PRINTED: 11/19/2019 FORM APPROVED

CENTERS	5 FUR MEDICARE-&	MEDICAID SERVICES				OMB NO. 09	38-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		DNSTRUCTION	(X3) DATE SURV COMPLETE	
		105974	5 14416			С	
		495371	B. WING	V = 2 225		11/05/2	019
NAME OF PR	ROVIDER OR SUPPLIER		31074	STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
HERITAGE	E HALL-RICH CREEK			700-0010076 2:000	OLD VIRGINIA AVENUE H CREEK, VA 24147		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	237-1-102	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE CO	(X5) DMPLETION DATE
F 000	An unannounced Mo	ledicare/Medicaid abbreviated ed 11/04/19 through 11/05/19, uired for compliance with 42	F	000	F658 Corrective Action(s): Resident #1's attending physician notified that facility staff failed to manufacturer's guidelines in place sponge during use of NPWT. A fand accident report was completed incident.	follow ement of the acility incident	
F 658 SS=D	120 at the time of th consisted of 2 curre closed record review Services Provided N CFR(s): 483.21(b)(3	Meet Professional Standards 3)(i) prehensive Care Plans	F	658	Identification of Deficient Practication(s): All other residents receiving NPW been potentially affected. The DO and/or Unit Manager will conduct of all residents receiving NPWT to at risk. All residents identified at a corrected at time of discovery and physician will be notified. A facil	VT may have N, ADON t a 100% review o identify those risk will be I the attending ity Incident &	,
	as outlined by the comust- (i) Meet professional This REQUIREMENT by: Based on Resident clinical record review the facility standards of practice (negative pressure 3 residents, Resident The findings includent For Resident #1 the manufacturer's guident wound vac sponger Merriam-Webster in NPWT as a method infection from a wood was sponger would be supported to the company of the	led: e facility staff failed to follow delines for the placement of			Accident form will be completed finding. Systemic Change(s): The facility policy and procedure reviewed and no revisions are wat time. Licensed nursing staff have on the manufacturer's guidelines placement during NPWT. Monitoring: The DON is responsible for main compliance. The DON/designee NPWT dressing change at least ewhen residents with NPWT (dres facility staff) are residing at the facility staff) are residing at the facility staff) are residing at the facility staff) are residing will be of discovery and disciplinary actineeded. Aggregate findings of the reported to the Quality Assurance quarterly for review, analysis, and recommendations for change in face of the procedure, and/or practice.	has been rranted at this been inservice regarding spong will complete very other week sings changed the acility. corrected at time to taken as these audits will be Committee d	d ge

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

Administrator

Completion Date: December 10, 2019.

(X6) DATE 1/-24-/9

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

PRINTED: 11/19/2019 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	IO. 0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495371	B. WNG			C 1/05/2019	
NAME OF PR	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
HERITAGE	E HALL-RICH CREEK		1980	20 OLD VIRGINIA AVENUE IICH CREEK, VA 24147			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 658	Continued From pag- vacuum pump is atta		F 658				
	of 06/24/19 and a rea The diagnosis list inc limited to polyneurop mellitus, non-pressur part of R (right) lower amputation.	neet listed an admission date admission date of 08/21/19. Illuded diagnoses of, but not athy, type 2 diabetes re chronic ulcer unspecified r leg, L (left) below the knee					
	reference date) of 10	with an ARD (assessment 1/10/19 assigned the resident ew for mental status) of 15					
	reviewed and contain ulcers:is at risk fo DM (diabetes mellitu admitted with a surgi sutures intactkerlix This care plan was in	ehensive care plan was ned a care plan for "pressure r skin breakdown related to s) and poor mobility, he was cal wound to left stump with and ace bandage daily". hitiated on 07/02/19. care plan include "08/08/19					
	wound vac to left stu updated on 10/10/19 at risk for skin break mobility, wound vac	mp. This care plan was to read "pressure ulcers: is down related to DM and poor to left stump". Interventions wound vac as ordered".					
	record was reviewed "Doctor's Order Shee read in part "Wound VAC applied today. If Saturday (08/10/19).	f the resident's paper clinical on 11/04/19. It contained a et" dated 08/08/19, which was debrided today. SNAP Please apply NPWT vac on Setting should be					

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SNAP VAC can be thrown away on Sat. Any questions call(phone number omitted) or if

