STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0196	A. BUILDING: _____ B. WING _____	C 08/29/2019

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ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

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F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 08/27/19 through 08/29/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 9 complaints were investigated during the survey. The census in this 138 licensed bed facility was 112 at the time of the survey. The survey sample consisted of 57 current Resident reviews and 9 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following: 12VAC5-371-140. D.7. Social Services. Cross Reference to F-745 12VAC5-371-150 (B).(1). Resident Rights. Cross Reference to F-622, F-625 & F-553. 12VAC5-371-150 (C) (D) (I). Resident Rights. Cross Reference to F-582 & F-584. 12VAC5-371-180 (A). (C) Infection Control. Cross reference to F-880 & F-925. 12VAC5-371-220.C Nursing Services. Cross reference to F-684. 12VAC5-371-220 (A) (B) (D). Nursing Services. Cross reference to F-677 & F-695.	F 001	12 VAC 5-371-150 (B).(1). Please cross reference to F-553 12 VAC 5-371-250 (A) (I), (G) (C), (F). Please cross reference to F-553 1. Residents #37 and #64 were affected by this oversight. As this occurred in the past there was no opportunity for immediate corrective action. 2. All residents have the potential to be affected. 3. Social Services will mail a care plan invitation to the RP based on the monthly calendar provided by MDS nurses. Said letter will be sent with a return receipt requested for verification of delivery. Social Services will also provide a letter of invitation to the resident in the facility. Resident will sign a letter of receipt. If resident is not able to sign it swill be signed by 2 witnesses who may or may not be facility staff. Social Services will	10/7/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/20/19

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F 001	Continued From page 1 12VAC5-371-250 (A) (I), (G) (C), (F). Comprehensive Resident Centered Care Plans. Cross Reference to F-553, F-641, F-656 & F-657. 12VAC5-371-300 (A) (J) Pharmaceutical Services. Cross reference to F-755 & F-758. 12VAC5-371-360 (A) and (B) and (E) Clinical Records. Cross reference to F-842. 12VAC5-371-380 (A) (F) Laundry Services. Cross reference to F-584. 12 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents Under section (F). Each resident shall receive tub or shower baths as often as needed, but not less than twice weekly. Based on resident interview, staff interviews and clinical record review the facility staff failed to provide personal care to include 2 showers per week for 1 resident (Resident #98) in the survey sample who was unable to independently carry out activities of daily living (ADL's). The findings included: The facility staff failed to ensure Resident #98 was offered and received a scheduled twice-weekly showers to maintain good personal hygiene. Resident #98 was admitted to the facility on 05/17/19. Diagnosis for Resident #98 included but are not limited to *Morbid (severe) obesity. Resident #98's Minimum Data Set (MDS-an assessment protocol) a quarterly with an Assessment Reference Date of 08/05/19 coded the resident with a 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating no cognitive	F 001	maintain a file of return receipts and letters of receipt as well as documenting that letter was received. If resident□s primary language is not English and there is no family available to assist in translation , the language line will be utilized. If a resident is unable to make decisions and there is no family can be contacted Social Services will refer resident to a guardianship program. Nursing staff will assist Social Services in getting residents to the care plan meeting. 4. Social Services will retain return receipts and signed letters of receipt and present to the Administrator weekly for 12 weeks. Administrator, DON, or designee will in-service Social services and MDS on procedure to be completed by or before 10 -6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-150 (C) (D) (I). Please cross reference to F-582 1. Resident #7 and #93 were issued ABN notices. 2. All residents have the potential to be affected. 3. Social Workers will be in-services on or before October 6th, 2019 by Business office Manager regarding the Federal Requirements to issue ABN notices to residents informing them that Medicare may not pay, and they may be responsible	

