PRINTED: 07/09/2019 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION BING	(X3) DATE SURVEY COMPLETED
		495362	B. WING		C 06/20/2019
	NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X247	OULD BE COMPLETION
F 000	INITIAL COMMENT	ΓS	FC	000	
	survey was conduct Complaints were in The facility was in s	Medicare/Medicaid abbreviated ted 6/19/19 through 6/20/19. vestigated during the survey. Substantial compliance with 42 tral Long Term Care			
F 842	159 at the time of the consisted of four consisted of four conference (Resident #5	190 certified bed facility was ne survey. The survey sample urrent Resident reviews ugh #4) and one closed record 5).	EG	342	
	CFR(s): 483.20(f)(5		г	042	
	(i) A facility may not resident-identifiable (ii) The facility may resident-identifiable accordance with a agrees not to use o	release information that is			
	professional standa	cordance with accepted ords and practices, the facility ical records on each resident mented; ble; and			
		acility must keep confidential ained in the resident's records,			

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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CENTERS FOR MEDICARE & MEDICAID SERVICES			_		***************************************	<u>ON</u>	<u> 18 NO</u>	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUC	CTION		CON	TE SURVEY MPLETED
		495362	B. WING	T SUMMANTA				C /20/2019
NAME OF F	PROVIDER OR SUPPLIER	AC SC Sc accommendate Care	t T	STREET ADDRE	RESS, CITY, STATE, ZIP	CODE		20/2013
				906 THOMPS	A14 H H 1000	0002		
ASHLAN	D NURSING AND REI	HABILITATION		ASHLAND, V				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACI	ROVIDER'S PLAN OF CO CH CORRECTIVE ACTION S-REFERENCED TO THE DEFICIENCY	ON SHOULD E HE APPROPR	BE	(X5) COMPLETION DATE
F 842	Continued From pa	ige 1	, F8	42				
	records, except who (i) To the individual, representative whe (ii) Required by Law (iii) For treatment, properations, as pern with 45 CFR 164.50 (iv) For public health neglect, or domestic activities, judicial are law enforcement purposes, research medical examiners a serious threat to I by and in compliance §483.70(i)(3) The face	, or their resident re permitted by applicable law; w; payment, or health care nitted by and in compliance						
	for- (i) The period of tim (ii) Five years from there is no requiren	cal records must be retained ne required by State law; or the date of discharge when ment in State law; or years after a resident reaches ate law.						
	(i) Sufficient information (ii) A record of the record of	medical record must containation to identify the resident; resident's assessments; nsive plan of care and services any preadmission screening vevaluations and iducted by the State; rse's, and other licensed						

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CENTERS FOR MEDICARE & MEDICARD SERVICES				OMB NO. 0938-0391					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PROSESSOR OF CHARGO STREET	IPLE CONSTRUCTION NG		ATE SURVEY OMPLETED			
		495362	B WING			С			
NAMEOS	ABOVEDED OF CURRILIES	495362	D. WING			6/20/2019			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
ASHLAN	ASHLAND NURSING AND REHABILITATION			906 THOMPSON STREET					
- APQU:	160× 111 150	300		ASHLAND, VA 23005		100			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE			
F 842	Continued From pa	ge 2	F 84	12					
	professional's prog		, 0	T.C.					
		ology and other diagnostic							
		required under §483.50.							
	This REQUIREMENT by:	NT is not met as evidenced							
		rview and clinical record		Past noncompliance: no plan	of				
		mined that the facility staff		correction required.					
		complete and accurate clinical							
	sample, Residents	ive residents in the survey #1, #3 and #4.							
		failed to document medication esident #1 during the evening							
	2. The facility staff f administration for R 5/25/19 and 5/29/19	ailed to document treatment esident #3 on 5/10/19,							
		ailed to document medication esident #4 during the evening							
	The findings include	e:							
		failed to document medication esident #1 during the evening							
	6/20/14. Resident a were not limited to a major depressive di recent MDS (minim assessment with an	Imitted to the facility on #1's diagnoses included but anxiety disorder, pain and sorder. Resident #1's most um data set), an annual ARD (assessment reference ded the resident's cognition							