Event ID: DK9311

Facility ID: VA0206

If continuation sheet Page 2 of 20



CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
		495371	B. WNG_			C 11/05/2019
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 120 OLD VIRGINIA AVENUE RICH CREEK, VA 24147			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
F 658	10 AM". This order of care physician. According to Wound a mechanically power system. Surveyor requested of clinic and was provided the initial consultation of continuous and plane. Left BKA residual limb wound, placed Snap vac, the of wound vac) vac Acchanged thrice weeks weeks, sooner if continuous the wound clinic not "Assessment and Plata applied poorly, with gaphied poorly with gaphied ga	in 2 weeks on 08/22/19 @ was signed by the wound Source.com, a SNAP VAC is ared, disposable NPWT Inotes from the wound care led these notes on 11/05/18. In note from the wound care read in part, "Assessment (below knee amputation) debridement today then en plan to begin KCI (brand SAP (as soon as possible), lyRTC (return to clinic 2 cerns". In the for 10/08/19 read in part, an: And yet again vac is granufoam directly to intact the facility is contacted again" In the for 10/29/19 read in part, are as follows per provider: ap and water, rinse well, with na, wound is dressed are to outer dressing with: 1 wound bed drape, track pad, at 125 mmhg, dressing lek. Comments: (name in for the state of Virginia failure of facility to place). Call was made to facility director of nursing or with the told both were in a	F	558		
	Surveyor spoke with	wound care physician on				

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Event ID: DK9311

Facility ID: VA0206

If continuation sheet Page 3 of 20

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PRINTED: 11/19/2019 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED		
					С	
		495371	B. WING		11/05/2019	
NAME OF P	ROVIDER OR SUPPLIER		STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
HEDITACI	E HALL-RICH CREEK		120	OLD VIRGINIA AVENUE		
HERITAG	E HALL-RICH CREEK		RICH	1 CREEK, VA 24147		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 658	Continued From pag	e 3	F 658			
	11/04/19 at approxim	nately 2:40 PM. Surveyor				
	asked physician if he	was currently treating				
	Resident #1 at the w	ound clinic and he stated that				
	he was treating resid	ent for a BKA with	5			
	non-healing wound. I	Physician stated that he had				
		roblems with the facility				
	1	e foam used in the wound				
		ealthy skin, as well as the				
	A CONTRACTOR OF THE PROPERTY O	so stated that there had been	į			
	1 170.00 10 30 100 HOUSE 170.75 170 170 170 170	functioning of the wound	· i			
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ician stated that he had				
		eone come to the facility to				
	A Committee of the Comm	the wound vac, but the	8			
	The state of the s	is until 10/30/19. Surveyor an if he had contacted the				
		se issues and he stated that				
		e director of nursing twice.				
	no nad domadod ind	anosor or naising twos.			į	
	Surveyor spoke with	the wound care physician				
		approximately 8:25 AM.				
		physician how long he had				
		ent #1 and the physician				
		en treating the resident for				
	the current problem :	since 08/08/19. Physician				
	stated that he specifi	cally wanted the KCI brand				
	wound vac to be use	d, but the facility had been				
	using a Cardinal Hea	alth brand				
	Surveyor enoke with	Resident #1 on 11/05/19 at			8	
	War 1971 and annual annual and a second annual annu	AM. Resident #1 stated they				
	(i) (iii) (i	on when he went to the				
	Managara tananan anamatatanan atau	e (10/30/19). Resident #1				
		enced several issues with				
		vac not working correctly, but			ļ	
		cern to the facility staff they				
		ng right. Resident #1 stated			1	
		nurses doing his dressing	i		Ĭ	
		ere cutting the sponge for the				
	wound vac too big, b	out they told him they knew				

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Event ID: DK9311

Facility ID: VA0206

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DEC 0 2 2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BLIILDING

C

495371

B. WNG

STREET ADDRESS, CITY, STATE, ZIP CODE

120 OLD VIRGINIA AVENUE

RICH CREEK, VA 24147

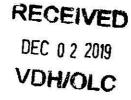
		495371	B. WNG		C 11/05/2019
AME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				120 OLD VIRGINIA AVENUE	
ERITAGE	HALL-RICH CREEK			RICH CREEK, VA 24147	
				<u></u>	2000 83
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
F 658	Continued From page	4	F 658	i	
0.1	what they were doing	!	į.	76	
1	Surveyor spoke with r	nurse from the wound clinic	i	1	
1	on 11/05/19 at approx	imately 9:30 AM. Wound	I		
	clinic nurse stated Re	sident #1 was initially seen			
	in the clinic on 08/08/	19 for debridement of the			
3	wound and placemen	t of the temporary SNAP	1		
	vac. Surveyor asked t	he wound clinic nurse if			
	there had been proble	ems with the facility not			
	doing the dressing ch	anges as ordered, and			į
	wound clinic nurse sta	ated that she had received a			Į.
	call from Resident #1,	where he stated that the	1		
	facility staff was not d	oing the dressing correctly.			
		so stated there was an			
	ongoing issue with the	e wound dressing sponge			
	not being placed corre	ectly in the wound.			į
	Surveyor spoke with t	he DON (director of			10
3	nursing) on 11/05/19	at approximately 11:10 am			
	regarding Resident #	Surveyor asked the DON	-		6
	if she was aware of a	ny issues with Resident #1's		l,	1
	wound vac. DON state	ed that she had been told	1	41	ī
	the wound care clinic	had said the sponge for the			
	dressing had been cu	t too big. Surveyor asked			
	DON if anyone from the	ne wound care clinic had			1
	contacted her regardi	ng ongoing problems with	1		
	Resident #1's wound	vac dressings. DON stated	8		
*	she had received a m	essage last week (week of			
	10/28-11/01/19) to ca	Il the wound care physician.			
	DON stated she return	ned the call, but never			
	spoke with wound car	e physician. DON stated			
	she called the clinic a	nd spoke with a nurse.			
	Surveyor asked the D	ON why the facility was			
	using the Cardinal bra	and of wound vac system vs.			
	the KCI system, and I	OON stated, "That's just the			
	provider we use".	- Control Mondell			
	Surveyor spoke with t	he facility administrator on			į
	11/05/19 at approxima	ately 12:30. Surveyor asked		B	i

