
					10 CHALMERS COURT		
ROSE HI	ROSE HILL HEALTH AND REHAB				BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 622	ED (emergency der Called 911 (emerge evaluation and treat that he was sent to nursing note dated documented, "Paties pain to bilateral (bovery redden and waliquid diet for dinner pressure 150/75, P 20 (breaths per mir (degrees Fahrenhe). There was no evide Resident #52's comwere sent to the recinitiated transfers documented with LPN LPN #1 was asked to hospital staff whethe hospital. LPN # doctor's order, a phystatus, a doctor's procurrent. I send current (medication administration	partment). Received order. ency services). Sent to ED for tment."  It #52's clinical record revealed the hospital on 11/21/18. A 11/21/18 at 17:15 (5:15 p.m.), ent c/o (complain of) severe th) legs. Noted L (left) stump arm to touch this shift. Given r. VS (vital signs) Blood (pulse) - 99, R (respirations) - nute), T (temperature) 100.6 it)  ence in the clinical record that aprehensive care plan goals ceiving provider for the facility-ated 10/5/18 or 11/21/18.  p.m., an interview was I (licensed practical nurse) #1. what information is provided en a resident is transferred to en a resident in transferred to en a resident in transf	F	622			
1							

On 1/17/19 at approximately 9:27 a.m., an

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING				COMPLETED	
							С	
		495140	B. WING			01/	17/2019	
NAME OF	PAOVIDER OR SUPPLIER				DRESS, CITY, STATE, ZIP CODE		_	
ROSE HI	LL HEALTH AND REF	IAB			ERS COURT			
				BERRYVIL	.LE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x (E/	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD SS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 622	staff member) #2, tl #2 was asked if the comprehensive care receiving provider for initiated hospital tra subsequent hospital #2 replied, "We have nurses have not been On 1/17/18 at approx (administrative staff Director, ASM #2, th ASM #3, the Region Services were made No further information  1. A condition in whenough blood to me failure does not me or is about to stop wheart is not able to p It can affect one or I information was obt https://medlineplus.	ucted with ASM (administrative the Director of Nursing. ASM facility could evidence e plan goals were sent to the or Resident #52's facility insfer dated, 10/5/18 and il transfer on 11/21/18. ASM re not sent care plans and the en doing the 'Interact' forms."  Distinction of Nursing and inal Director of Nursing and inal Director of Clinical e aware of the findings.  In was provided prior to exit.  In the heart can't pump the the body's needs. Heart an that your heart has stopped working. It means that your both sides of the heart. This ained from the website: gov/heartfailure.html  Its leak back, or reflux, into the late it. This information was	F6					
	3. A disease that ma can lead to shortnes types are chronic br The main cause of 0 to substances that in	gov/medlineplus/gerd.html.  akes it difficult to breath that as of breath). The two main conchitis and emphysema.  COPD is long-term exposure rritate and damage the lungs. ette smoke. Air pollution,						
ORM CMS-25	67(02-99) Previous Versions			Facility ID: VA02	10 If continuation	n sheet P	age 29 of 164	

(X2) MULTIPLE CONSTRUCTION

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
	495140		B. WING		C 01/17/2019	
	NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		1772013
(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 SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE	(X5) COMPLETION DATE
F 622	information was obto https://www.nlm.nih	dust can also cause it. This tained from the website: a.gov/medlineplus/copd.html.  nia, your blood does not carry he rest of your body. The most anemia is not having enough ds iron to make hemoglobin. on-rich protein that gives the t carries oxygen from the the body. This information was	F 6	22		
	comprehensive care the receiving provid initiated hospital tra  Resident #91 was a 12/20/2016 with a n of 1/15/2019. Diagn limited to: diabetes, hyponatremia (2), h obstructive pulmona vascular disease (4)  The most recent MI day assessment, wi reference date) of 1 having a score of 15 for mental status) se	e plan goals were provided to er for Resident #91's facility nsfer dated 12/19/18.  dmitted to the facility on nost recent readmission date oses included but were not heart failure (1), igh blood pressure, chronic ary disease (3), and peripheral				**

#### PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 495140 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT ROSE HILL HEALTH AND REHAB **BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) F 622 Continued From page 30 F 622 Review of Resident #91's clinical record revealed that he was sent to the hospital on 12/19/18. A nursing note dated 12/19/18 at 23:25 (11:25 p.m.), documented "NP (nurse practitioner) called facility requesting resident be sent to ER (emergency room) via 911 d/t (due to) severe pain in right lower extremity. Resident left facility via (name of emergency medical service) EMS at 2130 (9:30 p.m.). DON (director of nursing) aware. Resident shows understanding. Will follow up." There was no evidence in the clinical record that Resident #91's comprehensive care plan goals were sent to the receiving provider for this facilityinitiated transfer dated 12/19/18. On 1/16/19 at 2:50 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 was asked what information is provided to hospital staff when a resident is transferred to the hospital. LPN #1 stated, "We send the doctor's order, a physician order sheet, code status, a doctor's progress note, and the most current. I send current labs and a MAR (medication administration record) to show what medicines they have had so far today." When

and put it in the chart."

asked if she provides residents' comprehensive care plan goals, LPN #1 stated she did not. When asked how she evidences the information provided to hospital staff, LPN #1 stated, "There

is an 'Interact' form where you check off everything you send. We make a copy of that

On 1/17/19 at approximately 9:27 a.m., an

interview was conducted with ASM (administrative staff member) #2, the Director of Nursing. ASM #2 was asked if the facility could evidence

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES CTATEMENT OF DESICIENCIES (VXI) PROVIDED (SURB) (SP/CLIA) (VXI) MULTIPLE CONSTRUCTION.

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495140		(X2) MUI A. BUILD			(X3) DATE SURVEY COMPLETED		
		495140 B. WING			C 01/17/2019		
	PROVIDER OR SUPPLIE			110	REET ADDRESS, CITY, STATE, ZIP CODE D CHALMERS COURT ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 622	comprehensive careceiving provider initiated hospital t #2 replied, "We have not be comprehensive state of the care and the can lead to short types are chronic. The main cause of the care and the care of the ca	are plan goals were sent to the for Resident #91's facility ransfer dated, 12/19/18. ASM ave not sent care plans and the been doing the 'Interact' forms."  broximately 3:51 p.m., ASM aff member) #1, the Executive the Director of Nursing and onal Director of Clinical ade aware of the findings.  ation was provided prior to exit.  which the heart can't pump neet the body's needs. Heart lean that your heart has stopped to working. It means that your pump blood the way it should or both sides of the heart. This btained from the website: s.gov/heartfailure.html	F	522			

4. The vascular system is the body's network of

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495140	B. WING		C -01/17/2019	
	PROVIDER OR SUPPLIER	IAB	11	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)		(XS) COMPLETION DATE
F 622	capillaries that carr Arteries can become called atheroscleror vessels and block to Weakened blood vessels and block to Weakened blood vessels and block to Weakened blood vessels and block to bleeding inside the obtained from the vestel hospital with the resplan goals for Resident #80 was a 3/10/17 with a most 10/30/18 with diagram to limited to: diabed diverticulitis [inflamma weakened point in the colon (1)], urinate degeneration [A discentral vision. You nobjects clearly and and driving. (2)], high fibrillation [a condition causing irregular bearesulting in decrease clot formation in the The most recent MI assessment, a sign with an assessment coded the resident (brief interview for resulting interview for resident coded the resident (brief interview for resident coded the resident c	cludes the arteries, veins and y blood to and from the heart. The thick and stiff, a problem sis. Blood clots can clog blood flow to the heart or brain. The sesels can burst, causing body.) This information was rebsite:  Ingov/medlineplus/vasculardise sident's comprehensive care dent #80's facility initiated ital on 10/8/18.  Indicated to the facility on a recent readmission on coses that included but were stes, dementia, breast cancer, mation of an abnormal sac at an the digestive tract, especially ry tract infection, macular ease that destroys your sharp, need central vision to see to do tasks such as reading in blood pressure and atrial on characterized by rapid and of the atria of the heart eats of the ventricles and ed heart output and frequently	F 622			

**FORM APPROVED** 

PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495140 B. WING 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 622 Continued From page 33 F 622 cognitive decisions. The nurse's note dated, 10/8/19 at 11:24 p.m. documented in part, "This nurse entered the residents (sic) room. The resident is very confused. Noted a non productive (sic) cough. Wheezing in upper lobes. Afebrile (without fever). Stated. 'I feel horrible.' This nurse advised the resident of the importance of going to the ER (emergency room) to be evaluated. The resident agreed. Order received from NP (nurse practitioner) on call to send to the ER to be evaluated and treated. Son and daughter notified.

Review of the clinical record failed to evidence documentation that the comprehensive care plan goals were sent with the resident to the hospital.

911 (emergency medical services) called and resident transferred to (initials of hospital) via

On 1/16/19 at 2:50 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 was asked what information is provided to hospital staff when a resident is transferred to the hospital. LPN #1 stated, "We send the doctor's order, a physician order sheet, code status, a doctor's progress note, and the most current. I send current labs and a MAR (medication administration record) to show what medicines they have had so far today." When asked if she provides residents' comprehensive care plan goals, LPN #1 stated she did not. When asked how she evidences the information she provides to hospital staff, LPN #1 stated, "There is an interact form where you check off everything you send. We make a copy of that and put it in the chart."

Event ID: C2ZF11

stretcher."

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495140	B. WING		0	C 01/17/2019	
	PROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP COI 110 CHALMERS COURT BERRYVILLE, VA 22611	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
F 622	On 1/17/19 at 1:12 conducted with LPN #10, the nurse who hospital on 10/8/18 sent with the reside LPN #10 stated I se of the MD (medical (medication administratus." When aske Form", LPN #10 stathat form." When as the comprehensive stated she didn't se not been instructed ASM (administrative executive director, nursing and ASM #3 clinical services, we concern on 1/17/19  No further information (1) Barron's Diction Non-Medical Reade Chapman, page 17/(2) This information following website: https://medlineplus. I.  (3) Barron's Diction Non-Medical Reade Chapman, page 55	p.m., an interview was I (licensed practical nurse) sent Resident #80 out to the When asked what forms she nt to the hospital on 10/8/18, and the nurse's notes, a copy doctor) orders, the MAR stration record) and their code id if she sends an "Interact sted, "No, I've never heard of sked if she sends a copy of care plan goals, LPN #10 and that. She stated she had to send that.  It is staff member) #1, the ASM #2, the director of the regional		522			
F 623 SS=E	CFR(s): 483.15(c)(3) §483.15(c)(3) Notic	e before transfer.	F 6	523			
	Before a facility tran	sfers or discharges a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495140	B. WING			C 1 <b>7/2019</b>	
NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB				STAEET ADDRESS, CITY, STATE, ZIP CODE  110 CHALMERS COURT  BERRYVILLE, VA 22611			
(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 SHOUL  CROSS-REFERENCED TO THE APPROVIDERICIENCY)	OULD BE COMPLETION		
F 623	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 6	PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO			

		AND HUMAN SERVICES  & MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMEN1	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495140	B. WING			1	C <b>17/2019</b>
	PROVIDER OR SUPPLIER	lab		1	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 623	notice specified in promotion in the information in	ents of the notice. The written caragraph (c)(3) of this section can be arrived; the resident is carged; the resident's appeal rights, address (mailing and email), ber of the entity which cests; and information on how form and assistance in and submitting the appeal cess (mailing and email) and of the Office of the State concepts of the State concepts with intellectual disabilities or related concepts and of the agency responsible for advocacy of individuals with bilities established under Part cental Disabilities Assistance cot of 2000 (Pub. L. 106-402, C. 15001 et seq.); and concepts concepts with a mental disabilities, the mailing and concepts concepts with a mental disabilities, the mailing and concepts with a mental disabilities, the mailing and concepts with a mental disabilities, and concepts with a mental disabilities wi	F	623			

must update the recipients of the notice as soon

PRINTED: 01/29/2019

DEPARTMENT OF HEALTH				FORM	APPROVED	
CENTERS FOR MEDICARE			TIPLE CONSTRUCTION		OMB NO. 0938-0391 (X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	СОМ	PLETED	
	495140	B. WING			0 <b>17/2019</b>	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE		
ROSE HILL HEALTH AND REH	IAB		110 CHALMERS COURT BERRYVILLE, VA 22611			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	D PREFI TAG	PROVIDER'S PLAN OF COR  X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
becomes available.  §483.15(c)(8) Notice In the case of facility the administrator of written notification per to the State Survey State Long-Term Cathe facility, and the well as the plan for relocation of the resident facility document resident facility document resident facility document resident representative.  1. Resident #99 was 12/23/18. The facility written notification of the resident and/or representative.  2. Resident #23 was 10/30/18. The facility in facility.	the updated information  e in advance of facility closure y closure, the individual who is the facility must provide prior to the impending closure Agency, the Office of the are Ombudsman, residents of resident representatives, as the transfer and adequate sidents, as required at §  IT is not met as evidenced interview, staff interview, view and clinical record mined that the facility staff tten notification to the resident resentative for a sfer for seven of 42 residents e, Residents #99, #23, #66, #80.  Is transferred to the hospital on ity staff failed to provide of the facility-initiated transfer	F6	1. Resident #99, #23, #93, # and #80 the facility staff failed to pronotification to the resident, resident to the Ombudsman when the resident to the hospital.  2. The facility has determined that reside in this facility have the abby the deficient practice when discharge free reducated by DON on required facility will provide upon discharge fremployees will be educated on the reinformation that is need to discharge community.  4. The Admission/Social Second a weekly audits of residents who are hospital to assure they have receive materials upon discharge and will peaudit for 4 weeks to ensure the facility correctly. Results of audits will be discorrectly.	ovide written representative, or was discharged  d that residents polity to be affected arging from facility s/Designee will information that from facility. New required a resident to the extrema will conduct a sent to the did the required arform this type of ity is practicing		

representative.

to the resident and/or the resident's

3. The facility staff failed to evidence that written

notification was provided to Resident #66 or the resident's representative and to the Ombudsman, morning meetings with Care Keepers, monthly/

(QAPI) Committee for trends analysis and ensure substantial compliance has been maintained.

quarterly Quality Assurance Performance Improvement

Correction will be complete by 2/15/19

AND PLAN OF CORRECTION  (X1) PHOVIDEN SUPPLIENCE IN IDENTIFICATION NUMBER:		A. BUILD		LE CONS ! MOCTION	COMPLETED		
		495140	B. WING			1	C <b>17/2019</b>
	PROVIDER OR SUPPLIER	IAB		1	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT BERRYVILLE, VA 22611	,	
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F 623	4. The facility staff notification of hospithe Resident #93 or when Resident #93 hospital on 11/18/16  5. The facility staff for the resident's repdocumentation of a 10/5/18 or for a facility staff for the resident's repdocumentation of a 10/5/18 or for a facility staff for the resident's repdocumentation of a 12/19/18.  7. The facility staff for the resident's repdocumentation of a 12/19/18.  7. The facility staff for the resident staff for the findings included the staff for the findings included the staff for the resident staff for the reside	was transferred to the  failed to evidence that written tal transfers were provided to the resident representative was transferred to the and 12/21/18.  ailed to provide Resident #52 presentative (RP) with written facility initiated transfer dated lity initiated hospital transfer  ailed to provide Resident #91 presentative (RP) with written facility initiated transfer dated ailed to provide written he resident and/or resident rding the reason for the facility the hospital on 10/8/18 for  e: s transferred to the hospital on ity staff failed to provide of the facility-initiated transfer	F	\$23			

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	01/29/201 APPROVEI 0938-039	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	, сом	(X3) DATE SURVEY COMPLETED	
		495140	B WING _			C <b>17/2019</b>	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
ROSE HILL HEALTH AND REHAB				110 CHALMERS COURT BERRYVILLE, VA 22611			
(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 APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 623	Medicare assessmereference date) of 1 being cognitively into Review of Resident a nurse's note date. Resident #99 was to lying on the floor Further review of Resident review of Resident reveal writt was provided to the representative.  On 1/16/19 at 2:35 conducted with OSI social services direct does notify the omb transfers to the hos written notice of trait transfer to residents.  On 1/16/19 at 2:50 conducted with LPN When asked if she representatives' writer with the conducted wit	ent with an ARD (assessment /8/19, coded the resident as	F 62	23			

transferred to the hospital, LPN #1 stated she calls residents' representatives but does not provide any written notice.

On 1/16/19 at 5:39 p.m., ASM (administrative staff member) #1 (the executive director), ASM #2 (the director of nursing) and ASM #3 (the regional director of clinical services) were made aware of the above concern.

On 1/17/19 at 1:00 p.m., an interview was conducted with Resident #99. The resident stated she did not receive any written notice when

		AND HUMAN SERVICES		·	FORM	: 01/29/2019 APPROVED : 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI. A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495140	B, WING		1	C <b>/17/2019</b>
NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB			1	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT ERRYVILLE, VA 22611	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES OF THE	D BE	(X5) COMPLETION DATE
F 623	she was transferred The facility docume discharges docume you from Facility ag written notice, as re notice of transfer of wishes will be provided. However, we may a notice: (a) if the rea discharge is to prote the health and safe document did not in regarding facility in No further informat	age 40 d to the hospital on 12/23/18. Pent regarding transfer and cented, "We will not discharge gainst your wishes without prior equired by law. Our written r discharge against your ided 30 days in advance. Provide less than 30 days ason for the transfer or tect your health and safety or eaty of other individuals" The include specific information itiated hospital transfers.	F 623			

10/30/18. The facility staff failed to provide written notification of the facility-initiated transfer to the resident and/or the resident's representative.

Resident #23 was admitted to the facility on 3/29/18. Resident #23's diagnoses included but were not limited to difficulty breathing, heart failure and bacterial infection. Resident #23's most recent MDS (minimum data set), a 14 day Medicare assessment with an ARD (assessment reference date) of 11/16/18, coded the resident as being cognitively intact.

Review of Resident #23's clinical record revealed a nurse's note dated 10/30/18 that documented Resident #23 was transferred to the hospital and admitted for dehydration. Further review of Resident #23's clinical record failed to reveal written notification of the transfer was provided to the resident and/or the resident's representative.

Facility ID: VA0210

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495140	B. WING	ena		C <b>01/17/2019</b>	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 110 CHALMERS COURT BERRYVILLE, VA 22611			
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F 623	Continued From particles of the host of th	p.m., an interview was all (other staff member) #1 (the actor). OSM #1 confirmed she budsman regarding resident spital but does not provide ansfer and the reason for the stand/or their representatives.  p.m., an interview was N (licensed practical nurse) #1. provides residents and/or their itten notice of transfer and the after when residents are anospital, LPN #1 stated she resentatives but does not notice.  p.m., an interview was sident #23. The resident receive any written notice when d to the hospital on 10/30/18.  p.m., ASM (administrative the executive director), ASM nursing) and ASM #3 (the clinical services) were made executive director).	F	DEFICIENCY)			
	Resident #66 was	admitted to the facility on					

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES					(	MB NO	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495140	B. WING	i			C 17/2019
NAME OF	PROVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE		
ROSE HI	LL HEALTH AND REF	KAR		1	110 CHALMERS COURT		
MOSE III	LL (ILALII) AND NEI			Ε	BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 623	dementia, diabetes, schizophrenia, high convulsions. The motal Set) was a sigwith an ARD (Asses 12/18/18. The residual cognitively impaired decisions.  A review of the cliniphysician's note dat documented, "Callet to address sugar levents and her blood hours later. Review (blood sugar) levels from HI-72 - with late (history) of hypoglycordered and are barreviewAssessmetachypnic [Abnormatespiration]Tachic (sic)Metabolic Acneeds higher level of is her sister - will not provided to the residuand the Ombudsmater ansfer to the hosp	noses of but not limited to depression, paranoid blood pressure and nost recent MDS (Minimum nificant change assessment sement Reference Date) of dent was coded as severely in ability to make daily life cal record revealed a ded 12/6/18 which do by RN (Registered Nurse) wel of High - provided with 10 sugar was then to 342 2 ded nursing notes and BS are has been fluctuating at 72 on 12/2 - she has a hx demia. STA (stat) labs were cally fast or deep cardia [fast heart rate] idosis: due to diabetesPt of care will be sent out - POA diffy"	F	623			
		a.m., in an interview with					

Social Services) and OSM #3 (the Business

Office Manager), OSM #1 and OSM #3 were asked about Ombudsman notification and written family notification for hospital transfers. OSM #1

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495140

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

B. WING

C 01/17/2019

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

SAMMARY STATEMENT OF DEFICIENCIES   PROPRIETE   PREFIX TAG   PROVIDERS PLAND FOORRECTION   PROPRIATE   PREFIX TAG   PROPRIATE   PROPRIATE   PREFIX TAG   PROPRIATE   PROPRIATE   PREFIX TAG   PROPRIATE   PREFIX TAG   PROPRIATE   PROPRIATE   PREFIX TAG   PROPRIATE   PROPRIATE		<u></u>		DEHIT VILLE, VA 22011	
and OSM #3 stated that in researching why the Ombudsman was not notified of the hospitalization, they determined that the report that was sent to the Ombudsman on 12/7/18, which should have captured Resident #66, was generated before their 3rd-party billing company had updated the system with census information. They stated this is the report that was provided to the Ombudsman's office. OSM #3 stated that when a nurse puts into the system that a resident was transferred, the next morning she uploads a daily census sheet to the billing company and they update the incomplete census information, finish admitting a resident or if discharged they are the ones that update it with the correct action code. OSM #3 stated that this report had already been run and faxed to the Ombudsman, prior to the system being updated on the morning after the resident was sent to the hospital. OSM #1 stated that she runs the report every Friday. OSM #1 stated the resident was sent to the Ombudsman was run on 12/7/18 at 10:06 a.m., but the report through the 7th was not updated by the 3rd-party billing company until after this time (time not provided), and therefore failed to capture Resident #66 being discharged to the hospital. OSM #1 stated the resident has been dated from the 8th through December 14 and would not have captured the resident on that one because her transfer was the 6th. Regarding providing written notification to the resident representative, OSM #1 stated that she does not provide a written notice to the family.  On 1/16/19 at 2:50 p.m., an interview was conducted with LPN (licensed practical nurse) #1.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE COMPLETION
providing written notification to the resident representative, OSM #1 stated that she does not provide a written notice to the family.  On 1/16/19 at 2:50 p.m., an interview was conducted with LPN (licensed practical nurse) #1.	TAG	Continued From page 43 and OSM #3 stated that in researching why the Ombudsman was not notified of the hospitalization, they determined that the report that was sent to the Ombudsman on 12/7/18, which should have captured Resident #66, was generated before their 3rd-party billing company had updated the system with census information. They stated this is the report that was provided to the Ombudsman's office. OSM #3 stated that when a nurse puts into the system that a resident was transferred, the next morning she uploads a daily census sheet to the billing company and they update the incomplete census information, finish admitting a resident or if discharged they are the ones that update it with the correct action code. OSM #3 stated that this report had already been run and faxed to the Ombudsman, prior to the system being updated on the morning after the resident was sent to the hospital. OSM #1 stated that she runs the report every Friday. OSM #1 stated the resident was sent to the hospital on 12/6/18. The report that was sent to the Ombudsman was run on 12/7/18 at 10:06 a.m., but the report through the 7th was not updated by the 3rd-party billing company until after this time (time not provided), and therefore failed to capture Resident #66 being discharged to the hospital. OSM #1 stated the next report provided to the Ombudsman would have been dated from the 8th through December 14 and would not have captured the resident on that one	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	0.4
conducted with LPN (licensed practical nurse) #1.	1	representative, OSM #1 stated that she does not provide a written notice to the family.			
ORM CMS-2567(02-99) Previous Versions Obsolete Event ID: C2ZF11 Facility ID: VA0210 If continuation sheet Page 44 of 16		conducted with LPN (licensed practical nurse) #1. When asked if she provides residents and/or their			

PRINTED: 01/29/2019 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING \_\_\_\_\_