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F 001	Continued From page 2 impairment. In addition, the MDS coded Resident #98 extensive assistance of one with transfer, dressing, hygiene, bathing, bed mobility and toilet use for Activities of Daily Living (ADL) care. The MDS was also coded for the use of indwelling Foley catheter and frequently incontinent of bowel. Resident #98's comprehensive care plan with a revision date of 08/29/19 documented Resident #98 has ADL self-care performance deficit related to limited mobility and pain, stroke and pain. The goal: resident will maintain current level of function through the review date of 11/29/19. One of the interventions to manage goal include the resident is dependent on staff to provide bath/shower daily and as needed. An interview was conducted with Resident #98 on 08/27/19 at approximately 3:21 p.m. Resident #98 stated, "I am not getting my showers twice a week; you feel a lot cleaner getting a shower than getting a bath while lying in the bed." The surveyor asked, "Do you want showers?" she said, "Of course I do but it just depends on who is working if I get my shower or not. I would enjoy a shower every day if I could." The review of Fine Hall shower schedule indicated that Resident #98 was scheduled to receive her twice weekly showers every Monday and Thursday (7-3 shift). Review of Resident #98's Documentation Survey Report revealed the following: Showers were not given on the following days: -July 2019 (07/01, 07/04, 07/08 and 07/11/19). -August 2019 (08/01, 08/05, 08/08 and 08/26/19).	F 001	4. BOM will or designee will audit ABN notices daily X 1-week, weekly x4, and monthly x4. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been maintained for 60 days. 5. October 7, 2019. 12 VAC 5-371-150 (C) (D) (I) Please cross reference to F-584 12 VAC 5-371-380 (A) (F) Please cross reference to F-584 1. A New washing machine installed on 8/29/19. The displaced ceiling tiles within the corridor of the 300 hall was replaced on 8/29/19, The dead bug in hallway light fixture on Homer hall was cleaned on 8/30/19. Plaster chipping off wall in room #225 was removed and replaced with FRP on 9/19/18. Jagged edges to entry doorway of room #234 was repaired on 8/29/19. Chipping on a wooden shoe railing between rooms 217 and 219 will be repaired on 9/19/19. Shower room column chipped tile was replaced on 9/19/19. Bracket on shower room wall in Homer hall was removed on 8/29/19. Resident #14 had left arm of wheelchair was replaced on 8/29/19. Resident #109 had footboard of bed replaced on 8/29/19 by the Maintenance Director or designee. Housekeeping cleaned the dry tube feeding from Resident #40s floors, T.V table and side rails on 8/29/19. 2. All residents have the potential to be affected. 3. All staff will be in-serviced on use of Reqqer system for maintenance repair requests. Maint. Director or designee, using the maintenance rounds audit form,	

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F 001	Continued From page 3 An interview conducted with the Director of Nursing (DON) on 08/29/19 at approximately 11:20 a.m. The DON reviewed Resident #98's ADL report for bathing. The DON stated, "I do not see where Resident #98 received her showers for the month of August 2019." The DON said if a resident refuses his or shower, the Certified Nursing Assistant (CNA) should notify the nurse, the nurse would speak with the resident. The nurse is to document the refusal in the residents' clinical record. An interview was conducted with the LPN #1 on Fine Hall on 08/29/19 at approximately 2:10 p.m. She said residents are to receive showers twice a week (at least) and as requested. She said if the resident refuse their scheduled showers, the CNA is to inform the nurse, the nurse will then speak to the resident and if they still refuse, the refusal is document. An interview was conducted with Certified Nursing Assistant (CNA) #6 on 08/29/19 at approximately 2:35 p.m. The CNA stated, "Showers are to given at least twice a week and more often if they request." She said if a resident refuse their shower, we are to inform the charge nurse and the nurse will document the resident's refusal. She said this was her first time of Resident #98's assignment, today is her shower day but she is in the hospital now. The facility's policy titled Shower/Tub Bath (October 2010). -Policy: The purpose of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Reporting to include but not limited to:	F 001	will perform a random audit including; torn wheelchair arm, loose foot boards, clean light fixtures, chipped plaster in rooms or shoe railings and floor tiles, jagged doorway edges, exposed brackets, displaced or stained ceiling tiles. Audits will be daily x 3 weeks, weekly x4, biweekly x 4, and monthly x4 All housekeeping staff will be in-serviced on proper cleaning of resident□s room. Using Housekeeping□s Quality Assurance Inspection audit form, A sample of 6 resident rooms will be audited by ED or designee daily X 3 weeks, weekly X 4, biweekly X4 and monthly X4 for room cleanliness. 4. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been maintained for 60 days. 5. October 7,2019 12 VAC 5-371-150 (B).(1). Please cross reference to F-622 1. As the oversight that affected residents #15, #78, #102, #37 and #71 occurred in the past. Nurses were in-serviced on 8-28-19 to immediately include the care plan goals when sending a resident to the hospital. 2. Any resident requiring transfer to the hospital has the potential to be affected. 3. Alphabetical accordion files will be placed at each nurses□ station. Copies of the care plan goals will be placed in the accordion files for each resident. Nurses will remove the care plan goals and send to the hospital when a resident is transferred. Nurses will document in the	