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Event ID: DK9311

Facility ID VA0206

If continuation sheet Page 5 of 20



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	161 (100)(4730)(4730)(4730)		ISTRUCTION	(X3) DATE COMP	SURVEY PLETED
			0000 0000 0000 0000 0000 0000 0000 0000 0000			(С
	200020000 20	495371	B. WING_			11/	05/2019
	ROVIDER OR SUPPLIER E HALL-RICH CREEK			120 O	ET ADDRESS, CITY, STATE, ZIP CODE OLD VIRGINIA AVENUE CREEK, VA 24147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	κ .	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 658	with Resident #1's we stated that he was mombudsman that the out to her with conce being placed correctly he called the wound with wound care nurs stated that wound care been some issues with current dressing (from showed improvement). The surveyor request the manufacturer's gill Health wound vac sy Applying the Dressing the wound dimension. Select the appropriate assessment. Cut the foam dressing to a sill wound. 7. Place the dressing in the wound contact with the pericardinal Health NPV cover the entire wound and undermining. He NPWT foam dressing with intact skin." The concern of the famanufacturer's guided the wound vac spond administrative staff (anurse consultant) durat approximately 3:45	e was aware of any issues bund care. Administrator ade aware from the local wound clinic had reached rns of the wound vac not y. Administrator stated that clinic on 10/31/19 and spoke se at the clinic. Administrator re nurse said that there had th previous dressings, but in appointment on 10/29/19) treffort. Ited and was provided with uidelines for the Cardinal stem which read in part, "3.1 g: 6. Take measurements of its and note wound type. Ite foam based on wound Cardinal Health NPWT ze that is appropriate for the Cardinal Health NPWT foam diste taking care to avoid wound skin. Note: The WT foam dressing should and base, including tunneling the wever, the Cardinal Health gishould not be in contact accility staff not following the elines for the placement of ge was discussed with the administrator, DON, regional ring a meeting on 111/0519	F	558			

PRINTED: 11/19/2019 FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING ___

			A BOICDING				
		495371	B. WNG		C 11/05/2019		
IAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1	012013
				12	0 OLD VIRGINIA AVENUE		
ERITAGI	E HALL-RICH CREEK			RICH CREEK, VA 24147			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFI	3/3/2	(EACH CORRECTIVE ACTION SHOULD B	1	COMPLETIO DATE
TAG	REGIENTORTORT	SO IDENTIFY TING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	NE	
- 0500000000					F684		5 To
F 658	Continued From page	e 6	F	658	Corrective Action(s):		
	THIS IS A COMPLAI	NT DEFICIENCY.			Resident #1's attending physician has be	en	
F 684	Quality of Care		F	684	notified that facility staff failed to provid		
SS=D	CFR(s): 483.25				physician ordered care and treatment. A		
	BANNA SENTABLESEL YOURSEN AND WINDOW				incident and accident report was complete	ted for this	S
	§ 483.25 Quality of ca	are			incident		
		ndamental principle that			Identification of Deficient Beauties (C.		
	applies to all treatmen	nt and care provided to			Identification of Deficient Practices/Co Action(s):	prrective	
	facility residents. Bas	ed on the comprehensive			All other residents receiving NPWT may	, have	
	assessment of a resid	dent, the facility must ensure			been potentially affected. The DON, AD		
	that residents receive	treatment and care in			and/or Unit Manager will conduct a 100°		
	accordance with profe	essional standards of			of all residents receiving NPWT to ident		
	practice, the compret	nensive person-centered		ĺ	at risk. All residents identified at risk wil		
	care plan, and the res				corrected at time of discovery and the att		
		is not met as evidenced	į.		physician will be notified. A facility Inci		
	by:	AT 76-60 100000 26 90 20 90	i		Accident form will be completed for eac	h negative	;
	The second secon	iew, Resident interview,			finding.		
		, facility document review	į		Sustania Changa(a).		
	I .	complaint survey the facility			Systemic Change(s): The facility policy and procedure has been	en	
		care and treatment to meet			reviewed and no revisions are warranted		
	Parallel Annual Distriction of American Commission (Commission of American	dent for 1 of 3 residents,			time. Licensed nursing staff have been i		
	Resident #1.				on following physician orders for resider		
	The findings included	Ē			receiving NPWT.	ALCO SHOW	
					Monitoring:		
		acility staff failed to follow			The DON is responsible for maintaining		
	• • • • • • • • • • • • • • • • • • • •	the use of NPWT (negative			compliance. The DON/designee will rev		
	pressure wound thera	apy).			physician ordered NPWT interventions a	at least	
	gran is granate too	W N W W			every other week when residents with N		
		dical dictionary describes			(dressings changed by facility staff) are i	residing at	• •0
		of drawing out fluid and			the facility.		
		nd to help it heal. A special			Any/all negative findings will be correct		
		er the wound and a gentle		į	of discovery and disciplinary action take		
	vacuum pump is atta	cnea.		Ì	needed. Aggregate findings of these aud reported to the Quality Assurance Comm		3
	Resident #1's face sh	neet listed an admission date			quarterly for review, analysis, and	59.50	
	THE PROPERTY OF THE PROPERTY O	admission date of 08/21/19.			recommendations for change in facility p	oolicy,	
5 H	The diagnosis list inc	luded diagnoses of, but not			procedure, and/or practice.		
	limited to polyneurop				Completion Deter December 10, 2010		
	,	-			Completion Date: December 10, 2019		