Review of Resident #1's clinical record revealed

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	31 05	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C
		495362	B. WING		06/20/2019
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE
ASHLAN	D NURSING AND RE	HABILITATION		906 THOMPSON STREET ASHLAND, VA 23005	
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F 842	liquid twice daily. 1/24/18- prolixin (2) tablet at bedtime. 4/8/18- luvox (3) 50 10/10/18- xalatan (drop in both eyes a 10/10/18-desyrel (5) Review of Residen (medication adminimedications were radministered during. On 6/20/19 at 8:08 conducted with LPI LPN #3 was asked and treatments are administered on the administration recommended and treatments are administration reco	cian's orders: 17 grams in eight ounces of 2.5 mg (milligrams) - one 2 mg- on tablet at bedtime. 4) 0.005% eye drops- one 3 t bedtime. 5) 50mg- one tablet at bedtime. 4 #1's April 2019 MAR 4 stration record) revealed the 5 not initialed as being 6 the evening shift on 4/16/19. a.m., an interview was 8 (licensed practical nurse) #3. 8 what is meant if medications 8 not initialed as being 8 mar mar mar mar market if the strations of the streament 8 mod initialed as being 9 mar mar market it is human 10 mar market it is human 10 mar market it is human 11 mar market it is human 12 mar market it is human 13 mar market it is human 14 mar market it is human 15 mar market it is human 16 mar market it is human 17 mar market it is human 18 mar m	F	342	
	plan of correction t	hat documented, "There are TARS. Residents who are			

admitted to the facility have the potential to be

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OLIVILI	10 I OH WEDIOAHE	A MEDIONID SERVICES				OND NO. 0930-0391	
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NAME OF I	-NOVIDER OR SUFFLIER						
ASHLAN	D NURSING AND RE	HABILITATION	9		HOMPSON STREET		
				ASHL	.AND, VA 23005		
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F 842	licensed Nursing st orders and filling or medication adminis the MAR/TAR to be x 4 weeks to ensur- discussed and revia assurance and perf adjusted as indicate 6/19/19." ASM #2 a evidence for the pla PAST NON-COMP	ation has been provided to aff on following Physician at the MAR and TAR at time of stration. Quality monitoring of e performed 5x (times) a week e compliance. Findings to be ewed during QAPI (quality formance improvement) and ed. Compliance Date: also presented all the credible an.	F	342			
	tml (2) Prolixin is used This information wa	gov/druginfo/meds/a603032.h to treat psychotic symptoms. as obtained from the website: gov/druginfo/meds/a682172.h					
	disorder. This infor website:	o treat obsessive-compulsive rmation was obtained from the gov/druginfo/meds/a695004.h					
	information was obt	to treat glaucoma. This tained from the website: gov/druginfo/meds/a697003.h					
	information was obt	to treat depression. This tained from the website: gov/druginfo/meds/a681038.h					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	81 10	TIPLE CONSTRUCTION	COM	E SURVEY PLETED
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AOI II ANI	DANIADONIO AND DEI			906 THOMPSON STREET		
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F 842	Continued From pa	ge 5	F 8	342		
		ailed to document treatment esident #3 on 5/10/19, 9.				
	1/26/19. Resident # were not limited to and abnormal gait. MDS (minimum dat with an ARD (asses 5/5/19 coded the re-	Imitted to the facility on #3's diagnoses included but difficulty swallowing, weakness Resident #3's most recent a set), a quarterly assessment sment reference date) of sident's cognitive skills for as severely impaired.				
	physician's order da sacrum with dakin's	#3's clinical record revealed a ated 3/27/19 to cleanse the solution (1), pat dry, apply and a dry dressing every day.				
	(treatment administ	#3"s May 2019 TAR ration record) revealed the nitialed as being administered and 5/29/19.				
	conducted with LPN LPN #3 was asked and treatments are administered on the administration record error and the medic probably administer #3 stated residents	a.m., an interview was I (licensed practical nurse) #3. what is meant if medications not initialed as being MAR and TAR (treatment rd). LPN #3 stated it is human rations or treatments were red but not documented. LPN and families frequently stop asy to forget to document.				

