STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 07/16/2019 through 07/18/2019. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000	F – 554 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.* It is the intended practice of this facility to ensure the residents right to self-administer medications if the interdisciplinary team, as defined by 483.21(b)(2)(ii), has determined that this practice is clinically appropriate. 1. Resident #7 was educated on 7-17-19 regarding self-administration of medication. 2. No other residents reside in the facility who self-administer medications. 3. Director of Nursing and/or Designee to educate nursing staff on policy/procedure for self-administering medication. 4. Director of Nursing and/or designee to audit resident charts with a BIMs of 12 or higher for self-administering medication daily x 5 days, then three days a week x 3 weeks and then monthly x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as needed. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 07/16/2019 through 07/18/2019. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. 4 complaints were investigated during the survey. The census in this 128 certified bed facility was 98 at the time of the survey. The survey sample consisted of 54 resident reviews.	F 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review and clinical record review, it was determined the facility staff failed to complete a self-administration assessment for one of 54 residents in the survey sample to keep medications at their bedside, Resident #7. The facility staff failed to complete an assessment for Resident #7 to keep Melatonin in	F 554		

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

Administrator

(X6) DATE
8-8-19

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 554	Continued From page 1 her room. The finding include: Resident #7 was admitted to the facility on 10/11/18 with diagnoses that included but were not limited to: multiple sclerosis [a progressive disease in which nerve fibers of the brain and spinal cord lose their myelin cover. (1)], anxiety disorder, morbid obesity, diabetes, and depression. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/18/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. On 7/16/19 at 2:32 p.m., observation Resident #7's room revealed the resident was in the room. Further observation revealed a bottle of Melatonin* 10 mg (milligrams), with a capacity of 60 tablets. The bottle of Melatonin was observed with approximately three quarters of the bottle missing. An interview was conducted with Resident #7 at this time. Resident #7 was asked why she had the bottle of medication on her bedside table. Resident #7 stated she used it because the ones that the facility is giving her don't always work, her personal ones dissolve in your mouth and work better. Resident #7 was asked where she got the bottle of Melatonin. Resident #7 stated she had ordered them off (name of an on-line shopping company). When asked if the facility knew she had this in her room, Resident #7 stated, "They've been there for quite some time. It's not like I hide them from them.	F 554		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 554	Continued From page 2 They sit on my table at all times." When asked if the facility completed an assessment, asking her questions, to determine if it was safe for her to keep this bottle of Melatonin at her bedside, Resident #7 stated, "No." Observation was made of Resident #7's room on 7/17/19 at approximately 9:30 a.m. The Melatonin bottle remained on the bedside table. *Melatonin is a hormone made by a part of the brain called the pineal gland. Melatonin helps regulate your sleep cycle. It tells your body when it's time to go to sleep and when it's time to wake up. (2) The physician's order dated 6/7/19, documented, "Melatonin 10 mg by mouth at bedtime." The MAR (medication administration record) for June and July 2019, documented the above physician's order. The medication was documented as administered each night. The comprehensive care plan dated, 10/19/19, documented in part, "Focus: At risk for adverse effects related to: use of melatonin for sleep." The "Interventions" documented in part, "Med (medications) on MAR." Review of the clinical record failed to evidence documentation that assessment for self-administration of medications had been completed. An interview was conducted with RN (registered nurse) #2, on 7/17/19 at 3:05 p.m. When asked if residents can keep medications in their room, RN #2 stated, "No, they must be kept in the	F 554		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 554	Continued From page 3 medication cart." An interview was conducted with LPN #3 on 7/17/19 at 3:22 p.m. When asked if residents can keep medications at the bedside, LPN #3 stated, "No Ma'am." When asked what she would do if she found medications in a resident's room, LPN #3 stated, "I would ask the resident what it was, identify the medication and report it to my supervisors." LPN #3 was shown the Melatonin bottle in Resident #7's room. An interview was conducted with RN #6, the interim unit manager, on 7/17/19 at 3:30 p.m. When asked if a resident can have medications at the bedside, RN #6 stated, "No. We would need a doctor's order and education to the resident. An assessment for self-administration would need to be completed. The resident may need a lock box." An interview was conducted with administrative staff member (ASM) #2, the administrative director of nursing, on 7/17/19 at 4:19 p.m. When asked if a resident can have medications in their room, ASM #2 stated, "They are not supposed to unless they have a self-administration assessment completed to determine if they are safe to have it in their room." The facility policy, "Medication Administration: Self-Administration of Medications" documented in part, "The patient has the right to self-administer medications if the interdisciplinary team (IDT) has determined that this practice is clinically appropriate. When determining if self-administration is clinically appropriate for a patient, the IDT should consider the following criteria: the safety and appropriateness of the	F 554		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 554	Continued From page 4 medications(s) for self-administration. The patient's physical capacity to swallow without difficulty and to open medication bottles. The patient's cognitive status, included their ability to correctly name their medications and know what conditions the are taken for. The patient's capacity to follow directions and tell time to know what medication need to be taken. The patient's comprehension of instructions for the medications they are taking, including the dose, timing, and signs of side effects, and when to report to facility staff. The patient's ability to understand what refusal of medication is, and appropriate steps taken by staff to educate when this occurs. The patient's ability to ensure that medication is stored safely and securely. The decision to allow a patient to self-administer medication(s) is subject to periodic assessment by the IDT based on changes in the patient's medical and decision-making status...After the completion of the evaluation, the patient is advised of the results of the evaluation and IDT review and declares their intent to either have their medications administered to them or to self-administer their medications. The resident can only begin self-administer of medication after the evaluation has been completed and it is determined that the patient is granted approval to fully self-administer medications. The patient signs and dates along with the individual who explained the evaluation process to the patient. Administrative staff member (ASM) #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concerns on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit.	F 554		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 554	Continued From page 5 (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 380 (2) This information was obtained from the following website: https://familydoctor.org/melatonin/?adfree=true	F 554		8-29-19
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to ensure accommodation of resident needs for two of 54 residents in the survey sample, Residents, #40, and #61. The facility staff failed to ensure the call bell was in reach for Resident #40 and Resident #61. The findings include: 1. Resident #40 was admitted to the facility on 9/27/17 with a recent readmission on 4/26/19 with diagnoses that included but were not limited to: stroke, dementia, high blood pressure, and atrial fibrillation [a condition characterized by rapid and random contraction of the atria of the heart	F 558	F – 558 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.* It is the intended practice of this facility to provide residents the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 558	Continued From page 6 causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (1)]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/4/19, 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 being totally dependent upon one or more staff members for all of their activities of daily living. Observation was made on 7/16/19 at approximately 12:15 p.m. of Resident #40 in his bed. He was verbal. A circular pancake style, call bell (a press style, call bell designed for residents who have difficulty using a regular style call bell) was observed on the nightstand, not within Resident #40's reach. This was again observed on 7/16/19 at 3:32 p.m. Review of the comprehensive care plan revised on 4/19/19, failed to evidence documentation for the use of a call bell. An interview was conducted with LPN (licensed practical nurse) #5 on 7/17/19 at 3:35 p.m. When asked if Resident #40 could use the call bell, LPN #5 stated, "Yes, when it's within reach." The facility policy, "Call Light" documented in part, "6.Always position call light conveniently for use and within reach." ASM #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made	F 558	1. On 7-16-19 staff took immediate correction of call bell in reach for resident # 40 & #61 2. Residents who reside in facility have the potential to be affected. 3. Nurses re-educated on call light policy. 4. Director of Nursing and/or designee will complete random audits ensuring call bells are within reach daily x 5 days, then three days a week x 3 weeks and then monthly x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as needed. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 558	Continued From page 7 aware of the above concerns on 7/17/19 at 4:50 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. 2. The facility staff failed to ensure the call bell was in reach for Resident #61. Resident #61 was admitted to the facility on 9/14/16, with diagnoses that included but were not limited to: schizophrenia [Any of a group of mental disorders characterized by gross distortions of reality, withdrawal of thought, language, perception and emotional response. (1)], and macular degeneration [Macular degeneration, or age-related macular degeneration (AMD), is a leading cause of vision loss in Americans 60 and older. A disease destroys your sharp, central vision. You need central vision to see objects clearly and to do tasks such as reading and driving (2)]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/19/19, coded the resident as having both short and long-term memory difficulties. The resident was coded as requiring supervision to extensive assistance with his activities of daily living. Observation was made of Resident #61 on 7/16/19 at 12:02 p.m. The resident was in bed asleep. The call bell was on the floor next to the bed. This was again observed on 7/16/19 at 3:32	F 558		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 558	Continued From page 8 p.m. An observation was made on 7/17/19 at 9:24 a.m. The resident was in bed with the call bell inside the top drawer of the nightstand. Review of the comprehensive care plan dated, 3/26/19, failed to evidence documentation of the use of the call bell. An interview was conducted with RN (registered nurse) # 5 on 7/17/19 at 2:39 p.m. When asked if Resident #61 can use the call bell, RN #5 stated, "Absolutely." An interview was conducted with CNA (certified nursing assistant) # 5 on 7/17/19 at 3:20 p.m. When asked where call bells should be placed, CNA #5 stated, "Within reach of the resident." When asked if they should be on the floor, CNA #5 stated, "No." When asked the call bell should be placed in a resident's nightstand drawer, CNA #5 stated, "No." When asked if Resident #61 can use the call bell, CNA #5 stated, "He's blind but it (call bell) should still be within reach."	F 558		8-29-19
	ASM #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made aware of the above concerns on 7/17/19 at 4:50 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 522. (2) This information was obtained from the following website:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 558	Continued From page 9 https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=age-related+macular+degeneration.	F 558		8-29-19
F 578 SS=E	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to 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	F 578	F – 578 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of this facility to comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives) 1. Upon notification of surveyor on 7-18-19 the administrative department was re-educated on advance directives by the Administrator. 2. Residents who reside at the facility	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 10 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, it was determined that the facility staff failed to inform and provide information to develop an advance directive and/or provide periodic reviews of the advance directives for eleven of 54 residents in the survey sample, Residents #36, #24, #26, ,70 , 55#, #45, #79, #248, #39, #64 and #40. The findings include: 1. The facility staff failed to evidence information on developing an advance directive was provided to Resident # 36 or Resident # 36's representative. Resident # 36 was admitted to the facility on 05/18/19 with diagnoses that included but were not limited to heart failure (1), and anxiety disorder (2). Resident # 36's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 05/25/19, coded Resident # 36 as scoring a eight on the brief interview for mental status (BIMS) of a score of 0 - 15, eight - being moderately impaired of cognition for making daily decisions. The clinical record and the EHR (electronic health	F 578	have the potential to be affected. 3. Social Services Department and Admissions department re-educated on advance directives by the Administrator. 4. Admissions and Social Services Director and/or designee will randomly audit resident charts and/or new admits daily x 5 days, then three days a week x 3 weeks and then monthly x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as needed. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 11 record) for Resident # 36 revealed a "Social Services Assessment and History" dated 05/18/2019. Under "Advance Care Planning" it documented, "2. Does the patient/patient's decision maker report that advance care planning has been completed? Yes. 3. What advance care planning has been completed? a) DPOA-HC (durable power of attorney-health care). 5. Does the patient/patient's decision maker want information on advance care planning? No." Further review of the clinical record and the EHR failed to evidence a copy of Resident # 36's durable power of attorney for health care. On 7/17/19 at 1:31 p.m., an interview was conducted with OSM (other staff member) #3 and OSM #4 (the social workers). OSM #3 stated if a resident has advance directives (such as a living will or power of attorney) upon admission, then the admission coordinator is responsible for obtaining a copy of the advance directives and scanning the copy into the computer system. On 7/18/19 at 8:49 a.m., an interview was conducted with OSM #2 (the admission coordinator). OSM #2 stated if a resident has advance directives in place upon admission, then she is supposed to obtain a copy of the advance directives, scan the documents into the computer system and place a copy of the documents in the chart. On 07/17/19 at 3:20 p.m., an interview was conducted with OSM (other staff member) # 3, social services director, regarding advance directives. OSM # 3 stated, "If they (residents) don't have an advance directive we don't offer the information but if they ask for it we provide it." When asked if they specifically conduct periodic	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 12 reviews of resident's advance directives to determine if they want to change anything or if the resident wants information to develop an advance directive OSM # 3 stated, "No." On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1, the administrator, confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 7/18/19 at 9:44 a.m., ASM #1 confirmed the facility did not have a copy of Resident # 36's advance directive. When asked if a copy of advance directives should be a part of a resident's clinical record, ASM #1 stated, "Absolutely." The facility's policy "Advance Care Planning/Advance Directives Inservice" documented, "What is Advance Care Planning? Advance care planning is the reflection and discussion of one's goals, values, and choices concerning future health care. Therapeutic discussion with family and health care provides can assist in promoting a shared understanding of the patient's future choices concerning end-of-life care. Discussion topics include the type of care (life-sustaining treatments), who would provide care, health care proxy, and other personal, emotional and spiritual choices. Advance care planning is not about death, but is about living throughout one's lifetime. Advance care planning should not be confused with an advance directive. The focus is not on the technical completion of documents, but rather the engagement of patients and families in important thoughts and communication. Advance Directive. An advance directive is a document written	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 13 before a patient experiences a debilitating illness. It is made in advance, while the patient is still able to make his or her own decisions. It gives directives: it states a patient's choices about treatment. It may also name someone to make treatment choices if the patient cannot. An advance directive helps ensure the desire to accept or refuse medical treatment is carried out. As long as the patient has decision-making capabilities, he or she continues to make health care decisions. The advance directive is used only when that ability is lost. Advance directives can also relieve the family of having to make difficult medical care decisions on the patient's behalf. There are basically two types of advance directives: 1. a living will indicates what type of medical treatment the patient wants in the future. 2. a durable power of attorney for health care indicates who has been selected to make decisions about medical treatment if the patient is unable to do so." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm. (2) Fear. This information was obtained from the	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 14 website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary. 2. The facility staff failed to evidence information on developing an advance directive was provided to Resident # 24 or Resident # 24's representative. Resident # 24 was admitted to the facility on 03/14/19 with diagnoses that included but were not limited to cerebral infarction (1), and diabetes mellitus (2). Resident # 24's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 05/06/19, coded Resident # 24 as scoring a nine on the brief interview for mental status (BIMS) of a score of 0 - 15, nine - being moderately impaired of cognition for making daily decisions. The clinical record and the EHR (electronic health record) for Resident # 24 revealed a "Social Services Assessment and History" dated 03/20/2019. Under "Advance Care Planning" it documented, "2. Does the patient/patient's decision maker report that advance care planning has been completed? Yes. 3. What advance care planning has been completed? a) DPOA-HC (durable power of attorney-health care). 5. Does the patient/patient's decision maker want information on advance care planning? Yes." Further review of the clinical record and the EHR failed to evidence a copy of Resident # 24's durable power of attorney for health care. On 7/17/19 at 1:31 p.m., an interview was conducted with OSM (other staff member) #3 and	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 15 OSM #4 (the social workers). OSM #3 stated if a resident has advance directives (such as a living will or power of attorney) upon admission, then the admission coordinator is responsible for obtaining a copy of the advance directives and scanning the copy into the computer system. On 7/18/19 at 8:49 a.m., an interview was conducted with OSM #2 (the admission coordinator). OSM #2 stated if a resident has advance directives in place upon admission, then she is supposed to obtain a copy of the advance directives, scan the documents into the computer system and place a copy of the documents in the chart. On 07/17/19 at 3:20 p.m., an interview was conducted with OSM (other staff member) # 3, social services director, regarding advance directives. OSM # 3 stated, "If they (residents) don't have an advance directive we don't offer the information but if they ask for it we provide it." When asked if they specifically conduct periodic reviews of resident's advance directives to determine if they want to change anything or if the resident wants information to develop an advance directive OSM # 3 stated, "No." On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1, the administrator, confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 7/18/19 at 9:44 a.m., ASM #1 confirmed the facility did not have a copy of Resident # 24's advance directive. When asked if a copy of advance directives should be a part of a resident's clinical record, ASM #1 stated,	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 16 "Absolutely." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm . (2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm.	F 578		8-29-19
	3. The facility staff failed to evidence periodic reviews were conducted regarding Resident # 26's advance directive. Resident # 26 was admitted to the facility on 04/25/11 with diagnoses that included but were not limited to dysphagia (1), and dementia (2). Resident # 26's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/07/19, coded Resident # 26 as scoring a three on the brief interview for mental status (BIMS) of a score of 0 - 15, three - being severely impaired of cognition			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 17 for making daily decisions. The clinical record and the EHR (electronic health record) for Resident # 26 revealed a "Durable Power of Attorney" dated 04/30/2011. Further review of the clinical record and the EHR failed to evidence periodic review of Resident # 26's durable power of attorney. On 07/17/19 at 3:20 p.m., an interview was conducted with OSM (other staff member) # 3, social services director, regarding advance directives. OSM # 3 stated, "If they (residents) don't have an advance directive we don't offer the information but if they ask for it we provide it." When asked if they specifically conduct periodic reviews of resident's advance directives to determine if they want to change anything or if the resident wants information to develop an advance directive OSM # 3 stated, "No." On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1, the administrator, confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdi	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 18 sorders.html. (2) A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: https://medlineplus.gov/ency/article/000739.htm. 4. The facility staff failed to periodically review Resident #70's (or the resident's representative) decisions regarding advanced directives. Resident #70 was admitted to the facility on 11/01/2016 with a readmission on 05/27/2019. Resident #70's diagnoses included but were not limited to type 2 diabetes mellitus (1), glaucoma (2), and essential hypertension (3). Resident #70's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/30/19, coded Resident # 70 as scoring a 14 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 13-15 being cognitively intact for making daily decisions.	F 578		8-29-19