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Event ID: DK9311

Facility ID: VA0206

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CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION) DATE SURVEY COMPLETED
			/\: DOICDIN			С
		495371	B. MNG_			11/05/2019
NAME OF PE	ROVIDER OR SUPPLIER	37 9000	9	STREET ADDRESS, CITY, STATE, ZIP CODE	Ē	
HERITAGE	E HALL-RICH CREEK			120 OLD VIRGINIA AVENUE		
0.51	2000 September 1	52052		RICH CREEK, VA 24147	372	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE, DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	Continued From page	÷ 7	F6	84		
	mellitus, non-pressure	e chronic ulcer unspecified leg, L (left) below the knee				
	reference date) of 10/	rith an ARD (assessment 10/19 assigned the resident w for mental status) of 15				
	reviewed and contains ulcers: is at risk for DM (diabetes mellitus admitted with a surgio sutures intact. Kerlix a This care plan was ini Interventions for this owned vac to left stun updated on 10/10/19 at risk for skin breakd mobility, wound vac to updated to include "w The orders section of record was reviewed "Doctor's Order Sheet"	chensive care plan was ed a care plan for "pressure skin breakdown related to b) and poor mobility, he was cal wound to left stump with and ace bandage daily" itiated on 07/02/19. care plan include "08/08/19 np. This care plan was to read "pressure ulcers: is own related to DM and poor to left stump". Interventions ound vac as ordered". the resident's paper clinical on 11/04/19. It contained a t" dated 08/08/19, which was debrided today. SNAP				
	VAC applied today. P Saturday (08/10/19). continuous at 125 mm SNAP VAC can be the questions call (photon weekend. Return in 10 AM". This order w care physician.	lease apply NPWT vac on				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 S	PLE CONSTRUCTION G	()	X3) DATE SURVEY COMPLETED
		495371	B. WING _			C 11/05/2019
	ROVIDER OR SUPPLIER E HALL-RICH CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 120 OLD VIRGINIA AVENUE RICH CREEK, VA 24147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	record also contained telephone order dated read in part, "1) DC w Wound vac to Left stucontinuous. Change needed) 3) Monitor w 120 mmhg continuous orders section of the a handwritten physici. 08/13/19 at 3 pm, whi wound vac until 8/20/to left stump. 5) Wet to dressing to left stump 8/20/19". LPN (licens both of these orders. indicated it was a voic clinic nurse. The progress notes selectronic clinical record also contained at 1200 hours a wound vac at 125 mm and change 3 times a clinical record also conted at 120 mmhg continuand PRN (as needed left stump at 120 mm	the resident's paper clinical la handwritten physician's d 08/13/19 at 2 pm, which round vac 125 mmhg 2) amp at 120 mmhg Tue-Thur-Sat and prn (as ound vac to left stump @ s Q (every) shift". The paper record also contained an's telephone order dated (ich read in part, "4) Hold 19 then reapply wound vac to dry NS (normal saline) QD (every day) until ed practical nurse) #1 wrote The second of these orders be order from the wound dection of Resident #1's produced from the wound la nurse's progress note in read in part, "1:41 PM in appointment with wound left and verbal. Orders for inthing settings continous (sic) in week". The electronic intained a nurse's progress which read in part, "2:41 PM eleved -1) DC (discontinue) (g, 2) Wound vac to left tum ous. Change Tue-Thurs-Sat (h, 3) Monitor wound vac to hig continuous q (every) pplied to left stump, slough	F 6	34		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The property of the second state of	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		495371	B. WING_		C	10040
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	11/05	/2019
HERITAGE	E HALL-RICH CREEK			120 OLD VIRGINIA AVENUE		
				RICH CREEK, VA 24147		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AIDEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 684	Continued From page	9	F 6	84		
	clinic and was provide The initial consultation clinic dated 08/08/19	notes from the wound care ed these notes on 11/05/18. In note from the wound care read in part, "Assessment below knee amputation)				
		debridement today then n plan to begin KCI (brand				
	of wound vac) vac AS	AP (as soon as possible),				
	weeks, sooner if cond	yRTC (return to clinic 2 erns".			20,00	
	"Wound care orders a provider: clean wound well. Protect peri wou dressed from wound twith: Dakins wet to did not supply wound to be restarted upon rimmhg, dressing chan	ped layer to outer dressing ry applied today as facility VAC supplies. Wound VAC				
	"Assessment and Plai applied poorly, with gr skin, about which the The wound clinic note	for 10/08/19 read in part, n: And yet again vac is ranufoam directly to intact facility is contacted again" for 10/29/19 read in part, are as follows per provider:				
		p and water, rinse well,				
	protect peri wound wit from wound bed layer piece black foam to w good seal obtained at change 3 times a wee omitted) Ombudsman	th na, wound is dressed to outer dressing with: 1 ound bed drape, track pad,				
ļ	NPWT appropriately.	Call was made to facility firector of nursing or with				