(X3) DATE SURVEY COMPLETED

C

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

REPRYVILLE VA 22611

HOOL III	LE TICACITI AND REHAB	BERRYVILLE, VA 22611				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 623	Continued From page 44	F 623		3		
	representatives' written notice of transfer and the reason for the transfer when residents are transferred to the hospital, LPN #1 stated she calls residents' representatives but does not provide any written notice.  On 1/17/19 at 1:29 p.m., the Executive Director was provided a list of policies, including policies regarding Admission, Transfer, and Discharge requirements. None of the policies provided addressed the requirement of Ombudsman and resident representative written notifications.  On 1/17/18 at 3:30 p.m., the Executive Director and Director of Nursing (ASM (Administrative Staff Member) #1 and #2 respectively) were					
	notified of the concern. No further information was provided by the end of the survey.  4. The facility staff falled to evidence that written notification of hospital transfers were provided to the Resident #93 or the resident representative when Resident #93 was transferred to the					
	hospital on 11/18/18 and 12/21/18.  Resident #93 was admitted to the facility on 10/3/18 with the diagnoses of but not limited to Parkinson's disease, dysphagia, high and low blood pressure episodes, paraplegia, stroke, aphasia, and effusion of the right knee. The most					
	recent MDS (Minimum Data Set) was a significant change assessment with an ARD (Assessment Reference Date) of 12/31/18. The resident was coded as being severely impaired in ability to make daily life decisions.					
	A review of the clinical record revealed a note					
ORM CMS-25	67(02-99) Previous Versions Obsolete Event ID: C2ZF11	Facili	ty ID: VA0210 If continuation sheet	Page 45 of 164		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	G	(X3) DATE SURVEY COMPLETED			
		495140	B. WING			C <b>17/2019</b>	
	PROVIDER OR SUPPLIER	IAB	STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611				
(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 APPROPOLICIENCY)	D BE	(X5) COMPLETION DATE	
F 623	dated 11/18/18, whi (Certified Nursing A and started out of re resident unresponsi Upon entering room diaphoretic, O2 sate the 50's. Pulse was sats remained in the 266. Temp (temper aroused a little and again. Non-rebreat (nurse practitioner) to (hospital) for evalobtain BP (blood prestated he was out of keep him updated."  Another subsequent 12/21/18. A nurse's documented, "resided diaphoretic and gray being spoken to a feep Pulse 20. BP (blood Notified NP and PO requested send to (Nursing) notified."  Further review of the reveal any evidence provided to the resident either hospitalization of the resident of the resident of resident or resident or resident or resident.	ch documented, "CNA assistant) changed resident com when she noticed ive. CNA called for this nurse. In resident was unresponsive, is (oxygen saturation) were in a faint. O2 put on resident and its 50's. BS (blood sugar) frature) 100.0. Resident then went unresponsive ther put on resident. NP called and order given to send its (evaluation). Unable to ressure). Son called and he if town until Tuesday but to thospitalization occurred on a note dated 12/21/18 rent unresponsive and y. Resident roused after rew times. Temp 99.1 oral. It is pressure) unable to read. A (power if attorney). POA thospital). DON (Director of the clinical record failed to rewritten notification was dent or resident representative	F 62	3			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495140	B, WING			С	
		490140	B. WING			01/	17/2019
	PROVIDER OR SUPPLIER  ILL HEALTH AND REF	łAB		STREET ADDRESS, C 110 CHALMERS CO BERRYVILLE, VA			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		,	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOTT TAG CROSS-REFERENCED TO THE APPLICATION OF CORRECT PROVIDER		BE	(X5) COMPLETION DATE
F 623	conducted with LPN When asked if she representatives' writer reason for the transtransferred to the half calls residents' represented any written.  On 1/17/19 at 1:29 was provided a list regarding Admission requirements. Non addressed the requiresident represented physician document emergent transfers.  On 1/17/18 at 3:30 and Director of Nur Staff Member) #1 anotified of the concludes provided by the staff or the resident's represented by the staff of the conclusion of the staff or the resident #52 was a 9/14/2019. Diagnose limited to: diabetes gastro-esophageal	p.m., an interview was N (licensed practical nurse) #1. provides residents and/or their ten notice of transfer and the sfer when residents are ospital, LPN #1 stated she resentatives but does not notice.  p.m., the Executive Director of policies, including policies n, Transfer, and Discharge e of the policies provided irrement of Ombudsman and ative written notifications and tation requirements for p.m., the Executive Director sing (ASM (Administrative and #2 respectively) were ern. No further information e end of the survey.  Italied to provide Resident #52 presentative (RR) with written facility initiated transfer dated dility initiated hospital transfer admitted to the facility on ost recent readmission date of its included but were not heart failure (1), reflux (2), high blood bstructive pulmonary disease	F	23			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495140	B. WING		141	C 1 <b>7/2019</b>	
	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
F 623	The most recent of quarterly assessme reference date) of having a score of for mental status) was cognitively into the masses of the course of	AIDS (minimum data set), a lent, with an ARD (assessment 12/11/18 coded the resident as 15 on the BIMS (brief interview score, indicating the resident act for daily decision making.  In #52's clinical record revealed to the hospital on 10/5/18. A 110/8/18 at 12:44 p.m., entry for 10/5/18. Resident at 1830 (6:30 p.m.). Said he lis from his foot. Tried several t was not successful. Said he otified NP (nurse practitioner) of nursing). Requested to go epartment). Received order.	F	623			
	that he was sent to nursing note dated documented "Patie pain to bilateral (be very redden and w liquid diet for dinne pressure 150/75, I 20 (breaths per mi (degrees Fahrenh The clinical record documentation that given written notifit initiated transfer de initiated hospital tr	nt #52's clinical record revealed to the hospital on 11/21/18. A 111/21/18 at 17:15 (5:15 p.m.), ent c/o (complain of) severe oth) legs. Noted L (left) stump form to touch this shift. Given er. VS (vital signs) Blood (pulse) - 99, R (respirations) - inute), T (temperature) 100.6 eit)  I failed to evidence at Resident #52, the RR were cation regarding the facility eated 10/5/18 or for the facility ansfer dated 11/21/18.  I roximately 2:35 p.m., an ducted with OSM (other staff					

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/29/2019 **FORM APPROVED** 

**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING C 495140 B WING 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT ROSE HILL HEALTH AND REHAB **BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 623 Continued From page 48 F 623 member) #1 (the social services director). OSM

#1 was asked if she provide the resident and/ or the RR with written notice of a facility initiated hospital transfer. OSM #1 replied, "I do notify the ombudsman regarding resident transfers to the hospital but I have not provided written notice of transfer and the reason for the transfer to residents and/or their representatives. On 1/16/19 at 2:50 p.m., an interview was

conducted with LPN (licensed practical nurse) #1. When asked if she provides residents and/or their representative's written notice of transfer and the reason for the transfer when residents are transferred to the hospital, LPN #1 stated she calls residents' representatives but does not provide any written notice.

On 1/17/18 at approximately 3:51 p.m., ASM (administrative staff member) #1, the Executive Director, ASM #2, the Director of Nursing and ASM #3, the Regional Director of Clinical Services were made aware of the findings.

No further information was provided prior to exit.

- 1. A condition in which the heart can't pump enough blood to meet the body's needs. Heart failure does not mean that your heart has stopped or is about to stop working. It means that your heart is not able to pump blood the way it should. It can affect one or both sides of the heart. This information was obtained from the website: https://medlineplus.gov/heartfailure.html
- 2. Stomach contents leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html.

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION	COMPLETED			
		B. WING			01/17/2019		
	PROVIDER OR SUPPLIER	łAB		STREET ADDRESS, CITY, STATE 110 CHALMERS COURT BERRYVILLE, VA 22611	, ZIP CODE		ч
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG		ACTION SHOULD I O THE APPROPR	BE	(X5) COMPLETION DATE
F 623	can lead to shortne types are chronic be The main cause of to substances that This is usually cigate chemical fumes, or information was object. If you have anemenough oxygen to the common cause of a circle iron. Your body need the moglobin is an it red color to blood. If you have rest of obtained from the white the color to blood. If you have a color to blood in the color to blood. If you have a color to blood in the color to blood. If you have a color to blood in the color to blood. If you have a color to blood in the color to blood. If you have a color to blood in the color to bloo	akes it difficult to breath that ss of breath). The two main ronchitis and emphysema. COPD is long-term exposure irritate and damage the lungs. rette smoke. Air pollution, dust can also cause it. This tained from the website: n.gov/medlineplus/copd.html. hia, your blood does not carry he rest of your body. The most anemia is not having enough dis iron to make hemoglobin. ron-rich protein that gives the t carries oxygen from the the body. This information was	F6	523			
	or the resident's rep	failed to provide Resident #91 presentative (RR) with written facility initiated transfer dated					
	12/20/2016 with a r of 1/15/2019. Diagr limited to: diabetes, hyponatremia (2), h	nigh blood pressure, chronic ary disease (3), and peripheral	g de		- TITUTE OF STEELEN AND AND ST		wit's lister dissolidation and white of the second

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AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495140	B. WING	,		01/17/2019		
NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB				1	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 623	Continued From pa	age 50	F	623				
	day assessment, w reference date) of having a score of 1 for mental status) s	DS (minimum data set), a five rith an ARD (assessment 1/4/19 coded the resident as 5 on the BIMS (brief interview acore, indicating the resident act for daily decision making.						
	that he was sent to nursing note dated p.m.), documented facility requesting re (emergency room) pain in right lower of via (name of emerge 2130 (9:30 p.m.).	t #91's clinical record revealed the hospital on 12/19/18. A 12/19/18 at 23:25 (11:25 "NP (nurse practitioner) called esident be sent to ER via 911 d/t (due to) severe extremity. Resident left facility gency medical service) EMS at DON (director of nursing) nows understanding. Will follow						
		Resident #91, or the RR were ation regarding the facility						
£1	interview was cond member) #1 (the so #1 was asked if sho the RR with written hospital transfer. O ombudsman regard hospital but I have	oximately 2:35 p.m., an ucted with OSM (other staff ocial services director). OSM e provided the resident and/ or notice of a facility initiated SM #1 replied, "I do notify the ding resident transfers to the not provided written notice of ason for the transfer to eir representatives.						
		p.m., an interview was N (licensed practical nurse) #1.						

When asked if she provides residents and/or their

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STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

01/17/2019

495140

B. WING

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NAME OF	PROVIDER OR SUPPLIER		S.	TREET ADDRESS, CITY, STATE, ZIP CODE		
DOSE H	ILL HEALTH AND REHAB		11	10 CHALMERS COURT		
NOSE TILE TEACHT AND NEIRAD			В	ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	_	(X5) COMPLETION DATE
F 623	Continued From page 51 representative's written notice of transfer and reason for the transfer when residents are transferred to the hospital, LPN #1 stated she calls residents' representatives but does not provide any written notice.  On 1/17/18 at approximately 3:51 p.m., ASM (administrative staff member) #1, the Execut Director, ASM #2, the Director of Nursing and ASM #3, the Regional Director of Clinical Services were made aware of the findings.  No further information was provided prior to a state of the state of the findings.  No further information was provided prior to a state of the stat	d the e live d exit. exit. ppped ur ould. This was htm. hat ain a. sure ungs. This	623			

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495140	B. WING	i		1	17/2019	
	PROVIDER OR SUPPLIER	НАВ		1	STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 623	capillaries that carr Arteries can become called atherosclero vessels and block in Weakened blood vessels.  7. The facility staff documentation to the representative regainitiated transfer to Resident #80.  Resident #80 was a 3/10/17 with a mos 10/30/18 with diagrent in the colon (1)], urinate degeneration [A discentral vision. You objects clearly and and driving. (2)], his fibrillation [a condition random contraction causing irregular be resulting in decrease clot formation in the The most recent Massessment, a sign with an assessment coded the resident (brief interview for the second called the second c	y blood to and from the heart. The thick and stiff, a problem sis. Blood clots can clog blood flow to the heart or brain. The essels can burst, causing body.) This information was website:  In gov/medlineplus/vasculardise failed to provide written the resident and/or resident arding the reason for the facility the hospital on 10/8/18 for admitted to the facility on trecent readmission on the facility on the digestive tract, especially ary tract infection, macular reases that destroys your sharp, the digestive tract, especially ary tract infection, macular reases that destroys your sharp, the digestive tract and atrial for characterized by rapid and the of the atria of the heart eats of the ventricles and sed heart output and frequently e atria (3)].  DS (minimum data set) inficant change assessment, at reference date of 12/27/18, as scoring a "12" on the BIMS mental status) score, indicating y impaired to make daily	F	623				

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STATEMENT OF DEFICIENCIE	:5
AND PLAN OF CORRECTION	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	1D	550100000000000000000000000000000000000
REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETION DATE
Continued From page 53	F 62	3
The nurse's note dated, 10/8/19 at 11:24 p.m. documented in part, "This nurse entered the residents (sic) room. The resident is very confused. Noted a non productive (sic) cough. Wheezing in upper lobes. Afebrile (without fever). Stated. 'I feel horrible.' This nurse advised the resident of the importance of going to the ER (emergency room) to be evaluated. The resident agreed. Order received from NP (nurse practitioner) on call to send to the ER to be evaluated and treated. Son and daughter notified. 911 (emergency medical services) called and resident transferred to (initials of hospital) via stretcher."  Review of the clinical record failed to evidence documentation of written notification to the		
reasons for the transfer to the hospital on 10/8/18.		
conducted with OSM (other staff member) #1 (the social services director). OSM #1 confirmed she does notify the ombudsman regarding resident transfers to the hospital but does not provide written notice of transfer and the reason for the transfer to residents and/or their representatives.		
On 1/16/19 at 2:50 p.m., an interview was conducted with LPN (licensed practical nurse) #1. When asked if she provides residents and/or their representatives' written notice of transfer and the reason for the transfer when residents are transferred to the hospital, LPN #1 stated she calls residents' representatives but does not provide any written notice.		
	Continued From page 53  The nurse's note dated, 10/8/19 at 11:24 p.m. documented in part, "This nurse entered the residents (sic) room. The resident is very confused. Noted a non productive (sic) cough. Wheezing in upper lobes. Afebrile (without fever). Stated. 'I feel horrible.' This nurse advised the resident of the importance of going to the ER (emergency room) to be evaluated. The resident agreed. Order received from NP (nurse practitioner) on call to send to the ER to be evaluated and treated. Son and daughter notified. 911 (emergency medical services) called and resident transferred to (initials of hospital) via stretcher."  Review of the clinical record failed to evidence documentation of written notification to the resident and/or resident representative for the reasons for the transfer to the hospital on 10/8/18.  On 1/16/19 at 2:35 p.m., an interview was conducted with OSM (other staff member) #1 (the social services director). OSM #1 confirmed she does notify the ombudsman regarding resident transfers to the hospital but does not provide written notice of transfer and the reason for the transfer to residents and/or their representatives.  On 1/16/19 at 2:50 p.m., an interview was conducted with LPN (licensed practical nurse) #1. When asked if she provides residents and/or their representatives' written notice of transfer and the reason for the transfer when residents are transferred to the hospital, LPN #1 stated she calls residents' representatives but does not	Continued From page 53  The nurse's note dated, 10/8/19 at 11:24 p.m. documented in part, "This nurse entered the residents (sic) room. The resident is very confused. Noted a non productive (sic) cough. Wheezing in upper lobes. Afebrile (without fever). Stated. 'I feel horrible.' This nurse advised the resident of the importance of going to the ER (emergency room) to be evaluated. The resident agreed. Order received from NP (nurse practitioner) on call to send to the ER to be evaluated and treated. Son and daughter notified. 911 (emergency medical services) called and resident transferred to (initials of hospital) via stretcher."  Review of the clinical record failed to evidence documentation of written notification to the resident and/or resident representative for the reasons for the transfer to the hospital on 10/8/18.  On 1/16/19 at 2:35 p.m., an interview was conducted with OSM (other staff member) #1 (the social services director). OSM #1 confirmed she does notify the ombudsman regarding resident transfers to the hospital but does not provide written notice of transfer and the reason for the transfer to residents and/or their representatives.  On 1/16/19 at 2:50 p.m., an interview was conducted with LPN (licensed practical nurse) #1. When asked if she provides residents and/or their representatives' written notice of transfer and the reason for the transfer when residents are transferred to the hospital, LPN #1 stated she calls residents' representatives but does not

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES				0	MB NO.	0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		B .	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495140	B. WING		01/1	C 1 <b>7/2019</b>
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		17/2015
ROSE HI	LL HEALTH AND RE	HAB		110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	8E	(X5) COMPLETION DATE
F 625 SS=E	executive director, nursing and ASM # clinical services, we concern on 1/17/19  No further information (1) Barron's Diction Non-Medical Reade Chapman, page 17 (2) This information following website: https://medlineplus. I.  (3) Barron's Diction Non-Medical Reade Chapman, page 55 Notice of Bed Hold CFR(s): 483.15(d)(1) \$483.15(d) Notice of \$483.15(d) (1) Notice of the resident goes of nursing facility transitive resident or resident or resident or resident, during which the return and resume	e staff member) #1, the ASM #2, the director of 3, the regional director of ere made aware of the above at 4:09 p.m. on was provided prior to exit. ary of Medical Terms for the er, 5th edition, Rothenberg and 3. n was obtained from the gov/maculardegeneration.htm ary of Medical Terms for the er, 5th edition, Rothenberg and . Policy Before/Upon Trnsfr	F 625		nission of set forth prepared prove	
1	plan, under § 447.4 (iii) The nursing fac	payment policy in the state 0 of this chapter, if any; ility's policies regarding thich must be consistent with		29		

paragraph (e)(1) of this section, permitting a

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

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495140

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE. VA 22611

			BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 625	Continued From page 55 resident to return; and (iv) The information specified in paragraph (e)(1) of this section.  §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide evidence that a written bed hold policy was provided within 24 hours of a facility-initiated transfer for five of 42 residents in	F 625	1. Resident #99, #66, #93, #91, and #80 the facility staff failed to provide written notification to resident or the resident's representative of the bed hold policy when the resident was discharged to the hospital.  2. The facility has determined that residents that reside in this facility have the ability to be affected by the deficient practice when discharging from facility.  3. Admission/Social Services will be re-educated by DON/Designee on the Bed Hold policy and have evidence that written Bed Hold Policy was given within 24 hours of facility transfer and maintain compliance.  4. The Admission/Social Services will conduct			
		1	a weekly audits of residents who are sent to the			

**B. WING** 

1. The facility staff failed to provide Resident #99 or the resident's representative written notification of the bed hold policy when the resident was discharged to the hospital on 12/23/18.

the survey sample, Residents #99, #66, #93, #91

- 2. The facility staff failed to evidence that a written bed hold notice was provided to Resident #66 and/or resident representative when the resident was transferred to the hospital on 12/6/18.
- 3. The facility staff failed to evidence that written bed hold notification was provided to the resident or resident representative when Resident #93 was transferred to the hospital on 11/18/18 and 12/21/18.
- 4. The facility staff failed to provide Resident #91

- 4. The Admission/Social Services will conduct a weekly audits of residents who are sent to the hospital to assure they have received the BH Policy and will perform this type of audit for 4 weeks to ensure the facility is practicing correctly. Results of audits will be discussed at morning meetings with Care Keepers, monthly/quarterly Quality Assurance Performance Improvement (QAPI) Committee for trends analysis and ensure substantial compliance has been maintained.
- Correction will be complete by 2/15/19

and #80.

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STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	٤

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

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B. WING

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE		
F 625	with a written notice of bed-hold policy for a facility initiated hospital transfer dated 12/19/18.  5. The facility staff failed to evidence documentation of a bed hold policy being sent with the resident upon a facility initiated transfer to the hospital on 10/8/18 for Resident #80.  The findings include:  1. The facility staff failed to provide Resident #99 or the resident's representative written notification of the bed hold policy when the resident was discharged to the hospital on 12/23/18.  Resident #99 was admitted to the facility on 9/1/18. Resident #99's diagnoses included but were not limited to difficulty breathing, muscle weakness and heart failure. Resident #99's most recent MDS (minimum data set), a 14 day Medicare assessment with an ARD (assessment reference date) of 1/8/19, coded the resident as being cognitively intact.  Review of Resident #99's clinical record revealed	F 625				
	a nurse's note dated 12/23/18 that documented Resident #99 was transferred to the hospital due to lying on the floor and a low blood sugar. Further review of Resident #99's clinical record (including interdisciplinary notes) failed to reveal the resident or the resident's representative was provided written information regarding the facility, bed hold policy within 24 hours of the resident's discharge.  On 1/16/19 at 2:35 p.m., an interview was conducted with OSM (other staff member) #1 (the social services director). OSM #1 was asked if she provides the bed hold policy to residents					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING				COMPLETED		
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F 625	and/or their represed discharged to the "When someone of a packet that goes policy is in that an party I send one in could provide evide that she sends thre "Yeah. I make coportion of the same of the send of the residents and/or the residents are transtated, "I have packed if she could hold policy is proverties to the was not sure.  On 1/16/19 at 3:17 could not provide was sent to Resident was the resident was	sentatives when residents are hospital. OSM #1 stated, goes out to the hospital, there is a with them and the bed hold dif someone has a responsible the mail. When asked if she lence of the bed hold policies ough the mail, OSM #1 stated, pies of who I will mail it out to."  Op.m., an interview was on the provides the bed hold policy to be representative when sterred to the hospital, LPN #1 ckets made up on the unit that rm in it and the bed hold policy dipolicy goes in the envelope I send to the hospital." When I provide evidence that the bed ided when residents are hospital, LPN #1 stated she evidence that a bed hold policy ent #99's representative when ransferred to the hospital on  Op.m., ASM (administrative (the executive director), ASM nursing) and ASM #3 (the folinical services) were made		625				

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F 625	transferred to the h The facility docume documented "If you from Facility for hos leave, you may req bed during this time Medicare program companies do not o your bed in these s and/or your Legal F pay the applicable o your bed open. You 24 hours after rece whether you want to	age 58 hold policy when she was ospital on 12/23/18.  Intregarding bed holds will be temporarily absent spitalization or therapeutic uest the center to hold your expectable (called a 'bed hold'). The and most private insurance cover costs related to holding ituations. We will notify you depresentative of the option to daily rate for each day we hold u and your representative have iving this notice to let us know as to hold your bed for you."	F	625			
	bed hold notice was and/or resident rep was transferred to the Resident #66 was a 9/9/13 with the diag dementia, diabetes schizophrenia, high convulsions. The resident an ARD (Asset 12/18/18. The residential re	failed to evidence that a written is provided to Resident #66 resentative when the resident the hospital on 12/6/18.  Admitted to the facility on proses of but not limited to depression, paranoid a blood pressure and most recent MDS (Minimum prificant change assessment essment Reference Date) of dent was coded as severely in ability to make daily life					

physician's note dated 12/6/18 which

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES								APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
495140			B. WING				01/	C 1 <b>7/2019</b>
NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB				110 CH	TADDRESS, CITY, STATE, ZIP CO IALMERS COURT YVILLE, VA 22611	DE		
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F 625	to address sugar le units and her blood hours later. Review (blood sugar) levels from HI-72 - with la (history) of hypogly ordered and are bareviewAssessmetachypnic [Abnormarespiration]Tachi (sic)Metabolic Adneeds higher level is her sister - will not being provided to the reveal any evidence being provided to the representative.  On 1/16/19 at 2:35 conducted with OS social services dire she provides the beand/or their representative and/or their representative is her sister - will not be and/or their representative.	ed by RN (Registered Nurse) evel of High - provided with 10 I sugar was then to 342 2 eved nursing notes and BS is - she has been fluctuating list 72 on 12/2 - she has a hx ecemia. STA (stat) labs were lick for entShallow breathing noted ally fast or deep cardia [fast heart rate] cidosis: due to diabetesPt of care will be sent out - POA	F	625				

On 1/16/19 at 2:50 p.m., an interview was

residents and/or their representative when residents are transferred to the hospital, LPN #1

conducted with LPN (licensed practical nurse) #1. When asked if she provides the bed hold policy to