	Review of Resident #70's clinical record revealed a social service assessment dated 08/07/2018. The assessment addressed advance care planning and documented the resident had a health care directive. On 07/17/19 at 3:20 p.m., an interview was conducted with OSM (other staff member) #3 regarding advance directives. When asked if they specifically conduct periodic reviews of resident's advance directives to determine if they want to change anything, or if the resident wants information to develop an advance directive,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 19 OSM #3 stated, "No." On 7/17/19, OSM #3 submitted a copy of Resident #70's DPOA-HC (durable power of attorney for healthcare) dated 11/30/2017. No evidence of periodic review was noted for advanced directives. On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1 (the administrator) confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (the administrative director of nursing) were made aware of the findings. No further information was provided prior to exit. References: 1. diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm. 2. glaucoma A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/glaucoma.html. 3. hypertension High blood pressure. This information was	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 20 obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html. 5. The facility staff failed to evidence information was provided to develop an advance directive and periodic review was conducted to provide Resident # 55 and/or their resident representative with the opportunity to develop an advance directive. Resident #55 was admitted to the facility on 12/08/2018. Resident #55's diagnoses included but were not limited to seizures (1), hyperlipidemia (2), and unspecified dementia (3). Resident #55's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/18/19, coded Resident # 55 as scoring a six on the staff assessment for mental status (BIMS) of a score of 0 - 15, 0-7 being severely impaired for making daily decisions. ~~Review of Resident #55's clinical record revealed~~ a social service assessment dated 12/17/2018. The assessment addressed advance directive planning and documented the resident/resident's decision maker wanted information on advance directive planning. On 07/17/19 at 3:20 p.m., an interview was conducted with OSM (other staff member) #3, social services director, regarding advance directives. OSM #3 was asked to describe the process for providing information for developing an advance directive to the resident or the resident's representative at the time of admission	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 21 if the resident doesn't already have one. OSM #3 stated, "If they don't have an advance directive we don't offer the information but if they ask for it we provide it." When asked if they specifically conduct periodic reviews of resident's advance directives to determine if they want to change anything or if the resident wants information to develop an advance directive OSM #3 stated, "No." On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1 (the administrator) confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (the administrative director of nursing) were made aware of the findings. No further information was provided prior to exit. References: ~~1. seizure disorder~~ Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html. 2. Hyperlipidemia Cholesterol is a fat (also called a lipid) that your body needs to work properly. Too much bad cholesterol can increase your chance of getting heart disease, stroke, and other problems. The medical term for high blood cholesterol is lipid	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 22 disorder, hyperlipidemia, or hypercholesterolemia. This information was obtained from the website: https://medlineplus.gov/ency/article/000403.htm. 3. dementia A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: https://medlineplus.gov/ency/article/000739.htm. 6. The facility staff failed to periodically review Resident #45's (or the resident's representative) decisions regarding advanced directives. Resident #45 was admitted to the facility on 08/24/2001 with a readmission on 08/11/2015. Resident #45's diagnoses included but were not limited to multiple sclerosis (1), unspecified dementia (2), and major depressive disorder (3). Resident #45's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 07/11/2019, ~~coded Resident # 45 as scoring a five on the staff~~ assessment for mental status (BIMS) of a score of 0 - 15, 0-7 being severely impaired for making daily decisions. Review of Resident #45's clinical record revealed a social service assessment dated 03/27/2012. The assessment addressed advance directives and documented the resident had a living will and healthcare POA (power of attorney). On 07/17/19 at 3:20 p.m., an interview was conducted with OSM (other staff member) #3 regarding advance directives. When asked if	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 23 they specifically conduct periodic reviews of resident's advance directives to determine if they want to change anything or if the resident wants information to develop an advance directive OSM #3 stated, "No." On 7/17/19, OSM #3 submitted a copy of Resident #45's advance medical directive dated 5/9/2002. No evidence of periodic review was noted for advanced directives. On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1 (the administrator) confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (the administrative director of nursing) were made aware of the findings. No further information was provided prior to exit. References:	F 578		8-29-19
	1. multiple sclerosis A nervous system disease that affects your brain and spinal cord. It damages the myelin sheath, the material that surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your body, leading to the symptoms of MS. They can include visual disturbances, muscle weakness, trouble with coordination and balance, sensations such as numbness, prickling, or "pins and needles" and thinking and memory problems. This information was obtained from the website: https://medlineplus.gov/multiplesclerosis.html.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 24 2. dementia A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: https://medlineplus.gov/ency/article/000739.htm. 3. depressive disorder Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm. 7. The facility staff failed to obtain and place a copy of Resident #79's advance directives on the clinical record and failed to periodically review advance directives with the resident and/or the resident's representative. Resident #79 was admitted to the facility on 7/31/14. Resident #79's diagnoses included but were not limited to stroke, high blood pressure and insomnia (difficulty sleeping). Resident #79's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 7/2/19, coded the resident's cognition as moderately impaired. Review of Resident #79's clinical record revealed a social services assessment and history dated 7/2/19. The assessment documented, "2. Does the patient/patient's decision maker report that advance care planning has been completed: Yes. 3. What advance care planning has been	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 25 completed: a) DPOA-HC (durable power of attorney for health care)..." Further review of Resident #79's clinical record failed to reveal a copy of the DPOA-HC form and failed to reveal advance directives had been periodically reviewed with the resident/representative. On 7/17/19 at 1:31 p.m., an interview was conducted with OSM (other staff member) #3 and OSM #4 (the social workers). OSM #3 stated if a resident has advance directives (such as a living will or power of attorney) upon admission, then the admission coordinator is responsible for obtaining a copy of the advance directives and scanning the copy into the computer system. On 7/17/19 at 3:20 p.m., another interview was conducted with OSM #3 regarding advance directives. When asked if the facility staff specifically conducts periodic reviews of residents' advance directives to determine if residents and/or their representatives want to change anything OSM # 3 stated, "No." On 7/18/19 at 8:49 a.m., an interview was conducted with OSM #2 (the admission coordinator). OSM #2 stated if a resident has advance directives in place upon admission, then she is supposed to obtain a copy of the advance directives, scan the documents into the computer system and place a copy of the documents in the chart. On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1 (the administrator) confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives.	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 26 On 7/18/19 at 9:44 a.m., ASM #1 confirmed the facility did not have a copy of Resident #79's advance directives. When asked if a copy of advance directives should be a part of a resident's clinical record, ASM #1 stated, "Absolutely." On 7/18/19 at 11:55 a.m., ASM #1, ASM #2 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern. No further information was presented prior to exit. 8. The facility staff failed to obtain and place a copy of Resident #248's advance directives on the clinical record. Resident #248 was admitted to the facility on 7/10/19. Resident #248's diagnoses included but were not limited to diabetes, urinary tract infection and repeated falls. Resident #248's admission MDS (minimum data set) was not complete. A nursing admission assessment dated 7/10/19 documented Resident #248 was oriented to time, person and situation. Review of Resident #248's clinical record revealed a social services assessment and history dated 7/15/19. The assessment documented, "2. Does the patient/patient's decision maker report that advance care planning has been completed: Yes. 3. What advance care planning has been completed: a) DPOA-HC (durable power of attorney for health care)..." Further review of Resident #248's clinical record failed to reveal a copy of the DPOA-HC form.	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 27 On 7/17/19 at 1:31 p.m., an interview was conducted with OSM (other staff member) #3 and OSM #4 (the social workers). OSM #3 stated if a resident has advance directives (such as a living will or power of attorney) upon admission, then the admission coordinator is responsible for obtaining a copy of the advance directives and scanning the copy into the computer system. On 7/18/19 at 8:49 a.m., an interview was conducted with OSM #2 (the admission coordinator). OSM #2 stated if a resident has advance directives in place upon admission, then she is supposed to obtain a copy of the advance directives, scan the documents into the computer system and place a copy of the documents in the chart. On 7/18/19 at 9:44 a.m., ASM (administrative staff member) #1 (the administrator) confirmed the facility did not have a copy of Resident #248's advance directives. When asked if a copy of advance directives should be a part of a resident's clinical record, ASM #1 stated, "Absolutely."	F 578		8-29-19
	On 7/18/19 at 11:55 a.m., ASM #1, ASM #2 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern. No further information was presented prior to exit. 9. The facility staff failed to obtain and place a copy of Resident #39's advance directives on the clinical record and failed to periodically review advance directives with the resident and/or the resident's representative.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 28 Resident #39 was admitted to the facility on 6/19/14. Resident #39's diagnoses included but were not limited to high cholesterol, high blood pressure and difficulty swallowing. Resident #39's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 6/1/19, coded the resident's cognition as severely impaired. Review of Resident #39's clinical record revealed a social services assessment and history dated 5/30/19. The assessment documented, "2. Does the patient/patient's decision maker report that advance care planning has been completed: Yes. 3. What advance care planning has been completed: a) DPOA-HC (durable power of attorney for health care)..." Further review of Resident #39's clinical record failed to reveal a copy of the DPOA-HC form and failed to reveal advance directives had been periodically reviewed with the resident/representative. On 7/17/19 at 1:31 p.m., an interview was conducted with OSM (other staff member) #3 and OSM #4 (the social workers). OSM #3 stated if a resident has advance directives (such as a living will or power of attorney) upon admission, then the admission coordinator is responsible for obtaining a copy of the advance directives and scanning the copy into the computer system. On 7/17/19 at 3:20 p.m., another interview was conducted with OSM #3 regarding advance directives. When asked if the facility staff specifically conducts periodic reviews of residents' advance directives to determine if residents and/or their representatives want to change anything OSM # 3 stated, "No."	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 29 On 7/18/19 at 8:49 a.m., an interview was conducted with OSM #2 (the admission coordinator). OSM #2 stated if a resident has advance directives in place upon admission, then she is supposed to obtain a copy of the advance directives, scan the documents into the computer system and place a copy of the documents in the chart. On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1 (the administrator) confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 7/18/19 at 9:44 a.m., ASM #1 confirmed the facility did not have a copy of Resident #39's advance directives. When asked if a copy of advance directives should be a part of a resident's clinical record, ASM #1 stated, "Absolutely." On 7/18/19 at 11:55 a.m., ASM #1, ASM #2 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern. No further information was presented prior to exit. 10. The facility staff failed to obtain and place a copy of Resident #64's advance directives on the clinical record and failed to periodically review advance directives with the resident and/or the resident's representative. Resident #64 was admitted to the facility on 11/4/14. Resident #64's diagnoses included but were not limited to diabetes, heart disease and high cholesterol.	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 30 Resident #64's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/23/19, coded the resident's cognitive skills for daily decision making as severely impaired. Review of Resident #64's clinical record revealed a social services assessment and history dated 4/8/19. The assessment documented, "2. Does the patient/patient's decision maker report that advance care planning has been completed: Yes. 3. What advance care planning has been completed: a) DPOA-HC (durable power of attorney for health care)..." Further review of Resident #64's clinical record failed to reveal a copy of the DPOA-HC form and failed to reveal advance directives had been periodically reviewed with the resident/representative. On 7/17/19 at 1:31 p.m., an interview was conducted with OSM (other staff member) #3 and OSM #4 (the social workers). OSM #3 stated if a resident has advance directives (such as a living will or power of attorney) upon admission, then the admission coordinator is responsible for obtaining a copy of the advance directives and scanning the copy into the computer system. On 7/17/19 at 3:20 p.m., another interview was conducted with OSM #3 regarding advance directives. When asked if the facility staff specifically conducts periodic reviews of residents' advance directives to determine if residents and/or their representatives want to change anything OSM # 3 stated, "No." On 7/18/19 at 8:49 a.m., an interview was conducted with OSM #2 (the admission coordinator). OSM #2 stated if a resident has	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 31 advance directives in place upon admission, then she is supposed to obtain a copy of the advance directives, scan the documents into the computer system and place a copy of the documents in the chart. On 7/18/19 at 7:43 a.m., ASM (administrative staff member) #1 (the administrator) confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 7/18/19 at 9:44 a.m., ASM #1 confirmed the facility did not have a copy of Resident #64's advance directives. When asked if a copy of advance directives should be a part of a resident's clinical record, ASM #1 stated, "Absolutely." On 7/18/19 at 11:55 a.m., ASM #1, ASM #2 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern. No further information was presented prior to exit.	F 578		8-29-19
	11. The facility staff failed to conduct periodic reviews of the advanced directive with Resident #40 and or the resident's responsible party. Resident #40 was admitted to the facility on 9/27/17, with a recent readmission on 4/26/19, with diagnoses that included but were not limited to: stroke, dementia, and high blood pressure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/4/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 32 resident was severely impaired to make daily cognitive decisions. Review of the clinical record, revealed a "Social Services Assessment and History" dated, 4/29/19. The form documented in part, "Advanced Care Planning: Does the patient make his/her own decisions - no. Does the patient/patient's decision maker report that advance care planning has been completed - yes. What advance care planning has been completed - DPOA - HC (durable power of attorney for health care). Does the patient/patient's decision maker want information on advance care planning - No." Review of the clinical record failed to evidence a durable power of attorney for health care. The resident did have a power of attorney for financial matters but not health care. On 07/17/19 at 3:20 p.m., an interview was conducted with OSM (other staff member) # 3, social services director, regarding advance directives. OSM #3 was asked about the process followed for providing information on developing an advance directive to the resident or the resident's representative at the time of admission if the resident doesn't already have one. OSM # 3 stated, "If they don't have an advance directive we don't offer the information but if they ask for it we provide it." When asked if they specifically conduct periodic reviews of resident's advance directives to determine if they want to change anything or if the resident wants information to develop an advance directive OSM # 3 stated, "No." On 7/18/19 at 7:43 a.m., ASM (administrative	F 578		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 578	Continued From page 33 staff member) #1 (the administrator) confirmed periodic reviews of advance directives were not being completed with residents and/or their representatives. On 7/18/19 at 9:44 a.m., ASM #1 confirmed the facility had the copy of Resident #40's power of attorney for financial matters but not for health care decisions. Administrative staff member (ASM) #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concerns on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55.	F 578		8-29-19
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. ~~(i) A facility must immediately inform the resident;~~ consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is,	F 580	F 580 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in*	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 34 a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) ~~Admission to a composite distinct part. A facility~~ that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). 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 notify a resident's	F 580	*the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of this facility to notify the Physician and/or responsible party of a change in condition. 1. On December 24, 2018, resident # 39's representative was notified of change in condition due to a UTI as well as the added antibiotic on December 22, 2018. 2. Residents who have a change in condition/medication have the potential to be affected. 3. Director of Nursing and/or designee will conduct re-education for Licensed nurses on the facility guidelines on notifying of change in conditions and notifying of change in medications to patient representatives. 4. Director of Nursing and/or designee will audit residents who have had a change in condition daily x 5 days, then three days a week x 3 weeks and then monthly x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as needed. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 35 representative of a change in condition and the need to alter treatment for one of 54 residents in the survey sample, Resident #39. The findings include: The facility staff failed to notify Resident #39's representative when the resident was diagnosed with a urinary tract infection and antibiotic medication was initiated. Resident #39 was admitted to the facility on 6/19/14. Resident #39's diagnoses included but were not limited to high cholesterol, high blood pressure and difficulty swallowing. Resident #39's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 6/1/19, coded the resident's cognition as severely impaired. Review of Resident #39's clinical record revealed a physician's order dated 12/21/18 for Macrobid (1) 100 mg (milligrams) by mouth three times a day until 12/28/18 for a urinary tract infection. A nurse's note dated 12/22/18 documented, "Chart check done. Resident started Macrobid 100mg 3x's (times) a day for UTI (urinary tract infection)..." Further review of Resident #39's clinical record failed to reveal documentation that Resident #39's representative was made aware of the diagnosis of a UTI or the initiation of Macrobid. Resident #39's comprehensive care plan dated 6/27/14 failed to document information regarding representative notification. On 7/18/19 at 10:41 a.m., an interview was conducted with RN (registered nurse) #3 RN #3 was asked if a resident's representative should be notified when the resident is diagnosed with a	F 580		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 36 UTI and when antibiotic medication is initiated. RN #3 stated, "Yes." When asked why, RN #3 stated, "So the family will know they have been placed on an antibiotic for a urinary tract infection." On 7/18/19 at 11:55 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern. The facility document titled, "CHANGE IN CONDITION" documented, "CMS (The Centers for Medicare and Medicaid Services) requires, 'A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is: A significant change in the resident's physical, mental, or psychosocial status...A need to alter treatment significantly...'" No further information was presented prior to exit. ~~COMPLAINT DEFICIENCY~~ (1) Macrobid is used to treat infections. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682291.html	F 580		8-29-19
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.	F 583	F – 583 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal*	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 583	Continued From page 37 §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the ~~Office of the State Long-Term Care Ombudsman~~ to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, it was determined the facility staff failed to maintain confidentiality of resident information on one of two units, Unit 2. The findings include:	F 583	*and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of this facility to protect the personal privacy and confidentiality of medical records. 1. Upon notification of surveyor, the list of resident names was turned over by RN #7 to protect patient confidentiality. 2. All residents who reside in the facility have the potential to be affected. 3. Director of Nursing and/or designee will conduct education with the Nursing staff on confidentiality of resident records.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 583	Continued From page 38 The facility staff failed to ensure a document with resident information was protected from view of others. Observation was made of the medication cart on Unit two on 7/17/19 at 3:00 p.m. A piece of paper with 22 resident names on it with documented medical information was located on top of the cart, face up. The paper listed residents names, room numbers, if the medications were to be taken whole or crushed, blood pressure readings, blood sugar readings with insulin given, tube feeding information, and appointments the residents had. There were no staff members near the medication cart. RN (registered nurse) #2 returned to her medication cart on 7/17/19 at 3:05 p.m. She immediately turned the paper over. When asked why the piece of paper on top of the medication cart was a concern, RN #2 stated, "Confidentiality." The facility policy, "Medication and Treatment Administration Guidelines," failed to evidence anything related to the confidentiality of the information. ASM #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made aware of the above concerns on 7/17/19 at 4:50 p.m. No further information was obtained prior to exit.	F 583	4. Director of Nursing and/or designee will complete random audit of nursing units to ensure patient record confidentiality daily x 5 days, then three days a week x 3 weeks and then monthly x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as needed. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19