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F 001	Continued From page 4 -Notify the supervisor if the resident refuses the shower/tub bath. 12 VAC 5-371-150 (H). Resident Rights. Based on staff interview, documentation and review of the facility's policy the facility staff failed ensure compliance with state licensure requirements for 1 resident (Resident #98) in the survey sample. The findings included: The facility staff failed to ensure Resident #98 was provided with information on how to assess the Sex Offender Registry and evidence that the facility obtained signed acknowledgement from Resident #98. Resident #98 was admitted to the facility on 05/17/19. She has never been discharged. Diagnosis for Resident #98 included but are not limited to *Heart Failure. Resident #98's Minimum Data Set (MDS-an assessment protocol) a quarterly with an Assessment Reference Date of 08/05/19 coded the resident with a 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating no cognitive impairment. An interview was conducted with Director of Admissions on 08/29/19 at approximately 8:55 a.m.. She was asked to provide evidence that the facility provided Resident #98 with information on how to assess the Sex Offender Registry and evidence that the facility obtained signed acknowledgement from Resident #98. On the same day at approximately 2:35 p.m., the Admission Director stated, "I am unable to locate evidence in the resident's medical record of the information request." The Administrator was informed of the finding	F 001	medical record what was sent with the resident on transfer. Unit Managers will be responsible for replacing care plan goals as they are used. 4. Licensed Nurses will be in-serviced by SDC, DON, or designee on transfer process in accordance with the policy and the documentation required by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October7, 2019 12 VAC 5-371-150 (B). (1). Please cross reference to F-625 1. As the oversight that affected residents #15, #78, #102, #37 and #71 occurred in the past. Nurses were in-serviced on 8-28-19 to immediately include the bed hold policy when sending a resident to the hospital 2. Any resident requiring transfer to the hospital has the potential to be affected. 3. Alphabetical accordion files will be placed at each nurses□ station. Copies of the bed hold policy will be placed in the accordion files for each resident. Nurses will remove the bed hold policy and send to the hospital when a resident is transferred. Nurses will document in the medical record what was sent with the resident on transfer. Unit Managers will be responsible for replacing bed hold policy as they are used.	

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F 001	Continued From page 5 during a briefing on 08/29/19 at approximately 7:15 p.m. The facility did not present any further information about the findings.	F 001	4. Licensed Nurses will be in-serviced by SDC, DON, or designee on transfer process in accordance with the policy and the documentation required by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-250 (A) (I), (G) (C), (F) Please cross reference to F-641 1. As this oversight affected discharged Resident #220 no corrective action could be taken. 2. All residents have the potential to be affected. 3. 100% audit will be completed on all active residents to ensure that all MDS assessments are correct for type. Audit to be done on 10 residents per day until completed. When new MDS assessment is completed the MDS nurse who did not complete the assessment will verify the correct assessment per the RAI manual was done. A log of MDS assessments completed will be maintained and verification will be noted on log. This log will be reviewed by DON or designee daily times 2 weeks then 3 times a week for 2 weeks then weekly for 8 weeks. 4. A log of MDS assessments completed will be maintained and verification will be noted on log. This log will be reviewed by	