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	T OF DEFICIENCIES OF CORRECTION						E SURVEY (PLETED
		495140	B. WING		-114000000000000000000000000000000000	1	C <b>17/2019</b>
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	111 11 11	
ROSE H	ILL HEALTH AND REI	łAB			10 CHALMERS COURT BERRYVILLE, VA 22611		
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F 625	stated, "I have pachas the interact form in it. The bed hold with the stuff that I asked if she could phold policy is provious transferred to the howas not sure.  On 1/17/19 at 9:55 #1, the Director of Section Member) she stated evidence of bed howas mot sure.  A review of a copy of documented, "sent to the hospital Medicaid and is add Medicaid does not pure with the nursing home is the resident is in the may move someon. However, even if the hold the bed, the rereturn as soon as a semi-private room if as the resident still by this nursing home service not readmit the resident readmit readm	kets made up on the unit that m in it and the bed hold policy policy goes in the envelope send to the hospital." When provide evidence that the bed led when residents are ospital, LPN #1 stated she a.m., in an interview with OSM Social Services (Other Staff d she did not have any lds being sent for Resident	F	625			

Appeals Division (address documented), \*File a complain with the Office of Licensure and

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STATEMENT	OF DEF	FICIENCIES
AND PLAN O	F CORF	RECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495140

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

B. WING

C 01/17/2019

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

		٤	BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 625	Continued From page 61 Certification (address documented). For help in filing an appeal or a complaint, contact the Office of the State Long Term Care Ombudsman at (phone numbers documented)."  There was no evidence this information was provided to the resident representative for Resident #66.  On 1/17/18 at 3:30 p.m., the Executive Director and Director of Nursing (ASM (Administrative Staff Member) #1 and #2 respectively) were notified of the concern. No further information was provided by the end of the survey.	F 625		
	3. The facility staff failed to evidence that written bed hold notification was provided to the resident or resident representative when Resident #93 was transferred to the hospital on 11/18/18 and 12/21/18.  Resident #93 was admitted to the facility on 10/3/18 with the diagnoses of but not limited to Parkinson's disease, dysphagia, high and low blood pressure episodes, paraplegia, stroke, aphasia, and effusion of the right knee. The most recent MDS (Minimum Data Set) was a significant change assessment with an ARD (Assessment Reference Date) of 12/31/18. The resident was coded as being severely impaired in ability to make daily life decisions.  A review of the clinical record revealed a note dated 11/18/18, which documented, "CNA (Certified Nursing Assistant) changed resident and started out of room when she noticed resident unresponsive. CNA called for this nurse.	P		

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A BUILDING

(X3) DATE SURVEY COMPLETED

495140 B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 2261

ROSE HILL HEALTH AND REHAB			BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			
F 625	Upon entering room resident was unresponsive, diaphoretic, O2 sats (oxygen saturation) were in the 50's. Pulse was faint. O2 put on resident and sats remained in the 50's. BS (blood sugar) - 266. Temp (temperature) 100.0. Resident aroused a little and then went unresponsive again. Non-rebreather put on resident. NP (nurse practitioner) called and order given to send to (hospital) for eval (evaluation). Unable to obtain BP (blood pressure). Son called and he stated he was out of town until Tuesday but to keep him updated."  Another subsequent hospitalization occurred on 12/21/18. A nurse's note dated 12/21/18 documented, "resident unresponsive and diaphoretic and gray. Resident roused after being spoken to a few times. Temp 99.1 oral. Pulse 20. BP (blood pressure) unable to read. Notified NP and POA (power if attorney). POA requested send to (hospital). DON (Director of Nursing) notified."  Further review of the clinical record failed to reveal any evidence of a written bed hold notice being provided to the resident and/or resident representative.  On 1/16/19 at 2:35 p.m., an interview was conducted with OSM (other staff member) #1 (the social services director). OSM #1 was asked if she provides the bed hold policy to residents are discharged to the hospital. OSM #1 stated, "When someone goes out to the hospital, there is a packet that goes with them and the bed hold policy is in that and if someone has a responsible party I send one in the mail. When asked if she	F 62				
ORM CMS-25	could provide evidence of the bed hold policies  67(02-99) Previous Versions Obsolete Event ID: C2ZF11		Facility ID: VA0210 If continuation al	not Page 62 of 184		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l''	TIPLE CONSTRUCTION  NG	COM	E SURVEY IPLETED  C
		495140	B. WING			/17/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDSHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 625	"Yeah. I make cope On 1/16/19 at 2:50 conducted with LP When asked if she residents and/or the residents are transstated," I have parked in it. The bed hold with the stuff that I asked if she could hold policy is provitransferred to the I was not sure.  On 1/17/19 at 9:55 #1, the Director of Member) she state evidence of bed how the stuff Member of Nu Staff Member) #1 notified of the conduction of the con	age 63 bugh the mail, OSM #1 stated, pies of who I will mail it out to."  In p.m., an interview was in (licensed practical nurse) #1. In provides the bed hold policy to be ir representative when efferred to the hospital, LPN #1 ckets made up on the unit that it and the bed hold policy if policy goes in the envelope send to the hospital." When provide evidence that the bed ded when residents are mospital, LPN #1 stated she if a.m., in an interview with OSM Social Services (Other Staff ed she did not have any olds being sent for Resident in p.m., the Executive Director ring (ASM (Administrative and #2 respectively) were cern. No further information he end of the survey.  If alled to provide Resident #91 is of bed-hold policy for a spital transfer dated 12/19/18.	F6	25		
	12/20/2016 with a of 1/15/2019. Diag limited to: diabetes	most recent readmission date noses included but were not				

THE DEAL OF CORRECTION SPECIFICATION NUMBERS			(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION NG	(X3	B) DATE SURVEY COMPLETED C
		495140	B. WING _			01/17/2019
NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, Z 110 CHALMERS COURT BERRYVILLE, VA 22611	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIAT	(X5) COMPLETION DATE
F 625		•	F 62	25		
	vascular disease (	nary disease (3), and peripheral 4).				
	day assessment, v reference date) of having a score of for mental status)	IDS (minimum data set), a five with an ARD (assessment 1/4/19 coded the resident as 15 on the BIMS (brief interview score, indicating the resident act for daily decision making.				
	revealed that he w 12/19/18. A nursing (11:25 p.m.), docu practitioner) called sent to ER (emerg severe pain in right facility via (name of EMS at 2130 (9:30	ent #91's clinical record as sent to the hospital on g note dated 12/19/18 at 23:25 mented, "NP (nurse facility requesting resident be ency room) via 911 d/t (due to) t lower extremity. Resident left of emergency medical service) of p.m.). DON (director of esident shows understanding.			53	
	notification of the t Resident #91 or th	failed to evidence that written ped-hold policy was provided to e resident's representative; ty initiated hospital transfer				
	interview was cond member) #1 (the s #1 was asked if sh to residents and/or residents are trans stated, "When son there is a packet th hold policy is in the responsible party in	roximately 2:39 p.m., an ducted with OSM (other staff cocial services director). OSM are provides the bed hold policy of their representatives when afterred to the hospital. OSM #1 neone goes out to the hospital, nat goes with them and the bed at and if someone has a send one in the mail. When provide evidence of the bed				

		AND HUMAN SERVICES				FORM	01/29/2019 APPROVED 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION	ON	СОМ	E SURVEY PLETED
		495140	B. WING			- 11	C <b>17/2019</b>
	PROVIDER OR SUPPLIER	НАВ		STREET ADDRESS 110 CHALMERS BERRYVILLE,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH C	/IDER'S PLAN OF CORREC CORRECTIVE ACTION SHO EFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 625	hold policies that sl OSM #1 stated, "Ye mail it out to." OSM evidence that Resid hold policy for the f dated 12/19/18, OS get back to you." On 1/16/19 at 2:50 conducted with LPI When asked if she residents and/or the	nge 65 ne sends through the mail, eah. I make copies of who I will I #1 was asked if she had dent #91 was provided a bed acility initiated hospital transfer BM #1 replied, "I will check and p.m., an interview was N (licensed practical nurse) #1. provides the bed hold policy to eir representative when ferred to the hospital. LPN #1	F 6	25			

residents and/or their representative when residents are transferred to the hospital, LPN #1 stated, "I have packets made up on the unit that has the interact form in it and the bed hold policy in it. The bed hold policy goes in the envelope with the stuff that I send to the hospital." When asked if she could provide evidence that the bed hold policy is provided when residents are transferred to the hospital, LPN #1 stated she was not sure.

On 1/17/18 at approximately 8:58 a.m., a follow up interview was conducted with OSM #1. OSM #1 was asked if she could evidence that Resident #91 was provided a bed hold policy for the facility initiated hospital transfer dated 12/19/18, OSM #1 replied, "I can't find any evidence they were given a bed hold policy."

On 1/17/18 at approximately 3:51 p.m., ASM (administrative staff member) #1, the Executive Director, ASM #2, the Director of Nursing and ASM #3, the Regional Director of Clinical Services were made aware of the findings.

No further information was provided prior to exit.

1. A condition in which the heart can't pump
ORM CMS-2567(02-99) Previous Versions Obsolete Event ID

Event ID: C2ZF11

Facility ID: VA0210

If continuation sheet Page 66 of 164

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	1 APPROVE 1 0938-039
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	123	LE CONSTRUCTION	(X3) DAT COM	TE SURVEY
		495140	B. WING			C / <b>17/2019</b>
	PROVIDER OR SUPPLIER	IAB	1	STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
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F 625	enough blood to me failure does not me or is about to stop wheart is not able to It can affect one or information was obhttps://medlineplus.  2. Low sodium (salt obtained from the whitps://medlineplus.  3. A disease that me can lead to shortne types are chronic both a main cause of to substances that This is usually cigal chemical fumes, or information was obhttps://www.nlm.nif.  4. The vascular system of the vascular system of the carrow was and blood vessels. It includes that carrow was and blood vessels inside the obtained from the vessels and the obtained from the ves	eet the body's needs. Heart an that your heart has stopped working. It means that your pump blood the way it should. both sides of the heart. This tained from the website: .gov/heartfailure.html  it) level. This information was vebsite: .gov/ency/article/000394.htm.  akes it difficult to breath that as of breath). The two main ronchitis and emphysema. COPD is long-term exposure irritate and damage the lungs. The rette smoke. Air pollution, adust can also cause it. This tained from the website: a.gov/medlineplus/copd.html.  Stem is the body's network of cludes the arteries, veins and y blood to and from the heart. The thick and stiff, a problem sis. Blood clots can clog blood flow to the heart or brain. essels can burst, causing body.) This information was	F 625			

ases.html.

5. The facility staff failed to evidence

documentation of a bed hold policy being sent with the resident upon a facility initiated transfer to the hospital on 10/8/18 for Resident #80.

Resident #80 was admitted to the facility on

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STAT	EMENT	OF	DEFICIE	NCIES
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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

495140

C 01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

HOSE HILL HEALTH AND REHAB	В	BERRYVILLE, VA 22611			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 625 Continued From page 67	F 625				
3/10/17 with a most recent readmission on 10/30/18 with diagnoses that included but were not limited to: diabetes, dementia, breast cancer, diverticulitis [inflammation of an abnormal sac at a weakened point in the digestive tract, especially the colon (1)], urinary tract infection, macular degeneration [A disease that destroys your sharp, central vision. You need central vision to see objects clearly and to do tasks such as reading and driving. (2)], high blood pressure and atrial fibrillation [a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)].  The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 12/27/18, coded the resident as scoring a "12" on the BIMS (brief interview for mental status) score, indicating she was moderately impaired to make daily cognitive decisions.					
The nurse's note dated, 10/8/19 at 11:24 p.m. documented in part, "This nurse entered the residents (sic) room. The resident is very confused. Noted a non productive (sic) cough. Wheezing in upper lobes. Afebrile (without fever). Stated. 'I feel horrible.' This nurse advised the resident of the importance of going to the ER (emergency room) to be evaluated. The resident agreed. Order received from NP (nurse practitioner) on call to send to the ER to be evaluated and treated. Son and daughter notified. 911 (emergency medical services) called and resident transferred to (initials of hospital) via stretcher."					

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				IVID IVO.	0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495140			- 303	TIPLE CONSTRUCTION		COM	SURVEY PLETED
		B. WING			C 01/17/2019		
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS,	, CITY, STATE, ZIP CODE	000W 38ELVEL	
BOSE HI	LL HEALTH AND REI	JAB		110 CHALMERS C			
NOSE III	LL NEALIN AND BLI	1AD		BERRYVILLE, V	'A 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	K (EACH CC	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULI FERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 625		linical record failed to	Fé	25			
	evidence documentation of the bed hold policy being sent with Resident #80 upon transfer to the hospital on 10/8/18.						
	ASM (administrative executive director,	le on 1/17/19 at 11:25 a.m. to e staff member) #1, the for a copy of the bed hold nt #80 upon her transfer to the					
Her. W.	conducted with OS social services dire she provides the beand/or their represedischarged to the hard when someone gapacket that goes policy is in that and party I send one in could provide evidental she sends that	p.m., an interview was M (other staff member) #1 (the octor). OSM #1 was asked if ed hold policy to residents entatives' when residents are respital. OSM #1 stated, oes out to the hospital, there is with them and the bed hold if someone has a responsible the mail. When asked if she ence of the bed hold policies ough the mail, OSM #1 stated, ies of who I will mail it out to."					
	conducted with LPI When asked if she residents and/or th residents are trans stated, " I have pace has the interact for in it. The bed hold with the stuff that I asked if she could hold policy was pro-	p.m., an interview was N (licensed practical nurse) #1. provides the bed hold policy to eir representative when ferred to the hospital, LPN #1 ekets made up on the unit that m in it and the bed hold policy policy goes in the envelope send to the hospital." When provide evidence that the bed wided when residents are pospital, LPN #1 stated she					

PRINTED: 01/29/2019 FORM APPROVED OMB NO, 0938-0391

C	JEN I EI	42 FOR MEDICARE	A MEDICAID SERVICES				NAID IAO	0900-009
<del></del>			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•	TIPLE CONSTRUCTIO		(X3) DATE SURVEY COMPLETED	
495140			B. WING				17/2019	
NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT					
				,	BERRYVILLE, \			
	(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFI TAG	X (EACH C	IDER'S PLAN OF CORRECTION SHOULE FERENCED TO THE APPROL DEFICIENCY)	D BE	(XS) COMPLETION DATE
		ASM (administrative executive director, nursing, and ASM & clinical services, we concern on 1/17/19  No further informat  (1) Barron's Diction Non-Medical Readd Chapman, page 17  (2) This information following website: https://medlineplus I.  (3) Barron's Diction Non-Medical Readd Chapman, page 55  Develop/Implement CFR(s): 483.21(b) Compres (Section 1) The implement a complete care plan for each in resident rights set in (Section 1) Section (Section 2), that objectives and time medical, nursing, an eeds that are identical assessment. The control of the complete care plan for each in resident rights set in (Section 2), that objectives and time medical, nursing, an eeds that are identical assessment. The control of the complete care physical, mental, an required under (Section 2).	e staff member) #1, the ASM #2, the director of t3, the regional director of t3, the regional director of tere made aware of the above tat 4:09 p.m. tion was provided prior to exit.  tary of Medical Terms for the ter, 5th edition, Rothenberg and tary of Medical Terms for the		Preparation, suplan of correctior agreement von this survey and executed a	ubmission and implementation does not constitute an adwith the facts and conclusion report. Our Plan of corrections a means to continuously and to comply with applicabhts.	dmission of ns set forth on prepared improve	
	required under §48							

under §483.24, §483.25 or §483.40 but are not

		IDENTIFICATION NUMBER:	1''	LE CONS HUCTION		PLETED
		495140	B. WING	44-4-4	01/1	7/2019
	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  110 CHALMERS COURT  BERRYVILLE, VA 22611					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	BE	(X5) COMPLETION DATE
F 656	under §483.10, inc treatment under §4 (iii) Any specialized rehabilitative service provide as a result recommendations. findings of the PAS rationale in the resident's represer (A) The resident's desired outcomes. (B) The resident's future discharge. Fwhether the reside community was as local contact agencentities, for this purice, for this purice, for this purice, for this Pased on observation. This REQUIREME by:  Based on observation document review, was determined the ensure a comprehed eveloped and/or fresidents in the sure #80, and #103  1. The facility staff care plan for the action for respiratory conduct.	resident's exercise of rights luding the right to refuse (83.10(c)(6). I services or specialized ses the nursing facility will of PASARR  If a facility disagrees with the ARR, it must indicate its ident's medical record. with the resident and the stative(s)-goals for admission and coreference and potential for acilities must document int's desire to return to the sessed and any referrals to cies and/or other appropriate rose. In the comprehensive care e, in accordance with the orth in paragraph (c) of this in the facility staff failed to ensive care plan was ollowed for three of 42 roey sample; Resident #60's dministration of a medication	F 656	Facility staff failed to ensure a comprehensive plan was developed and/or followed for residence when the same and the sam	dents  ), #80  condition and the  that have biotics or by the  ed by ion, admission parts ventions e care ee  nt.  be turned care plan	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ATION NUMBER.		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
495140			B. WING			C 01/17/2019	
NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB					I I		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	administration of ar	tibiotics.  failed to develop a e plan to address the use of	F	656			
	care plan for the ad for respiratory cond Resident #60 was a 6/25/18 with the dia acute and chronic r pressure, diabetes, disease (COPD), a deficit. The most resident was a quarterly (Assessment Referresident was coded ability to make daily was coded as requilimited assistance for dressing, toileting, a supervision for eati	failed to follow Resident #60's Iministration of a medication litions.  admitted to the facility on agnoses of but not limited to espiratory failure, high blood chronic obstructive pulmonary and cognitive communication ecent MDS (Minimum Data y assessment with an ARD rence Date) of 12/18/18. The I as being cognitively intact in a life decisions. The resident iring total care for bathing; or transfers, ambulation, and hygiene; and as requiring ang.					
	dated 6/26/18 for " Monohydrate (Spiri	ical record revealed an order Fiotropium Bromide va) {1} Capsule 18 MCG ouff inhale orally one time a					
							8.1

2. Breo 200/25 (2) mcg, 1 puff

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STATEMENT	OF	DEFICIENCIES
AND PLAN O	FC	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

С

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

	Ω	561 6 2550		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 72 3. Norvasc {3} 10 mg (milligrams), 1 tab (tablet) 4. Janumet {4} 50-1000 mg, 1 tab 5. Lasix {5} 40 mg, 2 tabs for 80mg 6. Meloxicam {6} 7.5 mg, 1 tab 7. Potassium {7} 20 meq (milliequivalents) 1 tab 8. Prednisone {8} 10 mg 1 tab 9. Lisinopril {9} 2.5 mg, 3 tabs for 7.5 mg 10. Oxycontin {10} ER (extended release) 20 mg, 2 tabs for 40 mg 11. Ventolin {11} 90 mcg inhaler. 12. Metamucil {12} 17 grams.  A review of the nurses' notes revealed one dated 1/16/18, which documented, "Tiotropium Bromide Monohydrate Capsule 18 MCG 1 puff inhale orally one time a day for COPD on back order at pharmacy, pharm (pharmacy) notified. NP (nurse practitioner) notified, requested albuterol instead."  On 1/16/19 at 9:18 a.m., in an interview with LPN #6, she stated that the medication (Tiotropium Bromide Monohydrate Capsule [Spiriva] 18 MCG) was reordered days ago but that the pharmacy was on back order. LPN #6 stated she was not aware of the backup pharmacy being utilized to ensure the medication was available.	F 656		
	On 1/16/19 at 9:37 a.m., ASM (administrative staff member) #2, the Director of Nursing stated that the backup pharmacy should have been used.			
ř	A review of the care plan revealed one dated 6/29/18 for "Alteration in Respiratory Status Due to Chronic Obstructive Pulmonary Diseasert (related to) will turn O2 (oxygen) up a liter, is non-compliant with setting at times" The interventions included one dated 6/29/18, which documented, "Administer medications as			

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495140 B. WING	01/17/2019
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  110 CHALMERS COURT  BERRYVILLE, VA 22611	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
Continued From page 73 ordered. Observe Labs (laboratory tests), response to medication and treatments."  On 1/17/19 at 7:34 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 was asked the purpose of the care plan. LPN #1 stated, "It's specific to that resident. Their daily needs how they prefer things." When asked how nurses ensure residents' care plans are implemented, LPN #1 stated, "I would go to the care plan and look."  On 1/17/19 at 3:18 p.m., in an interview with LPN #3, when asked if a resident was to receive a medication for respiratory conditions and the medication was not given, and the care plan stated to administer medications as ordered, then was the care plan followed? He stated the care plan was not followed.  A review of the facility policy, "Care Plan Preparation" documented, "A care plan directs the patient's nursing care from admission to discharge. This written action plan is based on nursing diagnoses that have been formulated after reviewing assessment findings, and it embodies the components of the nursing processThe care plan consists of three parts: goals or expected outcomes, which describe behaviors or results to be achieved within a specified time; appropriate nursing actions or interventions needed to achieve these goals; and evaluations of the established goalsA nursing care plan should be written for each patient, preferably within 24 hours of admission. It is usually started by the patient's primary nurse or other nurse who admits the patient. If the care plan contains more than one nursing diagnosis,	

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F 656	Continued From pa	ge 74	F6	556					
	revise the plan thro based on the patier becomes part of the On 1/17/18 at 3:30 and Director of Nur Staff Member) #1 a notified of the conc	est priority first. Update and ughout the patient's stay, nt's response. The document e permanent patient record"  PM, the Executive Director sing (ASM (Administrative and #2 respectively) were ern. No further information e end of the survey.							
	References:								
	of breath, coughing patients with (COP Information obtains								
	breath, coughing, a asthma and (COPE these steps9. Rid do not swallow." Information obtaine	control wheezing, shortness of and chest tightness caused by 0)To use the inhaler follow hase your mouth with water, but and from .gov/druginfo/meds/a613037.h							
	Information obtaine	to treat high blood pressure. ed from .gov/druginfo/meds/a692044.h							
	Information obtaine	I in the treatment of diabetes ed from .gov/druginfo/meds/a606023.h							

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F 656	Continued From page 75	F 656		
	{5} Lasix - Used to treat high blood pressure and edema Infomration obtained from https://medlineplus.gov/druginfo/meds/a682858.html	·		
	{6} Meloxicam - Used to treat pain, tenderness, swelling and stiffness caused by osteoarthritis and rheumatoid arthritis. Infomration obtained from https://medlineplus.gov/druginfo/meds/a601242.h tml			н
	{7} Potassium Chloride - Is an electrolyte replacement needed for nerves to function and muscles to contractSome diuretics (i.e. Lasix) causes low levels of potassium in the body. Information obtained from https://medlineplus.gov/potassium.html and from https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/blood-pressure/FAQ-20058432?p=1			
	{8} Prednisone - Used to treat arthritis; severe allergic reactions; multiple sclerosis; lupus; and certain conditions that affect the lungs, skin, eyes, kidneys, blood, thyroid, stomach, and intestines, and symptoms of certain types of cancer. Information obtained from https://medlineplus.gov/druginfo/meds/a601102.ht ml			
:	{9} Lisinopril - Used to treat high blood pressure Information obtained from https://medlineplus.gov/druginfo/meds/a692051.html			

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CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-03			
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044115	SHAMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)	

ROSE HILL HEALTH AND REHAB			BERRYVILLE, VA 22611			
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F 656	Continued From page 76 {10} OxyContin - Used to relieve moderate to severe pain. Information obtained from https://medlineplus.gov/druginfo/meds/a682132.html	F 656				
	{11} Ventolin - Used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease.  Information obtained from https://medlineplus.gov/druginfo/meds/a682145.html					
	The facility staff failed to implement Resident #80's comprehensive care plan for the administration of antibiotics.					
	Resident #80 was admitted to the facility on 3/10/17 with a most recent readmission on 10/30/18 with diagnoses that included but were not limited to: diabetes, dementia, breast cancer, diverticulitis [inflammation of an abnormal sac at a weakened point in the digestive tract, especially the colon (1)], urinary tract infection, macular degeneration [A disease that destroys your sharp, central vision. You need central vision to see objects clearly and to do tasks such as reading and driving. (2)], high blood pressure and atrial fibrillation [a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)].					
	The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 12/27/18,	hide Walnut fo Wallandines of Literature	oriting the VA0210			