On 6/20/19 at 9:15 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made

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ACHI AN	D NURSING AND REI	HARILITATION		906	THOMPSON STREET		
ASTILAN	D NONSING AND INC.	IABILITATION		AS	HLAND, VA 23005		
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E 842	Continued From pa	ugo 6		240			
1 042	aware of the above	4 3	E 1	842			
	aware or the above	concern.					
	plan of correction the holes in the MARS/admitted to the facing affected. Re-education licensed Nursing storders and filling our medication administ the MAR/TAR to be a viving assurance and perfadjusted as indicate	a.m., ASM #2 presented a hat documented, "There are TARS. Residents who are lity have the potential to be ation has been provided to aff on following Physician at the MAR and TAR at time of stration. Quality monitoring of a performed 5x (times) a week a compliance. Findings to be ewed during QAPI (quality formance improvement) and ed. Compliance Date: also presented all the credible an.					
	PAST NON-COMP	LIANCE is used to treat wounds. This					
	information was ob	tained from the website: m.nih.gov/books/NBK507916/					
	Control of the amount of the control	o treat wounds. This tained from the website: com/					3
		failed to document medication Resident #4 during the evening					
		dmitted to the facility on #4's diagnoses included but					

were not limited to acute respiratory failure, high blood pressure and diabetes. Resident #4's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 5/17/19, coded the resident as being

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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AND DEAN OF CODDECTION IDENTIFICATION NUMBER			100000000000000000000000000000000000000	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ASHLANI	D NURSING AND REI	HARII ITATION		906 THOMPSON STREET	
		TABLETATION		ASHLAND, VA 23005	2
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F 842	Continued From pa	ige 7	F 8	342	
	cognitively intact.				
	the following physic 1/12/19- lantus (1) 2 6/3/17- xalatan (2) 0 into both eyes every 12/8/17- latuda (3) 4 every day with dinner 3/10/17- miralax (4) of water or juice twice 11/16/17- desyrel (5) bedtime.	20 units every evening. 0.005% eye drops- one drop y evening. 40mg (milligrams) - one tablet er. 117 grams with eight ounces ice a day. 5) 150 mg- one half tablet at			
	medications were nadministered during	g the evening shift on 6/13/19.			
	conducted with LPN LPN #3 was asked and treatments are administered on the administration recor error and the medic probably administer	a.m., an interview was N (licensed practical nurse) #3. what is meant if medications not initialed as being MAR and TAR (treatment rd). LPN #3 stated it is human cations or treatments were red but not documented. LPN and families frequently stop			

aware of the above concern.

On 6/20/19 at 9:15 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made

On 6/20/19 at 9:35 a.m., ASM #2 presented a plan of correction that documented, "There are holes in the MARS/TARS. Residents who are admitted to the facility have the potential to be