F 622 SS=E	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge-	F 622	F – 622 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in*	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 39 §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger	F 622	*the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of this facility to provide evidence that a resident's documentation and information was provided to a receiving provider upon a facility initiated transfer to a hospital. 1. Upon notification from surveyor on 7-18-19, Administrative Nursing staff were educated on required clinical documentation to be included at time of transfer by the Administrator. 2. Residents that the facility initiated a transfer to the hospital have the potential to be affected. 3. Director of Nursing and/or designee re-educated Licensed Nurses on the Acute Care Transfer Documentation Checklist, in order to make sure to provide written documentation to the receiving provider upon a facility initiated transfer to a hospital. 4. Director of Nursing and/or designee will audit any acute care transfers daily x 5 days, then 3 days a week x 3 Weeks and then monthly x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as needed. 5. The facility alleged date of compliance is August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 40 that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals;	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 41 (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. 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 ensure the required documentation was provided to the receiving facility upon facility initiated transfer to the hospital for eight of 54 residents in the survey sample, Residents #40, #21, #7, #24, #78, #44, #59 and #70. The findings include: 1. The facility staff failed to provide evidence that the required documentation was sent to the receiving hospital for Resident #40's transfer to the hospital on 4/25/19. Resident #40 was admitted to the facility on 9/27/17, with a recent readmission on 4/26/19 with diagnoses that included but were not limited to: stroke, dementia, and high blood pressure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/4/19, 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. A physician order dated, 4/25/19, documented, "Send to (name of hospital) for peg tube (feeding tube) replacement."	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 42 The nurse's note dated, 4/25/19 at 2:38 a.m. documented "Went to resident room to change peg tube dressing and found peg tube fully inflated laying (sic) beside him in the bed...MD (medical doctor) notified received order to send to (name of hospital) for peg tube replacement. Call placed to RP (responsible party) left message on voicemail. Transported to (name of hospital)." An interview was conducted with RN (registered nurse #2 on 7/17/19 at 3:05 p.m. RN #2 was asked about the process staff follows when a resident is sent out to the hospital. RN #2 sated, "First we have to go through the DON (director of nursing) to get the okay to transfer and then notify the doctor. There is a transfer form to fill in; we notify the family, call the ambulance." When asked how the facility evidences what information was sent to the hospital, RN #2 stated, "It should say it was completed, the transfer form. And we should always document in the nurses' notes." RN #2 was asked if the comprehensive care plan goals are sent with residents to the hospital, RN #2 stated, "No, I don't. I just do the current meds (medications)." At 3:16 p.m., RN #2 presented a checklist of what is sent to the hospital. The paper presented by RN #2 titled "Post-Acute Care Transfer Document Checklist" documented, "Copies Sent with Patient (Check all that apply). These documents should always accompany Patient: Patient transition of care form. Face Sheet. H&P (history and physical) or Admission Note. Medication Reconciliation Form. Current Medication List or Current MAR (medication administration record). Advances (sic) directives. Recent MD/PA (physician's assistant)/NP(nurse practitioner) orders related to acute condition (last 48 hours). Relevant lab (laboratory) results.	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 43 Relevant x-ray reports. Bed hold policy - copy sent with the patient. Bed hold policy - copy placed in the medical record. Notification of transfer - copy sent with the patient. Notification of transfer - copy placed in the resident medical record. Copy of Care plan Sent with patient. Personal belongings sent with patient, eyeglasses, hearing aide, or dental appliance." An interview was conducted with LPN (licensed practical nurse) #1 on 7/17/19 at 3:36 p.m. regarding documentation sent with a resident on transfer. LPN #1 stated, "The transfer form, and everything on the checklist form." LPN #1 provided the above checklist form for review. When asked how the facility evidences what was sent with the resident, LPN #1 stated, "I have the EMT (emergency medical technician) sign the form and then copy it and put it in the medical record." 07/18/19 at 11:50 a.m., ASM #1 stated, "We do not have the check lists, so there is no way we can evidence what went to the hospital. We started education prior to survey but it was not completed before survey, we had identified this prior." The facility policy for admission and transfers was requested on 7/18/19 at approximately 11:00 a.m. No policy was presented prior to exit. The administrator, administrative staff member (ASM) #1, and ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concern on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit.	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 44 2. The facility staff failed to provide evidence that the required documentation was sent to the receiving hospital for Resident #21's transfer to the hospital on 3/30/19. Resident #21 was admitted to the facility on 3/9/18 with a recent readmission on 4/4/19, with diagnoses that included but were not limited to: diabetes, depression, and high blood pressure. The most recent MDS (minimum data set) assessment, a Medicare 30 day assessment, with an assessment reference date of 4/30/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating she was capable of making daily cognitive decisions. . The nurse' note dated, 3/30/19 at 11:06 p.m. documented in part, "Resident was found to be very lethargic, alert and not responding to verbal, did not eat dinner, refuse to take her medications. Vital signs 100.8 (temperature), 91 (heart rate), 20 (respirations) 141/73 (blood pressure), with (oxygen) saturation of 85% on room air. MD (medical doctor) was notified order to transfer out received. Resident and R/P (responsible party) were oriented to the diagnosis and the acute care facility, resident is going to. Emergency response was called and resident was transported to (name of hospital) at 2300 (11:00 p.m.) Bed hold document sent with the patient." The physician order dated, 3/30/19 at 11:23 p.m. documented, "Send the resident to (name of hospital) for evaluation." An interview was conducted with RN (registered	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 45 nurse #2 on 7/17/19 at 3:05 p.m. When asked how the facility evidences what information was sent to the hospital, RN #2 stated, "It should say it was completed, the transfer form. And we should always document in the nurses' notes." RN #2 was asked if the comprehensive care plan goals are sent with residents to the hospital, RN #2 stated, "No, I don't. I just do the current meds (medications)." At 3:16 p.m., RN #2 presented a checklist of what is sent to the hospital. The paper presented by RN #2 titled "Post-Acute Care Transfer Document Checklist" documented, "Copies Sent with Patient (Check all that apply). These documents should always accompany Patient: Patient transition of care form. Face Sheet. H&P (history and physical) or Admission Note. Medication Reconciliation Form. Current Medication List or Current MAR (medication administration record). Advances (sic) directives. Recent MD/PA (physician's assistant)/NP (nurse practitioner) orders related to acute condition (last 48 hours). Relevant lab (laboratory) results. Relevant x-ray reports. Bed hold policy - copy sent with the patient. Bed hold policy - copy placed in the medical record. Notification of transfer - copy sent with the patient. Notification of transfer - copy placed in the resident medical record. Copy of Care plan Sent with patient. Personal belongings sent with patient, eyeglasses, hearing aide, or dental appliance." 07/18/19 at 11:50 a.m., ASM #1 stated, "We do not have the check lists, so there is no way we can evidence what went to the hospital. We started education prior to survey but not it was not completed before survey, we had identified this prior."	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 46 The administrator, administrative staff member (ASM) #1, and ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concern on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit. 3. The facility staff failed to provide evidence that the required documentation was sent to the receiving hospital for Resident #7's transfer to the hospital on 5/19/19. Resident #7 was admitted to the facility on 10/11/18 with diagnoses that included but were not limited to: multiple sclerosis [a progressive disease in which nerve fibers of the brain and spinal cord lose their myelin cover. (1)], anxiety disorder, morbid obesity, diabetes, and depression. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/18/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The nurse's note dated, 5/19/19 at 2:34 p.m. documented, "Husband came to nurse's station concerned for patient hasn't eaten past day and half due to nausea and vomiting, and is refusing her medications. Patient did relay to the other nurse that she is having mid sternal pain radiating to her shoulders." The nurse's note dated, 5/19/19 at 3:24 p.m. documented, "(Name of doctor) notified on call by RN (registered nurse), directed for patient to go to ER. Husband wanting	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 47 patient to go to (initials of hospital, (Name of ambulance company) called and on their way. Patient went via ambulance at 1525 (3:25 p.m.) to ER (emergency room)." An interview was conducted with RN (registered nurse #2 on 7/17/19 at 3:05 p.m. When asked how the facility evidences what information was sent to the hospital, RN #2 stated, "It should say it was completed, the transfer form. And we should always document in the nurses' notes." RN #2 was asked if the comprehensive care plan goals are sent with residents to the hospital, RN #2 stated, "No, I don't. I just do the current meds (medications)." At 3:16 p.m., RN #2 presented a checklist of what is sent to the hospital. The paper presented by RN #2 titled "Post-Acute Care Transfer Document Checklist" documented, "Copies Sent with Patient (Check all that apply). These documents should always accompany Patient: Patient transition of care form. Face Sheet. H&P (history and physical) or Admission Note. Medication Reconciliation Form. Current Medication List or Current MAR (medication administration record). Advances (sic) directives. Recent MD/PA (physician's assistant)/NP (nurse practitioner) orders related to acute condition (last 48 hours). Relevant lab (laboratory) results. Relevant x-ray reports. Bed hold policy - copy sent with the patient. Bed hold policy - copy placed in the medical record. Notification of transfer - copy sent with the patient. Notification of transfer - copy placed in the resident medical record. Copy of Care plan Sent with patient. Personal belongings sent with patient, eyeglasses, hearing aide, or dental appliance." 07/18/19 at 11:50 a.m., ASM #1 stated, "We do	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 48 not have the check lists, so there is no way we can evidence what went to the hospital. We started education prior to survey but it was not completed before survey, we had identified this prior." The administrator, administrative staff member (ASM) #1, and ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concern on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 380. 4. The facility staff failed to evidence that all required documentation and information was provided to the receiving provider for a facility-initiated transfer on 03/29/19 and 05/10/19 for Resident # 24. Resident # 24 was admitted to the facility on 03/14/19 with diagnoses that included but were not limited to cerebral infarction (1), and diabetes mellitus (2). Resident # 24's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 05/06/19, coded Resident # 24 as scoring a nine on the brief interview for mental status (BIMS) of a score of 0 - 15, nine - being moderately impaired of cognition for making daily decisions. The nurse's "Progress Notes," dated 03/29/2019 for Resident # 24 documented, "21:06 (9:06 p.m.) Resident after [sic] seeing NP (nurse practitioner)	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 49 this evening, ordered to transfer resident to (Name of Hospital) for further observation. RP (responsible party) (sister) made aware of situation. Resident was alert, denies pain." The nurse's "Progress Notes," dated 04/03/2019 for Resident # 24 documented,"10:31 (10:31 a.m.) Resident admitted on 4/2/19 to facility, admission assessment and documentation completed by previous charge nurse, admission copy and paste to correct medical number. Resident arrived to the facility via (by) stretcher ..." The nurse's "Progress Notes," dated 05/10/2019 for Resident # 24 documented the resident was sent to the hospital for evaluation after staff noted the resident was non-responsive. The entry documented in part, "NP in building evaluated resident instruction to send to er (emergency room) for evaluation. RP (responsible party) was made aware of resident changed in condition and sending to (Name of Hospital) for evaluation." Review of the clinical record and the EHR (electronic health record) for Resident # 24 failed to evidence documentation that all required information was provided to the receiving hospital at the tie of Resident #24's transfer on 3/29/19 and 5/10/19. There was no evidence that Resident # 24's contact information of the practitioner responsible for the care of the resident, resident representative information, including contact information was provided. No documentation evidencing the residents Advance Directive information, all special instructions or precautions for ongoing care, as appropriate, comprehensive care plan goals, all other necessary information, including a copy of the	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 50 resident's discharge summary was provided to the receiving facility at the time of the residents transfer. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) #3, regarding hospitalization process. When asked if they send anything to the receiving provider upon transfer, OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. Nurses have a folder-checklist when transferring to acute care." On 07/17/19, a request was made to ASM (administrative staff member) #1, the administrator, for documentation that the required information was sent to the receiving provider for Resident # 24's transfer to the hospital on 03/29/19 and 05/10/19. On 07/18/19 at 11:50 a.m., ASM #1 stated, "We do not have the check lists, so there is no way you can evidence what went to the hospital. We started education prior to survey but it was not completed before survey, we had identified this prior." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 51 few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm . (2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm. 5. The facility staff failed to evidence that all required documentation and information was provided to the receiving provider for a facility-initiated transfer on 06/26/19 for Resident # 78. Resident # 78 was admitted to the facility on 11/29/17 and a readmitted on 06/30/19 with diagnoses that included but were not limited to hypertension (1), and diabetes mellitus (2). Resident # 78's most recent MDS (minimum data set), a 14-Day assessment with an ARD (assessment reference date) of 07/14/19, coded Resident # 78 as scoring a three on the brief interview for mental status (BIMS) of a score of 0 - 15, three - being severely impaired of cognition for making daily decisions. The nurse's "Progress Notes," dated 06/26/2019 for Resident # 78 documented in part, "17:19 (5:19 p.m.). Resident after MD (medical doctor) approval was sent to (Name of Hospital) for high sodium level and dehydration. Resident went via (by) ambulance @ (at) 17:10 (5:10 p.m.)." Review of the clinical record and the EHR (electronic health record) for Resident # 78 failed	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 52 to evidence documentation that the required information was provide to the receiving hospital at the time of Resident #78's transfer to the hospital on 6/26/19. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) #3, regarding hospitalization process. When asked if they send anything to the receiving provider upon transfer, OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. Nurses have a folder-checklist when transferring to acute care." On 07/17/19, a request was made to ASM (administrative staff member) #1, the administrator, for documentation that required information was sent to the receiving provider regarding Resident # 78's transfer to the hospital on 06/26/19. 07/18/19 at 11:50 a.m., ASM #1 stated, "We do not have the check lists, so there is no way you can evidence what went to the hospital. We started education prior to survey but not completed before survey, we had identified this prior." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) High blood pressure. This information was obtained from the website:	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 53 https://www.nlm.nih.gov/medlineplus/highbloodpressure.html. (2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm. 6. The facility staff failed to evidence that all required documentation and information was provided to the receiving provider for a facility-initiated transfer on 04/16/19 for Resident # 44. Resident # 44 was admitted to the facility on 02/17/14 and a readmission on 05/03/19 with diagnoses that included but were not limited to Parkinson's disease (1), and anemia (2). Resident # 44's most recent MDS (minimum data set), a 30-Day assessment with an ARD (assessment reference date) of 06/10/19, coded Resident # 44 as scoring a seven on the brief interview for mental status (BIMS) of a score of 0 - 15, seven - being severely impaired of cognition for making daily decisions. The nurse's "Progress Notes," dated 04/16/19 for Resident # 44 documented in part, "20:43 (8:43 p.m.) At about 2000 (8:00 p.m.), resident feeding tube came out, the balloon was still intact small amount of red blood noted. Foley cath (catheter) inserted into the peg opening to prevent from closing. Resident without distress, vital signs 96.6 (temperature), 59 (pulse rate), 22 (respiration), 143/90 (blood pressure) (one hundred forty-three over ninety), 97% (oxygen saturation) on room air. MD (medical doctor) was notified, order to transfer to the hospital received,	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 54 R/P (responsible party) was oriented to the diagnosis and the Hospital resident will go to. Resident sent to (Name of Hospital) via (by) ambulance." Review of the clinical record and the EHR (electronic health record) for Resident # 44 failed to evidence the required documentation was provided to the receiving facility at the time of Resident # 44's transfer to the hospital on 04/16/19. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) #3, regarding hospitalization process. When asked if they send anything to the receiving provider upon transfer, OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. Nurses have a folder-checklist when transferring to acute care." On 07/17/19, a request was made to ASM (administrative staff member) #1, the administrator, for documentation that required information was sent to the receiving provider regarding Resident # 44's transfer to the hospital on 04/16/19. 07/18/19 at 11:50 a.m., ASM #1 stated, "We do not have the check lists, so there is no way you can evidence what went to the hospital. We started education prior to survey but not completed before survey, we had identified this prior." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 55 above findings. No further information was provided prior to exit. References: (1) A type of movement disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html. (2) Low iron. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anemia.html. 7. The facility staff failed to evidence that all required documentation and information was provided to the receiving provider for a facility-initiated transfer on 4/14/2019 for resident #59. Resident # 59 was admitted to the facility on 04/07/2017 with a readmission on 04/26/2019 with diagnoses that included but were not limited to chronic obstructive pulmonary disease (1), malignant neoplasm of unspecified part of unspecified bronchus or lung (2) and anxiety disorder (3). Resident # 59's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/18/19, coded Resident # 59 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. The nurse's "Progress Notes," dated 04/14/2019 for Resident # 59 documented i part the resident was sent to the hospital for evaluation for complaints of shortness of breath and chest pain.	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 56 The nurse's "Progress Notes," dated 04/14/2019 for Resident # 59 documented, "13:07 (1:07 p.m.) Resident admitted to [name of hospital] in ICU (intensive care unit) for acute respiratory failure." Review of the clinical record and the EHR (electronic health record) for Resident # 59 failed to evidence that all required documentation and information was provided to the receiving provider for a facility-initiated transfer on 4/14/2019 for Resident #59. On 07/16/19 at 2:38 p.m., an interview was conducted with Resident # 59. When asked about recent hospitalization Resident #59 stated, "I was in the hospital for 3 weeks during Easter I had too much CO2 (carbon dioxide) in my blood. I have COPD (chronic obstructive pulmonary disease)." On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) #3, regarding the hospitalization process. When asked if they send anything to the receiving provider upon transfer, OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. Nurses have a folder-checklist when transferring to acute care." On 07/17/19, a request was made to ASM (administrative staff member) #1, the administrator, for documentation that the required information was sent to the receiving provider regarding Resident # 59's transfer to the hospital on 4/14/19. 07/18/19 at 11:50 a.m., ASM #1, the administrator, stated, "We do not have the check lists, so there is no way you can evidence what	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 57 went to the hospital. We started education prior to survey but it was not completed before survey, we had identified this prior." On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (the administrative director of nursing) were made aware of the findings. No further information was provided prior to exit. References: 1. Chronic obstructive pulmonary disease (COPD) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html. 2. Malignant neoplasm The term "malignancy" refers to the presence of cancerous cells that have the ability to spread to other sites in the body (metastasize) or to invade nearby (locally) and destroy tissues. Malignant cells tend to have fast, uncontrolled growth and DO NOT die normally due to changes in their genetic makeup. Malignant cells that are resistant to treatment may return after all detectable traces of them have been removed or destroyed. . This information was obtained from the website: https://medlineplus.gov/ency/article/002253.htm. 3. anxiety Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html #summary.	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 58	F 622		8-29-19

