PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED			
	301	495299	B. WING		4	l .	C <b>14/20</b> 1	19
	PROVIDER OR SUPPLIEF	HEALTH AND REHAB	v	3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			· .
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E 000	Initial Comments		Ε¢	000			MANAGEMENT TO THE PARTY OF THE	
F 000	survey was condu The facility was in CFR Part 483.73, Care Facilities. INITIAL COMMEN  An unannounced survey was condu Nine complaints w survey. Correction with the following Term Care require survey/report will f The census in this time of survey. Th 64 current residen closed records.	Medicare/Medicaid abbreviated cted on 06/11/19-06/14/19. Vere investigated during this are required for compliance 42 CFR Part 483 Federal Long ements. The Life Safety Code follow.  Is 180 bed facility was 165 at the e survey sample consisted of at record reviews and seven		000	federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation compliance. All alleged deficient cited have been or are to be corrected by the date or dates indicated.	to ent ein. e o	7/1	4/19
	S483.10(c)(6) The discontinue treatment to participate in exformulate an advance s483.10(c)(8) Not construed as the extrement to provision of method in appropriate.  S483.10(g)(12) The requirements specified subpart I (Advance)	e right to request, refuse, and/or nent, to participate in or refuse operimental research, and to unce directive.  Thing in this paragraph should be right of the resident to receive edical treatment or medical medically unnecessary or the facility must comply with the cified in 42 CFR part 489,		578	1. Resident #158 has expired. Resident #144, #135, #29, #156, #140, #64, #72, #40, #155, #163 #122, #85, #80, #98, #39, #57, # #125, #33, #138, #30, #113, #11 #58, #136, #87, #96, #50 and #7 and/or the RP (resident representative) will be provide written information and the opportunity to formulate advandirectives.	, 134, 2, 76	JUL 10 7013	REC

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

Executive Director

7/3/19

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.

PRINTED: 06/26/2019. FORM APPROVED OMB NO. 0938-0391

06/14/2019

(X2) MULTIPLE CONSTRUCTION
A, BUILDING
C

OMB NO. 0938(X3) DATE SURVEY COMPLETED

C

495299

(X1) PROVIDER/SUPPLIER/CLIA

**IDENTIFICATION NUMBER:** 

#### ELIZABETH ADAM CRUMP HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

3600 MOUNTAIN ROAD

GLEN ALLÉN, VA 23060

(X4) ID PREFIX TAG

STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER

AND PLAN OF CORRECTION

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL 19
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

B. WING

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5) COMPLETION DATE

#### F 578 Continued From page 1

inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.

- (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.
- (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.
- (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.
- (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review, and clinical record review, the facility staff failed to evidence that residents and/or the RR (resident representative) were provided with written information and the opportunity to formulate advance directives on admission, and that follow up was conducted, to ascertain if the resident or RR wished to formulate, make changes or maintain, the existing advance directive as written, for thirty of 71, sampled residents, (Residents #144, #135, #29, #156, #140, #64, #72, #40, #155, #163, #122, #85, #80, #98, #39, #57, #134, #125, #33, #138, #30,

- F 578 2
- 2. An audit will be conducted to ensure residents and/or the RP are provided written information and the opportunity to formulate advance directives, make changes or maintain the existing advance directive as written.
  - 3. Social Service Workers will be reeducated by the Administrator/ Designee on providing residents and/or the RP written information and the opportunity to formulate advance directives upon admission and that follow up to be conducted, to ascertain if the resident or RP wished to formulate, make changes or maintain the existing advance directive.
  - 4. Audits will be conducted by the Administrator/Designee to ensure residents and/or the RP are provided with written information and the opportunity to formulate advance directives upon admission and that follow up is conducted, to ascertain if the resident or RP wished to formulate, make changes or maintain the existing advance directive weekly times four weeks then monthly for

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	******	(X3) DATE	SURVEY PLETED
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F 578	8 Continued From page 2 #113, #112, #58, #136, #87, #158, #96, #50 and #76).		F. :	578	three months. Res be reviewed at the meeting for three r compliance.	monthly QAP	l	
	The findings includ	e:			5. Compliance Date	e: 7/14/19		
	advance directives addressed with Re resident's represer periodic reviews were resident #144 was 1/14/12. Resident were not limited to diabetes. Residen (minimum data set assessment with a	failed to evidence that (1) were reviewed and/or sident #144 (and/or the stative) and failed to ensure ere conducted.  admitted to the facility on #144's diagnoses included but heart failure, pain and t #144's most recent MDS ), a significant change in status in ARD (assessment reference oded the resident as being						
	revealed a physicial full code status (full #144's clinical recolor advance directives Resident #144 (and representative) upon reveal evidence per status (full full full full full full full ful	t #144's clinical record an's order dated 10/24/17 for a Il resuscitation). Resident and failed to evidence that were addressed reviewed with d/or the resident's an admission and failed to ariodic reviews were conducted.						
	staff member) #1 (	the administrator) was made concern and asked to provide	The state of the s					
	conducted with OS (recently hired soc	p.m., an interview was M (other staff member) #8 ial worker) and OSM #15 rker). OSM #8 and OSM #15						The state of the s

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 578	were asked about to resident advance of meet within 72 hours as we can or when resident, any family therapy, nursing an have anything in plus tatus. They come the hospital. We rechange or keep the have any kind of acceptance with a form the wishes and if what that would locurresponsive what give them a form the that goes on the chresidents who are a directive, OSM #8 a copy and have or When asked if they directives with resident quarterly cadvance directives was asked to provide directives were addrectives were addrectives were documed the resident #144).  On 6/14/19 at approinterview was attent the resident was not the facility policy, A Lippincott Nursing 12019. Page 9 documents advance of the policy, A Lippincott Nursing 12019. Page 9 documents advanced to policy, A Lippincott Nursing 12019. Page 9 documents advanced to policy, A Lippincott Nursing 12019. Page 9 documents advanced to policy, A Lippincott Nursing 12019. Page 9 documents advanced to policy, A Lippincott Nursing 12019. Page 9 documents advanced to policy. A Lippincott Nursing 12019. Page 9 documents advanced to policy. A Lippincott Nursing 12019. Page 9 documents advanced to policy. A Lippincott Nursing 12019. Page 9 documents advanced to policy. A Lippincott Nursing 12019. Page 9 documents advanced to policy. A Lippincott Nursing 12019. Page 9 documents advanced to policy and the p	the facility process followed for lirectives. OSM #8 stated, "We rs (of admission) or as soon they want. We meet with the members they want there, and activities. We ask if they ace. First, we talk about code over with a code status from eview and ask if they want to exame. Then we ask if they dvance directive in place or cument that would indicate they do not, then we explain ok like. If we were to find you would you want done' then we ney can fill out if they want and eart." When asked about admitted with an advance stated, "We make sure we get in their chart and put on file." If periodically review advance dents, OSM #8 stated, "We are plan meetings and are reviewed then." OSM #8 de evidence that advance dressed with and periodically ple sampled residents whose mented on a list (including oximately 9:30 a.m., an appeted with Resident #144 but	F 578				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 578	advanced directive guideline for provice care to a patient widisability who is no her own wishes. A wills and health care an advance directive directive with the preflects the patient directive in the meaccessible to all he practitioner and the that the patient has can be used to guip procedure that the directive: Provide written information that the patient care about developing of questions about accounted information that the patient care advance directives accurate information of the patient can madetermine the need conference to proving the patient can madetermine the need conference to proving conflicting various health care to discuss developing advance directive, with coming to term of the patient can madetermine the need conference to proving the patient can madetermine the need conference to proving the patient can madetermine the need conference to proving conflicting various health care to discuss developing the patient can madeter to discuss developing the patient can madeter to discuss developing the patient can made the patient	direfuse treatment. An is a legal document used as a ling life-sustaining medical ith an advanced disease or longer able to indicate his or dvance directives include living re proxies If the patient has we: Review the advance atient and confirm that it still is wishes. Place the advance dical record so that it's easily eath care providers. Notify the erest of the health care team an advance directive so that it de care Document the patient has an advance atient doesn't have an advance the patient with verbal and about advance directives so make an informed decision one. Answer patient's livance directives or have a atient representative discuss with the patient to provide on. Assist in the assessment of competency to ensure that ke decisions As necessary, if for a multidisciplinary ide the patient and the nomplete, comprehensive, mation to prevent them from gor confusing information from a providers. Encourage patient ing an advance directive with the patient and family no with the patient and family no with the patient and family no with the patient sign the advance in witness signatures as	F 5	578				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED C		
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F 578	required by law note that the patied directive. Special may revoke or cha any time The patient of the patient of the patient of the name, address practitioner and the the name, address health care agent advance directive, given written informate law to make care. If the patient advance directive, the patient's own veregarding this deciproof of competent of the survey evidence that the finformation regard conducted periodic with Resident #14-4 (1) Advance Direct medical care would hurt to express you are legal document your decisions about the patient of the patient of the survey of the s	Document the procedure and nt doesn't have an advance considerations: The patient ange an advance directive at atient can revoke an advance ally or in writing. Document the presence of an and that the practitioner was ence. Include the name of the etime of notification. Include a, and telephone number of the If the patient doesn't have an document that the patient was mation concerning rights under decisions regarding health at refuses information on an document this refusal using words, in quotes, if possible. It is in making. Document that ce was obtained."  Exit, there was no documented facility offered and provided ing advance directives or coreviews of Advance Directives 4.  It will the patient was making. What kind of do you want if you were too ill or our wishes? Advance directives into that allow you to spell out out end-of-life care ahead of u a way to tell your wishes to de health care professionals and	F	578				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ' '	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
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F 578	include instructions. The use of dialysis. If you want to be rearribeat stops. Tube feeding. Organ or tissue do A durable power of document that nan Your proxy is some decisions for you if information was obhttps://medlineplus.  2. The facility staff advance directives addressed with Reresident's represer periodic reviews where not limited to and personal histor Resident #135's material was a quarte (assessment reference the resident as beit Review of Resident #135's clevidence advance and/or addressed resident's represer facility. The clinical evidence of period	consisted if your breathing or sessive and breathing machines resuscitated if your breathing or attorney for health care is a nes your health care proxy. Fone you trust to make health you are unable to do so. "This brained from the website: agov/advancedirectives.html failed to evidence that were reviewed and/or sident #135 (and/or the ntative) and failed to ensure ere conducted.  It admitted to the facility on #135's diagnoses included but paralysis, difficulty swallowing ry of traumatic brain injury. Ost recent MDS (minimum rly assessment with an ARD ence date) of 4/28/19, coded and cognitively intact.  It #135's clinical record an's order dated 5/6/19 for the resuscitated. Further review of inical record failed to reveal directives were reviewed with Resident #135 (and/or the ntative) upon admission to the record also failed to reveal	F 5	78			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED		
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F 578	staff member) #1 (to of the above concert further information.  On 6/12/19 at 4:56 conducted with OS (recently hired soci (another social wor provide evidence the addressed with anomultiple sampled redocumented on a limitary of the survey exertification of the survey exertific	p.m., an interview was M (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to nat advance directives were diperiodically reviewed with esidents whose names were st (including Resident #135). oximately 9:30 a.m., an inpted with Resident #135 but of able to answer questions. Tit, there was no documented acility offered and provided ing advance directives or reviews of Advance Directives	F	578			

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 8 of 212

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 578	physician's order of the resident to not review of Resident reveal periodic review of Resident reveal periodic review ere conducted were conducted were conducted were ident's represe.  On 6/12/19 at 1:56 staff member) #1 of the above conducted in the resident review advance of the review advance directives were advance directives were advance directives were advance directives were advance with multinames were docu Resident #29).  On 6/14/19 at appinterview was concresident confirmed completed periodic directives with him.	dated 10/2/18 documented for be resuscitated. Further t #29's clinical record failed to riews of the advance directive ith Resident #29 (and/or the ntative).  5 p.m., ASM (administrative (the administrator) was aware ern and asked to provide any handled the san advance directive sion, OSM #8 stated, "We make any and have on their chart and hasked if they periodically rectives with residents, OSM #8 and quarterly care plan meetings entires are reviewed then." OSM rovide evidence that advance dressed with and periodically tiple sampled residents whose mented on a list (including roximately 9:30 a.m., and ducted with Resident #29. The dithe facility staff had not creviews of the advance	F 57	78		
	4. The facility staff advance directives	failed to evidence that s were reviewed and/or esident #156 (and/or the	**************************************			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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F 578	resident's represent Resident #156 was 4/27/19. Resident were not limited to and major depressi most recent MDS (recently hired social ware of Resident revealed a physicia full code (full resus Resident #156's clirevidence that advarand/or addressed waresident's represent On 6/12/19 at 1:56 staff member) #1 (to fo the above concentrate information.  On 6/12/19 at 4:56 conducted with OSI (recently hired social work addressed with and multiple sampled redocumented on a limiterview was conducted to the resident stated advance directives	admitted to the facility on #156's diagnoses included but muscle weakness, diabetes ve disorder. Resident #156's minimum data set), an ent with an ARD (assessment 5/3/19, coded the resident as fact.  #156's clinical record n's order dated 4/27/19 for a citation). Further review of nical record failed to reveal nce directives were reviewed with Resident #156 (and/or the fative) upon admission.  p.m., ASM (administrative he administrator) was aware rn and asked to provide any  p.m., an interview was M (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to fat advance directives were periodically reviewed with esidents whose names were st (including Resident #135).  Eximately 9:30 a.m., an fucted with Resident #156. she was given information on when admitted; however, nentation to evidence this in	F	578			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	.E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 578	evidence that the fainformation regardi Resident #156.  5. The facility staff advance directives with Resident #140 representative).  Resident #140 was 9/5/07. Resident # were not limited to disorder and chron #140's most recent 14 day Medicare as (assessment refere resident as being control of the contro	cit, there was no documented acility offered and provided and advance directives to failed to evidence that were reviewed periodically (and/or the resident's admitted to the facility on 140's diagnoses included but diabetes, major depressive ic kidney disease. Resident MDS (minimum data set), a ssessment with an ARD ence date) of 5/2/19, coded the	F 578	JEFICIENCY)			
	A physician's order full code (full resus Resident #140's cli facility staff had coradvance directives the resident's representation.  On 6/12/19 at 1:56 staff member) #1 (for the above conce further information.  On 6/12/19 at 4:56 conducted with OS (recently hired soci (another social wor	dated 4/19/19 documented a citation). Further review of nical record failed to reveal nducted periodic reviews of the with Resident #140 (and/or esentative).  p.m., ASM (administrative the administrator) was aware arn and asked to provide any					

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F 578	directive in place of "We make sure we chart and put on fil periodically review residents, OSM #8 care plan meetings reviewed then." Of evidence that advay with and periodical sampled residents documented on a sampled residents was not in the survey experience that the freviews of advance of the survey experience that the freviews of advance directives addressed with Resident's representialed to ensure periodical sampled to ensure periodical samples of the survey experience that the freviews of advance of the survey experience that the freviews of advance of the survey experience that the freviews of the	on admission, OSM #8 stated, e get a copy and have on their le." When asked if they advance directives with a stated, "We conduct quarterly and advance directives are SM #8 was asked to provide ance directives were addressed lly reviewed with multiple whose names were list (including Resident #140). The other than the room.  Axit, there was no documented acility conducted periodic the directives with Resident #140.  If alled to evidence that a were reviewed and/or the other than the facility on admission, and the oriodic reviews were conducted.  If admitted to the facility on the other than the facility on admission, and the other than the facility on admission, and the other than the ot	F 5	78			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 578	from the electronic prior hospitalization internal patient ider label of the prior ho obtained from Resi The URL was dated.  Further review of the reveal any evidence was discussed with admission to the fathereafter, to ascer contained within cowishes or did she with a compared to the fathereafter of the	g the document was printed record web address during the a. The form also contained the ntification and medical record repital, indicating this form was dent #64's hospital record.	F 57	78			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	ON		TE SURVEY MPLETED
		495299	B. WING			1	C <b>/14/2019</b>
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS 3600 MOUNTAIN GLEN ALLEN,			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH C	VIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOUL EFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 578	No further informatifacility for Resident On 6/14/19 at 5:04 - Administrative State of the findings. No provided by the end (1) URL - Uniform For specifying address Information obtaine	ion was presented by the #64.  PM the Administrator (ASM #1 off Member) was made aware further information was I of the survey.  Resource Locator: a protocol esses on the Internet.	F 5	78			
	advance directives addressed with Res resident's represent failed to ensure per Resident #72 was a 4/27/18, with diagnoto, amnesia, demer osteoporosis with hir recent MDS (Minimassessment with an Reference Date) of moderately impaired decisions.  A review of the clinic evidence of an Advacompleted for Residence of the reveal any evidence of the reveal any evidence residence of the reveal any evidence of an Advacompleted for Residence of the reveal any evidence of an Advacomplete of the reveal any evidence of the reveal and the reveal and the reveal and the reveal and the reveal any evidence of the reveal any evidence of the reveal and th	istory of fracture. The most um Data Set) an annual ARD (Assessment 3/4/19 coded the resident as d in ability to make daily life cal record failed to reveal any ance Directive being					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING			E SURVEY IPLETED
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, Z 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD THE APPROPI	BE	(X5) COMPLETION DATE
F 578	representative (RR) no documented evidevelop an advance upon admission, an information and oppascertain if the residevelop one.  The resident was no interviewed and courecalled if informatic Advance Directive values admission.  On 6/12/19 at 4:56 conducted with OSI (recently hired social work provide evidence the addressed with and multiple sampled redocumented on a list.  No further informatifor Resident #72.  On 6/14/19 at 5:04 - Administrative State of the findings. No provided by the end of the saddressed with Resident's represent addressed with Resident's represent resident's represent addressed with Resident addressed with Resid	dent and/or resident ) upon admission. There was dence that the opportunity to ed directive was provided and that periodically thereafter portunity were provided to dent and/or their RR wished to obt capable of being all not be asked if she pon/opportunity to develop and was provided upon and since  p.m., an interview was M (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to not at advance directives were periodically reviewed with residents, whose names were st, including Resident #72.  on was provided by the facility  PM the Administrator (ASM #1 ff Member) was made aware further information was	F5	578			

-	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495299	B. WING				C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER			360	REET ADDRESS, CITY, STATE, ZIP CODE O MOUNTAIN ROAD EN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 578	Resident #40 was 11/3/17; diagnoses dementia, non-pre affective disorder, MDS (Minimum Dawith an ARD (Asse 3/26/19 coded the in ability to make of the completed for Residence of an Advocompleted for Residence of an Advocompleted for Residence and any evidence information for an provided to the residence of an advance of the code of the code of the resident was a supportant of the resident was a support of the resident was	admitted to the facility on a included but are not limited to ssure wounds, dysphagia, and anxiety. The most recent ata Set) a quarterly assessment resident as severely impaired laily life decisions.	F	578			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP O 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	f	N SHOULD E APPROPR	BE	(X5) COMPLETION DATE	
F 578	multiple sampled redocumented on a list documented on a list. The facility did not present at the facility did not present at the findings. No provided by the end of the findings addressed with Resresident's represent failed to ensure per Resident #155 was 9/3/13, with diagnost limited to, dementian high blood pressure recent MDS (Minim assessment with an Reference Date) of was coded as severability to make daily A review of the clinic Medical Power of Ar Directive" form date. Further review of the reveal any evidence was discussed with periodically to ascercontained within contained within contain	esidents, whose names were st, including Resident #40.  Provide anything further for PM the Administrator (ASM #1 ff Member) was made aware further information was tof the survey.  Alied to evidence that were reviewed and/or sident #155 (and/or the tative) on admission, and iodic reviews were conducted.  Admitted to the facility on ses that included, but are not aphasia, pressure injury, and depression. The most um Data Set) a quarterly a ARD (Assessment 6/1/19, coded the resident rely cognitively impaired in the decisions.  Cal record revealed a "Durable ttorney and Advance	F 5	78				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495299	B. WING		MANIMALANA	C <b>06/14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23		1 001	1-1/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	( (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD NCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 578	The resident was not be asked if she recato develop, and Advupon and since admonated with OSI (recently hired social (another social work be done if the reside in place on admissionare we get a copy put it on file." When review advance directives was asked to prodirectives were add reviewed with multipnames were docum Resident #155.  The facility did not prinformation for Resident #150.  On 6/14/19 at 5:04 - Administrative Starof the findings. No provided by the end-	ot interviewable and could not alled if information, opportunity rance Directive was provided nission.  p.m., an interview was M (other staff member) #8 al worker) and OSM #15 ker). When asked what should ent has an advance directive on, OSM #8 stated, "We make and have it on their chart and a sked if they periodically ectives with residents, OSM #8 t quarterly care plan meetings ves are reviewed then." OSM evide evidence that advance ressed with and periodically ple sampled residents whose tented on a list, including erovide any additional dent #155.  PM the Administrator (ASM #1 ff Member) was made aware further information was	F 5	78			
	(RP) was provided the opportunity to for the time of admission were conducted with	with written information and armulate advance directives at on and that periodic reviews in the resident and/or their RP wished to formulate advance					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG		COM	E SURVEY PLETED
		495299	B. WING				C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CIT 3600 MOUNTAIN ROA GLEN ALLEN, VA 2	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORR	R'S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 578	1/12/12; diagnoses paranoid schizophr major depressive d MDS (Minimum Datassessment, with a date) of 5/5/19, cod 15 out of 15 on the Mental Status) scorno cognitive impairs. A review of the clinitevidence of an Advicompleted for Resident any evidence information for an Aprovided to the resistence that the was provided upon periodically thereaft were provided to as resident and/or their The resident was no be asked if she recitored to the resident and/or their the resident was not be asked if she recitored to the resident and/or their the resident was not be asked if she recitored to the resident and/or their the resident was not be asked if she recitored to the resident was not be asked	admitted to the facility on included but are not limited to enia, insomnia, diabetes, and isorder. The most recent ta Set), a quarterly in ARD (Assessment reference ed the resident as scoring a BIMS (Brief Interview for re, indicating the Resident had ment for daily decision making.  Cal record failed to reveal any ance Directive being dent #163.  The clinical record failed to e that written and verbal advance Directive was dent and/or resident upon admission. There was be opportunity to develop one admission, and that the information and opportunity incertain if at any time the resident information, opportunity ance Directive was provided in information, opportunity ance Directive was provided in information.  The p.m., an interview was with (other staff member) #8 at worker) and OSM #15 ker). OSM #8 was asked to at advance directives were periodically reviewed with esidents whose names were	F	78			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495299	B. WING			1	C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		3	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	, 00/	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 578	Continued From pa	ge 19	F.5	578			
	The facility did not p #163, who was on t	provide anything for Resident his list.					
	Staff Member) #1, t Director of Nursing, Director of Clinical	2 PM, ASM (Administrative he Administrator, ASM #2, the and ASM #3, the Regional Services were made aware of ther information was provided rivey.					
	Resident #122 and/ (RP) was provided the opportunity to fo the time of admission were conducted wit	failed to evidence that for their Responsible Party with written information and ormulate advance directives at on and that periodic reviews the resident and/or their RP wished to formulate advance					
	1/14/19, with the dia major depression, g and high blood pres (Minimum Data Set with an ARD (Asses 4/16/19, coded the 15 on the BIMS (Bri score, indicating the	admitted to the facility on agnoses of, but not limited to generalized anxiety disorder sure. The most recent MDS ), a quarterly assessment, asment reference date) of resident as scoring a 3 out of lef Interview for Mental Status) a Resident had severe at for daily decision making.					
	record revealed a "I Order," dated 12/19 "I further certify: 2 making an informed withholding, or with	AM, a review of the clinical Durable Do Not Resuscitate 1/18, that documented in part, The patient is INCAPABLE of I decision about providing, drawing a specific medical					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		495299	B. WING		06	C /14/2019		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		714/2013		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
F 578	Continued From pa	age 20	F 57	8		***************************************		
		: C. The patient has not advanced directive"	A DEFINITION OF PERSONS AND A STATE OF THE S			ANGER PROPERTY OF THE PROPERTY		
		ical record failed to reveal any rance Directive being ident #122.						
	reveal any evidence information for an approvided to the restrepresentative (RR) evidence that period and opportunity we	ne clinical record failed to e that written and verbal Advance Directive was ident and/or resident i) on admission. There was no odically thereafter information ere provided to ascertain if at ent and/or their RR wished to						
	interviewed and co recalled if informat	not capable of being uld not be asked if she ion and opportunity to develop tive was provided upon and						
	conducted with OS (recently hired soci (another social wor provide evidence the addressed with and	p.m., an interview was iM (other staff member) #8 ial worker) and OSM #15 rker). OSM #8 was asked to nat advance directives were diperiodically reviewed with esidents whose names were ist.						
	The facility did not #122, who was on	provide anything for Resident this list.	CAPPAIRA A PART PROPERTY A PART PART PART PART PART PART PART PA					
	Staff Member) #1, Director of Nursing	2 PM, ASM (Administrative the Administrator, ASM #2, the , and ASM #3, the Regional Services were made aware of						

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		4952 <del>99</del>	B. WING	,	Of Of	C 6/14/2019	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP COL 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		714/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 578	12. The facility staff Resident #85 and/o was provided with v opportunity to formutime of admission a conducted with the	ther information was provided	F 5	78			
	9/10/18, with the dia limited to, dementia unspecified psychologomost recent MDS (I quarterly assessme reference date) of 4 scoring a 7 out of 15 for Mental Status) shad severe cognitive decision making.	admitted to the facility on agnoses including but not with behavioral disturbances, sis and retention of urine. The Minimum Data Set), a nt, with an ARD (Assessment /4/19, coded the resident as 5 on the BIMS (Brief Interview core, indicating the Resident e impairment for daily cal record failed to reveal any ance Directive being					
	Further review of the reveal any evidence information and an Advance Directive vand/or resident repradmission. There we periodic review was						

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 22 of 212

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION PING		(X3) DATE SURVEY COMPLETED	
		495299	B. WING	***************************************			C 14/2019
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD  THE APPROPE	BE	(X5) COMPLETION DATE
F 578	The resident was no be asked if she recomportunity to developrovided on and or On 6/12/19 at 4:56 conducted with OSI (recently hired social (another social world provide evidence the addressed with and multiple sampled redocumented on a list. The facility did not put #85, who was on the On 6/14/19 at 12:32 Staff Member) #1, the Director of Nursing, Director of Clinical Staff Member) #1, the findings. No fur by the end of the sure 13. The facility staff advance directives addressed with Resident's represent periodic reviews we Resident #80 was a 08/20/2015. Reside hypertension (high I depression, and ast Minimum Data Set Quarterly Assessment Reference Date (AFresident as scoring)	ot interviewable and could not alled if information or an op and Advance Directive was since admission.  p.m., an interview was W (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to at advance directives were periodically reviewed with sidents whose names were st.  provide anything for Resident is list.  PM, ASM (Administrative he Administrator, ASM #2, the and ASM #3, the Regional Services were made aware of ther information was provided invey.  failed to evidence that were reviewed and/or sident #80 (and/or the retailed to ensure	F 5	578			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION ING	(>	(X3) DATE SURVEY COMPLETED	
		495299	B. WING			06/1	4/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	XODE		Andread and a second a second and a second a
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG		SHOULD B		(X5) COMPLETION DATE
F 578	documentation of the found, there was no record of Resident and On 6/12/19 at 4:56 conducted with OSI (recently hired social (another social work provide evidence the addressed with and multiple sampled redocumented on a list. The next morning, the facility staff returned.	al record revealed that while ne resident's Code Status was a documentation in the medical #80's Advanced Directives.  p.m., an interview was W (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to at advance directives were periodically reviewed with esidents whose names were	F 5	78			
	advance directives addressed with Res resident's represent periodic reviews we Resident #98 was a 03/22/2018. Reside Anemia (low levels Hypertension, Demmost recent MDS A Change Assessmer coded the resident indicating severe in	admitted to the facility on nt #98's diagnoses included of red blood cells), entia, and Depression. Her ssessment a Significant nt with an ARD of 03/20/2019, with a BIMS score of five, apairment.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION	İ		E SURVEY PLETED
		495299	B. WING				C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	ODE		172013
(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 578	conducted with OS (recently hired social word provide evidence the addressed with and multiple sampled redocumented on a list of the next morning, facility staff returned Advanced Directives addressed with Resident's represent periodic reviews were resident's represent periodic reviews were resident #39 was a 07/20/2018. Resident #39 was a 07/20/2018. Resident #39 was a 07/20/2019, scored BIMS, indicating significant provide with OS (recently hired social word provide evidence the addressed with and resident word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with and recently hired social word provide evidence the addressed with a large provide evidence the addressed with a la	p.m., an interview was M (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to nat advance directives were diperiodically reviewed with esidents whose names were st.  the morning of 06/13/2019, divithout documentation of einformation for Resident #98.  If failed to evidence that were reviewed and/or sident #39 (and/or the tative) and failed to ensure ere conducted.  Admitted to the facility on ent #39's diagnoses included ypertension, and Dementia. OS Assessment was a ent with an ARD of the resident at a 4 on the gnificant impairment.	F 5	78			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495299	B. WING		C 06/14/2019		
	PROVIDER OR SUPPLIER	EALTH AND REHAB		360	REET ADDRESS, CITY, STATE, ZIP CODE 10 MOUNTAIN ROAD EN ALLEN, VA 23060	<u>, 00,</u>	14/2013
(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 578	facility staff returned Advanced Directives  1. Heart failure is a can't pump enough needs. Heart failure heart has stopped of means that your heart has stopped of the way it should. It of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wopumping ability cau up into the lungs, the ankles and legs - control of the heart. The wop	the morning of 06/13/2019, d without documentation of information for Resident #39.  condition in which the heart blood to meet the body's does not mean that your or is about to stop working. It art is not able to pump blood can affect one or both sides eakening of the heart's ses: Blood and fluid to back he buildup of fluid in the feet, alled edema, and tiredness reath gov/heartfailure.html  failed to evidence that were reviewed and/or sident #57 (and/or the tative) and failed to ensure ere conducted.  admitted to the facility on liagnoses included etes, Anxiety, and Depression. St recent MDS Assessment a	F 5	78			
	the BIMS, indicating Record Review reversesident #57's Adv On 6/12/19 at 4:56	g moderate impairment. ealed no documentation of					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C 06/14/2019	
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	;ODE		
(X4) ID PREFIX TAG			ID PREFI TAG	X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 578	(another social worn provide evidence the addressed with and multiple sampled redocumented on a lit. The next morning, it facility staff returned Advanced Directives 17. The facility staff advance directives addressed with Resresident's represent periodic reviews were Resident #134 was 03/01/2017. Their of Hypertension, Dem Resident #134's morning at the resident at an 8 impairment.  Record Review reversident #57's Adv. On 6/12/19 at 4:56 conducted with OSI (recently hired social (another social world provide evidence the addressed with and multiple sampled redocumented on a list. The next morning, to the documented on a list.	al worker) and OSM #15 ker). OSM #8 was asked to at advance directives were periodically reviewed with sidents whose names were st.  the morning of 06/13/2019, divithout documentation of information for Resident #57.  failed to evidence that were reviewed and/or sident #134 (and/or the tative) and failed to ensure admitted to the facility on iagnoses included Anemia, entia, and Depression. The providence of the second	F 5	.78			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		495299	B. WING		06	C <b>06/14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		714/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	( (EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 578	Advanced Directive #134.  18. The facility staff advance directives addressed with Resresident's represent periodic reviews were Resident #125 was 01/04/2019. Their of hypertension, diabet #125's most recent Significant Change 04/21/2019. The BI Resident #125 is rated. Record Review reviews and Record Review reviews and the resident #57's Adviews on 6/12/19 at 4:56 conducted with OSI (recently hired social world provide evidence the addressed with and multiple sampled redocumented on a list. The next morning, the facility staff returned Advanced Directive #125.	failed to evidence that were reviewed and/or sident #125 (and/or the tative) and failed to ensure ere conducted.  admitted to the facility on liagnoses included anemia, etes, and dementia. Resident MDS Assessment was a Assessment with an ARD of MS was not performed, as rely or never understood.  ealed no documentation of anced Directives.  p.m., an interview was M (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to at advance directives were periodically reviewed with esidents whose names were	F 5	78			
		tative) and failed to ensure	· Companies and a second			<b>Становической помера</b>	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
	495299	B. WING			C 05/14/0010		
NAME OF PROVIDER OR SUPPLIER ELIZABETH ADAM CRUMP H			STREET ADDRESS, CITY, STATE, ZIP O 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE	06/14/2019		
PREFIX (EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD I	BE COMPLETION
O1/31/2017. Their of hypertension, diabet #33's most recent If Quarterly Assessm scored the resident profound impairmed. Record Review reversesident #57's Adv. On 6/12/19 at 4:56 conducted with OS (recently hired social work provide evidence the addressed with another social work provide evidenced on a list of the providence o	admitted to the facility on diagnoses included etes, and dementia. Resident MDS Assessment was a ent with an ARD of 02/15/2019 ton the BIMS at 3, indicating int.  Tealed no documentation of vanced Directives.  p.m., an interview was M (other staff member) #8 al worker) and OSM #15 eter). OSM #8 was asked to nat advance directives were diperiodically reviewed with esidents whose names were stated.  the morning of 06/13/2019, divithout documentation of enformation for Resident #33.  If Member (ASM) #1, the facility ASM #2, the Director of med of the findings at the end 06/14/2019. No further is provided. If failed to evidence ovided on developing an admission and that follow up an advance directive for	F 5	778				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C <b>06/14/2019</b>		
NAME OF PROVIDER OR SUPP		REHAB		36	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD ILEN ALLEN, VA 23060		172010	
PREFIX (EACH DEFIC	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	
recent MDS (no change assess reference date 138 as scoring for mental stat (three) - being making daily do no change assess reference date 138 as scoring for mental stat (three) - being making daily do no change daily do no change daily do no change date of the comprehe for Resident # has an advance no change date of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehe for Resident # has an advance of the comprehence of the comprehen	agia (3). Reside ninimum data se sment with an Al ) of 04/29/19, co a 3 (three) on to us (BIMS) of a severely impaired ecisions.  clinical record and the record for Proce an advanced linical record recitate Order" for 18.  Insive care pland 138 documented edirective as expected initiated: 05/02 of the control of the con	RD (assessment oded Resident # he brief interview score of 0 - 15, 3 ed of cognition for and the EHR sesident # 138 d directive. Further realed a "Durable Resident # 87  dated 05/02/2019 d, "Focus. Patient ridenced by Do not ridenced by Do n	F	578				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495299	B. WING			1	0 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE	1 007	
(X4) ID PREFIX TAG				X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 578	multiple sampled redocumented on a lice of commented on a lice of the documented aware of the documented aware of the documented aware of the documented from the work of the documented from the documented from the work of the document	roximately 5:20 p.m., ASM member) #1, the ASM #2, director of nursing, of the above findings.  on was provided prior to exit.  unction that occurs with certain memory, thinking, language, avior. This information was rebsite: gov/ency/article/000739.htm.  be described as feeling sad, erable, or down in the dumps. way at one time or another for cal depression is a mood elings of sadness, loss, anger, are with everyday life for weeks mation was obtained from the gov/ency/article/003213.htm.  forder. This information was rebsite: .gov/medlineplus/swallowingdi  failed to evidence evided on developing an admission and that follow up a advance directive for	F 5	578			

	OF CORRECTION	IDENTIFICATION NUMBER:				COMPLETED		
		495299	B. WING	i			C <b>14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		1-112010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 578	O3/23/18 with diagr not limited to deme (2), and anxiety (3). MDS (minimum dawith an ARD (asses 12/12/18, coded Re on the brief intervie a score of 0 - 15, to of cognition for mal Review of the clinic (electronic health re evidenced an adva Advance Directive "1/9/14."  The facility's "Progr dated 03/23/18 threevidence the facility the advance directive determine if they with the advance directive determine if they with advance directive in place or "We make sure we chart and put on file periodically review are reviewed then." Os evidence that advance directings reviewed then." Os evidence that advance or evidence that advance that advance or evidence that advance that advance or evidence that advance the transfer that the transfer transfer transfer that the transfer transfe	noses that included but were ntia (1), depressive disorder, and the set), a quarterly assessment assent reference date) of esident # 30 as scoring a ten w for mental status (BIMS) of en - being moderately impaired king daily decisions.  Ital record and the EHR ecord) for Resident # 30 nced directive entitled "Virginia For Health Care" dated  Tess Notes" For Resident # 30 nced directive entitled to provided periodic reviews of the for Resident # 30 to anted to make any changes to the eresident has an advance of admission, OSM #15 ker). When asked what the resident has an advance of admission, OSM #8 stated, get a copy and have it on their e." When asked if they advance directives with stated, "We conduct quarterly and advance directives are SM #8 was asked to provide nce directives were addressed by reviewed with multiple whose names were	F	578				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C 06/14/2019	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE A CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 578	On 06/14/19 at app interview was atterr regarding periodic r directive. Resident time.  On 06/12/19 at app (administrative staff administrator, and A were made aware of the control of th	roximately 10:47 a.m., an apted with Resident # 30 review of the advance # 30 was unavailable at the roximately 5:20 p.m., ASM f member) #1, the ASM #2, director of nursing, of the above findings.  on was provided prior to exit.  unction that occurs with certain memory, thinking, language, avior. This information was rebsite: gov/ency/article/000739.htm.  The described as feeling sad, erable, or down in the dumps. way at one time or another for cal depression is a mood elings of sadness, loss, anger, are with everyday life for weeks mation was obtained from the gov/ency/article/003213.htm.	F 5			• •	
	website: https://www.nlm.nih #summary.  22. The facility staf information was pro	vided information on					
	developing an adva	nce directive and follow up					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495299	B. WING	B. WING		C <b>06/14/2019</b>	
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		/14/2019	
ELIZABE	TH ADAM CRUMP HE	EALTH AND REHAB	,	3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	· · · · · · · · · · · · · · · · · · ·	ACTION SHOULD BE TO THE APPROPRIATE		
F 578	provided to develop Resident # 113.  Resident # 113 was 05/11/17 with diagn not limited to demei (2), and dysphagia recent MDS (minim assessment with ar date) of 04/09/19, c scoring a 15 on the status (BIMS) of a scognitively intact for The POS (physiciar 113 dated 06/13/20 Order Status: Active Review of the clinic (electronic health refailed to evidence a The facility's "Progrethrough 06/09/17 fa 113 was offered info advance directive. progress notes date failed to evidence threviews to develop a Resident # 113.  On 6/12/19 at 4:56 conducted with OSM (recently hired social work provide evidence thaddressed with and	an advance directive for admitted to the facility on oses that included but were ntia (1), depressive disorder, (3). Resident # 113's most um data set), an annual of ARD (assessment reference oded Resident # 113 as brief interview for mental acore of 0 - 15, 15 - being or making daily decisions.  This order sheet for Resident # 19 documented, "Full Code. The order date: 05/11/2017."  The order date: 05/11/2017."  The order dated 05/23/17 order da	F	578			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495299	B. WING	B WING		C	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		<u> </u>	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 578	On 06/14/19 at app interview was atterr regarding being prodeveloping an advadevelop an advance was unavailable at On 06/12/19 at app (administrative staff administrator, and were made aware of No further information and behavior of the week obtained from the whost of us feel this short periods. Clinical disorder in which feor frustration interfeor more. This inform website:	proximately 10:40 a.m., an an apped with Resident # 113 ovided information on ance directive and periodic to be directive. Resident # 113 the time.  Proximately 5:20 p.m., ASM of member) #1, the ASM #2, director of nursing, of the above findings.  Join was provided prior to exit.  Unction that occurs with certain memory, thinking, language, avior. This information was website:  Joy/ency/article/000739.htm.  Ly be described as feeling sad, erable, or down in the dumps. way at one time or another for ical depression is a mood belings of sadness, loss, anger, ere with everyday life for weeks mation was obtained from the logov/ency/article/003213.htm.	F5	578	ZIENCY)		
	sorders.html.  23. The facility staf	n.gov/medlineplus/swallowingdi  If failed to evidence by				delina e consenio de la consenio de	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A: BUILDING				(X3) DATE SURVEY COMPLETED	
		495299	B. WING			C <b>06/14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CIT 3600 MOUNTAIN ROA GLEN ALLEN, VA	AD	1 001	142010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EACH CORR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 578	developing an adva evidence follow up advance directive for Resident # 112 was 03/22/18 with diagn not limited to deme (2), and anxiety (3). MDS (minimum dat with an ARD (asses 05/02/19, coded Reson the brief intervier a score of 0 - 15, 14 making daily decision. The POS (physician 112 dated 06/13/20 Order Status: Active Review of the clinic (electronic health refailed to evidence at The facility's "Progration of the directive. Progress notes date failed to evidence the reviews to develop Resident # 112.  On 6/12/19 at 4:56 conducted with OSI (recently hired social world provide evidence the addressed with and	nce directive and failed to was provided to develop an or Resident # 112.  admitted to the facility on oses that included but were ntia (1), depressive disorder, Resident # 112's most recent a set), a quarterly assessment esment reference date) of esident # 112 as scoring a 14 w for mental status (BIMS) of 4 - being cognitively intact for	F 5	78			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION DING		COM	E SURVEY IPLETED	
		495299	B. WING				C <b>14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPE	BE	(X5) COMPLETION DATE	
F 578	documented on a list on 06/14/19 at app interview was attem regarding being prodeveloping an advadevelop an advance was unavailable at a comparison of the c	roximately 10:38 a.m., an apted with Resident # 112 avided information on once directive and periodic to edirective. Resident # 112 the time.  roximately 5:20 p.m., ASM is member) #1, the ASM #2, director of nursing, of the above findings.  on was provided prior to exit.  unction that occurs with certain memory, thinking, language, avior. This information was rebsite: gov/ency/article/000739.htm.  The described as feeling sad, erable, or down in the dumps. way at one time or another for cal depression is a mood elings of sadness, loss, anger, are with everyday life for weeks mation was obtained from the gov/ency/article/003213.htm.  mation was obtained from the agov/medlineplus/anxiety.html		578				