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F 656	coded the resident (brief interview for she was moderate cognitive decisions having highly impacted as requiring totally dependent members for all of The resident was incontinent of both.  The comprehensist documented in parisk for related to: ESBL [Extended strug resistant orgation of the nurse's note of documented in patreatment as orde. The nurse's note of documented in patreatment as orde. The nurse's note of documented in patreatment as orde. The nurse's note of documented in patreatment as orde. The nurse's note of documented in patreatment as orde. The nurse's note of documented in patreatment as orde. The nurse's note of documented in patreatment as orde. The nurse's note of documented, "Me (intravenous) box. The physician ord documented, "Me [Meropenem is us infections. (4)] 500 intravenously evertact infection for The MAR (medical october 2018, documented or medical administration we	t as scoring a "12" on the BIMS mental status) score, indicating an ental status) score, indicating an ental status) score, indicating an ental status) score, indicating and stated vision. Resident #80 was a extensive assistance to being upon one or more staff and the entivities of daily living. It is coded as being frequently an bowel and bladder.  We care plan dated, 9/13/18, and the entire entir		556					

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B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

### ROSE HILL HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

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F 656	Continued From page 78	F 656		::			
	p.m. dose was not documented as administered.						
	The IV (intravenous) medication back up box contents from documented, "Merrem 1 g (gram) vial (Meropenem)." The form documented there were four vials in the box.	596					
	An interview was conducted with LPN (licensed practical nurse) #1 on 1/17/19 at 11:15 a.m. When asked the purpose of the comprehensive care plan, LPN #1 stated it's the guide to the care we provide. When asked if it should be followed, LPN #1 stated, "Yes, of course, because it's patient specific."						
	On 1/17/19 at 1:33 p.m., an interview was conducted with LPN # 9, the nurse who wrote the nurse's note on 10/12/18, LPN #9 was asked about the process staff follows for obtaining medications if the medication is not available in the medication cart. LPN #9 stated, "You check the backup box first. If it's not there, you contact the pharmacy and ask that they get it here as soon as possible. If it doesn't arrive in time for the dose, the nurse has to contact the MD (medical doctor) or NP (Nurse Practitioner) and tell them it's not available and follow their instructions." LPN #9 was shown the nurse's note of 10/12/18, and the MAR for October 2018, showing the Meropenem order and the blank spot for the dose of medication on 10/12/18 at 10:00 p.m. When asked if she had given the dose, LPN #9 stated, "I had just come back to work here on 10/8/18, I can't remember if I gave it or not. If I didn't sign it out, then I didn't give it."						
	ASM (administrative staff member) #1, the executive director, ASM #2, and ASM #3, the regional director of clinical services, were made	and the second of the second o	- migrations are no month of primate states \$700 \$000 ms development was a finite or \$100 ms power in a new york (framework) to display any states a minimate and minimate an				
ORM CMS-28	567/02-00) Pravious Varsions Obsolete Event ID-027511	ı Fr	clity ID: VA0210 If continuation sheet	Page 70 of 16/			

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Facility ID: VA0210

If continuation sheet Page 79 of 164

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F 656		age 79 concern on 1/17/19 at 4:09	F	656			4
	(1) Barron's Diction Non-Medical Read Chapman, page 17 (2) This information following website: https://medlineplus I. (3) Barron's Diction Non-Medical Read Chapman, page 55 (4) This information following website: https://dailymed.nlm	in was obtained from the agov/maculardegeneration.htm hary of Medical Terms for the er, 5th edition, Rothenberg and 5. In was obtained from the manih.gov/dailymed/druglnfo.cf off8d-495d-b9af-4fd5fce53d56 in was obtained from the manih.gov/pubmed/12558458 in was obtained from the manih.gov/pubmed/12558458 if ailed to develop a care plan to oxygen by Resident #103. In admitted to the facility on the ost recent readmission date of the noses that included but were ructive sleep apnea (OSA) (1), iter, dyspnea (2) and diabetes.					
	fourteen day asses (assessment referencesident as having BIMS (brief interview					rapegyys was	

#### PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING C B. WING 495140 01/17/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT ROSE HILL HEALTH AND REHAB **BERRYVILLE, VA 22611** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) (D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 656 Continued From page 80 F 656 decisions. Section 00100 documented that Resident #103 receives oxygen therapy. Resident #103's most recent POS (physician order summary) dated January 2019 documented "O2 via Nasal cannula at 2L/min (Oxygen two liters per minute via nasal cannula) as needed for shortness of breath or hypoxia (3). Review of Resident #103's care plan with a quarterly revision dated 11/28/18 failed to evidence any reference to oxygen use by Resident #103. On 1/17/19 at approximately 9:36 a.m., an interview was conducted with LPN (Licensed Practical Nurse) #4. LPN #4 was asked when care plan need to be updated, LPN #4 replied, "When anything major changes with the resident like a new diagnosis or behavior." LPN #4 was asked who develops and implements care plans, LPN #4 replied "Nursing and MDS." LPN #4 was asked if a resident uses oxygen should that to be on a care plan, LPN #4 replied "Yes." On 1/17/19 at approximately 11:18 a.m., an interview was conducted with LPN #11, unit

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

"Yes.""

manager. LPN #11 was asked who develops and implements care plans, LPN #11 replied "The nurses, MDS and administration." LPN #11 was asked if a resident uses oxygen should that be included on their care plan, LPN #11 responded,

The facility policy, "Care Plan Preparation" documented in part, "A care plan directs the patients nursing care from admission to discharge. This written action plan is based on the nursing diagnoses that have been formulated

Event ID: C2ZF11

Facility ID: VA0210

If continuation sheet Page 81 of 164

#### PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING \_ C B. WING 495140 01/17/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 81 F 656 after reviewing assessment findings, and it embodies the components of the nursing process: assessment, diagnosis, planning, implementation, and evaluation. On 1/17/18 at approximately 3:51 p.m., ASM (administrative staff member) #1, the Executive Director, ASM #2, the Director of Nursing and ASM #3, the Regional Director of Clinical Services were made aware of the findings. No further information was provided prior to exit. 1. Obstructive sleep apnea (OSA) is a problem in which your breathing pauses during sleep. This occurs because of narrowed or blocked airways. This information was obtained from the website: https://medlineplus.gov/ency/article/000811.htm. 2. When you're short of breath, it's hard or uncomfortable for you to take in the oxygen your body needs. You may feel as if you're not getting enough air. Sometimes you can have mild breathing problems because of a stuffy nose or intense exercise. But shortness of breath can also be a sign of a serious disease. This information was obtained from the website: https://medlineplus.gov/breathingproblems.html. 3. Deficiency of oxygen reaching the tissues of the body. This information was obtained from the

CFR(s): 483.21(b)(3)(i)

https://www.merriam-webster.com/dictionary/hyp

Services Provided Meet Professional Standards

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#### PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING C **B. WING** 495140 01/17/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) F 658 Continued From page 82 Preparation, submission and implementation of this §483.21(b)(3) Comprehensive Care Plans plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth The services provided or arranged by the facility, on this survey report. Our Plan of correction prepared as outlined by the comprehensive care plan, and executed as a means to continuously improve mustquality of care and to comply with applicable state and (i) Meet professional standards of quality. federal rights. This REQUIREMENT is not met as evidenced Based on observation, staff interview, and clinical record review, facility staff failed to provide care and services that met professional standards of practice for two of 42 residents in the survey sample, Resident #70 and Resident #60.. Nurse applied an Allevyn dressing to resident #70's wound without a providers order. 1. The facility staff applied an Allevyn dressing to Nurse obtained order for Allevyn dressing to Resident #70's wound without a provider's order. be applied to resident #70 wound. Residents that reside in this facility with 2. The facility staff failed to follow professional treatment orders have the potential to be affected by standards of practice for medication the deficient practice. administration to Resident #60, as evidenced by Nurses to be Re-educated by DON/designee failure to follow the manufacturer's instructions of regarding obtaining orders prior to applying a dressing. a medication and failure to educate the resident Monthly audit x 2 of residents who have treatment/ and/or document resident's refusal to follow the dressing orders to be completed by unit manager/ manufacturer's instructions of a medication. designee to ensure that residents with treatment/ dressings have physician orders that match the correct dressing/treatment that is applied. The findings included Results of audit will be brought to monthly/ quarterly Quality Assurance Performance Improvement (QAPI) Committee for trend and analysis and review.

1. The facility staff applied an Allevyn dressing to

Resident #70's wound without a provider's order.

12/13/2018. Her diagnoses included Hip Fracture, Hypertension (high blood pressure), and Asthma. Resident #70's most recent Minimum Data Set (MDS) Assessment was a 14-Day Assessment with an Assessment Reference Date (ARD) of 12/25/2018. Resident #70 was coded with a BIMS (Brief Interview for Mental Status) of 8, indicating

Resident #70 was admitted to the facility on

Recommendations implemented as indicated.

onsistent compliance has been met.

The plan of correction to be monitored until substantial

Correction to be completed by 2/15/19

		AND HUMAN SERVICES & MEDICAID SERVICES			<b>FORM</b>	01/29/201 APPROVE 0938-039
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F 658	moderate impairme as requiring extensipersons for bed modextensive assistant and personal hygies supervision and set.  When reviewing the #70's wounds, it was the initial discovery progress note docup.m. documents: "Fitherapy. A&O (alert place, and time). Content of the complaints noted. Fitherapy. Allevyn (1) does not complaint to the complaints of the complaints noted. Fitherapy. Allevyn (1) does not complaint to the content of the complaints noted. Fitherapy. Allevyn (1) does not content of the content of th	ent. Resident #70 was coded ive assistance of 2 or more ibility, transfers, and toileting; se of 1 person for ambulation ne, and as requiring tup assistance for eating.  e documentation of Resident is revealed that RN #5 made of Resident #70's wounds. A mented on 01/01/19 at 11:46 desident remains skilled for and oriented) x3 (to person, to (complains of) pain to R hip	F 658	Nurse failed to follow professional standards practice for medication administration to resil.  Nurse could not correct at this time medication already administered.  Residents that reside in this facility medication Breo have the potential to be affet the deficient practice.  III. Nurses to be Re-educated by DOI regarding the importance of following orders additional directions attached (rinse mouth wand spit back into cup after use) Weekly aud residents who use Breo is to be completed bunit manager/designee to ensure all resident uses Breo have the additional directions attached and is followed through by the nurses.  IV. Results of audit will be brought to monthly/quarterly Quality Assurance Perform Improvement (QAPI) Committee for trend an analysis and review. Recommendations implies indicated. The plan of correction to be mountil substantial consistent compliance has be v. Correction to be completed by 2/1:	dent #60 e d/t  / with the ected by  N/designed with with water it x 4 of by is who ched to  nance d emented enitored een met.	

Director of Nursing, was informed of the findings on 01/16/19, at the end of day meeting. ASM #2

was asked to look for and provide any documentation of an order for the Allevyn dressing being in place at the time of RN #5's

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F 658	ASM #2 stated that any further docume the Allevyn dressin 01/17/19.	t they were unable to locate entation related to an order for g, at the end of day meeting on	F	658			
	for wound care that regular dressings. from the website: (https://www.vitality 2. The facility staff standards of practical administration to R failure to follow the a medication; and fand/or document results.	is are hydocellular dressings to remove fluid faster than This information was obtained medical.com/allevyn.html)  failed to follow professional ce for medication esident #60, as evidenced by manufacturer's instructions of failure to educate the resident esident's refusal to follow the cructions of a medication.					
	6/25/18 with the dia acute and chronic of pressure, diabetes disease, and cognithe most recent M quarterly assessmented as being cognited as being cognity life decisions. The most requiring total care for transfers, amburbygiene; and as occasionally bowel.	admitted to the facility on agnoses of but not limited to respiratory failure, high blood, chronic obstructive pulmonary tive communication deficit. DS (Minimum Data Set) was a ent with an ARD (Assessment 12/18/18. The resident was gnitively intact in ability to make The resident was coded as for bathing; limited assistance lation, dressing, toileting, and quiring supervision for eating; y incontinent of bladder and					
		ical record revealed an order Breo {1}200-25 mcg/inh					

(micrograms/inhalation) 1 puff inhale orally one

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		I AND HUMAN SERVICES  8 MEDICAID SERVICES					I APPROVEC . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DAT COM	E SURVEY MPLETED
		495140	B. WING		and the state of t	1	C / <b>17/2019</b>
NAME OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		<del>''</del>
ROSE H	LL HEALTH AND RE	HAB			0 CHALMERS COURT ERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 658	and spit back into a On 01/16/19 08:09 preparing the follow administration to R 1. Breo 200/25 {1} 2. Spiriva 18mcg {3. Norvasc {3} 10 4. Janumet {4} 50 5. Lasix {5} 40 mg 6. Meloxicam {6} 7. Potassium {7} 28. Prednisone {8} 9. Lisinopril {9} 2. 10. Oxycontin {10 11. Ventolin {11} 9 12. Metamucil {12} After administering instruct Resident # water and spit bac #6 provided Resid containing Metaminstructed him to d swallowed it.	PDRinse mouth with water cup after use."  a.m., LPN #6 was observed to wing medications for desident #60: mcg, 1 puff (2) not given. mg (milligrams), 1 tab (tablet) -1000 mg, 1 tab (2) meq (milliequivalents) 1 tab (3) meq (milliequivalents) 1 tab (4) meq (milliequivalents) 1 tab (5) mg, 3 tabs for 7.5 mg (5) ER 20 mg, 2 tabs for 40 mg (6) mcg inhaler. (6) 17 grams. (7) the Breo, LPN #6 did not table to rinse his mouth with the kinto the cup afterwards. LPN table tab	F	358			
	#6, when asked at having the residen administering the he doesn't do the offered it to him but he doesn't do that documented his re	B a.m., in an interview with LPN cout the observation of not st rinse and spit after Breo, LPN #6 stated, "Normally spit and rinse. I could have at in working with him every day." When asked if she has after a medication, LPN #6 stated."					

have not documented that he was educated on

this and that he refused to do it."

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STATE	MENT	OF	DEFIC	IENCI	ES
AND P	LAN O	F C	ORRE	CTION	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

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495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	REGULATORY OR LSC IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROPRIATE	
	A review of the facility policy, "Medication Administration" documented, "1. Medications are administered in accordance with written orders of the prescriber13. Explain to resident the type of medication being administered and the procedure." The policy, which was only partially provided (pages 3-6 of 6 pages was provided) did not provide direction for ensuring manufacturer's instructions are followed.  On 1/17/18 at 3:30 p.m., the Executive Director and Director of Nursing (ASM (Administrative Staff Member) #1 and #2 respectively) were notified of the concern. No further information was provided by the end of the survey.			
	According to "Fundamentals of Nursing" 7th			
UHM CMS-25	567(02-99) Previous Versions Obsolete Event ID:C2ZF11	Fac	cility ID: VA0210 If continuation sheet	Page 87 of 164

#### PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING .... C B. WING 495140 01/17/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) F 658 F 658 Continued From page 87 edition, 2009; Patricia A. Potter and Anne Griffin Perry; Mosby, Inc; Chapter 23 "Legal Implications in Nursing Practice" Page 337, "Nurses are responsible for performing all procedures correctly and exercising professional judgment as they carry out physicians' or health care provider's orders." References: {1} Breo - Used "to control wheezing, shortness of breath, coughing, and chest tightness caused by asthma and (COPD)....To use the inhaler follow these steps....9. Rinse your mouth with water, but do not swallow." Information obtained from https://medlineplus.gov/druginfo/meds/a613037.h {2} Spiriva - Used to control wheezing, shortness of breath, coughing, and chest tightness in patients with (COPD). Information obtained from https://medlineplus.gov/druginfo/meds/a604018.h tml (3) Norvasc - Used to treat high blood pressure. Information obtained from https://medlineplus.gov/druginfo/meds/a692044.h

edema

Information obtained from

Information obtained from

(4) Janumet - Used in the treatment of diabetes

https://medlineplus.gov/druginfo/meds/a606023.h

(5) Lasix - Used to treat high blood pressure and

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STATEMENT AND PLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		PLETED
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		495140	B. WING			01/	17/2019
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
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F 658		ge 88 .gov/druginfo/meds/a682858.h	F	558			
	swelling and stiffne and rheumatoid art Information obtaine			:			
	replacement needs muscles to contrac causes low levels of Information obtaine https://medlineplus and from https://www.mayoc	.gov/potassium.html linic.org/diseases-conditions/hi expert-answers/blood-pressur					
	allergic reactions; r certain conditions t kidneys, blood, thy and symptoms of c Information obtains	sed to treat arthritis; severe multiple sclerosis; lupus; and hat affect the lungs, skin, eyes, roid, stomach, and intestines, ertain types of cancer. ed from .gov/druginfo/meds/a601102.ht					
	Information obtaine	d to treat high blood pressure ed from .gov/druginfo/meds/a692051.h					

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		AND HUMAN SERVICES			PRINTED FORM OMB NO	APPROV
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	HAB		STREET ADDRESS, CITY, STATE, ZIP C 110 CHALMERS COURT BERRYVILLE, VA 22611	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
F 658	Continued From pa	ige 89	F 65	8		
	breathing, wheezin coughing, and ches diseases such as a pulmonary disease Information obtaine					
	{12} Metamucil - Us	sed to treat constipation				

F 659 SS=D mi

**Qualified Persons** CFR(s): 483.21(b)(3)(ii)

§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-

https://medlineplus.gov/druginfo/meds/a601104.ht

(ii) Be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced by:

Based on observations, resident interview, staff interview, facility document review, and clinical record review it was determined the facility staff failed to ensure care was provided by qualified staff for one of 42 residents in the survey sample, Resident #103.

The facility staff failed to ensure a trained staff member administered oxygen to resident #103 F 659 Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve

quality of care and to comply with applicable state

and federal rights.

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DE AND PLAN OF COR	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

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495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

ROSE HI	LL HEALTH AND REHAB	1	BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Continued From page 90 The findings include:  Resident #103 was admitted to the facility on 11/14/18 with a most recent readmission date of 12/28/18 with diagnoses that included but were not limited to: obstructive sleep apnea (OSA) (1), high blood pressure, dyspnea (2) and diabetes.  The most recent MDS (minimum data set), a fourteen day assessment, with an ARD (assessment reference date) of 1/9/19 coded the resident as having scored a 13 out of 15 on the BIMS (brief interview for mental status) indicating the resident was cognitively intact to make daily decisions. Section O0100 documented that Resident #103's most recent POS (physician order summary) dated January 2019 documented "O2 via Nasal cannula at 2L/min (Oxygen two liters per minute via nasal cannula) as needed for shortness of breath or hypoxia (3)."  On 1/15/18 2:45 p.m. Resident #103 was observed in his room sitting in his wheelchair wearing a nasal cannula (NC) connected to an oxygen concentrator with the oxygen flow rate set to 2.0 L/min. At this time, an interview with Resident #103 was conducted. During this interview, three CNA's (certified nursing assistant staff) knocked on the door, entered the resident's room, and asked if he was ready to get back in		CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
	bed. Resident #103 indicated to the staff he was ready to get back in bed. The three CNA's were observed using a mechanical lift to move the resident from his wheelchair to his bed, including CNA #25. The staff then washed their hands and left the room. After resuming the interview it was observed that Resident #103's nasal cannula had			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 495140 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT ROSE HILL HEALTH AND REHAB BERRYVILLE, VA 22611 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) Continued From page 91 F 659 F 659 been removed prior to him being placed back in bed and had not been returned to him. The resident was asked who had removed his nasal. cannula; Resident #103 replied "One of the young ladies that put me back in bed." On 1/15/18 at approximately 3:00 p.m., Resident #103' call button was pressed and at approximately 3:05 p.m., the call light was answered by CNA #24. CNA #24 was informed that the resident had been on oxygen prior to him being placed back in bed and it had not been put back on. CNA #24 proceeded to come into the room and placed Resident #103 oxygen nasal cannula back on the resident. CNA #24 was asked if a pulse oximetry (4) could be taken prior to placing Resident #103's nasal cannula back on, CNA #24 placed a pulse oximetry monitor on the Resident #103's finger and his pulse ox was noted to be 85 - 86% on room air. CNA #24, then proceeded to place Resident #103's oxygen on. With the pulse oximeter monitor on his finger, his oxygen saturation was noted to be 94% on 2 L/min of oxygen. Review of Resident #103's care plan with a quarterly revision dated 11/28/18 failed to evidence any reference to oxygen use by Resident #103. On 1/15/18 at approximately 3:15 p.m., and interview was conducted with CNA #24. CNA #24 was asked was asked who can put on, take off or adjust oxygen; CNA #24 replied, "I don't know."

On 1/16/19 at approximately 2:41 p.m., an interview was conducted with CNA #25. CNA #25 was asked if all staff who assisted moving Resident #103 from his wheelchair to his bed were CNA's, CNA #25 replied "Yes." CNA #25

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION  NG	СОМ	E SURVEY PLETED
		495140	B. WING		1	C <b>17/2019</b>
	PROVIDER OR SUPPLIER	НАВ		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 659	was asked if she re Resident #103's na CNA #25 stated sh who could put on, t #25 replied "An LP RN (registered nur asked if a CNA cou CNA #25 replied "N On 1/16/19 at apprinterview was condasked who can put LPN #12 replied "L asked if a CNA car replied "No." LPN # important to mainta oxygen, LPN #12 respiratory failure."  The facilities oxyged documented in parincreases blood ox doesn't have to put to meet tissue demorder for the oxyge considered a media be prescribed."  On 1/17/18 at appr ) administrative stated Director, ASM #2, the Regio Services were made. No further information.	ecalled which staff took is al cannula off the resident. e did not. CNA #25 was asked ake off or adjust oxygen, CNA N (licensed practical nurse) or se). When CNA #25 was ald take off or put on oxygen, lo."  oximately 2:44 p.m., an ucted with LPN #12. When on, take off, or adjust oxygen, PN's and RN's." LPN #12 was a adjust oxygen, LPN #12 was asked why is it ain not take of a residents eplied, "They could go into	F 65	59		

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		AND HUMAN SERVICES				FORM	APPROVED
		& MEDICAID SERVICES					<u>. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>.</b> .		LE CONSTRUCTION	CON	TE SURVEY MPLETED
		495140	B. WING		······································	1	C <b>17/2019</b>
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
ROSE H	LL HEALTH AND REF	HAB			10 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROPRIED OF THE	D BE	(X5) COMPLETION DATE
F 659	This information was https://medlineplus.  2. When you're shouncomfortable for y body needs. You menough air. Sometil breathing problems intense exercise. Be also be a sign of a sinformation was obthttps://medlineplus.  3. Deficiency of oxy the body. This inforwebsite: https://www.merriaroxia.  4. Most people need at least 89% to kee oxygen level lower believed to cause do can be strained or of happen many times room air, you may kextra) oxygen. The see how much oxygmay need it. This in the website:	ge 93 narrowed or blocked airways. Its obtained from the website: gov/ency/article/000811.htm.  Int of breath, it's hard or you to take in the oxygen your ay feel as if you're not getting mes you can have mild because of a stuffy nose or ut shortness of breath can serious disease. This tained from the website: gov/breathingproblems.html.  In gen reaching the tissues of rmation was obtained from the m-webster.com/dictionary/hyp  Ind an oxygen saturation level of p their cells healthy. Having an than this for a short time is not a smage. However, your cells damaged if low oxygen levels is low on the period of the point of the period of the	F	359			

ilure.html.

obtained from the website:

5. When not enough oxygen passes from your lungs into your blood. This information was

https://www.nlm.nih.gov/medlinepius/respiratoryfa

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

C 01/17/2019

495140

B. WING

NAME OF PROVIDER OR SUPPLIER

110 CHALMERS COURT

**BERRYVILLE, VA 22611** 

STREET ADDRESS, CITY, STATE, ZIP CODE

### **ROSE HILL HEALTH AND REHAB**

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

F 684

F 684 Quality of Care

(X4) ID

PRÉFIX

TAG

CFR(s): 483.25 SS≃D

§ 483.25 Quality of care

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced

Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to ensure two of 42 sampled residents, (Residents #80 and #48), received treatment and care in accordance with professional standards of practice, and the comprehensive person-centered care plan.

- 1. The facility staff failed to administer an intravenous antibiotic per physician orders to Resident #80.
- 2. The facility staff failed to administer Vitamin D3 (a medication kept in bulk quantities onsite) per physician's order to Resident #48 on 9/17/18.