PRINTED: 11/19/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		NSTRUCTION	O	(3) DATE SURVEY COMPLETED
				15			С
DS 300		495371	B. WING				11/05/2019
	ROVIDER OR SUPPLIER E HALL-RICH CREEK			120 C	STREET ADDRESS, CITY, STATE, ZIP CODE 120 OLD VIRGINIA AVENUE RICH CREEK, VA 24147		1110012013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 684	meeting and unavail	ere told both were in a able".	F	684			
12 20 20 21 21	11/04/19 at approxing asked physician if his Resident #1 at the wind he was treating resident in the month and the same personal asked to the same personal	wound care physician on nately 2:40 PM. Surveyor was currently treating round clinic and he stated that dent for a BKA with Physician stated that he had problems with the facility we foam used in the wound					
8	wound. Physician all some issues with the vac pump. The phys offered to have some teach the staff about facility had denied th	ealthy skin, as well as the so stated that there had been a functioning of the wound ician stated that he had eone come to the facility to the wound vac, but the is until 10/30/19. Surveyor an if he had contacted the					
	facility regarding the	se issues and he stated that e director of nursing twice.					
	again on 11/05/19 at Surveyor asked the been treating Reside	the wound care physician approximately 8:25 AM. physician how long he had ent #1 and the physician een treating the resident for					
	the current problem asked the physician wound vac were to t	since 08/08/19. Surveyor what the setting on the set on, and the physician g is to be 125 mmhg,	2 2				
STATE OF THE STATE	surveyor asked the part the facility an order to setting to 120 mm/s	ohysician if he had ever given o decrease the wound vac , and he stated that he had ted the setting to be 125					
	mmhg for the duration stated that he specific wound vac to be use	on of the treatment. Physician ically wanted the KCI brand ed, but the facility had been and. Surveyor asked the					

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Event ID: DK9311

Facility ID: VA0206

If continuation sheet Page 11 of 20



PRINTED: 11/19/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING _____ С

		495371	B. WING		11/05/2019
AME OF PE	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	100000000000000000000000000000000000000
			12	O OLD VIRGINIA AVENUE	
ERITAGE	E HALL-RICH CREEK		13300000	CH CREEK, VA 24147	
		TEMENT OF DESIGNATION	·	Windows State Committee Co	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATI	
10/4025-29		336		DEFICIENCY)	
	Postal.				
F 684	Continued From page	e 11	F 684		
	wound care physician	if he was aware that the			
	settings on the wound	I vac had been decreased to			
	120 mmhg, and he st	ated that he was not.			
3	Surveyor snoke with I	Resident #1 on 11/05/19 at			81
	3 6	M. Resident #1 stated they			
		on when he went to the			Ì
	 Transcription militarisfies - Massacription - Appropriate Transcription 	(10/30/19). Resident #1	į		
	The State of the S	enced several issues with			
		ac not working correctly, but			
		ern to the facility staff they	Ť		
		g right. Resident #1 stated			
		urses doing his dressing			
		re cutting the sponge for the			1
		ACTION OF THE PROPERTY OF THE			
	Control from the control of the first of the control of the contro	ut they told him they knew			
	what they were doing				
	Surveyor spoke with	nurse from the wound clinic			1
	on 11/05/19 at approx	kimately 9:30 AM. Wound			
	clinic nurse stated Re	sident #1 was initially seen	i i		İ
	in the clinic on 08/08/	19 for debridement of the			
	wound and placemen	t of the temporary SNAP	1		88
	vac. Wound clinic nur	se stated the facility was to			
		y vac on 08/11/19 with one	1		
		y, but the facility had a			Ĩ
		vound vac, so the SNAP vac			ij.
		il 08/13/19. Surveyor asked			
	wound clinic nurse if	she gave the facility a	1		
	telephone order to de	ecrease the setting on the			
	wound vac, and would				
	"Absolutely not, our s	tanding orders are 125			3
	mmhg". Surveyor the	n asked wound clinic nurse			i i
	if she gave the facility	y an order to discontinue the			
	wound vac and use v	vet to dry dressings, and			
		ated since the facility was			
		ining a wound vac, she			įj.
		them to hold the wound vac			8
	AMERICAN ACCORDING SECURITY AND ACCOUNTS AND	ressings until the resident's			
		the wound clinic. Surveyor			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		495371	B. WING	<u> </u>	C 11/05/2019	
	ROVIDER OR SUPPLIER E HALL-RICH CREEK		120	ET ADDRESS, CITY, STATE, ZIP CODE OLD VIRGINIA AVENUE 1 CREEK, VA 24147	1 1100/2013	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 684	problems with the fichanges as ordered stated that she had #1, where he stated doing the dressing also stated there wound dressing specorrectly in the wound surveyor spoke with approximately 1:20 Surveyor asked LP order to change the from 125 mmhg to that she had becaute being used by setting for 125 mm #1 who gave her that he order came from Surveyor then infor spoken with the nuand that wound clir had not given the cound vac. LP why would I have rif they didn't all control LPN #1 returned to 11/05/19 at approximated to surveyor who gave her the cound vac. LP the facility's medicate to change the setting the wound vac systems.	linic nurse if there had been facility not doing the dressing d, and wound clinic nurse I received a call from Resident d that the facility staff was not correctly. Wound clinic nurse as an ongoing issue with the onge not being placed	F 684			
		I shouldn't have numbered				