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALTH AND REHAB  (XA) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 578  Continued From page 37 information was provided information on developing and advance directive on admission and failed to evidence follow up provided for development of an advance directive for Resident # 58.  Resident # 58 was admitted to the facility on 11/07/17 with diagnoses that included but were not limited to hypertension (1), depressive disorder, (2), and benign prostatic hyperplasia (3). Resident # 58's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 03/31/19, coded Resident # 58 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions.  The POS (physician's order sheet for Resident #		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION		E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALTH AND REHAB  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 578  Continued From page 37 information was provided information on developing and advance directive on admission and failed to evidence follow up provided for development of an advance directive for Resident # 58.  Resident # 58 was admitted to the facility on 11/07/17 with diagnoses that included but were not limited to hypertension (1), depressive disorder, (2), and benign prostatic hyperplasia (3). Resident # 58's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 03/31/19, coded Resident # 58 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions.  The POS (physician's order sheet for Resident #			495299					- 1
F 578  Continued From page 37 information was provided information on developing and advance directive on admission and failed to evidence follow up provided for development of an advance directive for Resident # 58.  Resident # 58 was admitted to the facility on 11/07/17 with diagnoses that included but were not limited to hypertension (1), depressive disorder, (2), and benign prostatic hyperplasia (3). Resident # 58's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 03/31/19, coded Resident # 58 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions.  The POS (physician's order sheet for Resident #			<u> </u>		S1 36	600 MOUNTAIN ROAD	<u>  U6/</u>	14/2019
information was provided information on developing and advance directive on admission and failed to evidence follow up provided for development of an advance directive for Resident # 58.  Resident # 58 was admitted to the facility on 11/07/17 with diagnoses that included but were not limited to hypertension (1), depressive disorder, (2), and benign prostatic hyperplasia (3). Resident # 58's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 03/31/19, coded Resident # 58 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions.  The POS (physician's order sheet for Resident #	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
11 dated 06/13/2019 documented, "Full Code. Order Status: Active. Order date: 11/07/2017."  Review of the clinical record and the EHR (electronic health record) for Resident # 58 failed to evidence an advanced directive.  The facility's "Progress Notes" dated 11/10/17 through 06/11/19 failed to evidence Resident # 58 was offered information on developing an advance directive. Further review of the facility's progress notes failed to evidence the facility provided periodic reviews to develop an advance directive for Resident # 58.  On 6/12/19 at 4:56 p.m., an interview was conducted with OSM (other staff member) #8 (recently hired social worker) and OSM #15 (another social worker). OSM #8 was asked to	F 578	information was prodeveloping and advand failed to evider development of an # 58.  Resident # 58 was 11/07/17 with diagn not limited to hyper disorder, (2), and b (3). Resident # 58's data set), a quarter (assessment refere Resident # 58 as so interview for menta - 15, 15 - being cog decisions.  The POS (physician 11 dated 06/13/201 Order Status: Active Review of the clinic (electronic health reto evidence an advance directive. progress notes failed provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal social provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal social provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OS (recently hired social endormal provided periodic redirective for Resi	admitted to the facility on admission admitted to the facility on admission admitted to the facility on assess that included but were tension (1), depressive enign prostatic hyperplasia amost recent MDS (minimum dy assessment with an ARD ence date) of 03/31/19, coded coring a 15 on the brief I status (BIMS) of a score of 0 unitively intact for making daily on's order sheet for Resident # 9 documented, "Full Code.  The encert and the EHR ecord) for Resident # 58 failed anced directive.  The encert and the facility exists to develop an advance ent # 58.  The p.m., an interview was M (other staff member) #8 all worker) and OSM #15	F	578			

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 38 of 212

RECEIVED
JUL 0 8 2019
VDH/OLC

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION LAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		495299	B. WING		<del></del>	i	C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STA 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			1-1/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE CROSS-REFERENCED		BE	(X5) COMPLETION DATE
F 578	multiple sampled redocumented on a list of the documented on a list of the document of the doc	periodically reviewed with sidents whose names were st.  roximately 10:39 a.m., an apted with Resident # 58 vided information on nee directive and periodic to edirective. Resident # 58 was me.  roximately 5:20 p.m., ASM member) #1, the ASM #2, director of nursing, of the above findings.  on was provided prior to exit.  sure. This information was rebsite:  gov/medlineplus/highbloodpr  be described as feeling sad, erable, or down in the dumps. way at one time or another for cal depression is a mood elings of sadness, loss, anger, re with everyday life for weeks mation was obtained from the gov/ency/article/003213.htm.	F 5	778			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	FIPLE CONSTRUCTION NG	O		SURVEY PLETED
		495299	B. WING			06/1	)  4/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	DDE		
(X4) ID PRÉFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD B		(X5) COMPLETION DATE
F 578	information was prodeveloping and advevidence follow up development of an # 136.  Resident # 136 was 05/06/15 with diagrant limited to hyper	ff failed to evidence ovided information on vance directive and failed to was provided for the advance directive for Resident admitted to the facility on loses that included but were tension (1), depressive ipolar disorder (3). Resident #	F 5	78			
	136's most recent In quarterly assessment reference date) of (136 as scoring a 15 mental status (BIM) being cognitively in The POS (physician 136 dated 06/13/20	MDS (minimum data set), a ent with an ARD (assessment 04/29/19, coded Resident # 5 on the brief interview for S) of a score of 0 - 15, 15 - tact for making daily decisions.  In's order sheet for Resident # 19 documented, "Full Code. e. Order date: 06/10/2019."					
	Review of the clinic (electronic health refailed to evidence at The facility's "Progrethrough 06/11/19 fa 136 was offered infadvance directive. progress notes failed provided periodic redirective for Reside On 6/12/19 at 4:56 conducted with OSI (recently hired social contents).	al record and the EHR ecord) for Resident # 136 an advanced directive.  ress Notes" dated 05/06/15 alled to evidence Resident # ormation on developing an Further review of the facility's ed to evidence the facility eviews to develop an advance					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG			E SURVEY PLETED
		495299	B. WING		***************************************	1	C <b>14/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP H	EALTH AND REHAB	·	STREET ADDRESS, CI 3600 MOUNTAIN RO GLEN ALLEN, VA	AD	<u>, 00,</u>	142013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD RENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 578	advance directives provide evidence the addressed with and multiple sampled redocumented on a list on 06/14/19 at appinterview was condingered regarding being prodeveloping an advarsed if she was ging an advance directive the facility, Resider asked if the facility her to develop an a 136 stated she didnad an advance directive the wasn't sure.  On 06/12/19 at apping (administrative staff administrator, and were made aware of the wasn't sure.  No further informate References:  (1) High blood presobtained from the wasn't sure.  (2) Depression may blue, unhappy, missing worder in which feel short periods. Clinic disorder in which feel samples with a short periods. Clinic disorder in which feel samples with a sample with a s	OSM #8 was asked to nat advance directives were diperiodically reviewed with esidents whose names were st.  Proximately 10:39 a.m., an ucted Resident # 136 ovided information on ance directive and periodic of an advance directive. When wen information on developing we when she was admitted to not # 136 stated, "No." When provided periodic reviews with dvance directive Resident # 136 stated ective Resident # 136 stated eroximately 5:20 p.m., ASM f member) #1, the ASM #2, director of nursing, of the above findings.  Sure. This information was	F 5	78			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	COV	TE SURVEY MPLETED
		495299	B. WING			C <b>/14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 00/	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 578	or more. This inforwebsite: https://medlineplus  (3) A brain disorde mood, energy, acticarry out day-to-da obtained from the https://www.nimh.rorder/index.shtml.  26. The facility stainformation was predeveloping and adveveloping and advevelopment of an #87.  Resident #87 was 12/29/2014 with a diagnoses that incledementia (1), depreanxiety (3). Reside (minimum data set an ARD (assessme coded Resident #8 interview for mentation -15, 12 - being modinated for making diagnoses that incleded Resident #8 interview for mentation -15, 12 - being modinated for making diagnoses that incleded Resident #8 interview for mentation -15, 12 - being modinated for making diagnoses that incleded Resident #8 interview for mentation -15, 12 - being modinated for making diagnoses that incleded -15, 12 - being modinated -15, 12 - being modinated for making diagnoses that incleded -15, 12 - being modinated -15, 1	rmation was obtained from the a.gov/ency/article/003213.htm.  If that causes unusual shifts in vity levels, and the ability to by tasks. This information was website:  Inih.gov/health/topics/bipolar-dis  If failed to evidence ovided information on vance directive and failed to was provided for the advance directive for Resident  admitted to the facility on readmission of 04/26/2018 with uded but were not limited to essive disorder, (2), and ant # 87's most recent MDS  In a quarterly assessment with cent reference date) of 04/05/19, and score of 0 orderately impaired of cognition	F 5	78		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY IPLETED
		495299	B. WING			1	C <b>14/2019</b>
NAME OF	PROVIDER OR SUPPLIER		1		TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	14/2019
ELIZABE	ETH ADAM CRUMP HE	EALTH AND REHAB			600 MOUNTAIN ROAD BLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 578	The facility's "Progrethrough 01/05/15 ar 07/06/2018 failed to offered information directive. Further renotes failed to evide periodic reviews to for Resident # 87.  On 6/12/19 at 4:56 conducted with OSI (recently hired social work provide evidence the addressed with and multiple sampled redocumented on a list On 06/14/19 at applinterview was attem regarding being prodeveloping an advance unavailable at the time. On 06/12/19 at application and the time.	for Resident # 87 datded  ess Notes" dated 12/29/2014 and 04/26/2018 through be evidence, Resident # 87 was on developing an advance eview of the facility's progress ence the facility provided develop an advance directive  p.m., an interview was M (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to at advance directives were I periodically reviewed with esidents whose names were st.  roximately 10:30 a.m., an apted with Resident # 87 vided information on ance directive and periodic to be directive. Resident # 87 was me.  roximately 5:20 p.m., ASM	F 5	578			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	` '00!		TE SURVEY MPLETED	
		495299	B. WING			<b>;</b>	C 1 <b>4/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, Z 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	IP CODE	1 007	14/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD THE APPROPE	BE	(X5) COMPLETION DATE	
F 578	(2) Depression may blue, unhappy, mise Most of us feel this short periods. Clini disorder in which fe or frustration interfe or more. This information website: https://medlineplus.  (3) Fear. This information website: https://www.nlm.nih #summary.  (3) Fear. This information website: https://www.nlm.nih #summary.  27. The facility staff advance directives addressed with Restresident representation periodic reviews were sident #158 was 11/29/18 with a read diagnoses that inclustroke, COPD (chrodisease - general tellung disease that is emphysema and cholood pressure. The data set) assessment, with an assessment, with an acceptance of the second se	rebsite: gov/ency/article/000739.htm.  r be described as feeling sad, erable, or down in the dumps. way at one time or another for cal depression is a mood elings of sadness, loss, anger, ere with everyday life for weeks mation was obtained from the gov/ency/article/003213.htm.  mation was obtained from the gov/medlineplus/anxiety.html mation was obtained from the gov/medlineplus/anxiety.html failed to evidence that were reviewed and/or sident # 158, and/or the tive and failed to ensure are conducted.  admitted to the facility on dimission on 1/10/19 with aded but were not limited to: onic obstructive pulmonary erm for chronic, nonreversible usually a combination of the conduction of the	F 5	578				

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Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 44 of 212



STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495299	B. WING			06/1	; 4/2019	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP COI 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	DE 1	0071	4/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE	
F 578	Review of Resident revealed a physicia DNR (no not resuscial clinical record failed directives were revinesident #158's repreveal evidence of provide evidence of the above any further information. On 6/12/19 at 4:56 conducted with OSI (recently hired social world provide evidence the addressed with and multiple sampled redocumented on a list. As of the survey exit evidence that the fainformation regarding conducted periodic directirons with Residence that the fainformation regarding conducted periodic directirons with Residence that the fainformation regarding conducted periodic directirons with Residence that the fainformation regarding conducted periodic directirons with Residence that the fainformation regarding conducted periodic directirons with Residence that the fainformation of the survey exit evidence that the fainformation regarding conducted periodic directirons with Residence that the fainformation of the survey exit evidence that the fainformation regarding conducted periodic directirons with Residence that the fainformation of the survey exit evidence that the fainformation of the survey exit evidence that the fainformation regarding conducted periodic directirons with Residence that the fainformation of the survey exit evidence that the fainforma	#158's clinical record n's order dated, 1/12/19 for a citate). Further review of the d to evidence that advance ewed and/or addressed with presentative and failed to periodic reviews.  p.m., ASM (administrative he administrator) was made concern and asked to provide tion.  p.m., an interview was M (other staff member) #8 al worker) and OSM #15 ker). OSM #8 was asked to at advance directives were periodically reviewed with esidents whose names were st.  it, there was no documented cility offered and provided ng advance directives or reviews of advance sident #158's resident  member (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above 9 at 5:04 p.m.  hary of Medical Terms for the er, 5th edition, Rothenberg and	F 5	78				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG			E SURVEY PLETED
		495299	B. WING				C
	PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE	<u> 06/</u>	14/2019
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD IE APPROPR	BE	(X5) COMPLETION DATE
F 578	Continued From pa	ige 45	F5	78			
	advance directives addressed with Res resident representation was provided.  Resident #96 was a 1/30/13 with a rece with diagnoses that to: anoxic brain dar not enough oxygen needs a constant s to function.) (1), depressure. The mosset) assessment, a assessment referencesident as scoring interview for mentation resident was severe cognitive decisions.  Review of Resident evidenced a physic renewed on 4/27/13 resuscitation). Furtifialled to evidence the reviewed, and/or acrepresentative, and periodic reviews.  On 6/12/19 at 1:56 staff member) #1 (taware of the above any further information.	t #96's clinical record ian order dated 2/26/13 and 9 for Full Code Status (full her review of the clinical record hat advance directives were ddressed with Resident #96's failed to reveal evidence of p.m., ASM (administrative he administrator) was made concern and asked to provide tion.					
теления голина по		p.m., an interview was M (other staff member) #8					:

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		495299	B. WING		ne ne	C 6 <b>/14/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		1142013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 578	(recently hired social (another social wor provide evidence the addressed with anomultiple sampled redocumented on a line of the survey exevidence that the fainformation regarding conducted periodic Resident #96's resident #96's resident #96's resident #3, the reservices, were made concerns on 6/13/1 (1) This information following website: https://medlineplus.  29. The facility staff advance directives addressed with Reservices with Reservices with Reservices with Reservices with Resident #50 was a 11/1/18 with a reading diagnoses that includementia, high bloof falls. The most receases sment, a sign with an assessment coded the resident reside	al worker) and OSM #15 ker). OSM #8 was asked to nat advance directives were I periodically reviewed with esidents whose names were st.  it, there was no documented acility offered and provided ng advance directives or reviews or follow up with dent representative.  member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 5:04 p.m.  was obtained from the gov/ency/article/001435.htm.  failed to evidence that were reviewed and/or sident #50 and/or there tive and failed to ensure	F5	578		

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Event ID: DD4411

Facility ID: VA0083

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG			E SURVEY IPLETED
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	) DDE	00,	172010
(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)	N SHOULD	BE	(X5) COMPLETION DATE
F 578	evidenced a physic Full Code Status (for review of the clinical advance directives addressed with Resident and failed to reveal On 6/12/19 at 1:56 staff member) #1 (to for the above conce further information.  On 6/12/19 at 4:56 conducted with OSI (recently hired social work provide evidence the addressed with and multiple sampled redocumented on a list As of the survey exevidence that the fainformation regarding conducted periodic with Resident #96's Administrative staff administrator, ASM and ASM #3, the reservices, were mad concerns on 6/13/15	e decisions.  #50's clinical record ian order dated 2/19/19 for all resuscitation). Further all record failed to evidence that were reviewed and/or sident #50's representative evidence of periodic reviews.  p.m., ASM (administrative he administrator) was aware rn and asked to provide any  p.m., an interview was M (other staff member) #8 all worker) and OSM #15 ker). OSM #8 was asked to at advance directives were periodically reviewed with sidents whose names were st.  it, there was no documented icility offered and provided ing advance directives or reviews of advance directives resident representative.  member (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above 9 at 5:04 p.m.	F 5	78			
Advances		failed to evidence that were reviewed and/or					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION  NG		DATE SURVEY COMPLETED
		495299	B. WING			C <b>06/14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP COL 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		307.1112010
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 578	addressed with Reresident representation periodic reviews were reviews with Resident #76 was a 10/31/17 with diagram in the limited to: depresent a combination of each bronchitis) (1). The data set) assessment, with a of 4/11/19, coded the limited to exide the limited periodic reviews of Resident a physician's order not resuscitate). Frecord failed to evid were reviewed and #76's representative of periodic reviews. On 6/12/19 at 1:56 staff member) #1 (1) aware of the above any further information. On 6/12/19 at 4:56 conducted with OS (recently hired social wor provide evidence the addressed with and periodic reviews with and conducted with and provide evidence the addressed with and resident and resident reviews with a resident reviews with resident reviews with reviews wit	sident #76 and/or there ative and failed to ensure ere conducted.  admitted to the facility on moses that included but were ession, high blood pressure, and COPD (general term for ble lung disease that is usually mphysema and chronic ermost recent MDS (minimum ent, a significant change an assessment reference date are resident as scoring a "14" interview for mental status) eresident was capable of ive decisions.  If #76's clinical record revealed dated, 1/31/17 for a DNR (no urther review of the clinical dence that advance directives for addressed with Resident ere and failed to reveal evidence.  In MSM (administrative he administrator) was made concern and asked to provide tion.  In Market Ma	F 57	78		

MEST.

	OF CORRECTION	IDENTIFICATION NUMBER:	i ' '		CONSTRUCTION	COMPLETED	
e g		495299	B. WING			06/1	C 14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB	<i>'</i> .	36	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060	00/1	,
(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 GROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 578	As of the survey exevidence that the fainformation regarding conducted periodic directirons with Reservices entative.  (1) Barron's Diction Non-Medical Reads Chapman, page 12  Administrative staff administrator, ASM and ASM #3, the reservices, were made concerns on 6/14/1 Notify of Changes (CFR(s): 483.10(g)(14) Notify of CFR(s): 483.10(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(	ge 49  it, there was no documented acility offered and provided ng advance directives or reviews of advance sident #96's resident  mary of Medical Terms for the er, 5th edition, Rothenberg and 4.  member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 12:25 p.m.  (Injury/Decline/Room, etc.) 14)(i)-(iv)(15)  ification of Changes. Immediately inform the resident; ident's physician; and notify, or her authority, the resident then there is-olving the resident which I has the potential for requiring	F	580		ble 06 I, oride ified ot	7/14/19
	clinical complicatio (C) A need to alter a need to discontin treatment due to ac commence a new f			AMARIMANAN PARAMINING	<ul> <li>was notified of resident's signification</li> <li>weight gain.</li> <li>2. An audit of residents on Apixa Carvedilol, Keppra Solution,</li> <li>Potassium Chloride Solution and</li> </ul>	ıban,	

ALIVES,

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l''	TPLE CONSTRÜCTION NG		E SURVEY IPLETED
	Alaga <sup>†</sup>	495299	B. WING _			C 14/2019
ELIZABI	PROVIDER OR SUPPLIER ETH ADAM CRUMP H	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		14/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRE©EDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 580	resident from the f §483.15(c)(1)(ii). (ii) When making r (14)(i) of this sectic all pertinent inform is available and prophysician. (iii) The facility murresident and the rewhen there is- (A) A change in rocas specified in §48 (B) A change in resident and the rewhen there is- (A) A change in resident in §48 (B) A change in resident and resident in §48 (B) A change in configuration in §48 (B) A change in configuration in §483.10(g)(15) Admission to a contract is a composite §483.10(g)(15) Admission to a contract in a compart, and must speroom changes between the second in the second in the second in the second in condition were not available for four of 71 resid Residents #158, #8	acility as specified in notification under paragraph (g) on, the facility must ensure that ation specified in §483.15(c)(2) ovided upon request to the stalso promptly notify the esident representative, if any, om or roommate assignment 3.10(e)(6); or sident rights under Federal or tions as specified in paragraph on. It is the stall the resident material and email and he resident mose in its admission agreement aration, including the various orise the composite distinct cify the policies that apply to ween its different locations	F 58	Tramadol will be conducted to ensure it is given as ordered by physician. A review of residents weight gain will also be conducted ensure physician notification.  3. Licensed nursing staff will be educated by the Director of Nursing(DON)/Designee on notification of physician if Apix. Carvedilol, Keppra Solution, Potassium Chloride Solution and Tramadol is not given as ordered the physician as well as physician otification of resident's weight.  4. Audits of residents who have Apixaban, Carvedilol, Keppra Solution, Potassium Chloride Solution ar Tramadol are not given as order the physician as well as physician otification of resident's weigh weekly for four weeks then more for three months. Results of the audits will be reviewed at the	with ted to re- aban, d ed by an t gain. cursing aban, dered by an tred by an	

EIMTB.

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STATEMENT OF DEFICIENCIES (X1)*PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		495299	B. WING		1 4 (10)	06/1	  4/2019
	PROVIDER OR SUPPLIER  TH ADAM CRUMP HE  SUMMARY STA	EALTH AND REHAB TEMENT OF DEFICIENCIES	ID	36	REET ADDRESS, CITY, STATE, ZIP CODE  00 MOUNTAIN ROAD  EN ALLEN, VA 23060  PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE *	COMPLETION DATE
F 580	Resident #158, Resand failed to notify the warm and failed to notify the second with March 2019.  The findings included 1. The facility staff when medications warm administered to Resident #158 was 11/29/18 with a readiagnoses that included stroke, COPD (chrodisease - general tellung disease that is emphysema and cholood pressure, atricharacterized by rathe atria of the heart the ventricles and routput and frequent (2), and Parkinson's progressive neuroloby resting tremor, sometime (3).  The most recent Miassessment, a sign with an assessment	ot available or administered to sident #96, and Resident #76, he physician when Resident a significant weight gain in e:  failed to notify the physician were not available or sident #158 as ordered.  admitted to the facility on dmission on 1/10/19 with uded but were not limited to: onic obstructive pulmonary erm for chronic, nonreversible usually a combination of ironic bronchitis) (1), high al fibrillation (a condition pid and random contraction of t causing irregular beats of esulting in decreased heart thy clot formation in the atria)	F 5	580	monthly QAPI meeting for three months to sustain compliance.  5. Compliance Date: 7/14/19		
	long-term memory						

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Event ID: DD4411

Facility ID: VA0083

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CO	(X3) DATE SURVEY COMPLETED			
		495299	B. WING	had de de la companya	***************************************		C <b>14/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI	EALTH AND REHAB		STREE 3600 M GLEN	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 580	Apixaban (Apixaban or blood clots in per (4), 5 MG (milligran times a day related)  The June 2019 MA record) documented on 6/5/19 a "7" was administration. The documented as "Ot The nurse's note da above physician's of medication the follog "Awaiting meds (medication the follog "Awaiting meds (medication the "Interventions" ordered by physicial effectiveness."  The contents of the emergency drug bothe contents of the the medication was An interview was commanager, on 6/13/1 medications not being as ordered. LPN # stat box. If it is not, You call the MD (medication is not out that you don't he medication is not you call the medication is not you call the medication is not you call the medication is not you c	in is used help prevent strokes ople who have atrial fibrillation) ins); give 5 mg by mouth two to atrial fibrillation."  R (medication administration of the above physician's order. In the box for code for a "7" was her/See Nurse Notes."  ated, 6/5/19, documented the order for Apixaban. After the owing was documented, edications) form pharmacy."  It care plan dated, 1/25/19, "Focus: Impaired us related to: hypertension e), A-fib (atrial fibrillation)." documented, "Medications as in and observe use and  STAT (Immediate-ix) was requested. The list of STAT box failed to evidence available.  Inducted with LPN #1, the unit 9 at 9:36 a.m., regarding ing available for administration of stated, "First you check the there you call the pharmacy. Edical doctor) to let him know of available. Then you sign it ave the medication. The ing the "awaiting pharmacy"	F 5	80			

				3) DATE SURVEY COMPLETED C		
		495299	B. WING			6/14/2019
	PROVIDER OR SUPPLIES	HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIF 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		0/14/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 580	Administrative sta administrator, ASI and ASM #3, the reservices, were ma concerns on 6/13/ On 6/14/19 at 11:5 the policy on phys medications not g ASM #2, the direct ASM #2 presented Administration - G documented in pa	off member (ASM) #1, the M #2, the director of nursing, regional director of clinical ade aware of the above /19 at 5:04 p.m.  53 a.m., a request was made for sician notification for iven. This request was made to etor of nursing. At 1:40 p.m., d the policy, "Medication deneral Guidelines" that art, "If two consecutive doses of are withheld or refused, the	F	580		
	(1) Barron's Diction Non-Medical React Chapman, page 1 (2) Barron's Diction Non-Medical React Chapman, page 5 (3) Barron's Diction Non-Medical React Chapman, page 4 (4) This information following website: https://medlineplutml.  2. The facility staf when medications administered to Resident #96 was	onary of Medical Terms for the der, 5th edition, Rothenberg and 55. onary of Medical Terms for the der, 5th edition, Rothenberg and 137. on was obtained from the				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION		E SURVEY IPLETED
		495299	B. WING	i			C 14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	<u>, 00,</u>	14/2013
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	to: anoxic brain danot enough oxyger needs a constant sto function.) (1), de and atrial fibrillation rapid and random cheart causing irregresulting in decrease clot formation in the The most recent Massessment, a qual assessment refere resident as scoring interview for mentaresident was sever cognitive decisions.  The physician orders:  - "4/26/19 - Carved (milligrams); give 6 tube) two times a definition of the physician orders:  - "5/3/19 - Kepprassizures) (4) 100 fmilliliter) Give 5 ml related to other coregive 5 ml equal 5 ml equ	t included but were not limited mage (occurs when there is a getting to the brain. The brain supply of oxygen and nutrients expression, high blood pressure, a (a condition characterized by contraction of the atria of the ular beats of the ventricles and sed heart output and frequently e atria)(2).  IDS (minimum data set) atrially assessment, with an ince date of 4/17/19, coded the a "3" on the BIMS (brief al status) score, indicating the rely impaired to make daily increased.  For documented the following lilol Tablet 6.25 MG is 3.25 mg via Peg-tube (feeding lay related to hypertension re)." (Used to treat heart failure ssure) (3)  Solution (used to treat MG/ML (milligrams per via Peg-tube every 12 hours invulsions (seizures) 100mg/ml	F	580			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l' ′	TIPLE CONSTRUCTION	(	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	DDE		7/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD B		(X5) COMPLETION DATE	
F 580	arrhythmias.) (5) 2 equivalent/milliliters Peg-tube one time - "4/27/19 - Tramac Give 50 mg via Peg to other chronic pair The May 2019 MAI physician's orders. were not administe "Carvedilol - 5/22/1 morning dose; 5/24 "Keppra - 5/22/19 - morning dose. "Potassium Chlorid 5/23/19 - morning dose; 4/28 morning dose; 4/28 morning dose; 4/28 morning dose; 4/28 morning dose; 4/29 "The nurse's notes ordered medication documented the fol "Carvedilol - 5/22/1 pharmacy." "Carvedilol - 5/23/1 pharm (pharmacy). "Carvedilol - 5/24/1 pharmacy." "Keppra - 5/22/19 apharmacy." "Keppra - 5/24/19 apharmacy." "Potassium Chlorid "Awaiting pharmacy."	O MEQ/15 ML (mill s) (10 %) give 15 ml via a day related to heart failure.  Itol HCL (hydrochloride) Tablet; getube two times a day related in.  It documented the above The following medications red on the following dates: 9 - morning dose; 5/23/19 - 1/19 - morning dose, morning dose; 5/24/19 - 1/19 - morning dose; 6/24/19 - 1/19 - evening dose; 4/29/19 - 1/19 - evening dose; 4/29/19 - 1/19 - evening dose.  Idocumented the above orders. The notes flowing on the following dates: 9 at 8:05 a.m "Awaiting"  9 at 8:03 a.m "Awaiting"  9 at 8:06 a.m "Awaiting"  18:06 a.m "Awaiting"  19 at 8:07 a.m "Awaiting"  10 at 8:07 a.m "Awaiting"  11 at 8:07 a.m "Awaiting"  12 at 8:07 a.m "Awaiting"  13 at 8:07 a.m "Awaiting"  14 at 8:07 a.m "Awaiting"  15 at 8:07 a.m "Awaiting"  16 at 8:07 a.m "Awaiting"  17 at 8:07 a.m "Awaiting"  18 at 8:07 a.m "Awaiting"  19 at 8:07 a.m "Awaiting"  10 at 8:07 a.m "Awaiting"  11 at 8:07 a.m "Awaiting"  12 at 8:07 a.m "Awaiting"  13 at 8:07 a.m "Awaiting"  14 at 8:07 a.m "Awaiting"  15 at 8:07 a.m "Awaiting"  16 at 8:07 a.m "Awaiting"  17 at 8:07 a.m "Awaiting"  18 at 8:07 a.m "Awaiting"  19 at 8:07 a.m "Awaiting"  10 at 8:07 a.m "Awaiting"  11 at 8:07 a.m "Awaiting"	F 5	80				
***************************************	"Awaiting pharmacy "Potassium Chlorid	/." e - 5/24/19 at 8:08 a.m				MARINE STATEMENT		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		E SURVEY PLETED
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F 580	"Awaiting pharmacy "Tramadol - 4/27/19 arrival from pharma "Tramadol - 4/28/19 arrival from pharma "Tramadol - 4/28/19 delivery." "Tramadol - 4/29/19 "Tramadol - 4/29/19 "Tramadol - 5/22/19 pharmacy."  The comprehensive revised on 2/20/19, At risk for complicat medications use for "Interventions" documedication regime increase effects."  The comprehensive revised on 2/20/19, Pain management a generalized pain." T documented in part ordered."  The comprehensive revised on 2/20/19, for injuries r/t (related to 1/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented in control of t	at 9:37 a.m "Awaiting acy."  at 9:38 a.m "Awaiting acy."  at 9:00 p.m "Waiting for at 12:29 p.m "Pharmacy."  at 5:26 p.m "On order."  at 8:05 a.m Awaiting  care plan dated, 1/14/17 and documented in part, "Focus: tions related to blood thinning atrial fibrillation." The amented in part, "Monitor for medications which  care plan dated, 1/4/17 and documented in part, "Needs and monitor related to: The "Interventions", "Give Pain Medications as  care plan dated, 2/7/19 and documented in part, "At risk and to) seizures."  care plan dated, 5/1/17, and documented in part, "Focus: acuar status related to heart	F 5	i80			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		COM	E SURVEY IPLETED
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	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE		
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F 580	The contents of the was requested. The STAT box failed to available.  An interview was concerns on 6/13/19 at 9:27 a.m process staff follow available on the me "I put it in the nurse (medications) are a follow up with the phave a backup, state usually used for an an An interview was commanager; on 6/13/1 asked about the promedication is not at at the time of the set "First you check the call the pharmacy. doctor) to let him know a with LPN #1.  Administrative staff administrator, ASM and ASM #3, the reservices, were made concerns on 6/13/1.  On 6/14/19 at 11:53 the policy on physic medications not give ASM #2, the directors.	e STAT (emergency drug box) e list of the contents of the evidence the medication was  onducted with LPN #4 on a. LPN #4 was asked about the es when a medication is not edication cart. LPN #4 stated, es that the meds ewaiting pharmacy and then harmacy." When asked if they t box, LPN #4 stated, "Yes, it's tibiotics."  onducted with LPN #1, the unit 19 at 9:36 a.m., LPN #1 was occess staff follows when a evailable on the medication cart cheduled dose. LPN #1 stated, es stat box. If it is not, there you You call the MD (medical now the medication is not a sign it out that you don't have es above notes that ting pharmacy" were reviewed  member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 5:04 p.m.  8 a.m., a request was made for	F5	580			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		49 <b>5</b> 29 <del>9</del>	B. WING			į.	C 14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD LEN ALLEN, VA 23060	1 00/	14/2019
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F 580	Administration - Ge documented in part a vital medication a physician is notified No further information following website: https://medlineplus. (2) Barron's Diction Non-Medical Reade Chapman, page 55 (3) This information following website: https://medlineplus.tml. (4) This information following website: https://medlineplus.tml. (5) This information following website: https://dailymed.nlmgxsl.cfm?setid=48fd28f90  3. The facility staff f when medications wadministered to Research 10/31/17 with diagn not limited to: depresanxiety disorder, an chronic, nonreversil	neral Guidelines" that , "If two consecutive doses of re withheld or refused, the ." on was provided prior to exit. was obtained from the gov/ency/article/001435.htm. ary of Medical Terms for the er, 5th edition, Rothenberg and	F 5	80			
	Distribution (1).				·		- ·

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
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F 580	assessment, a sign with an assessment coded the resident (brief interview for ithe resident was cat cognitive decisions). The physician orde "Ultram (tramadol) moderately severe give 1 tablet by mo to acute pain due to The April 2019 MAI record) documente On 4/26/19 a "7" wadministration. The documented as "Of was documented for 1:00 p.m. dose.  The nurse's note documented the aboute documented the aboute documented, pharmacy." The nut 12:44 p.m. documented the aboute documented	DS (minimum data set) ifficant change assessment, it reference date of 4/11/19, as scoring a "14" on the BIMS mental status) score, indicating pable of making daily related of the first moderate to pain) (2) 50 MG (milligrams) with three times a day related of trauma."  R (medication administration defined the above physician's order, as documented in the box for ecode for a "7" was ther/See Nurse Notes." This for the 8:00 a.m. dose and the lated 4/26/19 at 10:49 a.m. hove medication order. The "Awaiting arrival from rise's note dated, 4/26/19 at ented, "awaiting from the care plan dated, 4/10/19, documentation for the estated the medication was evidence the medication was	F 5				
	An interview was co	onducted with LPN (licensed					

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	:ODE	00.17.2010		
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F 580	practical nurse) #1, at 2:28 p.m. regard a pain medication is administration as of #1 stated, "I would new order for some call the pharmacy to Administrative staff administrator, ASM and ASM #3, the reservices, were mad concerns on 6/14/1 No further information (1) Barron's Diction Non-Medical Reade Chapman, page 12 (2) This information following website: https://medlineplus.ml  4. The facility staff f physician when the significant weight gas 6/13/18. Resident #92 was a 6/13/18.	the unit manager, on 6/13/19 ing the process staff follows if is not available for redered by the physician. ,LPN first contact the doctor for a sthing in the stat box and then to have it sent over stat."  member (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above 9 at 12:25 p.m.  on was provided prior to exit.  hary of Medical Terms for the er, 5th edition, Rothenberg and 4.  was obtained from the gov/druginfo/meds/a695011.ht  failed to notify Resident #92's resident presented with a	F 5	80				
	intact. Section K in	accurately coded Resident						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 580	more in the last me percent or more in Review of Resider the following weigh 10/18/18- 147.4 pc 3/18/19- 169.2 pout 10/18/18)  4/1/19- 166 pound 10/18/18)  A nutritional assessigned by a dining documented a weipercent in 30 days percent in 90 days 180 days. The nut documented, "Diet CBW (Current bod BMI (body mass in 50-75%. no (sic) rhand. No pressure on a nas regular di (sic) continue to me Review of nurses' and physician notereveal documentat physician (and/or the made aware of the Resident #92's cor 6/21/18 documented at risk for imbalance (related to) therape burn, MDD (major (chronic obstructive)	onth or weight loss of ten the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's clinical record revealed of the last six months.  It #92's and six months.  It #92's date of the last six months.  It #92's date of	. F 5					