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F 001	Continued From page 6	F 001	DON or designee daily times 2 weeks then 3 times a week for 2 weeks then weekly for 8 weeks. SDC, DON, or designee will in-service MDS nurses on process by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-250 (A) (I), (G) (C), (F) Please cross reference to F-656 1. Resident #67 was affected by this oversight. His ADL care plan was completed 8-29-19. Resident #98 was affected by this oversight. Her anti-coagulation care plan were completed 8-29-19. Resident #98 has no diagnosis for Psychosis and Major Depression and has never received a psychotropic medication. 2. All residents have the potential to be affected. 3. MDS nurses will review the CAA□s on the 19th day. Any staff member who has not completed the care plan for his/her triggered CAA will be notified that there is only 2 more days to complete the care plan. On the 20th day the MDS Nurses will review the care plan to ensure that it is comprehensive. Any missing part will be addressed by the department responsible	

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F 001	Continued From page 7	F 001	for completion. MDS will review care plans in care plan meeting to ensure that all areas of concern are included on the care plan. 4. 100 % of care plans will be audited to ensure completion and accuracy. Audit will be done on 10 residents per day until completed. A log of residents who need a care plan completed based on the CAA□s will be maintained by the MDS nurses. This log will be reviewed daily for 2 weeks, then 3 times a week for 2 weeks, then weekly times 8 weeks by the Administrator, DON or designee. SDC, DON, or designee will in-service the MDS nurses on process by or before 1-06-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-250 (A) (I), (G) (C), (F) Please cross reference to F-657 1. Resident #15 was affected by this oversight. His UTI had already resolved and he was no longer receiving antibiotics; therefore, no corrective action was taken. Resident #37 was affected by this oversight. Her care plan was updated on 8 -29-19 for use of an anticoagulant and for use of an anti-psychotic. 2. All residents have the potential to be affected.	

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F 001	Continued From page 8	F 001	3. Licensed Nurses will update/revise care plans as new orders are received, incidents occur and or a clinical change manifests. All new orders, incident reports, the 24 hour report and the care plan will be reviewed in clinical meeting to ensure completion and accuracy of care plan update/revision. 4. 100 % of care plans will be audited to ensure completion and accuracy. Audit will be done on 10 residents per day until completed. A log will be maintained by the DON of the new orders, incident reports, and 24 hour reports verifying that the care plan was reviewed and found to have been updated/revised. This log will be maintained daily for a period of 3 months and reviewed by the Administrator or designee. SDC, DON, or designee will in-service Licensed Nurses on process by or before 1-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-220 (A) (B) (D). Please cross reference to F-677 1. Residents #67 and #15 were affected by the oversight. Both residents were given nail care on 8-29-19. Resident #218 was affected by the oversight but is no longer in the facility. No corrective action could be taken. Resident #31 was affected by the oversight. His hand was cleaned	

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F 001	Continued From page 9	F 001	immediately. Resident #102 was affected by the oversight. The CNA's on her unit were in-serviced on giving her shower as scheduled and to document any refusals on 8-29-19. 2. All residents have the potential to be affected. 3. A new shower schedule will be developed along with a new shower sheet to verify that care was completed or refused. This will be turned into the Charge Nurse who will verify that the shower was given. Both sheets will be given to the Unit Manager who will randomly verify that ADL care was provided as scheduled. These sheets will be maintained by the Unit Manager for 1 month. 4. DON, ADON, or designee will review shower sheets and Licensed Nurses check off list daily for 2 weeks, 3 times a week for 2 weeks, then weekly ongoing. SDC, DON, or designee will in-service the CNA's and the Licensed Nurses on process by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-220.C Please cross	

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F 001	Continued From page 10	F 001	reference to F-684 1. Resident #86 was affected by the oversight. Wound Care Nurse performed a Weekly Skin Assessment and a weekly Wound Alteration Assessment on 8-29-19. 2. All residents with skin concerns have the potential to be affected. 3. Wound Care Nurse and other Licensed Nurses will complete all documentation timely and accurately. Wound Care Nurse will complete a Wound Alteration report weekly and a Weekly Skin Assessment. 4. An audit of 100% of medical records for residents with skin concerns will be completed for missing documentation and for accuracy both assessments and TAR□s. DON, ADON, Unit Manager or designee will accompany Wound Care Nurse on random residents to observe wound care and documentation daily times 2 weeks 3 times per week for 2 weeks then weekly for 8 weeks. DON, ADON, Unit Manager or designee will randomly check dressings and documentation on 10% of residents requiring wound care and compare to TAR□s for accuracy and completion. Licensed Nurses including the Wound Care Nurse will be in-serviced by the SDC, DON, or designee on timely and accurate documentation and care by or before and annually. New hires will be in-serviced in orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days.	

