

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2019
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-RICHMOND			STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD RICHMOND, VA 23228	
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 12/9/19 through 12/10/19. Three complaints (VA00046465 substantiated with no deficiencies, VA00047153 substantiated with no deficiencies and VA00046815 unsubstantiated) were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 194 certified bed facility was 165 at the time of the survey. The survey sample consisted of eight current resident reviews and four closed record reviews.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance	F 584	1. All maintenance issues identified will be corrected. 2. A 100% audit of all resident rooms will be conducted to identify similar maintenance issues. Any issues identified will be corrected. 3. Maintenance will inspect 10 rooms per day for five days, then 10 rooms times 2 weeks and 10 rooms monthly. Department Managers will round to insure ongoing compliance. 4. Findings of the audits and corrective measures will be reported weekly to the facility Administrator. Any corrective measures deemed necessary will take place to insure ongoing compliance. The findings will be reported to the Quality Assurance Committee for evaluation of plan effectiveness.	1/24/2020

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

M. White *S. J. ...*

TITLE

Administrator

(X6) DATE

12-26-19

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.

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F 584	<p>Continued From page 1</p> <p>services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview and in the course of a complaint investigation it was determined that facility staff failed to maintain a homelike environment in four of 59 bathrooms and five of 98 resident rooms in the facility, (Bathrooms #325, 202, 216, #709, and resident rooms #204, 321, 614, 620, and 602). Three bathrooms 325, 202, and 709, were observed to have peeling paint and/or water stains on the ceiling and one bathroom #202 was observed to have a loose toilet seat. Two resident rooms, #614 and #620 were observed to have electrical boxes or plugs separated from the wall and one resident room, #321 was observed to have damage behind the door near the doorknob area. One resident room, #204 was observed to have exposed plaster from a prior water leak around the heater under the window</p>	F 584			

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F 584	<p>Continued From page 2</p> <p>and one resident room, #602 contained a dresser with the wooden drawer front broken and lying on the floor in the room.</p> <p>The findings include:</p> <p>On 12/9/19 at approximately 12:30 p.m., an observation of all resident rooms and bathrooms was conducted in the facility. The observations revealed the findings as described:</p> <ul style="list-style-type: none"> - Resident room # 325 bathroom revealed an area of cracked and peeling paint around the sprinkler head approximately two inches by four inches. - Resident room #202 bathroom revealed the toilet seat to be loose. - Resident room #216 bathroom revealed peeling paint on the ceiling measuring approximately twelve inches long by six inches wide exposing the drywall beneath it. - Resident room #709 bathroom revealed a brown water stain around the vent on the right side measuring approximately two feet by one foot and one crack in the ceiling measuring six inches long located at the vent. - Resident room #204 revealed plaster exposed on the wall located by the window on the left side and top of the heating and air unit. The resident in the room stated that the water sprinkler was too close to the window back in February of 2019 and caused a water leak in the room. The resident stated that the area was patched in March of 2019 but no one ever came back to paint it but the staff were aware of it. The resident stated she had asked on multiple occasions and the facility staff told her they would come back to paint it but have never completed it. The resident in the room stated that it did not look 	F 584		

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F 584	<p>Continued From page 3</p> <p>homelike to her and she would like it fixed. The resident was coded 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.</p> <ul style="list-style-type: none"> - Resident room #321 revealed damage to the wall behind the entry door near an area with a broken plastic wall protector. - Resident room #602 revealed a four-drawer dresser with the wooden drawer front to the fourth drawer broken off and lying on the floor in front of the dresser. - Resident room #614 revealed an electrical plug behind the resident bed partially removed from the wall with the plastic anchoring screw exposed. The resident bed was observed to be plugged into this plug. The resident assigned to this room was up in the wheelchair at the bedside. - Resident room #620 revealed an eight inch long by four inch tall by two inches wide metal box with a vent and single electrical plug located on the right wall, near the bathroom door at the entrance to the room. The electrical box was observed to be loose from the wall leaving a gap between the electrical box and the wall. <p>On 12/9/19 at approximately 4:30 p.m., additional observations of the resident rooms revealed the findings as described above.</p> <p>On 12/9/19 at 4:10 P.M., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the nursing staff should complete a paper or computerized work order for the maintenance department when broken furniture is found.</p> <p>On 12/10/19 at 11:00 a.m., an interview was conducted with LPN #2. LPN #2 stated when a</p>	F 584		

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F 584	<p>Continued From page 4</p> <p>maintenance issue is found in the facility a work order in the computer is completed to have the problem looked at.</p> <p>On 12/10/19 at 9:30 a.m., an interview was conducted with OSM (other staff member) #4, maintenance assistant. When asked if environmental rounds are completed in the facility, OSM #4 stated they are. OSM #4 stated that he is assigned to a unit in the building each day, and works on issues on that unit for the day. OSM #4 stated that if there are issues in the building elsewhere he is called to work on them as needed and is available after hours and on weekends as well for emergencies. OSM #4 stated that each morning a meeting is held and it is decided which issues he will focus on for the day. OSM #4 stated that there are five units so he is on each unit at least once a week. OSM #4 stated that he does preventive maintenance on beds, lights, sinks, floors and other things as well. OSM #4 stated that currently he is the only person working in maintenance but they have a new employee starting this week to help - out. OSM #4 stated that he covers the maintenance of the facility and the assisted living facility next door as well.</p> <p>On 12/10/19 at approximately 9:45 a.m., an observation of the resident rooms listed above was made with OSM #4. Regarding the plaster exposed near the heater in resident room #204, OSM #4 confirmed the water leak and spoke with the resident in the room about the plan to paint the area on the wall. OSM #4 stated it has been on the list of things to be done. Regarding the water stain and crack in the bathroom ceiling of resident room #709, OSM #4 stated that that was previously repaired and the facility had just had</p>	F 584			

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F 584	<p>Continued From page 5</p> <p>another leak over the weekend that caused new issues. OSM #4 stated that a plumber had been called to come in. Regarding the broken dresser drawer in resident room #602, OSM #4 stated that he was aware of this and had brought in wood glue to repair it. OSM #4 observed the additional findings documented above and stated that he was not aware of these and would take care of them. OSM #4 agreed that the observations in the resident rooms and bathrooms do not promote a homelike environment.</p> <p>On 12/10/19 at approximately 3:30 p.m., a request was made to ASM (administrative staff member) #2, director of nursing for the facility policy on maintaining a homelike environment and resident rights.</p> <p>On 12/10/19 at approximately 4:30 p.m., ASM #2 provided the following documents, "Focus on F Tag 584- Safe/Clean/Comfortable/Homelike Environment" and "Focus on F Tag 550- Resident Rights/Exercise of Rights." Review of the "Safe/Clean/Homelike Environment document revealed the following in part, "A determination of "homelike" should include the resident's opinion of the living environment" and "Some practices that can be eliminated to decrease the institutional character of the environment include, but are not limited to, the following: ...Furniture that does not reflect a home-like environment ..."</p> <p>On 12/10/19 at 4:30 p.m., ASM (administrative staff member) #1 (administrator) and ASM #2 (director of nursing) were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p>	F 584		

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