

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 495257	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/14/2019
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF WILLOW CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 641	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§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 clinical record review, staff interview and facility document review it was determined that the facility staff failed to ensure an accurate MDS (minimum data set) assessment for one of 53 residents in the survey sample, resident # 90.</p> <p>The facility staff failed to accurately code Resident # 90 for dialysis on the admission MDS (minimum data set) assessment with an ARD (assessment reference date) of 02/19/19.</p> <p>The findings include:</p> <p>Resident # 90 was admitted to the facility on 02/08/2019 with diagnoses that included but were not limited to end stage renal disease (1), anemia (2) and hypertension (3).</p> <p>Resident # 90's most recent comprehensive MDS (minimum data set) an admission assessment with an ARD (assessment reference date) of 02/19/19 coded the resident as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 (zero) - 15, 15 being cognitively intact for daily decision-making. Resident # 90 was coded as requiring extensive assistance of one staff member for activities of daily living and independent with eating. Review of section O "Special Treatments, Procedures and Programs" failed to evidence that Resident # 90 was coded for dialysis.</p> <p>The POS (physician's order sheet) dated 02/11/2019 for Resident # 90 documented, "Hemodialysis Tuesday, Thursday and Saturday at (Name of Dialysis Center) Revision Date: 2/8/2019."</p> <p>The baseline care plan dated "2/8/19" for Resident # 90 documented, "Services / Treatments: Dialysis. (Name of Dialysis Center). Tuesday, Thursday and Saturday."</p> <p>On 03/14/19 at 11:17 a.m., an interview was conducted with RN (registered nurse) 3, MDS coordinator. After reviewing Resident # 90's admission MDS with the ARD of 02/19/19 and the physician's order sheet, RN # 3 confirmed the order for dialysis and stated that the MDS was not coded for dialysis. When asked to describe the process for coding if a resident is receiving dialysis, RN # 3 stated, "The section is completed by observation, interview with the resident, staff, family and record review. It was an oversight in coding."</p> <p>On 03/14/19 at approximately 5:00 p.m., ASM (administrative staff member) # 1, the administrator and ASM # 2, director of nursing, ASM # 3, regional director of operations, and ASM # 4, regional clinical coordinator were made aware of the findings.</p> <p>No further information was provided prior to exit.</p>

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

The above isolated deficiencies pose no actual harm to the residents

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