State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED C 12/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLISEUM CONVALESCENT AND REHABILIT/	305 MARCELLA ROAD HAMPTON, VA 23666

(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) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure survey was conducted 12/4/18 through 12/6/18. Three complaints were investigated during the survey. The facility was not in complaince with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 180 certified bed facility was 152 at the time of the survey. The survey sample consisted of 46 residents: 42 current resident reviews and and 4 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-180 (C). Infection Control. Cross Reference to F925. 12 VAC 5-371-200 (B.5.). Director of Nursing. Cross Reference to F687. 12 VAC 5-371-250 (A). Resident Assessment. Cross Reference to F641. 12 VAC 5-371-220 (B). Free of Significant Medication Med Errors. Cross Reference to F760. 12 VAC 5-371-220 (D). Nursing Services. Cross Reference to F677.	F 001	This plan of correction is respectfully submitted as evidence of alleged compliance deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and that the facility is in compliance with participation requirements. 12 VAC 5-371-180 (C). Infection Control. Cross Reference to F925. 1. The kitchen floors were swept and mopped to remove any food particles/standing water and the light fixtures were cleaned with any dead roaches removed. Kitchen staff was reeducated on the importance of maintaining an effective pest control program. 2. The Administrator/Designee will inspect other areas of the kitchen to	1/11/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 12/19/18

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F 001	Continued From page 1 12 VAC 5- 371 - 300 (B). Pharmaceutical Services. Cross reference to F761.	F 001	ensure maintaining of an effective pest program. Any variance identified will be cleaned immediately. 3. Administrator/Designee will reeducate kitchen staff on maintaining an effective pest control program. Inservice included but not limited to the policy on pest control and the procedure to contact the pest control company for services as needed. 4. The Administrator/Designee will inspect the kitchen twice a week for 6 weeks to ensure facility is maintaining an effective pest control program. The Administrator/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly. 12 VAC 5-371-200 (B.5.). Director of Nursing. Cross Reference to F687. 1. Podiatry services were provided to resident #65 on December 6, 2018. The staff have been reeducated on foot care and the importance of ensuring diabetic residents are seen by the podiatrist on a routine basis. 2. The Charge Nurses/designee will inspect all current residents' toenails to ensure foot care and/or podiatry services have been provided as needed. Any variances noted will be corrected and foot care and/or podiatry services will be obtained for the residents. 3. The Director of Education/Designee will reeducate RNs and LPNs and CNAs on "Foot Care". The inservice will include but is not limited to a review of the facility policy on foot care as well as the process for obtaining podiatry services for diabetic	

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F 001	Continued From page 2	F 001	residents and any other resident for whom the staff is unable to provide sufficient foot care. 4. The Assistant Director of Nursing/ Designee will perform 25 foot care assessed weekly for six weeks to ensure foot care and/or podiatry services have been provided to current residents. If any variances are identified, they will be investigated and or corrected. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement committee at least quarterly. 12 VAC 5-371-250 (A). Resident Assessment. Cross Reference to F641. 1. The MDS with the ARD of 02/01/18 for resident # 65 was modified to reflect accurate coding for section H 0300 and 0400 as "always incontinent". The modified MDS was transmitted to CMS on 12/5/18. The Resident Assessment Coordinators were reeducated on the importance of accurate completion of MDS regarding Bladder and Bowel. 2. The Assistant Director of Nursing/Designee will review all MDSs completed for the past 30 days to ensure accuracy of section H 0300 and 0400. Any variances identified will be corrected in accordance with the RAI manual. MDS staff will be responsible for ensuring accurate coding on all MDS assessments. 3. The Director of Nursing/Designee will in-service MDS coordinators on the importance of coding accuracy according to the RAI manual. The education will include but is not limited to a review of the	

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F 001	Continued From page 3	F 001		

RAI manual instruction for Section H.

4. The Assistant Director of Nursing/Designee will review 20% of MDSs completed weekly for six weeks to ensure accurate coding of section H 0300 and 0400. If any variances are identified, they will be investigated and or corrected. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement committee at least quarterly.

12 VAC 5-371-220 (B). Free of Significant Medication Med Errors. Cross Reference to F760

1. Resident #387 was discharged to home on 5/30/2018 therefore no corrective action can be taken with resident at this time. The provider and resident representative were made aware of medication error at the time of discovery.
2. The Director of Nursing /designee will review the medical records of all current resident admitted within the past 30 days to ensure the Drug Regimen Review has been completed and reviewed with resident and/or resident representative to ensure the residents are free from significant medication errors. Any variances noted will be addressed and provider/ resident representative will be notified.
3. The Director of Education/designee will inservice RNs and LPNs on "Drug Regimen Review" The inservice will include but is not limited to the importance of proper transcription of medication orders to prevent significant medication errors. Staff were educated on the

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F 001	Continued From page 4	F 001	process which includes comparing the home or hospital discharge medication list with the orders entered into the resident record as well as reviewing the medication list with the resident and /or resident representative to ensure accuracy of ordered medications. 4. The Director of Nursing /designee will review 100% of newly admitted residents' medical records weekly for six weeks to ensure the Drug Regimen Review has been accurately completed and reviewed with resident and/or resident representative. Any variances identified will be investigated and/or corrected. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement committee at least quarterly. 12 VAC 5-371-220 (D). Nursing Services. Cross Reference to F677. 1. Resident # 387 was discharged home on 5/30/2018 therefore no corrective action can be taken with resident at this time. 2. The Director of Nursing/designee will review the shower and bath schedule of current residents for the past 30 days to ensure all residents have received a shower or verify any refusals have been documented in the medical record. The Charge nurse will be responsible for ensuring showers are offered and provided to resident twice weekly or any refusals are documented in the medical record on an ongoing basis. 3. The Director of Education/designee will reeducate RNs, LPNs and CNAs on "ADL care provided to dependent	

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residents". The inservice will include but is not limited to a review of the facility policy for Showers and Tub Baths and the importance of ensuring staff are providing ADL care for dependent resident on a daily basis. The review also included the importance of documenting any refusals in the medical record and ensuring the resident care plan is reflective of his/her preferences regarding bathing.

4. The Director of Nursing/designee will review the shower and bath exception report weekly for six weeks to ensure resident are provided with showers twice weekly and/ or documentation of refusals is in the medical record. If any variances are identified, they will be investigated and or corrected. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement committee at least quarterly.

12 VAC 5- 371 - 300 (B). Pharmaceutical Services. Cross reference to F761.

1. The multi dose vial of influenza vaccine was discarded according to the facility medication destruction policy on December 6, 2018.

The staff were reeducated on the requirement of dating a multi dose medication upon opening.

2. The Director of Nursing/ designee has performed inspection of all medication carts, refrigerators and medication rooms to ensure all multi dose medications have been dated appropriately upon opening. Any open medications found undated were discarded according to the facility Medication Destruction policy.

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F 001	Continued From page 6	F 001	3. The Director of Education/designee has reeducated RNs and LPNs on "Labeling and Storage of Drugs and Biologicals". The inservice included but was not limited to a review of the facility's policy "Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles" as well as the protocol for discarding an undated open vial and ordering replacement from the pharmacy. 4. The Director of Nursing /designee will perform weekly inspections for six weeks of the medication refrigerators and carts to ensure all multi dose vials of influenza vaccine are dated when opened. Any variances identified will be investigated and/or corrected. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement committee at least quarterly.	