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F 001	Continued From page 11	F 001	5. October 7, 2019 12 VAC 5-371-220 (A) (B) (D). Please cross reference to F-695 1. Resident #114 was affected by this oversight. Her O2 flow rate was adjusted immediately. 2. Any resident with orders for O2 have the potential to be affected. 3. Licensed Nurses will check O2 flow rate with each med pass and document on the MAR ongoing. 4. 100% of residents with O2 orders will be audited for accuracy of O2 flow rate. Unit Manager, ADON, DON or designee will check 10% of MARs on each hall daily for 2 weeks then 3 times a week for 2 weeks then weekly for 8 weeks. SDC, DON, or designee will in-service Licensed Nurses on process by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-140.D.7. Please Cross reference to F-745 1. Resident #64 was affected by this oversight which had occurred in the past and no corrective action could be taken. 2. Any resident who develops S/S of depression for any reason has the potential to be affected.	

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F 001	Continued From page 12	F 001	3. Social Services will offer emotional support to residents when S/S of depression are noted. Licensed Nurses or any other staff member noting an emotional change in the resident will notify Social Services by completing a Hey! Social Services form. Social Services will assess that resident and develop a care plan to ensure that all staff are aware of the resident□s needs. 4. Social Services will bring Hey! Social Service forms to the clinical meeting daily to ensure that care plan has been updated ongoing. The 24 hour report and new orders will be reviewed in clinical meeting daily to ensure that no Hey! Social Service forms need to be completed ongoing. SDC, DON or designee will in-service appropriate staff on the process by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-300 (A) (J) Please cross reference to F-755 1. Residents #43, #75, #82, #219, #56, #224, #66, #115, #92, and #22 were affected by this oversight. The concern as stated was in the past there was no immediate corrective action taken. 2. All residents have the potential to be affected.	

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F 001	Continued From page 13	F 001	3. At this time we have a different pharmacy. If a new medication is ordered and the pharmacy informs the facility that they do not have it in stock for any reason, the facility will direct the pharmacy to order the medication from the back up pharmacy. 4. DON or Administrator will meet with pharmacy rep to present process going forward. New orders will be reviewed in clinical meeting ongoing and DON or designee will ensure that new medication has been obtained timely. SDC, DON, or designee will in-service Licensed Nurses on process by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-300 (A) (J) Please cross reference to F-758 1. Resident #110 was affected. This resident does not meet the criteria for a GDR due to her age and her diagnosis. 2. Any resident receiving a psychotropic medication who meets the age and diagnosis criteria for a GDR has the potential to be affected. 3. The Primary Care Physician and the Pharmacist reviewed the medication and did not recommend a GDR based on the risk vs the benefits.	

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F 001	Continued From page 14	F 001	4. The DON will review the pharmacy recommendations monthly and report to the MD. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-360 (A and (B) and (E) Please reference to F-842 1. Residents #114 and #86 were affected by this oversight. Nursing staff was in-serviced on 8-28-19 on proper documentation of care provided including TAR documentation. Resident #418 was affected by the oversight. A dialysis order was written immediately. Resident #87 was not affected as this resident was not hospice at this time. Hospice services were D/C□d 2-1-19. No corrective action was required. Resident #31 was affected, Resident #31 was referred to therapy on 8 -29-19 to determine continued need for splint. 2. All residents have the potential to be affected. 3. Licensed Nurses will document care given daily including the TAR. Licensed Nurses will obtain orders for dialysis on admission/re-admission or as needed. Licensed Nurses will be responsible for notifying the Business Office when hospice services are D/C□d. Licensed Nurses will be responsible for ensuring that all residents with splints or braces has an order that includes when the splint/brace should be worn. Residents with splints/braces will be referred to therapy. 4. DON, ADON, Unit Managers or	