8. The facility staff failed to evidence that all required documentation and information was provided to the receiving provider for a facility-initiated transfer on 5/4/19, 5/26/19 and 6/18/19 for resident #70.

Resident #70 was admitted to the facility on 11/01/2016 with a readmission on 05/27/2019. Resident #70's diagnoses included but were not limited to type 2 diabetes mellitus (1), glaucoma (2), and essential hypertension (3). Resident #70's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/30/19, coded Resident # 70 as scoring a 14 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 13-15 being cognitively intact for making daily decisions.

The nurse's "Progress Notes," dated 05/04/2019 for Resident # 70 documented, "18:25 (6:25 p.m.) Resident xray results shows right femoral neck fracture. Resident to be transferred to [name of hospital]."

The nurse's "Progress Notes," dated 05/26/2019 for Resident # 70 documented, "09:20 (9:20 a.m., Resident was in the laurel day room in his wheelchair, CNA (certified nurse's assistant) went to feed him and the resident was found to be unresponsive. This writer was called into the hall and to assess resident. Resident unresponsive to deep sternum rub, not breathing and his pulse was thread and weak. 911 called at 0910 (9:10 a.m.). Upon placing resident back in bed, a short grunt was audible. Resident placed on non rebreather at 8LPM (liters per minute). Upon