The findings include:

1. The facility staff failed to administer an Intravenous antibiotic per physician orders to Resident #80.

Resident #80 was admitted to the facility on 3/10/17 with a most recent readmission on 10/30/18 with diagnoses that included but were

Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.

Nurse failed to administer an intravenous antibiotic per physician orders to resident #80

- I. Nurse checked the backup box in the medication room to verify the antibiotic that was prescribed was available.
- II. Residents that reside in this facility that get intravenous antibiotics have the potential to be affected by the deficient practice.
- III. Nurses to be Re-educated by DON/ designee regarding the proper process when a medication is unavailable and pulling medication out of backup box before the first dose is due, calling pharmacy and being aware of the facility's backup pharmacy's availability. Unit manager to audit the backup boxes in the medication room weekly to assure medication that are listed on the box are available for administration.
- IV. Results of audit will be brought to monthly/ quarterly Quality Assurance Performance Improvement (QAPI) Committee for trend and analysis and review. Recommendations implemented as indicated. The plan of correction to be monitored until substantial consistent compliance has been met. Correction to be completed by 2/15/19

V.

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	): 01/29/2019 AAPPROVED ): 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION DING	(X3) DA	TE SURVEY MPLETED
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ROSE H	LL HEALTH AND REI	IAB		110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COI	I SHOULD BE	(X5) COMPLETION DATE
F 684	not limited to: diabed diverticulitis [inflamed a weakened point in the colon (1)], urinadegeneration [A discentral vision. You robjects clearly and and driving. (2)], highibrillation [a condition and contraction causing irregular be resulting in decrease clot formation in the The most recent Mil assessment, a sign with an assessment (brief interview for rishe was moderately cognitive decisions. having highly impaired to tally dependent up members for all of the resident was coincontinent of both I.  The nurse's note dedocumented in part admitted to (room in (doctor's name). He	ottes, dementia, breast cancer, mation of an abnormal sac at a the digestive tract, especially ry tract infection, macular ease that destroys your sharp, need central vision to see to do tasks such as reading gh blood pressure and atrial on characterized by rapid and of the atria of the heart eats of the ventricles and ed heart output and frequently e atria (3)].  DS (minimum data set) ificant change assessment, therefore, as scoring a "12" on the BIMS mental status) score, indicating yimpaired to make daily. The resident was coded as red vision. Resident #80 was extensive assistance to being frequently bowel and bladder.  Atted, 10/12/18 at 8:24 p.m., "This Caucasian Female was umber), to the services of er meds (medications) were acy. The first does of the ABT	F 6	384		

The physician orders dated 10/12/18 documented, "Meropenem Solution Reconstituted [Meropenem is used to treat complicated

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				FORM	: 01/29/2019 APPROVED : 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	LTIPLE CONSTRUCTION DING	(X3) DAT COM	E SURVEY IPLETED
İ	495140	B. WING	454444777777784444444444444444444444444		C <b>17/2019</b>
NAME OF PROVIDER OR SUPPLIER	······································	•	STREET ADDRESS, CITY, STATE, ZIP CO		
ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT BERRYVILLE, VA 22611	-	
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	PREFI) TAG		HOULD BE	(X5) COMPLETION DATE
intravenously every tract infection for 7  The MAR (medication of 2018, doctor 2018, doctor 2018, doctor 200 p.m. and 10:00 p.m. dose was not of 2:00 p.m. and 10:00 p.m. dose was not of 2:00 p.m. and 10:00 p.m. dose was not of 2:00 p.m. dose was not of	MG (milligrams); Use 500 mg r8 hours related to urinary days."  ion administration record) for umented the above physician on. The scheduled times of a documented as 6:00 a.m., 0 p.m. On 10/12/18, the 10:00 documented as administered.  is) medication back up box mented, "Merrem 1 g (gram). The form documented there he box.  ie care plan dated, 9/13/18, i., Focus: Infection actual or at JTI (urinary tract infection), pectrum beta-lactamase - a nism (5)]." The "Interventions" i., "Administer antibiotics and	F6	584		

When asked if a resident should miss a dose of IV (intravenous) antibiotics, LPN #8 stated, "We should not be missing doses. If the dose cannot be given for some reason, you must contact the doctor or nurse practitioner and explain to them and follow any instructions they may give."

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AND	PL	AN	OF	C	ORF	REC	TION	N.

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495140

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

01/17/2019

NAME OF PROVIDER OR SUPPLIER

B. WING \_\_\_\_\_\_STREET ADDRESS, CITY, STATE, ZIP CODE

**ROSE HILL HEALTH AND REHAB** 

110 CHALMERS COURT BERRYVILLE, VA 22611

		BERRYVILLE, VA 22611					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
F 684	Continued From page 97  An interview was conducted with LPN #6 on 1/17/19 at 9:00 a.m. When asked about the process staff follows if a drug is not available for the scheduled time of administration, LPN #6 stated, "First you check the STAT box, if it's not there you call the pharmacy and have them STAT (immediately) it over. If there is any hold up on getting the medication, the nurse has to call the MD (medical doctor) or NP (nurse practitioner) and follow their orders."	F 684					
	An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 1/17/19 at 9:50 a.m. When asked about the process staff follows if a medication is not available at the scheduled time, ASM #2 stated the nurse should check the backup first. If it's not available in the back up box, they need to contact the pharmacy. If it's not on the first run from the pharmacy, then they need to have it sent from the backup pharmacy." The above order and MAR were shown to ASM #2. ASM #2 stated she would check with the pharmacy to determine if it was taken from the STAT box."						
	On 1/17/19 at 1:33 p.m., an interview was conducted with LPN # 9, the nurse who wrote the nurse's note on 10/12/18, LPN #9 was asked about the process staff follows for obtaining medications if the medication is not available in the medication cart. LPN #9 stated, "You check the backup box first. If it's not there, you contact the pharmacy and ask that they get it here as soon as possible. If it doesn't arrive in time for the dose, the nurse has to contact the MD (medical doctor) or NP (Nurse Practitioner) and tell them it's not available and follow their instructions." LPN #9 was shown the nurse's note of 10/12/18, and the MAR for October 2018, showing the						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/AND PLAN OF CORRECTION IDENTIFICATION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495140

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

B. WING

C **01/17/2019** 

NAME OF PROVIDER OR SUPPLIER

### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

			BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OF LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE
F 684	Continued From page 98	F6	584		
	Meropenem order and the blank spot for the dose of medication on 10/12/18 at 10:00 p.m. When asked if she had given the dose, LPN #9 stated, "I had just come back to work here on 10/8/18, I can't remember if I gave it or not. If I didn't sign it out, then I didn't give it."				
	The facility policy, "Medication Administration" documented in part, "1. Medications are administered in accordance with written orders of the prescriber."				
	In "Fundamentals of Nursing" 6th edition, 2005; Patricia A. Potter and Anne Griffin Perry; Mosby, Inc; Page 419. "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm clients."				
	ASM #1, the executive director, ASM #2, the director of nursing and ASM #3, the regional director of clinical services, were made aware of the above concern on 1/17/19 at 4:09 p.m. ASM #3 stated they had no further information to provide for the above mentioned concerns.				
	No further information was provided prior to exit.				
	COMPLAINT DEFICIENCY				
	<ol> <li>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 173.</li> <li>(2) This information was obtained from the following website: https://medlineplus.gov/maculardegeneration.htm i.</li> </ol>	100			
	(3) Barron's Dictionary of Medical Terms for the	n allendar de la constitución de			and the second s
ORM CMS-25	67(02-99) Previous Versions Obsolete Event ID: C2ZF11		Facility ID: VA0210	If continuation sheet Pa	191 to 00 on

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STATEMENT	OF	<b>DEFICIENCIES</b>
AND PLAN O	F C	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY
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### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE
110 CHALMERS COURT

HOSE HILL HEALTH AND HEHAB			BERRYVILLE, VA 22611				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
F 684		F 684	DEFICIENCY)	DATE			
	Review of Resident #48's September 2018 MAR (medication administration record) revealed the above Vitamin D3 order. On 9/17/18, LPN (licensed practical nurse) #2 documented the code "7= Other/ See Nurse Notes" instead of documenting a check mark to indicate Vitamin D3						

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		AND HUMAN SERVICES  & MEDICAID SERVICES			O		APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	IAB		1	STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	<del> </del>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	9E	(X5) COMPLETION DATE
F 684	note signed by LPN Vitamin D3 was una Resident #48's care document specific i D3 administration.  Review of a list of bonsite at the facility unit tablets were av On 1/16/19 at 3:26 with LPN #2 was at unavailable.  On 1/16/19 at 4:31 conducted with LPN process for ensuring to residents per phystated Vitamin D3 is pharmacy because quantities. LPN #3 medication carts and did not have Vitamin On 1/16/19 at 5:39 staff member) #1 (the director of a regional director of aware of the above The facility policy tit	Periode Resident #48. A nurse's #2 on 9/17/18 documented available.  If plan dated 9/11/18 failed to information regarding Vitamin wilk medications that are kept revealed Vitamin D3 1,000 ailable.  In p.m., a telephone interview tempted. LPN #2 was p.m., an interview was I #3. LPN #3 was asked the ground Vitamin D3 is administered visician's orders. LPN #3 is not provided by the it is kept onsite in bulk stated he would check other in D3 in his medication cart.  In p.m., ASM (administrative he executive director), ASM jursing) and ASM #3 (the clinical services) were made concern.	F	684			

"1. Medications are administered in accordance with written orders of the prescriber..."

No further information was provided prior to exit.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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(X3) DATE SURVEY COMPLETED

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495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

**BERRYVILLE, VA 22611** 

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	(1) "Vitamins are substances that your body needs to grow and develop normally. Vitamin D helps your body absorb calcium. Calcium is one of the main building blocks of bone. A lack of vitamin D can lead to bone diseases such as osteoporosis or rickets. Vitamin D also has a role in your nerve, muscle, and immune systems." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=vitamin+d3&_ga=2.1	F 684		
F 695 SS=D	99577710.1336833414.1548171654-139120270. 1477942321 Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences,	F 695	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.	
	and 483.65 of this subpart.  This REQUIREMENT is not met as evidenced by:  Based on observations, resident interview, staff interview, facility document review, and clinical record review it was determined the facility staff failed to provide respiratory services per the plan of care for two of 42 residents in the survey sample, Resident #22 and Resident #103.  1. The facility staff failed to store Resident #22's			
	nebulizer mask in a sanitary manner.  2. The facility staff failed to administer oxygen,			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING \_\_\_ C 495140 B. WING 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) F 695 Continued From page 102 F 695 per the physician order, for Resident #103. Facility staff failed to store resident #22 nebulizer mask in a sanitary manner The findings include: Nebulizer mask and tubing removed from use for resident #22 and new tubing and nebulizer 1. Resident #22 was admitted to the facility on mask obtained and placed in clear bag on 1/16/19 10/19/2018. Diagnoses included but were not II. Residents that reside in this facility who limited to: chronic obstructive pulmonary disease use a nebulizer have the potential to be affected by (COPD) (1), diabetes, chronic respiratory failure his deficient practice. (2), shortness of breath, gastroesophageal reflux 10. Nurses to be Re-educated by DON/designe disease (GERD) (3) and cellulitis (4). regarding appropriate storage of nebulizer/tubing equipment. Daily rounds to be completed by The most recent MDS (minimum data set), a unit manager/designee to ensure proper storage of thirty day assessment, with an ARD (assessment nebulizer equipment when not in use and will be reference date) of 11/14/18 coded the resident as reported during stand up meeting. The care keepers/ having a score of 15 of 15 on the BIMS (brief Manager on dutiy will follow up once per day to interview for mental status) indicating the resident ensure that the nebulizer equipment is properly stored was cognitively intact to make daily decisions. and discuss results during afternoon stand down meeting x 4 weeks The physician order dated January 2019. Results of audit will be brought to documented "DuoNeb Solution 0.5-2.5 mg/3 ml monthly/quarterly Quality Assurance Performance (milligrams per milliliter) 1 inhalation inhale orally Improvement (QAPI) Committee for trend and three times a day for wheezing. (5) analysis and review. Recommendations implemented as indicated. The plan of correction to be monitored Review of the MAR (medication administration until substantial consistent compliance has been met. record) dated January 2019, documented Correction to be completed by 2/15/19 "DuoNeb Solution 0.5-2.5 mg/3 ml (milligrams per milliliter) 1 inhalation inhale orally three times a day for wheezing" was documented as having been administered. On 1/15/19 at approximately 12:34 p.m., an observation was made of Resident #22. Resident

#22's nebulizer mask was on his bedside table without any cover and not in use by the resident.

On 1/15/19 at approximately 4:39 p.m., a second observation was made of Resident #22. Resident #22's nebulizer mask remained on his bedside table without any cover and not in use by the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

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B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

ROSE HILL HEALTH AND REHAB			BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 695	resident.  On 1/16/18 at approximately 3:40 p.m., an interview was conducted with Resident #22, regarding the nebulizer not being stored in a bag when not in use. Resident #22 stated, "I use to have one (a bag) but someone threw it away."  On 1/16/18 at approximately 3:45 p.m., an interview was conducted with CNA (certified nursing assistant) #24. When asked how Resident #22's nebulizer mask should be stored when not in use, CNA #24 replied, "They are supposed to be covered with a towel or placed in a bag." When asked why a resident's nebulizer mask is supposed to covered while not is use, CNA #24 replied, "If the mask does not get put in bag it can get contaminated."  On 1/16/18 at approximately 3:52 p.m., a third observation was made of Resident #22's room with LPN (licensed practical nurse) #6. Resident #22's nebulizer mask was observed on his TV stand, without any cover and not in use by the resident. LPN #6 was asked how a nebulizer mask is supposed to be stored when not in use; LPN #6 replied, "We store them in a bag." When asked why are nebulizer mask supposed to be covered, LPN #6 "To keep it clean."  The facility supplied policy on the storage of respiratory equipment "Equipment Management" documented in part, "Equipment will be cleaned, disinfected or sterilized following guidelines and manufacturers' recommendations."  On 1/17/18 at approximately 3:51 p.m., ASM #1,	F 695	Nursing staff failed to administer oxygen per the physician order, for resident #103  I. The nurse caring for resident #103 was brought back to resident room to verify placement of oxygen tubing, flow rate of 2 liters and the saturation level was obtained-1/15/19  II. Residents who in this facility who use oxygen have the potential to be affected by this deficient practice.  III. Nurses to be educated by DON/designee regarding proper oxygen administration and what nursing staff is able to apply the oxygen according to facility's policy and state regulations. An audit of all resident's receiving oxygen will be completed weekly by unit manager or designee for 4 weeks to ensure proper administration of oxygen is delivered per physician's order. Re-education will be provided if compliance not followed.  IV. Results of audit will be brought to monthly/quarterly Quality Assurance Performance Improvement (QAPI) Committee for trend and analysis and review. Recommendations implemented as indicated. The plan of correction to be monitored until substantial consistent compliance has been met. V. Correction to be completed by 2/15/19		
	the Executive Director, ASM #2, the Director of				

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

Nursing and ASM #3, the Regional Director of

Event ID: C2ZF11

Facility ID: VA0210

If continuation sheet Page 104 of 164

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F 695	Clinical Services we findings.	ge 104 ere made aware of the ion was provided prior to exit.	F	695			
	can lead to shortne types are chronic b The main cause of to substances that This is usually ciga chemical fumes, or information was ob	kes it difficult to breath that ss of breath). The two main ronchitis and emphysema. COPD is long-term exposure irritate and damage the lungs. rette smoke. Air pollution, dust can also cause it. This tained from the website: a.gov/medlineplus/copd.html.					
	lungs into your bloc obtained from the v	h oxygen passes from your d. This information was vebsite: a.gov/medlineplus/respiratoryfa					
	the esophagus and was obtained from	is to leak back, or reflux, into irritate it. This information the website: a.gov/medlineplus/gerd.html.					
	affects the middle lather tissues below. Staffected. This informed website:	nfection caused by bacteria. It ayer of the skin (dermis) and Sometimes, muscle can be mation was obtained from the gov/ency/article/000855.htm.					
	used to prevent wh coughing, and ches	bium/albuterol oral inhalation is eezing, shortness of breath, at tightness in people with pulmonary disease (COPD; a					

group of diseases that affect the lungs and

### DEDARTMENT OF HEALTH AND HUMAN SERVICES

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	200 2000		LE CONSTRUCTION	СОМ	E SURVEY IPLETED
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F 695	airways) such as che the air passages the emphysema (dama lungs). Ipratropium called bronchodilate opening the air passibreathing easier. The facility staff from the website: https://medlineplus.tml.  2. The facility staff from the physician of	pronic bronchitis (swelling of at lead to the lungs) and ge to the air sacs in the is in a class of medications ors. It works by relaxing and sages to the lungs to make this information was obtained gov/druginfo/meds/a695021.h gov/druginfo/meds/a695021.h gailed to administer oxygen, refer, for Resident #103.  admitted to the facility on a recent readmission date of soses that included but were uctive sleep apnea (OSA) (1), a, dyspnea (2) and diabetes.  DS (minimum data set), a sment, with an ARD since date) of 1/9/19 coded the a 13 out of 15 on the BIMS mental status) indicating the ively intact to make daily D0100 documented that sives oxygen therapy.  Dest recent POS (physician ted January 2019 documented ula at 2L/min (Oxygen two masal cannula) as needed for		695			

On 1/15/18 2:45 p.m. Resident #103 was observed in his room sitting in his wheelchair wearing a nasal cannula (NC) connected to an

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			O	<u>MB NO.</u>	0938-0391
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	,	495140	B. WING		- 1 <del>1 11 7 1 1 - 11 11 11 1</del>		
NAME OF F	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
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ROSE HI	LL HEALTH AND REF	IAB		E	BERRYVILLE, VA 22611		
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F 695	to 2.0 L/min. At this Resident #103 was interview, three CN staff) knocked on the room, and asked if bed. Resident #103 ready to get back in observed using a maresident from his will CNA #25. The staff left the room. After observed that Resident removed prior bed and had not be resident was asked cannula; Resident #1 ladies that put me bapproximately 3:00 button was pressed p.m., the call light work CNA #24 was informated and it had not be proceeded to come Resident #103 oxygresident. CNA #24 was informated and it had not be proceeded to come Resident #103 oxygresident. CNA #24 was informated and it had not be proceeded.	ge 106 or with the oxygen flow rate set is time, an interview with conducted. During this A's (certified nursing assistant ne door, entered the resident's he was ready to get back in indicated to the staff he was a bed. The three CNA's were nechanical lift to move the heelchair to his bed, including then washed their hands and resuming the interview it was dent #103's nasal cannula had to him being placed back in en returned to him. The who had removed his nasal #103 replied "One of the young back in bed." On 1/15/18 at p.m., Resident #103' call and at approximately 3:05 was answered by CNA #24. The med that the resident had or to him being placed back in been put back on. CNA #24 into the room and placed gen nasal cannula back on the was asked if a pulse oximetry prior to placing Resident	F	695			
	#103's nasal cannu pulse oximetry mon finger and his pulse on room air. CNA # Resident #103's ox	la back on. CNA #24 placed a litor on the Resident #103's ox was noted to be 85 - 86% 24 then proceeded to place ygen on. With the pulse					

oxygen.

saturation was noted to be 94% on 2 L/min of

Review of Resident #103's care plan with a quarterly revision dated 11/28/18 failed to

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391	
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  ROSE HILL HEALTH AND REHAB				11	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT ERRYVILLE, VA 22611			
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F 695	Continued From page 107 evidence any reference to oxygen use by Resident #103.  On 1/15/18 at approximately 3:15 p.m., and interview was conducted with CNA #24. CNA #24 was asked who can put on, take off or adjust oxygen; CNA #24 replied, "I don't know."  On 1/16/19 at approximately 2:41 p.m., an interview was conducted with CNA #25. CNA #25 was asked if all staff who assisted moving Resident #103 from his wheelchair to his bed were CNA's, CNA #25 replied "Yes." CNA #25 was asked if she recalled which staff took Resident #103's nasal cannula off the resident. CNA #25 stated she did not. CNA #25 was asked who could put on, take off or adjust oxygen, CNA #25 replied "An LPN (licensed practical nurse) or RN (registered nurse). When CNA #25 was asked if a CNA could take off or put on oxygen,		F	695				

On 1/16/19 at approximately 2:44 p.m., an interview was conducted with LPN #12. When asked who can put on, take off, or adjust oxygen, LPN #12 replied "LPN's and RN's." LPN #12 was asked if a CNA can adjust oxygen, LPN #12 replied "No." LPN #12 was asked why is it important to maintain not take of a residents oxygen, LPN #12 replied, "They could go into respiratory failure."(5)

The facilities oxygen administration policy documented in part, "Oxygen administration increases blood oxygen content so that the heart doesn't have to pump as much blood per minute to meet tissue demands. Verify the practitioners order for the oxygen therapy, because oxygen is considered a medication or therapy and should

CNA #25 replied "No."

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NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	,	
ROSE H	ILL HEALTH AND REI	1AB	ı		10 CHALMERS COURT BERRYVILLE, VA 22611		
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F 695	be prescribed."  On 1/17/18 at appro administrative staff Director, ASM #2, the ASM #3, the Region Services were made. No further information with the services of the services were made. No further information was of the services. When you're should uncomfortable for you body needs. You may be a sign of a sig	eximately 3:51 p.m., ASM f member) #1, the Executive he Director of Nursing and hal Director of Clinical e aware of the findings.  In was provided prior to exit.  In apnea (OSA) is a problem in a pauses during sleep. This harrowed or blocked airways. It is obtained from the website: gov/ency/article/000811.htm.  In the other of the direction of the east of the eas	F	695			
	can be strained or o	amage. However, your cells lamaged if low oxygen levels . If your oxygen level is low on					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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A. BUILDING

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NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE. VA 22611

MADE LIFE LIFUELL VILLA LIFELIAN			BERRYVILLE, VA 22611	
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PREFIX	Continued From page 109 room air, you may be asked to use supplemental (extra) oxygen. The oximeter can be used to help see how much oxygen you need and when you may need it. This information was obtained from the website: file:///C:/Users/mth39879/Downloads/pulse-oxime try.pdf  5. When not enough oxygen passes from your lungs into your blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/respiratoryfa ilure.html. Competent Nursing Staff	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.  §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding			

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01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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		495140	B. WING	i	und simblehand della sidentification to recognition to	1	C <b>17/2019</b>
NAME OF	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
ROSE HI	LL HEALTH AND REP	1AB			10 CHALMERS COURT BERRYVILLE, VA 22611		
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F 726	extensive assistant and personal hygies supervision and set A document entitled Record" was found Record for Resident describes the various well as providing wound stage and minjury record in Residocumented, "stg 2 measurements. This signed as complete LPN #4.	bility, transfers, and toileting; se of 1 person for ambulation ne, and as requiring tup assistance for eating.  I "Initial Pressure Injury in the Electronic Health at #70. This document us stages of pressure injuries, a space for documenting the neasurements. The pressure	F	726			

01/16/19 at 10:06 a.m. LPN #4 was asked to describe how she became aware of Resident #70's pressure injuries. LPN #4 stated that she had been on vacation, so she was made aware of the wounds when she returned to work on 01/02/19. When asked to describe the wounds at the time she saw them, LPN #4 stated "There were two wounds, the one on top looked like a stage 3 to me, the one just below looked like a stage 2." When asked if this was how she documented the wounds in the pressure injury record, LPN #4 stated "yes".

On the morning of 01/17/19, a brief interview was conducted with Other Staff Member (OSM) #2, the Human Resources manager. OSM #2 was asked if LPN #4 had any wound-related training's or certifications. OSM #2 stated that other than facility orientation to the role, LPN #4 did not have any specific wound training or certifications.

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	01/29/2019 APPROVED 0938-0391
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,,,,,,,,	PROVIDER OR SUPPLIER	HAB		11	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT BERRYVILLE, VA 22611		
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F 726	On the morning of conducted with Adr (ASM) #2, the Direct asked if LPN #4 was She replied yes. W (Registered Nurse) stated that she, as accompanied LPN When asked if she, documented the fin asked if there was accompanying LPN ASM#2 stated there	01/17/19, an interview was ninistrative Staff Member ctor of Nursing. ASM #2 was as the facility's wound nurse.	F	726			

18VAC90-19-70. Supervision of licensed practical nurses.

she was aware that initial staging of wounds is outside the scope of practice of an LPN, ASM #2

stated she was not aware of that.