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PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	સ્તુ <del>ર</del> ્થ	495299	B. WING	i	445 <b>4</b>		14/2019
	PROVIDER OR SUPPLIER	L.,,		3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 007	14/2019
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 584 SS=D	of significant weigh failed to document physician notification.  On 6/13/19 at 10:3: conducted with LPN LPN #6 was asked notified of a significated, "Yes." Whe "Because we need weight gain can be medication causing LPN #6 was made presented with a signification causing LPN #6 was made presented with a signification was made presented with a significant was made presented with	reflux disease). Hx (History) to change" The care plan information regarding on of significant weight gain.  If a.m., an interview was to (licensed practical nurse) #6. if the physician should be ant weight gain. LPN #6 and sked why, LPN #6 stated, to figure out why because edema (swelling) or a state of the physician that Resident #92 gnificant weight gain in March is no evidence that the ele aware.  p.m., ASM (administrative the administrator), ASM #2 sing) and ASM #3 (the regional services) were made aware of the p.m., ASM #2 confirmed the ele a policy regarding physician ion was presented prior to exitable/Homelike Environment pright to a safe, clean, omelike environment, including acciving treatment and		580	F584  1. The pillowcase was removed from Resident #135 bed. The pillows were moved from Resident #51 form room and #30 bed.	ere	7/14/19

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 63 of 212



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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED				
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	PROVIDER OR SUPPLIER ETH ADAM CRUMP H	EALTH AND REHAB		36	TREET ADDRESS, CITY, STATE, ZIP CODE 500 MOUNTAIN ROAD ILEN ALLEN, VA 23060	, 00,	14/2013			
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F 584	The facility must p §483.10(i)(1) A saft homelike environmuse his or her perspossible.  (i) This includes erreceive care and sphysical layout of tindependence and (ii) The facility shat the protection of thor theft.  §483.10(i)(2) Hous services necessariand comfortable in §483.10(i)(3) Clearin good condition;  §483.10(i)(4) Privaresident room, as services in all areas;  §483.10(i)(5) Adec levels in all areas;  §483.10(i)(6) Comflevels. Facilities in 1990 must maintain 1990 must maint	rovide- e, clean, comfortable, and hent, allowing the resident to conal belongings to the extent ensuring that the resident can ervices safely and that the he facility maximizes resident does not pose a safety risk. Il exercise reasonable care for the resident's property from loss sekeeping and maintenance of to maintain a sanitary, orderly,	FS	584	<ol> <li>An audit of residents' pillowcas and pillows was conducted to enpillowcases and pillows are in goor repair.</li> <li>Facility staff and Health Care Services employees will be reeducated by the Administrator/ Designee on ensuring pillowcase and pillows are in good repair.</li> <li>Audits will be conducted by Carekeepers to ensure pillowcase and pillows are in good repair we for four weeks then monthly for three months. Results of the audill be reviewed at the monthly meeting for three months to sust compliance.</li> <li>Compliance Date: 7/14/19</li> </ol>	sure od es eekly lits QAPI				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTR		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER  ETH ADAM CRUMP H	EALTH AND REHAB		3600 MOUN	DRESS, CITY, STATE, ZIP CODE NTAIN ROAD LEN, VA 23060		
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F 584	homelike environm the survey sample,  1. The facility staff of #135's pillowcase in  2. The facility staff of Resident #51's form  3. The facility staff of 30 bed pillows in go  The findings include  1. Resident #135 w  11/2/18. Resident of and personal histor Resident #135's modata set), a quarter (assessment reference the resident as being coded Resident #13 for bed mobility and On 6/11/19 at 1:38 resident #135 was seam of the resider approximately two in On 6/13/19 at 8:37 conducted with CNA was as for maintaining pillows as tated she disposshe changes them. pillowcases twice a stated she also changes them.	ent for three of 71 residents in Residents #135, #51 and #30.  failed to maintain Resident in good repair.  failed to maintain a pillow in the room in good repair.  failed to maintain Resident # food repair.  failed to maintain a pillow in failed to maintain Resident # food repair.  failed to maintain a pillow in failed in transfers.  failed to maintain a pillow in failed in the failed to maintain a pillow failed but failed b	F 5	34			

F 584 Continued From page 65 homelike, CNA #3 stated torn pillowcases are not homelike and she would not sleep on torn pillowcases.  On 6/14/19 at 11:05 a.m., ASM (administrative staff member) #1 (the administrative) graded director of clinical services) were made aware of the above concern.  On 6/14/19 at 1:10 p.m., ASM #2 confirmed the facility did not have a policy regarding a clean, comfortable, homelike environment.  No further information was presented prior to exit.  2. The facility staff failed to maintain a pillow in Resident #51's former room in good repair.  Resident #51 was admitted to the facility on 9/8/11. Resident #51's diagnoses included but were not limited to pain, diabetes and difficulty swallowing. Resident #51's most recent MDS (minimum data set) (prior to discharge), a		ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ IN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
ELIZABETH ADAM CRUMP HEALTH AND REHAB  (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAGK TAGK  F 584  Continued From page 65 homelike, CNA #3 stated torn pillowcases are not homelike and she would not sleep on torn pillowcases.  On 6/14/19 at 11:05 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of clinical services) were made aware of the above concern.  On 6/14/19 at 11:10 p.m., ASM #2 confirmed the facility did not have a policy regarding a clean, comfortable, homelike environment.  No further information was presented prior to exit.  2. The facility staff failed to maintain a pillow in Resident #51's former room in good repair.  Resident #51 was admitted to the facility on 9/8/11. Resident #51's diagnoses included but were not limited to pain, diabetes and difficulty swallowing. Resident #51's most recent MDS (minimum data set) (prior to discharge), a			495299	B. WING					
F 584  Continued From page 65 homelike, CNA #3 stated torn pillowcases are not homelike and she would not sleep on torn pillowcases.  On 6/14/19 at 11:05 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of clinical services) were made aware of the above concern.  On 6/14/19 at 1:10 p.m., ASM #2 confirmed the facility did not have a policy regarding a clean, comfortable, homelike environment.  No further information was presented prior to exit.  2. The facility staff failed to maintain a pillow in Resident #51's diagnoses included but were not limited to pain, diabetes and difficulty swallowing. Resident #51's most recent MDS (minimum data set) (prior to discharge), a			EALTH AND REHAB	•	3600 MOUNTAIN ROAD	,			
homelike, CNA #3 stated torn pillowcases are not homelike and she would not sleep on torn pillowcases.  On 6/14/19 at 11:05 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of clinical services) were made aware of the above concern.  On 6/14/19 at 1:10 p.m., ASM #2 confirmed the facility did not have a policy regarding a clean, comfortable, homelike environment.  No further information was presented prior to exit.  2. The facility staff failed to maintain a pillow in Resident #51's former room in good repair.  Resident #51 was admitted to the facility on 9/8/11. Resident #51's diagnoses included but were not limited to pain, diabetes and difficulty swallowing. Resident #51's most recent MDS (minimum data set) (prior to discharge), a	PRÉFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE		
quarterly assessment with an ARD (assessment reference date) of 3/29/19, coded the resident as being cognitively intact. Section G coded Resident #51 as requiring extensive assistance of one staff with bed mobility, dressing and personal hygiene.  On 6/6/19, the Office of Licensure and Certification received a complaint that alleged Resident #51's pillow was torn and tattered.  On 6/11/19 at 2:37 p.m. and 6/12/19 at 9:44 a.m., observation of the pillow in Resident #51's former	F 584	homelike, CNA #3 shomelike and she willowcases.  On 6/14/19 at 11:05 staff member) #1 (to the director of nursidirector of clinical signs the above concern.  On 6/14/19 at 1:10 facility did not have comfortable, homel No further information.  2. The facility staff of Resident #51 was a 9/8/11. Resident #51 was a 9/8/11. Resident #5 were not limited to particularly assessment (minimum data set) quarterly	stated torn pillowcases are not would not sleep on torn  5 a.m., ASM (administrative he administrator), ASM #2 sing) and ASM #3 (the regional ervices) were made aware of p.m., ASM #2 confirmed the a policy regarding a clean, ike environment.  5 on was presented prior to exit.  5 admitted to maintain a pillow in her room in good repair.  5 diagnoses included but pain, diabetes and difficulty ent #51 was discharged ON #51's most recent MDS  6 (prior to discharge), a ent with an ARD (assessment 8/29/19, coded the resident as fact. Section G coded quiring extensive assistance of nobility, dressing and personal enter of Licensure and enter a complaint that alleged was torn and tattered.  5 p.m. and 6/12/19 at 9:44 a.m.,		84				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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NAME OF	PROVIDER OR SUPPLIER	493299	D. WING_	STREET ADDRESS, CITY, STATE, ZIP	0005	06/	14/2019
	ETH ADAM CRUMP H	EALTH AND REHAB		3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE		
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F 584	resided in the room. The pillow was not on the unmade bed covering. One side area (approximatel inch wide) with the covering exposed. contained a torn an long by one inch wivinyl covering expoonducted with CN. #3. CNA #3 was as for maintaining pillostated, "When I chapillows are not in go and get new pillows changes pillowcase week) and if the pill was asked how a ptorn. CNA #3 state dispose of them." Whomelike, CNA #3 shomelike and she with the director of clinical state above concern.  On 6/14/19 at 1:10 facility did not have comfortable, homel	in and the bed was unmade. in a pillowcase and it was lying if. The pillow contained a vinyl of the pillow contained a torn y two inches long by one half cloth inside of the vinyl The other side of the pillow ea (approximately 16 inches de) with the cloth inside of the sed.  a.m., an interview was A (certified nursing assistant) sked about the facility process ws in good repair. CNA #3 ange my pillowcases, if my cod condition, I remove them a." CNA #3 stated she as on shower days (twice a lowcase is soiled. CNA #3 illow can be cleaned if it is d, "You can't. That's why I When asked if torn pillows are stated torn pillows are not would not sleep on torn pillows.  a.m., ASM (administrative he administrator), ASM #2 sing) and ASM #3 (the regional ervices) were made aware of  p.m., ASM #2 confirmed the a policy regarding a clean, ike environment.	F 58				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495299	B. WING				C <b>/14/2019</b>		
	PROVIDER OR SUPPLIER	IEALTH AND REHAB		3600 MOUNT	RESS, CITY, STATE, ZIP CODE TAIN ROAD EN, VA 23060		14,2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL ASC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EAC	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 584	Resident # 30 was 03/23/18 with diag not limited to deme (2), and anxiety (3) MDS (minimum dawith an ARD (asse 12/12/18, coded Ron the brief intervie a score of 0 - 15, to f cognition for material conducted of Residual Conducted of Residual Conducted of Residual Conducted with Residual Conducted with Residual Conducted with Residual Conducted with Residual Conduct with LPN (unit manager for Woondition of resider "Good condition. Not Some have a plast observing Residen "I would take the pland they can be war machine." When a sidual conduct. "When a sidual conduct."	f failed to maintain Resident # ood repair.  admitted to the facility on noses that included but were entia (1), depressive disorder, b. Resident # 30's most recent that a set), a quarterly assessment reference date) of esident # 30 as scoring a ten ew for mental status (BIMS) of en - being moderately impaired king daily decisions.  0 p.m., 06/12/19 at 11:35 a.m., or a.m., observations were	F	84					

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	TIPLE CON	(X3) DATE SURVEY COMPLETED		
		495299	B. WING			1	C <b>14/2019</b>
NAME OF PROVIDER		EALTH AND REHAB		3600 M	T ADDRESS, CITY, STATE, ZIP CODE IOUNTAIN ROAD ALLEN, VA 23060	, 00,	1-7/2010
	ACH DEFICIENC	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 APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
5 state Reside stated On 06, conduct 30 use LPN # occasi On 06, (admir admini were n No furt Refere (1) A ld diseas judgme obtaine https:// (2) De blue, u Most of short p disorde or frus or mor websit https:// (3) Fea websit	ent # 30 used, "Not aware / 13/19 at 10:5 cted LPN # 1 ed the bed pil 10 stated, "Honally."  /12/19 at appointment of the information aware of their information the estant, and behaved from the word from the from the from the contraction interfere. This information interfere word from the word from the word from the word from the contraction interfere. This information interfere word from the word from th	Indition no." When asked if the bed pillows, LPN # 5 if resident uses the pillows."  22 a.m., an interview was 0. When asked if Resident # lows while he is in his recliner, le uses the pillows  23 roximately 5:20 p.m., ASM f member) #1, the ASM #2, director of nursing, of the above findings.  24 ion was provided prior to exit.  25 unction that occurs with certain memory, thinking, language, avior. This information was	F5	84			



NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD CLEN ALLER, VA 23600			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SÜRVEŸ		
STREET ADDRESS, CITY, STRE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060   GLEN ALLEN	Ţ		495299	B. WING			11.5		
F 607 Continued From page 69 F 607 Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) \$483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of residents and misappropriation of residents and misappropriation of resident property, \$483.12(b)(2) Establish policies and procedures to investigate any such allegations, and \$483.12(b)(3) Include training as required at paragraph \$483.95, This RECUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to implement abuse policies for two of ten employee records (CSM (other staff member) hired on 5/28/19 and 2/6/19.  2. An audit will be conducted of housekeepers' personal files to ensure reference checks have been completed.  3. Housekeeping Manager (HCSG) and HR Manager will be re-educated by the Administrator/Designee on ensuring reference checks have been completed.  4. Audits will be conducted by the Carekeepers to ensure reference checks have been completed.  4. Audits will be conducted by the Carekeepers to ensure reference checks have been completed.  5. Housekeeping Manager (HCSG) and HR Manager will be re-educated by the Administrator/Designee on ensuring reference checks have been completed.  6. Audits will be conducted by the Carekeepers to ensure reference checks have been completed.  7. An audit will be conducted of housekeepers' personal files to ensure reference completed.  8. HOUSE PROVIDED P	ELIZABE	ETH ADAM CRUMP I	HEALTH AND REHAB	ID	36	600 MOUNTAIN ROAD LEN ALLEN, VA 23060 PROVIDER'S PLAN OF CORRECTION	<b>V</b>		
F 607 SS=D Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to implement abuse policies for two of ten employee records (OSM) [other staff member] #9 and OSM #10. The facility staff failed to implement the abuse policy to obtain reference checks at the time of hire for Other Staff Member (OSM) #10 and OSM #9.  The findings include: The facility staff failed to implement abuse policies for the screening and hiring of new employees regarding obtaining reference checks for two of 10 employee records reviewed; Other Staff Member (OSM) #10 and OSM #9.	PREFIX					CROSS-REFERENCED TO THE APPROPE			
On 6/13/19 at 9:43 AM, a review of 10 employee records was conducted. These were of employees hired between February 2019 and	F 607	Develop/Impleme CFR(s): 483.12(b) \$483.12(b) The faimplement written \$483.12(b)(1) Proneglect, and explomisappropriation \$483.12(b)(2) Est to investigate any \$483.12(b)(3) Inciparagraph \$483.9 This REQUIREMI by: Based on staff in review, clinical rera complaint invest the facility staff fa for two of ten emprember] #9 and failed to implement reference checks Staff Member (OS) The findings inclusive for the science of the science for the science of the	nt Abuse/Neglect Policies ()(1)-(3)  acility must develop and policies and procedures that:  whibit and prevent abuse, obitation of residents and of resident property,  ablish policies and procedures such allegations, and  lude training as required at 15,  ENT is not met as evidenced terview, facility document cord review, and in the course of tigation, it was determined that illed to implement abuse policies ployee records (OSM [other staff OSM #10). The facility staff it the abuse policy to obtain at the time of hire for Other SM) #10 and OSM #9.  de:  ailed to implement abuse reening and hiring of new ding obtaining reference checks loyee records reviewed; Other SM) #10 and OSM #9.  3 AM, a review of 10 employee lucted. These were of	1	- 1	<ol> <li>Reference checks have been completed for OSM (Other Staff Member) hired on 5/28/19 and 2/6/19.</li> <li>An audit will be conducted of housekeepers' personal files to ensure reference checks have be completed.</li> <li>Housekeeping Manager (HCSG and HR Manager will be re-educaby the Administrator/Designee of ensuring reference checks have be completed.</li> <li>Audits will be conducted by the Carekeepers to ensure reference checks have been completed on weekly for four weeks then month for three months. Results of the audits will be reviewed at the monthly QAPI meeting for three months to sustain compliance.</li> </ol>	e OSM	7/14/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	IEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE		1-1/2-010
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F 607	(Other Staff Members was hired on 5/28/2. There were no real (a housekeeper) where the conducted of the Human Reconducted of the Reconducted of the Human Reconducted of the	eference checks for OSM er) #9 (a housekeeper) who	F 6	507			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	ODE	. 00/	14/2013
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F 607	hired employees. Oget it from the partiprovide the referent to give the correct it correct, I follow thru of previous employ was asked who is reference checks. Oaccount manager." about the timeframichecks. OSM #5 s first 10 days, betwee paperwork process try to call and refere takes a week for the during that time is with the work when OSM #5 was obtain references, I pretty good perspectrying to hire. Hope references, you get applicant is qualified hiring for."  On 6/14/19, at 10:4 (Administrative State Administrator, was asked about the proference checks of ASM #1 stated, "Eit attempt to call the receptions says it is days in a row, I instituted to contain the proference, if unable to the proference checks of t	or greference checks on newly or SM #5 stated, "Normally, I will cipant. Normally, when they ces, I am depending on them information. If information is a and call the phone numbers sees or co-worker." OSM #5 esponsible for obtaining the DSM #5 stated, "I am as When OSM #5 was asked a for obtaining the reference stated, "I try to get it within the enthe times of starting the with Human Resources. We ence them. Sometimes it a paperwork process and when I call the references." I sasked why it is important to the stated, "Hopefully, you get a ctive of the applicant you are fully, by contacting the a some type of idea the d for the position you are	F 6	07			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVÍDER/SÜPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED C		
		495299	B. WING				14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	FREET ADDRESS, CITY, STATE, ZIP CODE 500 MOUNTAIN ROAD LEN ALLEN, VA 23060		
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F 607	obtaining the refer Resources Manag make sure they are about the timefram checks, ASM #1 s be done prior to be occasionally it will was asked why it is references, ASM # employees that ha employees. Calling their character is in A review of the fact Elder Justice Act C "II. Screening: In employment with It history of abuse, in to include: A. Refecturrent employers On 6/14/19 at 12:3 Administrator, ASI and ASM #3, the F Services were man further information survey.	I who is responsible for ences, ASM #1 stated, "Human er, it is her responsibility to e completed." When asked he for obtaining the reference he stated, "We prefer them to being hired. But I know be on the date of hire." When is important to obtain the stated, "We definitely want we good standing with other and to hire positive and caring gother eferences to see about mportant."  If the positive and caring gother eferences to see about mportant."  If the positive and caring gother eferences to see about mportant."  If the positive and caring gother eferences to see about mportant."  If the positive and caring gother eferences to see about mportant."  If the positive and caring gother eferences for a medical decidence, and the positive and the positive and caring gother effects and for a medical decidence, and the positive and the positive and the positive and caring gother effects and for a medical decidence and the positive an		607	F608		
	S483.12(b) The fa implement written \$483.12(b)(5) Ensoccurring in federa	onable Suspicion of a Crime (5)(i)-(iii) cility must develop and policies and procedures that: ure reporting of crimes ally-funded long-term care ance with section 1150B of the	The second section of the sect		<ol> <li>Facility posting has been updated to reflect the notice of employee rights to report a reasonable suspicion of a crime.</li> <li>Each employee/resident has the potential of being affected.</li> </ol>		7/14/19

PRINTED; 06/25/2019 FORM APPROVED OMB NO. 0938-0391

	F CORRECTION	IDENTIFICATION NUMBER:	F ' '		E CONSTRUCTION		MPLETED	
		495299	B. WING			1 1	C /14/2019	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD LEN ALLEN, VA 23060	- 1		
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F 608	but are not limited (i) Annually notifyir defined at section individual's obligati reporting requirem (A) Each covered is State Agency and entities for the poli facility is located a crime against any or is receiving care (B) Each covered immediately, but n forming the suspic suspicion result in later than 24 hours suspicion do not re (ii) Posting a cons rights, as defined a Act. (iii) Prohibiting and defined at section This REQUIREME by: Based on observa document review, facility staff failed t rights regarding re The findings includ On 6/13/19 at 10:1 the facility (includir time clock and an conducted. No no	and procedures must include to the following elements. In govered individuals, as 1150B(a)(3) of the Act, of that ion to comply with the following ents. Individual shall report to the one or more law enforcement tical subdivision in which the my reasonable suspicion of a individual who is a resident of, of from, the facility. Individual shall report to tater than 2 hours after ion, if the events that cause the serious bodily injury, or not is if the events that cause the sesult in serious bodily injury. Individual shall report of the events that cause the sesult in serious bodily injury. Individual shall report of the events that cause the sesult in serious bodily injury. Individual shall report of employee at section 1150B(d)(3) of the determined that the individual shall report of the Act. In it is not met as evidenced ation, staff interview and facility it was determined that the individual suspicious crime.		608	3. Administrator re-educated by Regional Nurse Consultant/Design on ensuring notice posted of employee rights to report a reasonable suspicion of a crime.  4. Audits will be conducted by the Administrator/Designee to ensure notice of employee rights to repressonable suspicion of a crime posted weekly for four weeks the monthly for three months. Resurthe audits will be reviewed at the monthly QAPI meeting for three months to sustain compliance.  Compliance Date: 7/14/19	ne re a fort a is nen ults of		

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 74 of 212



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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTI (X2) MULTIPLE CONSTRUCTI (X3) MULTIPLE CONSTRUCTI (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTI (X3) MULTIPLE CONSTRUCTI (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTI (X6) MULTIPLE CONSTRUCTI (X7) PROVIDER/SUPPLIER/CLIA (X8) MULTIPLE CONSTRUCTI (X8) MULTIPLE CONSTRUCTI (X9) MULTIPLE CONSTRUCTI (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTI (X3) MULTIPLE CONSTRUCTI (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTI (X6) MULTIPLE CONSTRUCTI (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X8) MULTIPLE CONSTRUCTI (X8)				LETED			
		495299	B. WING		; · · · · · · · · · · · · · · · · · · ·	06/1	4/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL.  SC IDENTIFYING*INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE ARPROP DEFICIENCY)	BE Î	(X5) COMPLETION DATE
F 608	staff member) #1 (aware of the above this surveyor a poster sident rights and advocacy agencies notice of employed suspicious crime. poster did not meet the facility policy to PROCEDURE FO CRIMES UNDER JUSTICE ACT" do policy to comply we about reporting a runder Section 115 as established by Affordable Care Acconspicuous locat individuals' of their EJA to report a sur (state survey agency if the retaliated against a suspected crime to the survey agency if the survey	the administrative the administrator) was made to concern. ASM #1 showed ster on the wall regarding phone numbers for local so the poster did not contain rights regarding reporting a ASM #1 was made aware this at the regulatory requirements.  Itled, "POLICY & REPORTING SUSPECTED THE FEDERAL ELDER cumented, "it is the Facility ith the Elder Justice Act (EJA) reasonable suspicion of a crime OB of the Social Security Act, the Patient Protection and ct (ACA)c. post a notice in a conthat informs all 'covered reporting obligation under the spicion of a crime to the SSA acy) and local law enforcement; le a complaint with the state ney feel the the (sic) Facility has an employee who reported a under this statute"	F	808			
	Notice Requireme CFR(s): 483.15(c) §483.15(c)(3) Noti Before a facility tra resident, the facilit (i) Notify the reside representative(s)	ce before transfer. ansfers or discharges a	F	623	F623  1. Facility will provide written notification to the resident/ representative and/or Ombudsm regarding the reason for a facility initiated transfer.		7/14/19
	i .		1	1			

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

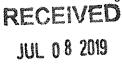
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
		495299	B. WING		- 3. 3.	06/1	14/2019
	PROVIDER OR SUPPLIER  TH ADAM CRUMP H		ID.	36 G	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD 6LEN ALLEN, VA 23060  PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID, PREF TAG		(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	COMPLETION DATE
F 623	facility must send a representative of the Long-Term Care O (ii) Record the reast discharge in the reaccordance with paragraph (c)(5) of section (iii) Include in the negargraph (c)(5) of section (c)(8) of this section (c)(8) of this section discharge required made by the facility resident is transfer (ii) Notice must be before transfer or (A) The safety of in be endangered unout this section; (B) The health of in be endangered, un this section; (C) The resident's allow a more immedunder paragraph (c) (D) An immediate to the required by the resunder paragraph (c) (E) A resident has a days.  §483.15(c)(5) Continuities and the following specified in must include the following section (c) (c) Continuities specified in must include the following section (c) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	ner they understand. The copy of the notice to a se Office of the State inbudsman. Sons for the transfer or sident's medical record in tragraph (c)(2) of this section; otice the items described in this section.  In gof the notice.  In gof the notice.  In gof the notice of transfer or under this section must be at least 30 days before the red or discharged.  In gof the notice of transfer or under this section must be at least 30 days before the red or discharged.  In gof the notice of transfer or under this section must be at least 30 days before the red or discharged.  In gof the notice of transfer or under this section as practicable discharge when-dividuals in the facility would der paragraph (c)(1)(i)(C) of the least transfer or discharge, c)(1)(i)(B) of this section; ransfer or discharge is ident's urgent medical needs, c)(1)(i)(A) of this section; or not resided in the facility for 30 tents of the notice. The written paragraph (c)(3) of this section	F	523	<ol> <li>Each residents has the potention being affected.</li> <li>Medical Record staff, Licensed Nurses and Business Office Manwill be re-educated by the Administrator/Designee on provwritten notification to the residerepresentative and/or Ombudstregarding the reason for a facilit initiated transfer.</li> <li>Audits will be conducted by the Administrator/Designee to ensuwritten notification to the residerepresentative and/or Ombudstregarding the reason for a facilit initiated transfer has been completed weekly for four weethen monthly for three months Results of the audits will be revat the monthly QAPI meeting for three months to sustain complications.</li> <li>Compliance Date: 7/14/19</li> </ol>	diager iding ent/ nan ey he ent/ man ty ks . iewed	

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 76 of 212



	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	"IPLE CONSTRUCTION NG		TE SURVEY MPLETED
		495299	B. WING		OF.	C 5 <b>/14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		714/2013
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 623	(iii) The location to transferred or disch (iv) A statement of including the name and telephone num receives such requito obtain an appeal completing the form hearing request; (v) The name, additelephone number Long-Term Care Of (vi) For nursing fact and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protection and developmental disabilities, the maintelephone number of the protec	te of transfer or discharge; which the resident is harged; the resident's appeal rights, address (mailing and email), aber of the entity which ests; and information on how form and assistance in and submitting the appeal ress (mailing and email) and of the Office of the State mbudsman; ality residents with intellectual disabilities or related ling and email address and of the agency responsible for advocacy of individuals with abilities established under Part ental Disabilities Assistance of 2000 (Pub. L. 106-402, C. 15001 et seq.); and disabilities, the mailing and telephone number of the for the protection and uals with a mental disorder he Protection and Advocacy iduals Act.  The seq to the notice.  The notice changes prior to be or or discharge, the facility of the notice as soon the updated information	F 63	23		

	OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY COMPLETED	
		495299	B. WING		06	C <b>/14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		1472010
(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 CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 623	the administrator of written notification to the State Survey State Long-Term Of the facility, and the well as the plan for relocation of the re 483.70(I). This REQUIREME by: Based on staff into review, it was dete failed to provide with resident/representate regarding transfers residents in the sure #140, #92, #50, #1  1. Resident #70 was 5/6/19. The facility notification of the tothe resident's representation and/or the resident #140 won 4/16/19. The facility notification of the tothe resident's representation #140 and/or the resident's representation #140 and/or the resident's representation #140 and/or the resident's representation for the tothe resident's representation #140 and/or the re	Ity closure, the individual who is f the facility must provide prior to the impending closure of Agency, the Office of the Care Ombudsman, residents of the care ombudsman, residents of the transfer and adequate sidents, as required at §  In it is not met as evidenced erview and clinical record rained that the facility staff fitten notification to the active and/or ombudsman to the hospital for six of 71 rey sample, Residents #70, 57, and #96.  In as transferred to the hospital on the transfer to Resident #70 and/or esentative.  In as transferred to the hospital incility staff failed to provide of the transfer to Resident sident's representative.  In as transferred to the hospital on the transfer to Resident #92 and/or esentative.  In as transferred to the hospital on the transfer to Resident #92 and/or esentative.  In a stransferred to the hospital on the transfer to Resident #92 and/or esentative.  In a stransferred to the hospital on the transfer to Resident #92 and/or esentative.  In a stransferred to the hospital on the staff failed to provide written the sident #92 and/or esentative.  In a stransferred to the hospital on the staff failed to provide written the sident and/or resident #92 and/or esentative.	F6	23		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495299	B. WING	***************************************	·····	1	C <b>14/2019</b>	
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI	EALTH AND REHAB		360	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD .EN ALLEN, VA 23060			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y 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 623	5. The facility staff in notification to the representative for Fhospital on 4/10/19 6. The facility staff in notification to the representative for Fhospital on 4/25/19 The findings included 1. Resident #70 was 5/6/19. The facility notification of the transfer was provided assessment reference the resident #70's most set), a quarterly assessment reference the resident was transfer was provided representative.  On 6/12/19 at 4:56 conducted with OS (social worker) and worker). OSM #8 at they provide written the transfer is necession was not provided with the transfer is necession.	failed to provide written esident and/or resident Resident #157's transfer to the failed to provide written esident and/or resident Resident # 96's transfer to the . e: s transferred to the hospital on staff failed to provide written ansfer to Resident #70 and/or	Fe	623				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION  NG		COM	E SURVEY PLETED
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	ODE	<u> </u>	142013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD (	BE	(X5) COMPLETION DATE
F 623	do not.  On 6/13/19 at 10:3: conducted with LPN LPN #6 was asked notification, explain necessary, to resid representatives when the hospital. LPN # inform the residents and call the represe written notification is provided verbal not provided written no On 6/14/19 at 11:05 staff member) #1 (It (the director of clinical sthe above concern.)  On 6/14/19 at 1:40 facility did not have transfers.  No further information of the factor of	#8 stated the social workers  1 a.m., an interview was  N (licensed practical nurse) #6. if nurses provide written ing why the transfer is ents and/or their en residents are transferred to 6 stated the nurses verbally is if they are alert and oriented entatives. When asked if s provided, LPN #6 stated she ification, but has never tification.  5 a.m., ASM (administrative he administrator), ASM #2 sing) and ASM #3 (the regional ervices) were made aware of	F 6	23			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING	CON	TE SURVEY MPLETED
		495299	B. WING		1	C <b>/14/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 623	(assessment references resident as being or Review of Resident revealed the reside hospital on 4/16/19 altered mental statu #140's clinical reconotification of the transident and/or the On 6/12/19 at 4:56 conducted with OSI (social worker) and worker). OSM #8 at they provide written the transfer is nece representatives what the hospital. OSM do not.  On 6/13/19 at 10:31 conducted with LPN LPN #6 was asked notification, explain necessary, to reside representatives what the hospital. LPN # inform the residents and call the represe written notification is provided written not On 6/13/19 at 5:09 staff member) #1 (to (the director of nursides)	ance date) of 5/2/19, coded the orgnitively intact.  #140's clinical record in the was transferred to the for increased blood sugar and its. Further review of Resident ansfer was provided to the representative.  p.m., an interview was in (other staff member) #8 OSM #15 (another social and OSM #15 were asked if notification, explaining why ssary, to residents and/or their en residents are transferred to #8 stated the social workers  I a.m., an interview was I (licensed practical nurse) #6. if nurses provide written ing why the transfer is ents and/or their en residents are transferred to 6 stated the nurses verbally if they are alert and oriented entatives. When asked if is provided, LPN #6 stated she fication, but has never	F	523		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	СОМ	E SURVEY PLETED
		495299	B. WING		1	C 14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 00/	14/2019
(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 APPROFEDERICS)	D BE	(X5) COMPLETION DATE
F 623	On 6/14/19 at 1:40 facility did not have transfers.  No further information of the transfers of the transfer	p.m., ASM #2 stated the a policy regarding hospital ion was presented prior to exit. Is transferred to the hospital on y staff failed to provide written ansfer to Resident #92 and/or	F 623			
	representative.  On 6/12/19 at 4:56 conducted with OSi (social worker) and worker). OSM #8 at they provide written the transfer is nece representatives who the hospital. OSM do not.	p.m., an interview was M (other staff member) #8 OSM #15 (another social and OSM #15 were asked if notification, explaining why ssary, to residents and/or their en residents are transferred to #8 stated the social workers  1 a.m., an interview was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED
	495299	B. WING _		C 06/14/2019
NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HE	ALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 00/14/2010
PREFIX (EACH DEFICIENCY	FEMENT 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)	BE COMPLETION
LPN #6 was asked in notification, explaining necessary, to reside representatives whethe hospital. LPN #1 inform the residents and call the represe written notification is provided verbal notification is provided written notification is provided written notification of consideration of consideration of consideration of clinical set the above concern.  On 6/14/19 at 1:40 provided written information of concern.  On 6/14/19 at 1:40 provided in the provided in the concern.  No further information of the resident with a reading concern of the resident #50 was at 11/1/18 with a reading concern of the con	I (licensed practical nurse) #6. If nurses provide written ng why the transfer is ents and/or their en residents are transferred to 6 stated the nurses verbally if they are alert and oriented ntatives. When asked if a provided, LPN #6 stated she lication, but has never	F 62	3	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		COM	E SURVEY MPLETED
		495299	B. WING				C / <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			1-7/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD E APPROPI	BE	(X5) COMPLETION DATE
F 623	documented in part found lying on the fl Resident is one-per with some confusion stated she was trying sure where. Vital signification is sending resident to (evaluation) and tree Further review of the evidence any writte and/or resident reproducted with OSI (social worker) and worker). OSM #8 at they provide written the transfer is necestable transfer is necestable transfer.  An interview was compractical nurses) #1 When asked if the sand/or the resident writing explaining with the transfer in the sand/or the resident writing explaining with the transfer in the sand/or the resident writing explaining with the hospital and with the sand/or the hospital and with the sand/or the resident writing explaining with the sand/or the hospital and with the sand/or the resident writing explaining with the sand/or the hospital and with the sand/or the resident writing explaining with the sand/or the sand/or the sand/or the resident writing explaining with the sand/or the sa	e decisions.  ated, 2/15/19 at 1:19 p.m.  ; "Situation: Resident was loor in her room. Background: rson assist, alert and verbal n. Assessment: Resident ng to go somewhere but isn't gns WNL (within normal ove left leg. Response: (name of hospital) for eval	F 6	23			
	administrator, ASM	member (ASM) #1, the #2, the director of nursing, gional director of clinical					

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		СОМ	E SURVEY PLETED				
		495299	B. WING	WA		l	C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		30	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	<u> </u>	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 623	services, were made concerns on 6/13/	de aware of the above	F 6	23			
	notification to the representative for hospital on 4/10/19 Resident # 157 wa 8/17/17 with a receivith diagnoses that to: dementia, depresent disorder.  The most recent Massessment, a sign with an assessment (brief interview for	s admitted to the facility on ent readmission on 4/12/19, t included but were not limited ession fractured hip, and IDS (minimum data set) nificant change assessment, nt reference date of 5/3/19, as scoring a "3" on the BIMS mental status) score, indicating everely impaired to make daily					
·	documented, "Situst wheelchair; it is un stated a loud thum screaming. Backgr Upon assessment, However, resident side of head. Resi pain med (medicat resident pushed with medication. Respondified. RP (respondified. RP)	ated, 4/10/19 at 2:52 p.m. ation: Resident fell out of known how she fell. Staff p was heard followed by round: Dementia. Assessment: remains alert and responsive. sustained hematoma to right dent appears to be in pain and ion) was offered. However, riter's hand away and refused nse: MD (medical doctor) nsible party) notified. Sent out room) for evaluation."					