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AND PLAN OF CORRECTION A BUILDING A BUILDING A BUILDING A BUILDING A BUILDING C O 06/20/2019 STREET ADDRESS CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES PREETX TAGS SUMMARY STATEMENT OF DEFICIENCIES PREEDX TAGS F 842 CONTINUED FROM ISSUED TO THE PROPURE TO THE PROPURE TO THE PROPURE TO THE ACT CORRECTION CATE TAGS F 842 CONTINUED FROM ISSUED TO THE PROPURE TO THE PROPURE TO THE ACT CORRECTION SHOULD BE COMPLETION. CATE TAGS F 842 CONTINUED FROM ISSUED TO THE ACT ON SHOULD BE COMPLETION. CATE CATE CATE CATE CATE CATE CATE CATE	CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391
NAME OF PROVIDEA OR SUPPLIER ASHLAND NURSING AND REHABILITATION IX4] ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) F 842 Continued From page 8 affected. Re-education has been provided to licensed Nursing staff on following Physician orders and filling out the MAR and TAR at time of medication administration. Quality monitoring of the MAR/TAR to be performed 5x (times) a week x 4 weeks to ensure compliance. Findings to be discussed and reviewed during OAP! (quality assurance and performance improvement) and adjusted as indicated. Compliance Date: 6/19/19." ASM #2 also presented all the credible evidence for the plan. PAST NON-COMPLIANCE (1) Lantus is used to treat diabetes. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a600027.h tml (2) Xalatan is used to treat glaucoma. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a697003.h tml (3) Latuda is used to treat psychotic symptoms.						
ASHLAND NURSING AND REHABILITATION (K4 ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 842 Continued From page 8 affected. Re-education has been provided to licensed Nursing staff on following Physician orders and filling out the MAR and TAR at time of medication administration. Quality monitoring of the MAR/TAR to be performed 5x (times) a week x 4 weeks to ensure compliance. Findings to be discussed and reviewed during QAPI (quality assurance and performance improvement) and adjusted as indicated. Compliance Date: 6/19/19." ASM #2 also presented all the credible evidence for the plan. PAST NON-COMPLIANCE (1) Lantus is used to treat diabetes. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a600027.h tml (2) Xalatan is used to treat glaucoma. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a697003.h tml (3) Latuda is used to treat psychotic symptoms.			495362	B. WING	D-20-0-0-14 18-14	NAMES AND ADDRESS OF THE PARTY AND THE PARTY
ASHLAND, VA 23005 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY) F 842 Continued From page 8 affected. Re-education has been provided to licensed Nursing staff on following Physician orders and filling out the MAR and TAR at time of medication administration. Quality monitoring of the MAR/TAR to be performed 5x (times) a week x 4 weeks to ensure compliance. Findings to be discussed and reviewed during QAPI (quality assurance and performance improvement) and adjusted as indicated. Compliance Date: 6/19/19." ASM #2 also presented all the credible evidence for the plan. PAST NON-COMPLIANCE (1) Lantus is used to treat diabetes. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a600027.h tml (2) Xalatan is used to treat glaucoma. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a697003.h tml (3) Latuda is used to treat psychotic symptoms.	NAME OF F	PROVIDER OR SUPPLIER	950 W		STREET ADDRESS, CITY, STATE, ZIP	
SUMMARY STATEMENT OF DEFICIENCIES PREFIX P	40111 451				906 THOMPSON STREET	
F842 Continued From page 8 affected. Re-education has been provided to licensed Nursing staff on following Physician orders and filling out the MAR and TAR at time of medication administration. Quality monitoring of the MAR/TAR to be performed 5x (times) a week x 4 weeks to ensure compliance. Findings to be discussed and reviewed during OAPI (quality assurance and performance improvement) and adjusted as indicated. Compliance Date: 6/19/19." ASM #2 also presented all the credible evidence for the plan. PAST NON-COMPLIANCE. (1) Lantus is used to treat diabetes. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a600027.html (2) Xalatan is used to treat glaucoma. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a697003.html (3) Latuda is used to treat psychotic symptoms.	ASHLAN	D NURSING AND RE	HABILITATION		ASHLAND, VA 23005	
affected. Re-education has been provided to licensed Nursing staff on following Physician orders and filling out the MAR and TAR at time of medication administration. Quality monitoring of the MAR/TAR to be performed 5x (times) a week x 4 weeks to ensure compliance. Findings to be discussed and reviewed during QAPI (quality assurance and performance improvement) and adjusted as indicated. Compliance Date: 6/19/19." ASM #2 also presented all the credible evidence for the plan. PAST NON-COMPLIANCE (1) Lantus is used to treat diabetes. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a600027.h tml (2) Xalatan is used to treat glaucoma. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a697003.h tml (3) Latuda is used to treat psychotic symptoms.	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFI)	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE COMPLETION BATE
This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a611016.ht ml (4) Miralax is used to treat constipation. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a603032.h tml (5) Desyrel is used to treat depression. This information was obtained from the website:	F 842	affected. Re-education and filling or medication administ the MAR/TAR to be x 4 weeks to ensure discussed and revie assurance and perhadjusted as indicate 6/19/19." ASM #2 a evidence for the plate PAST NON-COMP (1) Lantus is used to information was obstite that the companient of the plate that information was obstite that the companient of the plate that the plat	ation has been provided to raff on following Physician at the MAR and TAR at time of stration. Quality monitoring of experiormed 5x (times) a week experiormed 5x (times) and ed. Compliance Date: also presented all the credible an. LIANCE To treat diabetes. This tained from the website: agov/druginfo/meds/a600027.h To treat glaucoma. This tained from the website: agov/druginfo/meds/a697003.h To treat psychotic symptoms. as obtained from the website: agov/druginfo/meds/a611016.ht To treat constipation. This tained from the website: agov/druginfo/meds/a603032.h To treat depression. This		42	

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