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES	000000	973955420	OM	IB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3	O) DATE SURVEY COMPLETED
						С
		495371	B. WING_	Walls of Albanda		11/05/2019
NAME OF PI	ROVIDER OR SUPPLIER	75455	P days	STREET ADDRESS, CITY, STATE, ZIP	CODE	
WEDITA OF				120 OLD VIRGINIA AVENUE		
HERITAGE	HALL-RICH CREEK			RICH CREEK, VA 24147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 684	Continued From page	: 13	F	684		
	regarding Resident # if she was aware of a wound vac. DON stat the wound care clinic dressing had been cu DON if anyone from t contacted her regardi Resident #1's wound she had received a m 10/28-11/01/19) to ca DON stated she retur spoke with wound car she called the clinic a Surveyor asked the D using the Cardinal bra the KCI system, and I provider we use". Sur was aware that the w indicated he preferred and DON stated, "No office indicated to use Surveyor spoke with 11/05/19 at approxim	at approximately 11:10 am 1. Surveyor asked the DON ny issues with Resident #1's ed that she had been told had said the sponge for the it too big. Surveyor asked he wound care clinic had ng ongoing problems with vac dressings. DON stated lessage last week (week of Ill the wound care physician. med the call, but never re physician. DON stated and spoke with a nurse. DON why the facility was and of wound vac system vs. DON stated, "That's just the eveyor asked the DON if she ound care physician had if the KCI system be used, one from (name omitted)				
	with Resident #1's wo stated that he was ma	ound care. Administrator ade aware from the local wound clinic had reached				
	out to her with concer being placed correctly	rns of the wound vac not y. Administrator stated that clinic on 10/31/19 and spoke				
	with wound care nurs stated that wound car	the at the clinic. Administrator re nurse said that there had the previous dressings, but				

Company and the second second second second

current dressing (from appointment on 10/29/19) showed improvement/effort. Administrator stated

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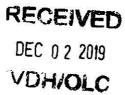
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495371	B. WING _		,	C 11/05/2019	
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL-RICH CREEK				STREET ADDRESS, CITY, STATE, ZIP CO 120 OLD VIRGINIA AVENUE RICH CREEK, VA 24147			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 842	company and that the with staff on the convactor. Surveyor requested facility policy entitled. Therapy" which read 3. Change dressings manufacturers guide Identify and size the sponge dressing size scalpel, trim the sposize that is slightly shape that approxim. The concern of the fights possible that is slightly shape that approxim. The concern of the fights of the concern of the concern of the fights of the concern o	representative from the KCI rey are coming to do inservice rect placement of the wound and was provided with a d''Negative Pressure Wound d in part "General Guidelines: s per physician orders and elines. Steps in Procedure: 1. wound to be treated. 6. Cut e: a. Using clean scissors or ringe dressing material to a maller than the wound, and a mates the wound." facility staff not following the or the use of NPWT was administrative staff , regional nurse consultant) 11/105/19 at approximately on was provided prior to exit. INT DEFICIENCY. Identifiable Information	F6				
	(i) A facility may not resident-identifiable (ii) The facility may resident-identifiable accordance with a cagrees not to use or	release information that is to the public. release information that is					