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 59 EMS (emergency medical services) arriving, resident became responsive and alert and oriented and stated "I was just taking a nap." MD (medical doctor) notified at 0920 (9:20 a.m.) and instructed the RN (registered nurse) to send the resident out to the hospital. RP (responsible party) notified. Paperwork and bedhold agreement sent with resident." The nurse's "Progress Notes," dated 06/18/2019 for Resident # 70 documented, "14:56 (2:56 p.m.) Writer called to the room by the CNA (certified nurse's assistant) providing care aide was concerned about resident being in more pain than usual Writer noticed large hard nodule on the right knee outer aspect resident was also medicated for pain and medication was not effective. MD (medical doctor) called and made aware and Writer was ordered to send resident to the ER (emergency room) for further evaluation resident was transferred to the hospital via (by) stretcher." Review of the clinical record and the EHR (electronic health record) for Resident # 70 failed to evidence that all required documentation and information was provided to the receiving provider for a facility-initiated transfer on 5/4/19, 5/26/19 and 6/18/19 for resident #70. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) #3, regarding hospitalization process. When asked if they send anything to the receiving provider upon transfer, OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. Nurses have a folder-checklist when transferring to acute care."	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 60 On 07/17/19 a request was made to ASM (administrative staff member) #1, the administrator, for documentation that required information was sent to the receiving provider regarding Resident # 70's transfer to the hospital on 5/4/19, 5/26/19 and 6/18/19. 07/18/19 at 11:50 a.m., ASM #1 stated, "We do not have the check lists, so there is no way you can evidence what went to the hospital. We started education prior to survey but it was not completed before survey, we had identified this prior." On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (the administrative director of nursing) were made aware of the findings. No further information was provided prior to exit. References: 1. diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm. 2. glaucoma A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/glaucoma.html. 3. hypertension High blood pressure. This information was	F 622		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 61 obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.	F 622		8-29-19
F 623 SS=E	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to	F 623	F-623 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* **It is the intended practice of this facility to provide written notification of a transfer/discharge to the resident, representative, and the Ombudsman.** **1. Upon notification from surveyor on 7-18-19, facility Administrator educated administrative staff regarding written notification to the responsible party related to all facility initiated transfers to hospital.**	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 62 allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and	F 623	2. Residents that the facility initiated a transfer to the hospital have the potential to be affected. 3. Director of Nursing and/or designee to re-educate Licensed Nurses and Social Services on the Acute Care Transfer Documentation Checklist, in order to make sure that they provide written notification to the resident's responsible party upon a facility initiated transfer to a hospital. 4. Director of Nursing and/or designee will audit written notification to the residents responsible party for any acute care transfers daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility alleged date of compliance is August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 63 advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to provide written notification to the resident and/or resident representative for eight of 54 residents in the survey sample, Residents #40, #21, #7, #24, #78, #44, #59 and #70. The findings include: 1. The facility staff failed to provide written notification to the resident and/or resident representative for Resident #40's facility initiated transfer for on 4/25/19. Resident #40 was admitted to the facility on 9/27/17, with a recent readmission on 4/26/19	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 64 with diagnoses that included but were not limited to: stroke, dementia, and high blood pressure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/4/19, 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. A physician order dated, 4/25/19, documented, "Send to (name of hospital) for peg tube (feeding tube) replacement." The nurse's note dated, 4/25/19 at 2:38 a.m. documented "Went to resident room to change peg tube dressing and found peg tube fully inflated laying (sic) beside him in the bed...MD (medical doctor) notified received order to send to (name of hospital) for peg tube replacement. Call placed to RP (responsible party) left message on voicemail. Transported to (name of hospital)." An interview was conducted on 7/17/19 at 1:32 p.m. with other staff member (OSM) #3 and OSM #4, the social workers at the facility. When asked if they notify the resident and/or the resident representative in writing of a hospital transfer and the reason for the transfer, OSM #3 stated, "We were advised recently that it should be done, but we haven't been doing it." When asked when they were notified of this, OSM #3 stated, "Last week that we need to send written notification to the resident or the responsible party." A copy of the policy on admission, transfer and discharge requirements was requested of the administrator on 7/18/19 at approximately 11:00	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 65 a.m. The administrator, administrative staff member (ASM) #1, and ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concern on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. 2. The facility staff failed to provide written notification to the resident and/or resident representative for a facility initiated transfer of Resident #21 to the hospital on 3/30/19. Resident #21 was admitted to the facility on 3/9/18 with a recent readmission on 4/4/19, with diagnoses that included but were not limited to: diabetes, depression, and high blood pressure. The most recent MDS (minimum data set) assessment, a Medicare 30 day assessment, with an assessment reference date of 4/30/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating she was capable of making daily cognitive decisions. The nurse' note dated, 3/30/19 at 11:06 p.m. documented in part, "Resident was found to be very lethargic, alert and not responding to verbal, did not eat dinner, refuse to take her medications. Vital signs 100.8 (temperature), 91 (heart rate), 20 (respirations) 141/73 (blood pressure), with (oxygen) saturation of 85% on room air. MD	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 66 (medical doctor) was notified order to transfer out received. Resident and R/P (responsible party) were oriented to the diagnosis and the acute care facility, resident is going to. Emergency response was called and resident was transported to (name of hospital) at 2300 (11:00 p.m.) Bed hold document sent with the patient." The physician order dated, 3/30/19 at 11:23 p.m. documented, "Send the resident to (name of hospital) for evaluation." An interview was conducted on 7/17/19 at 1:32 p.m. with other staff member (OSM) #3 and OSM #4, the social workers at the facility. When asked if they notify the resident and/or the resident representative in writing of a hospital transfer and the reason for the transfer, OSM #3 stated, "We were advised recently that it should be done, but we haven't been doing it." When asked when they were notified of this, OSM #3 stated, "Last week that we need to send written notification to the resident or the responsible party." The administrator, administrative staff member (ASM) #1, and ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concern on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit. 3. The facility staff failed to provide written notification to the resident and/or resident representative for a facility initiated transfer of Resident #7 to the hospital on 5/19/19. Resident #7 was admitted to the facility on	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 67 10/11/18 with diagnoses that included but were not limited to: multiple sclerosis (a progressive disease in which nerve fibers of the brain and spinal cord lose their myelin cover) (1), anxiety disorder, morbid obesity, diabetes, and depression. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/18/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The nurse's note dated, 5/19/19 at 2:34 p.m. documented, "Husband came to nurse's station concerned for patient hasn't eaten past day and half due to nausea and vomiting, and is refusing her medications. Patient did relay to the other nurse that she is having mid sternal pain radiating to her shoulders." The nurse's note dated, 5/19/19 at 3:24 p.m. documented, "(Name of doctor) notified on call by RN (registered nurse), directed for patient to go to ER. Husband wanting patient to go to (initials of hospital, (Name of ambulance company) called and on their way. Patient went via ambulance at 1525 (3:25 p.m.) to ER (emergency room)." An interview was conducted on 7/17/19 at 1:32 p.m. with other staff member (OSM) #3 and OSM #4, the social workers at the facility. When asked if they notify the resident and/or the resident representative in writing of a hospital transfer and the reason for the transfer, OSM #3 stated, "We were advised recently that it should be done, but we haven't been doing it." When asked when they were notified of this, OSM #3 stated, "Last week that we need to send written notification to the resident or the responsible party."	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 68 The administrator, administrative staff member (ASM) #1, and ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concern on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 380. 4. The facility staff failed to provide Resident # 24 and Resident # 24's representative written notification of a facility-initiated transfer on 03/29/19 and 05/10/19. Resident # 24 was admitted to the facility on 03/14/19 with diagnoses that included but were not limited to cerebral infarction (1), and diabetes mellitus (2). Resident # 24's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 05/06/19, coded Resident # 24 as scoring a nine on the brief interview for mental status (BIMS) of a score of 0 - 15, nine - being moderately impaired of cognition for making daily decisions. The nurse's "Progress Notes," dated 03/29/2019 for Resident # 24 documented, "21:06 (9:06 p.m.) Resident after [sic] seeing NP (nurse practitioner) this evening, ordered to transfer resident to (Name of Hospital) for further observation. RP (responsible party) (sister) made aware of situation. Resident was alert, denies pain." The nurse's "Progress Notes," dated 05/10/2019 for Resident # 24 documented,"11:36 (11:36	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 69 a.m.) Informed by staff resident was non responsive when entered room approximately 11:10 am (a.m.) b/p (blood pressure 109/64 (one-hundred-nine over sixty-four), p (pulse) 85, O2 (oxygen) sat (saturation) on room air 80%, O2 at 4l (four liters) saT UP TO 97%. NP in building evaluated resident instruction to send to er (emergency room) for evaluation. RP (responsible party) was made aware of resident changed in condition and sending to (Name of Hospital) for evaluation." Review of the clinical record and the EHR (electronic health record) for Resident # 24 failed to evidence documentation that Resident # 24 and/or Resident # 24's representative were provided written notification of Resident # 24's transfer to the hospital on 03/29/19 and 05/10/19. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) # 3, director of social services, regarding hospitalization process. When asked if they provide written notification of transfer to the resident and/or resident's representative OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. We have not been providing anything in writing; we were advised it should have been done but are not doing it." When asked when they were advised that they should be doing it, OSM# 3 stated, "Maybe a week ago." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the above findings.	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 70 No further information was provided prior to exit. References: (1) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm . (2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm. 5. The facility staff failed to provide Resident # 78 and Resident # 78's representative written notification of a facility-initiated transfer on 06/26/19. Resident # 78 was admitted to the facility on 11/29/17 and a readmission on 06/30/19 with diagnoses that included but were not limited to hypertension (1), and diabetes mellitus (2). Resident # 78's most recent MDS (minimum data set), a 14-Day assessment with an ARD (assessment reference date) of 07/14/19, coded Resident # 78 as scoring a three on the brief interview for mental status (BIMS) of a score of 0 - 15, three - being severely impaired of cognition for making daily decisions. The nurse's "Progress Notes," dated 06/26/2019 for Resident # 78 documented, "17:19 (5:19 p.m.) Resident alert and verbal, denies pain, VS (vital signs) 98.2 (temperature), 108 (heart rate), 14	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 71 (respiration), 128/68 (blood pressure) (one hundred twenty-eight over sixty-eight), 94% (oxygen saturation) RA (room air). Resident after MD (medical doctor) approval was sent to (Name of Hospital) for high sodium level and dehydration. Resident went via (by) ambulance @ (at) 17:10 (5:10 p.m.)." Review of the clinical record and the EHR (electronic health record) for Resident # 78 failed to evidence documentation that Resident # 78 and/or Resident # 78's representative were provided written notification of Resident # 78's transfer to the hospital on 06/26/19. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) # 3, director of social services, regarding hospitalization process. When asked if they provide written notification of transfer to the resident and/or resident's representative OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. We have not been providing anything in writing; we were advised it should have been done but are not doing it." When asked when they were advised that they should be doing it, OSM# 3 stated, "Maybe a week ago." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) High blood pressure. This information was	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 72 obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html. (2) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm. 6. The facility staff failed to provide Resident # 44 and Resident # 44's representative written notification of a facility-initiated transfer on 04/16/19. Resident # 44 was admitted to the facility on 02/17/14 and a readmission on 05/03/19 with diagnoses that included but were not limited to Parkinson's disease (1), and anemia (2). Resident # 44's most recent MDS (minimum data set), a 30-Day assessment with an ARD (assessment reference date) of 06/10/19, coded Resident # 44 as scoring a seven on the brief interview for mental status (BIMS) of a score of 0 - 15, seven - being severely impaired of cognition for making daily decisions. The nurse's "Progress Notes," dated 04/16/19 for Resident # 44 documented, "20:43 (8:43 p.m.) At about 2000 (8:00 p.m.), resident feeding tube came out, the balloon was still intact small amount of red blood noted. Foley cath (catheter) inserted into the peg opening to prevent from closing. Resident without distress, vital signs 96.6 (temperature), 59 (pulse rate), 22 (respiration), 143/90 (blood pressure) (one hundred forty-three over ninety), 97% (oxygen saturation) on room air. MD (medical doctor) was notified, order to transfer to the hospital received,	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 73 R/P (responsible party) was oriented to the diagnosis and the Hospital resident will go to. Resident sent to (Name of Hospital) via (by) ambulance." Review of the clinical record and the EHR (electronic health record) for Resident # 44 failed to evidence documentation that Resident # 44 and/or Resident # 44's representative were provided written notification of Resident # 44's transfer to the hospital on 04/16/19. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) # 3, director of social services, regarding hospitalization process. When asked if they provide written notification of transfer to the resident and/or resident's representative OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. We have not been providing anything in writing; we were advised it should have been done but are not doing it." When asked when they were advised that they should be doing it, OSM# 3 stated, "Maybe a week ago." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the administrative director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) A type of movement disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html.	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 74 (2) Low iron. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anemia.html . 7. The facility staff failed to provide Resident # 59 and Resident # 59's representative written notification of a facility-initiated transfer on 4/14/19 for Resident #59. Resident # 59 was admitted to the facility on 04/07/2017 with a readmission on 04/26/2019 with diagnoses that included but were not limited to chronic obstructive pulmonary disease (1), malignant neoplasm of unspecified part of unspecified bronchus or lung (2) and anxiety disorder (3). Resident # 59's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/18/19, coded Resident # 59 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. The nurse's "Progress Notes," dated 04/14/2019 for Resident # 59 documented, "04:23 (4:23 a.m.) resident complained of difficulty breathing reson [sic] states that he feels as if his airway is clogged resident currently on O2 (oxygen) via nasal cannula and sats (saturations) are 93% residents was given prn (as needed) breathing tx (treatment) and inhaler however nothing was effective resident also complained of chest pain MD (medical doctor) call and resident was ordered to be transferred to hospital for further evaluation resident a full code RP (responsible person) called and made aware and resident was transferred via ambulance to [name of hospital]."	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 75 The nurse's "Progress Notes," dated 04/14/2019 for Resident # 59 documented, "13:07 (1:07 p.m.) Resident admitted to [name of hospital] in ICU (intensive care unit) for acute respiratory failure." Review of the clinical record and the EHR (electronic health record) for Resident # 59 failed to evidence documentation that Resident # 59 and/or Resident # 59's representative were provided written notification of Resident # 59's transfer to the hospital on 04/14/2019. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) #3, regarding hospitalization process. When asked if they provide written notification of transfer to the resident and/or resident's representative OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. We have not been providing anything in writing, we were advised it should have been done but are not doing it." When asked when they were advised that they should be doing it, OSM#3 stated, "Maybe a week ago." On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (director of nursing) were made aware of the findings. No further information was provided prior to exit. References: 1. chronic obstructive pulmonary disease (COPD) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html.	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 76 2. Malignant neoplasm The term "malignancy" refers to the presence of cancerous cells that have the ability to spread to other sites in the body (metastasize) or to invade nearby (locally) and destroy tissues. Malignant cells tend to have fast, uncontrolled growth and DO NOT die normally due to changes in their genetic makeup. Malignant cells that are resistant to treatment may return after all detectable traces of them have been removed or destroyed. . This information was obtained from the website: https://medlineplus.gov/ency/article/002253.htm. 3. anxiety Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary. 8. The facility staff failed to evidence that all required documentation and information was provided to the receiving provider for a facility-initiated transfer on 5/4/19, 5/26/19 and 6/18/19 for resident #70. Resident #70 was admitted to the facility on 11/01/2016 with a readmission on 05/27/2019. Resident #70's diagnoses included but were not limited to type 2 diabetes mellitus (1), glaucoma (2), and essential hypertension (3). Resident #70's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/30/19, coded Resident # 70 as scoring a 14 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 13-15 being cognitively intact for making daily decisions.	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 77 The nurse's "Progress Notes," dated 05/04/2019 for Resident # 70 documented, "18:25 (6:25 p.m.) Resident xray results shows right femoral neck fracture. Resident to be transferred to [name of hospital]." The nurse's "Progress Notes," dated 05/5/2019 for Resident # 70 documented, "12:44 (12:44 p.m.), Resident returned to facility via stretcher, he is alert and verbal. He was medicated with routine pain medication, No new orders given. Resident has a follow up in one week at [orthopedic clinic name/address] on 5/12/19 [clinic phone number]. v/s (vital signs) 131/60, (blood pressure) 64, (pulse) 97.8, (temperature) 20, (respirations) O2 sat (oxygen saturation) 98%." The nurse's "Progress Notes," dated 05/26/2019 for Resident # 70 documented, "09:20 (9:20 a.m., Resident was in the laurel day room in his wheelchair, CNA (certified nurse's assistant) went to feed him and the resident was found to be unresponsive. ... MD (medical doctor) notified at 0920 (9:20 a.m.) and instructed the RN (registered nurse) to send the resident out to the hospital. RP (responsible party) notified. Paperwork and bedhold agreement sent with resident." The nurse's "Progress Notes," dated 06/18/2019 for Resident # 70 documented, "14:56 (2:56 p.m.) Writer called to the room by the CNA (certified nurse's assistant) providing care aide was concerned about resident being in more pain than usual Writer noticed large hard nodule on the right knee outer aspect resident was also medicated for pain and medication was not effective. MD (medical doctor) called and made	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 78 aware and Writer was ordered to send resident to the ER (emergency room) for further evaluation resident was transferred to the hospital via stretcher." Review of the clinical record and the EHR (electronic health record) for Resident # 70 failed to evidence documentation that Resident # 70 and/or Resident # 70's representative were provided written notification of Resident # 70's transfer to the hospital on 5/4/19, 5/26/19 and 6/18/19. On 7/17/19 at 1:32 p.m., an interview was conducted with OSM (other staff member) #3, regarding hospitalization process. When asked if they provide written notification of transfer to the resident and/or resident's representative OSM #3 stated, "We send a fax to the ombudsman, we have a book where we keep a fax copy. We have not been providing anything in writing; we were advised it should have been done but are not doing it." When asked when they were advised that they should be doing it, OSM#3 stated, "Maybe a week ago." On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (director of nursing) were made aware of the findings. No further information was provided prior to exit. References: 1. diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/	F 623		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 623	Continued From page 79 001214.htm. 2. glaucoma A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/glaucoma.html. 3. hypertension High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.	F 623		8-29-19
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain an accurate MDS (minimum data set) assessment for two of 54 residents in the survey sample, Residents # 61 and #99. The findings include: 1. The facility staff failed to complete Section C - Cognitive Patterns accurately for Resident #61 on the resident's quarterly MDS (minimum data set) assessment, with an assessment reference date of 6/19/19.	F 641	F – 641 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* *It is the intended practice of the facility that the assessments accurately reflect the resident's status.* 1. Resident #61 still resides in the facility. Resident #99 has	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 80 Resident #61 was admitted to the facility on 9/14/16, with diagnoses that included but were not limited to: schizophrenia (Any of a group of mental disorders characterized by gross distortions of reality, withdrawal of thought, language, perception and emotional response) (1), and macular degeneration [Macular degeneration, or age-related macular degeneration [AMD], is a leading cause of vision loss in Americans 60 and older. A disease destroys your sharp, central vision. You need central vision to see objects clearly and to do tasks such as reading and driving] (2). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/19/19, coded the resident in Section B - Hearing, Speech, and Vision, as usually understanding others and always making himself understood. Section C - Cognitive Patterns, coded that the interview was not completed, as the resident is rarely/never understood. The staff interview was completed, and the resident was coded with both short and long-term memory difficulties and coded as severely impaired to make daily cognitive decisions. An interview was conducted with RN (registered nurse) #5, the MDS coordinator, and LPN (licensed practical nurse) #2, MDS nurse, on 7/17/19 at 2:35 p.m. When asked who completes Section B of the MDS assessment, RN #5 stated the MDS nurses code that section. RN #5 was asked if a resident is coded in Section B as usually understanding others and always making himself understood, should the interview in Section C be completed. RN #5 stated she would like to talk to the social worker who completed	F 641	discharged. MDS staff were re-educated on 7-18-19 on accurate assessments upon notification of surveyor. 2. Residents that have minimum data set assessments have the potential to be affected. 3. Administrator and/designee to re-educate MDS staff, social services, and the Interdisciplinary Team (IDT) on ensuring that all residents are assessed timely and are coded correctly. 4. Administrator and/or designee will audit MDSs daily x 5 days, then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 81 Section C and would get back with this information. On 7/17/19 at 3:41 p.m., RN #5 and LPN #2 returned and stated that Section B is accurate and Section C is not coded accurately. When asked what resource the staff use to complete the MDS assessments, RN #5 stated, "The RAI (resident assessment instrument) manual." The RAI manual documented in part, "C0100: Should Brief Interview for Mental Status be Conducted? - Code 1, yes: if the interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available. Coding Tips - Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and it not contingent upon item B0700, Make Self Understood." Administrative staff member (ASM) #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made aware of the above concerns on 7/17/19 at 4:50 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 522. 2. The facility staff failed to accurately code Resident # 99's discharge statue to community on the discharge MDS (minimum data set) assessment with an ARD (assessment reference	F 641		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 82 date) of 04/29/19. Instead, the resident's discharge was coded as "Acute hospital." Resident # 99 was admitted to the facility on 03/27/19 with diagnoses that included but were not limited to muscle weakness, difficulty walking and high blood pressure. Resident # 99's MDS (minimum data set), a discharge assessment with an ARD (assessment reference date) of 04/29/19, coded Resident # 99 as "03 (three) - Acute hospital" under "Section "A2100 Discharge Status." The facility's "Care Plan Progress Note" dated 04/19/19 documented in part, "Resident will be discharged home with spouse at (Name of Assisted Living) with (Name of Home Health). SW (social worker) spoke with (Name of Assisted Living) representative to ensure medication will be provided at the same time it is provided here at family's request. Resident will be transported by step-son and daughter-in-law at 9:00 am (a.m.) vis (by) private vehicle." The facility's "Progress Notes" dated 04/29/2019 documented in part, "Discharged with husband at appx (approximately) 0930 (9:30 a.m.) this shift." On 07/18/19 at approximately 10:00 a.m., an interview was conducted with LPN (licensed practical nurse) # 2, MDS coordinator. When asked if Resident # 99's "Discharge Return Not Anticipated" on the MDS assessment dated 04/29/2019 was coded correctly. After reviewing Resident # 99's progress notes and the social services notes, LPN # 2 stated, "No." When asked to describe the process for coding the discharge MDS for the correct discharge location	F 641		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 83 LPN # 2 stated, "We get the information from discharge planning meetings, care plan meetings and daily meetings. On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit.	F 641		8-29-19
F 645 SS=E	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires	F 645	F – 645 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of the facility to ensure that a level 1 PASARR is completed. 1. A level 1 PASARR was completed on 7-16-19 for	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 84 the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as	F 645	residents #79, #40, #95 and #61. 2. Residents that are admitted to the facility who are required to have a level 1 PASARR completed have the potential to be affected. 3. Admission Department and Social Services Department were re-educated by the Administrator to ensure level 1 PASARRs are completed. 4. Admissions and/or designee will audit residents who are required to have PASARRs to ensure that level 1 PASARRs are completed daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 85 described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to complete a level I PASARR (pre-admission screening and resident review) for four of 54 residents in the survey sample, Residents #79, #40, #95 and #61. The findings include: 1. The facility staff failed to ensure Resident #79's PASARR was completed to ensure the resident was evaluated and receiving care and services in the most integrated setting appropriate for the resident's needs. Resident #79 was admitted to the facility on 7/31/14. Resident #79's diagnoses included but were not limited to stroke, high blood pressure and insomnia (difficulty sleeping). Resident #79's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 7/2/19, coded the resident's cognition as moderately impaired. On 7/16/19, review of Resident #79's clinical record failed to reveal a level I PASARR. On 7/16/19 at 5:00 p.m., a request for Resident #79's PASARR was made to ASM (administrative staff member) #1 (the administrator). On 7/17/19 at 7:37 a.m., ASM #1 presented a level I PASARR that was completed for Resident #79 on 7/16/19.	F 645		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 86 An interview was conducted with other staff member (OSM) #3, and OSM #4, the social workers at the facility, on 7/17/19 at 1:43 p.m. When asked who completes the PASARR, OSM #3 stated they are completed prior to admission. OSM #3 further stated the facility had just done an audit because there were many missing. When asked if they do not have one prior to admission, then who completes them, OSM #3 stated, "The social worker is supposed to do them if they are not done on admission. Admissions is supposed to check and they would ask us to do the assessment. The preference is for our hospital liaison to complete these as she has a degree in social work." When asked who is supposed to have one completed, OSM #3 stated, "Everyone." An interview was conducted with OSM #2, (the admission coordinator), on 7/17/19 at 2:02 p.m. When asked who completes the PASARR, OSM #2 stated, "They are to be done prior to admission, at the hospital. If they don't come with one, we have to complete it." OSM #2 stated they had started an audit on 7/16/19, and are working on this. An interview was conducted with ASM #1 on 7/17/19 at 2:45 p.m. ASM #1 stated the facility had found this area of concern and had put a plan of correction into place but they were still not in compliance as all of the audits and completion of the missing PASARRs had not been completed. On 7/18/19 at 11:55 a.m., ASM #1, ASM #2 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern.	F 645		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 87 The facility document titled, "Coordination of PASARR and Assessments" documented, "The PASARR process requires that all applicants to Medicaid-certified nursing facilities be screened for possible serious mental disorders or intellectual disabilities and related conditions. The initial pre-screening is referred to as PASARR Level I, and is completed prior to admission to a nursing facility..." No further information was presented prior to exit. 2. The facility staff failed to ensure Resident #40's PASARR was completed to ensure the resident was evaluated and receiving care and services in the most integrated setting appropriate for the resident's needs. Resident #40 was admitted to the facility on 9/27/17 with a recent readmission on 4/26/19 with diagnoses that included but were not limited to: stroke, dementia, 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] (1). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/4/19, 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 being totally dependent upon one or more staff members for all of their activities of daily living. Review of the clinical record failed to evidence	F 645		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 88 the completion of a PASARR Level I. A request was made to ASM (administrative staff member) #1 (the administrator) for a copy of Resident #40's PASARR on 7/16/19 at 5:00 p.m. On 7/17/19 at 7:37 a.m. administrative staff member (ASM) #1, the administrator, presented a copy of the PASARR for Resident #40. The form was dated 7/16/19. This was completed by OSM #4, the social worker. An interview was conducted with other staff member (OSM) #3, and OSM #4, the social workers at the facility, on 7/17/19 at 1:43 p.m. When asked who completes the PASARR, OSM #3 stated they are completed prior to admission. OSM #3 further stated the facility had just done an audit because there were many missing. When asked if they do not have one prior to admission, then who completes them, OSM #3 stated, "The social worker is supposed to do them if they are not done on admission. Admissions is supposed to check and they would ask us to do the assessment. The preference if for our hospital liaison to complete these as she has a degree in social work." When asked who is supposed to have one completed, OSM #3 stated, "Everyone." OSM #4 was asked when she completed the PASARR for Resident #40, OSM #4 stated, "Yesterday." An interview was conducted with OSM #2, admission, on 7/17/19 at 2:02 p.m. When asked who completes the PASARR, OSM #2 stated, "They are to be done prior to admission, at the hospital. If they don't come with one, we have to complete it." OSM #2 further stated they had started an audit on 7/16/19 and are working on	F 645		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 89 this. An interview was conducted with ASM (administrative staff member) #1, the administrator, on 7/17/19 at 2:45 p.m. ASM #1 stated the facility had found this area of concern and have put a plan of correction into place but there were still not in compliance as all of the audits and completing of the missing PASARRs has not been completed. ASM #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made aware of the above concerns on 7/17/19 at 4:50 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. 3. The facility staff failed to ensure Resident #95's PASARR was completed to ensure the resident was evaluated and receiving care and services in the most integrated setting appropriate for the resident's needs. Resident #95 was admitted to the facility 4/17/17 with diagnoses that included but were not limited to: cancer of the larynx, COPD (chronic obstructive pulmonary disease -general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis) (1), and schizophrenia [Any of a group of mental disorders characterized by gross distortions of reality, withdrawal of thought, language, perception and emotional response]	F 645		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 90 (2). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 7/10/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating he was cognitively intact to make cognitive daily decisions. Review of the clinical record failed to evidence the completion of a PASARR Level I. A request was made to administrative staff member (ASM) #1, the administrator for a copy of Resident #95's PASARR on 7/16/19 at 5:00 p.m. On 7/17/19 at 7:37 a.m. administrative staff member (ASM) #1, the administrator, presented a copy of the PASARR for Resident #95. The form was dated 7/16/19. This was completed by the hospital liaison, who was unavailable for interview. An interview was conducted with other staff member (OSM) #3, and OSM #4, the social workers at the facility, on 7/17/19 at 1:43 p.m. When asked who completes the PASARR, OSM #3 stated they are completed prior to admission. OSM #3 further stated the facility had just done an audit because there were many missing. When asked if they do not have one prior to admission, then who completes them, OSM #3 stated, "The social worker is supposed to do them if they are not done on admission. Admissions is supposed to check and they would ask us to do the assessment. The preference if for our hospital liaison to complete these as she has a degree in social work." When asked who is	F 645		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 91 supposed to have one completed, OSM #3 stated, "Everyone." An interview was conducted with OSM #2, admissions, on 7/17/19 at 2:02 p.m. When asked who completes the PASARR, OSM #2 stated, "They are to be done prior to admission, at the hospital. If they don't come with one, we have to complete it." OSM #2 further stated they had started an audit on 7/16/19, and are working on this. An interview was conducted with ASM (administrative staff member) #1, the administrator, on 7/17/19 at 2:45 p.m. ASM #1 stated the facility had found this area of concern and have put a plan of correction into place but there were still not in compliance as all of the audits and completing of the missing PASARRs has not been completed. ASM #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made aware of the above concerns on 7/17/19 at 4:50 p.m. No further information was obtained 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 522. 4. The facility staff failed to ensure Resident #61's PASARR was completed to ensure the resident was evaluated and receiving care and services in	F 645		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 92 the most integrated setting appropriate for the resident's needs. Resident #61 was admitted to the facility on 9/14/16, with diagnoses that included but were not limited to: schizophrenia (Any of a group of mental disorders characterized by gross distortions of reality, withdrawal of thought, language, perception and emotional response) (1), and macular degeneration [Macular degeneration, or age-related macular degeneration [AMD], is a leading cause of vision loss in Americans 60 and older. A disease destroys your sharp, central vision. You need central vision to see objects clearly and to do tasks such as reading and driving] (2). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/19/19, coded the resident as having both short and long-term memory difficulties. Review of the clinical record failed to evidence the completion of a PASARR Level I. A request was made to administrative staff member (ASM) #1, the administrator for the copy of Resident #61's PASARR on 7/16/19 at 5:00 p.m. On 7/17/19 at 7:37 a.m. administrative staff member (ASM) #1, the administrator, presented a copy of the PASARR for Resident #61. The form was dated 7/16/19. This was completed by the hospital liaison, who was unavailable for interview. An interview was conducted with other staff	F 645		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 93	F 645		8-29-19

member (OSM) #3, and OSM #4, the social workers at the facility, on 7/17/19 at 1:43 p.m. When asked who completes the PASARR, OSM #3 stated they are completed prior to admission. OSM #3 further stated the facility had just done an audit because there were many missing. When asked if they do not have one prior to admission, then who completes them, OSM #3 stated, "The social worker is supposed to do them if they are not done on admission. Admissions is supposed to check and they would ask us to do the assessment. The preference if for our hospital liaison to complete these as she has a degree in social work." When asked who is supposed to have one completed, OSM #3 stated, "Everyone."