Licensed practical nursing shall be performed under the direction or supervision of a licensed medical practitioner, a registered nurse, or a licensed dentist.

18VAC90-19-250. Criteria for delegation. 3. Establishment of organizational standards to provide for sufficient supervision that assures safe nursing care to meet the needs of the clients in their specific settings.

2. The delegating nurse retains responsibility and accountability for nursing care of the client, including nursing assessment, planning, evaluation, documentation, and supervision.(6)

The Administrator, ASM #1 and Director of Nursing, ASM #2 were informed of the findings at the end of day meeting on 01/17/19. No further

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Facility ID: VA0210

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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01/17/2019

NAME OF PROVIDER OR SUPPLIER

ROSE HILL HEALTH AND REHAB

110 CHALMERS COURT BERRYVILLE, VA 22611

STREET ADDRESS, CITY, STATE, ZIP CODE

		j E	BERRYVILLE, VA 22611	
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F 726	Continued From page 113	F 726		
	documentation was provided.			
F 730		F 730		
SS=E	CFR(s): 483.35(d)(7)		plan of correction does not constitute an admission of	
	0.400.05/19/39 5		or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared	
	§483.35(d)(7) Regular in-service education.		and executed as a means to continuously improve	
	The facility must complete a performance review of every nurse aide at least once every 12		quality of care and to comply with applicable state and	
	months, and must provide regular in-service		federal rights.	
	education based on the outcome of these			
	reviews. In-service training must comply with the			
	requirements of §483.95(g).			
	This REQUIREMENT is not met as evidenced		The facility staff failed to complete annual	
	by:		performance reviews for 14 CNA's Nurse that have	
	Based on staff interview and facility document review, it was determined that the facility staff		worked over the past 12 months.  2. The facility has determined that residents	
	failed to conduct annual performance reviews for		that reside in this facility have the ability to be affected	
	14 out of 14 CNAs (certified nursing assistants)		by the deficient practice.	
	who were employed at the facility for at least one		Human Resource Director/DON/Designee	
	year.		will be re-educated by Administrator on completing	
			Performance evaluation timely. Administrator will	
	The facility staff failed to complete annual performance reviews for CNA #1, CNA #2, CNA		re-educate in the event that the deficient practice occurs and maintain compliance.	
	#4, CNA #11, CNA #12, CNA #13, CNA #14, CNA		The HR/DON/Designee will provide each	
	#15, CNA #16, CNA #17, CNA #18, CNA #19,		of the 14 CNA's with Performance evals by correction	
	CNA #20 and CNA #21.		date. HR and DON will conduct audits of CNA's	
			weekly for 4 weeks to ensure the facility is practicing	
	The findings include:		correctly and timely performance. Results of audits	
	0-4/40/40-440-40		will be discussed at monthly/quarterly Quality Assurance Performance Improvement (QAPI)	
	On 1/16/19 at 10:48 a.m., a request for annual performance reviews and associated trainings for		Committee for trends analysis and ensure substantial	
	a sample of six CNAs was made to OSM (other		compliance has been maintained.	
	staff member) #2, (the human resource		5. Correction will be complete by 2/15/19	
	generalist).			
	On 1/16/19 at 10:52 p.m., OSM #2 stated she did			
	not have the requested performance reviews or			
	associated trainings. OSM #2 stated the facility			
	had employed four different directors of nursing			
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		AND HUMAN SERVICES				FORM	APPROVED
		& MEDICAID SERVICES			70		0938-0391
	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		PLE CONSTRUCTION	COM	E SURVEY IPLETED C
		495140	B. WING		<del> </del>	1	17/2019
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ROSE H	ILL HEALTH AND REI	HAB			110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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
F 730	since March 2018 a and associated train QAPI (quality assurimprovement) programmer of this with e plan was a work staff will using to me on 1/16/19 at 12:31 provide a list of all 0 at the facility for at I contained the follow CNA #1, hired on 3/CNA #4, hired on 10 CNA #13, hired on 10 CNA #14, hired on 10 CNA #15, hired on 10 CNA #15, hired on 10 CNA #16, hired on 10 CNA #17, hired on 10 CNA #18, hired on 10 CNA #19, hired on 10 CNA #20, hired on 10 CNA #21, hired on 11 CNA #22, hired on 11 CNA #23, hired on 11 CNA #25, hired on 12 CNA #25, hired o	and the performance reviews hings were currently in the rance and performance ram. OSM #2 confirmed the was not complete and stated in progress that the facility ove forward.  I p.m., OSM #2 was asked to CNAs who had been employed east one year. The list wing CNAs:  (8/17/7/17 1/10/17 6/27/17 4/17/80 5/10/01 6/5/03 10/9/11 7/30/86 12/20/17 5/27/14 6/30/08 12/2/82 9/30/14  performance reviews and is had not been completed for	F	730			

aware of the above concern.

The facility policy titled, "Performance

		AND HUMAN SERVICES				FORM.	01/29/2019 APPROVED 0938-0391
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	PROVIDER OR SUPPLIER	IAB			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
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F 730	Evaluations" docum Performance evalu for the supervisor at the employee's over developmental area employee's job des between employee managers is very in Performance evalu privacy and will be employee promotion demotions, terminate and to improve the performance evalueach employee with service date utilizin Review Forms3.	mented, "POLICY: The ation provides a formal vehicle and the employee to discussival work performance and as as it relates to the cription. Communication and supervisors or apportant. PROCEDURES: 1. ations are conducted in used as a tool in determining as, shift/position transfers, ations, wage increases, etc., quality of the employee's work evelopment. 2. A ation must be completed on an anin 30 days of their original gothe Annual Performance Performance evaluations may be there is a significant change or performance at	F	730			

F 755 SS≒D

No further information was presented prior to exit. Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)

§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving,

F 755

Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STREET ADDRESS, CITY, STATE, ZIP CODE

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

**DEFICIENCY** 

110 CHALMERS COURT BERRYVILLE, VA 22611

**ROSE HILL HEALTH AND REHAB** 

NAME OF PROVIDER OR SUPPLIER

F 755 Continued From page 116
dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.

§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to ensure a medication was available for administration as ordered by the physician for two of 42 residents in the survey sample; Residents #60 and #48.

- 1. The facility staff failed to ensure a medication (Spiriva) prescribed by the physician was available for administration to Resident #60.on 1/16/18.
- 2. The facility staff failed to ensure Vitamin B-12, prescribed by the physician was available for administration to Resident #48 on 9/17/18.

Nursing staff failed to ensure a medication was available for administration to resident #60. Failed to ensure Vitamin B-12 was available for administration to resident #48

- I. The order for B-12 100mcq for resident #48 was placed on hold and a Vitamin B-12 lab was drawn Lab results revealed that the level was with in normal limits and resident no longer needs Vitamin B-12. Order obtained to discontinue vitamin B-12. Resident #60 Spiriva was not given d/t backorder from pharmacy. Nurse received order for albuterol until Spiriva was delivered. Nurse administered albuterol at this time.
- II. Residents that reside in this facility who use take Vitamin B-12 and Spiriva have the potential to be affected by the deficient practice.
- III. Nurses to be Re-educated by DON/designed regarding proper medication administration, checking labels, when to reorder from pharmacy and proper procedure when medication is unavailable for administration. Monthly audit x 2 of residents who are on vitamin B-12 and Spiriva to be completed by unit manager/designee to ensure proper dosage, and supply is available and physician orders are correct.
- IV. Results of audit will be brought to monthly/quarterly Quality Assurance Performance Improvement (QAPI) Committee for trend and analysis and review. Recommendations implemented as indicated. The plan of correction to be monitored until substantial consistent compliance has been met.
- V. Correction to be completed by 2/15/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT

ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT	
			BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 117	F 75	55	
	The findings include:			
	The facility staff failed to ensure a medication (Spiriva) prescribed by the physician was available for administration to Resident #60 on 1/16/18.			
	Resident #60 was admitted to the facility on 6/25/18 with the diagnoses of but not limited to acute and chronic respiratory failure, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD, and cognitive communication deficit. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 12/18/18. The resident was coded as being cognitively intact in ability to make daily life decisions.			
	A review of the clinical record revealed a physician's order dated 6/26/18 for "Tiotropium Bromide Monohydrate (Spiriva) {1} Capsule 18 MCG (micrograms)1 puff inhale orally one time a day for COPD."		**	
	On 01/16/19 08:09 a.m., LPN #6 was observed preparing the following medications for administration to Resident #60:  1. Spiriva 18mcg {1} not available and not given.  2. Breo 200/25 {2} mcg, 1 puff  3. Norvasc {3} 10 mg (milligrams), 1 tab (tablet)  4. Janumet {4} 50-1000 mg, 1 tab  5. Lasix {5} 40 mg, 2 tabs for 80mg  6. Meloxicam {6} 7.5 mg, 1 tab  7. Potassium {7} 20 meq (milliequivalents) 1 tab  8. Prednisone {8} 10 mg 1 tab  9. Lisinopril {9} 2.5 mg, 3 tabs for 7.5 mg  10. Oxycontin {10} ER (extended release) 20 mg, 2 tabs for 40 mg  11. Ventolin {11} 90 mcg inhaler.			

		AND HUMAN SERVICES					FORM	01/29/2019 APPROVED 0938-0391
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F 755	noted that the Spiri resulting in a medic A review of the nurs 1/16/18, which doc	17 grams.  physician's orders, it was va had not been administered,	F	755				

On 1/16/19 at 9:18 a.m., in an interview with LPN #6, she stated that the medication (Tiotropium Bromide Monohydrate Capsule [Spiriva] 18 MCG) was reordered days ago but that the pharmacy was on back order. LPN #6 stated she was not aware of the backup pharmacy being utilized to ensure the medication was available.

orally one time a day for COPD on back order at pharmacy, pharm (pharmacy) notified. NP (nurse practitioner) notified, requested albuterol instead."

On 1/16/19 at 9:37 a.m., ASM (administrative staff member) #2, the Director of Nursing stated that the backup pharmacy should have been used.

A review of the care plan revealed one dated 6/29/18 for "Alteration in Respiratory Status Due to Chronic Obstructive Pulmonary Disease ... rt (related to) will turn O2 (oxygen) up a liter, is non-compliant with setting at times...." The interventions included one dated 6/29/18, which documented, "Administer medications as ordered. Observe Labs (laboratory tests), response to medication and treatments."

A review of the facility policy, "Medication Ordering and Receiving From Pharmacy Provider" documented, "Medications and related

		AND HUMAN SERVICES  & MEDICAID SERVICES			(		APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		PLE CONSTRUCTION	(X3) DAT	E SURVEY  PLETED
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	PROVIDER OR SUPPLIER	1AB		1	STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
(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 SHOUL CROSS-REFERENCED TO THE APPROPOLICIENCY)	) BE	(X5) COMPLETION DATE
F 755	pharmacy on a time shall be reordered i medication name at applying the peel-of prescription label or or otherwise transmin pharmacy. Reordere-order date on the supply is on hand from the pharmacy: appropriate persons Promptly reports to the issuing pharm nurse/supervisor On 1/17/18 at 3:30; Director and ASM # were notified of the information was prosurvey.  References: {1} Spiriva - Used to of breath, coughing patients with (COPE Information obtained https://medlineplus.tml	ed form the provider ely basisall medications in advanced by writing the ind prescription number, or if bar coded label from the in the reorder sheet and faxing nitting the order to the ir routine medications by the e label to assure an adequate i.2. Receiving medications A licensed nurse or inel as required by law: discrepancies and omissions inacy and the charge  p.m., ASM #1, the Executive 2, the Director of Nursing concern. No further invided by the end of the incontrol wheezing, shortness in and chest tightness in	F 7	755	5		
		)To use the inhaler follow					

do not swallow."

Information obtained from

these steps....9. Rinse your mouth with water, but

https://medlineplus.gov/druginfo/meds/a613037.h

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NAME OF PROVIDER OR SUPPLIER

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ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT			
	CHAMPY STATEMENT OF DEFICIENCIES	11.5	BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 755	Continued From page 120 tml	F 75	5			
	{3} Norvasc - Used to treat high blood pressure. Information obtained from https://medlineplus.gov/druginfo/meds/a692044.h tml					
	{4} Janumet - Used in the treatment of diabetes Information obtained from https://medlineplus.gov/druginfo/meds/a606023.h tml					
1	{5} Lasix - Used to treat high blood pressure and edema Information obtained from https://medlineplus.gov/druginfo/meds/a682858.h tml					
	(6) Meloxicam - Used to treat pain, tenderness, swelling and stiffness caused by osteoarthritis and rheumatoid arthritis. Information obtained from https://medlineplus.gov/druginfo/meds/a601242.html					
	(7) Potassium Chloride - Is an electrolyte replacement needed for nerves to function and muscles to contractSome diuretics (i.e. Lasix) causes low levels of potassium in the body. Information obtained from https://medlineplus.gov/potassium.html and from https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/blood-pressure/e/FAQ-20058432?p=1					
	{8} Prednisone - Used to treat arthritis; severe allergic reactions; multiple sclerosis; lupus; and certain conditions that affect the lungs, skin, eyes,					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

С

495140

B. WING

01/17/2019

ROSE HILL HEALTH AND REHAB

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

	,		BERRYVILLE, VA 22011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE	
F 755	Continued From page 121	F 75	5		
	kidneys, blood, thyroid, stomach, and intestines, and symptoms of certain types of cancer. Information obtained from https://medlineplus.gov/druginfo/meds/a601102.ht ml				
	{9} Lisinopril - Used to treat high blood pressure Information obtained from https://medlineplus.gov/druginfo/meds/a692051.h tml				
	{10} OxyContin - Used to relieve moderate to severe pain. Information obtained from https://medlineplus.gov/druginfo/meds/a682132.html				
	{11} Ventolin - Used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease.  Information obtained from https://medlineplus.gov/druginfo/meds/a682145.html		.e		
	{12} Metamucil - Used to treat constipation Information obtained from https://medlineplus.gov/druginfo/meds/a601104.ht ml				
	2. The facility staff failed to ensure Vitamin B-12 (1) was available for administration to Resident #48 on 9/17/18.				
			1	1	

Resident #48 was admitted to the facility on 9/10/18. Resident #48's diagnoses included but

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DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING C 495140 B. WING 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 755 Continued From page 122 F 755 were not limited to intellectual disabilities, seizures and high blood pressure. Resident #48's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/6/18, coded the resident's cognitive skills for daily decision-making as severely impaired. Section G coded Resident #48 as requiring extensive assistance of two or more staff with bed mobility/transfers and as being totally dependent on one staff with eating. Review of Resident #48's clinical record revealed a physician's order dated 9/10/18, for Vitamin B-12- 100 mcg (micrograms), one tablet once a day for supplement. Review of Resident #48's September 2018 MAR (medication administration record) revealed the above Vitamin B-12 order. On 9/17/18, LPN (licensed practical nurse) #2 documented the code "7= Other/ See Nurse Notes" instead of documenting a check mark to indicate the

Vitamin B-12 was administered to Resident #48. A nurse's note signed by LPN #2 on 9/17/18. documented Vitamin B-12 was unavailable. Resident #48's care plan dated 9/11/18 failed to document specific information regarding the

Review of a list of medications that are kept onsite at the facility revealed Vitamin B-12 100 mcg tablets were not available in the facility.

administration of Vitamin B-12.

On 1/16/19 at 3:26 p.m., a telephone interview with LPN #2 was attempted. LPN #2 was unavailable.

On 1/17/19 at 8:29 a.m., an interview was

#### PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER COMPLETED A. BUILDING C 495140 B. WING 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 755 Continued From page 123 F 755 conducted with LPN #1. LPN #1 was made aware of Resident #48's physician's order for 100 mcg of Vitamin B-12 and asked if that medication was available in the facility medication supply. LPN #1 stated she thought only 500 mcg tablets of Vitamin B-12 was available. LPN #1 was asked what nurses should do if a physician ordered medication is not available for administration. LPN #1 stated, "Go to central supply to see if she can get it and if not then call the pharmacy and if they don't have it then I go to the physician." On 1/17/19 at 10:42 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, "ORDERING AND RECEIVING NON-CONTROLLED MEDICATIONS" documented, "PROCEDURES: 1. Ordering medications from provider pharmacy: a. All new medication orders are transmitted to the pharmacy. The prescriber medication order includes all required elements. (Refer to Section 2 Medication Orders). b. If utilizing a 'cycle fill' or

'anniversary fill' system, all routinely used dosage forms are provided by 'automatic' dispensing and no reorder is required of these medications. For remaining routine and PRN (as needed) orders, repeat medications (refills for a new supply) are ordered by writing the medication name and prescription number, or applying the peel-off bar coded label from the prescription label on the reorder sheet and faxing or otherwise transmitting the order to the pharmacy. Reorder routine medications by the re-order date on the label to assure an adequate supply is on hand..."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

COMPLETED

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

		1	BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 124 No further information was provided prior to exit.	F 755		
F 757 SS=D	, , ,	F 757	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.	
	§483.45(d)(1) In excessive dose (including duplicate drug therapy); or			
į	§483.45(d)(2) For excessive duration; or			
	§483.45(d)(3) Without adequate monitoring; or			
	§483.45(d)(4) Without adequate indications for its use; or	!		
er man en man en	§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or			
	§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.  This REQUIREMENT is not met as evidenced by:  Based on staff interview, facility document review			
	and clinical record review, it was determined that the facility staff failed to ensure a resident was			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

495140

B. WING

С 01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY STATE 28 CODE

NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
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KUSE MI	LL HEALTH AND REHAB		BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
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	Review of Resident #48's clinical record revealed a physician's order dated 9/10/18 for Vitamin B-12- 100 mcg (micrograms), one tablet once a day for supplement. Review of Resident #48's January 2019 MAR (medication administration record) revealed the above Vitamin B-12 order.  Resident #48's care plan dated 9/11/18 failed to document specific information regarding the administration of Vitamin B-12.  On 1/16/19 at 9:52 a.m., observation of facility medication carts and a medication storage room revealed the facility utilized a bulk supply of syer the counter medications that were keet.		monthly/quarterly Quality Assurance Performance Improvement (QAPI) Committee for trend and analysis and review. Recommendations implemented as indicated. The plan of correction to be monitored until substantial consistent compliance has been met.  V. Correction to be completed by 2/15/19			

over-the-counter medications that were kept

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

			BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 757	Continued From page 126 onsite.	F 75	7	
	Review of a list of bulk medications that were kept onsite at the facility revealed Vitamin B-12 100 mcg tablets were not available in the facility.			
	On 1/17/19 at 8:29 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 was made aware of Resident #48's physician's order for 100 mcg of Vitamin B-12 and was asked if that medication was obtained from the facility bulk supply. LPN #1 stated, "I think all I have is Vitamin B-12, 500 micrograms." When asked what dose of Vitamin B-12 she had been administering to Resident #48, LPN #1 looked through the medication cart and confirmed there was no 100 mcg tablets of Vitamin B-12 provided from the bulk supply or the pharmacy. LPN #1 confirmed she had been administering 500 mcg of Vitamin B-12 to Resident #48. Review of Resident #48's January 2019 MAR revealed LPN #1 had administered Vitamin B-12			
	to Resident #48 on 1/12/19, 1/13/19 and 1/16/19. On 1/17/19 at 10:42 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.		8	
	The facility policy titled, "Medication Administration- General Guidelines" documented, "1. Medications are administered in accordance with written orders of the prescriber"			
	No further information was provided prior to exit.			:
	(1) "Vitamin B12 is a nutrient that helps keep the body's nerve and blood cells healthy and helps make DNA, the genetic material in all cells." This			

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

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(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

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B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

### **ROSE HILL HEALTH AND REHAB**

PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 757 Continued From page 127 F 757 information was obtained from the website: https://ods.od.nih.gov/factsheets/VitaminB12-Con sumer/ Preparation, submission and implementation of this Free from Unnec Psychotropic Meds/PRN Use F 758 F 758 plan of correction does not constitute an admission of SS=D CFR(s): 483.45(c)(3)(e)(1)-(5)

§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:

- (i) Anti-psychotic;
- (ii) Anti-depressant;
- (iii) Anti-anxiety; and
- (iv) Hypnotic

Based on a comprehensive assessment of a resident, the facility must ensure that---

§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;

§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

С 01/17/2019

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B. WING\_

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT	197		
NO3E THEE I	TEACHT AND REHAD	- 1	BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE		
\$44 are \$44 pre apple bey rationed in the second record re	entinued From page 128  83.45(e)(4) PRN orders for psychotropic drugs elimited to 14 days. Except as provided in 83.45(e)(5), if the attending physician or escribing practitioner believes that it is propriate for the PRN order to be extended yond 14 days, he or she should document their ionale in the resident's medical record and dicate the duration for the PRN order.  83.45(e)(5) PRN orders for anti-psychotic ags are limited to 14 days and cannot be newed unless the attending physician or escribing practitioner evaluates the resident for appropriateness of that medication. It is REQUIREMENT is not met as evidenced assed on staff interview, facility document review document clinical record review, it was determined that a facility staff failed to ensure a resident was be of unnecessary psychotropic medication for endication for the survey sample, assident #35.  In a facility staff failed to monitor Resident #35's thaviors for the use of the antipsychotic edication Seroquel (1).  In a findings include:  In a facility staff failed to the facility on 10/18. Resident #35's diagnoses included mentia (2) with behavioral disturbance, chronic larged disease and muscle weakness. Resident 15's most recent MDS (minimum data set), a carterly assessment with an ARD (assessment erence date) of 11/28/18, coded the resident's grifton as moderately impaired. Section G ded Resident #35 as requiring extensive sistance of one staff with locornotion, dressing,	F 75	Nursing staff falled to monitor Resident #35 behaviors for the use of the antipsychotic medication Seroquel I. A behavior sheet was obtained and filled out with medication and behaviors noted for use of Seroquel for resident #35  II. Residents that reside in this facility who use antipsychotic medications have the potential to be affected by this deficient practice.  III. Nurses to be Re-educated by DON/designee regarding documentation of behaviors for residents that are on antipsychotic medications. Weekly audits to be completed by unit manager/designee to ensure proper documentation of behaviors x 4 weeks and then monthly  IV. Results of audit will be brought to monthly/quarterly Quality Assurance Performance Improvement (QAPI) Committee for trend and analysis and review. Recommendations implemented as indicated. The plan of correction to be monitored until substantial consistent compliance has been met.  V. Correction to be completed by 2/15/19			

PRINTED: 01/29/2019 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IÐ PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
	Continued From page 129  toilet use and personal hygiene. Section N coded the resident as receiving an antipsychotic medication seven out of the last seven days. Resident #35's comprehensive care plan dated 1/11/18 documented, "Potential for drug related complications associated with use of psychotropic medications related to: antianxiety meds (medications), antipsychoticsProvide Medications as ordered by physician and evaluate for effectiveness"  Review of Resident #35's clinical record revealed a physician's order dated 6/4/18 for Seroquel 25 mg (milligrams) twice daily for psychosis (3). Review of Resident #35's eMARs (electronic medication administration records) from June 2018 through January 2019 revealed the resident received Seroquel as prescribed. Further review of Resident #35's clinical record (including eMARs and nurses' notes from June 2018 through January 2019) failed to reveal behavior monitoring documentation (except for one nurse's note dated 9/13/18 that documented the resident was somewhat agitated).  On 1/16/19 at 4:31 p.m., an interview was conducted with LPN (licensed practical nurse) #3 (a nurse who occasionally cared for Resident #35). LPN #3 was asked the facility process for behavior monitoring for a resident who is receiving antipsychotic medication. LPN #3 stated, "We have behaviors that we sign off on the eMARs, whether they have had behaviors, we note on it and address with psych (psychiatrist)." LPN #3 stated there should be a section on the eMAR for nurses to sign off on behaviors every shift.	F 75			

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING (X3) DATE SURVEY COMPLETED

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	As documented above, review of Resident #35's eMARs for June 2018 through January 2019 failed to reveal behavior-monitoring documentation.	F 758		
	On 1/16/19 at 5:39 p.m., ASM (administrative staff member) #1 (the executive director), ASM #2 (the director of nursing) and ASM #3 (the regional director of clinical services) were made aware of the above concern.		g.	
	The facility policy titled, "Chemical Restraint" documented, "5. All residents receiving psycho-pharmacologic drugs will be monitored using the psycho-pharmacologic drug monitoring record"			
ļ	No further information was presented prior to exit.			
	(1) "Quetiapine (Seroquel) tablets and extended-release (long-acting) tablets are used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Quetiapine tablets and			
	extended-release tablets are also used alone or with other medications to treat episodes of mania (frenzied, abnormally excited or irritated mood) or depression in patients with bipolar disorder (manic depressive disorder; a disease that			
	causes episodes of depression, episodes of mania, and other abnormal moods). In addition, quetiapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Quetiapine extended-release			
	tablets are also used along with other medications to treat depressionStudies have shown that older adults with dementia (a brain		ilibu ID: VA2210	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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C 01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT

ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 758	disorder that affects the ability to remember, think clearly, communicate, and perform daily activities and that may cause changes in mood and personality) who take antipsychotics (medications for mental illness) such as quetiapine have an increased risk of death during treatment.  Quetiapine is not approved by the Food and Drug Administration (FDA) for the treatment of behavioral problems in older adults with dementia" This information was obtained from the website:  https://medlineplus.gov/druginfo/meds/a698019.html  (2) "Dementia is the name for a group of symptoms caused by disorders that affect the brain. It is not a specific disease. People with dementia may not be able to think well enough to do normal activities, such as getting dressed or eating. They may lose their ability to solve problems or control their emotions. Their personalities may change. They may become agitated or see things that are not there." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=dementia&_ga=2.227 373405.1336833414.1548171654-139120270.14 77942321  (3) "Most people think of psychosis as a break with reality. In a way it is. Psychosis is characterized as disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't. These disruptions are often experienced as seeing, hearing and believing things that aren't real or having strange, persistent thoughts,	F	758			

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY
A. BUILDING COMPLETED

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495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

ROSE HILL HEALTH AND REHAB

BERRYVILLE, VA 22611

TIDDETHER HERETT PROPERTY			BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
	continued From page 132 experience is different, most people say psychosis is frightening and confusing." This information was obtained from the website: https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Psychosis Free of Medication Error Rts 5 Pront or More CFR(s): 483.45(f)(1)  §483.45(f) Medication Errors. The facility must ensure that its-  §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to ensure a medication error rate of less than five percent involving one of 6 residents (Resident #60) in the Medication Administration task, with 29 opportunities. The medication error rate was 6.9 percent.  The findings include:  Resident #60 was admitted to the facility on 6/25/18 with the diagnoses of but not limited to acute and chronic respiratory failure, high blood pressure, diabetes, chronic obstructive pulmonary disease, (COPD), and cognitive communication deficit. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 12/18/18. The resident was coded as being cognitively intact in ability to make daily life decisions. The resident was coded as requiring total care for bathing; limited assistance for transfers, ambulation,	F 758	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.			