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F 001	Continued From page 15	F 001	designee will audit TARs daily for 2 weeks then 3 times per week for 2 weeks then weekly for 8 weeks for missing documentation. Charts of 100% of the residents receiving dialysis will be audited for dialysis orders. New orders, 24 hour reports, new admissions and re-admissions will be audited daily in clinical meeting ongoing to ensure that dialysis orders have been written and to note when hospice services have been D/C□d and verify that the BOM is aware of the payer source change. This will be ongoing. Therapy will screen all residents with contractures to determine need for splints. Therapy will provide DON with list of residents as they are screened. SDC, DON, or designee will in-service Licensed Nurses, Therapy and other appropriate staff on all process by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-180 (A).(C) Please cross reference to F-880 1. Resident #31 was affected by oversight. Resident #31 was care planned for Foley touching the floor on 8-28-19 as resident has had multiple falls and requires the low bed for safety. Residents #114, #24, and #113 were affected by the oversight. Nurse was in-serviced on hand	

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F 001	Continued From page 16	F 001	hygiene when passing meds on 8-27-19. 2. Al residents have the potential to be affected. 3. Licensed Nurses will wash or sanitize their hands before and after each resident contact with meds. If resident has to wear gloves for the procedure, then he/she will wash his/her hands before donning gloves and after removing gloves. 4. Random med pass observations will be completed by DON, ADON, SDC, or designee to observe hand hygiene daily for 2 weeks then 3 times a week for 2 weeks then weekly times 8 weeks. SDC, DON, or designee will in-service Licensed Nurses on process by or before and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-180 (A). (C) Please cross reference to F-925 1. Kitchen mop room, dishwasher room, conference room, kitchen dry storage room areas were all deep cleaned and treated by a professional pest control company on 9/17/19 2. All residents have the potential to be affected 3. Using the Culinary Sanitation Audit	

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F 001	Continued From page 17	F 001	form, ED or designee will audit the kitchen mop room, dishwasher room, conference room, and kitchen dry storage room for fruit flies, house flies, and mice droppings daily for 4 weeks, weekly x 4 weeks, and monthly x 4. 4. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7,2019. 12 VAC 5-371-220 (F) 1. Resident #98 was given a shower on 8-29-19 and will be offered a shower every scheduled shower day. 2. All residents have the potential to be affected. 3. A new shower schedule will be developed along with a new shower sheet to verify that care was completed or refused. This will be turned into the Charge Nurse who will verify that the shower was given. Both sheets will be given to the Unit Manager who will randomly verify that ADL care was provided as scheduled. These sheets will be maintained by the Unit Manager for 1 month. 4. DON, ADON, or designee will review shower sheets and Licensed Nurses check off list daily for 2 weeks, 3 times a week for 2 weeks, then weekly ongoing. SDC, DON, or designee will in-service the CNA□s and the Licensed Nurses on process by or before 10-6-19 and annually. New hires will be in-serviced during orientation and annually. Failure to comply will result in progressive	

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F 001	Continued From page 18	F 001	disciplinary action up to and including termination. The results of the audits will be presented to the QAPI committee monthly until 100% compliance has been attained for 60 days. 5. October 7, 2019 12 VAC 5-371-150 (H) 1. Resident #98 was provided information how to access the Sex Offender Registry and a signed acknowledgement was obtained and placed in resident's file on 9-23-19. 2. All residents have the potential to be affected. 3. Admission Coordinator and Social Worker will be in-serviced by ED or designee by or before 10-6-19 about providing residents with the information on how to access the Sex Offender Registry and to obtain the resident's/ Guardian/RP's signed acknowledgement of receipt. 4. Social Worker and Admission Coordinator will provide information to all current residents/RP/Guardian regarding accessing the Sex Offender Registry and will obtain signed acknowledgement of receipt of information by or before 10-6-19. BOM or designee will audit all new admission files for signed receipt of acknowledgement of receiving information regarding accessing the Sex Offender Registry daily for 2 weeks then 3 times a week for 2 weeks then weekly times 8 weeks. The results of the audits will be presented to the QAPI committee monthly	

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