An interview was conducted with OSM #2, admission, on 7/17/19 at 2:02 p.m. When asked who completes the PASARR, OSM #2 stated, "They are to be done prior to admission, at the hospital. If they don't come with one, we have to complete it." OSM #2 further stated they had started an audit on 7/16/19, and are working on this.

An interview was conducted with ASM (administrative staff member) #1, the administrator, on 7/17/19, at 2:45 p.m. ASM #1 stated the facility had found this area of concern and have put a plan of correction into place but there were still not in compliance as all of the audits and completing of the missing PASARRs has not been completed.

ASM #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made aware of the above concerns on 7/17/19 at 4:50

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 645	Continued From page 94 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 522. (2) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=age-related+macular+degeneration	F 645		8-29-19
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656	F – 656 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of the facility to develop and implement a	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 95 rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, facility document review, and clinical record review, it was determined the facility staff failed to implement the comprehensive care plan for two of 54 residents in the survey sample, Residents #31 and #59. The findings include: 1. The facility staff failed to implement Resident #31's comprehensive care plan for the administration of oxygen. Resident #31 was admitted to the facility on 9/5/18 with a readmission on 12/26/18, with diagnoses that included but were not limited to: high blood pressure, chronic pain, and systemic	F 656	comprehensive person-centered care plan for each resident. 1. Upon notification of surveyor administrative nursing staff were re-educated on accurately reading the oxygen concentrator levels as well as providing non-pharmacological interventions for pain management. 2. Residents who receive PRN pain medication and/or receive oxygen and reside in the facility have the potential to be affected. 3. Director of Nursing and/or designee re-educated the Licensed Nurses and the Interdisciplinary Team (IDT) on the development and implementation of comprehensive person-centered care plan for each resident who receive PRN pain medication and/or oxygen. 4. Director of Nursing and/or designee will audit care plans for residents with new orders for PRN pain medication and/or oxygen daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 96 lupus erythematosus [chronic inflammatory disease of unknown cause. Symptoms include arthritis, a red rash over the nose and cheeks, fatigue, and weakness] (1). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/17/19, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring supervision to being totally dependent upon one or more staff for her activities of daily living. In Section O- Special Treatments, Procedures and Programs, the resident was coded as using oxygen while a resident in the facility. The comprehensive care plan dated 10/1/18 and revised on 5/27/19, documented in part, "Focus: Has/at risk for respiratory impairment related to COPD (chronic obstructive pulmonary disease)." The "Interventions" documented in part, "Oxygen at 2 liters via nasal cannula." Observation was made of Resident #31 on 7/16/19 at approximately 12:06 p.m. The resident was in bed, with oxygen on via a nasal cannula [a two-pronged tube that inserts into the nose] that was connected to an oxygen concentrator. The oxygen concentrator flow meter was observed with the top of the ball set on the 2.0 LPM (liters per minute) line and the bottom of the ball on the 1.5 LPM line. A second observation was made on the same day at 2:44 p.m. and the oxygen was set as it was during the first observation. Observation was made of Resident #31 on 7/17/19 at 9:27 a.m. in her bed with her oxygen	F 656		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 97 on. The oxygen concentrator flow meter was observed with the top of the ball set on the 2.0 LPM (liters per minute) line and the bottom of the ball on the 1.5 LPM line. The physician order dated, 1/14/19, documented, "O2 (oxygen) @ (at) 2 liters per minute via nasal cannula every shift for SOB (shortness of breath)." An interview was conducted with LPN (licensed practical nurse) #3 on 7/17/19 at 3:22 p.m. LPN #3 was asked to observe the oxygen concentrator in use by Resident #31. When asked what rate the oxygen was set at, LPN #3 stated it was set at 2 LPM. When asked how you set the flowmeter on the oxygen concentrator to the physician prescribed rate, LPN #3 stated, "The top of the ball has to be on the prescribed line." An interview was conducted with administrative staff member (ASM) #2, the administrative director of nursing, on 7/17/19 at 4:50 p.m. When asked how the staff read an oxygen flowmeter on the oxygen concentrator, ASM #2 stated, "The line of the prescribed rate has to go through the center of the ball." The manufacturer's instructions documented in part, "To properly read the flowmeter, locate the prescribed flowrate line on the flowmeter. Next, turn the flow knob until the ball rises to the line. Now, center the ball on the LPM line prescribed." Administrative staff member (ASM) #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made aware of the above concerns on 7/17/19 at 4:50 p.m.	F 656		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 98 On 7/18/19 at 10:41 a.m., an interview was conducted with RN (registered nurse) #3. RN #3 was asked the purpose of a care plan. RN #3 confirmed the care plan is used to communicate resident care needs to staff. RN #3 stated the care plan should be followed and revised as needed. The facility policy, "Interdisciplinary Care Planning" documented in part, "Care Planning: The patient's care plan is a communication tool that guides members of the interdisciplinary healthcare team in how to meet each individual patient's needs. It also identifies the types and methods of care that the patient should receive...Implementation: Once the care plan is developed, the staff must implement the interventions identified in the care plan. These may include, but is not limited to: administering treatments and medications, performing therapies, and participating in activities with the patient." No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 556. 2. The facility staff failed to implement Resident # 59's care plan for the use of non-pharmacological interventions prior to the administration of PRN (as needed) pain medication. Resident # 59 was admitted to the facility on 4/7/2017 with a readmission on 4/26/2019, with diagnoses that included but were not limited to chronic obstructive pulmonary disease (1), malignant neoplasm of unspecified part of	F 656		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 99	F 656		8-29-19

unspecified bronchus or lung (2) and anxiety disorder (3). Resident # 59's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/18/19, coded Resident # 59 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. Section J coded Resident #59 as having pain frequently.

On 07/16/19 at 2:38 p.m., an interview was conducted with Resident # 59. Resident # 59 was asked if the staff assess his pain before giving him an as needed pain medication. Resident # 59 stated, "They ask where my pain is and ask me a number." When asked if the staff try to alleviate his pain prior to administering the pain medication Resident # 59 stated, "No."

The POS (physicians order sheet) dated "07/18/2019" for Resident #59 documented, "Roxicodone Tablet 5MG (oxycodone HCl) Give 5 (five) mg (milligrams) by mouth every 6 (six) hours as needed for Pain."(4) Order Date: 04/26/2019. Start Date: 04/26/2019."

The eMAR (electronic medication administration record) dated "Jul (July) 2019" documented, Roxicodone Tablet 5MG (oxycodone HCl) Give 5 mg by mouth every 6 hours as needed for pain. Start Date: 4/26/2019."
Review of the eMAR revealed Roxicodone 5mg was administered on the following dates and time:
On 07/02/19 at 04:37 (4:37 a.m.), 12:20 p.m., and 22:49 (10:49 p.m.),
07/03/19 at 05:22 (5:22 a.m.),
07/04/19 at 21:46 (9:46 p.m.),
07/05/19 at 21:12 (9:12 p.m.),