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 85 of 212



	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		495299	B. WING		ne	C / <b>14/2019</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		/14/2019
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 623	evidence any writte and/or resident rephospital transfer.  On 6/12/19 at 4:56 conducted with OS (social worker) and worker). OSM #8 at they provide writter the transfer is necerepresentatives whathey hospital. OSM do not.  An interview was concertical nurses) #When asked if the and/or the resident writing explaining where at the facility,  Administrative staff administrator, ASM and ASM #3, the reservices, were made concerns on 6/13/11.  No further information.  6. The facility staff notification to the representative for Febrospital on 4/25/19.	ne clinical record failed to en notification to the resident presentative regarding this p.m., an interview was M (other staff member) #8 OSM #15 (another social and OSM #15 were asked if an notification, explaining why essary, to residents and/or their pen residents are transferred to #8 stated the social workers conducted with LPN (licensed 1, on 6/13/19 at 2:41 p.m. staff provide the resident representative with anything in why they are being transferred why their needs cannot be met LPN #1 stated, "No." If member (ASM) #1, the 1 #2, the director of nursing, regional director of clinical de aware of the above 19 at 5:04 p.m. It is in was provided prior to exit.	F 6			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		'E SURVEY MPLETED
		495299	B. WING			C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 623	1/30/13 with a receivith diagnoses that to: anoxic brain dan not enough oxygen needs a constant sit to function.) (1), depand atrial fibrillation rapid and random cheart causing irreguresulting in decreas clot formation in the The most recent MI assessment, a qual assessment referencesident as scoring interview for mental resident was severe cognitive decisions.  The nurse's note dadocumented in part (name of hospital) fruther review of the evidence any written and/or resident repinospital transfer.  On 6/12/19 at 4:56 conducted with OSI (social worker) and worker). OSM #8 a they provide written the transfer is neceive representatives where	nt readmission on 4/26/19, included but were not limited nage (occurs when there is getting to the brain. The brain upply of oxygen and nutrients pression, high blood pressure, (a condition characterized by ontraction of the atria of the plar beats of the ventricles and ed heart output and frequently eatria) (2).  DS (minimum data set) terly assessment, with an ince date of 4/17/19, coded the a "3" on the BIMS (brief status) score, indicating the ely impaired to make daily	F6	23		



F 623  Continued From page 87 An interview was conducted with LPN (licensed practical nurses) #1, on 6/13/19 at 2:41 p.m. When asked when a resident is transferred to the hospital do you provide the resident and/or the resident representative with anything in writing of why they are being sent out to the emergency room and why their needs cannot be met here at the facility, LPN #1 stated, "No."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.		OF CORRECTION	IDENTIFICATION NUMBER:	l ` '	NG	COMPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLÊN ALLEN, VA 23060  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 623  Continued From page 87 An interview was conducted with LPN (licensed practical nurses) #1, on 6/13/19 at 2:41 p.m. When asked when a resident is transferred to the hospital do you provide the resident and/or the resident representative with anything in writing of why they are being sent out to the emergency room and why their needs cannot be met here at the facility, LPN #1 stated, "No."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.		. Seek	495299	B. WING	( mg	1
F 623  Continued From page 87 An interview was conducted with LPN (licensed practical nurses) #1, on 6/13/19 at 2:41 p.m. When asked when a resident is transferred to the hospital do you provide the resident and/or the resident representative with anything in writing of why they are being sent out to the emergency room and why their needs cannot be met here at the facility, LPN #1 stated, "No."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.		•			3600 MOUNTAIN ROAD	00/14/2019
An interview was conducted with LPN (licensed practical nurses) #1, on 6/13/19 at 2:41 p.m.  When asked when a resident is transferred to the hospital do you provide the resident and/or the resident representative with anything in writing of why they are being sent out to the emergency room and why their needs cannot be met here at the facility, LPN #1 stated, "No."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETIO
No further information was provided prior to exit.  (1) This information was obtained from the following website:     https://medlineplus.gov/ency/article/001435.htm. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. Qrtly Assessment at Least Every 3 Months SS=D  CFR(s): 483.20(c)  \$483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to complete	F 638	An interview was copractical nurses) #1 When asked when hospital do you prove resident represental why they are being room and why their the facility, LPN #1 Administrative staff administrator, ASM and ASM #3, the reservices, were mad concerns on 6/13/1 No further information following website: https://medlineplus.(2) Barron's Diction Non-Medical Reade Chapman, page 55 Qrtly Assessment at CFR(s): 483.20(c)  §483.20(c) Quarter A facility must assequarterly review ins and approved by Clonce every 3 month This REQUIREMEN by: Based on staff intereview, and clinical	onducted with LPN (licensed on 6/13/19 at 2:41 p.m. a resident is transferred to the vide the resident and/or the tive with anything in writing of sent out to the emergency needs cannot be met here at stated, "No."  member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 5:04 p.m.  on was provided prior to exit.  was obtained from the gov/ency/article/001435.htm. ary of Medical Terms for the er, 5th edition, Rothenberg and the Least Every 3 Months  by Review Assessment ss a resident using the trument specified by the State MS not less frequently than is.  NT is not met as evidenced rview, facility document record review, it was		<ul> <li>F638</li> <li>1. Quarterly assessments have be completed for resident #1, #2 and #3.</li> <li>2. An audit will be conducted to ensure quarterly assessment hav</li> </ul>	d

ATB (1

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION ***	(X3) DATE SURVEY COMPLETED
	2	495299	B. WING	133	C 06/14/2019
	SUMMARY S	<u></u>	3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	DN (X5)
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	
F 638	Residents #1, #2,  1. The facility staf #1's quarterly MD days. The last MD the admission ass reference date of  2. The facility staf 2's quarterly MDS every 92 days. The completed MDS wan ARD (assessm 01/16/2019.  3. The facility staf 3's quarterly MDS every 92 days. The completed MDS and	idents in the survey sample, and #3.  If failed to complete Resident S assessment at least every 92 of assessment completed was resident with an assessment 1/18/19.  If failed to complete Resident # assessment at least every ne resident's most recent was a quarterly assessment with nent reference date) of  If failed to complete Resident # assessment at least every ne resident's most recent assessment at least every ne resident's most recent assessment was an admission an ARD of 02/01/19.	F 638	<ol> <li>MDS Coordinators will be reeducated by the Regional MDS Consultant/Designee on complet quarterly assessments timely.</li> <li>Audits will be conducted by the Administrator/Designee to ensur quarterly assessment have been completed timely weekly for four weeks then monthly for three months. Results of the visits will reviewed at the monthly QAPI meeting for three months to sust compliance.</li> <li>Compliance Date: 7/14/19</li> </ol>	e e r be
	#1's quarterly MD days. The last ME the admission ass reference date of Resident #1 was a 12/31/18 with diagnot limited to: Hur hereditary condition involuntary rapid, deterioration, lead	f failed to complete Resident S assessment at least every 92 OS assessment completed was sessment with an assessment 1/18/19.  admitted to the facility on gnoses that included but were ntington's disease (An abnormal on characterized by progressive jerky motions and mental ling to dementia.) (1), dementia, igh blood pressure.			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION  VING	CO		E SURVEY PLETED
		495299	B. WING				C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	ODE	, <u>007</u>	14/2018
(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 638	The most recent couset) assessment, a an assessment refet the resident as scointerview for mental was severely impaid decisions. The resident assistant upon one or more stactivities of daily live. Review of the elect evidence any docur assessment compliates and assessment compliates and assessment for this have had staffing compliates and ASM #3, the reservices, were made concerns on 6/14/1 No further informat (1) Barron's Diction Non-Medical Reading Chapman, page 272. The facility staffing 2's quarterly MDS assessment on MDS as a concerns on 6/14/1 and ASM #3, the reservices were made concerns on 6/14/1 and ASM #3, the reservices were ma	ompleted MDS (minimum data in admission assessment, with erence date of 1/18/19, coded ring a "3" on the BIMS (brief I status) score, indicating she red to make daily cognitive dent was coded as requiring to to being totally dependent staff members for all of her ring.  Tonic clinical record failed to mentation of a quarterly eted after the 1/18/19 ment.  Conducted with RN (registered S coordinator; on 6/14/19 at ras asked to view the ecord, under the MDS section. The eigenstead of the scheduled today."  The member (ASM) #1, the left, the director of nursing, regional director of clinical de aware of the above 9 at 11:02 a.m.  The member of Medical Terms for the er, 5th edition, Rothenberg and	F 6	i38			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		ISTRUCTION		E SURVEY IPLETED
		495299	B. WING			1	C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		3600 M	TADDRESS, CITY, STATE, ZIP CODE OUNTAIN ROAD ALLEN, VA 23060	1 00	17/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 638	completed MDS wat an ARD (assessment o1/16/2019.  Resident # 2 was a o1/03/19. Resident were not limited to walking and vitamir Resident # 2's clinic recently completed quarterly MDS asseon/16/2019.  On 06/14/19 at 9:19 conducted with RN coordinator. After rassessments under Care" computer proquarterly assessments are converdue. When as assessments are converdue, when as assessments are converdued the next reconciliation Act assessment is an Chapter two of the Medicaid Services Instrument manual assessment for a recompleted at least oprevious OBRA assused to track a resi comprehensive assindicators of graduating are monitored. As appear on the Quarterly assessment for a recompleted at least oprevious OBRA assused to track a resi comprehensive assindicators of graduating are monitored. As appear on the Quarterly assessment for a recompleted at least oprevious OBRA assused to track a resi comprehensive assindicators of graduating are monitored. As appear on the Quarterly assessment for a recompleted at least oprevious OBRA assused to track a resi comprehensive assindicators of graduating are monitored. As appear on the Quarterly assessment for a recompleted at least oprevious OBRA assused to track a resi comprehensive assindicators of graduating are monitored. As appear on the Quarterly assessment for a recompleted at least oprevious OBRA assument for a recomplet	dmitted to the facility on the standard of the standard of the facility on the standard of the	F 6	38			
		cent OBRA assessment of					***************************************

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION  NG		E SURVEY IPLETED
		495299	B. WING		1	C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 00/	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTI ( (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 638	(administrative staff administrator, and A were made aware of No further information.)  3. The facility staff for 3's quarterly MDS as every 92 days. The completed MDS assassessment with an Resident # 3 was as 01/25/19. Resident were not limited to repressure and pain. It clinical record reveat completed MDS was ARD of 01/16/2019.  On 06/14/19 at 9:19 conducted with RN coordinator. After reassessments under Care" computer proquarterly assessments are constated, "When computer proquarterly assessments are constated, "When computer proquation of the computer proquation of the computer proquation of the computer proquation of the computer proquation. When askassessments are constated, "When computer proquation of the computer proquation of the computer proquarterly assessments are constated, "When computer proquations of the computer proquation of the computer production of t	roximately 5:05 p.m., ASM member) #1, the ASM #2, director of nursing, of the above findings.  on was provided prior to exit.  ailed to complete Resident # ssessment at least every resident's most recent sessment was an admission ARD of 02/01/19.  Idmitted to the facility on #1's diagnoses included but muscle weakness, high blood Review of Resident # 2's aled the most recently is a quarterly MDS with an an interview was (registered nurse) # 2, MDS eviewing, the MDS in the facility's "Point Click gram RN # 2 stated that the interview is resident # 2 was seed how they ensure the completed timely, RN # 2 oleting an assessment we required assessment."	F 6	38		

were a

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

	OP DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			'ÉONSTRUCTION		E SURVEY PLETED
a.*							c
1.		495299	B. WING			06/	14/2019
NAME OF I	PROVIDER OR SUPPLIE	R			REET ADDRESS, CITY, STATE, ZIP CODE		
ELIZABE	TH ADAM CRUMP	HEALTH AND REHAB			00 MOUNTAIN ROAD		
				GL	EN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIECTORY)	D BE	(X5) COMPLETION DATE
F 641	Continued From p	page 92	F6	41	<b>T</b>		7/44/40
F 641	Accuracy of Asse	_	F6	1	F641		7/14/19
SS=D					1. BIMS interviews and Mood		V
	, ,	•			interviews will be conducted tin	aalu	
		acy of Assessments.	VALUE AND			•	
The assessment must accurately reflect the resident's status.		must accurately reflect the	A44		Resident #92 quarterly assessme	ent	
		ENT is not met as evidenced			has been modified to reflect		
	by:	EIV. IS HOT MET AS CVIACINGS	-		resident's weight gain.		
		terview and clinical record			2. An audit of quarterly assessm	ents	TV AVAILABLE OF THE PARTY OF TH
review, it was determined that the facility staff		a la		will be conducted to ensure BIM		u veningaanavav	
		a complete and accurate MDS et) assessment for two of 71			and MOOD interviews are cond		Annual An
		urvey sample, Resident #30 and	***************************************		timely and residents with a weig		a rananciament
	# 92.	array campio, ricolacin noo and	manawawana na		gain are coded correctly.	5111	
					gain are coded correctly.		and a solution of the solution
		Iff failed to attempt the BIMS			3. MDS Coordinators and Social		[
		or Mental Status) interview and w for Resident #30's quarterly			Services Workers will be re-edu	cated	
		t with an ARD (assessment			by Regional MDS Consultant/		The state of the s
	reference date) o				Designee on conducting BIMS a	nd	Andrew Andrew
			Ì		Mood interviews timely and coo		no. a portugues and a second
		ff failed to accurately code			residents with weight gain corre	_	STEPANTAGE
		eight gain on a quarterly MDS et) assessment with an ARD			residents with weight gam cont	ociy.	To revolution the second secon
		erence date) of 4/5/19. Instead,			4. Audits will be conducted by t	he	**
		coded as having a weight loss.	HANDER STATE OF THE STATE OF TH		Administrator/Designee to ensu	ıre	AND THE PROPERTY OF THE PROPER
					BIMS and MOOD interviews are	!	a constitution of the second
	The findings inclu	ide;			conducted timely and residents	with	
	1. Resident # 30	was admitted to the facility on			a weight gain are coded correct	ly	
		gnoses that included but were			weekly for four weeks then mo	nthly	
	1	nentia (1), depressive disorder,			for three months. Results of th	-	
	(2), and anxiety (	3).			audits will be reviewed at the		
	Section R of Res	ident #30's most recent MDS, a	-		monthly QAPI meeting for three	<u> </u>	
		ment with an ARD of 3/12/19,			months to sustain compliance.	=	
	documented the	resident was understood.					
		MDS assessment "C0100. rview for Mental Status			Compliance Date: 7/14/19		

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 93 of 212



	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	TIPLE CONSTRUCTION ING	COM	E SURVEY MPLETED
		495299	B. WING		1	C / <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTI X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 641	# 30 with a dash mar C reveled dash mar assessment for mer dash marks. Section Should Resident Mar coded Resident # 3 review of Section D	ge 93 Conducted?" coded Resident ark. Further review of Section rks for all questions. The staff and status was coded with on D of the MDS for "D0100 cod Interview be Conducted?" 0 with a dash mark. Further reveled dash marks for all if assessment for mood was	F 6	41		
	conducted with RN coordinator. After rethe MDS assessme Resident # 30, RN wasn't done and I dwas responsible for	arks.  9 p.m., an interview was (registered nurse) # 2, MDS eviewing sections C and D of ont with an ARD of 3/12/19 for # 2 stated, "The interview ashed it. When asked who completing Sections C and D, completed by social				
	conducted with OSN When asked about assessment they ar OSM # 15 stated, " sometimes V." Afte of the MDS for Resi OSM # 15 was aske	B p.m., an interview was  M (other staff member) # 15. the sections of the MDS e responsible for completing, Sections C, D, E, Q and er reviewing sections C and D ident # 30 dated 3/12/19, ed if the interviews were 15 stated, "I'll get back to				
	"There is no evident for sections C & D." they follow for comp MDS assessments,	p.m., OSM #15 stated, ce the interviews were done When asked what guidance bleting sections C and D of the OSM # 2 stated, "The RAI nt instrument) manual."				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495299	B. WING				C /1 <b>4/2019</b>
	PROVIDER OR SUPPLIER			3600	EET ADDRESS, CITY, STATE, ZIP CODE 0 MOUNTAIN ROAD EN ALLEN, VA 23060	! 00/	14/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 641	The CMS (Centers Services) RAI manumater SECTION C: COGThe items in this services in the residuability to register and Steps for Assessment. Interact with the preferred language you and/or has accommethed for communappears unable to calternatives such as language, or cue called a language, or cue called	for Medicare & Medicaid and documented the following: ANITIVE PATTERNS. Intent: ection are intended to dent's attention, orientation and not recall new information. ent resident using his or her as Be sure he or she can hear resident using his or her as to his or her preferred enication. If the resident communicate, offer swriting, pointing, sign ards. resident is rarely/never y, in writing, or using another ever understood, skip to ff Assessment of Mental de item (A1100), to determine if or wants an interpreter. dis or wants an interpreter. dis or wants an interpreter. Interview should not be at the resident is rarely/never at respond verbally, in writing, or nod; or an interpreter is needed kip to C0700, Staff and Status. Interview should be conducted ant is at least sometimes of, in writing, or using another anterpreter is needed, one is to C0200, Repetition of Three Doll Intent: The items in this good distress, a serious	F 6	41			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		E SURVEY PLETED
		495299	B. WING			1	C
NAME OF I	PROVIDER OR SUPPLIER	100200	1		TREET ADDRESS OFFI CHATE 700 CODE	06/	14/2019
NAIVIE OF I	FROVIDER OR SUFFLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ELIZABE	TH ADAM CRUMP HE	EALTH AND REHAB			600 MOUNTAIN ROAD		
				G	GLEN ALLEN, VA 23060		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLÉTION DATE
IAG	TIEGOLATOTTI OTTE	OO IDENTIFICATION OF THE PROPERTY OF THE PROPE	IAG		DEFICIENCY)	HAIE	27112
F 641	Continued From no	go 05	Е.				
1 041	Continued From pa	•	F6	41			
		nursing home and is					
		nificant morbidity. It is					
		nt to identify signs and					
		distress among nursing home			PARTIES AND		
		these signs and symptoms			A CONTRACTOR OF THE CONTRACTOR		A
		is important to note that					
		e of indicators in Section D					
		ally mean that the resident has					V-000000000000000000000000000000000000
	, -	ession or other mood disorder.					
		nake or assign a diagnosis in					
		ply record the presence or					T PA TAILBROOM
		clinical mood indicators.					
		recognize these indicators					Personal Property of the Personal Property of
		when developing the					
		lized care plan. Steps for					·
		ract with the resident using his					
		guage. Be sure he or she can					
		s access to his or her					
	; •	or communication. If the					
		nable to communicate, offer					
		s writing, pointing, sign					
		ards. 2. Determine whether the					
		ever understood verbally, in					
	, 0.	other method. If rarely/never					
		D0500, Staff Assessment of					
	,	Q-9-OV©). 3. Review					
		100) to determine if the					
		ants an interpreter to					
	1	doctors or health care staff					
		resident needs or wants an					
		e the interview with an					
		Instructions o Code 0, no: if					
		not be conducted because					
		y/never understood or cannot					
		writing, or using another					
		preter is needed but not					
		em D0500, Staff Assessment					
		PHQ-9-OV©). o Code 1, yes:					
	if the resident interv	riew should be conducted					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C <b>/14/2019</b>		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F 641		nued From page 96 F 641			ANA			
	understood verball method, and if an i	ly, in writing, or using another interpreter is needed, one is e to item D0200, Resident						
	(administrative state administrator, and	proximately 5:05 p.m., ASM ff member) #1, the ASM #2, director of nursing, of the above findings.	Parish aran Andrick (Parish da Malaka) (Parish aran aran aran					
	2. The facility staff Resident #92's wei (minimum data set (assessment refere	tion was provided prior to exit. failed to accurately code ight gain on a quarterly MDS t) assessment with an ARD ence date) of 4/5/19. Instead, oded as having a weight loss.						
	6/13/18. Resident were not limited to anxiety disorder. F MDS, a quarterly a	admitted to the facility on #92's diagnoses included but diabetes, heart failure and Resident #92's most recent assessment with an ARD of resident as being cognitively						
	the following weigh 10/18/18- 147.4 po 3/18/19- 169.2 pou 10/18/18)							
	signed by a dining documented a weig percent in 30 days,	sment dated 3/18/19 and services employee ght gain greater than five , greater than seven and a half or greater than ten percent in						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING			E SURVEY IPLETED
		495299	B. WING			t e	C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	DDE	<u> </u>	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
F 641	Further review of R with an ARD of 4/5/inaccurately coded weight loss of five pmonth or weight los last six months. Rehaving a weight gair On 6/12/19 at 12:00 conducted with RN coordinator). Resider reviewed. RN MDS inaccurately of weight loss when worded. RN #2 state the RAI (resident as when coding MDS at the above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.  The CMS (Centers Services) RAI manufle (the director of clinical state above concern.	esident #92's quarterly MDS 19 revealed Section K that Resident #92 as having a percent or more in the last as of ten percent or more in the esident #92 was coded as not an.  5 p.m., an interview was (registered nurse) #2 (MDS dent #92's weights and MDS I #2 stated Resident #92's oded the resident as having a reight gain should have been ed the MDS staff references assessment instrument) manual assessments.  p.m., ASM (administrative the administrator), ASM #2 sing) and ASM #3 (the regional tervices) were made aware of  for Medicare and Medicaid all documented, in I record, compare the the current observation period in the observation period 30 ght is more than the weight in iod 30 days ago, calculate the	F 6	41			

PRINTED: 06/25/2019 PORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPÜER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION (X3)	ÖX3) DATE SURVEY COMPLETED		
		495299	B. WING	41	C 06/14/2019		
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	00/14/2013		
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F 641	the observation per the percentage of v Coding Instructions Mathematically round Section K0200B be gain calculation.  Code 0, no or unknexperienced weight past 30 days or 100 or if information about available.  Code 1, yes on phweight-gain regime experienced a weight gain a physician's order. has a weight gain a physician ordered of as 1.  Code 2, yes, not oweight-gain regime experienced a weight-gain regime experienced by a physician by a physician by a physician ordered of and the weight gain prescribed by a physician by a phy	ght is more than the weight in iod 180 days ago, calculate weight gain.  Ind weights as described in fore completing the weight hown: if the resident has not again of 5% or more in the form of 5% or more in 30 days, or form of 5% or more in 30 days or form of 5% or more in 30 days or form of 5% or more in the form of 5% or more	F 641				
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)( §483.21 Comprehe Planning §483.21(a) Baseline	1)-(3) ensive Person-Centered Care e Care Plans	F 655	Residents with incentive     spirometer upon admission will be     addressed on the resident's baseline	7/14/19		
	9483.21(a)(1) The	facility must develop and		care plan.	And Andrews		

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

Event ID: DD4411

Facility ID: VA0083

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STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

- 4/2/1210

" (X2) MULTIPLE CONSTRUCTION

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING _		COMP	LETED
1		495299	B. WING			06/1	4/2019
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 655	implement a baselin that includes the inseffective and person that meet profession. The baseline care profession.  (ii) Be developed with admission.  (iii) Include the minimal necessary to proper including, but not lirus (A) Initial goals base (B) Physician order. (C) Dietary orders.  (D) Therapy services. (E) Social services.  (E) Social services.  (F) PASARR recommunity services.  (F) PASARR recommunity services.  (ii) Is developed with admission.  (iii) Meets the required to the baseline care limited to:  (i) The initial goals  (ii) A summary of the dietary instructions.  (iii) Any services and administered by the on behalf of the face (iv) Any updated into the care limited to:  (iv) Any updated into the face (iv) Any updated into	ne care plan for each resident structions needed to provide n-centered care of the resident nal standards of quality care. plan must-thin 48 hours of a resident's mum healthcare information rly care for a resident mited to-ed on admission orders. s.  es.  amendation, if applicable.  facility may develop a e plan in place of the baseline aprehensive care planhin 48 hours of the resident's rements set forth in paragraph excepting paragraph (b)(2)(i) of facility must provide the expresentative with a summary e plan that includes but is not of the resident. The resident's medications and and treatments to be a facility and personnel acting	F	655	2. Each resident admitted with an incentive spirometer has the potential to be affected.  3. Licensed Nurses and Unit Managers will be re-educated by DON/Designee on ensuring reside admitted with an incentive spirometer is addressed on the resident's baseline care plan.  4. Audits will be conducted by DON/Designee to ensure resident admitted with an incentive spirometer is addressed on the resident's baseline care plan wee for four weeks then monthly for three months. Results of the aud will be reviewed at the monthly 0 meeting for three months to sust compliance.  Compliance Date: 7/14/19	ents ts kly lits QAPI	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		495299	B. WING		1	C <b>14/2019</b>
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		142010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F-655	This REQUIREMENT by: Based on observator record review, it was staff failed to developlan for one of 71 m. Resident #27.  The facility staff failuse of an incentive resident's baseline.  The findings include Resident #27 was a 7/24/18, and was referred for the findings included the resident #27 was a followed from the findings included the resident followed from the findings included the findings included the findings included the resident followed from the findings included the resident followed from the failure from the followed from the follow	ion, staff interview and clinical is determined that the facility op a complete baseline care esidents in the survey sample, ed to address Resident #27's spirometer (1) on the care plan.  e: admitted to the facility on eadmitted to the facility on 27's diagnoses included but easthma, chronic pain ety disorder. Resident #27's minimum data set), a in status assessment with an reference date) of 3/11/19, as being cognitively intact. esident #27 as requiring dimobility and transfers.  #27's clinical record failed to a order for an incentive of Resident #27's baseline inted on the readmission date eveal documentation	F 65			

F 655  Continued From page 101 spirometer. Resident #27 stated she used the incentive spirometer more during the previous week but did use it once during the previous day.  On 6/13/19 at 10:31 a.m., an interview was conducted with LPN (licensed practical nurse) #6. LPN #6 was asked if a resident's care plan should include the use of an incentive spirometer, LPN #6 stated, "Yes." When asked why, LPN #6 stated, "So that everybody knows what the use is for, why it's being used and ensure compliance."  On 6/13/19 at 5:09 p.m., ASM (administrative staff member) #1 (the administrative) and ASM #3 (the regional director of clinical services) were made aware of the above concern.  The facility policy regarding bedside spirometry failed to document specific information regarding care planning.  No further information was presented prior to exit.  (1) "An incentive spirometer is a device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. Deep breathing keeps your lungs well-inflated and healthy while you heal and helps prevent lung problems, like pneumonia. How to use an Incentive Spirometer		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		E SURVEY IPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE 3800 MOUNTAIN ROAD GLEN ALLEN, VA 23060  (X4) ID (X5) ID (X6) ID			495299	B. WING	·			
CALIFIC   CALIFORM PREAT   CALIFORM   CALIFORM PREAT   CALIFORM   CALIFORM PREAT   CALIFORM PREAT   CALIFORM PREAT   CALIFORM PREAT   CALIFORM PROPRIATE	NAME OF I	PROVIDER OR SUPPLIER					1 00/	14/2019
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 655  Continued From page 101 spirometer. Resident #27 stated she used the incentive spirometer more during the previous week but did use it once during the previous week but did use it once during the previous day.  On 6/13/19 at 10:31 a.m., an interview was conducted with LPN (licensed practical nurse) #6. LPN #6 was asked if a resident's care plan should include the use of an incentive spirometer. LPN #6 stated, "Yes." When asked why, LPN #6 stated, "Yes." When asked why, LPN #6 stated, "Yes." When asked why, LPN #6 stated, "Yes in a the everybody knows what the use is for, why it's being used and ensure compliance."  On 6/13/19 at 5:09 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of clinical services) were made aware of the above concern.  The facility policy regarding bedside spirometry failed to document specific information regarding care planning.  No further information was presented prior to exit.  (1) "An incentive spirometer is a device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. Deep breathing keeps your lungs well-inflated and healthy while you heal and helps prevent lung problems, like pneumonia.  How to use an Incentive Spirometer	ELIZABE	TH ADAM CRUMP H	EALTH AND REHAB					
spirometer. Resident #27 stated she used the incentive spirometer more during the previous week but did use it once during the previous day.  On 6/13/19 at 10:31 a.m., an interview was conducted with LPN (licensed practical nurse) #6. LPN #6 was asked if a resident's care plan should include the use of an incentive spirometer. LPN #6 stated, "Yes." When asked why, LPN #6 stated, "So that everybody knows what the use is for, why it's being used and ensure compliance."  On 6/13/19 at 5:09 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of clinical services) were made aware of the above concern.  The facility policy regarding bedside spirometry failed to document specific information regarding care planning.  No further information was presented prior to exit.  (1) "An incentive spirometer is a device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. Deep breathing keeps your lungs well-inflated and healthy while you heal and helps prevent lung problems, like pneumonia. How to use an Incentive Spirometer	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
Many people feel weak and sore after surgery and taking big breaths can be uncomfortable. A device called an incentive spirometer can help you take deep breaths correctly. By using the incentive spirometer every 1 to 2 hours, or as instructed by your nurse or doctor, you can take	F 655	spirometer. Reside incentive spirometer week but did use it  On 6/13/19 at 10:31 conducted with LPN LPN #6 was asked should include the LLPN #6 stated, "Yes stated, "So that ever for, why it's being use on 6/13/19 at 5:09 staff member) #1 (the director of nurse director of clinical set the above concern.  The facility policy refailed to document scare planning.  No further information of the pour when you keep your when you have a lup pneumonia. Using teaches you how to Deep breathing kee and healthy while you problems, like pneumonia taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device called an incomposition of the problems and taking big breat device and taking big breat device and taking big breat devi	ont #27 stated she used the or more during the previous once during the previous day.  I a.m., an interview was I (licensed practical nurse) #6. if a resident's care planuse of an incentive spirometer. Is. When asked why, LPN #6 trybody knows what the use is sed and ensure compliance."  p.m., ASM (administrative the administrator), ASM #2 ting) and ASM #3 (the regional tervices) were made aware of the garding bedside spirometry specific information regarding on was presented prior to exit. Irometer is a device used to lungs healthy after surgery or no illness, such as the incentive spirometer take slow deep breaths. The proposed proposed in the prevent lung monia. The proposed in the prevent lung monia. The proposed in the prevent lung monia. The proposed in the prevent lung monia that is proposed in the prevent lung monia. The proposed is proposed in the prevent lung monia. The proposed is proposed in the prevent lung monia that is proposed in the prevent lung monia. The proposed is proposed in the prevent lung monia that is proposed in the prevent lung monia. The proposed is proposed in the prevent lung monia that is proposed in the prevent lung monia. The proposed is proposed in the prevent lung monia that is proposed in the prevent lung monia. The proposed in the prevent lung monia that is proposed in the prevent lung monia the proposed in the prevent lung monia that is prevent lung monia	F	355			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION NG	e a metaph	(X3) DATE SURVEY COMPLETED
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	an active role in your lungs healthy." The from the website: https://medlineplus00451.htm	our recovery and keep your nis information was obtained s.gov/ency/patientinstructions/0 ont Comprehensive Care Plan	F 6			7/14/19
55=E	§483.21(b) Compos §483.21(b)(1) The implement a composite care plan for each resident rights set §483.10(c)(3), that objectives and time medical, nursing, needs that are ideassessment. The describe the follow (i) The services thor maintain the resphysical, mental, a required under §4 (ii) Any services thunder §483.24, §4 provided due to thunder §483.10, incomposite commendations findings of the PAS rationale in the resident's represerving the services of the passibility of the passib	rehensive Care Plans facility must develop and brehensive person-centered resident, consistent with the forth at §483.10(c)(2) and t includes measurable eframes to meet a resident's and mental and psychosocial ntified in the comprehensive comprehensive care plan must ving - at are to be furnished to attain sident's highest practicable and psychosocial well-being as 83.24, §483.25 or §483.40; and nat would otherwise be required 83.25 or §483.40 but are not e resident's exercise of rights cluding the right to refuse 483.10(c)(6). d services or specialized ces the nursing facility will t of PASARR . If a facility disagrees with the SARR, it must indicate its sident's medical record. with the resident and the ntative(s)- goals for admission and		1. Resident #158 has Resident #50's fall bed in low position in bed; Residents # has now been revised Hospice services; Rexpired; Resident # has now been revise use of a psychotrogic and Resident #144 being followed for left gluteal fold and injury.  2. An audit of resident #148 has now been revised falls mats, Hospice and psychotropic reviewed to ensure followed and implementations.  3. Licensed Nurses and MDS Coordinated by DON/following and implementations.	mat is in place a when resident 157's care plants ed to reflect the sident #217 he 161's care plants ed to reflect the pic medications is wound care for desacral pressure injurated to the pict with oxygo, pressure injurated ed to the plants will be care plants emented.  The control of the pict is the pict will be resident to the pict will be pict will be pict will be resident to the pict will be pi	t is  n nas n ne s; r re en, ries ll be

Facility ID: VA0083

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	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		COMPLETED
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F 656	(B) The resident's produced to the community was assolic contact agency entities, for this pure (C) Discharge plans plan, as appropriate requirements set for section.  This REQUIREMENT by: Based on staff intered and clinical record of facility staff failed to the comprehensive residents in the sure #50, #157, #217, #1. a. The facility staff for the services of help and for the use of company of the services of help and for the prevention of the services of help and for the treatments.  The facility staff for the facility staff of the services of help and for the treatments.  The facility staff of the services of the services of help and for the treatments.  The facility staff of the facility staff of the services of the serv	preference and potential for acilities must document acilities must document at desire to return to the sessed and any referrals to dies and/or other appropriate pose. In the comprehensive care at accordance with the arth in paragraph (c) of this arth in paragraph (c) of this arthur. It was determined the develop and/or implement care plan for six of 71 vey sample, Residents #158,		656	comprehensive care plans for resident with oxygen, falls mats, Hospice, pressure injuries and psychotropic medications.  4. Audits will be conducted by DON/Designee to ensure following and implementing comprehensive care plans for resident with oxygen falls mats, Hospice, pressure injurant psychotropic medications with for four weeks then monthly for three months. Results of the auxill be reviewed at the monthly meeting for three months to sust compliance.  Compliance Date: 7/14/19	ng ve gen, gries eekly dits QAPI	

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Event ID: DD4411

Facility ID: VA0083

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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
<b>495299</b> B. WING	C <b>06/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE COMPLETION DATE
Continued From page 104 6. a. The facility staff failed to implement Resident #144's comprehensive care plan for left gluteal fold (an area associated with the buttocks) wound care on 6/8/19.  b. The facility staff failed to implement Resident #144's comprehensive care plan for sacral (1) pressure injury wound care on 6/8/19.  The findings include:  1. a. The facility staff failed to develop a care plan to address Resident # 158's use of oxygen.  Resident #158 was admitted to the facility on 11/2/9/18 with a readmission on 1/10/19 with diagnoses that included but were not limited to: Stroke, COPD (chronic obstructive pulmonary disease that is usually a combination of emphysema and chronic bronchitis) (1) high blood pressure, 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) (2), and Parkinson's Disease (a slowly progressive neurological disorder characterized by resting tremor, shuffling gait, stooped posture, rolling motions of the fingers, drooling and muscle weakness, sometimes with emotional instability) (3).  The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 5/3/19, coded the resident as having both short and	

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	PROVIDER OR SUPPLIE	R HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP O 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		7142013		
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F 656	more staff member living. In Section of Procedures and Froded as using or facility and being of facility and the facility and facility	ers for all of her activities of daily D - Special Treatments, Programs, the resident was kygen while a resident at the on hospice care.  I made of Resident #158 on m. The resident was in bed with asal cannula (a two-prong tube he nose). The oxygen set at 4L/min (liters per minute). I verified this.  I made of Resident #158 on m. The resident was in bed with asal cannula. The oxygen set at 4L/min.  I der dated, 1/10/19, documented, NC (nasal cannula) at 2LPM	F 6	56				

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Event ID: DD4411

Facility ID: VA0083

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MAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALTH AND REHAB  (ACH) DEFICIENCY MAST REPRESEDED BY PLUE REGULATORY OR LSC IDENTIFYING INFORMATION)  FOR CARD SERVICE AND A CORRECTION SINGULD BE CARDS-REFERENCED TO THE APPROPRIATE DEFICIENCE.  The facility policy, "The RAI (resident assessment instrument) and Care Planning" taken from the RAI Manual, version October 2016, documented in part, "The comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable, physical, mental and psychosocial well-being. The care plan must be reviewed and reviewed proficially, and the services provided or arranged must be consistent with each resident's written plan of care."  Administrative staff member (ASM) #1, the administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.  No further information was provided prior to exit.  (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 437.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY IPLETED
ELIZABETH ADAM CRUMP HEALTH AND REHAB  (XA) ID		495299	B. WING			1		
F 656 Continued From page 106 stated, "Yes." LPN #1 reviewed Resident #158's care plan for oxygen and stated it's (oxygen) not there.  The facility policy, "The RAI (resident assessment instrument) and Care Planning" taken from the RAI Manual, version October 2016, documented in part, "The comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable, physical, mental and psychosocial well-being. The care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care."  Administrative staff member (ASM) #1, the administrative, SM #2, the director of inical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.  No further information was provided prior to exit.  (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55.  (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55.			EALTH AND REHAB		36	600 MOUNTAIN ROAD		
stated, "Yes." LPN #1 reviewed Resident #158's care plan for oxygen and stated it's (oxygen) not there.  The facility policy, "The RAI (resident assessment instrument) and Care Planning" taken from the RAI Manual, version October 2016, documented in part, "The comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable, physical, mental and psychosocial well-being. The care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.  No further information was provided prior to exit.  (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.  (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55.  (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
b. The facility staff failed to develop a comprehensive care plan to address the hospice	F 656	stated, "Yes." LPN acare plan for oxygenthere.  The facility policy, "instrument) and Carrent Manual, version in part, "The compression in part, "Th	If reviewed Resident #158's and stated it's (oxygen) not an analysis and the Planning" taken from the october 2016, documented ehensive care plan is an annunication tool. It must objectives and time frames the services that are to be or maintain the resident's physical, mental and eing. The care plan must be ad periodically, and the rarranged must be consistent written plan of care."  Immember (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above of at 5:04 p.m.  In was provided prior to exit.  It is any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and any of Medical Terms for the er, 5th edition, Rothenberg and the er, 5th edition t	F 6	i56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495299	B. WING				C
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	ODE	00/	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD	BE	(X5) COMPLETION DATE
F 656	The physician ord "Name of Hospice Review of the con 4/15/19, failed to chospice care for FAn interview was practical nurse) # at 2:20 p.m. When plan, LPN #1 state of care for that redevelops the care do." When asked hospice care, LPN asked to review th When asked if shiservices on the cambinistrative standinistrator, ASI and ASM #3, the reservices, were maconcerns on 6/13/10.	er dated, 4/29/19, documented, e Provider."  Inprehensive care plan dated evidence documentation of Resident #158.  Conducted with LPN (licensed I, the unit manager, on 6/13/19 in asked the purpose of the care ed, "It's the individualized plan sident." When asked who plans, LPN #1 stated, "We all if a resident is receiving ald the care plan address the I #1 stated, "Yes." LPN #1 was be care plan for Resident #158. It is a saw hospice care and the plan, LPN #1 stated, "No, when the director of nursing, regional director of clinical and aware of the above 19 at 5:04 p.m.  In the mass of the provided prior to exit.	F6				
	Plan for the prevention of the	failed to implement the care nation of falls for Resident #50.  admitted to the facility on dmission on 2/19/19, with sluded but were not limited to: not pressure, and repeated					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG	CON	E SURVEY MPLETED
		495299	B. WING		B	C /14/2019
	PROVIDER OR SUPPLIER	HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		1112010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 656	falls.  The most recent is assessment, a sig with an assessme coded the resident with the resident with a section of the resident with the resident with a section of the requiring extensive staff members for living.  The comprehensive and reviewed on 4 "Focus: (Resident history of falls, derinstory of right ferre "Interventions" does position. Fall mat. Observation was ref/11/19 at 11:53 a The resident was confusion. Her be level of this survey against the wall ur next to the bed.  The "MDS Kardex"	ADS (minimum data set) nificant change assessment, nt reference date of 2/26/19, t as scoring a "9", indicating vas moderately impaired to ve decisions. The resident was G - Functional Status, as e assistance of one or more all of her activities of daily ve care plan dated, 11/13/18 t/26/19, documented in part, #50) is at risk for fall related to: mentia, use of wheelchair, nur fx (fracture)." The cumented in part, "Bed in low	F6	56		
	practical nurse) #1 at 2:20 p.m. Wher plan, LPN #1 state of care for that res develops the care	conducted with LPN (licensed 1, the unit manager, on 6/13/19 1 asked the purpose of the care 2d, "It's the individualized plan 3ident." When asked who 3plans, LPN #1 stated, "We all 4sked if the interventions on a				

NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALTH AND REHAB  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION)  F 656  Continued From page 109 resident's care plan include fall mats and bed in low position, and it's not done, is that following the care plan. LPN #1 stated, "No, Ma'am."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.  No further information was provided prior to exit.		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		E SURVEY IPLETED
ELIZABETH ADAM CRUMP HEALTH AND REHAB  STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 656  Continued From page 109 resident's care plan include fall mats and bed in low position, and it's not done, is that following the care plan. LPN #1 stated, "No, Ma'am."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.			495299	B. WING	i		I	
ELIZABETH ADAM CRUMP HEALTH AND REHAB  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 656  Continued From page 109 resident's care plan include fall mats and bed in low position, and it's not done, is that following the care plan. LPN #1 stated, "No, Ma'am."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.	NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	00/	14/2019
F 656  Continued From page 109 resident's care plan include fall mats and bed in low position, and it's not done, is that following the care plan. LPN #1 stated, "No, Ma'am."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.	ELIZABE	ETH ADAM CRUMP HI	EALTH AND REHAB					
resident's care plan include fall mats and bed in low position, and it's not done, is that following the care plan. LPN #1 stated, "No, Ma'am."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/13/19 at 5:04 p.m.	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	COMPLETION
3. The facility staff failed to develop a care plan to address Resident #157's hospice services.  Resident #157 was admitted to the facility on 8/17/17 with a recent readmission on 4/12/19, with diagnoses that included but were not limited to: dementia, depression fractured hip, and anxiety disorder.  The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 5/3/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of her activities of daily living.  The physician's order dated 4/26/19, documented, "Admit to (Name of Hospice Services)."  Review of the comprehensive care plan dated, 2/12/19, failed to evidence a care plan to address	F 656	resident's care plant low position, and it's care plan. LPN #1 s  Administrative staff administrator, ASM and ASM #3, the reservices, were made concerns on 6/13/1  No further information of the facility staff of address Resident #157 was 8/17/17 with a receivith diagnoses that to: dementia, depresanciety disorder.  The most recent Mine assessment, a sign with an assessment with an assessment of the resident was seconded the resident was seconditive decisions. The physician's ord documented, "Adm Services)."  Review of the comparence of the compar	include fall mats and bed in a not done, is that following the stated, "No, Ma'am."  member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 5:04 p.m.  ion was provided prior to exit.  failed to develop a care plan to 1:57's hospice services.  Is admitted to the facility on the readmission on 4/12/19, included but were not limited ession fractured hip, and  DS (minimum data set) ifficant change assessment, the reference date of 5/3/19, as scoring a "3" on the BIMS mental status) score, indicating everely impaired to make daily assistance of one or more all of her activities of daily  er dated 4/26/19, it to (Name of Hospice) orehensive care plan dated,	F 6	356			

_	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	СОМ	E SURVEY PLETED
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD LEN ALLEN, VA 23060		TIMVIV
(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 APPROPORTION OF T	BE	(X5) COMPLETION DATE
F 656	the hospice care be #157.  An interview was copractical nurse) #1, at 2:20 p.m. When plan, LPN #1 stated of care for that residueleps the care pdo." LPN #1 was as hospice care should the hospice service #1 was asked to revene hospice with the care plantamental #1.  Administrative staff administrator, ASM and ASM #3, the reservices, were made concerns on 6/13/1.  No further information for the treatmental #217.  *A pressure injury is and underlying soft prominence or relations.	onducted with LPN (licensed the unit manager, on 6/13/19 asked the purpose of the care I, "It's the individualized plan dent." When asked who clans, LPN #1 stated, "We all sked if a resident receiving I have a care plan to address s. LPN #1 stated, "Yes." LPN view the care plan for en asked if she saw hospice an, LPN #1 stated, "No,  member (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above	F 6	56			
	as a result of intens or pressure in comb tolerance of soft tiss	be painful. The injury occurs e and/or prolonged pressure bination with shear. The sue for pressure and shear d by microclimate, nutrition.		***************************************			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION			E SURVEY IPLETED
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIEI	HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	DDE I	<u> </u>	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD I	BE	(X5) COMPLETION DATE
F 656	perfusion, co-mortissue.(3).  Resident #217 wa 9/13/18. She was 10/12/18 and reactransferred to the diagnoses include stage renal disease procedure used in [kidney] failure, in are removed from machine) (1), dep congestive heart of characterized by cretention of salt and diabetes, and ampliance.  The most recent of assessment, and assessment references ident as scorin interview for ment resident was capated extensive assistant upon one or more activities of daily line was independent provided. In Section resident was code pressure injuries a injuries.  The comprehensing documented in pastage 4 present to	bidities and condition of the soft is admitted to the facility transferred out of the facility on imitted on 11/6/19. She was hospital on 11/18/18. Her id but were not limited to: End se requiring hemodialysis (a toxic conditions and renal which wastes and impurities the blood by a special ression, anxiety disorder, ailure (abnormal condition circulatory congestion and ind water by the kidneys) (2), butations of both legs above the MDS (minimum data set) dimission assessment, whit an ence date of 9/24/19, coded the ga "15" on the BIMS (brief al status) score, indicating the able of making daily cognitive int #217 was coded as requiring ince to being totally dependent staff members for all of her ving except eating in which she after set up assistance was on M - Skin Conditions, the end as having one stage 3** and two stage 4 pressure we care plan dated, 10/4/18 it, "Focus: Pressure ulcer of left and right buttock." The ted 9/14/18, documented in	Fe	:56			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING			E SURVEY PLETED
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	DE	1 00/	14/2019
(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 CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
F 656	part, "Conduct weelow air loss mattres ordered. Weekly wee	ekly skin inspection. Provide as as ordered. Treatments as ound assessment."  er dated, 9/21/18, documented, d/Burn Dressing Gel (6), apply a every day shift for wound wound cleanser, apply cover with a dry protective day and PRN (as needed)."  1018 TAR (treatment and documented the above and 9/223/18, the places to ment as completed were  er dated, 9/14/18, documented, a sterile enzymatic debriding that has a unique ability to	F6	556			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG			E SURVEY PLETED
		495299	B. WING			ł	C 14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, ST 3600 MOUNTAIN ROAD GLEN ALLEN, VA 2306	·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD ED TO THE APPROPE ICIENCY)	BE	(X5) COMPLETION DATE
F 656	The September 201 above order. On 9/1 the places to docum completed were blaced order. On 10/8/18, it treatment as completed were blaced in the physician order. The physician order in the physician order in the physician order in the September 201 above order. On 9/1 night shift; 9/22/18 shift, the places to completed were blaced in the October 2018 order. On 10/5/18 and night shift; 10/7	Is TAR documented the 17/18, 9/22/18 and 9/23/18, ment the treatment as nk.  IAR documented the above the place to document the eted was blank.  If dated, 9/14/18, documented, to right buttock Q shift every care."  Is TAR documented the 17/18 - day shift; 9/20/18 - day shift; and 9/30/18 - night document the treatment as nk.  IAR documented the above night shift; 10/6/18 - evening /18 - evening shift; 10/12/18 - es to document the treatment	F 6		(CIENCY)		
	documented in part (name of hospital) v	ated, 9/14/18 at 12:03 a.m. , "Resident arrived from ria stretcherHas stage 4 oft buttock and stage 2 acrum.					
	9/19/18. He docume Sacrum - stage 3 pr 0.2 cm (centimeters	ressure wound - 0.4 x 0.4 x					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION		СОМ	E SURVEY PLETED
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE	1 007	14/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	4	ON SHOULD IE APPROPI	BE	(X5) COMPLETION DATE
F 656	practical nurse) # 8 at 7:55 a.m., LPN # LPN #5 was asked mean. LPN #5 stathappen."  An interview was opractical nurse) #1 at 2:20 p.m. When plan, LPN #1 state of care for that res develops the care do." When asked i "Treatments as ord not completed, is t LPN #1 stated, "Not Administrative stafadministrator, ASM and ASM #3, the reservices, were macconcerns on 6/13/"  No further information. When the concerns on 6/13/"  No further information. When the	onducted with LPN (licensed 5, the unit manager; on 6/14/19 #5 was shown the above TARs. I what the blanks on the TAR red, "If it ain't signed off it didn't conducted with LPN (licensed the unit manager, on 6/13/19 asked the purpose of the care d, "It's the individualized plan ident." When asked who plans, LPN #1 stated, "We all f a care plan documents, dered" and the treatments were that following the care plan, o, it's not."  If member (ASM) #1, the M#2, the director of nursing, regional director of clinical de aware of the above 19 at 5:04 p.m.  Ition was provided prior to exit.  The provided prior to exit.  The provided of the ler, 5th edition, Rothenberg and 156.  The provided of the ler, 5th edition, Rothenberg and 156.  The provided of the ler, 5th edition, Rothenberg and 156.  The provided of the ler, 5th edition, Rothenberg and 156.  The provided of the ler, 5th edition, Rothenberg and 156.	F 6	356			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		TE SURVEY MPLETED
		495299	B. WING _		Of	C 5/14/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F 656	of tissue damage vareas of significan wounds. Undermi Fascia, muscle, te and/or bone are no obscures the exter Unstageable Pressure tissue loss Stage 4 Pressure tissue loss Full-thickness skin or directly palpable ligament, cartilage and/or eschar may edges), underminit Depth varies by an eschar obscures than Unstageable Professional track or pee wipes allow your stilms adhere better intervals between Protective Dressin adhesion of tapes also protects fragil removal trauma.	varies by anatomical location; t adiposity can develop deep ning and tunneling may occur. Indon, ligament, cartilage of exposed. If slough or escharat of tissue loss this is an sure Injury. (3)  Injury: Full-thickness skin and and tissue loss with exposed fascia, muscle, tendon, or bone in the ulcer. Slough be visible. Epibole (rolled ing and/or tunneling often occur. Intomical location. If slough or ne extent of tissue loss this is ressure Injury. (3) as obtained from the following corg/resources/educational-and/orpuap-pressure-injury-stages/on was obtained from the om/santyl-drug.htm.  In was obtained from the sensity, even on awkward naturally with patients' skin and it. Best of all, the Skin Prepokin to "breathe" so tapes and of the sting changes. The ghelps to increase the and wafers. The Skin Prepoke skin and reduces adhesive as obtained from the following	F 65	6		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  ING		TE SURVEY MPLETED
		495299	B. WING	AV-2	01	C 5 <b>/14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP COI 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		<i>3</i> 142013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORR  (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 656	preparations direct dressings containing healing. Several so honey or honey-so types of wounds, in chronic leg ulcers, cuts, and places will grafting. Honey see help clean the wou pain, and decrease reports, wounds he treatments failed to This information was website: https://medlineplus (7) This information following website: https://dailymed.nlr	ound healing. Applying honey by to wounds or using ag honey seems to improve hall studies describe the use of aked dressings for various acluding wounds after surgery, abscesses, burns, abrasions, here skin was taken for erms to reduce odors and pus, and, reduce infection, reduce a time to healing. In some ealed with honey after other	F 6	56		
	for the use of psycl Resident #161.  Resident #161 was 12/13/18 with diagr not limited to: diabe anxiety disorder, ar (involuntary or unce (1).	failed to develop a care plan notropic medications for admitted to the facility on noses that included but were etes, dementia, mood disorder, not pseudobulbar affect ontrollable crying or laughing)				
	assessment, a qua	DS (minimum data set) rterly assessment, with an nce date of 5/4/19, coded the	AN TREASURATION AND A STATE OF THE STATE OF			The state of the s

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	FIPLE CONSTRUCTION  NG	Manager .	СОМ	E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	( (EACH CORRECT) CROSS-REFERENC	LAN OF CORRECTIOI IVE ACTION SHOULD ED TO THE APPROPI FICIENCY)	BE	(X5) COMPLETION DATE
F 656	resident as scoring interview for menta was severely impaidecisions. Resident extensive assistant members for all of I The physician orde "Seroquel [quetiapidextended-release to medications to previde depression in patient Quetiapine extended used along with oth depression. (2)] To tablet by mouth twice affective disorder."  Review of the compute 1/29/18, failed to exuse of an anti-psychemic was conurse) #2, the MDS 9:25 a.m. When as plan, RN #2 stated, plan, when the MDS (interdisciplinary tealooks it over to assist Assessments) are a When asked if a rehave a care plan to anti-psychotic medishe should have or plans in the electror "I don't see anything in the second in the secon	a "4" on the BIMS (brief I status) score, indicating she red to make daily cognitive to #161 was coded as requiting the end of one or more staff ther activities of daily living.	F6	56			

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NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALTH AND REHAB  (XX) D  (SUMMARY STATEMENT OF DEFICIENCIES  (XX) D  (SUMMARY STATEMENT OF DEFICIENCIES  (SEACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 656  Continued From page 118  administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/14/19 at 12:25 p.m.  No further information was obtained from the following website: https://www.ninds.nih.gov/Disorders/Patient-Care giver-Education/Fact-Sheets/Amyotrophic-Lateral -Sclerosis-ALS-Fact-Sheet  (2) This information was obtained from the following website: 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 depression. 6.a. The facility staff failed to implement Resident #144's comprehensive care plan for left gluteal fold (an area associated with the buttocks) wound care on 6/8/19.  Resident #144's diagnoses included but were not limited to heart failure, pain and diabetes. Resident #144's diagnoses included but were not limited to heart failure, pain and diabetes. Resident #144's diagnoses included but were not limited to heart failure, pain and diabetes. Resident #144's dessessment reference	-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	COM	E SURVEY IPLETED
ELIZABETH ADAM CRUMP HEALTH AND REHAB  STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060  IVA) ID SUMMARY STATEMENT OF DEFICIENCIES TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  FOR PREFIX TAG  COntinued From page 118 administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/14/19 at 12:25 p.m.  No further information was obtained from the following website: (1)This information was obtained from the following website: 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 prevent episches care plan for left gluteal fold (an area associated with the buttocks) wound care on 6/8/19.  Resident #144 was admitted to the facility on 1/14/12. Resident #144's diagnoses included but were not limited to heart failure, pain and diabetes. Resident #144's most recent MDS (minimum data set), a significant change in status			495299	B. WING		1	
FREEN TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 656  Continued From page 118 administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/14/19 at 12:25 p.m.  No further information was provided prior to exit.  References: (1)This information was obtained from the following website: https://www.ninds.nih.gov/Disorders/Patient-Care giver-Education/Fact-Sheets/Amyotrophic-Lateral -Sclerosis-ALS-Fact-Sheet  (2) This information was obtained from the following website: queltapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Queltapine extended-release tablets are also used along with other medications to treat depression.  6.a. The facility staff failed to implement Resident #144/5 comprehensive care plan for left gluteal fold (an area associated with the buttocks) wound care on 6/8/19.  Resident #144 was admitted to the facility on 1/1/4/12. Resident #144/5 siagnoses included but were not limited to heart failure, pain and diabetes. Resident #144/5 songinession in status				3	600 MOUNTAIN ROAD	1 00/	14/2019
administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concerns on 6/14/19 at 12:25 p.m.  No further information was provided prior to exit.  References: (1)This information was obtained from the following website: https://www.ninds.nih.gov/Disorders/Patient-Care giver-Education/Fact-Sheets/Amyotrophic-Lateral -Sclerosis-ALS-Fact-Sheets/Amyotrophic-Lateral -Sclerosis-ALS-Fact-Sheet (2) This information was obtained from the following website: 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 depression. 6.a. The facility staff failed to implement Resident #144's comprehensive care plan for left gluteal fold (an area associated with the buttocks) wound care on 6/8/19.  Resident #144 was admitted to the facility on 1/14/12. Resident #144's diagnoses included but were not limited to heart failure, pain and diabetes. Resident #144's most recent MDS (minimum data set), a significant change in status	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
date) of 4/29/19, coded the resident as being cognitively intact. Section G coded Resident #144 as requiring extensive assistance of two or more staff with bed mobility.  Review of Resident #144's clinical record	F 656	administrator, ASN and ASM #3, the reservices, were ma concerns on 6/14/1 No further information following website: https://www.ninds.giver-Education/Fa-Sclerosis-ALS-Fa-(2) This information following website: extended-release medications to predepression in patien Quetiapine extended used along with otto depression. 6.a. The facility state #144's comprehent fold (an area associate on 6/8/19.  Resident #144 was 1/14/12. Resident were not limited to diabetes. Resident (minimum data set assessment with a date) of 4/29/19, occognitively intact. #144 as requiring former staff with beding the services of the resident with beding the services of the resident with beding the services of the resident with the services of the resident with beding the resident with the services of the re	A #2, the director of nursing, egional director of clinical de aware of the above 19 at 12:25 p.m.  tion was provided prior to exit.  In was obtained from the nih.gov/Disorders/Patient-Care act-Sheets/Amyotrophic-Lateral ct-Sheet  In was obtained from the quetiapine tablets and tablets are used with other exert episodes of mania or ents with bipolar disorder. ed-release tablets are also her medications to treat  aff failed to implement Resident exive care plan for left gluteal ciated with the buttocks) wound as admitted to the facility on #144's diagnoses included but heart failure, pain and at #144's most recent MDS to a significant change in status an ARD (assessment reference coded the resident as being Section G coded Resident extensive assistance of two or dimobility.	F 656			

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Event ID: DD4411

Facility ID: VA0083

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '		E CONSTRUCTION	СОМ	E SURVEY IPLETED
		495299	B. WING			1	C <b>14/2019</b>
,	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 500 MOUNTAIN ROAD LEN ALLEN, VA 23060		
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	revealed an initial ninjury record dated Resident #144 presabrasion.  Resident #144's con 5/9/19 documented pressure related to: fold related (sic) no reposition (sic) in both of time Treatments  Further review of Revealed a physicial wound care to the ledocumented to cleas aline or dermal working barrier to the or apply silver alginate with a foam dressin.  On 6/11/19 at 2:17 conducted with Resident #144 state this past Sunday (6) completed her would and there was an or Review of Resident (treatment administ	on-decubitus (pressure) skin 5/9/19 that documented ented with a left gluteal fold mprehensive care plan dated, "Altered skin integrity non Open Lesions to left gluteal n compliance of off loading, ed, and sitting up long periods as ordered"  esident #144's clinical record n's order dated 6/4/19 for eft gluteal fold. The order anse the area with normal and cleaners, blot dry, apply uter edges of the wound then (1) to the wound and cover g one time a day.  o.m., an interview was sident #144. The resident her wound treatments do not ed on the weekends. ed she did not go to church (9/19) because no one and care on Saturday (6/8/19) dor coming from her wounds.  #144's June 2019 TAR ration record) failed to reveal	F 6	56			
	9:00 a.m. was complevidenced by a blar of nurses' notes for	cove treatment scheduled for oleted on Saturday 6/8/19 (as nk space on the TAR). Review 6/8/19 failed to reveal wound care was provided for		***************************************			

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C 06/14/2019
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, Z 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		30,1420,10
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 656	was conducted with nurse) #7 (the nurse during the day shift weekend wound can nurses on different not complete Resid 6/8/19 but another the wound care that other nurse is fairly name.  On 6/13/19 at 9:39 was conducted with for Resident #144 of 6/8/19). LPN #8 standed for night Resident #144's wound care that we care possible for the nurse of the care make sure that we care possible for the needs." When ask implement resident "Well we have our leverything we put of can always view the The nurse who was Resident #144 during was not available for 3:36 p.m., ASM (accomplete the care possible for the nurse who was Resident #144 during was not available for 3:36 p.m., ASM (accomplete the care possible for the nurse who was Resident #144 during was not available for 3:36 p.m., ASM (accomplete the care possible for the care possibl	a.m., a telephone interview LPN (licensed practical e who cared for Resident #144 on 6/8/19). LPN #7 stated are is split up between the shifts. LPN #7 stated she did lent #144's wound care on nurse told her she completed the evening. LPN #7 stated the new and she did not know her a.m., a telephone interview and LPN #8 (the nurse who cared during the night shift on atted wound care was not shift and she did not complete bund care on 6/8/19.  If a.m., an interview was asked the eplan. LPN #6 stated, "To are administering the best epatient, for the patient's ed how nurses ensure they s' care plans, LPN #6 stated, kardex that normally has an the care plan and the nurse example care plan."  Is responsible for caring for any the evening shift on 6/8/19 or interview. On 6/13/19 at liministrative staff member) #2 sing) stated the nurse had just bloyment at the facility.	F	556		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l .		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		3(	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 007	14/2019
(X4) ID PREFIX TAG					PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 656	the above concern.  The facility policy reexcerpt from the Comment of Medicaid Services Instrument manual.  "As required at 42 of Regulations) 483.22 plan is an interdiscing must include meast frames and must do be furnished to attain highest practicable psychosocial well-breviewed and revise services provided of with each resident's No further information was obthit highest practical with each resident information was obthit highest pressure injury would be serviced and revise services provided of with each resident's No further information was obthit highest pressure injury would be serviced in the facility staff of the facility	ervices) were made aware of egarding care planning was an enters for Medicare and Resident Assessment The excerpt documented, CFR (Code of Federal 5, the comprehensive care plinary communication tool. It urable objectives and time escribe the services that are to in or maintain the resident's physical, mental, and eing. The care plan must be ed periodically, and the or arranged must be consistent a written plan of care."  In was presented prior to exit. It is used to treat wounds. This tained from the website: m.nih.gov/pmc/articles/PMC44  Failed to implement Resident sive care plan for sacral (1)	F	556			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495299	B. WING			C <b>/14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	·····	14/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
F 656	Resident #144's co 10/25/17 document breakdown/Pressure Ulcers Pras ordered"  Review of Resident revealed a pressure dated 5/6/19 that dipressure injury (2)  Further review of Prevealed a physicial cleanse the sacrundermal wound cleat water moist spiral of medihoney (4) and dressing one time of the conducted with Revoiced concern the always get completed her would and there was an of the completed her would and there was an of the completed by a bla of nurses' notes for the conducted by the conducted by the conducted by a bla of nurses' notes for the conducted by the conducted by a bla of nurses' notes for the conducted by the c	I mobility.  Imprehensive care plan dated ted, "At risk for further skin re ulcers (injuries) due to: resent to sacrumTreatments  It #144's clinical record e injury weekly assessment ocumented a stage four on the resident's sacrum.  Resident #144's clinical record in's order dated 5/23/19 to in wound with normal saline or inser, blot dry, apply sterile cut hydrofera blue (3) and cover with a protective	F6	356			

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Facility ID: VA0083

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		495299	B. WING	****	<u>.</u>		C <b>14/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STAT 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	E, ZIP CODE	<u>,</u>	142013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERENCED	<b>ACTION SHOULD</b>	BE	(X5) COMPLETION DATE
F 656	was conducted with nurse) #7 (the nurse during the day shift weekend wound can urses on different not complete Reside 6/8/19 but another the wound care that other nurse is fairly name.  On 6/13/19 at 9:39 was conducted with for Resident #144 of 6/8/19). LPN #8 state scheduled for night Resident #144's wound care possible for the needs." When aske sure that we care possible for the needs." When aske implement resident "Well we have our leverything we put of can always view the The nurse who was Resident #144 durin was not available for 3:36 p.m., ASM (add) (the director of nurse terminated her emptons on 6/13/19 at 5:09	a.m., a telephone interview LPN (licensed practical e who cared for Resident #144 on 6/8/19). LPN #7 stated re is split up between the shifts. LPN #7 stated she did ent #144's wound care on nurse told her she completed tevening. LPN #7 stated the new and she did not know her a.m., a telephone interview LPN #8 (the nurse who cared luring the night shift on ated wound care was not shift and she did not complete and care on 6/8/19.  I a.m., an interview was I #6. LPN #6 was asked the plan. LPN #6 stated, "To are administering the best e patient, for the patient's ed how nurses ensure they so care plans, LPN #6 stated, wardex that normally has in the care plan and the nurse e care plan."  I responsible for caring for the tevening shift on 6/8/19 or interview. On 6/13/19 at ministrative staff member) #2 sing) stated the nurse had just bloyment at the facility.	F	956			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (		IDENTIFICATION MUMORID.		TIPLE CONSTRUC		(X3) DATE SURVEY COMPLETED		
						С		
		495299	B. WING			06	/14/2019	
	PROVIDER OR SUPPLIER ETH ADAM CRUMP H	EALTH AND REHAB		3600 MOUNTA	ESS, CITY, STATE, ZIP CODE AIN ROAD N, VA 23060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACI	ROVIDER'S PLAN OF CORRECTI CH CORRECTIVE ACTION SHOUL S-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
F 656	Continued From page 124		F6	56				
	director of clinical s the above concern	ervices) were made aware of						
	No further informat	ion was presented prior to exit.					***************************************	
	structure that is loc vertebrae and that The sacrum forms strengthens and sta information was ob	a shield-shaped bony ated at the base of the lumbar is connected to the pelvis. the posterior pelvic wall and abilizes the pelvis." This tained from the website: .gov/ency/imagepages/19464.						
	and underlying soft prominence or related device. The injury copen ulcer and manas a result of intension pressure in combitolerance of soft tismay also be affected perfusion, co-morbitissue.  Stage 4 Pressure lettissue loss Full-thickness skin or directly palpable ligament, cartilage and/or eschar may edges), underminin Depth varies by and eschar obscures than Unstageable Pressure and pressure stages of the stage  of the stage and pressure stages of the stages of	s localized damage to the skin tissue usually over a bony ted to a medical or other can present as intact skin or an y be painful. The injury occurs se and/or prolonged pressure bination with shear. The sue for pressure and shear ed by microclimate, nutrition, idities and condition of the soft injury: Full-thickness skin and and tissue loss with exposed fascia, muscle, tendon, or bone in the ulcer. Slough be visible. Epibole (rolled g and/or tunneling often occur. atomical location. If slough or e extent of tissue loss this is essure Injury." This						
	https://www.npuap.	tained from the website: org/resources/educational-and npuap-pressure-injury-stages/						

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Event ID: DD4411

Facility ID: VA0083

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495299	B. WING	~ei	C <b>06/14/2019</b>	
	PROVIDER OR SUPPLIE	REALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(X5) COMPLETION DATE	
	(3) Hydrofera blue information was of http://www.holliste 80%93for%E2%80%93 (4) Medihoney is of information was of http://www.derma ADL Care Provide CFR(s): 483.24(a) §483.24(a) (2) A result activities of daservices to maintapersonal and oral This REQUIREMI by:  Based on resider representative into document review was determined the provide ADL (activities of 71 residents in #29.  On 5/26/19 during failed to assist Resident #29 was 10/19/09. Reside were not limited to disorder and chro	e is used to treat wounds. This btained from the website: er.com/~/media/files/pdfs%E2%0%93download/wound%E2%80%93fa brochure.pdf used to treat wounds. This btained from the website: esciences.com/medihoney ed for Dependent Residents (2) esident who is unable to carry (1) living receives the necessary (1) living receives the necessary (2) esident who is unable to carry (3) living receives the necessary (4) living receives the necessary (5) in good nutrition, grooming, and hygiene; entrewe, staff interview, facility and clinical record review, it nat the facility staff failed to (1) it is of daily living) care for one the survey sample, Resident (1) the day shift, the facility staff sident #29 out of bed.		1. Residents will be provided with ADL care. 2. No other residents affected. 3. Nursing staff will be re-educated by DON/Designee to ensure assisting residents out of bed if they so choose. 4. Audits will be conducted by DON/Designee to ensure nursing staff assist residents out of bed if they so choose weekly for four weeks then monthly for three months. Results of the audits will be reviewed at the monthly QAPI meeting for three months to sustain compliance. Compliance Date: 7/14/19	7/14/19	

OMB NO. 0938-0391

AND PLAN OF CORRECTION  (X1) PROVIDENSUPPLIEN/CLIA IDENTIFICATION NUMBER:		A. BUILDING			3-7-4-	(X3) DATE SURVEY COMPLETED		
		<b>ૂ495299</b>	B. WING			Ç.		C 14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	TREET ADDRESS, CITY, STATE 500 MOUNTAIN ROAD LEN ALLEN, VA 23060	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD O THE APPROPE	BE	(X5) COMPLETION DATE
F 677	1/22/19 coded the intact. Section G or requiring extensive bed mobility.  On 6/11/19 at 2:05 conducted with Rerepresentative. Do #29's representative. Besident #29 was after 3:00 p.m. on only two CNAs (cestaffed on the unit about not being as 3:00 p.m., Resider him feel very good.  Review of Resider revealed the reside transfers during the Review of the facil and the 5/26/19 fac CNAs were schedis/26/19 but two CNAs were schedis/26/19 but two CNAs transferred to for 56 residents.  On 6/13/19 at 3:38 conducted with CNAs on Resident #29 durin CNA #4 stated she CNAs on Resident on 5/26/19 and the to be cared for so out of bed. When had so many resident was reasonable to be many resident was reasonable to be many resident was reasonable to be cared for so out of bed. When had so many residents.	resident as being cognitively coded Resident #29 as assistance of one staff with p.m., an interview was esident #29 and his uring the interview, Resident ve voiced concern that not assisted out of bed until 5/26/19 because there were rtified nursing assistants)  When asked how he felt esisted out of bed until after nt #29 stated it did not make		677				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA **** IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE'STRVEY COMPLETED	
		495299 공 <sup>k</sup>	B. WING		C	
NAME OF F	PROVIDER OR SUPPLIER	430200 6 <sup>12</sup>	<i>D.</i> W	STREET ADDRESS, CITY, STATE, ZIP CODE	06/14/2019	
ELIZABE	TH ADAM CRUMP H	EALTH AND REHAB		3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IÐ PREFIX ¥AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 677	deliver. CNA #4 fu another CNA to hel cleaned him up but out of bed.  On 6/13/19 at 5:09 staff member) #1 (i (the director of nurs director of clinical s the above concern.)  On 6/14/19 at 1:40 facility did not have	e were so many meal trays to other stated she could not grab p transfer Resident #29 so she did not assist him with getting p.m., ASM (administrative the administrator), ASM #2 sing) and ASM #3 (the regional services) were made aware of	F 67		7/14/19	
SS=E	§ 483.25 Quality of Quality of care is a applies to all treatm facility residents. B assessment of a rethat residents receaccordance with propractice, the comporare plan, and the This REQUIREME by:  Based on staff into and clinical record facility staff failed to in the survey samp in accordance with	fundamental principle that nent and care provided to ased on the comprehensive esident, the facility must ensure ive treatment and care in ofessional standards of rehensive person-centered residents' choices.  NT is not met as evidenced erview, facility document review review, it was determined the pensure three of 71 residents le, received care and services professional standards and a care plan for Residents #158,	1 00	1. Resident #158 has expired; Resident #96 Digoxin is being administered per physician's ord Resident #157 Macrobid is being administered per physician's ord Resident #144 treatment for left gluteal fold is being provided per physician's order.  2. An audit of residents receiving Digoxin, Lasix and Macrobid will conducted to ensure administere per physician's order. An audit of residents with abrasions will be conducted to ensure treatment p physician's orders.	ers; be ed f	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED		
e give ts		495299	B. WING			1	C /14/2019 🐉	
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060					
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD GROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	medications, Lasix per the physician of the physician of the physician of the physician of the physician's order for fold (an area associatorian). The facility staff physician's order for fold (an area associatorian) and the physician of the findings included the physician of t	failed to administer and Digoxin to Resident #158 orders.  failed to administer in, per the physician orders for failed to administer an hysician order for Resident # failed to provide treatment per or Resident #144's left gluteal ciated with the buttocks)  e: failed to administer and Digoxin to Resident #158		684	3. Licensed nurse will be re-educed by DON/Designee on administer Digoxin, Lasix and Macrobid and providing treatments to abrasion per physician's orders.  4. Audits will be conducted by DON/Designee on ensuring residenceiving Digoxin, Lasix and Macrobid is administered per physician's orders and providing treatments to abrasions per physician's orders weekly for forweeks then monthly for three months. Results of the audits wereviewed at the monthly QAPI meeting for three months to suscompliance.  Compliance Date: 7/14/19	ing lent ur ill be		

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 129 of 212

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495299	B. WING				C <b>14/2019</b>	
	PROVIDER OR SUPPLIER  TH ADAM CRUMP HI	EALTH AND REHAB		36	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD ILEN ALLEN, VA 23060			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	weakness, sometime (3).  The most recent MI assessment, a sign with an assessment coded the resident long-term memory of the physician order "Digox Tablet 125 in heart failure and ab (arrhythmias). It helps control your he	DS (minimum data set) ificant change assessment, t reference date of 5/3/19, as having both short and	F 6	84				
	"Awaiting from phar nurse's note dated,	macy" was documented." The 5/3/19 at 10:02 a.m. also ove order. After the order,						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495299	B. WING	j			C 1 <b>4/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		3	STREET ADDRESS, CITY, STATE, ZIP CODE 8600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		1112010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE GULATORY OR LSC IDENTIFYING INFORMATION) TAG  PREFIX TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				) BE	(X5) COMPLETION DATE	
F 684	"Awaiting from pha The May and June above physician or 6/6/19, the Lasix wand the following windicated, "Other/Si The nurse's note dodocumented the ab "Awaiting from pha The nurse's note dodocumented the ab "Awaiting from pha (licensed practical in the comprehensive documented in particardiovascular state) (high blood pressure The "Interventions" ordered by physicial effectiveness."  The list of the median requested.  The Stat (Immediat medications) box dounted to the comprehensive ordered by physicial effectiveness."  The list of the median requested.  The Stat (Immediat medications) box dounted to the comprehensive ordered by physicial effectiveness."  The list of the median requested.  An interview was considered to the comprehensive of the median requested.  An interview was considered to the comprehensive of the median requested.  An interview was considered to the comprehensive of the median requested.  An interview was considered to the comprehensive of the median requested.  An interview was considered to the comprehensive of the compr	rmacy" was documented.  2019, MARs documented the der for Lasix. On 5/13/19, and as documented as not given as documented, "7". The "7" ee Nurse Note."  ated, 5/13/19 at 9:44 a.m. eove order. After the order rmacy"  ated, 6/6/19 at 10:04 a.m., eove order. After the order rmacy" was documented. LPN enurse) # 4 wrote this note.  ate care plan dated, 1/25/19 at a car	F	684				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION ING	()	(X3) DATE SURVEY COMPLETED		
		495299	B. WING				C 1 <b>4/2019</b>
	ROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		<u> </u>	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE  (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD B		(X5) COMPLETION DATE
	(medications) are a follow up with the phave a backup, statusually used for anticontents were reviewed asked if the Digoxinathe stat box, LPN # should have checked Administrative staff administrative staff administrator, ASM and ASM #3, the reservices, were madiconcerns on 6/13/1 No further information References:  (1) Barron's Diction Non-Medical Reade Chapman, page 12: (2) Barron's Diction Non-Medical Reade Chapman, page 55; (3) Barron's Diction Non-Medical Reade Chapman, page 43; (4) This information following website: https://medlineplus.tml.  (5) This information following website: https://medlineplus.tml.	note that the meds waiting pharmacy and then harmacy." When asked if they t box, LPN #4 stated, "Yes, it's tibiotics." The stat box ewed with LPN #4. When a and Lasix were available in 4 stated, "Yes, Ma'am. I ed there."  member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 5:04 p.m.  on was provided prior to exit.  hary of Medical Terms for the er, 5th edition, Rothenberg and ary of Medical Terms for the er, 5th edition, Rothenberg and ary of Medical Terms for the er, 5th edition, Rothenberg and ary of Medical Terms for the er, 5th edition, Rothenberg and	F 6	84			

NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALTH AND REHAB  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 684  Continued From page 132 Resident #96 was admitted to the facility on 1/30/13 with a recent readmission on 4/26/19, with diagnoses that included but were not limited to: anoxic brain damage (occurs when there is not enough oxygen getting to the brain. The brain needs a constant supply of oxygen and nutrients to function.) (1), depression, 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) (2).  The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment, a quarterly assessment, with an assessment reference date of 4/17/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.  The physician order dated, 4/27/19, documented, "Digoxin [used to treat heart failure and abnormal heart rhythms (arrhythmias). It helps the heart work better and it helps control your heart rate. (3)], 125 MCG (micrograms); give 125 mcg via	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	FIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
ELIZABETH ADAM CRUMP HEALTH AND REHAB  (X41)D PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (EACH OPERICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 684  Continued From page 132 Resident #96 per the physician orders.  Resident #96 was admitted to the facility on 1/30/13 with a recent readmission on 4/26/19, with diagnoses that included but were not limited to: anoxic brain damage (occurs when there is not enough oxygen getting to the brain. The brain needs a constant supply of oxygen and nutrients to function.) (1), depression, 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) (2).  The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/17/19, coded the resident was severely impaired to make daily cognitive decisions.  The physician order dated, 4/27/19, documented, "Digoxin [used to treat heart failure and abnormal heart rhythms (arrhythmias). It helps the heart work better and it helps control your heart rate. (3)], 125 MCG (micrograms); give 125 meg via			495299	B. WING		06	C :/1.//2010
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 684  Continued From page 132 Resident #96 per the physician orders.  Resident #96 was admitted to the facility on 1/30/13 with a recent readmission on 4/26/19, with diagnoses that included but were not limited to: anoxic brain damage (occurs when there is not enough oxygen getting to the brain. The brain needs a constant supply of oxygen and nutrients to function.) (1), depression, 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) (2).  The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/17/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.  The physician order dated, 4/27/19, documented, "Digoxin [used to treat heart failure and abnormal heart rhythms (arrhythmias). It helps the heart work better and it helps control your heart rate. (3)], 125 MCG (micrograms); give 125 mcg via					3600 MOUNTAIN ROAD		71472013
Resident #96 per the physician orders.  Resident #96 was admitted to the facility on 1/30/13 with a recent readmission on 4/26/19, with diagnoses that included but were not limited to: anoxic brain damage (occurs when there is not enough oxygen getting to the brain. The brain needs a constant supply of oxygen and nutrients to function.) (1), depression, 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) (2).  The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/17/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.  The physician order dated, 4/27/19, documented, "Digoxin [used to treat heart failure and abnormal heart rhythms (arrhythmias). It helps the heart work better and it helps control your heart rate. (3)], 125 MCG (micrograms); give 125 mcg via	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI)	( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION
Peg (feeding) tube one time a day related to atrial fibrillation. Administer along with Digoxin 250 mcg to equal 375 mcg daily. Check Apical Pulse prior to administration. Hold for Pulse Rate less than 60 bpm (beats per minute), notify MD (medical doctor)."  The physician order dated, 4/27/19, documented, "Digoxin 250 MCG; Give 250 mcg via Peg Tube one time a day related to atrial fibrillation. Administer along with Digoxin 125 mcg to equal	F 684	Resident #96 per to Resident #96 was 1/30/13 with a rece with diagnoses that to: anoxic brain dainot enough oxyger needs a constant sto function.) (1), de and atrial fibrillation rapid and random wheart causing irregresulting in decreased to formation in the The most recent Massessment, a quassessment refereresident as scoring interview for mental resident was sever cognitive decisions. The physician order "Digoxin [used to the heart rhythms (arrhwork better and it heart rhythms (arr	admitted to the facility on ent readmission on 4/26/19, it included but were not limited mage (occurs when there is a getting to the brain. The brain supply of oxygen and nutrients epression, high blood pressure, in (a condition characterized by contraction of the atria of the ular beats of the ventricles and sed heart output and frequently e atria) (2).  IDS (minimum data set) arterly assessment, with an ince date of 4/17/19, coded the ga "3" on the BIMS (brief al status) score, indicating the rely impaired to make daily increased heart failure and abnormal mythmias). It helps the heart nelps control your heart rate. Crograms); give 125 mcg via one time a day related to atrial the rate and great heart failure and abnormal one time a day related to atrial the rate of the prior Hold for Pulse Rate less than minute), notify MD (medical per dated, 4/27/19, documented, give 250 mcg via Peg Tube atted to atrial fibrillation.	F 6	84		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495299	B. WING			Į	0 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP H	EALTH AND REHAB		3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	375 mcg daily. Che administration. Holbom, notify MD."  The April and May administration recorders for Digoxin. dates, 5/22/19 at 8 a.m., a "7" was doorecord. The "7" ind Note."  The nurse's noted documented the ab MCG. After the me documented, "Awa (registered nurse) if the nurse's noted documented the ab MCG. After the me documented, "Awa (registered nurse) if the comprehensive revised on 2/20/19, Impaired Cardiovas failure, AFIB (atrial "Interventions" documented by physeffectiveness."  The list of the medi requested.  The Stat box docur 0.125 mg, four dos	eck Apical Pulse prior to d for Pulse Rate less than 60 2019 MAR (mediation and) documented the above Documented on the following 505 a.m. and 5/24/19 at 8:07 cumented in the administration loated "Other/See Nurse dated, 5/22/19 at 8:05 a.m. above order for Digoxin 125 dication order the nurse iting pharmacy." RN 1 documented this note. dated, 5/42/19 at 8:07 a.m. above order for Digoxin 125 dication order the nurse iting pharmacy." RN 1 documented this note 1. The care plan dated, 5/1/17, and documented in part, "Focus: scular status related to heart fibrillation)." The cumented in part, "Medications ician and observe use and cations in the stat box was mented, "Lanoxin (Digoxin)	F	584			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		495299	B. WING _		O.F	C 6/14/2019	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	***************************************	11412013	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE	
F 684	An interview was co 6/13/19 at 10:35 a. the above orders for the process staff for available in the card stated, "I would now have it on hand, I'd asked how many staked how many staked how many staked how many staked how many staked, "Yes, I shou into that. I could har pharmacy too."  The facility policy, "General Guidelines dose of regularly so withheld, refused on scheduled time (for in the nursing care or a started dose of space provided on (medication adminities administrate explanatory note is the record provided documentation. If the medication are with its notified."  One of the response administering medications are the times ordered and check the drug if medications are rephysician must be response as the times ordered and check the drug if medications are rephysician must be response.	onducted with RN #1 on m. RN #1 was asked to review or Digoxin. When asked about llow when medication is not a for administration, RN #1 mally check the stat box. If we pull it from the box." When not boxes are in the building, lieve three." The stat box ewed with RN #1. When asked as available for use, RN #1 ld have done more research we verified the dose with the medication Administration:  "documented in part, "If a cheduled medication is rejiven at other than the example, the resident is not center at scheduled dose time of antibiotic is needed), the the front of the MAR estration record) for that ion is initialed and circled. An entered on the reverse side of a for PRN (as needed) wo consecutive dose of a vital sheld or refused, the physician ibilities of the nurse cations is to check to ensure a available for administration at the control of the physician's order is to be sure they are correct and given for any reason the notified Lippincott Handbook ares Bethlehem Pa 2008 page.	F 68	34			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL <sup>*</sup> A. BUILDI	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
,		495299	B. WING		0.6	C 5 <b>/14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	, 1 00	71472019	
(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 (CACH CORRECTIVE ACTION SHOUTH CORRESTIVE ACTION SHOUTH CORRESTIVE ACTION SHOUTH CORRESTIVE ACTION SHOUTH CORRECT C	ULD BE	(X5) COMPLETION DATE	
F 684	Administrative staff administrator, ASM and ASM #3, the reservices, were mad concerns on 6/13/19.  No further information following website: https://medlineplus. (2) Barron's Dictions Non-Medical Reade Chapman, page 55. (3) This information following website:	member (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above 9 at 5:04 p.m. on was provided prior to exit.  was obtained from the gov/ency/article/001435.htm. ary of Medical Terms for the er, 5th edition, Rothenberg and	F 6	84			
	Resident # 157 was 8/17/17 with a recer with diagnoses that to: dementia, depreanxiety disorder.  The most recent MI assessment, a signi with an assessment coded the resident a (brief interview for n	failed to administer Resident # r the physician orders. s admitted to the facility on nt readmission on 4/12/19, included but were not limited ssion fractured hip, and  DS (minimum data set) ificant change assessment, t reference date of 5/3/19, as scoring a "3" on the BIMS nental status) score, indicating verely impaired to make daily					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495299	B. WING				C <b>14/2019</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	ODE		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD I	BE	(X5) COMPLETION DATE
F 684	requiring extensive staff members for a living.  The physician orde "Macrobid Capsule infections) (1) 100 by mouth at bedtim urinary tract infection. The April 2019 MA record) documente at 9:00 p.m. a "7" vadministration. A "7 Note."  The nurse's note documented the ab, "Awaiting pharma. The comprehensive revised on 2/12/19. Potential for alterated aily antibiotic for United Capsule) (generic four doses were available of the Contents of the C	er dated, 4/12/19 documented, (used to treat urinary tract MG (milligrams); give 100 mg ne related to personal history of ons."  R (medication administration at the above order. On 4/12/19 was documented in the box for "indicated "Other/See Nurse ated, 4/12/19 at 8:13 p.m. pove order. Following the order cy" was documented.  e care plan dated, 11/5/18 and documented in part, "Focustion in Hydration related to: JTI (urinary tract infection)."  e STAT box list was requested. ad, "Nitrofurantoin Cap name for Macrobid) 100 mg railable."  conducted with LPN #4 on not, regarding the process staff cation is not available for rescribed. LPN #4 stated, "I note that the meds awaiting pharmacy and then wharmacy." When asked if they tox, LPN #4 stated, "Yes, it's	F 6				

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

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION  ING		(X3) DATE SURVEY COMPLETED		
		495299	B. WING			1	C / <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIF 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	, CODE	<u>, 00/</u>	14/2019
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD 1E APPROPI	BE	(X5) COMPLETION DATE
F 684	administrator, ASM and ASM #3, the reservices, were made concerns on 6/13/1  No further information following website: https://medlineplustml  4. The facility staff physician's order for fold (an area associatorial) abrasion on 6/8/19  Resident #144 was 1/14/12. Resident were not limited to diabetes. Resident (minimum data set assessment with a date) of 4/29/19, coognitively intact. \$#144 as requiring emore staff with bed Review of Resident revealed an initial reservices.	f member (ASM) #1, the I #2, the director of nursing, egional director of clinical de aware of the above 9 at 5:04 p.m.  ion was provided prior to exit. In was obtained from the I.gov/druginfo/meds/a682291.h  failed to provide treatment per or Resident #144's left gluteal stated with the buttocks)  admitted to the facility on #144's diagnoses included but heart failure, pain and the #144's most recent MDS (a significant change in status in ARD (assessment reference oded the resident as being Section G coded Resident extensive assistance of two or	F 6	84			
	abrasion.  Further review of R revealed a physicia	sented with a left gluteal fold lesident #144's clinical record in's order dated 6/4/19 for eft gluteal fold. The order					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING			(X3) DATE SURVEY COMPLETED C				
		495299	B. WING			1	∪ 14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060	, 00,	142013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 684	documented to clean saline or dermal work zinc barrier to the comply silver alginate with a foam dressing. On 6/11/19 at 2:17 conducted with Respondent with Respondent with Respondent with the saling series of Resident #144 states that the past Sunday (6 completed her would and there was an orange of Resident with the saling series of Resident with the saling series of Resident with the saling series of Resident was competed by a blast of nurses of notes for saling s	anse the area with normal bund cleaners, blot dry, apply buter edges of the wound then e (1) to the wound and cover	F6	684			
	5/9/19 documented pressure related to fold related (sic) no reposition (sic) in bof timeTreatment			***************************************			
	was conducted with nurse) #7 (the nurs during the day shift weekend wound ca nurses on different not complete Resid	a.m., a telephone interview n LPN (licensed practical e who cared for Resident #144 on 6/8/19). LPN #7 stated are is split up between the shifts. LPN #7 stated she did lent #144's wound care on nurse told her she completed					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	GCOM	SURVEY PLETED
		495299	B. WING _	——————————————————————————————————————	14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE & DEFICIENCY)	(X5) COMPLETION DATE
F 684	the wound care that other nurse is fairly name.  On 6/13/19 at 9:39 was conducted with for Resident #144 of 6/8/19). LPN #8 state scheduled for night Resident #144 duri was not available for 3:36 p.m., ASM (active director of nurse terminated her empton 6/13/19 at 5:09 administrator), ASM director of clinical sthe above concern.  On 6/14/19 at 1:40 facility did not have treatments as order No further information was obtained.	t evening. LPN #7 stated the new and she did not know her a.m., a telephone interview a LPN #8 (the nurse who cared during the night shift on ated wound care was not shift and she did not complete bund care on 6/8/19.  The responsible for caring for any the evening shift on 6/8/19 or interview. On 6/13/19 at a single stated the nurse had just bloyment at the facility.  The p.m., ASM #1 (the p.m., ASM #1 (the p.m., ASM #2 stated the a policy regarding completing	F 68		
F 686 SS=D		egrity	F 68	F686  1. Resident #217 has expired. Resident #144 treatment for sacral pressure injury is being provided per physician orders.	7/14/19

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

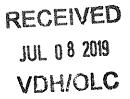
		(X1) PROVIDER/SUPPLIER/CLÏA **** IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DÄTE SÜRVEY COMPLETED		
		495299 💢	B. WING			οέ	C 914/2019	
ELIZABE	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TÅG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 686	Based on the compresident, the facility (i) A resident receive professional standary pressure ulcers and ulcers unless their demonstrates that (ii) A resident with necessary treatme with professional sepromote healing, per new ulcers from dealing, per new ulcers from deality document reand in the course of was determined that the necessary treatme with professional sepromote healing of residents in the surfacility document reand in the course of was determined that the necessary treatment in the surfacility staff prescribed physician from the surfacility staff physician's order for pressure injury on the findings included the find	prehensive assessment of a must ensure that- wes care, consistent with ards of practice, to prevent d does not develop pressure individual's clinical condition they were unavoidable; and pressure ulcers receives int and services, consistent tandards of practice, to revent infection and prevent eveloping.  Note in the modern of the moder	F6	886	<ol> <li>An audit residents identified pressure injuries will be conducensure treatments administere physician's orders.</li> <li>Licensed Nurse will be re-ed by DON/Designee on ensuring resident identified with pressurinjuries are administered treat per physician's orders.</li> <li>Audits will be conducted by DON/Designee to ensure resididentified with pressure injurie administered treatment per physician's orders weekly for five weeks then monthly for three months. Results of the audits reviewed at the monthly QAPI meeting for three months to scompliance.</li> <li>Compliance Date: 7/14/19</li> </ol>	ent es are		

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 141 of 212



		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495299	B. WING			l	C <b>14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB	•	3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			
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F 686	Continued From pa	ntinued From page 141 F 686						
	*A pressure injury is and underlying soft prominence or reladevice. The injury open ulcer and mas a result of intentior pressure in comtolerance of soft tis may also be affect.	an ordered treatment to ressure injuries* on multiple or 2018 and on 10/18/18.  Is localized damage to the skin t tissue usually over a bony sted to a medical or other can present as intact skin or an y be painful. The injury occurs see and/or prolonged pressure bination with shear. The issue for pressure and shear ed by microclimate, nutrition, sidities and condition of the soft						
	9/13/18. She was to 10/12/18 and reads transferred to the holiagnoses included stage renal disease procedure used in [kidney] failure, in ware removed from machine. (1)], depresention of salt and diabetes, and ampliaged to the constant of	s admitted to the facility ransferred out of the facility on mitted on 11/6/19. She was nospital on 11/18/18. Her d but were not limited to: End e requiring hemodialysis [a toxic conditions and renal which wastes and impurities the blood by a special ression, anxiety disorder, allure (abnormal condition rculatory congestion and d water by the kidneys) (2), utations of both legs above the						
	assessment, an ac assessment refere resident as scoring interview for menta	IDS (minimum data set) Imission assessment, whit an nce date of 9/24/19, coded the parall 15" on the BIMS (brief all status) score, indicating the pole of making daily cognitive	Vicioni, p. 4 magazini, p. da					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495299	B. WING				C 1 <b>14/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP H	EALTH AND REHAB		360	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD .EN ALLEN, VA 23060		
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F 686	decisions. In Section resident was coded pressure injury and the physician orde "Medihoney Wound Sacrum topically excleanse with wounthen cover with a divery) day and PR *Medihoney - Wound preparations directly dressings containing healing. Several some honey or honey-sociation to the properties of wounds, in chronic legulacers, cuts, and places will grafting. Honey see help clean the wound pain, and decrease reports, wounds he treatments failed to the total properties. The September 20 administration recomplysician order. Or places to document were blank.  The physician orde "Santyl ointment [a ointment used to the digest collagen in me 250 unit/gm (grame every day shift for well as to the digest collagen in me 250 unit/gm (grame every day shift for well as to the digest collagen in me 250 unit/gm (grame every day shift for well as to the digest collagen in me 250 unit/gm (grame every day shift for well as to the digest collagen in me 250 unit/gm (grame every day shift for well as to the digest collagen in me 250 unit/gm (grame every day shift for well as the physician order to the digest collagen in me 250 unit/gm (grame every day shift for well as the physician order to the digest collagen in me 250 unit/gm (grame every day shift for well as the physician order to the digest collagen in me 250 unit/gm (grame every day shift for well as the physician order to the physician orde	on M - Skin Conditions, the das having one stage 3 two stage 4 pressure injuries. If two stage 4 pressure injuries. If dated, 9/21/18, documented, d/Burn Dressing Gel*, apply to very day shift for wound care. d cleanser, apply Medi-Honey, ry protective dressing Q is (as needed)."  Ind healing. Applying honey by to wounds or using a honey seems to improve hall studies describe the use of aked dressings for various acluding wounds after surgery, abscesses, burns, abrasions, here skin was taken for ems to reduce odors and pus, and, reduce infection, reduce time to healing. In some haled with honey after other work. (6)  18 TAR (treatment rd) documented the above in 9/22/18 and 9/223/18, the the treatment as completed r dated, 9/14/18, documented, sterile enzymatic debriding at has a unique ability to	F	886			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER	EALTH AND REHAB		3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		171.010
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F 686	above order. On 9/1 the treatment as confident the treatment as confident to the treatment to the	18 TAR documented the 17/18, the place to document impleted was blank.  If dated, 9/14/18, documented, 0 Unit/gm - apply to left ery day shift for wound care. akin's solution (To prevent and he skin and tissue) (7) apply back with Dakin's soaked with a dry protective dressing Q of 18 TAR documented the order. On 9/17/18, 9/22/18 and to document the treatment as ink.  If AR documented the above on 10/8/18, the place to ment as completed was blank.  If dated, 9/14/18, documented, or right buttock Q shift every care."	F6	686	DEFICIENCY)		
	areas and moves n won't crack or peel. wipes allow your sk films adhere better. intervals between d Protective Dressing adhesion of tapes a	s easily, even on awkward aturally with patients' skin and Best of all, the Skin Prep in to "breathe" so tapes and The wipes may increase ressing changes. The helps to increase the and wafers. The Skin Prep skin and reduces adhesive					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
ı İ		495299	B. WING			C <b>06/14/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI			STREET ADDRESS, CITY, STATE, ZIF 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		707 1-1120 10
(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 C (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 686	The September 20 above order for skin 9/20/18 - night shift 19/30/18 - night shift treatment as comple order for skin prep. 10/6/18 - evening a evening shift; 10/12 document the treatment to the treatment of hospital) or pressure ulcer on least the wounds:  The wound care do 9/19/18. He document wounds:  Sacrum - stage 3 processure ulcer (ischium 3 x 3.4 x 1.8 cm.  The comprehensive documented in part Stage 4 present to land in the wounds:  The wound care muresident's stay was ordered. Weekly wound the wounds was not to the wounds or the wounds or the wounds was not to the wounds ore	18 TAR documented the n prep. On 9/17/18 - day shift; t; 9/22/18 - day shift; and t, the places to document the leted were blank.  TAR documented the above On 10/5/18 - night shift; and night shift; 10/7/18 - 2/18 - night shift, the places to ment as completed were  ated, 9/14/18 at 12:03 a.m. t; "Resident arrived from via stretcherHas stage 4 eft buttock and stage 2 on sacrum.  betor saw the resident on lented the following regarding pressure wound - 0.4 x 0.4 x s)  m) - stage 4 pressure wound - e care plan dated, 10/4/18 t; "Focus: Pressure ulcer left and right buttock." The ed 9/14/18, documented in ekly skin inspection. Provide as as ordered. Treatments as	F 6	86		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			l .	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		495299 B. WING			C <b>06/14/2019</b>		
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIF 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	, CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 686	An interview was copractical nurse) # 5 at 7:55 a.m., LPN # When asked what t LPN #5 stated, "If it happen."  The facility policy, "failed to evidence documentation of companients of the companients of the concerns on 6/14/1 On 6/14/19 at 11:53 for treatments was staff member) #2, the policy on treatments. No further information COMPLAINT DEFICE.	onducted with LPN (licensed, the unit manager; on 6/14/19 5 was shown the above TARs. the blanks on the TAR meant, a ain't signed off it didn't  Pressure Ulcer Record Policy" locumentation related to the ompleted treatments.  member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 12:25 p.m.  B a.m., a request for the policy made to ASM (administrative he director of nursing. AT 1:40 the facility did not have a sa ordered.	F 6	DEFICIENCY			
	Chapman, page 26 (2) Barron's Diction Non-Medical Reade Chapman, page 13 (3) Stage 2 Pressur loss with exposed of Partial-thickness los	6. nary of Medical Terms for the er, 5th edition, Rothenberg and 8. re Injury: Partial-thickness skin					

F 686  Continued From page 146 moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper lissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).  Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of itssue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.  Stage 4 Pressure Injury: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location, if slough or		TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
ELIZABETH ADAM CRUMP HEALTH AND REHAB  (XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL) TAG REGULATION OR LSC IDENTIFYING INFORMATION TAG  F 686 Continued From page 146 moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (I/TD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).  Stage 3 Pressure Injury, Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Faccia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage and/or bone are may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location, if slough or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur.								
FREEIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 686  Continued From page 146 moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated demattiis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).  Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location, if slough or			EALTH AND REHAB		3600 MOUNTAIN ROAD	<u>, , , , , , , , , , , , , , , , , , , </u>	142013	
moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible.  Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).  Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.  Stage 4 Pressure Injury: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or	PRÉFIX	(EACH DEFICIENCY	' MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES.)	) BE	COMPLETION	
eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury. This information was obtained from the following website:	F 686	moist, and may also ruptured serum-fille visible and deeper to Granulation tissue, present. These inju adverse microclimathe pelvis and sheat should not be used associated skin dar incontinence associated skin injury (I (skin tears, burns, at the state of the state	o present as an intact or d blister. Adipose (fat) is not issues are not visible. slough and eschar are not ries commonly result from te and shear in the skin over r in the heel. This stage to describe moisture mage (MASD) including lated dermatitis (IAD), atitis (ITD), medical adhesive MARSI), or traumatic wounds abrasions).  Injury: Full-thickness skin loss of skin, in which adipose (fat) or and granulation tissue and and edges) are often present. For armay be visible. The depth faries by anatomical location; adiposity can develop deep ing and tunneling may occur. If slough or eschar of tissue loss this is an aure Injury.  Injury: Full-thickness skin and land tissue loss with exposed fascia, muscle, tendon, or bone in the ulcer. Slough or evisible. Epibole (rolled g and/or tunneling often occur. Intomical location. If slough or extent of tissue loss this is essure Injury.	F 6	86			

AND PLAN OF CORRECTION  (X1) PHOVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
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F 686	-clinical-resources/ (4) This information following website: http://www.rxlist.co (5) This information following website: https://medlineplus (7) This information following website: https://medlineplus (7) This information following website: https://dailymed.nlmm?setid=9906e5fe 5. 2. The facility staff physician's order for pressure injury on the staff were not limited to diabetes. Resident (minimum data set assessment with a date) of 4/29/19, cocognitively intact. #144 as requiring a more staff with bed Review of Residen revealed a pressure dated 5/6/19 that depressure injury (2) Further review of Fundamental Programment	corg/resources/educational-and/npuap-pressure-injury-stages/ n was obtained from the m/santyl-drug.htm. n was obtained from the www.allegromedical.com n was obtained from the converse obtained from the news obtained from the corp. See the c	F 6	86				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
	495299 ME OF PROVIDER OR SUPPLIER		B. WING			C 06/14/2019		
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIF 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	, CODE	1 001	1-112010	
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F 686	dermal wound clear water moist spiral or medihoney (4) and dressing one time at the conducted with Resvoiced concern that always completed of #144 stated she did Sunday (6/9/19) be wound care on Sate was an odor coming Review of Resident (treatment administ evidence that the al 9:00 a.m. was compevidenced by a blar of nurses' notes for documentation that Resident #144.  Resident #144's conducted with the conducted with nurse or dered"  On 6/13/19 at 7:48 was conducted with nurse) #7 (the nurseduring the day shift weekend wound can urses on different not complete Resid 6/8/19 but another if the wound care that	p.m., an interview was sident #144. The resident are not on the weekends. Resident I not go to church this past cause no one completed her urday (6/8/19) and that there	F6	886				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	TIPLE CONSTRUCTION ING			E SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u> )E	<u>U6/</u>	14/2019
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F 686	name. On 6/13/19 at 9:39 was conducted with for Resident #144 conducted for Resident #144's worth and the following for the nurse who was Resident #144 during was not available for 3:36 p.m., ASM (add) (the director of nurse terminated her empton 6/13/19 at 5:09 administrator), ASM director of clinical set the above concern. On 6/14/19 at 1:40	a.m., a telephone interview a LPN #8 (the nurse who cared during the night shift on ated wound care was not shift and she did not complete ound care on 6/8/19.  It responsible for caring for any the evening shift on 6/8/19 or interview. On 6/13/19 at ministrative staff member) #2 sing) stated the nurse had just bloyment at the facility.  In the facility is the facility.  In the facility is the facility.  In the facility is the facil	F 6				
	No further informati  (1) "The sacrum is a structure that is local vertebrae and that in the sacrum forms to strengthens and stainformation was obth https://medlineplus.htm  (2) "Pressure Injury A pressure injury is	on was presented prior to exit.  a shield-shaped bony ated at the base of the lumbar s connected to the pelvis. the posterior pelvic wall and abilizes the pelvis." This rained from the website: gov/ency/imagepages/19464.					

STATEMENT OF DEFICIENCIES (X1)**PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	TREET ADDRESS, CITY, STATE, ZIP CODE 500 MOUNTAIN ROAD LEN ALLEN, VA 23060		14/2019
(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 6	(X5) COMPLETION DATE
F 686	device. The injury of open ulcer and may as a result of intension pressure in combit tolerance of soft tissimay also be affected perfusion, co-morbit tissue.  Stage 4 Pressure Intissue loss Full-thickness skinsor directly palpable ligament, cartilage and/or eschar may edges), underminin Depth varies by an eschar obscures than Unstageable Preinformation was obthttps://www.npuapclinical-resources/rusy/www.npuapclinical-resources/rusy/www.hollister.80%93for%E2%80%93bit(4) Medihoney is usinformation was obthtps://www.bollister.80%93care/923166%ligity%E2%80%93bit(4) Medihoney is usinformation was obthtps://www.bollister.80%93for%E2%80%93bit(4) Medihoney is usinformation was obthtps://www.bollister.80%93for%E2%80%93bit(4) Medihoney is usinformation was obthtps://www.bollister.80%93care/923166%ligity%E2%80%93bit(4)	red to a medical or other an present as intact skin or an a be painful. The injury occurs is and/or prolonged pressure bination with shear. The sue for pressure and shear and by microclimate, nutrition, dities and condition of the soft injury: Full-thickness skin and and tissue loss with exposed fascia, muscle, tendon, or bone in the ulcer. Slough be visible. Epibole (rolled g and/or tunneling often occur. atomical location. If slough or e extent of tissue loss this is essure Injury." This tained from the website: org/resources/educational-and inpuap-pressure-injury-stages/sused to treat wounds. This tained from the website: com/~/media/files/pdfs%E2%80%93hfb%E2%80%93fa rochure.pdf	F€	686			
F 689 SS=D	Free of Accident Ha	ciences.com/medihoney nzards/Supervision/Devices 1)(2)	Fé	689	F689		7/14/19
**************************************	§483.25(d) Acciden The facility must en				1. Resident #50's fall mat is in pla and bed in low position while in t		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		E CONSTRUCTION		DATE SURVEY COMPLETED
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ELIZABE (X4) ID PREFIX	(EACH DEFICIENC	EALTH AND REHAB  ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREF	G X	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI	JLD BE	(X5) COMPLETION
TAG	Continued From pa §483.25(d)(1) The as free of accident §483.25(d)(2)Each supervision and as accidents. This REQUIREME by: Based on observadocument review, istaff failed to imple interventions, per traccidents for one of (Resident #50). Rebed with no fall mabed was in an elev The findings included Resident #50 was 11/1/18 with a reactidementia, high bloof falls.  The most recent Massessment, a sign with an assessment with an assessment that the resident with make daily cognitive coded in Section Content of the code of the resident with the reside	age 151 resident environment remains hazards as is possible; and resident receives adequate sistance devices to prevent  NT is not met as evidenced ation, staff interview, and facility it was determined the facility ement assistive device he plan of care to prevent of 71 sampled residents, esident #50 was observed in at down at the bedside and the rated position.	TAG		2. An audit of residents with fa will be completed to ensure fa are in place and bed in low poswhen residents are in bed.  3. Nursing staff will be re-educed by the DON/Designee on ensure fall mats are in place and beds position when resident is in bed.  4. Audits will be conducted by DON/Designee to ensure fall mare in place and beds in low powhen resident is in bed weeks four weeks then monthly for the months. Results of the audits reviewed at the monthly QAPI meeting for three months to scompliance.  Compliance Date: 7/14/19	Il mats Il mats ition ated ring in low d. nats osition y for hree will be	DATE

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	EALTH AND REHAB		3600	EET ADDRESS, CITY, STATE, ZIP CODE D MOUNTAIN ROAD EN ALLEN, VA 23060	1 00	714/2019
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F 689	elevated to the wais mat was observed the light, and was not be light, and was not reviewed on 4/2 "Focus: (Resident # history of falls, dem history of right femulatory of right femulato	ge 152 st level of this surveyor. A fall leaning against the wall under ot on the floor next to the bed. care plan dated, 11/13/18 26/19, documented in part, 250) is at risk for fall related to: entia, use of wheelchair, use of wheelchair, use fall related in part, 250 is at risk for fall related to: entia, use of wheelchair, use of wheelchair, 250 is at risk for fall related to: entia, use of wheelchair, 251 is at risk for fall related to: entia, use of wheelchair, 252 is at risk for fall related in part, 253 is at risk for fall related in low documented in part, 254 is at bedside."  Inducted with LPN (licensed the unit manager, on 6/13/19 is a problem. 254 ed her breakfast, didn't put the position, and didn't put the fall 254 is graph for a resident 255 is at a safety devices a 256 is at a safety devices a 257 is at a safety devices a 258 is at a fall mat, 259 is at a fall mat, 259 is at a fall mat, 250 is at	F6	889			

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PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

	PLAN OF CORRECTION   (X1) PHOVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:		1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	rige s de la companya de la compan	495299	B. WING		12.	06/1	0 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			, 00,	142013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRÉCEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			BE	(X5) COMPLETION DATE
F 689 F 695 SS=E	intervention should for falling and main and mobility."  In Fundamentals of Patricia A. Potter ar Inc; Page 5. "Clien care. You need to and emotional injur and eliminating safe many factors, such techniques, client a medications, impair Learn your agency' reducing client falls multidimensional apprevention strategic in fall rates."  Administrative staff administrator, ASM and ASM #3, the reservices, were made concerns on 6/13/1  No further informat Respiratory/Trache CFR(s): 483.25(i)  § 483.25(i) Respirat tracheostomy care The facility must enneeds respiratory care and tracheal scare, consistent with practice, the comprise	minimize the Resident's risk tain functional independence  Nursing, 7th edition, 2009; and Anne Griffin Perry; Mosby, t safety is a priority in health protect clients from physical y by continually assessing for ety hazards. Clients fall due to as improper transfer ge, side effects of red mobility, or confusion. Is fall prevention program for a programs that use a peroach in designing fall es have the greatest reduction member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 5:04 p.m.  It ion was provided prior to exit. Iostomy Care and Suctioning and tracheal suctioning. Insure that a resident who are, including tracheostomy suctioning, is provided such the professional standards of rehensive person-centered ents' goals and preferences,		689	F695  1. Resident #158 has expired. Resident #157 oxygen tubing is stored in a sanitary when not in Resident #76 is receiving oxygen physician's order. Resident #27 h physician order for use of incent spirometer and mouthpiece is stin a sanitary manner when not in use.	per nas ive ored	7/14/19

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 154 of 212

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	OF DEFICIENCIES OF CORRECTION	(X1)**PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	СОМ	E SURVEY PLETED
		495299	B. WING		s again	1	C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIE  ETH ADAM GRUMP	HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			1 00	14/2013
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F 695	This REQUIREM by: Based on obser interview, facility record review, it failed to provide with professional comprehensive pfour of 71 resider Resident #158, #1. The facility state physician or 2. The facility state a sanitary manner.  3. The facility state order for Resider spirometer (1) ar	page 154 JENT is not met as evidenced vation, staff interview, resident document review and clinical was determined the facility staff respiratory services consistent standards of practice, the person-centered care plan for nots in the survey sample, 157, #76 and #27.  If failed to administer oxygen per ler for Resident #158.  If failed to store oxygen tubing in er for Resident #157.  If failed to administer oxygen per ler for Resident #76.  If failed to obtain a physician's not #27's use of an incentive and failed to ensure the incentive outhpiece in a clean and sanitary		695	2. An audit of resident with oxyge will be conducted to ensure oxyge tubing is stored in a sanitary many when not in use and the oxygen r is administered per physician's orders. An audit of resident using incentive spirometer will be conducted to ensure physician order has been obtained and mouthpiece is stored a sanitary manner when not in use 3. Nursing staff will be re-educated by DON/Designee on ensuring oxygen tubing is stored in a sanitary manner when not in use and the oxygen rate is administered per physician's orders. Nursing Staff also be re-educated on resident using incentive spirometer have physician order obtained and mouthpiece is stored in a sanitary manner when not in use.	en ner ate uct en ed in e. ed	
	Resident #158 w 11/29/18 with a r diagnoses that ir Stroke, COPD (o disease - general lung disease tha	ude:  If failed to administer oxygen per ler for Resident #158.  Tas admitted to the facility on eadmission on 1/10/19 with included but were not limited to: chronic obstructive pulmonary all term for chronic, nonreversible t is usually a combination of chronic bronchitis) (1) high	model and other measurements and the second		4. Audits will be conducted by Carekeepers to ensure oxygen tu is stored in a sanitary manner whot in use and the oxygen rate is administered per physician's ord weekly for four weeks then monfor three months. An audit will a be conducted by DON/Designee resident using incentive spirome	ers thly Iso on	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	<b>4</b>	СОМ	E SURVEY PLETED
		495299	B. WING			*	06/ <sup>-</sup>	C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP H	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE; ZI 00 MOUNTAIN ROAD LEN ALLEN, VA 23060	PCODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)				(X5) COMPLETION DATE
F 695	blood pressure, atre characterized by rathe atria of the heathe ventricles and routput and frequen (2), and Parkinson progressive neurol by resting tremor, so rolling motions of the weakness, sometin (3).  The most recent Massessment, a sign with an assessment (3) with an assessment coded the resident long-term memory coded as requiring more staff member living. In Section Of Procedures and Pr	rial fibrillation (a condition apid and random contraction of art causing irregular beats of resulting in decreased heart attly clot formation in the atria) is Disease (a slowly ogical disorder characterized shuffling gait, stooped posture, he fingers, drooling and muscle mes with emotional instability)  IDS (minimum data set) inficant change assessment, as having both short and difficulties. The resident was extensive assistance of one or for all of her activities of daily in Special Treatments, rograms, the resident was expensive assistance of one or for all of her activities of daily in Special Treatments, rograms, the resident was expensive assistance of one or for all of her activities of daily in Special Treatments, rograms, the resident was expensive are sident at the inhospice care.  In ade of Resident #158 on the interestion of the expensive and the interestion of the expensive at a sident was observed and on via a nasal cannula. The or was set at 4L/min.	F	695	have physician order obmouthpiece is stored in manner when not in use four weeks then month months. Results of the reviewed at the month meeting for three mont compliance.  Compliance Date: 7/14	a sanitar e weekly f ly for thre visits will f y QAPI ths to sust	for ee be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495299	B. WING				C <b>14/2019</b>	
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HE			360	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060		8 "25 das her a he	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 695		•	F6	95				
	June 2019 docume	nt administration record) for ented the above order for en was signed off as having at 2 LPM.	Normalian and Andrewski Andrewski (Andrewski Andrewski Andrewski (Andrewski Andrewski Andrewski (Andrewski Andrewski Andrewski (Andrewski Andrewski (Andrewski Andrewski (Andrewski Andrewski (Andrewski (Andrew)					
	12/6/19, failed to ev	prehensive care plan dated, vidence documentation for the There was no care plan for	Onnanananananananananananananananananan	челост сеч подавной п				
	practical nurse) #4, asked how a nurse rate for a resident, I doctor's orders." Wi #158's oxygen was #4 stated, "It was beher head is low, her the hospice nurse pwas asked what phy Resident #158's oxyknow. I assumed it me check the order computer and check the order computer and check esident #158, and #4 was asked why i resident with COPD didn't respond and #158's diagnosis of #4.	onducted with LPN (licensed, on 6/12/19 at 3:03 p.m. When knows the prescribed oxygen LPN #4 stated, "It's in the Then asked what rate Resident on this morning today, LPN etween three and four. When r O2 level is low. I made sure out her head back up." LPN #4 hysician's order was for tygen. LPN #4 stated, "I don't was what it was set on. Let r." LPN #4 went to the cked the oxygen order for distated, "It's for 2 L/min." LPN it's important not to give a D too much oxygen. LPN #4 shook her head. Resident f COPD was verified with LPN						
	Procedures, eighth documented in part orders for oxygen th considered a medic	aken for the Lippincott Nursing edition, 2019, page 565, t, "Verify the practitioner's herapy, because oxygen is cation or therapy and should blonged high concentrations of lung injury."		мы-дан-да-дирук-рейску-редску-редского обтравления положения положения положения положения положения положения				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 00	#14/2013
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 695	Administrative staff administrator, ASM and ASM #3, the reservices, were made concerns on 6/13/1  No further information of the first services, were made concerns on 6/13/1  No further information of the first services, were made concerns on 6/13/1  No further information of the first services, were made concerns on 6/13/1  No further information of the further information of the first services of the first service	member (ASM) #1, the #2, the director of nursing, gional director of clinical le aware of the above 9 at 5:04 p.m.  Ion was provided prior to exit.  Inary of Medical Terms for the er, 5th edition, Rothenberg and 4. Iary of Medical Terms for the er, 5th edition, Rothenberg and I.	F 6	95		
1000	care.	ded as receiving hospice				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FIPLE CONSTRUCT		(X3) DATE SURVEY COMPLETED			
		495299	B. WING					C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRES 3600 MOUNTAIN GLEN ALLEN,		DE	00/	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETION DATE
F 695	Observation was m during the initial scr approximately 12:00 was noted in the roward was moted in the roward was noted in the roward was exposed. A second observation of Reside tubing remained was canister on the oxyghumidification. The exposed to the air.  The physician order "Oxygen 2Liters per cannula) as needed breath)."  The comprehensive documentation of the care.  An interview as con 6/12/19 at 3:15 p.m #157 uses her oxygreally." LPN #11 wa #157's room. When	ade of Resident #157's room eening on 6/11/19 at 0 p.m. An oxygen concentrator om with oxygen tubing e water canister for nasal cannula part of the	F6	95				
	be stored, LPN #11 stored in a bag whe An interview was co manager, on 6/12/1	t?' When asked how it should stated, "It's supposed to be n not in use."  onducted with LPN #1, the unit 9 at 3:19 p.m., regarding the storing oxygen tubing when it						
	is not in use. LPN #	1 stated, "In a plastic bag and						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
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F 695	dated." The above LPN #1.  The policy presente administration failer of the storage of the In "Fundamentals of Patricia A. Potter ar Inc; Page 648. "Bo of Health Care-Ass Respiratory Tract therapy equipment.  Administrative staff administrator, ASM and ASM #3, the re	ed by the facility for oxygen d to evidence documentation e equipment when not in use.  If Nursing" 7th edition, 2009: nd Anne Griffin Perry: Mosby, x 34-2 Sites for and Causes ociated Infections under Contaminated respiratory	F6	695			
	3. The facility staff f the physician order  Resident #76 was a 10/31/17 with diagn not limited to: depre anxiety disorder, and chronic, nonreversil a combination of embronchitis) (1).  The most recent MI assessment, a sign with an assessment coded the resident of the code of the c	on was provided prior to exit.  ailed to administer oxygen per					