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Event ID: DK9311

Facility ID: VA0206

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
			71. 00.25	<u> </u>		5		
		495371	B. WING _		11/0	05/2019		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO				
				120 OLD VIRGINIA AVENUE				
HERITAGI	E HALL-RICH CREEK	(RICH CREEK, VA 24147				
(X4) ID	SUMMAR	Y STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)		
PREFIX TAG	(EACH DEFICI	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG		ON SHOULD BE HE APPROPRIATE	COMPLETION DATE		
F 842	Continued From p	page 15	F8	F842 4 C orrective Action(s):				
				Resident #1's attending physician				
	§483.70(i) Medica	al records.		order which omitted the physician				
	10.5	ccordance with accepted		#1's comprehensive plan of care				
	professional stand	dards and practices, the facility		reflect their current condition and	more and the second			
	must maintain me	edical records on each resident		facility incident and accident forr completed for this incident.	n nas been			
	that are-			completed for this incident.				
	(i) Complete;		Identification of Deficient Practices & Corrective					
	(ii) Accurately doc			Action(s):				
	(iii) Readily acces		All other residents may have potentially been					
	(iv) Systematically	/ organized	affected. A 100% review of all residents medical					
		No. 1980	records will be conducted by the DON, ADON					
		facility must keep confidential	and/or Unit Managers to identify physician orders in					
	The president and a second property of the property of the president of the property of the president of the	ntained in the resident's records,	i.	the past 90 days which do not ha				
	The second secon	form or storage method of the		physician's name on them. All no be clarified and/or correct at time				
	records, except w	al, or their resident		facility Incident & Accident form				
	S 2350	nere permitted by applicable law;	for each negative finding.					
	(ii) Required by L		81			ĺ		
		, payment, or health care	e E	Systemic Change(s):		l		
		rmitted by and in compliance	Î	The facility policy and procedure				
	with 45 CFR 164.	entropy of the control of the contr		and no changes are warranted at				
		alth activities, reporting of abuse,	K T	licensed nursing staff will be ins				
		stic violence, health oversight		or regional nurse consultant on the				
	2001 1000	and administrative proceedings,		documentation standards regardi				
	law enforcement	purposes, organ donation	writing, and transcribing physician orders per facility policy and procedure					
	purposes, research	ch purposes, or to coroners,		poney and procedure.				
	medical examine	rs, funeral directors, and to avert		Monitoring:				
		o health or safety as permitted		The DON is responsible for main	ntaining compliance.			
	by and in complia	ance with 45 CFR 164.512.		The DON and/or designee will a				
		w	weekly coinciding with the care plan calendar to					
		facility must safeguard medical		monitor for compliance. Any/all				
	we were consistency and the second district and the se	n against loss, destruction, or		will be clarified and corrected at				
	unauthorized use	G .	İ	and disciplinary action will be ta				
	0.400 70()(4) 14	Part province of second decomplete and	results of this audit will be provided to the Quality Assurance Committee for analysis and					
ı	1 (B) W	dical records must be retained		recommendations for change in				
ı	for-	time required by State love or		procedure, and/or practice.	initial policy,			
ı	THE RESERVE THE PROPERTY OF THE PARTY OF THE	time required by State law; or						
	(ii) rive years fro	m the date of discharge when		Completion Date: December 10	0, 2019			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED
		495371	B. WING				C 11/05/2019
	ROVIDER OR SUPPLIER			120 OL	TADDRESS, CITY, STATE, ZIP COD LD Virginia Avenu e C reek, va. 2414 7	E.	11/03/2013
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
F 842	(iii) For a minor, 3 y legal age under Sta \$483.70(i)(5) The n (i) Sufficient information of the r (iii) The comprehent provided; (iv) The results of a and resident review determinations con (v) Physician's, nur professional's prog (vi) Laboratory, rad services reports as This REQUIREMED by: Based on staff intered and in the course of staff failed to ensur clinical record for 1. The findings include the name of the prehandwritten telephore Resident #1's face on 06/24/19 and a The diagnosis list in limited to polyneuro mellitus, non-press part of R (right) low amputation.	nent in State law; or rears after a resident reaches ate law. Inedical record must containation to identify the resident; resident's assessments; resident's assessments; resident's assessments; resident's assessments; resident's assessments; resident's assessments; resident sand ducted by the State; required under licensed ress notes; and ress notes; and required under §483.50. Note is not met as evidenced review, clinical record review of a complaint survey the facility reacomplete and accurate redistributes of 3 residents, Resident #1. Red: Refacility staff failed to include readmission date readmission date of 08/21/19. Included diagnoses of, but not opathy, type 2 diabetes rereight included recording the left below the knee readmission under unspecified rerieg, L (left) below the knee	F	842			
		t recent quarterly MDS) with an ARD (assessment		×			