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 100 07/06/19 at 05:09 (5:09 a.m.), 07/07/19 at 04:54 (4:54 a.m.), 07/08/2019 at 05:11 (5:11 a.m.) and 21:26 (9:26 p.m.), 07/09/19 at 05:08 (5:08 a.m.) and 20:45 (8:45 p.m.), 07/10/19 at 05:00 (5:00 a.m.), 13:09 (1:09 p.m.) and 21:58 (9:58 p.m.), 07/11/19 at 05:17 (5:17 a.m.) and 21:38 (9:38 p.m.), 07/12/19 at 05:10 (5:10 a.m.) and 20:55 (8:55 p.m.), 07/13/19 at 05:17 (5:17 a.m.) 12:53 p.m. and 21:09 (9:09 p.m.), 07/14/19 at 05:28 (5:28 a.m.) and 12:38 p.m., 07/15/19 at 05:15 (5:15 a.m.), 7/16/19 at 05:20 (5:20 a.m.) and 21:54 (9:54 p.m.), 07/17/19 at 05:45 (5:45 a.m.) and 22:15 (10:15 p.m.), 07/18/19 at 05:42 (5:42 a.m.). Further review of the eMAR dated "Jul (July) 2019" and the eMAR notes dated 07/01/19 through 07/18/19 failed to evidence documentation of non-pharmacological interventions prior to the administration of Roxicodone for those dates. The comprehensive care plan for Resident # 59 dated 06/01/2018 documented, "The resident is on Pain medication Therapy r/t (related to) malignant neoplasm of lung." Date Initiated 06/01/2018. Revision on: 12/11/2018." Under "Interventions", it documented, "Non-pharmacologic pain interventions: exercise, relaxation, quiet environment. Date Initiated: 06/01/2018."	F 656		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 101 On 07/18/19 at 12:45 p.m., an interview was conducted with RN (registered nurse) # 2. When asked to describe the procedure for the administration of prn pain medication, RN # 2 stated, "We ask where the pain is, on a scale of 1 (one) to 10 (ten), we use other pain scales if nonverbal, and check the MAR (medication administration record). We offer other things, positioning, get the out of the room, music, or visual imaging before meds." When asked about documentation of the non-pharmacological interventions, RN # 2 stated, "It is usually documented when giving a prn (as needed) med (medication)." When asked to define a care plan RN #2 stated, "For treatment from interdepartmental, we have dietary, PT (physical therapy), not just nursing. We amend it is an incident happens and reflect the documentation." When asked should staff implement/follow interventions in the care plan, RN #2 stated, "Yes, that is true." RN #2 agreed that staff are not implementing the care plan if documented interventions are not being done. RN #2 stated, "That is true." On 7/18/19 at 12:57 p.m., an interview was conducted with RN (registered nurse) #3. When asked to describe the procedure for the administration of prn pain medication RN #3 stated, "We ask what the pain level is, where it is, offer non-pharmacological interventions, if they were not successful then look to see what they have, check the MAR (medication administration record) and the drug book. We document in the care plan- interventions for pain relief and see if needs to be updated." When asked about documentation of the non-pharmacological interventions RN #3 stated, "We write a progress note with pain site and that we tried other	F 656		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 102 non-pharmacological interventions." After review of the eMAR notes for Resident #59 dated July 2019, RN #3 agreed that non-pharmacological interventions were not attempted on dates and times Roxicodone was administered as documented above. RN #3 stated, "We have been told to try non-pharmacological interventions before meds [medications], typically when you write a progress note there is a box to document them before you give meds." When asked should staff follow interventions in the care plan, RN #3 stated, "Staff should follow interventions in the care plan." RN #3 agreed that staff are not implementing/following the care plan if documented interventions are not being done. RN #3 stated, "If no documentation then not following care plan, if not documented then it's not being done." The facility's policy "Pain Practice Guide" documented, "Phase 2: Plan. The interdisciplinary team designs the patient's care plan to focus on all of the patient's issues including those associated with pain symptoms. Input from the patient interview and family or legal guardian is included to maintain consistency and build on past successes. Caregivers are also asked for suggestions about interventions they have successfully used in managing a patient's plan." On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (the administrative director of nursing) were made aware of the findings. No further information was provided prior to exit. Reference:	F 656		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 103 1. Chronic obstructive pulmonary disease (COPD) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html. 2. Malignant neoplasm The term "malignancy" refers to the presence of cancerous cells that have the ability to spread to other sites in the body (metastasize) or to invade nearby (locally) and destroy tissues. Malignant cells tend to have fast, uncontrolled growth and DO NOT die normally due to changes in their genetic makeup. Malignant cells that are resistant to treatment may return after all detectable traces of them have been removed or destroyed. . This information was obtained from the website: https://medlineplus.gov/ency/article/002253.htm. 3. Anxiety Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html #summary. 4. Roxicodone Oxycodone-acetaminophen is used to relieve moderate to severe pain. Oxycodone extended-release tablets and extended-release capsules are used to relieve severe pain in people who are expected to need pain medication around the clock for a long time and who cannot be treated with other medications. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682132.html.	F 656		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. 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 review and revise the comprehensive care plan for two of 54 residents in the survey sample, Residents #64 and #79.	F 657	F – 657 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of this facility to review and/or revise the care plans of each resident after each assessment.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 105 The findings include: 1. The facility staff failed to review and revise Resident #64's comprehensive care plan for the use of a palm protector. Resident #64 was admitted to the facility on 11/4/14. Resident #64's diagnoses included but were not limited to diabetes, heart disease and high cholesterol. Resident #64's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/23/19, coded the resident's cognitive skills for daily decision-making as severely impaired. Section G coded Resident #64 as being totally dependent on one staff with dressing. On 7/16/19 at 2:20 p.m. and 7/17/19 at 12:40 p.m., Resident #64 was observed lying in bed. A palm protector (a device placed on the hand to prevent the fingers from touching the palm) was observed on the resident's left hand. Review of Resident #64's comprehensive care plan dated 11/4/14, failed to document information regarding the left hand palm protector. On 7/18/19 at 10:41 a.m., an interview was conducted with RN (registered nurse) #3. RN #3 was asked the purpose of a comprehensive care plan. RN #3 confirmed the care plan is used to communicate resident care needs to staff. RN #3 was asked if a resident is, wearing a palm protector should the care plan, be reviewed and revised to include the use of a palm protector. RN #3 stated, "Yes." On 7/18/19 at 11:55 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the administrative director of nursing) and ASM	F 657	1. Upon notification of surveyor on 7-18-19, administrative nursing staff were re-educated on reviewing and revising the comprehensive care plan. 2. Residents that reside in the facility who require the use of assisted devices and/or have falls have the potential to be affected. 3. Director of Nursing and/or designee to re-educate Licensed Nurses and the Interdisciplinary Team (IDT) on the care plan timing and revision. 4. Director of Nursing and/or designee will audit care plans in regards to falls as well as auditing care plans in regards to special equipment needs daily x 5 days, then three days a week x 3 weeks and then monthly x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as needed. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495263	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 106 #3 (the quality assurance consultant) were made aware of the above concern. The facility document titled, "INTERDISCIPLINARY CARE PLANNING" documented, "The patient's care plan is a communication tool that guides members of the interdisciplinary healthcare team in how to meet each individual patient's needs. It also identifies the types and methods of care that the patient should receive..." No further information was presented prior to exit. 2. The facility staff failed to review and revise Resident #79's comprehensive care plan after the resident fell on 2/21/19 and 4/28/19. Resident #79 was admitted to the facility on 7/31/14. Resident #79's diagnoses included but were not limited to stroke, high blood pressure and insomnia (difficulty sleeping). Resident #79's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 7/2/19, coded the resident's cognition as moderately impaired. Section J coded Resident #79 as sustaining two or more falls with no injury since the previous assessment. Review of Resident #79's clinical record revealed fall investigations and/or nurses' notes revealed that on 2/21/19 the resident slid off the bed and on 4/28/19 was observed on the floor. Further review of fall investigations, nurses' notes and Resident #79's comprehensive care plan dated 7/31/14, failed to reveal Resident #79's comprehensive care plan was reviewed and revised following the 2/21/19 and 4/28/19 falls.	F 657		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 107 On 7/17/19 at 4:00 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 was asked the purpose of the care plan. LPN #1 stated, "To track treatments and stuff." When asked what should be done after a resident falls, LPN #1 stated, "Update the care plan and implement a new intervention." LPN #1 stated the new intervention should be documented on the care plan. On 7/18/19 at 11:55 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern. No further information was presented prior to exit.	F 657		8-29-19
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to follow professional standards of practice for the administering medications for one of 54 residents and for one of three medication carts. The findings include: 1. The facility staff failed to clarify the indication of	F 658	F – 658 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* **It is the intended practice of this facility to ensure that services provided meet professional standards of quality.**	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 108 a medication for Resident #3. Resident #3 was admitted to the facility on 2/20/19 with diagnoses that included but were not limited to: chronic obstructive pulmonary disease [COPD - general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis] (1), high blood pressure, and anxiety disorder. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 7/13/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident is capable of making daily cognitive decisions. The resident was coded in Section N - Medications, as receiving an antianxiety medication for seven days of the look-back period. The physician order dated, 2/20/19, documented, "Buspirone HCL (hydrochloride) 15 mg (milligrams), give 15 mg by mouth two times a day for COPD." [Buspirone is used to treat anxiety disorders] (2). The MAR (medication administration record) for July 2019, documented the above physician medication order. The comprehensive care plan dated, 2/28/19, documented in part, "Focus: At risk for adverse effects related to: use of antianxiety." The "Interventions" documented in part, "Meds (medications) as on MAR." An interview was conducted with RN (registered nurse) #4 on 7/18/19 at 10:17 a.m. When asked	F 658	1. Upon notification of surveyor on 7-18-19 administrative nursing staff were re-educated on clarifying the indication of medications. 2. Residents who reside in the facility have the potential to be affected. 3. Director of Nursing and/or designee to educate Licensed nursing staff on clarifying the indication of medications. 4. Director of Nursing and/or designee will audit new medication orders for clarification of proper diagnosis daily x 5 days, then three days a week x 3 weeks and then monthly x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as needed. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 109 what Buspirone is used for, RN #4 stated, "It's used for anxiety." When asked if the order says to give it for COPD, is that correct, RN #4 stated, "No." When asked what should be done with that order, RN #4 stated, "It needs to be clarified." An interview was conducted with LPN (licensed practical nurse) #4 on 7/18/19 a t 10:20 a.m. When asked what Buspirone is used for, LPN #4 stated, "Inflammation. No, it's for high blood pressure." An interview was conducted with administrative staff member (ASM) #2, the administrative director of nursing, on 7/18/19 at 10:22 a.m. When asked what Buspirone is used for, ASM #2 stated, "I haven't been on a med (mediation cart) for some time but I know it's a psychotropic and it's either for anxiety or some kind of psychosis." When asked if the order says to give it for COPD, is that correct, ASM #2 stated, "No." When asked what should be done with that order, ASM #2 stated, "It needs to be clarified." When asked which professional standards of practice the facility follows, ASM #2 stated the follow their policies and Perry and Potter, Fundamentals of Nursing." The facility policy, "Orders Management Matrix" documented in part, "Orders are transcribed or electronically entered then noted by the licensed nurse. The licensed nurse noting an order is responsible for accurate transcription." According to Fundamentals of Nursing, 6th edition Potter and Perry, 2005, page 846, "A medication order is required for any medication to be administered by a nurse...If the medication order is incomplete, the nurse should inform the	F 658		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 110 prescriber and ensure completeness before carrying out any medication order." (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (2) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a688005.html 2. Observation of Unit 1's medication cart # 2 revealed pre-poured medication in the top drawer without identification of whose medication it was or what the medications were. On 07/18/19 at 11:35 a.m., an observation of Unit 1's medication cart # 2 was conducted with LPN (licensed practical nurse) # 4. LPN # 4 unlocked the medication cart and opened the top left drawer. Upon opening the drawer, a plastic medication cup was observed sitting in the drawer with four pill and one capsule inside the cup. Further observation failed to evidence any identification of the medications in the cup or identification of the resident the medications were to be administered too. An interview was immediately conducted with LPN # 4 about the pre-poured medications. LPN # 4 stated, "I prepared them for (Name of Resident) and he didn't want them at the time and asked me if he could take them later. I went back after about 30 minutes and he stated that he would take them when he came back from his appointment so I placed them in the cart and locked it. When asked if there was any identifying information of what the medications were or whom they were for, LPN # 4 stated, "No." When asked to identify the medications in	F 658		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 111 the cup LPN # 4 looked up the eMAR (electronic medication administration record) and identified the medications in the cup as follows: One - Xaralto 20mg (milligrams), [blood thinner], One - Furosemide 40mg - [diuretic, used to treat fluid retention and swelling], One - Omeprazole 20mg - [used to treat heartburn], One - Finasteride 5mg - [treats enlarged prostrate] and one Folic Acid 1mg - [treats low iron]. LPN #4 was asked if it was a nursing standard of practice, to pre-pour medications and store them in the medication cart to administration later. LPN # 4 stated, "No, I don't believe they should be stored like that. I'm going to discard them and re-administer them when he comes back." On 07/18/19 at 12:50 p.m., an interview was conducted with ASM (administrative staff member) # 2, director of nursing. When asked to describe the process for medications that have been prepared and are refused by the resident, ASM # 2 stated, "They should be discarded and not stored for later." When asked what professional standard of practice the nursing staff follows, ASM # 2 stated, "We follow our policies and Perry & Potter." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit.	F 658		8-29-19
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)	F 677	F-677 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within*	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 112 §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review and clinical record review, it was determined the facility staff failed to ADL (activities of daily living) assistance for one of 54 sampled residents, (Resident #7) who was coded as being dependant on staff for bathing. The findings include: The facility staff failed to offer and/or provide showers twice a week to Resident #7 who was coded as being dependent on staff for bathing. Resident #7 was admitted to the facility on 10/11/18 with diagnoses that included but were not limited to: multiple sclerosis [a progressive disease in which nerve fibers of the brain and spinal cord lose their myelin cover] (1), anxiety disorder, morbid obesity, diabetes, and depression. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/18/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance to being totally dependent for her activities of daily living except eating in with she was independent after set up assistance provided. Resident #7 was coded as being	F 677	*the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of this facility to ensure residents who are unable to carryout activities of daily living receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 1. Upon notification of surveyor facility staff ensured showers were on the tasks for resident #7. 2. Residents who are dependent on staff for bathing have the potential to be affected. 3. Director of Nursing and/or designee to re-educate Nursing staff on ensuring resident showers are completed. 4. Director of Nursing and/or designee will audit showers daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 113 dependent upon one staff member for bathing. During an interview with Resident #7 on 7/16/19 at 2:20 p.m., she stated that she did not get two showers a week. When asked why she doesn't get them, Resident #7 stated, "They always say they don't have enough staff." A request was made for documentation of Resident #7's showers for the past three months on 7/18/19 at approximately 9:45 a.m. On 7/18/19 at approximately 12:00 p.m., administrative staff member (ASM) #2, the administrative director of nursing, presented three sheets of paper. They documented the following: 5/7/19 - Resident refused shower. 5/8/19 - Resident refused shower. 6/7/19 - nothing documented other than a check mark next to abnormal skin. 6/14/19 - A check mark next to abnormal skin. 7/2/19 - nothing was marked on the sheet. ASM #2 was asked again to present anything to evidence the resident received or refused showers. An interview was conducted with CNA (certified nursing assistant) #4 on 7/18/19 at 12:43 p.m. When asked how often residents receive a shower, CNA #4 stated, "They are to get two showers a week and as needed. If they request one, then we are obligated to give them one." An interview was conducted with RN (registered nurse) #5, on 7/18/19 at 12:53 p.m. When asked how often residents receive a shower is, RN #5 stated, "They have to be offered twice a week." On 7/18/19 at 2:48 p.m., ASM #2 returned and	F 677		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 114 stated she had no documentation in the computer program of Resident #7's showers and she had no more shower sheets to present. The facility policy, "Bathing" was reviewed. The policy documented in part, "Procedure" Verify bath preference/schedule." There was no documentation of the frequency of showers. The administrator, administrative staff member (ASM) #1, and ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant, were made aware of the above concern on 7/18/19 at 4:25 p.m. No further information was obtained prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 380.	F 677		8-29-19
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to implement interventions to prevent accidents for one of 54 residents in the survey sample, Resident #79. The facility staff	F 689	F – 689 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of this facility to ensure the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 115 failed to address and/or implement interventions to prevent falls after Resident #79 fell on 2/21/19 and 4/28/19. The findings include: Resident #79 was admitted to the facility on 7/31/14. Resident #79's diagnoses included but were not limited to stroke, high blood pressure and insomnia (difficulty sleeping). Resident #79's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 7/2/19, coded the resident's cognition as moderately impaired. Section J coded Resident #79 as sustaining two or more falls with no injury since the previous assessment. Review of Resident #79's clinical record revealed fall investigations and/or nurses' notes revealed that on 2/21/19 the resident slid off the bed and on 4/28/19 was observed on the floor. Further review of fall investigations, nurses' notes and Resident #79's comprehensive care plan dated 7/31/14 failed to reveal interventions to prevent futures falls were addressed and/or implemented, after the 2/21/19 and 4/28/29 falls. On 7/17/19 at 4:00 p.m., an interview was conducted with LPN (licensed practical nurse) #1. When asked what should be done after a resident falls, LPN #1 stated, "Update the care plan and implement a new intervention." LPN #1 stated the new intervention should be documented on the care plan. On 7/18/19 at 11:55 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2	F 689	1. Resident #79 no longer resides at facility. 2. Residents who reside in the facility who have had a fall have the potential to be affected. 3. Director of Nursing and/or designee to re-educate Nursing staff on implementing interventions to reduce fall risks. 4. Director of Nursing and/or designee to audit falls daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 116 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern. The facility document tiled, "Falls Practice Guide" documented, "Some environmental factors which may be associated with falls or the risk of falling may need to be reviewed and considered as ongoing fall prevention strategies...Some risk factor management interventions that can be reviewed and considered as ongoing potential fall prevention strategies include, but are not limited to: management of co-morbidities and disease symptoms, review of medications to identify side effects, review of laboratory test results, identification and management of acute changes in patient condition..." No further information was presented prior to exit.	F 689	F – 695 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of the facility to provide respiratory care and services consistent with professional standards of practice.	8-29-19
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined the facility staff failed to provide respiratory care consistent with professional standards of practice, and the comprehensive	F 695	1. Upon notification of surveyor on 7-17-19, admin nursing staff were re-educated on properly reading oxygen concentrator flow meters. 2. Residents that are on oxygen and reside in the facility have the potential to be affected. 3. Director of Nursing and/or designee to re-educate Nursing staff on respiratory care and services consistent with professional standards of practice. 4. Director of Nursing and/or designee will audit residents who are on oxygen daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 117 care plan for one of 54 residents in the survey sample, Resident #31. The staff failed to administer oxygen to Resident #31 per the physician's order. The findings include: Resident #31 was admitted to the facility on 9/5/18 with a readmission on 12/26/18, with diagnoses that included but were not limited to: high blood pressure, chronic pain, and systemic lupus erythematosus [chronic inflammatory disease of unknown cause. Symptoms include arthritis, a red rash over the nose and cheeks, fatigue, and weakness] (1). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/17/19, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring supervision to being totally dependent upon one or more staff for her activities of daily living. In Section O- Special Treatments, Procedures and Programs, the resident was coded as using oxygen while a resident in the facility. The physician order dated, 1/14/19, documented, "O2 (oxygen) @ (at) 2 liters per minute via nasal cannula every shift for SOB (shortness of breath)." The comprehensive care plan dated 10/1/18 and revised on 5/27/19, documented in part, "Focus: Has/at risk for respiratory impairment related to COPD (chronic obstructive pulmonary disease)."	F 695	random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 118 The "Interventions" documented in part, "Oxygen at 2 liters via nasal cannula." Observation was made of Resident #31 on 7/16/19 at approximately 12:06 p.m. The resident was in bed, with oxygen on via a nasal cannula [a two-pronged tube that inserts into the nose] that was connected to an oxygen concentrator. The oxygen concentrator flow meter was observed with the top of the ball set on the 2.0 LPM (liters per minute) line and the bottom of the ball on the 1.5 LPM line. A second observation was made on the same day at 2:44 p.m. and the oxygen was set as it was during the first observation. Observation was made of Resident #31 on 7/17/19 at 9:27 a.m. in her bed with her oxygen on. The oxygen concentrator flow meter was observed with the top of the ball set on the 2.0 LPM (liters per minute) line and the bottom of the ball on the 1.5 LPM line. An interview was conducted with LPN (licensed practical nurse) #3 on 7/17/19 at 3:22 p.m. LPN #3 was asked to observe the oxygen concentrator in use by Resident #31. When asked what flow rate the oxygen was set at, LPN #3 stated it was set at 2 LPM (liters per minute). When asked how the flowmeter is set on the oxygen concentrator to the physician prescribed rate, LPN #3 stated, "The top of the ball has to be on the prescribed line." An interview was conducted with RN (registered nurse) #6, the interim unit manager, on 7/17/19 at 3:30 p.m. When asked how the flowmeter on the oxygen concentrator is set to the prescribed rate, RN #6 stated, "You get at eye level and the top of the ball is to set on the prescribed line."	F 695		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 119 An interview was conducted with administrative staff member (ASM) #2, the administrative director of nursing, on 7/17/19 at 4:50 p.m. When asked how the staff read the oxygen flowmeter on the oxygen concentrator, ASM #2 stated, "The line of the prescribed rate has to go through the center of the ball." The facility policy, "Oxygen Administration" documented in part, "Preparation of Equipment: 3. For oxygen concentrator, plug in power cord, turn unit on and set flow meter to correct flow rate." The manufacturer's instructions documented in part, "To properly read the flowmeter, locate the prescribed flowrate line on the flowmeter. Next, turn the flow knob until the ball rises to the line. Now, center the ball on the LPM line prescribed." According to Fundamentals of Nursing, Perry and Potter, 6th edition, page 1122, Oxygen should be treated as a drug. It has dangerous side effects, such as atelectasis or oxygen toxicity. As with any drug, the dosage or concentration of oxygen should be continuously monitored. The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration." Administrative staff member (ASM) #1, the administrator, ASM #2, the administrative director of nursing, and ASM #3, the quality assurance consultant were made aware of the above concerns on 7/17/19 at 4:50 p.m.	F 695		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