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

Event ID: DD4411

Facility ID: VA0083

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JUL 0 8 2019 VDH/OLC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		STRUCTION	(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C <b>06/14/2019</b>		
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		3600 MC	ADDRESS, CITY, STATE, ZIP CODE DUNTAIN ROAD ALLEN, VA 23060	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD PROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 695	cognitive decisions. Treatments, Proced the resident as hav resident.  Observation was mathe initial screening 12:05 p.m. Resident. The oxygen concert 1.5 LPM (liters per Observation was mathematical transportation) was mathematical transportation. The rewith her oxygen in usurveyor verified the stated, "It's supposed to the continuously every the comprehensive documented in part status due to Chron Disease (COPD)." documented in part status due to Chron Disease (COPD)." documented in part needed per Physici saturations on room oxygen flow rate and An interview was copractical nurse) #4, asked how staff a kof oxygen is for each "It's in the doctor's cophysician order for	In Section O - Special dures and Programs" coded ing used oxygen while a ade of Resident #76 during on 6/11/19 at approximately it #76 was in her bed, asleep. Itrator was on and was set at minute).  ade of resident #76 on 6/11/19 sident was awake and in bed use at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 3 all yields at 3 all yields at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 3 all yields at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 3 all yields at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 1.5 LPM. A second is observation. The resident ed to be on three."  In dated, 2/12/19, documented, at 1.5 LPM. A second is observation. The resident ed to be on three."	F 6	95				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C <b>06/14/2019</b>		
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	TREET ADDRESS, CITY, STATE, ZIP CODE 500 MOUNTAIN ROAD LEN ALLEN, VA 23060	1 00,	14/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 695	with LPN #4. LPN # Administrative staff administrator, ASM and ASM #3, the reservices, were made concerns on 6/14/1 No further information (1) Barron's Diction Non-Medical Reade Chapman, page 12 4. The facility staff forder for Resident #spirometer (1) and spirometer (1) mouranner.  Resident #27 was a 7/24/18 and readmined to asthma, of anxiety disorder. Resident #27's diaglimited to asthma, of anxiety disorder. RMDS (minimum dat status assessment reference date) of 3 being cognitively introduced a physician's spirometer. Review of Resident reveal a physician's spirometer. Review care plan, implement of 6/7/19 failed to rean incentive spirometer.	member (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above 9 at 12:25 p.m.  on was provided prior to exit.  nary of Medical Terms for the er, 5th edition, Rothenberg and 4.  ailed to obtain a physician's #27's use of an incentive failed to ensure the incentive thpiece in a clean and sanitary admitted to the facility on ted to the facility on 6/7/19. Inoses included but were not hronic pain syndrome and esident #27's most recent a set), a significant change in with an ARD (assessment #1/11/19, coded the resident as fact. Section G coded quiring supervision with bed res.  #27's clinical record failed to order for an incentive of Resident #27's baseline need on the readmission date eveal documentation regarding	F6					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG	(×		SURVEY PLETED
		495299	B. WING		C 06/14/2019		
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	XODE	06/1	14/2019
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F 695	#27 was observed incentive spirometer nightstand in the remouthpiece was excontaminates in the an interview was considered. Resident #27 confispirometer. Reside incentive spirometer week but did use it When asked if the her a bag to store to Resident #27 state not asked for a bag.  On 6/13/19 at 10:3 conducted with LPI LPN #6 was asked physician's order for spirometer. LPN # When asked why, order comes from to When asked how reasked how reasked how reasked how reasked aware that a Resident #27's roorecord did not contincentive spirometer stated incentive spirometer stated incentive spirometer stated incentive spirometer should incentive spirometer.  On 6/13/19 at 11:06	in the bedroom. An uncovered er was observed on a esident's room. The knosed to potential e air. On 6/11/19 at 4:46 p.m., onducted with Resident #27. It was the incentive ent #27 stated she used the er more during the previous once during the previous day. If acility staff has ever provided the incentive spirometer in, do the staff has not but she has greither.  1 a.m., an interview was N (licensed practical nurse) #6. If residents should have a por the use of an incentive 6 stated, "I would think so." LPN #6 stated, "Usually the the respiratory therapist to us." Incentive spirometer, LPN #6 ean order." LPN #6 was an incentive spirometer was in must the resident's clinical ain a physician's order for the er. LPN #6 was asked how ers should be stored. LPN #6 irometers could be stored at	F 6	95			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495299	B. WING	-		1	C /14/2010	
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	UO/	14/2019	
E17808	CTU ADAM CDIMD U	EALTH AND DELLAD			600 MOUNTAIN ROAD			
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F 695	incentive spirometer with the mouthpieco contaminates in the how incentive spiro hospital setting but that the incentive spicontaminated. Whistored, LPN #6 statibag.  On 6/13/19 at 5:09 staff member) #1 (to (the director of clinical state above concern.)  The facility policy refailed to document sobtaining a physicial No further information (1) "An incentive sphelp you keep your when you have a lupneumonia. Using teaches you how to Deep breathing keep and healthy while you problems, like pneumonia taking big breat device called an inceyou take deep breathing you take deep breathing the simple taken the simple t	er remained on the nightstand e exposed to potential e air. LPN #6 stated that is ometers are stored in the confirmed she could not say pirometer was not en asked how it should be ted it should be stored in a p.m., ASM (administrative the administrator), ASM #2 sing) and ASM #3 (the regional services) were made aware of egarding bedside spirometry specific information regarding an's order.  ion was presented prior to exit. Dirometer is a device used to lungs healthy after surgery or ang illness, such as the incentive spirometer of take slow deep breaths. Peps your lungs well-inflated ou heal and helps prevent lung amonia.	F6	i95	DEPICIENCI			
	an active role in yoι	nurse or doctor, you can take ur recovery and keep your s information was obtained						



PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				COMPLETED		
**************************************	495299	B. WING _	<u>,                                    </u>	C 06/14/2019		
	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPROPRICE OF THE	JLD BE COMPLETION		
from the website: https://medlineplus 00451.htm Bedrails CFR(s): 483.25(n)(	gov/ency/patientinstructions/0	Annual data data data data data data data da	F700  1. Resident #144, #29 and #14	7/14/19 0 has		
The facility must at alternatives prior to a bed or side rail is correct installation,	tempt to use appropriate installing a side or bed rail. If used, the facility must ensure use, and maintenance of bed	rozenske se se kalendar kalend	entrapment, review of risk and benefits and consents have be obtained.  2. An audit of residents using I	een		
§483.25(n)(2) Revi bed rails with the re	ed rails prior to installation.  ew the risks and benefits of esident or resident		assessment for risk of entraph review of risk and benefits and consents obtained.  3. Licensed Nurse, Maintenand Department and Social Service	d ce		
are appropriate for §483.25(n)(4) Follor recommendations and maintaining be This REQUIREMED by: Based on observation document review a was determined that implement bed rail residents in the sur #29 and #140.	the resident's size and weight.  We the manufacturers' and specifications for installing d rails.  NT is not met as evidenced tion, staff interview, facility and clinical record review, it at the facility staff failed to requirements for three of 71 vey sample, Residents #144,		Workers will be re-educated by DON/Designee on ensuring assessment for risk of entrapher review of risk and benefits and consents have been conducted obtained.  4. Audits will be conducted by DON/Designee to ensure asses for risk of entrapment, review and benefits and consents have conducted and obtained week four weeks then monthly for the season of	nent, d d and ssment of risk ve been		
	PROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa from the website: https://medlineplus. 00451.htm Bedrails CFR(s): 483.25(n)(  §483.25(n) Bed Ra The facility must att alternatives prior to a bed or side rail is correct installation, rails, including but i elements.  §483.25(n)(1) Asse entrapment from be §483.25(n)(2) Revi bed rails with the re representative and to installation.  §483.25(n)(3) Ensu are appropriate for  §483.25(n)(4) Follo recommendations and maintaining be This REQUIREMEN by: Based on observat document review a was determined tha implement bed rail residents in the sur #29 and #140.	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HEALTH AND REHAB  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 164 from the website: https://medlineplus.gov/ency/patientinstructions/0 00451.htm Bedrails CFR(s): 483.25(n)(1)-(4)  §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.  §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.  §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.  §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.  §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. 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 implement bed rail requirements for three of 71 residents in the survey sample, Residents #144, #29 and #140.	PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 164 from the website: https://medlineplus.gov/ency/patientinstructions/0 00451.htm Bedrails CFR(s): 483.25(n)(1)-(4)  §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installation, use, and maintenance of bed rails, including but not limited to the following elements.  §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.  §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.  §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.  §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. 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 implement bed rail requirements for three of 71 residents in the survey sample, Residents #144,	PROVIDER OR SUPPLIER  TH ADAM CRUMP HEALTH AND REHAB  SUMMARY STATEMENT OF DETICENCES (EACH DEFICIENCY WIS TAGE (EACH DEFICIENCY WIS TAGE (EACH DEFICIENCY WIS THE PRECEDE BY YOU. REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 164 from the website:  Continued From page 164 from the website:  CFR(s): 483.25(n)(1)-(4)  §483.25(n) Bed Raiis. The facility must attempt to use appropriate alternatives prior to installating a side or bed raii. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.  §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.  §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.  §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.  §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.  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 implement bed rail requirements for three of 711 residents in the survey sample, Residents #144, #29 and #140.		

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 165 of 212

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			495299	B. WING		C 06/14/2019		
		PROVIDER OR SUPPLIER	HEALTH AND REHAB	;	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			
;	(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION		
	F 700	and obtain informinstallation of bed  2. The facility staffor risk of entrapmand obtain informinstallation of bed  3. The facility staffor risk of entrapmand obtain informinstallation of bed  The findings inclu  1. The facility staffor risk of entrapmand obtain informinstallation of bed  Resident #144 wa 1/14/12. Residen were not limited to diabetes. Reside (minimum data seassessment with date) of 4/29/19, ocognitively intact.	nent, review risks and benefits ed consent prior to the rails.  If failed to assess Resident #29 nent, review risks and benefits ed consent prior to the rails.  If failed to assess Resident #140 nent, review risks and benefits ed consent prior to the rails.  If failed to assess Resident #140 nent, review risks and benefits ed consent prior to the rails.  If failed to assess Resident #144 nent, review risks and benefits ed consent prior to the					
	,	revealed a physic 3/29/18 that docu bed rails for turnir screening failed to	nt #144's clinical record al therapy screening dated mented Resident #144 required ng and to scoot up in bed. The o document an assessment of isk for entrapment.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	СОМ	E SURVEY PLETED
		495299	B. WING				C 14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		360	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060	1 007	142010
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F 700	order sheet revealed 2/14/19 for side rail turning and reposition plan dated 2/14/19 help with turning are Further review of Paralled to reveal an if of entrapment, doctobenefits were revied the resident's represented in bed. Entrapped on the best of the paralled for bed rails. LPN are commend the resident, nursing representative known is obtained and call the bed rails. When benefits of bed rails resident/represented they discuss in the explain. When as evidence that risks the resident/represented have never really discuss in the resident/represented they discuss in the resident represented they discuss the resident represented they discuss th	t #144's current physician's and a physician's order dated is (bed rails) to help with ioning. Resident #144's care documented, "Side rails to and repositioning."  The esident #144's clinical record initial assessment for the risk aumentation that risks and wed with Resident #144 (or esentative) or documentation of p.m., Resident #144 was bilateral quarter rails were	F7	700			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C <b>6/14/2019</b>		
	PROVIDER OR SUPPLIER ETH ADAM CRUMP H	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060				
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 700	On 6/13/19 at 1:57 conducted with OS (physical therapist) process for bed rai stated if a resident evaluated by therapy will complete a bed the resident preser alternative devices safety bed pull up. assesses, OSM #1 therapy or occupation shoulder range of restrength, lower extremity strength as the completes and entrapment, OSM is Usually the folks has they have some can follow a comment themselves." OSM not complete a formentrapment but stated that she feels they, are not given a rail.  On 6/14/19 at 11:05 staff member) #1 (If (the director of clinical staff member) #1 (If (the di	p.m., an interview was M (other staff member) #13. OSM #13 was asked the assessments. OSM #13 is newly admitted, they are by staff and the therapy staff arail assessment screening if ats as being inappropriate for such as a trapeze bar and When asked what she astated either physical ional therapy usually assesses motion upper extremity remity range of motion, lower and wounds. When asked if assessment for risk of #13 stated, "I can't say. ave to be able to use the rails level of orientation so they and or they use the rails I #13 acknowledged she does nal assessment for risk of ted if someone is so demented cannot use the rail then they are administrator), ASM #2 sing) and ASM #3 (the regional services) were made aware of	F 7					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1''	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495299	B. WING		06	C <b>/14/2019</b>
	PROVIDER OR SUPPLIE	R HEALTH AND REHAB	3	STREET ADDRESS, CITY, STATE, ZIP COD 1600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 700	informed consent restraint).  No further information of proceedings of the process  ation was presented prior to exit.  If failed to assess Resident #29 nent, review risks and benefits ed consent prior to the rails.  Is admitted to the facility on ent #29's diagnoses included but to stroke, major depressive enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29's enic pain. Resident #29 as re assistance of one staff with ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 that ent #29's clinical record revealed by screening dated 3/1/18 tha	F 700				
*	Further review of failed to reveal ar of entrapment, do	Resident #29's clinical record in initial assessment for the risk ocumentation that risks and liewed with Resident #29 (or the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '	IPLE CONSTRUCTION	COV	(X3) DATE SURVEY COMPLETED		
	495299	B. WING _			C <b>/14/2019</b>		
NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEA	LTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		114/2013		
PREFIX (EACH DEFICIENCY M			PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
informed consent.  On 6/12/19 at 8:30 a.r observed in bed. Bilat observed on the bed.  On 6/13/19 at 10:31 at conducted with LPN (LPN #6 was asked to for bed rails. LPN #6 recommend the resident staff has to evaluate the after therapy staff say for a resident, nurses representative know, is obtained and calls in the bed rails. When a benefits of bed rails is resident/representative they discuss in therapy explain." When asked evidence that risks and the resident/represent have never really doct facility staff obtains in stated, "No."  On 6/13/19 at 1:57 p.r conducted with OSM (physical therapist). On process for bed rail as stated if a resident is evaluated by therapy will complete a bed raits resident presents	m., Resident #29 was ateral quarterly rails were a.m., an interview was dicensed practical nurse) #6. explain the facility process stated nurses first ents to therapy and therapy the resident. LPN #6 stated as yes they do want bed rails let the resident and ensures a physician's order maintenance staff to install asked if the risks and explained to the re, LPN #6 stated, "Usually by and we come behind and dif she could provide and benefits are explained to tative, LPN #6 stated, "I umented." When asked if formed consent, LPN #6  m., an interview was (other staff member) #13  DSM #13 was asked the ssessments. OSM #13  newly admitted, they are staff and the therapy staff all assessment screening if as being inappropriate for ich as a trapeze bar and then asked what she	F 70					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495299	B. WING		ı	C <b>06/14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	***************************************		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 700	therapy or occupat shoulder range of r strength, lower extremity strength is she completes an a entrapment, OSM is usually the folks has on they have some can follow a commit themselves." OSM not complete a forment rapment but state that she feels they, are not given a rail.  On 6/13/19 at 5:09 staff member) #1 (if the director of clinical state above concerns. No further informat.  3. The facility staff for risk of entrapment and obtain informed installation of bed in Resident #140 was 9/5/07. Resident # were not limited to disorder and chron #140's most recent 14 day Medicare as (assessment referencesident as being coded Resident #1	ional therapy usually assesses motion upper extremity remity range of motion, lower and wounds. When asked if assessment for risk of #13 stated, "I can't say. ave to be able to use the rails level of orientation so they and or they use the rails I #13 acknowledged she does nal assessment for risk of ted if someone is so demented cannot use the rail then they p.m., ASM (administrative the administrator), ASM #2 sing) and ASM #3 (the regional services) were made aware of ion was presented prior to exit.	F 7				

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 171 of 212

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495299	B. WING _		1	C 0 <b>6/14/2019</b>
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP COD 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 700	revealed an occupa 3/1/18 that docume bed rails on both signaintain independent transfers. The screassessment of Resentrapment.  Resident #140's co 2/14/19 documente turning and repositi #140's current physician's order darails) to help with turning to help with turning to help with turning to help with turning to help with turning to help with turning and repositi #140's current physician's order darails) to help with turning and repositi #140's current physician's order darails.  Further review of R failed to reveal an in of entrapment, documentity were review the resident's representative at 7:56 observed in bed. B observed on the beson of 6/13/19 at 10:31 conducted with LPN LPN #6 was asked for bed rails. LPN #recommend the resistaff has to evaluate after therapy staff s for a resident, nurse representative know is obtained and call	at #140's clinical record ational therapy screening dated anted Resident #140 required des of the bed to increase and ence with bed mobility and bening failed to document an ident #140's risk for a mprehensive care plan dated and "Side rails to help with oning." Review of Resident sician's order sheet revealed a lated 4/19/19 for side rails (bed arring and repositioning.  The esident #140's clinical record initial assessment for the risk and lated with Resident #140 (or sentative) or documentation of a.m., Resident #140 was sillateral quarter rails were d.  The a.m., an interview was a lilicensed practical nurse) #6. To explain the facility process a fe stated nurses first sidents to therapy and therapy are the resident. LPN #6 stated and any yes they do want bed rails as let the resident and any, ensures a physician's order is maintenance staff to install an asked if the risks and	F 70			

NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALTH AND REHAB  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  3600 MOUNTAIN ROAD  GLEN ALLEN, VA 23060  PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  COMB.	(X3) DATE SURVEY COMPLETED  C 06/14/2019	
NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALTH AND REHAB  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  3600 MOUNTAIN ROAD  GLEN ALLEN, VA 23060  PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  COMB.		
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	(X5) COMPLETION DATE	
resident/representative, LPN #6 stated, "Usually they discuss in therapy and we come behind and explain." When asked if she could provide evidence that risks and benefits are explained to the resident/representative, LPN #6 stated, "I have never really documented." When asked if facility staff obtains informed consent, LPN #6 stated, "No."  On 6/13/19 at 1:57 p.m., an interview was conducted with OSM (other staff member) #13 (physical therapist). OSM #13 was asked the process for bed rail assessments. OSM #13 stated if a resident is newly admitted, they are evaluated by therapy staff and the therapy staff will complete a bed rail assessment screening if the resident presents as being inappropriate for alternative devices such as a trapeze bar and safety bed pull up. When asked what she assesses, OSM #13 stated either physical therapy or occupational therapy usually assesses shoulder range of motion upper extremity strength, lower extremity range of motion, lower extremity strength and wounds. When asked if she completes an assessment for risk of entrapment, OSM #13 stated, "I can't say, Usually the folks have to be able to use the rails so they have some level of orientation so they can follow a command or they use the rails themselves." OSM #13 stated, "I can't say, Usually the folks have to be able to use the rails themselves." OSM #13 stated, "I can't say, Usually the folks have to be able to use the rails themselves." OSM #13 stated, "I can't say, Usually the folks have to be able to use the rails themselves." OSM #13 stated, "I can't say, Usually the folks have to be able to use the rails themselves." OSM #13 stated, "I can't say, Usually the folks have to be able to use the rails themselves." OSM #13 stated, "I can't say, Usually the folks have to be able to use the rails themselves." Of orientations so they can follow a command or they use the rails themselves." Of orientation so they can follow a command or they use the rails themselves." Of orientation so they can follow a command or they use the rails		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		, :		B NO.	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
; * : *		495299	B. WING			06/1	; 4/2019
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ELIZABE	TH ADAM CRUMP H	EALTH AND REHAB			600 MOUNTAIN ROAD LEN ALLEN, VA 23060		•
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F 700	Continued From pathe above concern.	_	F 7	'00		меницисти в на вет применен в на вет положение в на вет положение в на вет положение в на вет положение в на в	7/44/40
F 725 SS=D	Sufficient Nursing SCFR(s): 483.35(a) (Sufficient The facility must have the appropriate corprovide nursing and resident safety and practicable physical well-being of each resident assessme and considering the diagnoses of the faccordance with that §483.70(e).  §483.35(a)(1) The by sufficient number types of personnel nursing care to all resident care plans (i) Except when was this section, license (ii) Other nursing plimited to nurse aid §483.35(a)(2) Except when was the section of the section o	staff 1)(2)  Int Staff.  Inve sufficient nursing staff with impetencies and skills sets to derelated services to assure attain or maintain the highest of the interest of the		725	1. Facility is staffed sufficiently. 2. Each residents has the potential being affected. 3. Staffing Coordinator and DON (Director of Nursing) will be reeducated by the Administrator/ Designee to sustain sufficient staffing. 4. Audits will be conducted by DON/Designee to ensure sufficient staff sustained weekly for four withen monthly for three months.  Compliance Date: 7/14/19	ent	7/14/19

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

Based on resident interview, resident

representative interview, staff interview, facility document review and clinical record review, it

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Facility ID: VA0083

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED	
		495299	B. WING		ne	C 06/14/2019	
	PROVIDER OR SUPPLIEF	IEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CO 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	······	71472015	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORI X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 725	was determined the maintain sufficient resident's needs for survey sample, Resident does not staffing.  The findings included the staffing.  The findings included the staffing.  The findings included the staffing.  The findings included the staffing.  The findings included the staffing.  The findings included the staffing.  Resident #29 was 10/19/09. Resident were not limited to disorder and chrorogular the staffed the intact. Section Government of the staffed the staffed on the unit about not being as 3:00 p.m., Resider him feel very good.  Review of Resider revealed the resident	at the facility staff failed to nursing staff to care for a or one of 71 residents in the esident #29.  the day shift, the facility staff sident #29 out of bed due to the facility on the esident #29 out of bed due to the facility on the esident #29's diagnoses included but stroke, major depressive nic pain. Resident #29's nimum data set) assessment reference date) of the resident as being cognitively coded Resident #29 as the esistance of one staff with the p.m., an interview was the esident #29 and his the interview, Resident we voiced concern that the not assisted out of bed until 5/26/19 because there were contified nursing assistants). When asked how he felt esisted out of bed until after the #29 stated it did not make	F 7	25			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C 06/14/2019	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE	- 007	14/2013
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		N SHOULD I E APPROPR	BE	(X5) COMPLETION DATE
F 725	Review of the facilia and the 5/26/19 face CNAs were schedu 5/26/19 but two CN was transferred to for 56 residents.  On 6/13/19 at 3:38 conducted with CN Resident #29 during CNA #4 stated shee CNAs on Resident on 5/26/19 and the to be cared for so so out of bed. When had so many reside stated people kept bathroom and then deliver. CNA #4 fu another CNA to he cleaned him up but out of bed.  On 6/13/19 at 4:00 conducted with OS (the staffing coordinated him up but out of bed.  On 6/13/19 at 4:00 conducted with OS (the staffing coordinated him up but out of bed.  On 6/13/19 at 4:00 conducted with CNAs shift on the C wing #16 stated, "About how she ensures the staffed with CNAs. has sign-up sheets shifts if there are no OSM #16 further sie extra shifts via pho for instance, she mout then she has to has more CNAs if a smore	ty staffing schedule for 5/26/19 cility census revealed five aled for Resident #29's unit on IAs called in and no other CNA the unit so three CNAs cared  p.m., an interview was A #4 (the CNA who cared for g the day shift on 5/26/19). believed there were three #29's unit during the day shift re was a whole lot of residents she did not assist Resident #29 asked why, CNA #4 stated she ents to care for. CNA #4 asking her to go to the e were so many meal trays to rther stated she could not grab the transfer Resident #29 so she to did not assist him with getting  p.m., an interview was M (other staff member) #16 nator). OSM #16 was asked hould be staffed during the day (Resident #29's unit). OSM six." OSM #16 was asked he wings are adequately OSM #16 stated the facility for staff to sign up for extra ot enough staff scheduled. Stated she asks staff to pick up ne or email. OSM #16 stated and have six CNAs scheduled to pull from another wing that a CNA calls in. The day shift or 5/26/19 was reviewed with	F 7	725			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION (X3) D	ATE SURVEY OMPLETED
		495299	B. WING		C 6/14/2019
	PROVIDER OR SUPPLIEF	P1		STREET ADDRESS, CITY, STATE; ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	0/14/2019
(X4) ID PRÉFIX 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 APPROPRIATE DEFICIENCY)	(X5) COMPLETIÓN DATE
	OSM #16. OSM # scheduled but two two units were onlique to call-ins. Osh have been done or CNA coverage. On urses have to calcall in, then normal units but on 5/26/1 CNAs to pull from normally if she carunit then she calls in to work.  On 6/13/19 at 5:09 staff member) #1 (the director of clinical the above concerning the a	CNAs called in and the other cNAs called in and the other y staffed with four CNAs each 6M #16 was asked what should in 5/26/19 to ensure sufficient SM #16 stated the CNAs and I the director of nursing if they say the company of the were not enough other units. OSM #16 stated anot pull CNAs from another CNAs to see if they will come of the administrator), ASM #2 staing) and ASM #3 (the regional services) were made aware of the apolicy regarding staffing.	F 7	725  F755  1. Resident #158 has expired. Resident #96 Carvedilol, Keppra Solution, Potassium Chloride Solution and Tramadol are available and administered per physician's order. Resident #76 Tramadol is available and administered per physician's order.	7/14/19

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	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		E'SURVEY IPLETED
		495299	B. WING				C, 1 <b>14/2019</b>
	PROVIDER OR SUPPLIER  TH ADAM CRUMP HE	EALTH AND REHAB		36	FREET ADDRESS, CITY, STATE, ZIP CODE 500 MOUNTAIN ROAD LEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI		PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	) BE	(X5) COMPLETION DATES
F 755	dispensing, and adibiologicals) to meet §483.45(b) Service must employ or obt pharmacist who- §483.45(b)(1) Proviaspects of the provithe facility. §483.45(b)(2) Estat receipt and disposit sufficient detail to e reconciliation; and §483.45(b)(3) Deterorder and that an acis maintained and p This REQUIREMEN by: Based on staff intereview, and clinical determined the faci pharmacy services survey sample, Resurvey sa	urate acquiring, receiving, ministering of all drugs and the needs of each resident.  Consultation. The facility ain the services of a licensed des consultation on all ision of pharmacy services in olishes a system of records of ion of all controlled drugs in nable an accurate rmines that drug records are in ecount of all controlled drugs in nable and accurate record review, it was lity staff failed to provide for three of 71 residents in the sidents # 158, #96 and #76.  ailed to provide the in for administration to redered by the physician.	F	755	2. An audit of residents on Apixa Carvedilol, Keppra Solution, Potassium Chloride Solution and Tramadol will be conducted to ensure medications are available administered per physician's ord  3. Licensed nursing staff will be reducated by DON/Designee on ensuring Apixaban, Carvedilol, Keppra Solution, Potassium Chlo Solution and Tramadol are availa and administered per physician's order.  4. Audits of residents who have Apixaban, Carvedilol, Keppra Solution, Potassium Chloride Solution, Potassium Chlorid	and er. e- ride ble ution	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495299	B. WING			C 06/14/2010	
	PROVIDER OR SUPPLIER	EALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			06/14/2019	
(X4) ID PREFIX TAG	· · · · · · · · · · · · · · · · · · ·				ORRECTIVE ACTION SHOUL FERENCED TO THE APPROI	D BE	(X5) COMPLETION DATE
F 755	Tramadol for admir ordered by the physician ordered by the physician ordered by the physician ordered by the physician ordered by the physician order of the physician order ordered by resting tremor, so rolling motions of the weakness, sometim (3).  The most recent MI assessment, a sign with an assessment orded as requiring more staff members living.	nistration to Resident #76 as sician.  e: failed to provide the an for administration to ordered by the physician.  admitted to the facility on admission on 1/10/19 with uded but were not limited to: onic obstructive pulmonary erm for chronic, nonreversible usually a combination of a condition pid and random contraction of a causing irregular beats of esulting in decreased heart thy clot formation in the atria) is Disease (a slowly opical disorder characterized huffling gait, stooped posture, are fingers, drooling and muscle nes with emotional instability)  DS (minimum data set) ifficant change assessment, a treference date of 5/3/19, as having both short and difficulties. The resident was extensive assistance of one or is for all of her activities of daily or dated 4/18/19, documented,	F 7				
		r dated 4/18/19, documented, n is used help prevent strokes					SAARINAA MININA SISSAA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495299	B. WING				14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		360	REET ADDRESS, CITY, STATE, ZIP CODE 10 MOUNTAIN ROAD EN ALLEN, VA 23060		
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 755	or blood clots in per (4), 5 MG (milligram times a day related The June 2019 MAI record) documented On 6/5/19 a "7" was administration. The Nurse Notes."  The nurse's note da above order for Apizorder "Awaiting mer pharmacy" was documented in part Cardiovascular stat (high blood pressur The "Interventions" ordered by physicia effectiveness."  The contents of the emergency drug bothe contents of the the medication was An interview was co 6/13/19 at 9:27 a.m folliows if a medication cart for a "I put it in the nurse (medications) are a follow up with the pl	pple who have atrial fibrillation) as); give 5 mg by mouth two to atrial fibrillation."  R (medication administration of the above physician order. documented in the box for code for a "7" is "Other/See  ated, 6/5/19, documented the kaban. After the medication, ds (medications) form umented.  care plan dated, 1/25/19 , "Focus: Impaired us related to: hypertension e), A-fib (atrial fibrillation)." documented, "Medications as an and observe use and  STAT (Immediate- x) was requested. The list of STAT box failed to evidence available.  Inducted with LPN #4 on a, regarding the process staff ion is not available on the administration. LPN #4 stated, is note that the meds waiting pharmacy and then harmacy." When asked if they	F 7	55			
vy Andreas von mente de mario	usually used for ant	box, LPN #4 stated, "Yes, it's ibiotics."					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495299	B. WING	****		1	C <b>14/2019</b>
	PROVIDER OR SUPPLIER	IEALTH AND REHAB		3	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 00/	14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE		BE	(X5) COMPLETION DATE
F 755	manager, on 6/13/process staff follow not available in the stated, "First you of there you call the process there you call the process there you call the process there you call the process there you call the process there you call the process there you call the process there you call the process there you call the process there you call the process the your call the process that a distribution of the your call the your	19 at 9:36 a.m., regarding the we when medication ordered is a medication cart. LPN #1 sheck the stat box. If it's not, charmacy. You call the MD to let him know the medication is a you sign it out that you don't on. The above notes iting pharmacy" were reviewed of member (ASM) #1, the M #2, the director of nursing, regional director of clinical de aware of the above 19 at 5:04 p.m.  Ition was provided prior to exit.  In any of Medical Terms for the ler, 5th edition, Rothenberg and 24.  The provided prior to the ler, 5th edition, Rothenberg and 37.  The provided prior the ler, 5th edition, Rothenberg and 37.  The provided from the ler, 5th edition, Rothenberg and 37.  The provided from the signory of Medical Terms for the ler, 5th edition, Rothenberg and 37.  The provided from the signory of Medical Terms for the ler, 5th edition, Rothenberg and 37.  The provided from the signory of Medical Terms for the ler, 5th edition, Rothenberg and 37.  The provided from the signory of Medical Terms for the ler, 5th edition, Rothenberg and 37.  The provided from the signory of Medical Terms for the ler, 5th edition, Rothenberg and 37.  The provided from the signory of Medical Terms for the ler, 5th edition, Rothenberg and 37.  The provided from the signory of Medical Terms for the ler, 5th edition, Rothenberg and 37.  The provided from the signory of Medical Terms for the ler, 5th edition, Rothenberg and 37.	F7	755			
	medications Potas Keppra, Carvedilol	sium Chloride Solution,					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		495299	B. WING _	G		C 06/14/2019	
	PROVIDER OR SUPPLIER	HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP O 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		71472013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	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)		SHOULD BE	(X5) COMPLETION DATE		
F 755	physician.  Resident #96 was 1/30/13 with a receivith diagnoses that to: anoxic brain danot enough oxygeneeds a constant to function.) (1), do and atrial fibrillatio rapid and random heart causing irreceived formation in the The most recent hassessment, a quassessment refere resident as scoring interview for mental resident was seve cognitive decisions requiring extensive dependent upon on all of her activities.  The current physic following medications are dependent upon on all of her activities.  The current physic following medications (milligrams); give to the decisions and high blood pressurant high bloo	admitted to the facility on ent readmission on 4/26/19, at included but were not limited image (occurs when there is a getting to the brain. The brain supply of oxygen and nutrients epression, high blood pressure, in (a condition characterized by contraction of the atria of the gular beats of the ventricles and ised heart output and frequently ite atria) (2).  MDS (minimum data set) carterly assessment, with an ence date of 4/17/19, coded the ga "3" on the BIMS (brief al status) score, indicating the rely impaired to make daily is. The resident was coded as a assistance to being totally ne or more staff members for of daily living.  Sian orders documented the on orders: dilol Tablet 6.25 MG 6.25 mg via Peg-tube (feeding day related to hypertension in e)." (Used to treat heart failure	F 75				

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	_   06/	/14/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		LD BE	(X5) COMPLETION DATE
F 755	- 5/3/19 - Potassium prevention of hypok patients who would hypokalemia were to patients or patients arrhythmias.) (5) 20 (millequivalent/millil Peg-tube one time at the control of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the following dates:  "Carvedilol - 5/22/19 pharmacy." "Carvedilol - 5/23/19 pharmacy." "Carvedilol - 5/23/19 pharmacy."	n Chloride Solution (For the calemia [low potassium] in be at particular risk if o develop, e.g., digitalized with significant cardiac 0 MEQ/15 ML. iters) (10 %) give 15 ml via a day related to heart failure.  of HCL (hydrochloride) (used moderately severe pain) (6) via Peg-tube two times a day onic pain.  A documented the above further review of the MAR and medications were not e following dates:  9 - morning dose; 5/23/19 - /19 - morning dose, 5/24/19 - morning dose; 5/24/19 - /19 - evening dose; 4/28/19 - /19 - evening dose, 4/29/19 - /19 - evening dose.  documented the following on 9 at 8:05 a.m "Awaiting 9 at 8:03 a.m "Awaiting	F 7			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		(X3) DATE SURVEY COMPLETED		
		495299	B. WING				C 14/2019
	PROVIDER OR SUPPLIE	HEALTH AND REHAB		360	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060	, 007	142013
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 755	"Keppra - 5/24/19 pharmacy." "Potassium Chlor "Awaiting pharma "Potassium Chlor "Awaiting pharma "Potassium Chlor "Awaiting pharma "Tramadol - 4/27/ arrival from pharm "Tramadol - 4/28/ arrival from pharm "Tramadol - 4/28/ delivery." "Tramadol - 4/29/ "Tramadol - 4/29/ "Tramadol - 5/22/ pharmacy."  The comprehensi revised on 2/20/19 At risk for complic medications use for "Interventions" do medication regimincrease effects."  The comprehensi revised on 2/20/19 Pain management generalized pain. documented in particular documented in particular particular documented in particular documented	at 8:07 a.m "Awaiting ide - 5/22/19 at 8:07 a.m cy." ide - 5/23/19 at 8:11 a.m cy." ide - 5/24/19 at 8:08 a.m cy." 19 at 9:37 a.m "Awaiting nacy." 19 at 9:38 a.m "Awaiting nacy." 19 at 9:00 p.m "Waiting for 19 at 12:29 p.m "Pharmacy." 19 at 5:26 p.m "On order." 19 at 8:05 a.m Awaiting ve care plan dated, 1/14/17 and 9, documented in part, "Focus: cations related to blood thinning or: atrial fibrillation." The cumented in part, "Monitor e for medications which  ve care plan dated, 1/4/17 and 9, documented in part, "Needs at and monitor related to: 'The "Interventions" art, "Give Pain Medications as  ve care plan dated, 2/7/19 and 9, documented in part, "At risk	F	755			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495299	B. WING _		06	C /14/2019	
	PROVIDER OR SUPPLIE	HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 755	Impaired Cardiova failure, AFIB (atria "Interventions" do as ordered by phy effectiveness."  The contents of the emergency drug be the contents of the the medication was 6/13/19 at 9:27 a. follows if a medication cart for "I put it in the nurse (medications) are follow up with the have a backup, st usually used for a An interview was manager, on 6/13 process staff follo not available in the stated, "First you at the the medical doctor) to not available. The have the medication documenting "awa with LPN #1.  Administrative state administrator, AS and ASM #3, the interview was manager.	eg, documented in part, "Focus: ascular status related to heart al fibrillation)." The cumented in part, "Medications rsician and observe use and the STAT (Immediate - pox) was requested. The list of the STAT box failed to evidence as available.  conducted with LPN #4 on m., regarding the process staff ation is not available on the process rate at a diministration. LPN #4 stated, as a waiting pharmacy and then pharmacy." When asked if they at box, LPN #4 stated, "Yes, it's not box, LPN #4 stated, "Yes, it's not pharmacy." When asked if they at 9:36 a.m., regarding the ws when medication ordered is a medication cart. LPN #1 check the stat box. If it's not pharmacy. You call the MD to let him know the medication is an you sign it out that you don't on. The above notes alting pharmacy" were reviewed the member (ASM) #1, the M #2, the director of nursing, regional director of clinical ade aware of the above	F 75	5			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		495299	B. WING		OF.	C 5/14/2019
	PROVIDER OR SUPPLIER	IEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODI 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		71472013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 755	Continued From p	age 185	F 75	5		
	References: (1) This informatio following website: https://medlineplus (2) Barron's Diction Non-Medical Read Chapman, page 55 (3) This informatio following website: https://medlineplus tml. (4) This informatio following website: https://medlineplus tml. (5) This informatio following website: https://dailymed.nl. gXsl.cfm?setid=48 d28f90 (6) This informatio following website: https://medlineplus ml.  3. The facility staff Tramadol for admi ordered by the phy Resident #76 was 10/31/17 with diag not limited to: depranxiety disorder, a chronic, nonreversity	n was obtained from the s.gov/druginfo/meds/a697042.h in was obtained from the s.gov/druginfo/meds/a699059.h in was obtained from the m.nih.gov/dailymed/fda/fdaDrus/93dac-79f0-4df7-ab17-a9bcb3 in was obtained from the s.gov/druginfo/meds/a695011.ht failed to provide medication nistration to Resident #76 as				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		i ' '	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		495299	B. WING _		06/1/	4/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		7/2010
(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)	) BE	(X5) COMPLETION DATE
F 755	assessment, a sign with an assessment coded the resident (brief interview for resident (brief interview for resident was care cognitive decisions.  The physician orde "Ultram (tramadol) moderately severe give 1 tablet by most to acute pain due to acute pain due to The April 2019 MAI record) documente Further review of the "7" was documente The code for a "7" in This was documented the 1:00 p.m. dose.  The nurse's note documented the about further	DS (minimum data set) ifficant change assessment, it reference date of 4/11/19, as scoring a "14" on the BIMS mental status) score, indicating apable of making daily or dated, 4/26/19, documented, (used to treat moderate to pain) (2) 50 MG (milligrams) with three times a day related or trauma."  R (medication administration ad the above physician order. We MAR revealed on 4/26/19, and in the box for administration. It is "Other/See Nurse Notes." It is defor the 8:00 a.m. dose and lated 4/26/19 at 10:49 a.m. ove medication order. The ented, "Awaiting arrival from rese's note dated, 4/26/19 at inted, "awaiting from the scare plan dated, 4/10/19, locumentation for the state of STAT (Immediate-ix) was requested. The list of STAT box failed to evidence	F 75	55		
100				-	Methodore	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495299	B. WING			C <b>06/14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB	1.	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		33142013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
F 755	6/13/19 at 9:27 a.m follows if a medication cart for medication cart for "I put it in the nurse (medications) are a follow up with the phave a backup, stausually used for an An interview was comanager, on 6/13/1 process staff follow not available in the stated, "First you classed, "Fir	onducted with LPN #4 on all, regarding the process staff ion is not available on the administration. LPN #4 stated, it's note that the meds awaiting pharmacy and then harmacy." When asked if they thook, LPN #4 stated, "Yes, it's tibiotics."  Inducted with LPN #1, the unit is at 9:36 a.m., regarding the is when medication ordered is medication cart. LPN #1 neck the stat box. If it's not harmacy. You call the MD let him know the medication is you sign it out that you don't in. The above notes ting pharmacy" were reviewed if member (ASM) #1, the #2, the director of nursing, gional director of clinical is aware of the above 9 at 12:25 p.m.  Inducted with LPN #1, the implication is you sign it out that you don't in. The above notes ting pharmacy" were reviewed in member (ASM) #1, the implication of clinical is aware of the above 9 at 12:25 p.m.  Inducted with LPN #4 stated, "Yes, it's the director of clinical in the implication of clinical in the implication of the above 9 at 12:25 p.m.  Inducted with LPN #1, the unit is a state of the above 9 at 12:25 p.m.	F 7	755		



PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF CORRECTION	IDENTIFICATION NUMBER:					PLETED
	· No. 1	495299	B. WING	i			C <b>14/2019</b>
	PROVIDER OR SUPPLIER			S1 36	REET ADDRESS, CITY, STATE, ZIP CODE 600 MQUNTAIN ROAD LEN ALLEN, VA 23060	<u> </u>	14/2019
(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 APPROPI DEFICIENCY)	BÉ	(X5) COMPLETION DATE
	CFR(s): 483.45(c)( §483.45(c) Drug Re §483.45(c)(1) The of must be reviewed a licensed pharmacis §483.45(c)(2) This of the resident's medical director and director and director and director and director and the irregularity (iii) The attending physician director and director and the irregularity (iii) The attending president's medical irregularity has been action has been tal be no change in the physician should do the resident's medical irregularity medical irregularity has been action has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tal be no change in the physician should do the resident's medical irregularity has been tall be no change in the physician should do the resident's medical irregularity has been tall be no change in the physician should do the resident's medical irregularity has been tall be no change in the physician should do the resident's medical irregularity has been tall be no change in the physician should do the resident's medical irregularity has been tall be no change in the physician should do the resident's medical irregularity has been tall be no change in the physician should do the resident's medical irregularity has been tall be no change in the physician should have a should have a should have a should have a should have a should hav	egimen Review. drug regimen of each resident at least once a month by a st.  review must include a review edical chart.  charmacist must report any attending physician and the rector and director of nursing, must be acted upon.  Itude, but are not limited to, any ecriteria set forth in paragraph or an unnecessary drug. In an unnecessary drug, is noted by the pharmacist must be documented on a seport that is sent to the and the facility's medical or of nursing and lists, at a lent's name, the relevant drug, the pharmacist identified.  The pharmacist identified on reviewed and what, if any, seen to address it. If there is to be medication, the attending ocument his or her rationale in		756	1. Resident #158 has expired.  2. An audit of residents using PRN anti-anxiety medications will be conducted to ensure documented rational by the physician for the continued use of a PRN anti-anxiemedication.  3. Facility Pharmacist and License staff will be re-educated by DON/Designee on ensuring documented rational by the physician for the continued use of PRN anti-anxiety medication.  4. Audits of residents using PRN anxiety medications will be conducted by DON/Designee to ensure documented rational by the physician for the continued use of PRN anti-anxiety medication were for four weeks then monthly for three months. Results of the audit will be reviewed at the monthly meeting for three months to sus compliance.  5. Compliance Date: 7/14/19	ety ed of a ehe ekly lits QAPI	7/14/19

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	DECLUDED OD CHODUED	495299	B. WING			06/	14/2019
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB		3	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 756	This REQUIREMENT by: Based on staff inter and clinical record of acility staff failed to physician during the Review) for one of Resident #158.  The facility pharma medication regiment make a recomment requesting a document continued use of a medication ordered #158.  The findings included Resident #158 was 11/29/18 with a readiagnoses that inclustroke, COPD (chrodisease - general to lung disease that is emphysema and cholood pressure, attricharacterized by rathe atria of the heart the ventricles and requent (2), and Parkinson's progressive neurole by resting tremor, srolling motions of the	erview, facility document review review it was determined the preport an irregularity to the end MRR (Medication Regimen 71, sampled resident,  cist at the last completed in review dated 6/7/19, failed to dation to the physician mented rational for the PRN (as needed) anti-anxiety on 4/29/19 for Resident  e:  admitted to the facility on dmission on 1/10/19 with added but were not limited to: onic obstructive pulmonary erm for chronic, nonreversible ausually a combination of inconic bronchitis) (1) high all fibrillation (a condition pid and random contraction of it causing irregular beats of esulting in decreased heart thy clot formation in the atria)	F	756			

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 190 of 212

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(	С
		495299	B. WING			06/	14/2019
	PROVIDER OR SUPPLIER  TH ADAM CRUMP H	EALTH AND REHAB		36	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD LEN ALLEN, VA 23060		
(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 756	The most recent M assessment, a sign with an assessmer coded the resident long-term memory coded as requiring more staff member living. In Section O Procedures and Procedu	iDS (minimum data set) inficant change assessment, int reference date of 5/3/19, as having both short and difficulties. The resident was extensive assistance of one or rs for all of her activities of daily - Special Treatments, ograms, the resident was yen while a resident at the in hospice care.  If dated, 4/29/19 at 2:40 p.m. izepam Intensol [used to yorks by slowing activity in the elaxation. Lorazepam is also le bowel syndrome, epilepsy, sea and vomiting from cancer ontrol agitation caused by (4)] 2 mg/ml (milligram per breakthrough seizures only to 3 doses."  revealed a "Pharmacy Review" 30 p.m., that documented in ations/Irregularities: This ith no recommendations or	F 7	756			

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

Event ID: DD4411

Facility ID: VA0083

If continuation sheet Page 191 of 212

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JUL 0 8 2019
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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	
		495299	B. WING			C <b>14/2019</b>
	PROVIDER OR SUPPLIER ETH ADAM CRUMP H		:	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	1 00/	14/2019
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 756	continuation and defor the rationale for stated she would liclinical record and surveyor.  On 6/3/19 at 12:10 call. She stated the supportive of the retherapy. Because of make any recomm  The facility policy, 'Monitoring/Medicatin part, "PRN order limited to 14 days, physician or prescrit is appropriate for beyond 14 days, he rationale in the resindicate the durationale in the residuate in the res	cocument it in the clinical record its continuation." OSM #12 ke to review her notes and would get back with this  p.m., OSM #12 returned the at the documentation is not eason for the specific length of of the resident's decline, I didn't endations."  "Mediation tion Management" documented is for psychotropic drugs are Exception: If the attending ibing practitioner believes that the PRN order to be extended to or she should document their ident's medical record and in for the PRN order."  If member (ASM) #1, the I #2, the director of nursing, egional director of clinical de aware of the above 9 at 12:25 p.m.  Jon was provided prior to exit.  The provided prior to exit.	F 756			



PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		(X3) DATE SURVEY COMPLETED		
			A. BUILD	11 <b>4</b> CI		С	
·		495299	B. WING	· · ·	- '	06/1	4/2019
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
C. IZADI	TI ADAM ODIMAD III	CALTILAND DEHAD		360	00 MOUNTAIN ROAD		
ELIZABI	TH ADAM CRUMP HI	EALIN AND RENAB	•	GL	EN ALLEN, VA 23060		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	(X5) COMPLETION DATE
F 758 F 758 SS=D	(4) This information following website: https://medlineplus tml Free from Unnec P CFR(s): 483.45(c)( §483.45(e) Psycho §483.45(c)(3) A psy affects brain activiti processes and beh but are not limited to categories: (i) Anti-psychotic; (ii) Anti-depressant (iii) Anti-anxiety; and (iv) Hypnotic  Based on a compreresident, the facility §483.45(e)(1) Resi psychotropic drugs unless the medicat	n was obtained from the .gov/druginfo/meds/a682053.h .gsychotropic Meds/PRN Use 3)(e)(1)-(5) .tropic Drugsychotropic drug is any drug that ies associated with mental avior. These drugs include, to, drugs in the following		758	F758  1. Resident #158 has expired.  2. An audit of residents using PRI anti-anxiety medications will be conducted to ensure a review is conducted for continued use ever 14 days of a PRN anti-anxiety medication.  3. Licensed staff will be re-educated by DON/Designee on ensuring a review is conducted for continue use every 14 days of a PRN anti-anxiety medication.  4. Audits of residents using PRN anxiety medications will be	ery ted	7/14/19
	in the clinical reconsulation shall be	d; dents who use psychotropic ual dose reductions, and tions, unless clinically an effort to discontinue these dents do not receive pursuant to a PRN order tion is necessary to treat a condition that is documented d; and			conducted by DON/Designee to ensure a review is conducted for continued use every 14 days of a anti-anxiety medication weekly four weeks then monthly for thr months. Results of the audits wi reviewed at the monthly QAPI meeting for three months to sus compliance.  5. Compliance Date: 7/14/19	a PRN for ee II be stain	ge 193 of 212

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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		
		495299	B. WING	•		ł		
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HI	EALTH AND REHAB		3600	ET ADDRESS, CITY, STATE, ZIP CODE MOUNTAIN ROAD N ALLEN, VA 23060			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTIES OF THE APPROPERTIES OF THE APPROPERTIES OF THE APPROPERTIES OF THE APPROPERTIES OF THE APPROPERTIES OF THE APPROPERTIES OF T	D BE	(X5) COMPLETION DATE	
F 758	§483.45(e)(4) PRN are limited to 14 da §483.45(e)(5), if the prescribing practitic appropriate for the beyond 14 days, he rationale in the resi indicate the duratio §483.45(e)(5) PRN drugs are limited to renewed unless the prescribing practitic the appropriateness. This REQUIREMED by:  Based on staff inte and clinical record if facility staff failed to psychotropic medic continued use ever residents in the sur Resident #158 had anti-anxiety medica 4/29/19; there was clinical record by the use of this medicatielapsed since the in The findings include Resident #158 was 11/29/18 with a readiagnoses that inclustroke, COPD (chridisease - general testing the prescribing practition of the presc	orders for psychotropic drugs ys. Except as provided in a attending physician or oner believes that it is PRN order to be extended or she should document their dent's medical record and n for the PRN order.  orders for anti-psychotic 14 days and cannot be attending physician or oner evaluates the resident for so of that medication.  NT is not met as evidenced erview, facility document review review, it was determined the pensure PRN (as needed) ations were reviewed for y 14 days for one of 71 vey sample, Resident #158.  a physician order for a PRN tion that was prescribed on no documentation in the e physician for the continued ion. Forty-five days had nitial order.	F 7	758				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495299	B. WING			C 06/14/2019	
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HE	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060	997	112010
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 758	emphysema and chelood pressure, atricharacterized by rathe atria of the hear the ventricles and recoutput and frequent (2), and Parkinson's progressive neurold by resting tremor, serolling motions of the weakness, sometime (3).  The most recent MI assessment, a sign with an assessment coded the resident along-term memory of the physician order documented, "Lorater relieve anxiety. Lorater relieve anxiety. Lorater relieve anxiety. Lorater relieve anxiety. Lorater relieve anxiety in the Lorazepam is also usyndrome, epilepsy vomiting from cancer agitation caused by mg/ml (milligram per breakthrough seizur 3 doses."  Review of the clinical documentation of a Review of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the MAR record) for April, Market and the service of the service of the MAR record) for April, Market and the service of the service o	aronic bronchitis) (1) high all fibrillation (a condition pid and random contraction of t causing irregular beats of esulting in decreased heart cly clot formation in the atria) is Disease (a slowly original disorder characterized huffling gait, stooped posture, he fingers, drooling and muscle hes with emotional instability)  DS (minimum data set) ifficant change assessment, the reference date of 5/3/19, has having both short and	F 7	758			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		495299	B. WING _		Of	C 5/14/2019	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		DE	714/2013		
(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 CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 758	documented in par related complication psychotropic medication, Hx (his psychosis, Bipolar, "Interventions" documented in particular medication, Hx (his psychosis, Bipolar, "Interventions" documented in psychotic medications and of appetite, urinary medications as ordevaluate for effection of appetite, urinary medications as ordevaluate for effection. An interview was comember (OSM) # pharmacist; on 6/1 was asked about the resident has a PRI medication. OSM # only ordered for 14 what has to be in pacontinue beyond the "The doctor has to continuation and dofor the rationale for stated she would lichlical record and surveyor.  Review of the clinic documented the properties of the clinical record and surveyor.  Review of the clinic documented the properties of the clinical record and surveyor.	te care plan dated, 1/25/19, t, "Focus: Potential for drug ons associated with use of cation related to: Anti-psychotic story) of mood disorder with depression, dementia." The umented in part, "Monitor for port to physician: liations - sedation, drowsiness, ation, blurred vision, weight ural hypotension, sweating, loss retention. Provide lered by physician and veness."  onducted with other staff 12, the facility consultant 3/19 at 10:51 a.m., OSM #12 ne process followed when a Norder for an anti-anxiety 12 stated, "Normally they are days." OSM #12 was asked lace if the medication is to be 14 days. OSM #12 stated, specify the reason for the ocument it in the clinical record its continuation." OSM #12 ke to review her notes and would get back with this	F 75				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495299	B. WING			C <b>06/14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 500 MOUNTAIN ROAD LEN ALLEN, VA 23060		1-72013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 758	call. She stated that supportive of the re therapy. Because o make any recommed. An interview was concerns on 6/13 asked about restrict of a PRN anti-anxie. "There is a 14 day oneeds to be reevalufrequently, maybe an eeded. But the pat reassessed."  On 6/14/19 at 9:07 nursing, presented Lorazepam by hosp. "We are following the The facility policy, "I Monitoring/Medication part, "PRN orders limited to 14 days, physician or prescription is appropriate for beyond 14 days, he their rationale in the and indicate the durant Administrator, ASM and ASM #3, the reservices, were mad concerns on 6/14/19	at the documentation is not ason for the specific length of the resident's decline, I didn't endations."  Inducted with ASM member) # 4, the nurse of 19 at 12:33 p.m. When tions or guidelines for the use ty medication, ASM #4 stated, guideline. After the 14 days, it retail and if it's being used a standing order would be ient definitely needs to be a.m. ASM #2, the director of the written order for the ice for seizures. She stated, he physician's order."  Mediation on Management" documented of for psychotropic drugs are exception: If the attending bing practitioner believes that the PRN order to be extended or she should document resident's medical record ation for the PRN order."  member (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above	F 7	58			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDEN/SUPPLIEN/CLIA IDENTIFICATION NUMBER:				OMPLETED	
		495299	B. WING	i		C <b>6/14/2019</b>	
	PROVIDER OR SUPPLIE	R HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE  3600 MOUNTAIN ROAD  GLEN ALLEN, VA 23060				
(X4) ID. PREFIX TAG			PREF	PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION CROSS		(X5) COMPLETION DATE	
F 758	(1) Barron's Diction Non-Medical Reachapman, page (2) Barron's Diction Non-Medical Reachapman, page (3) Barron's Diction Non-Medical Reachapman, page (4) This informatiful following website https://medlineplutml Residents are From CFR(s): 483.45(f) (2) Residents are From CFR(s): 483.45(f) (2) Resident facility staff failed the survey sample medication errors facility staff failed the survey sample facility staff failed the survey sample facility staff failed the survey sample facility staff failed the survey sample facility staff failed the survey sample facility staff failed the survey sa	ionary of Medical Terms for the ider, 5th edition, Rothenberg and 124. Ionary of Medical Terms for the ider, 5th edition, Rothenberg and 55. Ionary of Medical Terms for the ider, 5th edition, Rothenberg and 437. Ion was obtained from the ider, 5th edition, Rothenberg and 437. Ion was obtained from the ider, 5th edition, Rothenberg and 437. Ion was obtained from the idea of Significant Med Errors (2) In the idea of Significant Med Errors (2) In the idea of Significant idea of Significant idea of Significant idea of The idea of The idea of The idea of The idea of The idea of The idea of Significant idea of The idea of Significant idea of Si	<b>L</b>	760	F760  1. Resident #158 has expired; Resident #96 Digoxin is being administered per physician's orders  2. An audit of residents receiving Digoxin and Lasix will be conducted to ensure administered per physician's order.  3. Licensed nurse will be re-educated by DON/Designee on administering Digoxin and Lasix per physician's orders.  4. Audits will be conducted by DON/Designee on ensuring resident receiving Digoxin, and Lasix are administered per physician's orders weekly for four weeks then monthly		

		AND HUMAN SERVICES & MEDICAID SERVICES	KIQ:		FORM A	06/25/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SÜRVEY COMPLETED C 06/14/2019	
		495299 to 2.	B. WING			
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		÷
(X4) ID PREFIX TAG <sup>®</sup>	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		.DBE	(X5) COMPLETION DATE
F 760	Resident #96 as pr 5/24/19.  Resident #96 was a 1/30/13 with a rece with diagnoses that to: anoxic brain dar not enough oxygen needs a constant s to function.) (1), de and atrial fibrillation rapid and random of heart causing irregiresulting in decreas clot formation in the The most recent M assessment, a qual assessment referencesident as scoring interview for mental resident was sever cognitive decisions requiring extensive	failed to administer Digoxin to escribed on 5/22/19 and admitted to the facility on the readmission on 4/26/19, included but were not limited mage (occurs when there is getting to the brain. The brain upply of oxygen and nutrients pression, high blood pressure, in (a condition characterized by contraction of the atria of the ular beats of the ventricles and sed heart output and frequently	F 7	audits will be reviewed at the monthly QAPI meeting for three months to sustain compliance.  Compliance Date: 7/14/19	1	

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(medical doctor)."

all of her activities of daily living.

The physician order dated, 4/27/19, documented, "Digoxin [used to treat heart failure and abnormal heart rhythms [arrhythmias]. It helps the heart work better and it helps control your heart rate. (3)], 125 MCG (micrograms); give 125 mcg via Peg (feeding) tube one time a day related to atrial fibrillation \* Administer along with Digoxin 250 mcg to equal 375 mcg daily. Check Apical Pulse prior to administration. Hold for Pulse Rate less than 60 bpm (beats per minute), notify MD

Event ID: DD4411

Facility ID: VA0083

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED C		
		495299	B. WING				14/2019
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	CODE	007	1412013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ON SHOULD IE APPROPE	BE	(X5) COMPLETION DATE
F 760	"Digoxin 250 MCG; one time a day rela Administer along w 375 mcg daily. Che administration. Hole bpm, notify MD."  The April and May administration recophysician orders fo MAR revealed on the 8:05 a.m. and 5/24 documented in the coded is "other/see.  The nurse's note dedocumented the abm MCG. After the medocumented, "Awa (registered nurse) and MCG. After the medocumented, "Awa (registered nurse) and MCG. After the medocumented, "Awa (registered nurse) and MCG. After the medocumented, "Awa (registered nurse) and MCG. After the medocumented, "Awa (registered nurse) and make the abm MCG. After the medocumented, "Awa (registered nurse) and make the abm MCG. After the medocumented, "Awa (registered nurse) and make the abm MCG. After the medocumented, "Awa (registered nurse) and make the abm MCG. After the medocumented, "Awa (registered nurse) and make the abm MCG. After the medocumented, "Awa (registered nurse) and make the abm MCG. After the medocumented t	r dated, 4/27/19, documented, Give 250 mcg via Peg Tube ted to atrial fibrillation.* ith Digoxin 125 mcg to equal eck Apical Pulse prior to d for Pulse Rate less than 60 2019 MAR (mediation rd) documented the above r Digoxin. Further review of the ne following dates, 5/22/19 at /19 at 8:07 a.m. a "7" was area for administration. A "7" a nurse's note." ated, 5/22/19 at 8:05 a.m. hove order for Digoxin 125 dication order the nurse iting pharmacy." RN if 1 documented this note. dated, 5/42/19 at 8:07 a.m. hove order for Digoxin 125 dication order the nurse iting pharmacy." RN if 1 documented this note. The care plan dated, 5/1/17, and documented in part, "Focus: scular status related to heart	F7	760			
		cations in the stat box ency medication box) was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495299	B. WING			l .	C 1 <b>4/2019</b>
	PROVIDER OR SUPPLIER	IEALTH AND REHAB		STREET ADDRESS, CITY, S' 3600 MOUNTAIN ROAD GLEN ALLEN, VA 2300			1112010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT) CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD ED TO THE APPROPE FICIENCY)	BE	(X5) COMPLETION DATE
F 760	requested. The Sta "Lanoxin (Digoxin) available. Note: 125 mcg is a 6/13/19 at 10:35 a the above orders f staff do when a me medication cart, R check the stat box from the box." Wha are in the building, When asked if she mcg to mg, RN #1 contents were revi if the medication w stated, "Yes, I shou into that. I could ha pharmacy too."  The facility policy, General Guidelines dose of regularly s withheld, refused of scheduled time (fo in the nursing care or a started dose of space provided on (medication admin dosage administra explanatory note is the record provided documentation. If t medication are with is notified."	at box list documented, 0.125 mg, four doses were equal to 0.125 mg (milligrams). Conducted with RN #1 on the man RN #1 was asked to review or Digoxin. When asked what edication is not available in the N #1 stated, "I would normally the have it on hand, I'd pull it en asked how many stat boxes RN #1 stated, "I believe three." was capable of converting just smiled. The stat box ewed with RN #1. When asked have available for use, RN #1 and have done more research and ave verified the dose with the "Medication Administration: and documented in part, "If a cheduled medication is or given at other than the rexample, the resident is not center at scheduled dose time of antibiotic is needed), the the front of the MAR istration record) for that tion is initialed and circled. An entered on the reverse side of d for PRN (as needed) wo consecutive dose of a vital inheld or refused, the physician sibilities of the nurse	F7	760			
	administering med	ications is to check to ensure		·			

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I AND DI AN OF CODDECTION I DENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495299	B. WING			C <b>06/14/2019</b>	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		3600 MOU	DDRESS, CITY, STATE, ZIP CODE INTAIN ROAD LEN, VA 23060		00/14/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE EACH CORRECTIVE ACTION SHO OSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 760	the medications are the times ordered and check the drug if medications are rephysician must be referenced of Nursing Procedu 569-570.  Administrative staff administrator, ASM and ASM #3, the reservices, were mad concerns on 6/13/1  No further information following website: https://medlineplus. (2) Barron's Diction Non-Medical Reade Chapman, page 55 (3) This information following website: https://medlineplus.tml.  2. The facility staff fresident #158 as pand Lasix on two or Resident #158 was 11/29/18 with a read diagnoses that inclustroke, COPD (chrodisease - general telling disease that is emphysema and chromations of the state o	available for administration at verify the physician's order to be sure they are correct of given for any reason the notifiedLippincott Handbook res Bethlehem Pa 2008 page member (ASM) #1, the #2, the director of nursing, gional director of clinical e aware of the above 9 at 5:04 p.m.  on was provided prior to exit.  was obtained from the gov/ency/article/001435.htm. ary of Medical Terms for the er, 5th edition, Rothenberg and was obtained from the gov/druginfo/meds/a682301.h  ailed to administer Digoxin to rescribed on two occasions	F 7	60			

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Facility ID: VA0083

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	PLE CONSTRUCTION  G	(X3) DA <sup>-</sup> COI	(X3) DATE SURVEY COMPLETED		
		495299	B. WING _		06	C <b>06/14/2019</b>	
	PROVIDER OR SUPPLIER	HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		7.472.010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPLICATION OF THE APPLICAT	ULD BE	(X5) COMPLETION DATE	
F 760	characterized by rethe atria of the heat the ventricles and output and frequer (2), and Parkinson progressive neuro by resting tremor, rolling motions of tweakness, someti (3).  The most recent Nassessment, a sig with an assessment as sig with an assessme coded the resident long-term memory coded as requiring more staff member living.  The physician order "Digox Tablet 125 heart failure and a (arrhythmias). It he helps control your by mouth one time fibrillation."  The physician order "Lasix [furosemide combination with combina	age 202 apid and random contraction of art causing irregular beats of resulting in decreased heart atly clot formation in the atria) a's Disease (a slowly logical disorder characterized shuffling gait, stooped posture, the fingers, drooling and muscle mes with emotional instability)  ADS (minimum data set) inficant change assessment, as having both short and a difficulties. The resident was a extensive assistance of one or art for all of her activities of daily extensive assistance of one or art for all of her activities of daily er dated, 4/18/19, documented, mcg (Digoxin) [used to treat bnormal heart rhythms elps the heart work better and it heart rate. (4)]; give 125 mcg a day related to atrial er dated, 4/16/19, documented, a (generic) is used alone or in other medications to treat high urosemide is used to treat tion; excess fluid held in body a various medical problems, drey, and liver disease. (5)], 40 rally one time a day for fluid	F 76				

AND DIAM OF CODDECTION IDENTIFICATION NUMBER.		, ,	FIPLE CONSTRUCTION NG	(X3)	(X3) DATE SURVEY COMPLETED	
		495299	B. WING			C <b>06/14/2019</b>
	PROVIDER OR SUPPLIER  ETH ADAM CRUMP HI	EALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			0
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 760	administration reco physician orders for 4/29/19, and 5/3/19 as not given and the "7". The "7" indicate The nurse's note dated, documented the ab "Awaiting from pharmurse's note dated, "Other/Se The nurse's note dated documented the ab "Awaiting from pharmurse's note dated "Awaiting from pharmurse's note dated documented the ab "Awaiting from pharmurse's note dated documented in parture Cardiovascular state (high blood pressur The "Interventions" ordered by physicial effectiveness."	rd) documented the above Digoxin and Lasix. On the Digoxin was documented of following was documented of The Digoxin was documented of The Digoxin was documented. The Digoxin was documented. The Digoxin was documented. The Digoxin was documented. The Digoxin was documented. The Digoxin was documented. The Digoxin was documented.  2019, MARs documented the Digoxin was documented as not given as documented as not given as documented, "7". The "7" was documented, "7". The "7" was documented. The Digoxin was documented. The Digoxin was documented. The Digoxin was documented. The Digoxin was documented. LPN Digoxin was documented.	F7			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION			E SURVEY IPLETED
		495299	B. WING			ŧ	C <b>14/2019</b>
	PROVIDER OR SUPPLIER	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZI 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		TON SHOULD THE APPROPI	BE	(X5) COMPLETION DATE
F 760	The Stat (Immediat medications) box do 0.125 mg, four doson Note: 125 mcg is experienced for a second of the stat box. If it's notations of the stat box.	te emergency box of ocumented, "Lanoxin (Digoxin) es were available." qual to 0.125 mg (milligrams). blet) 20 mg (milligrams) five le.  Inducted with LPN #4 on a., regarding the process staff eation is not available for rescribed. LPN #4 stated, "I note that the meds waiting pharmacy and then harmacy." When asked if they tox, LPN #4 stated, "Yes, it's tibiotics." The stat box ewed with LPN #4. When and Lasix were available in 4 stated, "Yes, Ma'am. I	F 7	,			
	that you don't have notes that documer reviewed with LPN dig (digoxin) is in th Lasix is too."  Administrative staff administrator, ASM	the medication. The above of the medication. The above of the medication. The above of the medication					

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	i ' '		CONSTRUCTION			LETED
		495299	B. WING			\$	06/1	4/2019
	OF PROVIDER OR SUPPLIER  ABETH ADAM CRUMP HEALTH AND REHAB  STREET ADDRESS, CITY, STATE, ZIP CODE  3600 MOUNTAIN ROAD  GLEN ALLEN, VA 23060							
`{X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	×	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD ED TO THE APPROP ICIENCY)	BE	(X5) COMPLETION DATE
F 760	concerns on 6/13/ No further informa	19 at 5:04 p.m.	F7	'60				
	Non-Medical Read Chapman, page 1 (2) Barron's Diction Non-Medical Read Chapman, page 5 (3) Barron's Diction Non-Medical Read Chapman, page 4 (4) This information following website: https://medlineplutml. (5) This information following website:	nary of Medical Terms for the der, 5th edition, Rothenberg and 5. nary of Medical Terms for the der, 5th edition, Rothenberg and 37. on was obtained from the s.gov/druginfo/meds/a682301.h						7/14/19
	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)  §483.60(d) Food and drink Each resident receives and the facility provides-		F	304	F804  1. Meals are bein temperatures parenjoyment.	ing served at palatable for food		,,
		§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;		orn 4 duy 8444 y hacks and stressment consumeror	2. Each resident l be affected.	has the potenti	al to	
	attractive, and at temperature. This REQUIREM by:	od and drink that is palatable, a safe and appetizing ENT is not met as evidenced ation, staff interview, and facility			3. Dietary Staff a be re-educated b Designee happer temperatures pa enjoyment.	by the Administ ning serving me	rator/ als at	

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Facility ID: VA0083

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDED/SUBBLIED/CLA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING				COMPLETED		
		495299	B. WING			1	/14/2019	
, , , ,	PROVIDER OR SUPPLIER			3	TREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN ROAD GLEN ALLEN, VA 23060			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DÂŢE	
F 804	document review, facility staff failed to palatable for food of the findings included on 6/12/19 at 11:30 observed and the findings included on 6/12/19 at 11:30 observed and the finding facility of the findings included on 6/12/19 at 12:40 observed and the finding facility of the finding facility of the finding facility of the facil	it was determined that the o serve food at temperatures enjoyment.  de:  4 AM, the tray line service was following food temperatures DSM #17 (Other Staff Member facility thermometer:  plings 204.8 degrees.  178.1 degrees.  es.  es.  is.  nd Dumplings 183.8 degrees.  s 195.1 degrees.  oup 196.1 degrees.  3 degrees.  15 PM, a test tray was in the last cart (for Unit B). On M, the test tray was prepared to cart.  2 PM, the cart arrived to Unit B.  PM, all residents were served	F 8	304		s at s ewed		
	obtained the food	district dietary manager, temperatures using a facility is time. The temperatures were ws:						
	74.8-degree drop	132 degrees. This was a						



PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '			COMPLETED		
		495299	B. WING			06/1	  4/2019	
	PROVIDER OR SUPPLIER	EALTH AND REHAB		36	REET ADDRESS, CITY, STATE, ZIP CODE 00 MOUNTAIN ROAD LEN ALLEN, VA 23060	<u> </u>	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPROP	BE	(X5) COMPLETION DATE	
F 804	Peas 145 degrees. in temperature. Corn 128 degrees. in temperature. Rice 134 degrees. in temperature. Pureed Chicken an This was a 48.8-de Pureed Vegetables 68.1-degree drop in Chicken Noodle Sc 53.1-degree drop in Tomato Soup 143 c 61.3-degree drop in On 6/12/19 at 1:31 items with 2 survey agreed the Chicker warm enough for p A review of the faci Palatability" docum by methods that co and appearance. Fattractive and serve temperature." On 6/14/19 at 5:04 - Administrative Sta	This was a 46.9-degree drop This was a 67.4-degree drop This was a 73.2-degree drop d Dumplings 135 degrees. gree drop in temperature. 127 degrees. This was a n temperature. up 143 degrees. This was a n temperature. legrees. This was a n temperature. legrees. This was a n temperature. PM, after tasting all the food ors and OSM #2. OSM #2 n and Dumplings were not alatability and enjoyment. lity policy, "Food: Quality and ented, "Food will be prepared inserve nutritive value, flavor food will be palatable, and at a safe and appetizing  PM the Administrator (ASM #1 off Member) was made aware further information was	F	304				
F 842 SS=D	Resident Records - CFR(s): 483.20(f)(5) §483.20(f)(5) Resident-identifiable	Identifiable Information i), 483.70(i)(1)-(5) lent-identifiable information. release information that is	F	342	1. Resident #157 clinical record w reviewed to ensure a complete ar accurate record, containing no ot resident's information.	nd	7/14/19	
				Acceptable				

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		A. BUILDING				COMPLETED		
	/. ₩	495299	B. WING	i		1	C 14/2019	
	SUMMARY ST (EACH DEFICIENC	IEALTH AND REHAB  TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	G G	TREET ADDRESS, CITY, STATE, ZIP CODE  500 MOUNTAIN ROAD  LEN ALLEN, VA 23060  PROVIDER'S PLAN OF CORRECTIO  (EACH CORRECTIVE ACTION SHOULE  CROSS-REFERENCED TO THE APPROP  DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 842	accordance with a agrees not to use except to the exte to do so.  §483.70(i) Medica §483.70(i)(1) In according to the extent of the extent of the extent of the extent of the extent of the except of the extent of the extent of the except of	le to an agent only in contract under which the agent or disclose the information in the facility itself is permitted.  I records. Coordance with accepted lards and practices, the facility dical records on each resident umented; sible; and organized  facility must keep confidential stained in the resident's records, form or storage method of the hen release issel, or their resident ere permitted by applicable law; aw; payment, or health care mitted by and in compliance 506; alth activities, reporting of abuse, stic violence, health oversight and administrative proceedings, purposes, organ donation on the purposes, or to coroners, s, funeral directors, and to avert to health or safety as permitted ince with 45 CFR 164.512.  facility must safeguard medical against loss, destruction, or		842	2. An audit was conducted to ensclinical records complete and accurate record, containing no or resident's information.  3. Licensed Nursing and Medical Records staff will be by Administrator/Designee re-education ensuring clinical records are complete and accurate, containing no other resident's information.  4. Audits will be conducted by the Administrator to ensure clinical records are complete and accurate containing no other resident's information weekly for four weethen monthly for three months. Results of the audits will be reviet at the monthly QAPI meeting for three months to sustain compliant Compliance Date: 7/14/19	ated ng te, ks		

1		A. BUILDI	NG		
	495299	B. WING			C <b>06/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  ELIZABETH ADAM CRUMP HEALT	H AND REHAB		STREET ADDRESS, CITY, STATE, ZII 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060	P CODE	00/14/2013
PREFIX (EACH DEFICIENCY MUS	INT OF DEFICIENCIES IT BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BI HE APPROPRIA	
legal age under State la §483.70(i)(5) The medic (i) Sufficient information (ii) A record of the resid (iii) The comprehensive provided; (iv) The results of any pand resident review evadeterminations conduct (v) Physician's, nurse's, professional's progress (vi) Laboratory, radiolog services reports as requal This REQUIREMENT is by: Based on staff interview	quired by State law; or date of discharge when in State law; or after a resident reaches w.  cal record must containto identify the resident; ent's assessments; plan of care and services readmission screening fluations and ed by the State; and other licensed notes; and y and other diagnostic uired under §483.50. Is not met as evidenced w and clinical record ed the facility staff failed to accurate clinical record in the survey sample,	F8		<b>()</b>	
The findings include:  Resident # 157 was adr 8/17/17 with a recent re with diagnoses that include: to: dementia, depression	admission on 4/12/19, uded but were not limited				

F842  Continued From page 210 anxiety disorder.  The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 5/3/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.  Upon review of the clinical record, a document dated, 5/6/19, from a "Vascular Surgery OP (out-patient) Visit" was located in the clinical record. This document belonged to another resident on the A wing. It was not related to Resident #157.  An interview was conducted with LPN (licensed practical nurse) #1, the unit manager; on 6/12/19 at 9:21 a.m., LPN #1 was asked who files reports in the clinical record. LPN #1 stated, "Whoever cleans out the doctor's book files them." The above document was shown to LPN #1. She pulled it out of the chart and stated, "It hasn't even been reviewed by the doctor. I have no idea who did this."		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE		IPLETED	
ELIZABETH ADAM CRUMP HEALTH AND REHAB  (X4) ID PREFEX IDAM CRUMP HEALTH AND REHAB)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG IDENTIFYING INFORMATION)  F 842  Continued From page 210 anxiety disorder.  The most recent MDS (minimum data set) assessment, with an assessment reference date of 5/3/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.  Upon review of the clinical record, a document dated, 5/6/19, from a "Vascular Surgery OP (out-patient) Visit" was located in the clinical record. This document belonged to another resident on the A wing. It was not related to Resident #157.  An interview was conducted with LPN (licensed practical nurse) #1, the unit manager, on 6/12/19 at 9:21 a.m., LPN #1 was asked who files reports in the clinical record. LPN #1 stated, "Whoever cleans out the doctor's book files them." The above document was shown to LPN #1. She pulled it out of the chart and stated, "It hasn't even been reviewed by the doctor.! I have no idea who did this."			495299	B. WING			i	
FREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 842  Continued From page 210 anxiety disorder.  The most recent MDS (minimum data set) assessment, with an assessment reference date of 5/3/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.  Upon review of the clinical record, a document dated, 5/6/19, from a "Vascular Surgery OP (out-patient) Visit" was located in the clinical record. This document belonged to another resident on the A wing. It was not related to Resident #157.  An interview was conducted with LPN (licensed practical nurse) #1, the unit manager; on 6/12/19 at 9:21 a.m., LPN #1 was asked who files reports in the clinical record. LPN #1 stated, "Whoever cleans out the doctor's book files them." The above document was shown to LPN #1. She pulled it out of the chart and stated, "It hasn't even been reviewed by the doctor. I have no idea who did this."			·		3600 MOUNTAIN ROAD	RECTION (X5) SHOULD BE COMPLET		
anxiety disorder.  The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 5/3/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.  Upon review of the clinical record, a document dated, 5/6/19, from a "Vascular Surgery OP (out-patient) Visit" was located in the clinical record. This document belonged to another resident on the A wing. It was not related to Resident #157.  An interview was conducted with LPN (licensed practical nurse) #1, the unit manager; on 6/12/19 at 9:21 a.m., LPN #1 was asked who files reports in the clinical record. LPN #1 stated, "Whoever cleans out the doctor's book files them." The above document was shown to LPN #1. She pulled it out of the chart and stated, "It hasn't even been reviewed by the doctor. I have no idea who did this."	PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD	BE	(X5) COMPLETION DATE
The facility policy, taken from the Lippincott Manual, documented in part, "Documentation is the process of preparing a complete record of a patient's care and is a vital tool for communication among health care team membersMaintain the confidentiality of the medical record at all times."  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above	F 842	anxiety disorder.  The most recent Massessment, a sigwith an assessme coded the resident (brief interview for the resident was scognitive decisions.  Upon review of the dated, 5/6/19, from (out-patient) Visit" record. This docur resident on the A was resident and the A was resident was a practical nurse) #1 at 9:21 a.m., LPN in the clinical recorder of the even been reviewed who did this."  The facility policy, Manual, document was repatient's care and communication and membersMaint medical record at Administrative stat administrator, ASM and ASM #3, the resident in the process of prepatient's care and communication and membersMaint medical record at Administrative stat administrative st	ADS (minimum data set) nificant change assessment, nt reference date of 5/3/19, t as scoring a "3" on the BIMS mental status) score, indicating everely impaired to make daily s. e clinical record, a document n a "Vascular Surgery OP was located in the clinical ment belonged to another ving. It was not related to conducted with LPN (licensed , the unit manager; on 6/12/19 #1 was asked who files reports rd. LPN #1 stated, "Whoever tor's book files them." The vas shown to LPN #1. She chart and stated, "It hasn't ed by the doctor. I have no idea  taken from the Lippincott ted in part, "Documentation is paring a complete record of a is a vital tool for mong health care team ain the confidentiality of the all times."  if member (ASM) #1, the M #2, the director of nursing, egional director of clinical	F 8	42			

PRINTED: 06/25/2019 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	FIPLE CONSTRUCTION NG	(X3) I	DATE SURVEY COMPLETED
		495299	B. WING _			C 06/14/2019
	PROVIDER OR SUPPLIER ETH ADAM CRUMP HE	EALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP C 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 842	concerns on 6/13/1		F 84	42		

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

Event ID: DD4411

Facility ID: VA0083

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