**FORM APPROVED** 

PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING. 495140 B. WING 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Facility staff failed to ensure a medication error rate of F 759 Continued From page 133 less than 5% involving resident #60. Spiriva had not dressing, toileting, and hygiene; and required been administered due to unavailable and not supervision for eating; and was occasionally following order for Breo (rinsing mouth after use) incontinent of bladder and bowel. The Spiriva was on backorder from pharmacy and a new order was given for albuterol A review of the clinical record revealed an order until the Spiriva had arrived from pharmacy. dated 11/8/18 for "Breo {1} ....200-25 mcg/inh Pharmacy was called and Spiriva order arrived that (micrograms/inhalation ....1 puff inhale orally one evening. The Breo medication error was unable to time a day for COPD ...Rinse mouth with water correct at this time due to resident already received and spit back into cup after use." medication. II. Residents that reside in this facility who A review of the clinical record revealed an order have medication orders have the potential to be dated 6/26/18 for "Tiotropium Bromide affected by the deficient practice. Monohydrate (Spiriva) {2} Capsule 18 MCG Nurses to be Re-educated by DON/designee (micrograms) ....1 puff inhale orally one time a regarding ordering medication from pharmacy and day for COPD." what steps to take if unavailable and the importance of reading medication orders with additional On 01/16/19 08:09 a.m., LPN #6 was observed instructions of particular medications. Audit of preparing the following medications for completion of MARS will checked weekly by the administration to Resident #60: unit managers/designee x 4 weeks and then monthly. 1. Breo 200/25 mcg, 1 puff IV. Results of audit will be brought to 2. Norvasc (3) 10 mg (milligrams), 1 tab (tablet) monthly/quarterly Quality Assurance Performance 3. Janumet {4} 50-1000 mg, 1 tab Improvement (QAPI) Committee for trend and 4. Lasix (5) 40 mg, 2 tabs for 80mg

- 5. Meloxicam {6} 7.5 mg, 1 tab
- 6. Potassium (7) 20 meg (millieguivalents) 1 tab
- 7. Prednisone (8) 10 mg 1 tab
- 8. Lisinopril {9} 2.5 mg, 3 tabs for 7.5 mg
- 9. Oxycontin (10) ER (extended release) 20 mg, 2 tabs for 40 mg
- 10. Ventolin {11} 90 mcg inhaler.
- 11. Spiriva 18mcg not given.
- 12. Metamucil {12} 17 grams.

After administering the Breo, LPN #6 did not instruct Resident #60 to rinse his mouth with water and spit back into the cup afterwards. LPN #6 provided Resident #60 with a cup of water containing Metamucil powder mixed in and instructed him to drink that, which he did, and

analysis and review. Recommendations implemented as indicated. The plan of correction to be monitored until substantial consistent compliance has been met. Correction to be completed by 2/15/19

#### PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING 495140 B. WING 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB BERRYVILLE, VA 22611** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 759 Continued From page 134 F 759 swallowed it. Failure to educate and instruct the resident to rinse and spit afterwards resulted in a medication error. On 1/16/19 at 9:18 a.m., in an interview with LPN #6, when asked about the observation of not having the resident rinse and spit after administering the Breo, LPN #6 stated, "Normally he doesn't do the spit and rinse. I could have offered it to him but in working with him every day he doesn't do that." When asked if she has documented his refusal to follow manufacturer instructions for this medication, LPN #6 stated, "I have not documented that he was educated on this and that he refused to do it." Upon review of the physician's orders, it was noted that the Spiriva had not been administered, resulting in a medication error. A review of the nurses' notes revealed one dated 1/16/18, which documented, "Tiotropium Bromide Monohydrate Capsule 18 MCG 1 puff inhale orally one time a day for COPD on back order at pharmacy, pharm (pharmacy) notified. NP (nurse practitioner) notified, requested albuterol instead."

used.

On 1/16/19 at 9:18 a.m., in an interview with LPN #6, she stated that the medication (Tiotropium Bromide Monohydrate Capsule [Spiriva] 18 MCG) was reordered days ago but that the pharmacy was on back order. LPN #6 stated she was not aware of the backup pharmacy being utilized to

ensure the medication was available.

On 1/16/19 at 9:37 a.m., ASM (administrative staff member) #2, the Director of Nursing stated that the backup pharmacy should have been

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495140

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

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F <b>7</b> 59	Continued From page 135	F 759	9	
	A review of the care plan revealed one dated 6/29/18, for "Alteration in Respiratory Status Due to Chronic Obstructive Pulmonary Diseasert (related to) will turn O2 (oxygen) up a liter, is non-compliant with setting at times" The interventions included one dated 6/29/18, which documented, "Administer medications as ordered. Observe Labs (laboratory tests), response to medication and treatments."			
	A review of the facility policy, "Medication Administration" documented, "1. Medications are administered in accordance with written orders of the prescriber13. Explain to resident the type of medication being administered and the procedure." The policy, which was only partially provided (pages 3-6 of 6 pages was provided) did not provide direction for ensuring manufacturer's instructions are followed.			
	A review of the facility policy, "Medication Ordering and Receiving From Pharmacy Provider" documented, "Medications and related products are received form the provider pharmacy on a timely basisall medications shall be reordered in advanced by writing the medication name and prescription number, or applying the peel-off bar coded label from the prescription label on the reorder sheet and faxing or otherwise transmitting the order to the pharmacy. Reorder routine medications by the re-order date on the label to assure an adequate supply is on hand2. Receiving medications from the pharmacy: A licensed nurse or appropriate personnel as required by law:Promptly reports discrepancies and omissions to the issuing pharmacy and the charge			
ODM ON O	nurse/supervisor"  67/02.99\Previous Versions Obsolete Event (D: C27E1)		acility ID: VA0210	

		AND HUMAN SERVICES & MEDICAID SERVICES				APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DAT	E SURVEY APLETED
		495140	B. WING	PARTITION OF THE RES	1	C / <b>17/2019</b>
	PROVIDER OR SUPPLIER LL HEALTH AND REF	IAB	1	STREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT BERRYVILLE, VA 22611		
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 759	Continued From pa	ge 136	F 759			
	Director and ASM # were notified of the	p.m., ASM #1, the Executive 2, the Director of Nursing concern. No further ovided by the end of the				
	breath, coughing, a asthma and (COPD these steps9. Rir do not swallow." Information obtaine	control wheezing, shortness of nd chest tightness caused by )To use the inhaler follow nse your mouth with water, but d from gov/druginfo/meds/a613037.h				
	of breath, coughing patients with (COPI Information obtaine					
	Information obtaine	to treat high blood pressure. d from gov/druginfo/meds/a692044.h				
	Information obtaine	in the treatment of diabetes d from gov/druginfo/meds/a606023.h				

Information obtained from

edema

(5) Lasix - Used to treat high blood pressure and

https://medlineplus.gov/druginfo/meds/a682858.h

#### PRINTED: 01/29/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING \_ B. WING 495140 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT ROSE HILL HEALTH AND REHAB **BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) F 759 Continued From page 137 F 759 tml {6} Meloxicam - Used to treat pain, tenderness, swelling and stiffness caused by osteoarthritis and rheumatoid arthritis. Information obtained from https://medlineplus.gov/druginfo/meds/a601242.h tml

replacement needed for nerves to function and muscles to contract.....Some diuretics (i.e. Lasix) causes low levels of potassium in the body, Information obtained from https://medlineplus.gov/potassium.html and from https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/blood-pressure/FAQ-20058432?p=1

{7} Potassium Chloride - Is an electrolyte

{8} Prednisone - Used to treat arthritis; severe allergic reactions; multiple sclerosis; lupus; and certain conditions that affect the lungs, skin, eyes, kidneys, blood, thyroid, stomach, and intestines, and symptoms of certain types of cancer. Information obtained from https://medlineplus.gov/druginfo/meds/a601102.ht ml

{9} Lisinopril - Used to treat high blood pressure Information obtained from https://medlineplus.gov/druginfo/meds/a692051.h tml

{10} OxyContin - Used to relieve moderate to severe pain.
Information obtained from https://medlineplus.gov/druginfo/meds/a682132.html

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

Event ID: C2ZF11

Facility ID: VA0210

If continuation sheet Page 138 of 164

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PRINTED: 01/29/2019 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

01/17/2019

495140

**B. WING** 

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSE HI	LL HEALTH AND REHAB		I10 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE
F 759	Continued From page 138	F 759		
	{11} Ventolin - Used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease.  Information obtained from https://medlineplus.gov/druginfo/meds/a682145.html			
	{12} Metamucil - Used to treat constipation Information obtained from https://medlineplus.gov/druginfo/meds/a601104.ht			-
	ml			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F <b>7</b> 61	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.	
	§483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.			
	§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to			

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED . 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DAT COM	E SURVEY MPLETED
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F 761	package drug distriquantity stored is mbe readily detected. This REQUIREMENT by: Based on observat document review, it facility staff failed to accordance with preeight medication cas South unit.  According to manufivarious insulin's, the a certain amount of The facility staff fail pens of insulin's wit modified expiration were discarded per The findings included On 1/16/19 at 10:06 #3 and #4 on the South of the following was ovial of novolog (1) with modified expiration (2) with no labeled date and one open labeled open or moderate and service of the ser	the facility uses single unit bution systems in which the inimal and a missing dose can of the initial and interview and facility was determined that the label medications in of the initial and infersional standards for two of the initial and	F 7	Facility staff failed to label med with professional standards for each medication carts #3 and I. The insulin's were the abeling of when opened or an to dispose. New insulin's was a STAT and facility received insulthat were due.  If. Residents that residence insulin orders have the purple by the deficient practice.	r two medications in #4  mrown out due to no I expiration date of wher ordered from pharmacy ulin's for next doses  e in this facility who otential to be affected ucated by DON/designatedications when any sure that vials/pens and on the vial, and disposal. Audit for incked weekly by the on-labeled medications will be removed and be brought to urance Performance er for trend and endations implemented into the properties of the properties of the medications implemented in the properties of the medication of the monitored in pliance has been met.	96

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

website:

The novolog manufacturer's website

documented, "Throw away open vials and pens 28 days after first use, even if there is insulin left inside." This information was obtained from the

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Facility ID: VA0210

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		AND HUMAN SERVICES					APPROVE 0938-039
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X		TIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 761	https://www.rapidac novolog/storage-an The humulin n man documented, "Thro 31 days of use, eve the vial." This infor website: http://uspl.lilly.com/ The humalog kwikp documented, "Thro after first use, even vial." This informat website: https://www.humalorch=1&WT.mc_id= 00026684272391_ore_437000266842 0sem&utm_source content= %7cbr%7cbr-core% &utm_keyword=hut oYKbhOACFVPFst On 1/16/19 at 10:2: conducted with RN confirmed there wa expiration date labe insulins. RN #6 wa when she opens a flexpen. RN #6 sta	ctinginsulin.com/novolog/using- id-handling.html	F	'61			

date. We are supposed to put the date that it's opened." When asked why she should label the open date, RN #6 stated, "Just to make sure that it's not expired." RN #6 was asked how staff would know when open insulin should be

discarded if it is not labeled with an open date or

		AND HUMAN SERVICES  & MEDICAID SERVICES			_		APPROVED . 0938-0391
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495140	B. WING			1	C <b>/17/2019</b>
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ROSE H	LL HEALTH AND REH	IAB			I10 CHALMERS COURT BERRYVILLE, VA 22611		
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F 761	are not going to known on 1/16/19 at 5:39 staff member) #1 (the director of megional director of aware of the above. The facility policy tite Medication Labels" vials shall be labele considering the mai (Example: Modified opening the multi-director of the amount control the armount con	date. RN #6 stated, "They ow unless it's written on there."  p.m., ASM (administrative he executive director), ASM sursing) and ASM #3 (the clinical services) were made concern.  led, "Medications and documented, "2. Multi-dose d to assure integrity, nufacturers' specifications expiration dates upon	F	761			

(4) Humalog kwikpen is used to treat diabetes. This information was obtained from the website:

https://www.fda.gov/ForConsumers/ByAudience/ForWomen/WomensHealthTopics/ucm216233.ht

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

495140

B. WING,

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

NOSE RILL REALITI AND RERAD			BERRYVILLE, VA 22611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 761	Continued From page 142	F 761				
F 804 SS=B	§483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;	F 804	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.			
	§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.  This REQUIREMENT is not met as evidenced by:  Based on observation, resident interview and staff interview, it was determined the facility staff failed to serve food at palatable temperatures during the lunch meal on 1/16/19 in the facility dining room.  The findings include:  Resident #99 was admitted to the facility on 9/1/18. Resident #99's diagnoses included but were not limited to urinary tract infection, diabetes and high blood pressure. Resident #99's most recent MDS (minimum data set), a 14 day Medicare assessment with an ARD (assessment reference date) of 1/8/19, coded the resident as being cognitively intact.  On 1/15/19 at 12:46 p.m., an interview was conducted with Resident #99. When asked questions regarding the facility food, Resident #99 stated the food is "Horrible." The resident further stated the food is tough, overcooked and there is no variety.		1. The facility Dietary Department failed to serve food at a palatable temperatures during the funch meal in dining facility to Resident #19, 2. The facility has determined that the residents that reside here have the ability to be affected by this deficient practice of temperature of food. 3. Current Dietary employees will be re-educated on the importance of serving food at the appropriate temperature by Dietary Manager.  New Dietary employees receive education on Palatable/Pref temp of food for residents by Dietary manger and re-education will be provided upon discovery of non-compliance. 4. The DON/Dietary Manager/Designee will conduct a random audit of temp of food on 5 residents per week for 4 weeks to ensure the facility is practicing correctly. Results of audits will be discussed at morning meetings, monthly/quarterly Quality  Assurance Performance Improvement (QAPI)  Committee for trends analysis and ensure substantial compliance has been maintained. 5. Correction to be complete by 2/15/19			

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 01/29/2019 APPROVED : 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		E CONSTRUCTION	COV	E SURVEY APLETED
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F 804	Continued From pa	ge 143	F 8	04			
	3/30/18. Resident a were not limited to a and difficulty swallo recent MDS (minim assessment with ar	admitted to the facility on #49's diagnoses included but colon cancer, anxiety disorder wing. Resident #49's most um data set), a quarterly a ARD (assessment reference coded the resident as being			¥4		
	On 1/15/19 at 1:56 conducted with Res questions regarding #49 stated, "Lunch	p.m., an interview was ident #49. When asked the facility food, Resident and dinner are not fit to eat," about the food taste and					
	11/21/12. Resident were not limited to s swallowing. Reside (minimum data set) an ARD (assessme	Imitted to the facility on #4's diagnoses included but stroke, paralysis and difficulty ent #4's most recent MDS , a quarterly assessment with nt reference date) of 10/22/18, s cognition as moderately					
	conducted with Res	p.m., an interview was sident #4. When asked food, Resident #4 stated the					
	4/15/15. Resident a were not limited to a and anxiety disorde MDS (minimum dat	admitted to the facility on #19's diagnoses included but diabetes, muscle weakness r. Resident #19's most recent a set), a quarterly assessment esment reference date) of					

11/6/18, coded the resident as being cognitively

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

495140

B. WING .

01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 804	Continued From page 144 intact.	F 804			
	On 1/15/19 at 12:35 p.m., an interview was conducted with Resident #19. When asked questions regarding the food, Resident #19 stated, "The food is so bad I got to order out or I don't eat at all." Resident #19 voiced concern regarding the taste and temperature of the food. Resident #19 stated the food is lukewarm or colder.				
0	On 1/16/18 at approximately 11:15 a.m., an observation was made of the tray line in the kitchen. The holding temperatures were taken of all of the food from the tray line by OSM (other staff member) #9, the cook, using a calibrated facility thermometer. The temperature of the food in Fahrenheit is as followed:				
	Pork loin 171 degrees Succotash - 161 degrees Ranch Potatoes - 170 degrees Chicken Pattie - 162 degrees Mashed Potatoes - 181 degrees Brussel Sprouts - 165 degrees Gravy - 161 degrees Flat Noodles- 163 degrees Puree Pork - 165 degrees Puree Cream Corn - 195 degrees Tomato Soup - 184 degrees				
	The last resident was served in the dining room at 12:30 p.m. The temperatures of the test tray were obtained at 12:35 p.m. by OSM (other staff member) #8, the Account Manager using a calibrated facility thermometer. Test tray consisted of pork loin, succotash, ranch styled potatoes, chicken patty, mashed potatoes, Brussel sprouts, gravy, Flat Noodles, Puree Pork,	1			
ORM CMS-25	567(02-99) Previous Versions Obsolete Event ID: C27F11	Fa	icility ID: VA0210 If continuation sheet F	Page 145 of 16	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	СОМ	E SURVEY PLETED
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F 804	Continued From p	age 145	F	804			
		n and tomato soup. The emperatures in Fahrenheit		ļ			
	Pork loin 139 degi Succotash - 134 d Ranch Potatoes - Chicken Pattie - 1 Mashed Potatoes Brussel Sprouts - Flat Noodles- 106 Puree Pork - 138 Puree Cream Cor Tomato Soup - 14	legrees 107 degrees 30 degrees - 135 degrees 138 degrees degrees					
	Manager then test palatability. All thre	d OSM #8, the Account ted the test tray for taste and see stated they thought the food otatoes and noodles could be					
	interview was con- was asked to desc	roximately 12:40 p.m., an ducted with OSM #8. OSM #8 cribe the food's temperature SM #8 replied, "The noodles uld be hotter."					
	Palatability" docum policy that, food is conserve nutritive	titled, "Food: Quality and nented in part, "It is the center prepared by methods that value, flavor and appearance, attractive and served at the re.					
	(administrative sta Director, ASM #2, ASM #3, the Region	roximately 12:50 p.m., ASM aff member) #1, the Executive the Director of Nursing and onal Director of Clinical de aware of the findings.					

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/29/2019 **FORM APPROVED** OMB NO. 0938-0391

495140	B. WING
TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING

(X3) DATE SURVEY COMPLETED С

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BERRYVILLE, VA 22611

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 804	Continued From page 146	F 804		
	No further information was obtained prior to exit. Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.  (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.  (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.  (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  This REQUIREMENT is not met as evidenced by:  Based on observation, staff interview and facility document review, it was determined that the facility staff failed to prepare and serve food in accordance with professional standards of food service safety.  The facility staff failed to ensure hair was covered in the food preparation area.  The findings included:  On 1/15/19 at approximately 11:55 a.m., an	F 812	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.  1. The facility Dietary Department failed to ensure hair was covered in the food preparation area. 2. The facility has determined that the residents that reside here have the ability to be affected by this deficient practice of improper hair coverage. 3. Current Dietary employees will be re-educated by Dietary Manager on the importance of covering the entire head of hair. New Dietary employees receive education from Dietary Manager on proper coverage by a hair net and re-education will be provided upon discovery of non-compliance. 4. The Dietary Manager/Designee will conduct a random audit of employee's hair nets during preparation of food 3 txs a week for 4 weeks to ensure the facility is practicing correctly. Results of audits will be discussed at morning meetings, monthly/quarterly Quality Assurance Performance Improvement (QAPI) Committee for t rends analysis and ensure substantial compliance has been maintained. 5. Correction to be complete by 2/15/19	

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

Event ID: C2ZF11

Facility ID: VA0210

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		AND HUMAN SERVICES  & MEDICAID SERVICES			1		/ APPROVED ). 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		PLE CONSTRUCTION	(X3) DA1	TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			٤	STREET ADDRESS, CITY, STATE, ZIP CODE		
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F 812	member) #8, the Adline in the kitchen. If #9, the Cook had had he of the head but left her hair uncovered.  On 1/16/19 at appropriate observation was may with OSM #8. Again multiple kitchen state Cook. OSM #9 was net that covered the sides and their fring On 1/16/19 at appropriate of the facility of the facility of the facility dated May 2014 do Services Director en have their hair off the hair net or cap, and restrained."	ade with OSM (other staff account manager, during tray Multiple staff, including OSM airnets that covered the crown the sides and their fringes of eximately 11: 30 a.m., ade of tray line in the kitchen again observed with a hair accown of the head but left the ges of her hair uncovered.  Eximately 11:42 a.m., an acceded with OSM #8. When apposed to be covered by a ceplied, "The hair should be applied, "Yes, all hair should be applied, "Yes, all hair should be a splied, "The Food assures that all staff members are shoulders, confined in a	F	812			

ASM #3, the Regional Director of Clinical Services were made aware of the findings.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

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495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 148	F 812		
F 842 SS=D	a = - ,	F 842	Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.  1. Resident #80 the facility staff failed to maintain a complete accurate clinical record for this resident. 2. The facility has determined that residents that reside in this facility have the ability to be affected by this deficient practice. 3. Medical Records will be Re-educated on updating and following the policy of the facility for thinning charts. DON/Designee will audit completed charts 5 txs a week for 4 weeks to ensure facility has developed and following required Medical Records state law. 4. Results of audits will be discussed at morning meetings with Care Keepers, monthly/quarterly Quality Assurance Performance Improvement (QAPI) Committee for trends analysis and ensure substantial compliance has been maintained. 5. Correction will be complete by 2/15/19	

_		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	01/29/2019 APPROVEI 0938-039
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ROSE H	LL HEALTH AND REF	IAB			10 CHALMERS COURT BERRYVILLE, VA 22611		
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F 842	law enforcement pupurposes, research medical examiners, a serious threat to help and in compliance \$483.70(i)(3) The farecord information a unauthorized use.  §483.70(i)(4) Medicator.  §483.70(i)(4) Medicator.  §483.70(i)(4) Medicator.  §483.70(i)(5) The material information and the image is no requiremation.  §483.70(i)(5) The material information.  §483.70(i)(6) The material information.  §483.70(i)(6	arposes, organ donation purposes, or to coroners, funeral directors, and to avert realth or safety as permitted rewith 45 CFR 164.512.  Acility must safeguard medical regainst loss, destruction, or  al records must be retained re required by State law; or the date of discharge when rent in State law; or rears after a resident reaches relaw.  redical record must containation to identify the resident; resident's assessments; resident's	F8	342			

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

Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the

facility staff failed to maintain a complete and accurate clinical record for one of 42 residents in

the survey sample, Resident #80.