	(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 556.			
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview and clinical record review, it was determined that facility staff failed to provide pain management program consistent with professional standards of practice, and the comprehensive person-centered care plan for one of 54 residents in the survey sample, Resident # 59. The facility staff failed to implement non-pharmacological interventions prior to the administration of as needed pain medication to Resident #59 The findings include: Resident # 59 was admitted to the facility on 4/7/2017 with a readmission on 4/26/2019, with diagnoses that included but were not limited to chronic obstructive pulmonary disease (1), malignant neoplasm of unspecified part of unspecified bronchus or lung (2) and anxiety disorder (3).	F 697	F – 697 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of the facility to ensure that non-pharmacological intervention is provided prior to administration of PRN pain medication. 1. Upon notification of surveyor on 7-18-19, administrative nursing staff were re-educated on the use of non-pharmacological interventions for pain management. 2. Residents that are ordered PRN pain medication and reside in the facility have the potential to be affected. 3. Director of Nursing and/or designee to re-educate Licensed	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 697	Continued From page 121 Resident # 59's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/18/19, coded Resident # 59 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. Section J coded Resident # 59 as having pain frequently. On 07/16/19 at 2:38 p.m., an interview was conducted with Resident # 59. When asked if the staff assess his pain before giving him an as needed pain, medication Resident # 59 stated, "They ask where my pain is and ask me a number." When asked if the staff try to alleviate his pain prior to administering the pain medication Resident # 59 stated, "No." The comprehensive care plan for Resident # 59 dated 06/01/2018 documented, "The resident is on Pain medication Therapy r/t (related to) malignant neoplasm of lung." Date Initiated 06/01/2018. Revision on: 12/11/2018." Under "Interventions", it documented, "Non-pharmacologic pain interventions: exercise, relaxation, quiet environment. Date Initiated: 06/01/2018." The POS (physicians order sheet) dated "07/18/2019" for Resident #59 documented, "Roxicodone Tablet 5MG (oxycodone HCl [hydrochloride]) Give 5 (five) mg (milligrams) by mouth every 6 (six) hours as needed for Pain."(4) Order Date: 04/26/2019. Start Date: 04/26/2019." The eMAR (electronic medication administration record) dated "Jul (July) 2019" documented, Roxicodone Tablet 5MG (oxycodone HCl) Give 5	F 697	Nurses on the pain process and non-pharmacological interventions are provided prior to the administration of PRN pain medication. 4. The Director of Nursing and/or designee will audit medication administration record and documentation of 5 residents to reflect the use of non-pharmacological intervention prior to giving PRN pain medication daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 697	Continued From page 122 mg by mouth every 6 hours as needed for pain. Start Date: 4/26/2019." Review of the eMAR revealed Roxicodone 5mg was administered on the following dates and time: On 07/02/19 at 04:37 (4:37 a.m.), 12:20 p.m., and 22:49 (10:49 p.m.), 07/03/19 at 05:22 (5:22 a.m.), 07/04/19 at 21:46 (9:46 p.m.), 07/05/19 at 21:12 (9:12 p.m.), 07/06/19 at 05:09 (5:09 a.m.), 07/07/19 at 04:54 (4:54 a.m.), 07/08/2019 at 05:11 (5:11 a.m.) and 21:26 (9:26 p.m.), 07/09/19 at 05:08 (5:08 a.m.) and 20:45 (8:45 p.m.), 07/10/19 at 05:00 (5:00 a.m.), 13:09 (1:09 p.m.) and 21:58 (9:58 p.m.), 07/11/19 at 05:17 (5:17 a.m.) and 21:38 (9:38 p.m.), 07/12/19 at 05:10 (5:10 a.m.) and 20:55 (8:55 p.m.), 07/13/19 at 05:17 (5:17 a.m.) 12:53 p.m. and 21:09 (9:09 p.m.), 07/14/19 at 05:28 (5:28 a.m.) and 12:38 p.m., 07/15/19 at 05:15 (5:15 a.m.), 7/16/19 at 05:20 (5:20 a.m.) and 21:54 (9:54 p.m.), 07/17/19 at 05:45 (5:45 a.m.) and 22:15 (10:15 p.m.), 07/18/19 at 05:42 (5:42 a.m.). Further review of the eMAR dated "Jul (July) 2019" and the eMAR notes dated 07/01/19 through 07/18/19 failed to evidence documentation of non-pharmacological interventions prior to the administration of Roxicodone for those dates.	F 697		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 697	Continued From page 123 On 07/18/19 at 12:45 p.m., an interview was conducted with RN (registered nurse) # 2. RN #2 was asked to describe the procedure for the administration of prn pain medication. RN # 2 stated, "We ask where the pain is, on a scale of 1 (one) to 10 (ten), we use other pain scales if nonverbal, and check the MAR (medication administration record). We offer other things, positioning, get the out of the room, music, or visual imaging before meds." When asked about documentation of the non-pharmacological interventions, RN # 2 stated, "It is usually documented when giving a prn (as needed) med (medication)." On 7/18/19 at 12:57 p.m., an interview was conducted with RN (registered nurse) #3. When asked to describe the procedure for the administration of prn pain medication RN #3 stated, "We ask what the pain level is, where it is, offer non-pharmacological interventions, if they were not successful then look to see what they have, check the MAR (medication administration record) and the drug book. We document in the care plan- interventions for pain relief and see if needs to be updated." When asked about documentation of the non-pharmacological interventions RN #3 stated, "We write a progress note with pain site and that we tried other non-pharmacological interventions." After review of the eMAR notes for Resident #59 dated July 2019, RN #3 agreed that non-pharmacological interventions were not attempted on dates and time documented above. RN #3 stated, "We have been told to try non-pharmacological interventions before meds (medications), typically when you write a progress note there is a box to document them before you give meds. If it is not documented it is not done."	F 697		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 697	Continued From page 124 The facility's policy "Pain Practice Guide" documented, "Phase 3: Implement (Cont.). Non-Pharmacologic Interventions- Interventions include non-pharmacologic as well as pharmacologic. Non-pharmacologic approaches used as initial interventions can minimize the need for medications, permit the use of the lowest dose or result in discontinuation of medication." Phase 2: Plan of the facility's policy "Pain Practice Guide" documented, "The interdisciplinary team designs the patient's care plan to focus on all of the patient's issues including those associated with pain symptoms. Input from the patient interview and family or legal guardian is included to maintain consistency and build on past successes. Caregivers are also asked for suggestions about interventions they have successfully used in managing a patient's plan." On 07/18/19 at approximately 4:40 p.m., ASM # 1 (administrator) and ASM # 2 (director of nursing) were made aware of the findings. No further information was provided prior to exit. Reference: 1. Chronic obstructive pulmonary disease (COPD) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html. 2. Malignant neoplasm The term "malignancy" refers to the presence of cancerous cells that have the ability to spread to	F 697		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 697	Continued From page 125 other sites in the body (metastasize) or to invade nearby (locally) and destroy tissues. Malignant cells tend to have fast, uncontrolled growth and DO NOT die normally due to changes in their genetic makeup. Malignant cells that are resistant to treatment may return after all detectable traces of them have been removed or destroyed. . This information was obtained from the website: https://medlineplus.gov/ency/article/002253.htm. 3. Anxiety Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary. 4. Roxicodone Oxycodone-acetaminophen is used to relieve moderate to severe pain. Oxycodone extended-release tablets and extended-release capsules are used to relieve severe pain in people who are expected to need pain medication around the clock for a long time and who cannot be treated with other medications. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682132.html.	F 697		8-29-19
F 730 SS=D	Nurse Aide Peform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g).	F 730	F – 730 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies*	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 730	Continued From page 126 This REQUIREMENT is not met as evidenced by: Based on staff interview and employee record review it was determined that the facility staff failed to ensure that three of ten CNA (certified nursing assistant) records reviewed received the required 12 hours of annual trainings. The findings include: On 07/18/19, a review was conducted of the annual trainings of ten CNAs. This review revealed the following missing data: CNA # 2 - had no evidence of 12 hours of annual training, CNA # 3 - had no evidence of 12 hours of annual training and CNA # 4 - had no evidence of 12 hours of annual training. On 07/18/19 at 4:00 p.m., an interview was conducted with OSM (other staff member) # 5, director of human resources from a sister facility. After reviewing the facility's training hour's sheets for CNAs # 2, #3 and #4, OSM # 5 was asked about the 12 hours of required training. OSM # 5 stated, "We check the progress of CNAs quarterly to make sure the training is on track and if they are short they should be completing the in-house in-services." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided.	F 730	*cited have been or will be corrected by the date or dates indicated* It is the intended practice of the facility to ensure that every nurse aide completes 12 hours of in-services per year. 1. Upon notification from surveyor on 7-18-19, administration staff were educated on the need for 12 hours of in-services for CNA staff per year. 2. Aides who are employed in the facility have the potential to be affected. 3. Administrator and/or designee to re-educate Administration staff and nursing staff educated on the need of 12 hours of in-service training per year. 4. Human Resources Director and/or designee to audit employee files for in-services daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)	F 761	F – 761 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To*	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 127 §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, it was determined that the facility staff failed to ensure expired medications were not available for use and medications were dated when opened in one of two facility medications rooms, (Unit 1 medication room), and in two of three facility medications carts observed on Unit 2, (medication cart # 3 and #2). The findings include:	F 761	*remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of this facility to ensure that the labeling of drugs and biologicals drugs used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. 1. Upon notification of surveyor the insulin vial was disposed of properly on 7-18-19. 2. Residents who have been prescribed insulin have the potential to be affected. 3. Director of Nursing and/or designee to re-educate licensed nursing staff on proper labeling procedures for drugs and biologicals drugs used in the facility. 4. Director of Nursing and/or designee to audit medication carts and medication rooms daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 128 1. An open 3 milliliter vile of Humalog (1) insulin without an open date was available for use in the Unit 1 medication room. On 07/18/19 at 10:30 a.m., an observation of the facility's medication storage room on Unit 1 was conducted with RN (registered nurse) # 4, interim unit manager. Observation of the refrigerator in the Unit 1 medication storage room revealed an open 3 milliliter vile of Humalog insulin without an open date and available for use. Further observation of the vile of Humalog revealed the vile documented, "Discard 28 days after opening." The vile failed to evidence an open date. RN # 4 was asked to observe the vile of Humalog and identify the date when it was opened. RN # 4 was unable to locate the open date. When asked about the missing date, RN # 4 stated, "It should have been dated" and immediately removed the vile of Humalog from the medication storage room. HUMALOG is a rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. After vials have been opened: Store opened vials in the refrigerator or at room temperature below 86°F (30°C) for up to 28 days. Keep vials away from heat and out of direct light. Throw away all opened vials after 28 days of use, even if there is insulin left in the vial. (1) On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit.	F 761	5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 129 References: (1) A rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f . 2. Medication cart # 3 on Unit 2 was observed with an open bottle of Fish Oil soft gel with an expiration date of "05/19" that was available for resident use and a bottle of 24 PT/INR (1) test strips with an expiration date of "2019-05-31" that was was available for use. On 07/18/19 at 10:55 a.m., an observation of Unit 2 medication cart # 3 was conducted with RN (registered nurse) # 3, RN supervisor. Observation of the medication cart reveled an opened bottle of fish oil soft gels with an expiration date of "05/19" available for resident use and a bottle of 24 PT/INR (2) test strips with an expiration date of "2019-05-31" available for resident use in the drawer of the medication cart. When shown the bottle of fish oil and the bottle of PT/INR test strips, RN # 3 stated they should have been removed from the medication cart. When asked how often the medication carts are checked for expired items, RN # 3 stated, "The caret is checked two times a week by nursing and pharmacy." On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings.	F 761		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 130 No further information was provided prior to exit. References: (1) PT - A blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot. This information was obtained from the website: https://medlineplus.gov/ency/article/003652.htm. International normalized ratio (INR) is the preferred test of choice for patients taking vitamin K antagonists (VKA). It can also be used to assess the risk of bleeding or the coagulation status of the patients. Patients taking oral anticoagulants are required to monitor INR to adjust the VKA doses because these vary between patients. The INR is derived from prothrombin time (PT) which is calculated as a ratio of the patient's PT to a control PT standardized for the potency of the thromboplastin reagent developed by the World Health Organization (WHO) using the following formula: This information was obtained from the website: https://www.ncbi.nlm.nih.gov/books/NBK507707/. 3. An open 10 milliliter bottle of Azopt eye drops (3) without an open date was observed opened and available for use in medication cart # 2 on Unit 2. On 07/18/19 at 11:05 a.m., an observation of Unit 2 medication cart # 2 was conducted with RN (registered nurse) # 2. Observation of the medication care reveled an opened 10 milliliter bottle of Azopt eye drops without an open date. When shown the bottle of Azopt eye drops, RN # 2 stated it she didn't know how long it had been opened and it should have an open date on it. RN #2 removed the bottle of Azopt eye drops from	F 761		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 131 the medication cart. On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) Ophthalmic Brinzolamide is used to treat glaucoma, a condition that increases pressure in the eye and leads to vision loss. Brinzolamide is in a class of medications called carbonic anhydrase inhibitors. It decreases the pressure in the eye. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a601233.html	F 761		8-29-19
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812	F-812 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of the facility to store and prepare food in accordance with professional standards of food service safety.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 132 §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility document review it was determined that the facility staff failed to store and serve food in a sanitary manner, in the facility kitchen. The findings include: 1. The facility staff failed to document an open date on an open eleven-pound container of vanilla icing and an eleven-pound container of chocolate icing. On 07/16/19 11:58 a.m., an observation of the facility's kitchen was conducted with OSM (other staff member) # 6, dietary manager. Observation of the dry storage room revealed two eleven pound containers of icing on a top shelf of the dry food storage rack available for use. One container of vanilla icing revealed a use-by date of 07/10/19 on the lid of the container. The other container of chocolate icing did not evidence a use-by date. When asked if the chocolate icing container was opened, OSM # 6 took the container off the top shelf, opened it and stated that it had already been opened. When placing the lid back onto the container, some chocolate icing smeared onto the rim of the lid. OSM # 6 stated he wanted to wipe off the icing and left the dry storage room with the container of chocolate icing. When OSM # 6 returned with the container of chocolate icing OSM # 6 stated he had just place an open date sticker on the container of	F 812	1. Upon notification of surveyor on 7-16-19, food service director disposed of the improperly labeled icing and pureed fruit. Food service director also removed pans, pie servers and basting brush that had food debris and grease on them. 2. Residents that reside in the facility have the potential to be affected. 3. Food service director and/or designee to educate Dietary staff on safe and sanitary practices. 4. Food Service Director and/or designee will audit food service area for improperly labeled items as well as improperly stored pans/utensils. Food Service Director and/or designee will audit food services staff on safe sanitary practices to include labeling opened items and properly cleaning/storing pans and utensils daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 133 chocolate icing. 2. The facility staff failed to cover nine plates of pureed fruit while they were stored in the walk-in refrigerator to prevent potential cross-contamination. Upon entering the walk-in refrigerator on 07/16/19 at approximately 11:58 a.m., a ladder rack containing two sheet pans of pureed fruit was taken out of the walk-in refrigerator. One sheet pan contained four plates of pureed fruit and the other sheet pan contained five plates of pureed fruit. Further observation revealed that neither sheet pan was covered. 3. The facility staff failed to ensure clean shallow pans were not wet nesting. On 07/16/19 at approximately 12:30 p.m., an observation of the clean storage rack of pots and pans in the facility's kitchen revealed five half pans stacked wet, two half pans with food debris on them, one perforated hotel pan with food debris, three pie servers with food debris and a grease coated basting brush. OSM #6 immediately removed the pans, pie servers and basting brush. On 07/17/19 at 2:58 p.m., an interview was conducted with OSM # 6, dietary manager. When asked to describe the process for providing a use by date on open food products, OSM # 6 stated, "Put the date on when they open the product." When asked why it was important to have use-by dates on opened food products, OSM # 6 stated, "To make sure it is as fresh as possible." When asked to describe to process for drying pots and pans and serving utensils, OSM #	F 812		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 134 6 stated, "We try to ensure they are air dried before they are stacked. The basting brush was melted due to use so it was discarded. They are inspected before being air dried." OSM #6 was asked why it was important not to stack pans while they were still wet, and to make sure they didn't have food debris on them. OSM #6 stated, "To prevent any bacteria from growing inside." Regarding the pureed fruit, OSM # 6 stated they should have been covered. OSM # 6 further stated, "Any food product should be covered when it is stored tin the refrigerator." The facility's policy "Labeling Food and Date Marking" documented, " Foods are labeled following delivery, preparation or opening to identify the item and to provide date, time and or temperature information." The facility's policy "Cleaning Procedure - Pots and Pans" documented. "Guidelines. 7. Remove from sanitizing sink. Invert to drain. Air dry. Pans may be stacked once completely dry." The facility's policy "Manual Ware Washing" documented, "1. Scrape, soak if necessary, remove debris and pre-rinse items to be washed." On 07/17/19 at approximately 4:50 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit.	F 812		8-29-19
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information.	F 842	F – 842 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of the facility to maintain a complete and accurate clinical record. 1. Upon notification of surveyor on 7-18-19 the administrative nursing staff were re-educated on documenting in the clinical record regarding falls. 2. Residents who reside in the facility who have had a fall	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 135 (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.	F 842	have the potential to be affected. 3. Director of Nursing and/or designee to educate Licensed nursing on the Falls Practice Guide. 4. Director of Nursing and/or designee will complete audits of falls daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 136 §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate clinical record for one of 54 residents in the survey sample, Resident #79. The findings include: Resident #79 sustained a fall on 2/21/19. The facility staff failed to document information regarding the fall in Resident #79's clinical record.	F 842		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495263	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 137 Resident #79 was admitted to the facility on 7/31/14. Resident #79's diagnoses included but were not limited to stroke, high blood pressure and insomnia (difficulty sleeping). Resident #79's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 7/2/19, coded the resident's cognition as moderately impaired. Review of a fall investigation revealed Resident #79 slid out of the bed on 2/21/19. Review of Resident #79's clinical record failed to reveal any information regarding the fall. On 7/18/19 at 10:41 a.m., an interview was conducted with RN (registered nurse) #3. RN #3 was asked if a fall should be documented in a resident's clinical record. RN #3 stated, "Yes." When asked why, RN #3 stated, "So that everyone is aware the patient had a fall. In case there is a change in neurological status or hip pain. So everyone will know." On 7/18/19 at 11:55 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the administrative director of nursing) and ASM #3 (the quality assurance consultant) were made aware of the above concern. ASM #1 and ASM #2 confirmed fall investigations are not part of a resident's clinical record. The facility documented titled, "Falls Practice Guide" failed to document information regarding fall documentation. No further information was presented prior to exit.	F 842		8-29-19
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880	F – 880 *The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated* It is the intended practice of the facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 138 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880	1. Upon notification of surveyor on 7-17-19, Nurse was re-educated by the nurse supervisor on the non-sterile wound care process to include cleaning the scissors prior to placing them on a clean barrier. 2. Residents who reside in the facility have the potential to be affected. 3. Director of Nursing and/or designee to re-educate Licensed Nurses on infection control practices during wound care including cleaning scissors prior to placing them on a clean barrier. 4. Director of Nursing and/or designee will audit 2 residents with pressure ulcers for non-sterile wound care to include cleaning scissors prior to placing on a clean surface. This audit will be done daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged date of compliance will be August 29, 2019.	8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 139 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review and facility document review, it was determined that facility staff failed to implement infection control practices during a dressing change to prevent the spread or development of infection for one of 54 residents in the survey sample, Residents # 37. The finding include: Resident # 37 was admitted to the facility on	F 880		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 140 04/22/16 and a re-admission on 11/16/18 with diagnoses that included but were not limited to: peripheral vascular disease (1), dysphagia (2), and hypertension (3). Resident # 37's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/27/19, coded Resident # 21 as scoring a three on the brief interview for mental status (BIMS) of a score of 0 - 15, three - being severely impaired of cognition for making daily decisions. On 07/17/19 at 2:10 p.m., an observation of Resident # 37's dressing change was observed. The dressing change was done by LPN (licensed practical nurse) # 5 and RN (registered nurse) # 6. LPN # 5 was observed removing a pair of scissors from the treatment cart and placing them on top of the cart. RN # 6 set up a clean barrier on the over the bed table and LPN # 5 placed all dressings, medications and scissors on the clean barrier. Further observation failed to evidence LPN # 5 cleaning the scissors prior to placing them on the clean barrier. Using the scissors taken from inside the treatment cart, LPN # 5 opened a clean package of cling wrap and used it to wrap around Resident # 37's ankle after she applied clean gauze pads over the wound. Using the same scissors, LPN #5 cut the medical tape and placed it over the cling wrap to hold the dressing in place. On 07/17/19 at 2:32 p.m., an interview was conducted with LPN # 5. When asked about cleaning and using the scissors during Resident # 37's dressing change, LPN # 5 stated, "I should have cleaned the scissors with the antibiotic wipe before using them."	F 880		8-29-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. BUILDING _____ B. WING _____	C 07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-IMPERIAL	1719 BELLEVUE AVENUE RICHMOND, VA 23227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 141 On 07/18/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) The vascular system is the body's network of blood vessels. It includes the arteries, veins and capillaries that carry blood to and from the heart. Arteries can become thick and stiff, a problem called atherosclerosis. Blood clots can clog vessels and block blood flow to the heart or brain. Weakened blood vessels can burst, causing bleeding inside the body.) This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/vasculardiseases.html. (2) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html. (3) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.	F 880		8-29-19