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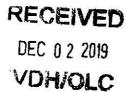
CENTER	S FOR MEDICARE &	MEDICAID SERVICES	6393			OMB N	10. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 11/05/2019	
		495371					
NAME OF P	ROVIDER OR SUPPLIER		-1	STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
				120	OLD VIRGINIA AVENUE		
HERITAGI	E HALL-RICH CREEK			RICH	1 CREEK, VA 24147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
E 040	2	47	-	0.40			
F 842			, F	842			
		/10/19 assigned the resident					
	1	w for mental status) of 15					
	out of 15 in section C	, cognitive status.					
	Pacident #1's compr	ehensive care plan was					
		ned a care plan for "pressure					20
	ulcers:is at risk for						
	DM (diabetes mellitu						
	admitted with a surgi		11				
	sutures intact. Kerlix						
	This care plan was in					į.	
		care plan include "08/08/19					
	wound vac to left stu	mp. This care plan was	i				
	updated on 10/10/19	to read "pressure ulcers: is		i			
	at risk for skin break	down related to DM and poor					
		to left stump". Interventions					
	updated to include "\	vound vac as ordered".					
	The orders section o	f the resident's paper clinical					
		andwritten physician's					
	telephone order date	ed 08/13/19 at 2 pm, which		-			
		wound vac 125 mmhg 2)					
	Wound vac to Left st	- 12					
	5 (S)	Tue-Thur-Sat and pm (as					
		vound vac to left stump @	1				10
	The state of the contraction of the state of	us Q (every) shift". The	1				
	THE COURT OF SECURITY CONTROL OF SECURITY SECURITY	paper record also contained	ł				Ì
		cian's telephone order dated					
		nich read in part, "4) Hold					
		/19 then reapply wound vac					
		to dry NS (normal saline) p QD (every day) until					
		sed practical nurse) #1 wrote					
		. The second of these orders					
		ice order from the wound					1
	clinic nurse.	ico order nom are wound		8			
	Garno Hurso.						
	Surveyor spoke with	nurse from the wound clinic	4				Ţ
		eximately 9:30 AM. Wound	31				

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Event ID: DK9311

Facility ID: VA0206

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 2	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		The second secon	A BUILDIN	IG			
		495371	B. WING_		1	C 1/05/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI		1.00,20.0	
				120 OLD VIRGINIA AVENUE			
HERITAGI	HALL-RICH CREEK			RICH CREEK, VA 24147			
	0.4444.677.07		200	· · · · · · · · · · · · · · · · · · ·		2074-04200	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 842	Continued From pag	e 18	F 8	142			
	clinic nurse stated Re	esident #1 was initially seen					
	Market Arron Comp.	/19 for debridement of the					
	wound and placemer	nt of the temporary SNAP	İ	4			
	vac. Wound clinic nu	rse stated the facility was to					
	replace the temporar	y vac on 08/11/19 with one					
	supplied by them. Su	rveyor asked wound clinic		g .		l.	
		facility a telephone order to	5.				
		on the wound vac, and	v.			¥:	
	to a confidence of the control of th	ated, "Absolutely not, our	1				
	The same of the sa	125 mmhg". Surveyor then					
		urse if she gave the facility					
		ue the wound vac and use					
		and wound clinic nurse					
		s having an issue obtaining a she obtained an order for					
	THE RESERVE AND ASSESSMENT OF THE PARTY OF T	and vac and use wet to dry					
	1	sident's next appointment at					
	the wound clinic.	onone non appointment at				1	
	Surveyor spoke with	LPN #1 on 11/105/19 at		r.			
	approximately 1:20 F	PM regarding Resident #1.	İ			r F	
	Surveyor asked LPN	#1 if she had written the					
	order to change the	settings on the wound vac					
		20 mmhg, and she stated					
		e the settings on the wound					
		e facility did not have a		1			
	170	. Surveyor then asked LPN					
		order, and she stated that	1				
	the order came from the wound care clinic.						
	Surveyor then informed LPN #1 that she had spoken with the nurse from the wound care clinic						
		e from the wound care clinic c nurse had stated that she					
		der to change the settings on	Ì	i			
		#1 stated to surveyor, "Then				i	
		mbered the orders 1, 2,3,4,5					
	The state of the s	from the same place?".					
		and carrie piece :					
	LPN #1 returned to s	peak with surveyor on					
		ately 2:10 PM. LPN #1					

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Event ID: DK9311

Facility ID: VA0206

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		495371	B. WING_			C 11/05/2019	
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL-RICH CREEK			STREET ADDRESS, CITY, STATE, ZIP CO 120 OLD VIRGINIA AVENUE RICH CREEK, VA 24147				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 842	who gave her the ord the wound vac. LPN the facility's medical to change the setting the wound vac system that way a 125 mmh surveyor, "I guess I sthem that way". The concern of the fathe name of the preshandwritten telephon the administrative stanursing, regional nursat approximately 3:45	at she was mistaken about ler to change the settings on #1 stated to surveyor that director had given the order on the wound vac, due to m the facility was using did g setting. LPN #1 stated to houldn't have numbered acility staff failing to include cribing physician on a e order was discussed with left (administrator, director of se consultant) on 11/105/19 5 PM.	F. 8	John ich Kruf A	11/24/19 Smustan		

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

Event ID: DK9311

Facility ID: VA0206

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