Event ID: C2ZF11

Facility ID: VA0210

If continuation sheet Page 150 of 164



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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

			_	CHRIVICLE, VA 22011	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	Κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 150 The facility staff failed to document the administration of two doses of an antibiotic for Resident #80. The findings include: Resident #80 was admitted to the facility on	F 8	42		
	3/10/17 with a most recent readmission on 10/30/18 with diagnoses that included but were not limited to: diabetes, dementia, breast cancer, diverticulitis [inflammation of an abnormal sac at a weakened point in the digestive tract, especially the colon (1)], urinary tract infection, macular degeneration [A disease that destroys your sharp, central vision. You need central vision to see objects clearly and to do tasks such as reading and driving. (2)], high blood pressure and atrial fibrillation [a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (3)].				
	The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 12/27/18, coded the resident as scoring a "12" on the BIMS (brief interview for mental status) score, indicating she was moderately impaired to make dally cognitive decisions. The resident was coded as having highly impaired vision. Resident #80 was coded as requiring extensive assistance to being totally dependent upon one or more staff members for all of her activities of daily living. The resident was coded as being frequently incontinent of both bowel and bladder.  The physician order dated, 10/7/18, documented, "Rocephin Solution Reconstituted [a broad				

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CENTE	19 LOU MEDICAUE	A MEDICALD SERVICES				MID INO.	0900-0091
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	PROVIDER OR SUPPLIER	HAB		1	TREET ADDRESS, CITY, STATE, ZIP CODE 10 CHALMERS COURT BERRYVILLE, VA 22611		
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F 842	GM (gram) inject 1 a day for UTI (urina 10/9/18."  The medication adroctober 2018 docuorder. The MAR faithat the medication or 10/8/18.  The comprehensive documented in partrisk for related to: UESBL [Extended spdrug resistant organdocumented in partreatment as ordered treatment as ordered to the nurse's note dedocumented in part treatment as ordered to the following at this (nurse practitioner). Still pending at this (nurse practitioner). Rocephin 1 gram Indays. Residents (single Resident asked by to go to the ER (emevaluated and treat declines. VS (vital slimits). Call bell with An interview was constaff member (ASM on 1/17/19 at 9:50 a for the Rocephin ar	used to treat infections. (4)] 1 gram intramuscularly one time ary tract infection) until  ministration record (MAR) for mented the above medication led to evidence documentation was administered on 10/7/18  e care plan dated, 9/13/18, t., Focus: Infection actual or at JTI (urinary tract infection), ectrum beta-lactamase - a nism (5)]." The "Interventions" t, "Administer antibiotics and ed."  ated, 10/7/18 at 4:06 p.m. t, "Resident very confused this ed mental status, she denies C&S (culture and sensitivity) time. This nurse called the NP on call to receive an order for M (intramuscularly) X (times) 3 c) son and daughter notified, this nurse if she would agree nergency room) to be ed however, the resident signs) WNL (within normal	F	342			

administer a medication, ASM #2 stated the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING
	495140	B. WING

(X3) DATE SURVEY COMPLETED

> C **01/17/2019**

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

			BERRYVILLE, VA 22611	
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F 842	Continued From page 152 nurse should sign the medication off on the MAR once it has been administered. ASM #2 was asked to find out if the two doses of Rocephin had been administered.  On 1/17/19 at 12:28 p.m., ASM #2 presented two vials of Rocephin 1 gm vials to this surveyor. When asked what the vials indicated, ASM #2 stated that one of the missed doses was given from what the pharmacy had sent to the facility. ASM #2 stated the facility returns medications to the pharmacy when they are discontinued. These vials had not yet been picked up by the	F 84	2	
12	An interview was conducted with LPN (licensed practical nurse) #10, the nurse who took the order for the Rocephin and cared for Resident #80 on 10/7/18, on 1/17/19 at 1:12 p.m. When asked if she was familiar with Resident #80, LPN #10 acknowledged she recalled the resident. LPN #10 was no longer employed at the facility. When asked if she recalled giving the resident Rocephin IM on 10/7/18, LPN #10 stated, "Yes, I am absolutely positive that I gave it." When asked if she documented it, LPN #10 stated she could not recall that. When asked where she got the medication from, LPN #10 stated, "We carry Rocephin in the STAT (immediate emergency box of medications) box and I got it from there to give the first dose." When asked where the administration of the Rocephin should be documented, LPN #10 stated, "I should have documented in on the MAR and in my nurses notes."			
	The facility policy, "Medication Administration General Guidelines" documented in part, "Documentation: 1. The individual who			

		AND HUMAN SERVICES			FORM	APPROVED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
ROSE HI	LL HEALTH AND RE	<b>HAB</b>		110 CHALMERS COURT BERRYVILLE, VA 22611		
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F 842	administers the me administration on the following the medic should the individual medications report the administration of the proof for authorized within a client medinursing practice. Note that the accurate, comprehensing practice of the administration of the administration of the administration and the accurate that the accurate the accurate that the accurate that the accurate and the accurate that the accurate and the accurate that the accurat	diation dose, records the ne resident's MAR immediately ation being given. In no case at who administered the off-duty without first recording of any medications.  Ition is found in Potter and als of Nursing 6th edition ocumentation is anything at is relied on as record or a persons. Documentation cal record is a vital aspect of lursing documentation must be ensive, and flexible enough to a, maintain continuity of care, es, and reflect current g practice. Information in the es a detailed account of the are delivered to the clients."  O05) also includes the n: "As members of the health need to communicate lients accurately and in a	F 84	2		

(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 173.
(2) This information was obtained from the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

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F 842	Continued From page 154 https://medlineplus.gov/maculardegeneration.htm	F 842		
	(3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55.  (4) This information was obtained from the following website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=0d37e43b-ff8d-495d-b9af-4fd5fce53d56.  (5) This information was obtained from the following website: https://www.ncbi.nlm.nih.gov/pubmed/12558458			
F 880 SS=F	Infection Prevention & Control	F 880	Preparation, submission and implementation of this plan of correction does not constitute an admission of	
	§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.		or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve quality of care and to comply with applicable state and federal rights.	
	§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:			
	§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;			

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COMPLETION

DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495140 B. WING 01/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 880 Continued From page 155 F 880 Facility staff failed to have a complete infection control §483.80(a)(2) Written standards, policies, and a sanitary manner for resident #22 procedures for the program, which must include, 1. The facility staff reviewed the infection but are not limited to: (i) A system of surveillance designed to identify

possible communicable diseases or infections before they can spread to other persons in the facility;

(ii) When and to whom possible incidents of communicable disease or infections should be reported;

- (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:
- (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
- (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.

Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

program and provide respiratory care and services in

- control program and an annual review signature sheet was placed in the infection control book. Resident #22 nebulizer mask and tubing was removed and disposed of, new tubing and nebulizer mask obtained and placed in a clear bag at bedside.
- 2. Resident's that reside in this facility who currently have infections and are on antibiotics have the potential to be affected by this deficient

Resident's that reside in this facility who use a nebulizer have the potential to be affected by the deficient practice.

3. Nursing staff to be Re- educated on the importance and need for the annual Review and signature sheet in the infection control book by DON/Designee. Nursing staff to be Re- educated by DON/designee regarding appropriate storage of nebulizer/tubing equipment.

Daily rounds to be completed by the unit manager/ designee to ensure proper storage of nebulizer equipment when not in use and will be reported during daily stand-up meeting. The care keepers will follow up once per shift to ensure that the nebulizer equipment is properly stored and discuss results during afternoon stand down meeting x 4 weeks.

4. Results of the audit will be brought to monthly/ quarterly Quality

Assurance Performance Improvement (QAPI) Committee for trend and

Analysis and review. Recommendations implemented as indicated. The Plan of correction to be monitored until substantial consistent Compliance has been met.

5. Correction to be completed by 2/15/19

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF D	EFICIEN	CIES
AND PLAN O	F COI	RECTIC	N

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

С

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

#### **ROSE HILL HEALTH AND REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

		В			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	Continued From page 156	F 880			
	§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to have a complete infection control program and provide respiratory care and services in a sanitary				
5	manner for one of 42 residents in the survey sample, Resident #22.				
,	The facility staff failed to complete an annual review of the facility infection control program.				
	2. The facility staff failed to provide respiratory care in a sanitary manner for Resident #22.				
	The findings include:				
	1. On 1/17/19 at approximately 4:23 p.m., an observation was made while reviewing the facilities infection control and prevention program (IPCP) with ASM (administrative staff member) #2, the Director of Nursing. On review it was noted that the IPCP had no evidence of annual review.				
	On 1/17/19 at approximately 4:27 p.m. an interview was conducted with ASM #2. ASM was asked if the facility had evidence of annual review of its IPCP, ASM #2 replied, "I am still new let me get with the administrator to see if we can find it."				
	On 1/17/19 at approximately 4:32 p.m. this surveyor was informed by ASM #1, the Executive Director, the facility had no evidence of annual review of its IPCP. When asked if he performed				

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STAT	EMENT	OF	DEF	CIEN	CIES
AND	PLAN O	F C	ORRI	ECTIO	N

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495140

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

ROSE HILL HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

		1	BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) OMPLETION DATE	
F 880	Continued From page 157 any annual review of the facilities policies and procedures, ASM #1 replied "Just emergency preparedness but no others."  On 1/17/19 at approximately 4:39 p.m., an interview was conducted with ASM #3, regional director of clinical services. ASM #3 was asked if	F 8	30		
	the facility had evidence of annual review of its IPCP, ASM #3 replied, "I spoke to corporate and since the DON (director of nursing) and the administrator are new they have not been through an annual review of their policies including the IPCP."				
	The facility policy "Antibiotic Stewardship Program (ASP)" documented in part, "This policy, including the Procedure section, will be reviewed yearly to ensure that all objectives and conditions are being met, to streamline procedures and algorithms, and to identify opportunities for enhancement of the ASP"			::	
	On 1/17/18 at approximately 4:41 p.m., ASM #1, the Executive Director, ASM #2, the Director of Nursing and ASM #3, the Regional Director of Clinical Services were made aware of the findings.				
	No further information was provided prior to exit.				
	2.The facility staff failed to provide respiratory care in a sanitary manner for Resident #22.				
	Resident #22 was admitted to the facility on 10/19/2018. Diagnoses included but were not limited to: chronic obstructive pulmonary disease (COPD) (1), diabetes, chronic respiratory failure				

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/29/2019 **FORM APPROVED** IB NO. 0938-0391

CENTERS FOR MEDICARE	E & MEDICAID SERVICES		OMB NO. 0938-03
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	495140	B. WING	01/17/2019
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE,	ZIP CODE
Ti .		110 CHALMERS COURT	

**ROSE HILL HEALTH AND REHAB** 

110 CHALMERS COURT
REPRYVILLE, VA 22611

ROSE HILL HEALTH AND REHAB		BERRYVILLE, VA 22611			•
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880			380	DEFICIENCY)	
	regarding the nebulizer not being stored in a bag when not in use. Resident #22 stated, "I use to have one (a bag) but someone threw it away."				

PRINTED: 01/29/2019 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

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495140

01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT

**ROSE HILL HEALTH AND REHAB BERRYVILLE, VA 22611** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 880 Continued From page 159 F 880 On 1/16/18 at approximately 3:45 p.m., an interview was conducted with CNA (certified nursing assistant) #24. When asked how Resident #22's nebulizer mask should be stored when not in use, CNA #24 replied, "They are supposed to be covered with a towel or placed in a bag." When asked why a resident's nebulizer mask is supposed to covered while not is use, CNA #24 replied, "If the mask does not get put in bag it can get contaminated." On 1/16/18 at approximately 3:52 p.m., a third observation was made of Resident #22's room with LPN (licensed practical nurse) #6. Resident #22's nebulizer mask was observed on his TV stand, without any cover and not in use by the resident. LPN #6 was asked how a nebulizer mask is supposed to be stored when not in use: LPN #6 replied, "We store them in a bag." When asked why are nebulizer mask supposed to be covered, LPN #6 "To keep it clean." The facility supplied policy on the storage of respiratory equipment "Equipment Management" documented in part, "Equipment will be cleaned, disinfected or sterilized following guidelines and manufacturers' recommendations." In "Fundamentals of Nursing" 7th edition, 2009: Patricia A. Potter and Anne Griffin Perry: Mosby. Inc; Page 648. "Box 34-2 Sites for and Causes of Health Care-Associated Infections under Respiratory Tract -- Contaminated respiratory therapy equipment," On 1/17/18 at approximately 3:51 p.m., ASM (administrative staff member) #1, the Executive Director, ASM #2, the Director of Nursing and ASM #3, the Regional Director of Clinical

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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		495140	B. WING			01/	17/2019	
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
DUSE HI	LL HEALTH AND REF	IAR		11	10 CHALMERS COURT			
NOSEIII	EE HEALITIAND ALI	IAB		8	ERRYVILLE, VA 22611			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PREFIX		MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
TAG	REGULATORY OF L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	HIATE	JAN 1	
F 880	Continued From pa	ge 160	F 8	200				
1 000	· ·	<b>~</b>	F 04	JOU				
	Services were mau	e aware of the findings.						
	No further informati	on was provided prior to exit.						
		•	·					
		ces it difficult to breath that						
		ss of breath). The two main						
		ronchitis and emphysema.			*)			
		COPD is long-term exposure rritate and damage the lungs.		ł				
		ette smoke. Air pollution,		- 1				
		dust can also cause it. This						
		ained from the website:						
T .	https://www.nlm.nih	.gov/medlineplus/copd.html.						
	2. When not enough	h oxygen passes from your						
	obtained from the w	d. This information was						
		.gov/medlineplus/respiratoryta						
	ilure.html.	.gov/medimeplas/respiratoryia						
	3. Stomach contents	s to leak back, or reflux, into						
		irritate it. This information						
	was obtained from t							
	nttps://www.nim.nin.	.gov/medlineplus/gerd.html.						
	4. A common skin in	nfection caused by bacteria. It						
		ayer of the skin (dermis) and						
		Sometimes, muscle can be						
		nation was obtained from the						
	website:							
-	https://medlineplus.	gov/ency/article/000855.htm.						
	5. Duo Neh Inretron	ium/albuterol oral inhalation is						
ļ		ezing, shortness of breath,		İ				
		t tightness in people with						
		pulmonary disease (COPD; a						
	group of diseases th	nat affect the lungs and						
į		ronic bronchitis (swelling of						
	the air passages tha	at lead to the lungs) and						

ORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: C2ZF11

Facility ID: VA0210

If continuation sheet Page 161 of 164







PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

С

495140

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

**ROSE HILL HEALTH AND REHAB** 

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT BERRYVILLE, VA 22611

SUMMARY STATEMENT OF DEFICIENCIES			<del></del>
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Continued From page 161 emphysema (damage to the air sacs in the lungs). Ipratropium is in a class of medications called bronchodilators. It works by relaxing and opening the air passages to the lungs to make breathing easier. This information was obtained from the website:	F 880		
https://medlineplus.gov/druginfo/meds/a695021.html. Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) §483.95(g) Required in-service training for nurse aides.	F 947	plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of correction prepared and executed as a means to continuously improve	
§483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. §483.95(g)(2) Include dementia management		quality of care and to comply with applicable state and federal rights.	
§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.	브		
§483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by:  Based on staff interview and facility document review, it was determined that the facility staff failed to provide the required annual in-service training's for 12 of 14 CNAs (certified nursing assistants) who were employed at the facility for	11		
	Continued From page 161 emphysema (damage to the air sacs in the lungs). Ipratropium is in a class of medications called bronchodilators. It works by relaxing and opening the air passages to the lungs to make breathing easier. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a695021.html. Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4)  §483.95(g) Required in-service training for nurse aides. In-service training must-  §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.  §483.95(g)(2) Include dementia management training and resident abuse prevention training.  §483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.  §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, it was determined that the facility staff failed to provide the required annual in-service training's for 12 of 14 CNAs (certified nursing	Continued From page 161 emphysema (damage to the air sacs in the lungs). Ipratropium is in a class of medications called bronchodilators. It works by relaxing and opening the air passages to the lungs to make breathing easier. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a695021.html. Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) \$483.95(g) Required in-service training for nurse aides. In-service training must- \$483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. \$483.95(g)(2) Include dementia management training and resident abuse prevention training. \$483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff. \$483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, it was determined that the facility staff failed to provide the required annual in-service training's for 12 of 14 CNAs (certified nursing	Continued From page 161 emphysema (damage to the air sacs in the lungs). Ipratropium is in a class of medications called bronchodilators. It works by relaxing and opening the air passages to the lungs to make breathing easier. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a695021.html.  F 947 Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) \$483.95(g) Required in-service training for nurse aides. In-service training must- shade and training and resident abuse prevention training. \$483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. \$483.95(g)(2) Include dementia management training and resident abuse prevention training. \$483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at \$ 483.70(e) and may address the special needs of residents as determined by the facility staff.  \$483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by:  Based on staff interview and facility document review, it was determined that the facility staff failed to provide the required annual in-service training's for 12 of 14 CNAs (certified nursing

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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

495140

(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED

B. WING

01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

110 CHALMERS COURT

ROSE HILL HEALTH AND REHAB			BERRYVILLE, VA 22611		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETIO DATE
F 947	Continued From page 162	F 9	147		
	at least one year.			The facility staff failed to complete required	
				In-Service Training for 12CNA's that have worked	
	The facility staff failed to provide the required			over the past 12 months CNA# 1,2,4,11,12,13,14,15,	
	annual 12 hours of training's for CNAs #1, #2, #4,			16,17,20,and 21.	
	#11, #12, #13, #14, #15, #16, #17, #20 and #21.			2. The facility has determined that residents	
	The findings insteads:			that reside in this facility have the ability to be affected by the deficient practice.	1
	The findings include:			Human Resource Director/DON/Designee	
	On 1/17/19 at 3:30 p.m., the training transcripts			will be re-educated by Administrator on completing	
	for all CNAs who were employed at the facility for			required in-services timely. Administrator will	
	at least one year were reviewed with OSM (other			re-educate in the event that the deficient practice	
	staff member) #2 (the human resources			occurs and maintain compliance.	
	generalist).			4. The HR/DON/Designee will provide each	
	The following CNAs were noted to have less than		İ	of the 12 CNA's with In-service totaling 12hours what	
- 1	12 hours of annual in-service trainings:			is required per year for each of the CNA's by	
	CNA #1, hired on 8/8/17			correction date. HR and DON will conduct audits of	
	CNA #2, hired on 3/7/17			CNA's weekly for 4 weeks to ensure the facility is practicing correctly with in-service training for CNA's.	
	CNA #4, hired on 11/10/17			Results of audits will be discussed at monthly/	
	CNA #11, hired on 6/27/17		ł	quarterly Quality Assurance Performance	
į	CNA #12, hired on 4/17/80 CNA #13, hired on 5/10/01			Improvement (QAPI) Committee for trends analysis	
ŀ	CNA #13, filled on 6/5/03			and ensure substantial compliance has been	
ŀ	CNA #15, hired on 10/9/11			maintained.	
ŀ	CNA #16, hired on 7/30/86			<ol><li>Correction will be complete by 2/15/19</li></ol>	
	CNA #17, hired on 12/20/17				
	CNA #20, hired on 12/2/82				
	CNA #21, hired on 9/30/14		İ		
	After review, OSM #2 stated the concern				
	regarding CNA in-service trainings was currently				
	in the QAPI (quality assurance and performance				
	improvement) process but was not complete.				
	On 1/17/19 at 1:29 p.m., a policy regarding CNA				
	training's was requested via a list provided to				
	ASM (administrative staff member) #1 (the executive director).				
	On 1/17/19 at 3:40 p.m., ASM #1 was made			*	

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STAT	EMENT	OF	DEFIC	<b>ENCIES</b>	
AND	PLAN O	FC	ORREC	CTION	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING \_\_\_

(X3) DATE SURVEY COMPLETED

495140

B. WING

С 01/17/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 947	Continued From page 163 aware of the above concern.	F 947			
	No further information was presented prior to exit.				
	67/02-99) Provious Versions Chapleto Event ID: C27F44		L. ID MAROAD		

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

Event ID: C2ZF11

Facility ID: VA0210



### DEPARTMENT OF HEALTH AND HUMAN SERVICES

ΑH

ENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FORM			
TATEMENT	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
	TH ONLY A POTENTIAL FOR MINIMAL HARM		A BUILDING:	COMPLETÉ:			
OR SNI'S ANI	D NFs	495140	B. WING	1/17/2019			
AME OF PROVIDER OR SUPPLIER		STREET ADDRESS	, CITY, STATE, ZIP CODE	mer medium press			
		110 CHALMERS COURT					
ROSE HILL HEALTH AND REHAB		BERRYVII.LE, VA					
D REHX	1						
AG	SUMMARY STATEMENT OF DEFICIE	CIES					
F 641	Accuracy of Assessments CFR(s): 483.20(g)						
	§483.20(g) Accuracy of Assessments.  The assessment must accurately reflect the resident's status.						
	This REQUIREMENT is not met as evidenced by:						
	Based on staff interview and clinical record review, it was determined that the facility staff failed to maintain						
	an accurate MDS (minimum data set) assessment for one of 42 residents in the survey sample, Resident #106.						
	The facility staff failed to accurately code Resident #106's discharge destination on the resident's discharge MDS assessment with an ARD (assessment reference date) of 11/5/18.						
	The findings include:						
	Resident #106 was admitted to the facility on 10/3/18. Resident #106's diagnoses included but were not limited to high blood pressure, heart failure and morbid obesity. Resident #106's discharge MDS assessment with an ARD of 11/5/18 coded the resident as being cognitively intact.						
	Review of Resident #106's clinical record revealed the resident was discharged to the community on 11/5/18.  Section A2100 "Discharge Status" of Resident #106's discharge MDS with an ARD of 11/5/18 coded the resident as being discharged to an acute hospital.						
	On 1/16/19 at 3:05 p.m., an interview was conducted with RN (registered nurse) #1 and RN #2 (both MDS coordinators). RN #1 was shown discharge nurse's note for Resident #106 and section A2100 of the resident's discharge MDS assessment. RN #1 confirmed the MDS was inaccurately coded. RN #1 stated some information is automatically transmitted from another system to the MDS but it was her responsibility to make sure the information is correctly coded. RN #1 stated she references the CMS (Centers for Medicare and Medicaid Services) RAI (Resident Assessment Instrument) manual when completing MDS assessments.						
	On 1/16/19 at 5:39 p.m., ASM (administrative staff member) #1 (the executive director), ASM #2 (the director of nursing) and ASM #3 (the regional director of clinical services) were made aware of the above concern.						
	The CMS RAI manual documented, "A2100Coding Instructions: Code 01, community (private home/apt., board/care, assisted living, group home): if discharge location is a private home, apartment, board and care, assisted living facility, or group homeCode 03, acute hospital: if discharge location is an institution that is engaged in providing, by or under the supervision of physicians for inpatients, diagnostic services, therapeutic services for medical diagnosis, and the treatment and care of injured, disabled, or sick persons"  RECEIVED  No further information was presented prior to exit.  FEB 0 6 2019						
	No further information was presented p	rior to exit.		ECD OC			
			an Federicalina Saddallera, 14 - 122 Malladori tellilarin Salahoristan varing Franchisch sockeraris 2 ocu aust 1 ocu	FCB U 6 2019			

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

The above isolated deficiencies pose no actual harm to the residents